

Michigan Department of Community Health

Distribution: MSA 06-42

Issued: June 2006

Subject: Updates to the Medicaid Provider Manual

Effective: July 1, 2006

Programs Affected: Medicaid, Children's Special Health Care Services, Adult Benefits Waiver, MOMS

The Michigan Department of Community Health (MDCH) has completed the July 2006 update of the online version of the Medicaid Provider Manual.

The tables attached to this bulletin describe the changes made, the location of the changes within the manual and, when appropriate, the reason for the change.

The second table describes changes made to incorporate information from recently issued Medicaid Bulletins. These changes appear in pink in the online version of the manual.

If changes were made in a chapter, a note will appear in the affected section/subsection title of that chapter's table of contents.

When utilizing the January 2006 compact disc (CD) version of the manual, refer to this bulletin in addition to the CD to assure you have the most current policy information available.

Manual Maintenance

If using the January 2006 CD version of the Medicaid Provider Manual, retain this bulletin and those referenced in this bulletin. If utilizing the online version of the manual at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers>>Medicaid Provider Manual, this bulletin and those referenced in this bulletin may be discarded.

Questions

If you have questions about the manual, or problems locating information, you may contact Provider Inquiry at 1-800-292-2550 or providersupport@michigan.gov. If you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary.

Approved



Susan Moran, Acting Deputy Director
Medical Services Administration



Medicaid Provider Manual July 2006 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Institutional Providers	8.14 Other Service Revenue Codes	<p>The first sentence of the subsection was changed to read: Other service revenue codes may be billed as indicated below: The first sentence of the second bullet was changed to read: 0410 – Oxygen (gas, equipment, and supplies) – Covered when billed by a county medical care facility (provider type 61) or hospital long-term care unit (provider type 62).</p> <p>The third bullet was combined with the information under the second bullet.</p>	Modified for clarification
Billing & Reimbursement for Institutional Providers	8.5 Complex Care Memorandum of Understanding	<p>The subsection title was changed to Ventilator Dependent Care and Complex Care Memorandum of Understanding. The subsection was changed to read: Ventilator Dependent Care and Complex Care Memorandum of Understanding (MOU) are used for services beyond those covered by the normal per diem rate.</p> <ul style="list-style-type: none"> • These services require PA. • Facilities must enter the nine-digit PA number from the Medicaid authorization letter on the claim. In the event a beneficiary is approved for both an MOU and therapy services, one PA number is issued for both the MOU and therapy. • Facilities must bill with the appropriate daily care accommodation revenue codes. For Ventilator Dependent Care, Revenue Code 0110 must be used. For Complex Care MOU, Revenue Code 0120 must be used. 	Update

*Technical Updates/Clarifications are always highlighted in yellow in the online manual.



Medicaid Provider Manual July 2006 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Professionals	6.6 Children's Waiver Program	<p>A new category for Holiday Pay was added to the table with the following content:</p> <p>Additional reimbursement is allowed under the Children's Waiver Program for Comprehensive Community Support services (also known as community living services) and respite care services performed on a holiday. Holiday pay adjustment does not apply to vacation respite services.</p> <p>Information regarding the specific procedure codes is posted on the MDCH website in the MDCH CMHSP Children's Waiver Services Database. (Refer to the Directory Appendix for website information.)</p> <p>Currently recognized holidays are: New Year's Day, Easter, Memorial Day, July 4th, Labor Day, Thanksgiving Day and Christmas Day. A holiday begins at 12:00 am and ends at 12:00 midnight. Refer to the Mental Health/Substance Abuse Chapter for additional information.</p>	Clarification

*Technical Updates/Clarifications are always highlighted in yellow in the online manual.



Medicaid Provider Manual July 2006 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT						
Billing & Reimbursement for Professionals	6.7 Children's Serious Emotional Disturbance Home and Community-Based Services Waiver Program (New Subsection, subsequent subsections renumbered)	<p>The following table was added as content to this new subsection:</p> <table border="1" data-bbox="653 527 1480 1414"> <tr> <td data-bbox="653 527 795 691">Coding</td> <td data-bbox="795 527 1480 691">Providers must refer to the current CPT and HCPCS code books for the full descriptions of the national procedure codes and for additional explanatory information that may affect billing.</td> </tr> <tr> <td data-bbox="653 691 795 855">Units of Service</td> <td data-bbox="795 691 1480 855">In order to correctly bill for services, the full descriptions of the procedure codes must be referred to in conjunction with the current version of Mental Health/Substance Abuse Chapter of this manual.</td> </tr> <tr> <td data-bbox="653 855 795 1414">Holiday Pay</td> <td data-bbox="795 855 1480 1414"> <p>MDCH allows additional reimbursement under Children's Serious Emotional Disturbance Home and Community-Based Services Waiver (SEDW) Program for Comprehensive Community Support services (also known as community living services) and respite care services performed on a holiday.</p> <p>Information regarding the specific procedure codes is posted on the MDCH website. (Refer to the Directory Appendix for website information.)</p> <p>Currently recognized holidays are: New Year's Day, Easter, Memorial Day, July 4th, Labor Day, Thanksgiving Day and Christmas Day. A holiday begins at 12:00 am and ends at 12:00 midnight.</p> <p>Refer to the Children's Serious Emotional Disturbance Home and Community-Based Services Waiver (SEDW) Appendix of the Mental Health/Substance Abuse Chapter for additional information.</p> </td> </tr> </table>	Coding	Providers must refer to the current CPT and HCPCS code books for the full descriptions of the national procedure codes and for additional explanatory information that may affect billing.	Units of Service	In order to correctly bill for services, the full descriptions of the procedure codes must be referred to in conjunction with the current version of Mental Health/Substance Abuse Chapter of this manual.	Holiday Pay	<p>MDCH allows additional reimbursement under Children's Serious Emotional Disturbance Home and Community-Based Services Waiver (SEDW) Program for Comprehensive Community Support services (also known as community living services) and respite care services performed on a holiday.</p> <p>Information regarding the specific procedure codes is posted on the MDCH website. (Refer to the Directory Appendix for website information.)</p> <p>Currently recognized holidays are: New Year's Day, Easter, Memorial Day, July 4th, Labor Day, Thanksgiving Day and Christmas Day. A holiday begins at 12:00 am and ends at 12:00 midnight.</p> <p>Refer to the Children's Serious Emotional Disturbance Home and Community-Based Services Waiver (SEDW) Appendix of the Mental Health/Substance Abuse Chapter for additional information.</p>	Clarification
Coding	Providers must refer to the current CPT and HCPCS code books for the full descriptions of the national procedure codes and for additional explanatory information that may affect billing.								
Units of Service	In order to correctly bill for services, the full descriptions of the procedure codes must be referred to in conjunction with the current version of Mental Health/Substance Abuse Chapter of this manual.								
Holiday Pay	<p>MDCH allows additional reimbursement under Children's Serious Emotional Disturbance Home and Community-Based Services Waiver (SEDW) Program for Comprehensive Community Support services (also known as community living services) and respite care services performed on a holiday.</p> <p>Information regarding the specific procedure codes is posted on the MDCH website. (Refer to the Directory Appendix for website information.)</p> <p>Currently recognized holidays are: New Year's Day, Easter, Memorial Day, July 4th, Labor Day, Thanksgiving Day and Christmas Day. A holiday begins at 12:00 am and ends at 12:00 midnight.</p> <p>Refer to the Children's Serious Emotional Disturbance Home and Community-Based Services Waiver (SEDW) Appendix of the Mental Health/Substance Abuse Chapter for additional information.</p>								

*Technical Updates/Clarifications are always highlighted in yellow in the online manual.



Medicaid Provider Manual July 2006 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT						
		<table border="1"> <tr> <td data-bbox="653 527 793 691">Modifier</td> <td data-bbox="793 527 1478 691">A modifier is required to indicate that services were provided to more than one beneficiary at a time for Community Living Supports (CLS), Community Wraparound and Respite Services.</td> </tr> <tr> <td data-bbox="653 691 793 829">Prior Authorization</td> <td data-bbox="793 691 1478 829">Prior authorization is required from the SEDW Program (through the CMHSP) for Community Transition services.</td> </tr> <tr> <td data-bbox="653 829 793 992">Fee Screens</td> <td data-bbox="793 829 1478 992">Information regarding fee screens and coverage parameters (when appropriate) for covered procedure codes are posted on the MDCH website. (Refer to the Directory Appendix for contact information.)</td> </tr> </table>	Modifier	A modifier is required to indicate that services were provided to more than one beneficiary at a time for Community Living Supports (CLS), Community Wraparound and Respite Services.	Prior Authorization	Prior authorization is required from the SEDW Program (through the CMHSP) for Community Transition services.	Fee Screens	Information regarding fee screens and coverage parameters (when appropriate) for covered procedure codes are posted on the MDCH website. (Refer to the Directory Appendix for contact information.)	
Modifier	A modifier is required to indicate that services were provided to more than one beneficiary at a time for Community Living Supports (CLS), Community Wraparound and Respite Services.								
Prior Authorization	Prior authorization is required from the SEDW Program (through the CMHSP) for Community Transition services.								
Fee Screens	Information regarding fee screens and coverage parameters (when appropriate) for covered procedure codes are posted on the MDCH website. (Refer to the Directory Appendix for contact information.)								
Children's Special Health Care Services	Section 5 – Financial Determination	<p>The following footnote was added to the word "all" in the first sentence.</p> <p>Individuals determined medically eligible based on documentation submitted by their Medicaid Health Plan (MHP) are not required to submit the MSA-0738, as MHP enrollment is pre-verification of Medicaid coverage resulting in exemption from a payment agreement.</p> <p>The first sentence in the last paragraph of 5.1 was changed to read:</p> <p>The MSA-0738 must be completed and submitted, when applicable, either . . .</p>	Clarification						

*Technical Updates/Clarifications are always highlighted in yellow in the online manual.



Medicaid Provider Manual July 2006 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Hospice	3.4.B. Nursing Facility	<p>The fourth sentence of the paragraph immediately preceding the text box was changed to read:</p> <p>For Class I NFs, reimbursement also includes 100% of the Quality Assurance Supplement (QAS)</p> <p>The sixth sentence of the same paragraph was changed to read:</p> <p>Reimbursement for private hospital Long Term Care Units equals 95% of the Medicaid per diem plus 100% of the QAS.</p>	Update
Hospice	5.6.D. Adult Home and Community Based Waiver Beneficiaries (MI Choice)	<p>The second paragraph was changed to read:</p> <p>The hospice is not required to submit a DCH-1074 to MDCH for waiver participants it services.</p> <p>The fourth paragraph was separated into two sentences that now read:</p> <p>The hospice should not complete the enrollment for a beneficiary whose eligibility verification indicates a LOC 22. The hospice contacts the waiver coordinator to discuss and coordinate the services required.</p>	Clarification
Hospital	Section 2 – Prior Authorization	<p>The following information was added to the table of services requiring PA:</p> <p>*Off-label use drugs; PA obtained by attending physician; Obtained via OMA; Documentation for Claims is a PA number.</p>	Clarification
Hospital	6.7 Private Duty Nursing	<p>The following bullet was deleted:</p> <ul style="list-style-type: none"> Children's Special Health Care Services (CSHCS) 	Update per MSA 06-06 effective 3/1/06
Hospital	6.8 Nursing Facility	<p>The third bullet was changed to read:</p> <p>Verification of Medicaid financial eligibility for nursing facility care as determined by the Department of Human Services (DHS).</p>	Clarification

*Technical Updates/Clarifications are always highlighted in yellow in the online manual.



Medicaid Provider Manual July 2006 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Hospital	6.9.A. Medicaid Ventilator Dependent Care	<p>The following was added at the end of the first paragraph: (Refer to the Directory Appendix for contact information.)</p> <p>The first sentence of the eight paragraph was changed to read: To begin the prior authorization process, the hospital discharge planner, case manager,</p> <p>The first sentence of the next paragraph was changed to read: The beneficiary's physician must sign the MSA-1635, which services as his attestation as to the medical necessary of the patient transfer from the actue care setting or a nursing facility setting to a nursing facility ventilator care unit.</p>	Update/clarification
Hospital	6.9.B. Memorandum of Understanding	The subsection was renamed Complex Care Memorandum of Understanding	Clarification
Hospital	7.1 Disproportionate Share Hospital Payments	<p>The second paragraph was changed to read:</p> <p>Indigent volume is measured as the percentage of inpatient indigent charges to a hospital's net hospital charges as reported on the Medicaid cost report. Indigent charges are the annual charges for services rendered to patients eligible for payments under Medicaid, CSHCS, Adult Benefits Waiver (ABW), MIChild, MOMS, and non-ABW Indigent Care Plans, plus uncompensated care charges. Uncompensated care is limited by Medicare standards and is offset by any recoveries.</p>	Update
Medicaid Health Plan	1.1 Services Covered by Medicaid Health Plans (MHPs)	The list of covered services was updated to delete the limitation of Chiropractic, Hearing Aids, and Podiatry services to individuals under page 21.	Update

*Technical Updates/Clarifications are always highlighted in yellow in the online manual.



Medicaid Provider Manual July 2006 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Nursing Facility Coverages	9.30 Private Room	<p>The following paragraph was added at the end of the subsection:</p> <p>If a Medicaid beneficiary is in a private room (either Medicaid-certified or dually-certified) because the private room is the only bed available, the facility cannot request the beneficiary or beneficiary's family pay the difference between the semi-private and the private room rate, nor can the facility transfer or discharge the beneficiary due to non-payment of the difference.</p>	Clarification
Nursing Facility Coverages	10.5 Memorandum or Understanding (MOU) – Special Agreement for Complex Care	Section was renamed Complex Care Memorandum of Understanding	Clarification
Nursing Facility Coverages	11.3.B. Authorization for VDCU Placement	<p>The first sentence of the second paragraph was changed to read:</p> <p>The beneficiary's physician must sign the MSA-1635 and, by doing so, attests to the medical necessity of the patient transfer from an acute care setting or a nursing facility setting to a nursing facility ventilator care unit.</p> <p>The following information was added at the end of the subsection:</p> <p>The nursing facility must report any change of condition, such as weans from ventilators, transfers, discharges, re-hospitalizations and deaths of these complex care residents.</p> <p>Residents who are weaned from their ventilators will be allowed a 14-day stay in the VDCU from the date they are removed from the ventilator, at the allotted VDCU reimbursement rate, in order to assure complete wean is maintained. Once the 14 days of successful wean has been maintained, it is then the responsibility of the VDCU to transfer the resident to a Medicaid LTC bed within the facility, transfer the resident to another nursing facility, or discharge the resident home with appropriate care planning involving family, responsible party, and community resources. Once successful wean has been maintained, the PA number will be retired.</p>	Incorporated language previously issued in MSA 05-19.

*Technical Updates/Clarifications are always highlighted in yellow in the online manual.



Medicaid Provider Manual July 2006 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Nursing Facility Reimbursement Appendix	9.13.E. Amending a Plan	The third sentence was changed to read: A non-available bed plan may be amended only one time during the life of the non-available bed plan.	Changed for consistency
Nursing Facility Reimbursement Appendix	10.10 Class VI Nursing Facilities—Hospital Swing Beds	The following was added after the first sentence: Swing bed reimbursement occurs after the combined length of stay in an acute care bed and a swing bed exceeds the average length of stay for the Medicaid diagnosis related group (DRG) for the admission.	Clarification
Pharmacy	Section 20 – Medical Suppliers	The name of the section was changed to Medical Supplies, and the existing content was reformatted under 20.1 General Information. A new subsection was added as 20.2 Supplies for Administration of Part D Drugs with the following content: MDCH will reimburse a pharmacy for medical supplies and/or equipment (e.g., IV poles, tubing) associated with the administration of Medicare Part D drug(s) to the dual eligibles (except those residing in a nursing facility) for home infusion therapy.	Clarification
Practitioner	1.10 Prior Authorization	The second bullet was changed to read: Procedures/ items that are normally noncovered but may be medically necessary for select beneficiaries (e.g., surgery normally cosmetic in nature, obesity surgery, off-label use drugs , etc.); and	Clarification
Practitioner	4.13.A. Coverage of the Injectable	The following was added to at the end of the paragraph following the bulleted information: However, if the beneficiary has other insurance that allows the injectable drug product to be obtained at the pharmacy by the beneficiary, then the other insurance rules (e.g. Medicare Part D) must be followed.	Clarification

*Technical Updates/Clarifications are always highlighted in yellow in the online manual.



Medicaid Provider Manual July 2006 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Directory Appendix	Beneficiary Assistance	The telephone number for the Pharmacy Beneficiary Help Line was changed to: 877-624-5404	Update
Directory Appendix	Eligibility Verification	The email address for requesting newborn ID numbers was corrected to read: MSA-ESS@michigan.gov	Correction
Directory Appendix	Prior Authorization	The contact information for the Pharmacy Clinical Call Center was changed to read: 7 a.m. – 7 p.m. EST, M-F 877-864-9014 Fax 887-888-370 The fax number for Pharmacy Prior Authorization was changed to: 887-888-6370	Update
Directory Appendix	Prior Authorization	The fax number for Private Duty Nursing prior authorization requests was corrected to read: 517-241-7813	Correction
Directory Appendix	Claim Submission/ Payment	The address for submitting paper pharmacy claims was changed to: First Health Services Corporation Michigan Paper Claims Processing Unit PO Box C-85042 Richmond, VA 23261-5042	Update
Directory Appendix	Nursing Facility Resources	The information listed as available under MDCH, LTC Services was revised to read: Medicaid NF bed certification, private room approvals	Update

*Technical Updates/Clarifications are always highlighted in yellow in the online manual.



Michigan Department of Community Health

Medicaid Provider Manual July 2006 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Directory Appendix	Pharmacy Resources	<p>The telephone contact information for the pharmacy PBM provider relations area (for enrollment, EFT, and pharmacy claims processing manual) was changed to: 804-965-7619 or 804-965-7748 Fax 804-965-7647</p> <p>The URL to obtain a list of rebate participating labelers was changed to: www.cms.hhs.gov/MedicaidDrugRebateProgram</p>	Update

*Technical Updates/Clarifications are always highlighted in yellow in the online manual.



Medicaid Provider Manual July 2006 Updates



BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 06-40	6/1/06	Medical Supplier	2.29 Osteogenesis Stimulators 2.31 Oxygen, Oxygen Equipment and Accessories	Updated to reflect changes standards of coverage and payment rules.
		Billing & Reimbursement for Professionals	6.7.B. Days or Units (renumbered to 6.8.B. effective 7/1/06)	Information related to continuous passive motion device was added to the table.
MSA 06-38	6/1/06	Coordination of Benefits	2.1 Commercial Health Insurance 2.6.E. Medicaid Liability	Policy for reporting contractual adjustments of outpatient hospital services.
MSA 06-37	6/1/06	Medicaid Provider Manual Overview		Information added regarding new <i>Plan First!</i> Family Planning Waiver Chapter
		<i>Plan First!</i> Family Planning Waiver (new chapter)		Details eligibility and coverage policies related to the new Family Planning Waiver.
MSA 06-36	5/24/06	Outpatient Therapies	5.3.F. Evaluations and Follow-up for Speech-Generating Devices	Corrected instructions for requesting PA.

*Bulletin inclusion updates are color-coded to the quarter in which the update was made (April 1 = Blue; July 1 = Pink; October 1 = Green)



Medicaid Provider Manual July 2006 Updates



BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 06-34	5/22/06	Home Health	6.1.E. Intravenous Infusion	Medicaid will reimburse for professional services associated with the administration of Medicare Part D drugs for dually eligible beneficiaries.
		Medical Supplier	2.16 Home Intravenous Infusion Therapy	Information regarding medical supplies and/or equipment related to the administration of Medicare Part D drugs for dual eligibles was added to the Payment Rules portion of the table.
MSA 06-32	6/1/06	Hospital	5.7 Inpatient Hospital Post-Payment Reviews	Subsection reformatted, policy added related to post-payment utilization review process for inpatient provider type 30 providers.
MSA 06-30	5/1/06	Dental	Section 11 – Public Dental Clinic Enhanced Reimbursement Rate (new Section)	Policy related to the enhanced reimbursement rate available for Public Dental Clinics.
		Local Health Department	2.1 Covered Services Section 4 – Encounters	References to dental services/encounters deleted.
MSA 06-29	5/1/06	Private Duty Nursing	1.1 Enrollment Requirements	Enrolled PDN agencies must be accredited by December 31, 2007.
MSA 06-26	4/27/06	Hospital	6.9.A. Medicaid Ventilator	Updates information regarding the initiation of disenrollment of a NF resident from a MHP.
		Nursing Facility Coverages	11.3.A. Placement Criteria	
		Forms Directory	DCH-1185	Form revised.

*Bulletin inclusion updates are color-coded to the quarter in which the update was made (April 1 = Blue; July 1 = Pink; October 1 = Green)



Medicaid Provider Manual July 2006 Updates



BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 06-25	4/12/06	Dental	9.1 Coverage and Service Area Information	Updates counties covered under Health Kids Dental program.
MSA 06-22	4/1/06	Practitioner	Section 20 – Telemedicine (new subsection, subsequent subsections renumbered)	Policy related to telemedicine.
		Billing & Reimbursement for Institutional Providers	5.13 Telemedicine (new subsection, subsequent subsection renumbered) 6.36 Telemedicine (new subsection, subsequent subsections renumbered) 8.14 Other Service Revenue Codes	Instructions for billings the telemedicine originating site facility fee.
		Billing & Reimbursement for Professionals	6.19 Telemedicine (new subsection, subsequent subsection renumbered)	Instructions for billing the telemedicine services.
		Federally Qualified Health Centers	2.3 Telemedicine (new subsection)	Telemedicine originating site facility information.
		Hospital	3.26 Telemedicine (new subsection, subsequent subsections renumbered)	

*Bulletin inclusion updates are color-coded to the quarter in which the update was made (April 1 = Blue; July 1 = Pink; October 1 = Green)



Medicaid Provider Manual July 2006 Updates



BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
		Mental Health/ Substance Abuse	3.23 Telemedicine (new subsection, subsequent subsections renumbered)	
		Nursing Facility Coverages	9.35 Telemedicine (new subsection, subsequent subsections renumbered)	
		Rural Health Clinics	4.3 Telemedicine (new subsection)	
		Tribal Health Centers	3.1 Covered Services	
MSA 06-21	4/1/06	Billing & Reimbursement of Dental Providers	4.1 Dental Claim Form Completion Instructions	Procedures requiring the Oral Cavity Code are noted in the MDCH Dental Database available on the MDCH website.
		Dental	6.7.C. Alveoloplasty (new subsection)	Coverage information related to alveoloplasty.
MSA 06-20	4/1/06	Practitioner	Section 9 - Pharmacy	DEA number provision requirements.
MSA 06-19	3/15/06	Pharmacy	13.6.A. Medicaid Co- Payments	Delete policy allowing pharmacies to deny service based on a history of bad debt.

*Bulletin inclusion updates are color-coded to the quarter in which the update was made (April 1 = Blue; July 1 = Pink; October 1 = Green)



Michigan Department of Community Health

Medicaid Provider Manual July 2006 Updates



BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 06-18	4/1/06	Outpatient Therapies	5.3.F. Evaluations and Follow-Up for Speech-Generating Devices	Changes in instructions/requirements for requesting PA.
		Forms Appendix	MSA-115	Form and instructions updated.
MSA 06-17	3/20/06	Beneficiary Eligibility	9.9 Co-Payments	Added information related to new beneficiary co-payment requirements.
		Hospital	1.6 Co-Payments (new Subsection, subsequent subsections renumbered)	
		Practitioner	1.4 Co-Payments	
		Directory Appendix	Billing Resources	Added reference to Beneficiary co-pay table in list of information available on the MDCH website.

*Bulletin inclusion updates are color-coded to the quarter in which the update was made (April 1 = Blue; July 1 = Pink; October 1 = Green)



Michigan Department of Community Health



Supplemental Bulletin List

The following is a list of Medicaid policy bulletins that supplement the *January 2006* electronic Medicaid Provider Manual. The list will be updated as additional policy bulletins are issued. The updated list will be posted on the MDCH website along with the Medicaid Provider Manual.

Providers affected by a bulletin should retain it until it is incorporated into the quarterly update of the online version of the manual unless instructed otherwise. Providers utilizing the CD version of the manual should retain bulletins until the next CD version is issued.

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
6/1/06	MSA 06-40	Manually Priced HCPCS; Rate Revision for Oxygen Concentrator; Revision of Rules for Osteogenesis Stimulators; Coverage of E2219; New Rules for Continuous Passive Motion Device; Quarterly HCPCS Update	Medical Suppliers	7/1/06 Information incorporated into Medical Supplier and Billing & Reimbursement for Professionals chapters and MDCH Medical Supplier/DME/Prosthetics and Orthotics Database.
6/1/06	MSA 06-39	Vision Billing Clarifications	Vision	7/1/06 MDCH Vision Services Database updated.
6/1/06	MSA 06-38	Contractual Adjustments	Outpatient Hospitals	7/1/06 Information incorporated into the Coordination of Benefits Chapter.
6/1/06	MSA 06-37	<i>Plan First!</i> Family Planning Waiver	All Providers	7/1/06 Information added as the <i>Plan First!</i> Family Planning Waiver Chapter.



Michigan Department of Community Health



Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
5/24/06	MSA 06-36	Correction to Bulletin MSA 06-18	Outpatient Hospitals, Rehab Facilities, Nursing Facilities, Home Health Agencies, Medical Suppliers	7/1/06 Information incorporated into the Outpatient Therapies Chapter.
6/1/06	MSA 06-35	Criminal History Background Check	Psychiatric Hospitals and Units, ICF/MRs, Nursing Facilities, County Medical Care Facilities, Hospices, Hospitals with Swing Beds, Home Health Agencies	Bulletin transmits information related to new state law that is not limited to Medicaid enrolled providers. Reference to the requirements will not be added to the manual. Bulletin may be discarded after review.
5/22/06	MSA 06-34	Clarification of Coverage of Home Infusion Services Associated with Administration of Medicare Part D Drugs	Medical Suppliers, Home Health Agencies, Pharmacy	7/1/06 Information incorporated into Home Health and Medical Supplier Chapters.
5/06	MSA 06-33	Sanctioned Provider List	All Providers	The list is available on the MDCH website at www.michigan.gov >>Providers>>Information for Medicaid Providers.
5/1/06	MSA 06-32	Annual Statewide Post-Discharge Utilization Review	Hospitals	7/1/06 Information incorporated into the Hospital Chapter.



Michigan Department of Community Health



Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
5/1/06	MSA 06-30	Public Dental Clinic Enhanced Reimbursement Rate	Public Dental Clinics	7/1/06 Information incorporated into the Dental and Local Health Department chapters.
5/1/06	MSA 06-29	Accreditation of Private Duty Nursing Agencies	Private Duty Agencies	7/1/06 Information incorporated into the Private Duty Nursing Chapter.
4/27/06	MSA 06-26	Disenrollment from a Medicaid Health Plan	Nursing Facilities, Hospice, Medical Health Plans	7/1/06 Information incorporated into Hospital and Nursing Facility Coverage chapters.
4/12/06	MSA 06-25	Health Kids Dental Expansion	Dentists, Dental Clinics	7/1/06 Information incorporated into the Dental Chapter.
4/1/06	MSA 06-23	Correction of Mandatory List of Incontinent Items That Must be Obtained Through J & B Medical	Medical Suppliers	4/1/06 Information incorporated into the Medical Supplier Chapter.
4/1/06	MSA 06-22	Coverage of Telemedicine Services	Practitioners, Hospitals, FQHCs, Medicaid Health Plans, Mental Health/Substance Abuse, Nursing Facilities, Rural Health Clinics, Tribal Health Centers	7/1/06 Information incorporated into the Practitioner, Hospital, FQHC, Mental Health/Substance Abuse, Nursing Facilities, Rural Health Clinic, Tribal Health Center and Billing & Reimbursement chapters .



Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
4/1/06	MSA 06-21	Implementation of the ADA 2002 Claim Form; Addition of Alveoloplasty Section in Dental Chapter	Dentists, Dental Clinics	7/1/06 Information incorporated into the Dental and Billing and Reimbursement for Dental Providers.
4/1/06	MSA 06-20	Clarification on the Reporting of Drug Enforcement Administration (DEA) Numbers	Pharmacy, Dental, Hospital, Practitioner (Physicians, Advanced Practice Nurses, Medical Clinics, Oral Surgeons, Podiatrists, RHCs/IHCs/FQHCs), Vision, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies	7/1/06 Information incorporated into the Practitioner Chapter.
3/15/06	MSA 06-19	Beneficiary Bad Debt	Pharmacy	7/1/06 Information incorporated into the Pharmacy Chapter.
4/1/06	MSA 06-18	MSA-115 Prior Authorization Form Changes; Speech Generating Device (SGD) Prior Authorization Criteria Changes	Outpatient Hospitals; Rehab Facilities; Nursing Facilities; Home Health Agencies; Medical Suppliers	7/1/06 Information incorporated into the Outpatient Therapies Chapter and the Forms Appendix.
4/1/06	MSA 06-05	MI Choice Program Waiting List Policy; Telephone Intake Guidelines Clarification	Medicaid MI Choice Home and Community Based Program for Elderly and Disabled; Nursing Facilities; County Medical Care Facilities; Hospital Long Term Care Units; Hospital Swing Beds; Ventilator Dependent Care Units; Centers for Independent Living	



Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
3/20/06	MSA 06-17	Beneficiary Co-Payments (FY 2006 Budget, P.A. 154 of 2005)	All Provider	7/1/06 Information incorporated into the Beneficiary Eligibility, Hospital, and Practitioner chapters. Co-pay Table also added to the MDCH website at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers>> Provider Specific Information.
3/1/06	MSA 06-16	Updates to the Medicaid Provider Manual	All Provider	4/1/06 Information incorporated as noted in the bulletin.
3/1/06	MSA 06-15	Updates to DRG Grouper, DRG Rate, Per Diem Rate Rebase	Hospitals	4/1/06 Information incorporated into the Hospital Chapter Reimbursement Appendix and the MDCH website.
3/1/06	MSA 06-14	GME Pool Size Reduction	Hospitals	4/1/06 Information incorporated into the Hospital Chapter Reimbursement Appendix.



Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
3/1/06	MSA 06-12	Healthcare Common Procedure Coding System Standardization	Medical Suppliers	4/1/06 Information added to the Medical Supplier database at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers>>Provider Specific Information.
3/1/06	MSA 06-11	Hearing Aid Coverage; Billing Clarification and Changes	Hearing Aid Dealers; Hearing Centers	4/1/06 Information incorporated into the Hearing Aid Dealers and Hearing Services chapters.
2/27/06	MSA 06-10	Electronic Home Office Cost Statement	Nursing Facilities	4/1/06 Information incorporated into the Nursing Facility Cost Reporting & Reimbursement Appendix Section 4 – Cost Reporting.
2/13/06	MSA 06-09	Mental Health and Substance Abuse Policy Changes	Prepaid Inpatient Health Plans	4/1/06 Information incorporated into the Mental Health/Substance Abuse Chapter.
3/1/06	MSA 06-08	Objective Hearing and Vision Screening Policy and Billing; Blood Lead Analysis Clarification	Local Health Departments	4/1/06 Information incorporated into the Practitioner and Local Health Departments chapters, and the Forms Appendix.



Michigan Department of Community Health



Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
2/06	MSA 06-07	Medicare Part B Crossover Claims	Practitioners, Optometrists, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, Medical Clinics, Local Health Departments, Ambulance, Independent Labs, Medical Suppliers, Orthotists/Prosthetists, Vision	4/1/06 Information incorporated into the Coordination of Benefits Chapter.
2/1/06	MSA 06-06	Change in Program that Authorizes Private Duty Nursing for Non-Waiver Beneficiaries or Beneficiaries Not Currently Receiving Services Through a Waiver	Private Duty Nursing Hospitals	4/1/06 Information incorporated into the Private Duty Nursing Chapter. 7/1/06 Information incorporated into the Hospital Manual.
12/05	MSA 06-02	Termination of Sexual or Erectile Dysfunction Drug Coverage	Pharmacy, Hospital, Practitioners, Local Health Departments, Medicaid Health Plans, Community Mental Health Programs	04/01/06 Information incorporated into the Pharmacy Chapter.