

Bulletin Number: MSA 06-69

Distribution: Medical Suppliers

Issued: October 1, 2006

Subject: Rate Revisions for Enteral Formula and Blood Glucose Strips

Effective: November 1, 2006

Programs Affected: Medicaid, Children's Special Health Care Services

Michigan Department of Community Health (MDCH) recently completed an analysis of the Program's coverage and reimbursement rates for enteral formula and blood glucose strips provided by medical suppliers. As a result, effective for dates of service on and after November 1, 2006, the reimbursement rates for these items is as follows:

- For enteral formula HCPCS codes without established fee rates, the payment methodology will be based on the average wholesale price (AWP) minus 20%.
- HCPCS code A4253 Blood Glucose Test Strips fee rate will be \$29.55.

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual, and the Medical Supplier Database.

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



Paul Reinhart, Director
Medical Services Administration