

Bulletin Number: MSA 11-12

Distribution: Local Health Departments (LHD), Medicaid Health Plans (MHP)

Issued: March 1, 2011

Subject: Claims for Immunizations

Effective: April 1, 2011

Programs Affected: Medicaid

Effective for dates of service on and after April 1, 2011, LHDs must bill MHPs for immunizations provided to beneficiaries enrolled in managed care. Any claims submitted by LHDs to the Community Health Automated Medicaid Processing System (CHAMPS) after this date for Fee-for-Service reimbursement for MHP members will be denied.

A denied service line on a claim will have the following reason and remark codes:

- Adjustment Reason Code 24 - Charges are covered under a capitation agreement/managed health plan.
- Remittance Remark Code N130 - Consult plan benefit documents for information about restrictions for this service.

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



Stephen Fitton, Director
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