

2013 Biller “B” Aware

December 30, 2013: Attention ALL Providers: Due to a CHAMPS system issue, the Remittance Advice (RA) and 835 files for Pay Cycle 52 dated 12/26/2013 may not balance. MDCH will recreate new RAs and 835 files that will process this week. Please avoid posting double payments.

December 17, 2013: Attention Community Mental Health Services Programs (CMHSPs): The psychiatric E&M codes (99201 – 99205 and 99211 – 99215) were added to the CWP and SED databases in August, effective for dates-of-service on/after January 1, 2013. As we are approaching the 12-month timely billing deadline for January services, we are providing this as a reminder that CMHSPs, enrolled as specialty providers for the CWP and SED, can now bill using these codes. The databases are posted at http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-272724--_00.html. Select “Jan 2013” for the Serious Emotional Disturbance (SED) database and “Apr 2013” for the Children’s Waiver Services database.

December 17, 2013: Attention ALL Providers: Providers are reminded that immunizations are covered services by Medicaid Health Plans (MHPs) when provided to health plan beneficiaries and should be billed to the MHPs. Immunization related claims for health plan beneficiaries will not be paid by fee for service. See the Medicaid Provider Manual, Medicaid Health Plan Chapter at: www.michigan.gov/medicaidproviders >> Policy and Forms >> Medicaid Provider Manual.

December 13, 2013: Attention ALL Providers: Due to Section 1104 of the Affordable Care Act (ACA), effective December 16, 2013, Electronic Funds Transfer (EFT) payments for Health Care Providers will be sent from the State of Michigan to respective financial institutions in the compliant CCD+ format.

If you accept EFT payments and experience any issues with receiving payment, please contact provider support at 1-800-292-2550 or by email: ProviderSupport@michigan.gov

December 09, 2013: Attention Home Health Providers: In the case of a dually eligible beneficiary, if the primary insurance denies payment of home health services due to not meeting the primary insurance’s homebound requirement, Medicaid will cover services. Medicaid does not require a beneficiary to be entirely restricted to their home (i.e. “homebound”) to receive home health services. When billing Medicaid secondary, a claim note is required stating “not covered by primary, as patient was not homebound.”

December 04, 2013: Attention ALL Providers: We are experiencing connection errors with our Data Exchange Gateway (DEG). We are working to resolve this situation as quickly as possible. If you receive an error, please try again later.

December 04, 2013: Attention ALL Providers: ICD-10 Testing is now available: MDCH has created a survey-based tool that allows providers to review common medical scenarios and assign the ICD-10 diagnosis codes that they feel are appropriate. The survey is applicable to both medical professionals, such as physicians, nurse practitioners, and physician assistants, as well as coding and billing professionals.

The survey link and instructions have been posted at www.michigan.gov/5010ICD10/ >> ICD-10 Information >> Testing.

Should you have any questions, please feel free to contact our ICD-10 testing support team at MDCH-B2B-Testing@Michigan.gov. We look forward to testing with you!

December 04, 2013: Attention Nursing Facility Providers: Third Party Liability has identified beneficiaries who are residing in a Nursing Facility and who also have Medicare coverage and it was not reported on the claim, as outlined in MSA Policy Bulletin 12-01. Federal regulations require that all identifiable

financial resources be utilized prior to the expenditure of Medicaid funds for health care services provided to Medicaid beneficiaries. Medicaid is considered the payer of last resort.

Providers will receive a TPL recovery letter on January 6, 2014 (also available Archived Documents in CHAMPS), and providers have 30 days to adjust their paid claim or contact TPL if the beneficiary no longer has the coverage. If no action is taken, TPL will void the claims identified in the letter which will result in an entire takeback of the paid claim.

http://www.michigan.gov/documents/mdch/ClaimVoidReports_410671_7.pdf

Note: When adjusting claim, please note in remarks "TPL recovery, adding OTHER INSURANCE."

November 14, 2013: Attention Maternal Infant Health Program (MIHP): Effective October 1, 2013 the Current Procedural Code 99402 has had a change in the MUE (daily allowable units). The MUE on the procedure code 99402 has been changed to 1 unit per day. Please be aware that the claims will deny for exceeding the MUE when the units of 2 are billed.

November 12, 2013: Attention Durable Medical Equipment Providers: The Michigan Medicaid DME Liaison meeting scheduled for Monday, December 9, 2013 is cancelled. The 2014 DME Liaison schedule will be posted soon. To view the DME Liaison schedules, agendas and minutes, visit: www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific>>Medical Suppliers, scroll down to DME Meetings.

October 31, 2013: Attention ALL Providers: Due to Rule 1104 of the Affordable Care Act (ACA) effective January 1, 2014, MDCH will make changes to the Electronic Funds Transfer (EFT) format. It will be changed to the Cash Concentration/Disbursement plus Addenda (CCD+). Please contact your Financial Institution to make sure they are ready and able to accept this new format. Batch Agency Identification will be changing from 39S to 38S on all EFT or check receipts.

October 28, 2013: Attention Orthotics and Prosthetic Providers: MDCH has updated the orthotics and prosthetic rates listed on the Medical Supplier database, effective for dates of service on and after October 1, 2013. A revised database will be posted to reflect the revised rates. MDCH will perform adjustments to claims with dates of service on and after October 1, 2013, within the next few weeks. Orthotic and Prosthetic providers should consult their remittance advices, which will reflect the adjustments.

October 09, 2013: Attention OPH Providers: All paid claims with dates of service from 07/01/2013 through current will be adjusted with the newly loaded July APC software updates and should start to appear on pay cycle 42 (10/17/13). The adjusted claims can be identified by the claim note "APC July 2013 quarterly updates". Please review the following for information on [how to verify the Adjustment Source of your claim](#).

October 09, 2013: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@michigan.gov

October 08, 2013: UPDATE: CHAMPS has now been updated and providers should now be able to access their Archived Documents.

October 08, 2013: Attention ALL Providers: Due to a system update, the CHAMPS Archived Documents function is currently unavailable. During this outage, providers can access their remittance advices through CHAMPS claim inquire and filter by pay cycle date. We apologize for any inconvenience and an updated message will be posted once access has been restored.

October 04, 2013: Attention ALL Providers: This stands as a reminder to providers that beneficiaries with the MI Choice-MC Benefit Plan are approved for the home and community based services (HCBS) waiver. The provider listed under the MI Choice-MC Benefit Plan should only be billed for the HCBS waiver services authorized by that provider. All other non-HCBS waiver services covered by Medicaid should be billed by the appropriate provider type through CHAMPS.

October 03, 2013: Attention Professional Providers: Due to a CHAMPS defect paper claims submitted with a CLIA number correctly reported in box #23 were incorrectly denied with reason code 16 and remark code MA120-Missing/incomplete/invalid CLIA certification number. This defect has been resolved and providers will need to re bill the affected claims, MDCH would like to encourage providers to re bill electronically or utilizing the CHAMPS direct data entry claim function. For providers re billing older dates of service please include the following claim note to ensure that the claims get correctly process for timely filing: "CHAMPS CLIA defect."

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@michigan.gov

October 01, 2013: Attention ALL Providers: Third Party Liability (TPL) has identified overpayments on professional invoices which adjudicated between 9/09/2011-4/20/2012 which bypassed TPL editing incorrectly due to the claim adjustment reason code reported on the claim. To allow these claims to correctly process and price they will be adjusted by MDCH beginning on pay cycle 41 (October 10, 2013). Claims not adjustable due to additional claim editing will have to be voided. These adjusted and voided claims can be identified with the claim note "TPL claims processing – CARC adjustments".

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@michigan.gov

September 17, 2013: Attention Professional Providers: Pursuant to federal guidance, providers enrolled in the Physician Adjustor program are not eligible to participate in the Affordable Care Act (ACA) Primary Care Incentive Payment Program. MDCH will begin adjusting claims on pay cycle date 09/12/2013 to recoup the ACA incentive payment amount made on claims with rendering providers who are enrolled in the Physician Adjustor program. Additional void batches will be submitted on a later pay cycle date for claims that are not able to be adjusted due to additional claims editing. Providers are encouraged to review the MSA L Letter [13-41](#).

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@michigan.gov

September 17, 2013: Attention Professional Providers: MDCH has identified professional claims billed with modifier 26 and a non-facility place of service which paid at the incorrect rate causing an overpayment. MDCH will adjust these claims beginning on pay cycle 38 (9/19/13) to allow the claims to process and pay the correct rate.

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@michigan.gov

September 12, 2013: Attention ALL Providers: This serves as a reminder to providers that as of October 1, 2013 all Ordering/Referring/Attending NPI's MUST be enrolled with Michigan Medicaid when reporting Ordering/Referring/Attending NPI's on a claim that requires them with dates of service on or after 7/1/2013. MDCH would like to encourage current billing providers to work with their Ordering/Referring/Attending providers to get them enrolled to avoid claim denials and non-payment. Providers are encouraged to review the current policy bulletins [MSA 12-55](#) and [MSA 13-17](#). Providers with further questions or concerns in regards to claims can contact Provider Support at 1-800-292-2550 or email ProviderSupport@michigan.gov

September 11, 2013: REPOSTING from June 20, 2013: **Attention DME Providers:** MDCH has identified approximately 33,000 duplicate paid claims. These claims will be voided by MDCH beginning on PC 36 to recover the incorrect duplicate payments.

August 21, 2013: Attention ALL Providers (who use MPHI to verify Eligibility): MPHI is scheduling a maintenance window this weekend from Saturday, August 24, 2013 at 6:00pm to Sunday, August 25, 2013 at 6:00am; while we conduct a major upgrade to our network infrastructure. The Medicaid Eligibility services offered by MPHI may be available sporadically during this period, but are generally expected to be offline. Please contact MedicaidEligibility@mphi.org if you have any questions or concerns.

August 13, 2013: Attention Professional and DME Providers: Third Party Liability (TPL) has identified claims which processed for payment when claims were billed with the reason code of A1. Current policy outlined in the Medicaid Provider Manual within the Coordination of Benefits chapter "MDCH does not pay for services denied by Medicare or other insurance plans due to noncompliance with Medicare or other insurance plan requirements." MDCH will be adjusting these claims to allow them to properly adjudicate and deny the service line reported with A1. If the claim is not able to be adjusted MDCH will be voiding the claim, these adjustments and voids will be on pay cycle 33 (August 15, 2013)

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@michigan.gov

August 13, 2013: Attention Professional and DME Providers: Third Party Liability (TPL) has identified claims which processed for payment when the Other Insurance information was incorrectly reported on the claim. The majority of these claims paid in error when the Other Insurance payment information did not balance or the other insurance information is not correct according to the TPL file for the beneficiary. Providers can adjust these claims to correctly report the Other Insurance information or the claims will be voided by MDCH beginning on pay cycle 34 (August 22, 2013). Claims voided by MDCH can be identified by reviewing the claim note section via CHAMPS which will state "Other insurance info is incorrectly reported, unable to adjust properly."

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@michigan.gov

August 07, 2013: Attention ALL Providers: System maintenance window for the DEG (Data Exchange Gateway) is scheduled for Sunday, August 11, 2013. The scheduled down time will be from 9:00 a.m. to 5:00 p.m. During this downtime please do not submit any files for the above time period.

July 17, 2013: Attention ALL Providers: Due to a system update, the CHAMPS Archived Documents function will unavailable beginning Friday, July 26th at 6pm until Monday July 29, 2013. During this outage, providers can access their remittance advices through CHAMPS claim inquire and filter by pay cycle date. We apologize for any inconvenience.

July 09, 2013: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source](#) of your claim. Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@michigan.gov

July 09, 2013: Attention ALL Providers: System maintenance for CHAMPS is scheduled for Saturday, July 13 beginning at 7am and ending on Sunday July 14th at 9pm. During this maintenance period CHAMPS will be unavailable for use. We apologize for any inconvenience this causes your organization.

June 27, 2013: Attention All Providers: System maintenance window for the DEG (Data Exchange Gateway) is scheduled for Sunday, June 30, 2013. The scheduled down time will be from 10:00 a.m. to 2:00 p.m. During this downtime please do not submit any files for the above time period.

June 20, 2013: Attention DME Providers: MDCH has identified approximately 33,000 duplicate paid claims. These claims will be voided by MDCH in the near future to recover the incorrect duplicate payments.

June 20, 2013: Attention Professional & Dental Providers: Third Party Liability (TPL) has identified claims which processed for payment when the Other Insurance information was incorrectly reported at the header and not at the line level. Per Medicaid Policy, Professional and Dental invoice type claims have to report the Other Insurance information at each service line level. Providers can adjust these claims to correctly report the Other Insurance information at the service line level or the claims will be voided by MDCH beginning on pay cycle 30 (July 25th, 2013).

Claims voided by MDCH can be identified by reviewing the claim note section via CHAMPS which will state "Other insurance info is incorrectly reported, unable to adjust properly."

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@michigan.gov

June 12, 2013: Revised: Attention ALL Providers: System maintenance windows for the DEG (Data Exchange Gateway) are scheduled for **Sunday, June 23, 2013 and Sunday, July 21, 2013** The scheduled down time will be from 10:00 a.m. to 1:00 p.m. each day. Also **Wednesday, July 24, 2013**, the scheduled down time will be from 12:00 p.m. to 4:00 p.m. During this downtime please do not submit any files during the above time periods.

June 6, 2013: Attention CMHSPs Billing fee-for-service for CWP Consumers: Please refer to L-Letter [13-28](#) sent to CMH Directors clarifying instructions on billing and reimbursement regarding Financial Management Services for CWP consumers, with dates-of-service between October 1, 2010 and August 31, 2012. Medicaid L letters can be accessed on the MDCH website: www.michigan.gov/medicaidproviders >> Communication and Training >> Click 2012 through 2013 under Numbered Letters

May 22, 2013: Attention ALL Providers: If your practice/organization receives requests for Medical Records per Medicaid Policy Bulletin 12-65, please submit all requested materials without an invoice for reimbursement. For further information please refer to www.michigan.gov/medicaidproviders >>Policy and Forms>> Medicaid Provider Manual>> General Information for Providers>>Section 15.4.

May 21, 2013: Attention ALL Providers: If you are using Internet Explorer version 10 please follow the steps below to ensure that the CHAMPS system will properly function.

Open Internet explorer >> Tools >> Compatibility View Settings. Then enter in the website URL <https://sso.state.mi.us> click the Add button or torn piece of paper and then close the screen. After completing these steps open a new Single Sign On (SSO) and login to the CHAMPS system.

If you are still experiencing issues please contact Provider Support by phone# 1-800-292-2550 or email ProviderSupport@michigan.gov

May 20, 2013: Attention Hospice Providers: MDCH has identified Hospice claims that have duplicate payments for the same month. MDCH will be initiating voids in the next couple of weeks to return monies that were incorrectly paid.

Providers with further questions can contact provider support by phone number 1-800-292-2550 or by email: ProviderSupport@michigan.gov

May 15, 2013: Attention Outpatient Hospital Providers: MDCH will be adjusting approximately 4,000 claims due to April APC software and pricing update. The adjusted claims will start to appear on pay cycle date 5/23/2013

May 14, 2013: Attention All Providers: Due to a system update, the CHAMPS Archived Documents function will be down from Friday, May 24th at 7pm until Tuesday, May 27th at 6am. During this outage, providers can access their remittance advices through CHAMPS claim inquire and filter by pay cycle date. We apologize for any inconvenience.

May 06, 2013: Attention Nursing Facility Providers: Third Party Liability has identified beneficiaries who are residing in a Nursing Facility and who also have Commercial Insurance coverage with a nursing facility benefit. Federal regulations require that all identifiable financial resources be utilized prior to the expenditure of Medicaid funds for health care services provided to Medicaid beneficiaries. Medicaid is considered the payer of last resort.

The recovery process will begin May 1, 2013, providers will receive a TPL recovery letter identifying the commercial insurance (also available Archived Documents in CHAMPS), and providers have 30 days to adjust their paid claim or contact TPL if the beneficiary no longer has the coverage. If no action is taken, TPL will void the claims identified in the letter which will result in an entire takeback of the paid claim. http://www.michigan.gov/documents/mdch/ClaimVoidReports_410671_7.pdf

May 02, 2013: Attention ALL Providers: System maintenance for the DEG (Data Exchange Gateway) are scheduled for **Sunday, May 5, 2013**. The scheduled down time will be from 10:00 a.m. to 1:00 p.m. During this downtime please do not submit any files for Sunday, May 5, 2013 only.

System upgrades for the DEG (Data Exchange Gateway) is scheduled for **Thursday, May 9, 2013**. The scheduled window will be from 9:00 a.m. until 3:00 p.m. During this time period you might receive some minimal delay in uploading or downloading files. We apologize for any inconvenience this causes your organization.

April 30, 2013: Attention ALL Providers: MDCH has identified manually priced claims or service lines that did not correctly report the Other Insurance information which resulted in overpaid claims. MDCH will be voiding these claims beginning on pay cycle 20 (May 16th, 2013) and providers will have the opportunity to rebill correctly reporting the Other Insurance information. Current Medicaid policy requires that all identifiable financial resources be utilized prior to expenditure of Medicaid funds for most health care services provided to Medicaid beneficiaries. Medicaid is considered the payer of last resort. The affected claims can be identified by reviewing the claim note within CHAMPS which will state "manually priced claim/lines bypassing OI".

Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@michigan.gov

April 29, 2013: Attention ALL Providers: MDCH will adjust incorrectly paid claims for voluntary sterilizations when the beneficiary was enrolled in the MOMS Benefit Plan. Voluntary sterilizations are not a benefit under the MOMS benefit plan. Current Medicaid Policy is outlined within the provider manual, Maternity Outpatient Medical Services Program Chapter, Section 2.2 NONCOVERED SERVICES. Providers with further questions can contact provider support by phone# 1-800-292-2550 or email: ProviderSupport@michigan.gov

April 22, 2013: Attention Professional Providers: MDCH has identified a high volume of claims that received overpayments as part of a CHAMPS defect which caused claims to pay above the billed amount. Current policy can be found within the Coordination of Benefits chapter, section **2.6.F. MEDICAID LIABILITY**. These claims will be adjusted or voided by MDCH in the near future for proper adjudication.

April 16, 2013: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#). Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@michigan.gov

April 04, 2013: Attention ALL Providers: Due to CHAMPS server issues the archived documents function is currently unavailable. Providers can continue to check archived documents for documents such as Remittance Advices.

April 03, 2013: Attention ALL Providers: System maintenance for the DEG (Data Exchange Gateway) is scheduled for Sunday, April 21, 2013. The scheduled down time will be from 9:00 a.m. to 12:00 p.m. During this downtime please do not submit any files. We apologize for any inconvenience this causes your organization.

April 02, 2013: Attention OPH Providers: All claims paid with dates of service from 01/01/2013 through now will be adjusted with the newly loaded January APC updates and should start to appear on RA 04/04/2013. (Approximately 44,000 TCN's)

March 26, 2013: Attention Professional Providers: (Update to the Biller B Aware posting on February 5, 2013) Beginning on pay cycle 14 MDCH will start adjusting professional claims for dates of service on or after January 1, 2013 which were eligible for the Primary Care Rate Increase per MSA 12-66. Due to the volume of claims these adjustments will take place over multiple pay cycles. Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@michigan.gov

March 20, 2013: Attention DMEPOS Providers: Effective April 1, 2013, Health Care Procedure Codes (HCPCS) E2373, K0733 and L3600 fees will be reduced below Medicare fees to align with Medicaid policy referenced in the Medicaid Provider Manual, Medical Supplier Chapter, Section 1.7.H. A formal announcement of these changes will not be indicated in a policy bulletin. Please refer to policy and the Medical Supplier Database for standards of coverage and code parameters. The new reimbursement rates are as follows:

HCPCS Code:	Rate Effective 04/01/13:
E2373	\$560.10
K0733	\$20.75
L3600	\$52.43

March 13, 2013: Attention ALL Providers: System maintenance for the DEG (Data Exchange Gateway) is scheduled for Sunday, March 24, 2013. The scheduled down time will be from 10:00 a.m. to 2:00 p.m. During this downtime please do not submit any files. We apologize for any inconvenience this causes your organization.

March 11, 2013: Attention In-Hospital Providers: This serves as a reminder that per the Medicare Claims Processing Manual Chapter 3- Inpatient Hospital Billing Section 20.1 Hospital Operating Payments Under Prospective Payment System (PPS), any Medicare outlier payment due should be added to the Diagnosis Related Grouper (DRG)-adjusted base payment rate, plus any Disproportionate Share Hospital Payments (DSH), Indirect Medical Education (IME), and new technology add-on adjustments. This includes any Medicare Part A outlier payments received for a Medicare Part C covered service(s). CMS link: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf>

March 11, 2013: Attention Nursing Facility Providers, PACE and MI Choice Program Agencies: This is a reminder that the Michigan Medicaid Nursing Facility Level of Care Determination (LOCD) must be conducted only for "Medicaid eligible, Medicaid pending, and Dually eligible beneficiaries" regardless of primary payer source. The LOCD must be conducted within the time frames stated in Medicaid policy. Please note that failure to conduct the LOCD in accordance with Medicaid policy will result in the denial of a Medicaid claim. The LOCD policy is located in the Medicaid Provider Manual at <http://www.michigan.gov/mdch> > Providers > Providers > Medicaid > Policy and Forms > The Medicaid Provider Manual

March 11, 2013: Attention ALL Providers: MDCH is announcing new Medicaid training sessions. Please review the website for a training near you: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42552-127606--,00.html. Please note, additional trainings will be posted as they are scheduled. If you are unable to attend a session and would like assistance or training, please contact a MDCH provider consultant at: ProviderOutreach@michigan.gov to schedule a one-on-one appointment.

March 07, 2013: Attention In-Hospital Providers: This serves as a reminder that per the Medicare Claims Processing Manual Chapter 3- Inpatient Hospital Billing Section 20.1 Hospital Operating Payments Under Prospective Payment System (PPS), any Medicare outlier payment due should be added to the Diagnosis Related Grouper (DRG)-adjusted base payment rate, plus any Disproportionate Share Hospital Payments (DSH), Indirect Medical Education (IME), and new technology add-on adjustments. This includes any Medicare Part A outlier payments received for a Medicare Part C covered service(s). CMS link: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf>

March 06, 2013: Attention ALL Providers: MDCH would like to remind providers billing claims for Plan First beneficiaries that the diagnosis code reported as the primary diagnosis code must be within the V25 series. This is outlined within current policy in the Medicaid Provider Manual, Plan First! Family Planning Waiver chapter. As provider's bill on multiple claim forms MDCH encourages providers to review the billing guidelines for their specific claim type to find the appropriate field to report the primary diagnosis. Claims not billed with the Plan First qualifying diagnosis as the primary diagnosis will be denied. Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@michigan.gov

February 26, 2013: Attention ALL Providers: On February 23rd, Takeda and Affymax voluntarily recalled all lots of OMONTYS. In addition to the recall, they have instructed health care professionals that no new or existing patients should receive OMONTYS. *Affymax and Takeda Announce a Nationwide Voluntary Recall of All Lots of OMONTYS®* (peginesatide) Injection. [Notice to Health Care Providers](#) [FDA Press Release](#)

February 26, 2013: Attention ALL Providers: MDCH has identified certain claims denied in error when billing for the copayment for a beneficiary with a private health plan insurance and the capitation amount was reported and considered as a payment. Per current policy outlined in the Medicaid Provider Manual, Beneficiary Eligibility Chapter **9.10.C. HEALTH PLAN AS A PRIVATE INSURANCE (OTHER INSURANCE CODE 89)**, the monthly capitation payment must **not** be reflected on the Medicaid claim. In most instances, the provider is billing Medicaid for the copayment amount only. Medicaid only reimburses the provider for the Medicaid fee screen or copayment amount, whichever is less. Providers are encouraged to resubmit or replace any claims previously billed incorrectly.

February 11, 2013: Attention ALL Providers: While doing an internal review of submitted claims, it has been identified that a high volume of claims are being submitted with Not Otherwise Specified (NOS) diagnosis codes. This serves as a reminder that all claims submitted to MDCH should be coded to the highest possible specificity based on the disease/condition/illness/injury for which the patient was seen.

February 05, 2013: Attention Professional Providers: MDCH has identified a problem paying the Primary Care Rate Increase as per MSA 12-66. A portion of this pricing was corrected within CHAMPS and claims

should now correctly pay the rate increase for claims submitted after February 5th. Secondary claims eligible for the Primary Care Rate Increase will begin paying correctly after the next CHAMPS update, which is currently scheduled for February 22nd. After the update MDCH will adjust these claims on behalf of providers so claims eligible for the primary rate increase should then pay the additional amount. Providers with further questions can contact provider support by phone# 1-800-292-2550 or by email: ProviderSupport@michigan.gov

January 31, 2013: Attention Hospice Providers: MDCH has seen an increase in Hospice claims with the incorrect value code reported with the Core Based Statistical Area (CBSA) code. The reporting of the wrong value code can cause incorrect reimbursement. The National Uniform Billing Committee (NUBC) Manual states when reporting the CBSA code that Value Code of 61 must be reported. The billings instructions are contained in the National Uniform Billing Committee (NUBC) Manual as well as the Medicaid Provider Manual, Billing & Reimbursement for Institutional Providers, Section 11 - Hospice Claim Completion.

January 24, 2013: Attention ALL Providers: The latest batch of MDCH Quarterly Newborn Recoveries is currently being processed. This batch includes fee for service claims for newborns that were retroactively enrolled into a Medicaid Health Plan. Please note, as with previous quarterly newborn take backs, claims must be submitted to the Medicaid Health Plans within 60 days from the Medicaid Remittance Advice date. Please review the following for information on [how to verify the Adjustment Source of your claim](#).

January 24, 2013: Attention Private Duty Nursing, Children's Waiver and SED Waiver: The previous posting dated January 14th has been resolved within the CHAMPS system. The affected claims have been identified and are in the process of being adjusted by MDCH to correct reimbursement of billing New Year's Day 2013. Providers with further questions can contact provider support by phone number 1-800-292-2550 or by email: ProviderSupport@michigan.gov

January 24, 2013: Attention Professional Providers: Per Bulletin MSA 12-42 Medicaid Enrollment of Physician Assistants and Nurse Practitioners; Billing Provider must be associated to both the Rendering and Supervising Provider in Champs for correct adjudication [CLICK HERE for claim reporting Information](#)

January 22, 2013: Attention ALL Providers: System maintenance for the DEG (Data Exchange Gateway) is scheduled for Saturday, February 2, 2013. The scheduled down time will be from 10:00 a.m. to noon. During this downtime please do not submit any files. We apologize for any inconvenience this causes your organization.

January 22, 2013: Attention ALL Providers: MDCH has developed an online DCH-0078 form to Add, Change or Terminate Other Insurance. The form can be found at: https://michigan.gov/mdch/0,4612,7-132-2943_4860-286772--SS,00.html In order for the form to be accepted the provider must fill out all of the required fields. This will remove the need to fax or email the completed DCH 0078 paper form.

January 17, 2013: Attention Outpatient Hospital Providers: MDCH has identified Outpatient Hospital secondary claims which were overpaid. MDCH has adjusted these claims and providers will begin seeing the adjustments starting on pay cycle number 4, dated 1/24/13, the Adjustment Source will be System Correction. Any further questions can be directed to Provider Support by phone 1-800-292-2550 or by email ProviderSupport@michigan.gov

January 14, 2013: Attention Private Duty Nursing, Childrens Waiver and SED Waiver: MDCH has identified a problem paying holiday rate for New Year's Day. MDCH is currently working on identifying and resolving this issue, once further information is available there will be a message posted.