

Bulletin: MSA 05-19

Distribution: Nursing Facilities
Hospitals
Medicaid Ventilator Dependent Care Units
Hospice
Medicaid Health Plans

Issued: April 1, 2005

Subject: Prior Authorization Number for Ventilator Dependent Care Unit (VDCU) Services

Effective: May 1, 2005

Programs Affected: Medicaid

Effective May 1, 2005, Medicaid will issue a Prior Authorization (PA) number for all Medicaid beneficiaries residing in a Medicaid authorized Ventilator Dependent Care Unit (VDCU). All approved admissions to a VDCU on and after May 1, 2005 will be assigned a PA number. This PA number will be entered by Medicaid on the approved Medicaid Ventilator Dependent Care Authorization form (MSA-1635). Numbers will be assigned for a six-month time period. The provider must request and receive a PA number prior to billing for Medicaid services.

Billing Instructions

When billing, VDCU providers are to place the resident specific authorization numbers on their claims in order to receive correct Medicaid reimbursement. Claims submitted without PA numbers for ventilator dependent residents will be rejected due to no prior authorization.

Reminders

Residents who receive ventilator dependent care services under another source of reimbursement and subsequently exhaust those benefits must be reviewed, approved, and given PA numbers before the provider bills for Medicaid covered services.

Medicaid-contracted VDCU providers are responsible for contacting Michigan Department of Community Health (MDCH) for prior approval. Providers are also responsible for reporting any change of condition, such as weans from ventilators, transfers, discharges, re-hospitalizations and deaths of these complex care residents.

Residents who are weaned from their ventilators will be allowed a two-week 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 two-week time period 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 Medicaid 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.

Hospital Discharge

It is the physician who determines the length of stay within the acute care setting for a ventilator dependent patient. When the physician determines the patient no longer requires acute care and can continue to be supported by ventilation in a long term care setting, the physician's signature on the Medicaid Ventilator Dependent Care Authorization form (MSA-1635) verifies the patient is medically stable for transfer.

Manual Maintenance

This bulletin should be retained until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Michigan 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 telephone toll-free 1-800-292-2550.

Approved

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

Paul Reinhart, Director
Medical Services Administration