

Bulletin Number: MSA 11-09

Distribution: Hospitals, Physicians, Medical Suppliers, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers

Issued: March 1, 2011

Subject: Clarification to Bulletin MSA 10-53

Effective: As Indicated

Programs Affected: Medicaid, Children's Special Health Care Services (CSHCS)

Telephone Prior Authorization

The Michigan Department of Community Health (MDCH) has established a new telephone prior authorization process to expedite approval of specific durable medical equipment and medical supplies including negative pressure wound therapy, infusion therapy, home uterine activity monitors, parenteral nutrition, enteral nutrition (oral) and enteral tube feeding for caloric intake needs over 3000 calories per day. The new process applies only to the applicable procedure codes that require prior authorization. Refer to Attachment A of bulletin MSA 10-53 or the medical supplier database for a listing of the procedure codes included in the new telephone prior authorization process.

The standards of coverage and clinical documentation for all services remain unchanged.

The prior authorization requirements indicated in this bulletin apply to beneficiaries served by Fee-for-Service Medicaid. For beneficiaries enrolled in a Medicaid Health Plan (MHP), the provider must check with the beneficiary's MHP for specific prior authorization requirements.

Prior Authorization Request Initiated by Physician Contacting the Michigan Peer Review Organization (MPRO)

MPRO will perform the telephone authorization process. To obtain authorization for the above services, the beneficiary's treating physician/clinical practitioner or his/her appointee (physician's employee or appropriate hospital staff) should call MPRO at 1-800-727-7223.

Instead of preparing a written prior authorization request, the physician or physician's appointee places the request for the service(s) over the telephone and verbally provides all the required information to MPRO. The request is approved or denied immediately during the telephone call. The following information must be provided by the physician/appointee when contacting MPRO:

- beneficiary ID;
- date of birth;
- diagnosis(es) related to the item(s)/service(s) requested;
- ordering physician's National Provider Identifier (NPI);
- the name, address, telephone number of the medical supplier;

- the NPI of the medical supplier selected by the beneficiary (if known);
- item(s)/services requested (along with quantity/frequency); and
- applicable documentation (refer to Medical Supplier Chapter of the Medicaid Provider Manual).

Effective Dates

MPRO prior authorization operations became active and available for providers on December 1, 2010. The final transition was completed and the telephone prior authorization became effective January 1, 2011.

MPRO Notification to the Medical Supplier

Within 24 hours, MPRO will contact the medical supplier with the approved request information. MPRO will require the medical supplier's NPI number to attach to the prior authorization record. The medical supplier will receive a copy of the approved authorization request.

Medical Supplier Process for Approved Requests

Medical suppliers should contact MPRO to set up their preferred arrangement for receiving approved prior authorization requests. For example, the provider may elect to receive the approved authorization via telephone call with a follow-up faxed copy for their record. Others may choose to receive the authorization directly by fax without the initial telephone call. MPRO will work with providers to establish their own individual process. The supplier will need their NPI number, a designated contact person responsible for receiving approved requests, and their telephone and fax number when calling MPRO to establish their procedure.

The MPRO telephone business hours are 8:00 a.m. – 5:00 p.m., Monday through Friday, excluding holidays. For instances in which the physician's directive for services occurs on weekends or holidays, the prior authorization request may be telephoned in on the next business day. If the Medicaid Standards of Coverage have been met, MPRO may authorize the services retroactively. The MPRO toll free number is: 1-800-727-7223.

Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Database and Coverage Criteria

Please review the Medical Supplier Chapter of the Medicaid Provider Manual for standards of coverage and documentation requirements for the above noted services. DMEPOS procedure codes authorized by MPRO can be identified by referring to the online DMEPOS database and instructions.

Billing Requirements

Services indicated as requiring prior authorization cannot be billed to MDCH until prior authorization has been approved and services have been rendered. The prior authorization number must be reported on the claim.

Manual Maintenance

Retain this bulletin until applicable information has been incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved

A handwritten signature in black ink that reads "Stephen Fitton". The signature is written in a cursive style with a large initial 'S'.

Stephen Fitton, Director
Medical Services Administration