

**Bulletin Number:** MSA 06-79

**Distribution:** All Providers

**Issued:** December 2006

**Subject:** Updates to the Medicaid Provider Manual

**Effective:** January 1, 2007

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

The Michigan Department of Community Health (MDCH) has completed the January 2007 update of the Michigan Medicaid Provider Manual. A copy of the updated manual will be distributed to all enrolled providers or provider groups via compact disk (CD) in January. A copy will also be available on the MDCH website by January 1, 2007.

The January 2007 version of the manual does not highlight changes made since the January 2006 version. However, consistent with previous quarterly manual updates, 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. (Some minor corrections [e.g., misspelled words], added references [e.g., directing reader to the website], and reorganizing of existing information may not appear in the listed changes.) Subsequent changes made for the April, July, and October 2007 versions of the manual will be highlighted within the text of the on-line manual.

#### **Manual Maintenance**

This bulletin may be discarded when you begin using the January 2007 version of the Medicaid Provider Manual.

#### **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](mailto: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**



Paul Reinhart, Director  
Medical Services Administration



# Medicaid Provider Manual January 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Medicaid Provider Manual Overview	Section 3 – Manual Updates	Information in this section was updated.	Update
Entire Manual		References to the Elder Prescription Insurance Coverage (EPIC) were deleted throughout the manual.	Update
General Information for Providers	Section 2 – Provider Enrollment	Information in this section was updated to reflect current process and terminology.	Update
General Information for Providers	6.1 Sanctioned Providers	Information in this section was updated to reflect current process and terminology.	Update/Clarification
General Information for Providers	6.3 Beyond Borderland Area	This subsection was renamed Out of State/Beyond Borderland Providers.	Clarification
General Information for Providers	8.4 Custom-Made Medical Equipment, Devices and Medical Supplies	The second sentence of the first paragraph was deleted and the first and second paragraphs combined.	Clarification
General Information for Providers	Section 9 – Billing Beneficiaries	The first bullet was changed to read: <ul style="list-style-type: none"> <li>• <b>A Medicaid co-payment is required. (Refer to the provider specific chapters for specific co-pay requirements.)</b> However, a provider . . .</li> </ul>	Update
Beneficiary Eligibility	Section 2 – <b>mihealth</b> Card	The reference to MOMS was deleted and a reference to <b>Plan First!</b> Family Planning Waiver added.	Update

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



# Medicaid Provider Manual January 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Beneficiary Eligibility	2.1 Scope/Coverage Codes	The following was added to the qualifying information for coverage code R: ... local DHS office <b>which approves hospitalization and is the payer.</b>	Clarification
Beneficiary Eligibility	2.5 Special Programs	The reference to Wayne County PLUS CARE was deleted.	Update
Coordination of Benefits	2.6.E. Medicaid Liability	The paragraph directly following the last textbox in this subsection was changed to read: MDCH identifies fee-for-service (FFS) beneficiaries who are retroactively eligible for Medicare. Medicaid payment for services provided to these beneficiaries is adjusted to recoup all monies except the Medicaid liability, and recovered via an automated claim adjustment. FFS providers are notified by MDCH when these adjustments occur. The notification includes beneficiary detail. If a discrepancy in payment exists, the provider should contact Provider Inquiry (refer to the Directory Appendix for contact information).	Update
Billing & Reimbursement for Dental Providers	5.2 Loss or Change in Eligibility	The bulleted information in this subsection was divided into two categories — for incomplete services due to death, and for services due to loss or change in eligibility.	Clarification
Billing & Reimbursement for Institutional Providers	6.22 Injections	The second bullet in this subsection was changed to read: <ul style="list-style-type: none"> <li>If a nonspecific or not otherwise classified (NOC) code is billed for an injection, the dose administered and the national drug code (NDC) must be reported in the Remarks section of the claim or in the appropriate segment of the electronic format. The cost of the drug must be reflected in the charges submitted to MDCH. If the cost is lower than normal cost (e.g., drugs obtained through the 340B Program), that lower cost must be reflected. Enter a quantity of 1.</li> </ul>	Clarification

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# Medicaid Provider Manual January 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Institutional Providers	11.1 Billing Instructions for Hospice Claim Completion	The following was added to the third bullet following the table in this subsection: ... To receive the Continuous Home Care rate under code 652, a minimum of 8 hours of care, not necessarily consecutive, in a 24-hour period is required. Less than 8 hours is reported under code 0651. A portion of an hour counts as an hour for this determination.	Clarification
Billing & Reimbursement for Professionals	3.1 CMS 1500 Completion Instructions 3.2 Mandatory/ Conditional Items	These subsections were deleted. Information previously contained in them was combined, updated, and added under Section 3 – Claim Completion.	Reorganization, update
Billing & Reimbursement for Professionals	4.1 Replacement Claims	The information in this subsection was modified for clarification.	Clarification
Billing & Reimbursement for Professionals	4.2 Void/Cancel Claims (Adjustments)	The information in this subsection was modified for clarification.	Clarification
Billing & Reimbursement for Professionals	4.3 Refund of Payment	The information in this subsection was modified for clarification.	Clarification
Billing & Reimbursement for Professionals	5.2 Ongoing Services and Extended Treatment Plans	The following information was added as a textbox:  In situations where a change in enrollment status occurs during a hospital admission, physician services provided during the admission are the responsibility of the payer for the admission.	Clarification

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# Medicaid Provider Manual January 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Professionals	5.3 Durable Items or Equipment	Information in this subsection was deleted and added as a textbox in 5.2.	Clarification
Billing & Reimbursement for Professionals	6.1 General Information	Information in this subsection was modified for clarification.	Clarification
Billing & Reimbursement for Professionals	6.3 Ambulance	Information in this subsection was modified for clarification.	Clarification
Billing & Reimbursement for Professionals	6.4 Ancillary Medical Services	Information in this subsection was modified for clarification.	Clarification
Billing & Reimbursement for Professionals	6.5 Anesthesia Services	Information in this subsection was modified for clarification.	Clarification
Billing & Reimbursement for Professionals	6.6 Children's Waiver Program	Information regarding modifiers and holiday pay was added to the table.	Clarification
Billing & Reimbursement for Professionals	6.7 Children's Serious Emotional Disturbance Home and Community-Based Services Waiver Program	The modifiers portion of the table was updated.	Update

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# Medicaid Provider Manual January 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Professionals	6.8.B. Days or Units	The last sentence in the Gradient Compression Stockings/Surgical Stockings portion of the table was changed to read:  . . . . required for billing <b>surgical stockings</b> .	Clarification
Billing & Reimbursement for Professionals	6.8.D. Converting Rental to Purchase	This subsection was changed to read:  If the purchase of an item is requested after a previous rental month(s) has been paid, the provider must subtract all amounts previously paid from the total purchase price. Enter this amount in the charge field. Enter in the Remarks section that the item is converting from rental to a purchase. <b>Do not</b> enter any payment made by Medicaid in field 24k.	Clarification
Billing & Reimbursement for Professionals	6.9 Evaluation and Management Services	The Miscellaneous portion of the table was changed to read:  Services such as telephone calls, missed appointments, interpretations of lab results, and services of an interpreter cannot be billed as separate services or billed to the beneficiary.	Update
Billing & Reimbursement for Professionals	6.10 Hearing Aids	The following sentence was added to the Delivery Date portion of the table:  See change in eligibility below.	Clarification
Billing & Reimbursement for Professionals	6.11 Hysterectomy	The information in this section was deleted and replaced with the following sentence:  Refer to the Surgery Section of this chapter for billing information.	Revised for consistency
Billing & Reimbursement for Professionals	6.12 Laboratory Services	The following sentence was added to the Repeat Tests portion of the table:  Medicaid does not pay for tests that are duplicated due to lab error.	Clarification

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# Medicaid Provider Manual January 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Professionals	6.13 Maternity Care Services	Categories were added to the table for Delivery, Global Service, and Physician Change During Antepartum Care. The text in the Multiple Gestation, Postpartum Care, and Prenatal/Antepartum Care portions of the table was updated.	Clarification/Updates
Billing & Reimbursement for Professionals	6.18 Surgery	The Bilateral Procedures and Global Surgery portions of the table were updated.	Clarification
Billing & Reimbursement for Professionals	7.5 Component Billing	The first paragraph of this subsection was deleted.	Update
Billing & Reimbursement for Professionals	7.6.B. New/Used DME	The first paragraph of this subsection was deleted.	Update
Billing & Reimbursement for Professionals	7.6.C. Lower Extremity Prostheses	The table in this subsection was reformatted to delete redundant column.	Update
Billing & Reimbursement for Professionals	7.6.E. DME and Prosthetic/Orthotic Items	The first paragraph of this subsection was deleted.	Update
Billing & Reimbursement for Professionals	7.6.F. Powered Flotation/Air-Fluidized Bed	The first paragraph of this subsection was deleted and the following sentence added to the Special Instructions portion of the table:  A quantity of 1 must be entered in the quantity field for the full six-month period of service.	Clarification

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# Medicaid Provider Manual January 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Professionals	7.9 Medicare	The second sentence in the Special Instructions for the GY modifier was deleted.	Update
Billing & Reimbursement for Professionals	7.12 Surgical Assistance	The reference to modifier 81 was deleted.	Update
Billing & Reimbursement for Professionals	7.13 Surgical Services	The following information was added under Special Instructions for modifier 52:  Do not use for maternity services. Refer to the Maternity Care Services section of this chapter for billing instructions.  Do not use for E/M services. Follow current CPT guidelines to determine the appropriate code to use for services performed.	Clarification
Ambulance	2.11 Waiting Time	The third, fourth, and fifth paragraphs in this subsection were deleted.	Update
Children's Special Health Care Services	5.1 Financial Determination Process	The following paragraph was added after the bullets:  When more than one individual in the family is applying for CSHCS coverage, or already has CSHCS coverage, each individual must be determined exempt as indicated above for the family to be exempt. When any individual in the family fails to meet the exemption criteria, the family will have a payment agreement.	Clarification
Children's Special Health Care Services	5.3 Payment Agreement	The last sentence of the second paragraph after the bullets was deleted.	Update
Children's Special Health Care Services	6.1 Citizenship Status	The second sentence of the first paragraph was changed to read:  Any individual born in the United States who meets all other program eligibility criteria is deemed eligible regardless of the citizenship status of the parents/legal guardian.	Clarification

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# Medicaid Provider Manual January 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Children's Special Health Care Services	Section 11 – Travel Assistance	The second sentence was changed to read: Travel assistance is allowed for the client and one adult to accompany the client when the client: <ul style="list-style-type: none"> <li>• Is a minor, or</li> <li>• Has a legal guardian</li> <li>• Has a medical condition that supports the need for a caregiver</li> </ul>	Clarification
Dental	4.2 Nursing Facility	The following sentence was added at the end of the second paragraph: The dentist must also keep a copy of the physician order in the beneficiary's dental record.	Clarification
Dental	6.7.A. Extractions	The last sentence in the last paragraph of the subsection was changed to read: The prophylactic removal of asymptomatic teeth <b>exhibiting no overt pathology and symptoms</b> is not covered.	Clarification
Dental	Section 10 – Funding for Public Dental Schools	This section was deleted and subsequent section renumbered.	Update
Federally Qualified Health Centers	2.2 Transportation	This subsection was renamed Transportation/Outreach and changed to read: Outreach services and non-emergency transportation of the Medicaid beneficiary to and from the FQHC is covered. The cost of outreach and non-emergency transportation is part of the encounter rate. These services are not cost settled.	Update
Federally Qualified Health Centers	5.4 Reconciliation of Transportation/Outreach	This subsection was renamed Reconciliation of Transportation/Outreach. The first sentence was changed to read: Medicaid outreach and non-emergency transportation are combined into the all-inclusive encounter rate.	Update

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# Medicaid Provider Manual January 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Hearing Aid Dealers	1.6 Co-Payments	The first sentence of the last paragraph was changed to read: When calculating reimbursement, Medicaid deducts the co-payment from the amount <b>approved</b> when applicable.	Correction
Hearing Aid Dealers	2.10.C. Prior Authorization Requirements	The first bullet was changed to read: <ul style="list-style-type: none"> <li>The payments for the repair/modification are less than <b>or equal to</b> \$80.</li> </ul>	Update
Hospital Reimbursement Appendix	2.2 Services Included in the Inpatient System	This subsection was renamed Services Included in the Inpatient Payment.	Clarification
Hospital Reimbursement Appendix	8.7 Three-Year Phase-In of Revised GME Formula	This subsection was deleted and subsequent subsections renumbered.	Obsolete policy
Local Health Department	2.2 Additional Information on Blood Lead Testing	This subsection was reformatted. Information related to environmental testing and follow-up services was relocated from the EPSDT Section of the Practitioner Chapter.	Clarification
Local Health Department	3.3.A. Grant Agreement	The first paragraph of this subsection was changed to read: The CPBC Grant Agreement includes the Medicaid Outreach Activities provision. This provision is part of the standard CPBC Grant Agreement language.	Update

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# Medicaid Provider Manual January 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Nursing Facility	9.7 Distinct Part Unit Reporting	<p>The third paragraph was changed to read:            . . . While a provider may choose the record keeping method used to allocate these costs, the system must be capable of accurately reflecting the hours of nursing service applicable to the distinct part and other parts of the institution. Various systems may be employed to record and accumulate the hours of nursing services such as actual time spent taken from payroll records, assignment schedules, sign-in sheets, etc. Providers wishing to use any other method that does not identify actual time must obtain written approval from the RARSS prior to changing its cost allocation method. The request . . .</p> <p>The fourth paragraph was changed to read:            A nursing services cost allocation alternative may be applied only with written permission from RARSS.</p> <p>The bullets following this paragraph were deleted.</p>	Update/Clarification
Nursing Facility	9.9.A. Nurse Aide Competency Evaluation Program and Nurse Aide Registry	<p>The following sentence was added after the second sentence in the second paragraph of this subsection:            For currently employed nurse aides, the nursing facility is responsible for the direct payment of biennial registry renewal fees.</p>	Clarification
Nursing Facility	9.9.C. Nurse Aide Reimbursement	<p>The following sentence was added at the end of the first bullet:            The training program maximum reimbursement amount will be updated biennially on the RARSS website.</p>	Clarification
Nursing Facility	10.12.C. Hospice-Owned/-Operated Nursing Facility	<p>The first sentence under the fourth bullet was changed to read:            QAS per diem amount – equal to the lesser of the variable rate base or the Class I nursing facility variable cost limit times the Quality Assurance Assessment Factor (QAAF) determined by the Department for the respective rate year time period.</p>	Correction

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# Medicaid Provider Manual January 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Outpatient Therapy	5.1 Occupational Therapy	The first sentence of the subsection was changed to read: MDCH <b>uses the terms Occupational Therapy, OT, and therapy interchangeably. OT is covered when</b> furnished by a Medicaid-enrolled outpatient therapy provider when performed by	Clarification
Outpatient Therapy	5.3.F. Evaluations and Follow-Up for Speech-Generating Devices	The second and third sentences of the fourth paragraph were combined and changed to read: MSA-1653-B must be submitted for all original and replacement/upgrade SGDs.	Clarification
Pharmacy	1.2 Definitions	The term Return to Stock was deleted and replaced by Prescriptions Not Picked Up with a definition of: Retail prescriptions filled but not dispensed or picked up by the beneficiary or his representative.  The term Drug Returned from a Nursing Facility was added with the following definition: Unit dose drug(s) returned by the NF.	Clarification
Pharmacy	2.3 Sanctioned Providers	The first sentence was changed to read: . . . . or for prescribers having a limited, <b>expired (lapsed)</b> , or revoked license. . . .	Clarification
Pharmacy	Section 6 – General Non-Covered Services	The following bullet was added: <ul style="list-style-type: none"> <li>• Drugs not FDA approved or licensed for use in the United States.</li> </ul>	Clarification

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# Medicaid Provider Manual January 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Pharmacy	11.4 Returned to Stock Prescriptions	<p>This subsection was renamed Prescriptions Not Picked Up and the first two sentences changed to read:</p> <p>MDCH does not reimburse for retail prescriptions filled but not dispensed or picked up by the beneficiary or his representative, and does not allow restocking fees. For prescriptions not picked up, pharmacies must claim adjust or reverse the claim for any payments received, including the dispensing fee.</p>	Clarification
Pharmacy	15.2 Unit Dose Policy	<p>The second paragraph of this subsection was changed to read:</p> <p>Pharmacies that have entered into unit dose pharmacy agreements will be reimbursed for drugs that are unit dosed when the pharmacy does all of the following:</p>	Clarification
Pharmacy	15.8 Returned to Stock Prescriptions	<p>The subsection was renamed Drug Returned From Nursing Facility and the text was changed to read:</p> <p>MDCH does not reimburse for prescriptions that are not consumed by the beneficiary. The quantity of drug(s) consumed is determined by subtracting the quantity of drug(s) that is returned for the beneficiary from the quantity that was dispensed for the beneficiary. A pharmacy must credit MDCH for those drugs that are not consumed by the beneficiary. MDCH does not allow restocking fees.</p>	Clarification
Pharmacy	Section 19 – Pharmacy Audit and Documentation	<p>The Return to Stock portion of the table was relabeled Prescriptions Filled But Not Picked Up. The first sentence was deleted and replaced with the following:</p> <p>Retail prescriptions filled but not dispensed or picked up by the beneficiary or his representative.</p> <p>The Unit Dose portion of the table was deleted.</p> <p>A new category was added called Drug(s) Returned From Nursing Facility, along with the following text:</p> <p>MDCH does not reimburse for prescriptions that are not consumed by the beneficiary. MDCH does not allow restocking fees. Payment is recouped for inappropriate payments for billings found in violation of policy.</p>	Clarification

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# Medicaid Provider Manual January 2007 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Practitioner	3.10 Referrals	Information from the Blood Lead Poisoning Follow-Up Services and Environmental Investigations portions of the table was relocated to the Local Health Department Chapter.	Clarification
Rural Health Clinics	1.1 Rural Health Clinic Status	This subsection was renamed Rural Health Clinic Certification.	Update
Rural Health Clinics	10.4 Audit Adjustment Report	The information from 10.4.A. and 10.4.C. was combined under 10.4.A. Subsequent subsections were renumbered.	Update
Special Programs	3.1 Elder Prescription Insurance Coverage Program	This subsection, describing the discontinued EPIC program, was deleted. Subsequent subsections were renumbered.	Update
Special Programs	4.2 Program of All-Inclusive Care for the Elderly	Care Resources was added to the list of PACE providers.	Update
Tribal Health Centers	3.1 Covered Services	The first sentence of the subsection was changed to read: THC services are reimbursed at the <b>current Medicaid fee screens and reconciled annually to the</b> THC MOA rate . . .	Clarification
Directory Appendix	Beneficiary Assistance	The reference to the CSHCS Parent Participation Program has been changed to the Family Center for Children and Youth with Special Health Care Needs, and an e-mail address was added.	Update
Directory Appendix	Provider Assistance	The following fax number was added under CSHCS Customer Support for out of state requests only: 517-335-8454	Update

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Michigan Department of Community Health

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## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Directory Appendix	Other Healthcare Resources/Programs	Reference to the Elder Prescription Insurance Coverage (EPIC) program was deleted.	Update
Acronym Appendix	EPIC	EPIC was deleted from the acronym list.	Update
Glossary Appendix	Sanctioned Provider	The definition of Sanctioned Provider was modified to read: A provider who has been suspended, terminated, or excluded from furnishing, ordering, or prescribing items or services to Medicaid beneficiaries.	Clarification

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# Medicaid Provider Manual January 2007 Updates



## BULLETINS INCORPORATED\*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 06-78	12/1/06	Hearing Aid Dealers; Hearing Services; Mental Health/Substance Abuse; School Based Services	Throughout chapters	Modifications were made to references related to licensure of audiologists and Hearing Aid Dealer enrollment requirements (licensed and ASHA certification).
MSA 06-77	11/15/06	Children's Special Health Care Services	5.3 Payment Agreement	Text revised regarding payment agreement and death of a client.
MSA 06-76	11/15/06	Home Health; Mental Health/Substance Abuse; Nursing Facility; Outpatient Therapies; Practitioner; School Based Services	Throughout chapters	Licensed Physician's Assistant was added to references to physician's ordering physical therapy (with the exception of serial casting).
MSA 06-75	11/1/06	Hospital	3.16.H. Creatinine Blood Tests	Text added for clarification of reporting requirements.
		Laboratory	5.3 Test Reports	
MSA 06-71	11/1/06	Children's Special Health Care Services	11.3 Travel Reimbursement for CSHCS Only Clients	Text removed regarding meal expenses.
MSA 06-68	10/1/06	Adult Benefits Waiver	Section 2 - Coverage and Limitations	Revision to reimbursement of psychotropic injectable drugs.

\*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 January 2007 Updates



## BULLETINS INCORPORATED\*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 06-61	9/1/06	Billing & Reimbursement for Institutional Providers	11.1 Billing Instructions for Hospice Claim Completion	Clarification of Core Based Statistical Area (CBSA).
		Acronym Appendix		Added definition for CBSA

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



## 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
12/06	MSA 06-79	Updates to the Medicaid Provider Manual	All Providers	1/1/07 Information incorporated as noted in the bulletin.
12/01/06	MSA 06-78	Licensure of Audiologists; Hearing Aid Dealer Enrollment Requirements	Outpatient Hospitals, Audiology Providers, Hearing Aid Dealers, Medicaid Health Plans, Practitioners, School Based Services, Mental Health/Substance Abuse, Nursing Facilities	1/1/07 Information incorporated into the Hearing Aid Dealers, Hearing Services, Mental Health/Substance Abuse, and School Based Services Chapters.
11/15/06	MSA 06-77	Change to CSHCS Payment Agreement Policy	Local Health Departments	1/1/07 Information incorporated into the Children's Special Health Care Services Chapter.



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## Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
11/15/06	MSA 06-76	Physician Assistant Orders for Physical Therapy	Home Health, Mental Health/Substance Abuse, Nursing Facilities, Outpatient Therapy, Practitioners, School Based Services	1/1/07 Information incorporated into the Home Health, Mental Health/Substance Abuse, Nursing Facility, Outpatient Therapies, Practitioner, and School Based Services Chapters.
11/01/06	MSA 06-75	Reporting Glomerular Filtration Rate (eGFR)	Practitioners, Podiatrists, Outpatient Hospitals, Independent Laboratories	1/1/07 Information incorporated into the Hospital and Laboratory Chapters.
10/06	MSA 06-74	Sanctioned Provider List	All Providers	The list is available on the MDCH website at <a href="http://www.michigan.gov">www.michigan.gov</a> >>Providers>>Information for Medicaid Providers.
10/16/06	MSA 06-73	NPI Transition Plans for Medicaid FFS Providers; Reporting Type of Bill Codes, Taxonomy Codes, and 9-Digit Zip Codes; 835 Remittance Advice and NPI	All Providers	



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## Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
10/11/06	MSA 06-72	Implementation Delay of October 2006 Quarterly HCPCS for Power Mobility Devices	Medical Suppliers	Information added to the Medical Supplier Procedure Code Database at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> >>Providers>>Information for Medicaid Providers >>Provider Specific Information.
11/01/06	MSA 06-71	Change to CSHCS Travel Policy	Local Health Departments	1/1/07 Information incorporated into the Children's Special Health Care Services Chapter.
10/01/06	MSA 06-69	Rate Revisions for Enteral Formula and Blood Glucose Strips	Medical Suppliers	Information added to the Medical Supplier Procedure Code Database at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> >>Providers>>Information for Medicaid Providers >>Provider Specific Information.
10/01/06	MSA 06-68	Change in Reimbursement of Psychotropic Injectable Drugs for ABW Beneficiaries	Community Mental Health Services Program Clinics, County Health Plans, Federally Qualified Health Centers, Outpatient Hospitals, Practitioners, Rural Health Clinics, Tribal Health Centers	1/1/07 Information incorporated into the Adult Benefits Waiver Chapter.



## Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
09/06	MSA 06-66	Updates to the Medicaid Provider Manual	All Providers	10/1/06 Information incorporated as noted in the bulletin.
09/01/06	MSA 06-65	Increased Fee Screens for Preventive Medicine Visits and Specific Newborn Care Codes	Practitioners, Federally Qualified Health Centers, State Psychiatric Hospitals, Local Health Departments, Medicaid Health Plans, Mental Health/Substance Abuse, Rural Health Clinics, Tribal Health Centers	10/1/06 Information added to the appropriate procedure code databases at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> >>Providers>>Information for Medicaid Providers >>Provider Specific Information.
09/01/06	MSA 06-63	October 2006 Quarterly Healthcare Common Procedure Coding System (HCPCS) Update; New Coverage of Existing HCPCS and Current Procedural Terminology (CPT) Codes Q4079 and 90649	Medical Suppliers, Practitioners, Federally Qualified Health Centers, Local Health Departments, Rural Health Clinics, Tribal Health Centers, Hospitals	10/1/06 Information added to the appropriate procedure code databases at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> >>Providers>>Information for Medicaid Providers >>Provider Specific Information.
09/01/06	MSA 06-61	Core Based Statistical Area Indices for Hospice Services	Hospice	1/1/07 Information incorporated into the Billing & Reimbursement for Institutional Providers Chapter and the Acronym Appendix.



# Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
09/01/06	MSA 06-60	MI AuthentiCare Claim Corrections	Private Duty Nursing	10/1/06 Information incorporated into the Billing & Reimbursement for Institutional Providers Chapter.
09/01/06	MSA 06-59	<i>Plan First!</i> Medication Coverage	Family Planning Clinics, FQHC, Outpatient Hospital, Local Health Department, Pharmacy, Practitioner, Rural Health Clinics, Tribal Health Centers	10/1/06 Information added to the Family Planning Waiver ( <i>Plan First!</i> ) procedure code list at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> >>Providers>>Information for Medicaid Providers >>Provider Specific Information.
08/16/06	MSA 06-58	Disproportionate Share Hospitals and Medicaid Access to Care Initiative Update	Hospitals	10/1/06 Information incorporated into the Hospital Reimbursement Appendix.
08/14/06	MSA 06-57	Long Term Care Facility Proportionate Share Pool	Class III Public Nursing Facilities	Time-limited policy obsolete as of 9/30/06.
08/16/06	MSA 06-56	Related or Chain Organization Cost Allocation	Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Ventilator Dependent Units	10/1/06 Information incorporated into the Nursing Facility – Cost Reporting & Reimbursement Appendix.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
08/16/06	MSA 06-55	Swing Beds Rate Determination Methodology	Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Swing Beds	10/1/06 Information incorporated into the Nursing Facility – Cost Reporting & Reimbursement Appendix.
08/01/06	MSA 06-54	Rate Restoration; Quality Assurance Assessment Program (QAAP) Participation for Class III Publicly-Owned Nursing Facilities	County Medical Care Facilities; Hospital Long Term Care Units; Hospice	10/1/06 Information incorporated into the Nursing Facility – Cost Reporting & Reimbursement Appendix.
08/01/06	MSA 06-52	Elimination of Activity Codes and Enhanced Reimbursement for Skilled Professional Medical Personnel (SPMP)	School Based Services	10/1/06 Information incorporated into the School Based Services Administrative Outreach Program Chapter.
08/01/06	MSA 06-51	Non-Authorization of Care in a Ventilator Dependent Care Unit (VDCU) if a Facility Has a Survey Citation of Actual Harm; New Policy on Medicaid Enrollment as a VDCU and Additional VDCU Beds	Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Ventilator Dependent Units	10/1/06 Information incorporated into the Nursing Facility – Coverage's Chapter and the Nursing Facility – Certification, Survey & Enforcement Appendix.
07/17/06	MSA 06-50	Clarification on Extended Observation Beds/Crisis Observation Care	PIHPs/CMHSPs	10/1/06 Information incorporated into the Mental Health/Substance Abuse Chapter and the Acronym Appendix.



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07/15/06	MSA 06-49	Coverage of Services Provided by Anesthesiologist Assistants	Practitioners, Hospitals	10/1/06 Information incorporated into the Practitioner, Hospital, Billing & Reimbursement for Professionals, General Information for Providers, and Provider Manual Overview chapters, Glossary, Acronym Appendix, and Practitioner Reimbursement Appendix.
07/17/06	MSA 06-48	Mental Health and Substance Abuse Policy Changes	Mental Health and Substance Abuse	10/1/06 Information incorporated into the Mental Health/Substance Abuse Chapter and the Acronym Appendix.
07/01/06	MSA 06-47	Outpatient Prospective Payment System	Hospitals, Comprehensive Outpatient Rehabilitation Facilities, Rehab Agencies and Freestanding Dialysis Centers	Information regarding the MDCH OPPS project is available on the MDCH website at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> >>Providers>>Information for Medicaid Providers>>Outpatient Prospective Payment System (OPPS) Project



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
07/01/06	MSA 06-46	Inpatient Hospital Payment Reduction	Hospitals	1/1/07 Inpatient hospital payment reduction table available on the MDCH site at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> >> Providers >> Information for Medicaid Providers >> Provider Specific Information >> Inpatient Hospital
07/01/06	MSA 06-44	<b>Plan First!</b> Family Planning Waiver Program Clarification	All Providers	10/1/06 Information incorporated into the Family Planning Waiver Chapter.
06/06	MSA 06-42	Updates to the Medicaid Provider Manual	All Providers	7/1/06 Information incorporated as noted in the bulletin.
6/15/06	MSA 06-41	Glomerular Filtration Rate Reporting	Practitioners, Podiatrists, Outpatient Hospitals, Independent Laboratories, Medicaid Health Plans	10/1/06 Information incorporated into the Laboratory and Hospital Chapters.
06/01/06	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 to the MDCH Medical Supplier/DME/Prosthetics and Orthotics Database.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
06/01/06	MSA 06-39	Vision Billing Clarifications	Vision	7/1/06 MDCH Vision Services Database updated.
06/01/06	MSA 06-38	Contractual Adjustments	Outpatient Hospitals	7/1/06 Information incorporated into the Coordination of Benefits Chapter.
06/01/06	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.
05/24/06	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.
06/01/06	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.
05/22/06	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.



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05/01/06	MSA 06-32	Annual Statewide Post-Discharge Utilization Review	Hospitals	7/1/06 Information incorporated into the Hospital Chapter.
05/01/06	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.
05/01/06	MSA 06-29	Accreditation of Private Duty Nursing Agencies	Private Duty Agencies	7/1/06 Information incorporated into the Private Duty Nursing Chapter.
04/27/06	MSA 06-26	Disenrollment from a Medicaid Health Plan	Nursing Facilities, Hospice, Medicaid Health Plans	7/1/06 Information incorporated into Hospital and Nursing Facility Coverage chapters.
04/12/06	MSA 06-25	<i>Healthy Kids</i> Dental Expansion	Dentists, Dental Clinics	7/1/06 Information incorporated into the Dental Chapter.
04/01/06	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.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
04/01/06	MSA 06-22	Coverage of Telemedicine Services	Practitioners, Hospitals, FOHCs, Medicaid Health Plans, Mental Health/Substance Abuse, Nursing Facilities, Rural Health Clinics, Tribal Health Centers	7/1/06 Information incorporated into the Practitioner, Hospital, FOHC, Mental Health/Substance Abuse, Nursing Facilities, Rural Health Clinic, Tribal Health Center and Billing & Reimbursement chapters.
04/01/06	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 Billing & Reimbursement for Dental Providers and the Dental chapters.
04/01/06	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/FOHCs), Vision, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies	7/1/06 Information incorporated into the Practitioner Chapter.
03/15/06	MSA 06-19	Beneficiary Bad Debt	Pharmacy	7/1/06 Information incorporated into the Pharmacy Chapter.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
04/01/06	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.
04/01/06	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	Information has been incorporated into the Nursing Facility Level of Care Determination website at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> >>Providers>>Information for Medicaid Providers>>Michigan Medicaid Nursing Facility Level of Care Determination
03/20/06	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 <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> >>Providers>>Information for Medicaid Providers>> Provider Specific Information.
03/01/06	MSA 06-16	Updates to the Medicaid Provider Manual	All Provider	4/1/06 Information incorporated as noted in the bulletin.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
03/01/06	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.
03/01/06	MSA 06-14	GME Pool Size Reduction	Hospitals	4/1/06 Information incorporated into the Hospital Chapter Reimbursement Appendix.
03/01/06	MSA 06-12	Healthcare Common Procedure Coding System Standardization	Medical Suppliers	4/1/06 Information added to the Medical Supplier database at <a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a> >>Providers>>Information for Medicaid Providers>>Provider Specific Information.
03/01/06	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.
02/27/06	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.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
02/13/06	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.
03/01/06	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.
02/06	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.
02/01/06	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 Chapter.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
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.