

Bulletin Number: MSA 18-23

Distribution: Nursing Facilities, County Medical Care Facilities, Hospital Long-Term Care Units, Hospital Swing Beds, Ventilator-Dependent Care Units, Hospice Providers, Integrated Care Organizations

Issued: August 1, 2018

Subject: Claim Documentation Requirements When Billing Value Codes 25, 26, 27, 28, 29, 33, and 34

Effective: September 1, 2018

Programs Affected: Medicaid, MI Health Link

DUE TO THE NATURE OF THIS BULLETIN, THE INFORMATION IN THIS POLICY MUST BE SHARED WITH HOSPICE AND NURSING FACILITY BILLING STAFF.

Purpose

This bulletin is being published to inform both hospice and nursing facility providers that when offsetting the patient-pay amount using Value Codes 25, 26, 27, 28, 29, 33, or 34, documentation must accompany the claim. This new documentation requirement is effective for claims with a date-of-service on and after September 1, 2018.

Value Codes

The Value Codes that require documentation are defined as follows:

Value Code	Definition
25	Prescription drugs paid for out of a nursing facility beneficiary's funds in the billing period submitted.
26	Hearing and ear services paid for out of a nursing facility beneficiary's funds in the billing period submitted.
27	Vision and eye services paid for out of a nursing facility beneficiary's funds in the billing period submitted.
28	Dental services paid for out of a nursing facility beneficiary's funds in the billing period submitted.
29	Chiropractic services paid for out of a nursing facility beneficiary's funds in the billing period submitted.
33	Podiatric services paid for out of a nursing facility beneficiary's funds in the billing period submitted.

34	Other medical services paid for out of a nursing facility beneficiary's funds in the billing period submitted.
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Documentation Requirements

The documentation that must accompany the claim includes: the specific reason that the patient-pay amount is being offset; a detailed description of the specific item or service that is offset; and receipt showing that the beneficiary paid for the Medicaid non-covered service.

The hospice and nursing facility must upload the documentation to the Document Management Portal (DMP). The hospice and nursing facility are responsible for a successful upload of the documentation. This tool enables providers to electronically submit supporting documentation for Medicaid claims. A review guide for the DMP can be found at www.michigan.gov/medicaidproviders >> Document Management Portal (DMP) >> DMP Tutorial.

Note: The hospice and nursing facility must report in the Note section of the claim that documents have been uploaded to DMP.

Claims Processing

There will be a change in the processing of claims when the above Value Codes are reported. Claims will suspend for review of the submitted documentation. Claims submitted with no documentation will be rejected.

MI Health Link

For beneficiaries enrolled in the MI Health Link program, nursing facilities and hospice providers must still collect and maintain patient-pay amount offset information according to policy. Nursing facilities and hospice providers will not be required to submit this information to MDHHS for the months in which a beneficiary is enrolled in MI Health Link. Nursing facilities and hospice providers should continue to abide by their individual contracts with the Integrated Care Organizations (ICOs) as it relates to reporting patient-pay amount offsets when a beneficiary is enrolled in MI Health Link.

Post-Payment Review

Providers are reminded that all Medicaid-reimbursed services are subject to review for conformity with accepted medical practice and Medicaid coverage and limitations. Post-payment review also verifies that services were billed appropriately.

Manual Maintenance

Retain this bulletin until the information is incorporated into the Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, 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 1-800-979-4662.

Approved

A handwritten signature in black ink that reads "Kathy Stiffler". The signature is written in a cursive, flowing style.

Kathy Stiffler, Acting Director
Medical Services Administration