

Bulletin Number: MSA 08-46

Distribution: All Providers

Issued: September 1, 2008

Subject: Updates to the Medicaid Provider Manual

Effective: October 1, 2008

Programs Affected: Medicaid, Adult Benefits Waiver, Children's Special Health Care Services, Children's Waiver, Maternity Outpatient Medical Services, MIChoice Waiver, Plan First!

The Michigan Department of Community Health (MDCH) has completed the October 2008 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 green 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 2008 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 2008 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/medicaidproviders >> Policy and Forms, this bulletin and those referenced in this bulletin may be discarded.

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



Medicaid Provider Manual October 2008 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Institutional Providers	1.1 Claims Processing System	Changed the second paragraph, second sentence to read: Electronic claims submitted by Wednesday may be processed as early as the next weekly cycle.	Clarification
Billing & Reimbursement for Institutional Providers	2.2 Paper Claims	The following language was added at the end of the first paragraph: Providers are encouraged to bill electronically whenever possible.	Clarification
Billing & Reimbursement for Institutional Providers	5.3 Fiscal Year-End/Interim Billing (DRG Hospitals Only)	Changed use of "patient" to "beneficiary".	Consistency of terminology
Billing & Reimbursement for Institutional Providers	5.6 Medicare	For "Medicare Part A Becomes Effective During Stay", revised the fourth bullet to read: <ul style="list-style-type: none"> • Report amount applied to co-insurance, co-pay or deductible [OI and Medicare (Inpatient, Outpatient, LTC, Home Health, Hospice)]. <ul style="list-style-type: none"> ➤ For DOS prior to July 1, 2007 – electronic/paper claims: Value Code A1, B1, C1, A2, B2, C2, A7, B7, C7 and amount ➤ For DOS on/after July 1, 2007: <ul style="list-style-type: none"> ○ Electronic claims: use CAS segments only ○ Paper claims: use only Value Codes (A1, B1, C1, A2, B2, C2, A7, B7, C7 and amount) 	Clarification

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Institutional Providers	5.7 Multi-Page Claim (Paper Claim)	The following was added to the end of the first paragraph: MDCH is unable to accept multiple-page paper claims for all institutional providers (Inpatient, Outpatient, LTC, Home Health, Hospice). Providers are encouraged to bill electronically whenever possible for faster payment.	Clarification
Billing & Reimbursement for Institutional Providers	5.10 Pre-Admission and Certification Evaluation Review	Under "Transfers", changed first paragraph to read: If a beneficiary requires, a PACER number is required.	Clarification
Billing & Reimbursement for Institutional Providers	5.12 Sterilization	Revised the language in the fifth bullet to read: may then submit claims (either electronic or paper copy) Revised the language in the sixth bullet to read: must match the information on the sterilization form.	Clarification
Billing & Reimbursement for Institutional Providers	6.1.D. Date of Service	Revised the second paragraph to read: If the claim spans more than one calendar day, the Outpatient Code Editor (OCE) will ...	Clarification
Billing & Reimbursement for Institutional Providers	6.9 Emergency Department Services	Under "EMTALA Screen", the following sentence was added: (Refer to the General Information for Providers, the Adult Benefits Waiver, the Emergency Services Only Medicaid, and the Plan First! Family Planning Waiver chapters for additional information.)	Clarification

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Institutional Providers	6.12 Injections	<p>Added the following after the last paragraph:</p> <p>If an injectable or non-injectable drug is obtained at a lower than normal cost (e.g., through 340B Program), the lower than normal cost (actual acquisition cost) must be reported on the claim in place of the cost of charge.</p> <p>Invalid or missing NDC information or an NDC by a manufacturer who does not have a signed rebate agreement with CMS will reject at the claim line level.</p>	Update
Billing & Reimbursement for Institutional Providers	6.12.A. Electronic Claims	<p>Added the following sentence after the sixth bullet (of the first paragraph):</p> <p>Zero dollars (0.00) may also be reported as the NDC Unit Price.</p>	Clarification
Billing & Reimbursement for Institutional Providers	6.16 Radiation Treatments	<p>Revised paragraph to read:</p> <p>MDCH follows Medicare's billing guidelines for repetitive billing on the same claim or separately by date of service. If reporting charges on a single claim, the provider must also report all charges for the radiation services (one episode of care) and supplies for the recurring radiation service on the same claim.</p>	Clarification
Billing & Reimbursement for Institutional Providers	7.10 Daily Care	Removed references to provider types in the table.	Removed obsolete information
Billing & Reimbursement for Institutional Providers	7.11 Ancillary Physical and Occupational Therapy, Speech Pathology	Removed references to provider types in the table.	Removed obsolete information

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CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Institutional Providers	7.13 Medicare Part B Coinsurance and Deductible Amounts	Removed references to provider types in the table.	Removed obsolete information
Billing & Reimbursement for Institutional Providers	7.14 Other Service Revenue Codes	Removed references to provider types in the second bullet.	Removed obsolete information
Billing & Reimbursement for Institutional Providers	10.1 Hospice Claim Completion	<p>Changed the first sentence of the fifth bullet to read:</p> <p>To bill for room and board in a nursing facility, licensed hospice long-term care unit, or Ventilator Dependent Care Unit (VDCU), use Revenue Code 0658.</p> <p>Added the following to the end of the fifth bullet:</p> <p>NOTE: To ensure proper payment for a beneficiary in a VDCU, the VDCU provider identification number must be on the Hospice Membership Notice (DCH-1074). Additionally, when the beneficiary is in a VDCU/Dialysis Unit under which the VDCU has a special agreement with Medicaid, the hospice must first obtain a Prior Authorization (PA) number from the MDCH Program Review Division. (Refer to the Directory Appendix for contact information.)</p> <p>Changed the last bullet to read:</p> <p>When billing for a hospice/NF resident with a Complex Care Memorandum of Understanding (MOU), bill Revenue Code 0120 and include the assigned prior authorization (PA) number in F.L. 84, as obtained from the NF.</p>	Clarification

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Professionals	6.2 Third Party Coverage	A new definition was added to read as: Injectable Drugs Covered as a Pharmacy Benefit by Third Party Payors When billing for injectable drugs that are covered as a pharmacy benefit by a third party payor but covered as a physician service by Medicaid, the provider must reflect the payment from the carrier on the claim. The fixed co-pay/co-insurance/deductible must be reported in the appropriate field on the electronic claim form and in Item 24F on the CMS 1500 paper form.	Additional information
Billing & Reimbursement for Professionals	6.4 Ancillary Medical Services	Under "Physician Administered Drugs (Injectables and Non-Injectables)": 1) Changed the title to read: National Drug Code (NDC) Reporting for Physician Administered Drugs 2) Revised the fourth paragraph to read: Claims submitted with invalid or missing NDC information or an NDC by a manufacturer who does not have a signed rebate agreement with CMS will reject at the claim line level. 3) Under "Electronic Claims", a new second sentence was inserted to read: Zero dollars (0.00) may also be reported as the NDC Unit Price.	Clarification
Children's Special Health Care Services	6.1 Citizenship Status	In the first paragraph, first sentence, changed the agricultural worker reference from "seasonal" to "temporary". In the textbox, revised the reference to the "Bureau of Citizenship and Immigration Services" to "U.S. Citizenship and Immigration Services (USCIS)".	Update
Dental	2.4 Approved Prior Authorization Requests	The following was added to the end of the fourth paragraph: The provider has 15 days prior to the end of the prior authorization period to request an extension. New prior authorization requests must be submitted for existing PA plans over one year old.	

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Family Planning Clinics	1.2 Reimbursement	Inserted the following into the third paragraph as the new fourth sentence: Drugs purchased at 340B prices (actual acquisition costs) will be reimbursed at 340B prices.	Clarification
Family Planning Clinics	5.1 Special Billing Instructions [new subsection]	Addition of new subsection 5.1 Special Billing Instructions to read: If a pharmaceutical or contraceptive supply is purchased at the 340B price, the actual acquisition cost must be billed to Medicaid.	Additional information
Family Planning Waiver	4.2.D. Citizenship Requirements	In the third paragraph, the second bullet was revised to read: ... and letter or notice from the U.S. Citizenship and Immigration Services (USCIS) ...	Update
Hearing Aid Dealers	Section 1 - Coverage Overview	The first paragraph was revised to read: This chapter applies to Hearing Aid Dealers and Licensed Audiologists affiliated with Hearing Centers.	Clarification
Hearing Aid Dealers	1.1 Provider License Requirement	The paragraph was revised to read: ... 2) A licensed audiologist affiliated with a hearing center.	Update
Hearing Aid Dealers	1.3 Covered Services	The first paragraph was changed to read: Medicaid covers the following services when provided by a licensed hearing aid dealer or licensed audiologist affiliated with a hearing center.	Update

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Hospice	3.4.B. Nursing Facility	<p>Changed the first sentence of the sixth paragraph to read:</p> <p>When a hospice beneficiary resides in a NF, a hospice-owned NF with beds designated for hospice, a Ventilator Dependent Care Unit (VDCU), or a NF under a Complex Care Memorandum of Understanding (MOU), Medicaid will reimburse the hospice for room and board.</p> <p>The textbox after the sixth paragraph was removed in its entirety.</p>	Update
Hospital	3.1 Abortions	In the first paragraph, the name of the MSA-1150 form was revised to read "Beneficiary Verification of Coverage".	Update
Hospital	3.18 Injections/Intravenous Infusions	<p>The following was added to the end of the first paragraph:</p> <p>Refer to the MDCH OPPS Wrap Around Code List available on the MDCH website. (Refer to the Directory Appendix for website information.)</p>	Clarification
Hospital	3.20.A. Pregnancy-Related Laboratory Services	<p>Revised first bullet to read:</p> <ul style="list-style-type: none"> Blood count, complete (CBC), automated and automated differential WBC count or Blood count, complete (CBC), automated and appropriate manual differential WBC count. 	Update
Hospital	3.20.B. Blood Handling	<p>Corrected language in first sentence to read:</p> <p>..... HIV-1 viral load analysis and/or CD4/CD8</p>	Correction
Hospital	3.27.A. Operating Room	<p>The second sentence of the second paragraph was revised to read:</p> <p>The main payment methodology for the OPPS is the APC which is used by Medicare. MDCH will utilize the OCE with CCI editing as part of its OPPS.</p>	Update
Hospital	3.27.B. Recovery Room	<p>The third paragraph was revised to read:</p> <p>Outpatient providers must bill the appropriate CPT/HCPCS code.</p>	Obsolete text removed.

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Hospital	3.28 Occupational Therapy	The following paragraphs were added: Occupational Therapy services provided during an inpatient stay do not require PA for reimbursement. Refer to the Standards of Coverage and Service Limitations Section of the Outpatient Therapy Chapter for criteria. Refer to the Standards of Coverage and Service Limitations Section of the Outpatient Therapy Chapter for therapy provided in the outpatient hospital setting.	Consistency with formatting of information
Hospital	3.28.A. Outpatient Hospital	This subsection was deleted. Applicable information has been addressed in 3.28 Occupational Therapy.	Consistency with formatting of information
Hospital	3.28.B. Inpatient Hospital	This subsection was deleted. Applicable information has been addressed in 3.28 Occupational Therapy.	Consistency with formatting of information
Hospital	Section 4 – Noncovered Services	The following were added to the bullet list: <ul style="list-style-type: none"> Any test not generally recognized as relevant to the condition being investigated Antineoplastic agents that are investigational or experimental 	Additional information
Hospital	6.9.A. Medicaid Ventilator Dependent Care	In the second paragraph, second bullet, the DRG was changed from 475 to 207.	Update
Hospital Reimbursement Appendix	2.8.H. Percent of Charge Reimbursement	DRGs were updated to reflect the addition of DRG 10 and the deletion of DRGs 981, 982, and 983.	Update

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CHAPTER	SECTION	CHANGE	COMMENT
Nursing Facility Coverages	4.1.D.2. Nursing Facility Level Of Care Exception Process	<p>The first paragraph was changed to read:</p> <p>The Nursing Facility Level of Care (LOC) Exception Review is available for Medicaid financially pending or Medicaid financially eligible beneficiaries who do not meet medical/functional eligibility based on the web-based Michigan Medicaid Nursing Facility LOC Determination criteria, but demonstrate a significant level of long term care need. The Nursing Facility LOC Exception Review process is not available to private pay individuals. The Nursing Facility LOC Exception Review is initiated only when the provider telephones the MDCH designee on the date the online Michigan Medicaid Nursing Facility LOC Determination was conducted and requests the Nursing Facility LOC Exception Review on behalf of a medically/functionally ineligible beneficiary. The Nursing Facility LOC Exception Criteria is available on the MDCH website. A beneficiary needs to trigger only one of the LOC Exception criteria to be considered as eligible under the Exception Review.</p>	Clarification
Nursing Facility Coverages	4.1.D.5. Retrospective Review and Medicaid Recovery	<p>The following sentence was inserted after the first sentence:</p> <p>The provider must submit all medical documentation requested by the MDCH designee.</p>	Clarification
Nursing Facility Coverages	4.1.D.6. Adverse Action Notice	<p>The first sentence of the second paragraph was changed to read:</p> <p>The Medicaid financially eligible beneficiary or Medicaid financially pending beneficiary may request an administrative hearing for a Medicaid benefit denial.</p>	Clarification

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CHAPTER	SECTION	CHANGE	COMMENT
Nursing Facility Coverages	4.1.D.6. Adverse Action Notice	<p>Under the heading "Immediate Review-Adverse Action Notices", the language was changed to read:</p> <p>The MDCH designee may conduct an Immediate Review only for a Medicaid pending or a Medicaid eligible beneficiary who was determined medically/functionally ineligible based on the web-based Michigan Medicaid Nursing Facility LOC Determination. The MDCH designee may not conduct an Immediate Review for private pay residents. The MDCH designee will conduct an Immediate Review of preadmission or continued stay adverse action notices upon request by a Medicaid pending or a Medicaid eligible beneficiary or their representative only when the beneficiary or their representative requests an Immediate Review before noon of the first business day after the date of receipt of the notice as follows:</p> <ul style="list-style-type: none"> • The MDCH designee will request that the nursing facility provide medical documentation by close of business of the first business day after the date the beneficiary or their representative requests an Immediate Review. • The MDCH designee will review the medical documentation, obtain information from the Medicaid pending beneficiary or the Medicaid eligible beneficiary or their representative and notify the beneficiary or their representative and the provider of the determination within three business days of receipt of the medical documentation. • Only a Medicaid pending or Medicaid eligible beneficiary or their representative may request an MDCH appeal of the Level of Care Determination. • Medicaid pending or Medicaid eligible beneficiaries may contact the MDCH designee to request an Immediate Review. (Refer to the Directory Appendix for contact information.) 	Clarification
Nursing Facility Coverages	4.2.A.1. Financial Eligibility	<p>The paragraph was changed to read:</p> <p>A determination by DHS that a Medicaid financially pending beneficiary is not financially eligible for Medicaid is an adverse action. The Medicaid financially ineligible beneficiary may appeal a determination of Medicaid financial ineligibility to DHS.</p>	Clarification

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Nursing Facility Coverages	4.2.A.2. Medical/Functional Eligibility	The paragraph was changed to read: A determination by the web-based Michigan Medicaid Nursing Facility LOC Determination that a Medicaid financially pending or Medicaid financially eligible beneficiary is not medically/functionally eligible for nursing facility services is an adverse action. If the Medicaid financially pending or Medicaid financially eligible beneficiary or their representative disagrees with the determination, he has the right to request an administrative hearing before an administrative law judge. Information regarding the appeal process is available on the MDCH website. (Refer to the Directory Appendix for website information.)	Clarification
Nursing Facility Coverages	4.2.B. Provider Appeals	The first sentence was changed to read: A retrospective review determination that a beneficiary is ineligible for nursing facility services based on a review of the medical documentation is an adverse action for a nursing facility if MDCH proposes to recover payments made.	Clarification
Nursing Facility Coverages	9.23 Oxygen	References to "Provider Type" were removed from the bullets.	Remove obsolete information
Nursing Facility Coverages	11.2.A. Placement Criteria	DRG 475 was replaced with DRG 207 in the second bullet of the first paragraph.	Update
Nursing Facility Cost Reporting & Reimbursement Appendix	5.3 Plant Cost Certification Effective Time Period	Under "Nursing Facility Final Rates for Plant Cost Reimbursement – Rate Year: October 2003 – September 2004", text was revised to read: January 2004 – September 2004: Plant cost for the cost report year end December 2004	Correction

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Nursing Facility Cost Reporting & Reimbursement Appendix	9.9 Nurse Aide Training and Competency Evaluation Program (NATCEP) and Competency Evaluation Program (CEP)	In the last sentence of the first paragraph, the word "Assistants" was changed to "Aides".	Correction
Pharmacy	Section 6 - General Noncovered Services	<p>Changed the 17th bullet to read:</p> <ul style="list-style-type: none"> • Drugs past CMS termination dates <p>Added a new bullet that reads:</p> <ul style="list-style-type: none"> • Agents used for treatment of sexual or erectile dysfunction. 	Update
Pharmacy	Section 16 - Public Health Service and Disproportionate Share Hospitals	<p>Changed the third paragraph to read:</p> <p>Actual acquisition cost must reflect trade and quantity discounts, rebates, free goods, and price concessions.</p>	Update
Practitioner	3.2 History	<p>Under "Immunization Review", changed the last sentence to read:</p> <p>Providers are reminded that all immunizations should be reported to the Michigan Care Improvement Registry (MCIR).</p>	Correction
Practitioner	4.13.A. Coverage of the Injectable	<p>The last sentence of the third paragraph was revised to read:</p> <p>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; however, the reimbursement of the beneficiary's liability (i.e., co-insurance/deductible/co-pay) may be covered as a physician service.</p>	Update/Clarification

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CHAPTER	SECTION	CHANGE	COMMENT
Practitioner	13.1 Abortions	<p>In the third paragraph, the name of the MSA-1150 form was revised to read "Beneficiary Verification of Coverage".</p> <p>The fourth paragraph was revised to read:</p> <p>Copies of the MSA-4240 and the MSA-1550 are not required for claims for ectopic pregnancies or spontaneous, incomplete, or threatened abortions.</p> <p>The following text was inserted as the fifth and sixth paragraphs:</p> <p>Providers may attach copies of the MSA-4240 and the MSA-1550 to the claim or submit them via fax.</p> <p>Federal regulations require that these forms be submitted to Medicaid before reimbursement can be made for any abortion procedure. This process can eliminate submitting paper attachments for abortion claims and pre-confirms the acceptability of the completed forms, as well as reduces costly claim rejections.</p>	<p>Update</p> <p>Clarification</p>
Practitioner	13.3.B. Acknowledgement of Receipt of Hysterectomy Information	<p>The first paragraph was revised to read:</p> <p>Providers may attach a copy of the MSA-2218 to the claim or submit the MSA-2218 via fax.</p> <p>The first sentence of the second paragraph was deleted.</p> <p>The following was added as the last paragraph:</p> <p>(Refer to the Forms Appendix for a copy of MSA-2218. The form is also available on the MDCH website. Refer to the Directory Appendix for website and contact information.)</p>	Clarification

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Practitioner	13.5.B. Consent Form for Sterilization	<p>The first paragraph was revised to read:</p> <p>Providers may attach a copy of the MSA-1959 to the claim or submit the MSA-1959 via fax.</p> <p>The following was added as the last paragraph:</p> <p>(Refer to the Forms Appendix for a copy of MSA-1959. The form is also available on the MDCH website. Refer to the Directory Appendix for website and contact information.)</p>	Clarification
Program of All Inclusive Care for the Elderly	3.11.A. Financial Eligibility	<p>Text was revised to read:</p> <p>A determination that an applicant is not financially eligible for Medicaid is an adverse action. In Wayne County, applicants may appeal such an action to MDCH. For all other counties, applicants may appeal to the Michigan Department of Human Services (MDHS). (Refer to the Directory Appendix for contact information.)</p>	Update
Program of All Inclusive Care for the Elderly	3.11.B. Functional/Medical Eligibility	<p>The paragraph was revised to read:</p> <p>..... Information regarding the appeal process may be found at the State Office of Administrative Hearings and Rules for DCH portion of the MDCH website. (Refer to the Directory Appendix for website information.)</p>	Update
Program of All Inclusive Care for the Elderly	3.11.C. PACE Services (new subsection)	<p>New subsection containing the following language:</p> <p>Noncoverage or nonpayment of services by the PACE organization for a beneficiary enrolled in PACE is an adverse action. If the beneficiary and/or representative disagrees with the noncoverage or nonpayment of services by the PACE organization, they have the right to request an administrative hearing before an administrative law judge. Information regarding the appeal process may be found at the State Office of Administrative Hearings and Rules for DCH portion of the MDCH website. (Refer to the Directory Appendix for website information.) The beneficiary may request continuation of the disputed service with the understanding that he may be liable for the cost of the disputed service if the determination is not made in his favor.</p>	Additional information

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Vision	3.4.A. Lenses	<p>The first paragraph was revised to read: <i>... Recommendations for Prescription Ophthalmic Lenses, ANSI Z80.1-2005, or ...</i></p> <p>In the second paragraph, the bullets were revised to read:</p> <ul style="list-style-type: none"> • ... available in Round 22, FT-28, FT-35, and ... • ... available in FT-7x28 segments. <p>The last paragraph was revised to read: Oversized lenses, no-line, progressive style multi-focals, or transitions are not Medicaid benefits.</p>	Update
Vision	3.4.B. Ophthalmic Frames	<p>The first paragraph was revised to read: <i>... for the Dress Ophthalmic Frames, ANSI Z80.5-2004, or ...</i></p>	Update
Acronym Appendix		<p>Changed the definition of MCIR to read: Michigan Care Improvement Registry</p>	Update
Acronym Appendix		<p>Added: USCIS – U.S. Citizenship and Immigration Services Deleted: INS – Immigration and Naturalization Services</p>	Update
Directory Appendix	Appeals	<p>Under Mailing/Email/Web Address, the name was updated to read "State Office of Administrative Hearings & Rules for DCH".</p> <p>For "Appeals (Provider)", the following website was added: www.michigan.gov/mdch >> Operations Administration >> Administrative Tribunal and Appeals Division</p> <p>and under "Information Available/Purpose", "PACE organizations" was added.</p>	Update

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Directory Appendix	Provider Resources	Under "MDCH Division of Family & Community Health", the following phone number was added: 517-335-8492	Information
Directory Appendix	Nursing Facility Resources	Under "Centers for Medicare & Medicaid Services": changed the website to: http://www.cms.hhs.gov/Manuals/PBM/list.asp and corrected the manual name to read: CMS Provider Reimbursement Manual	Update
Directory Appendix	Nursing Facility Resources	Under "Nursing Facility Resources" – "Nursing Facility Rate Setting": "Nursing Facility Reimbursement" was added to "Information Available/Purpose"	Update
Directory Appendix	Pharmacy Resources	Under "List of Participating Entities in 340B Program", changed the website to: http://pssc.aphanet.org/about/databases.htm	Update
Directory Appendix	Pharmacy Resources	Under "MAC Pricing Information", the mailing address was changed to read: M.A.C. Managers P.O. Box 721098 Berkley, MI 48072	Update
Directory Appendix	Miscellaneous Contact Information	Under "Federal Registers", changed the website to: http://www.gpoaccess.gov/fr/index.html	Update
Forms Appendix	Certification for Induced Abortion (MSA-4240)	The first paragraph was revised to identify applicable programs.	Update

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Michigan Department of Community Health

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Forms Appendix	Hospice Membership Notice (DCH-1074)	Revised "Section II" and "Conditions of Enrollment" to include Ventilator Dependent Care Unit.	Update
Forms Appendix	Recipient Verification of Coverage (MSA-1550)	The name of the form was changed to "Beneficiary Verification of Coverage". The first paragraph was revised to identify applicable programs.	Update

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BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 08-43	9/1/08	Nursing Facility Coverages	9.26.C. Return of Unused Drugs	Text was added to provide additional information on the return of unused prescription drugs to pharmacies.
MSA 08-42	9/1/08	Beneficiary Eligibility	9.1. Enrollment	Revisions were made to "Mandatory Enrollment" and to "Voluntary Enrollment" to address the mandatory enrollment of pregnant women into health plans.
MSA 08-41 (and MSA 07-47 issued 9/1/07)	9/1/08	Nursing Facility Cost Reporting & Reimbursement Appendix	10.12.H. Facility Innovative Design Supplemental (FIDS) Program	Text was revised to reflect updates/clarification to the FIDS program, including time period, qualifying costs, and the determination of the supplement amount.
			10.12.H.1. Change of Ownership (new subsection) 10.12.H.2. FIDS Program Reimbursement Methodology (new subsection) 10.12.H.3. Class I Nursing Facility Reimbursement for FIDS (new subsection) 10.12.H.4. Class III Nursing Facility Reimbursement for FIDS (new subsection) 10.12.H.5. FIDS Program Billing and Reimbursement Process (new subsection)	New subsections were added to allow for additional information on the FIDS Program.
MSA 08-38	9/1/08	Billing & Reimbursement for Dental Providers	3.1.B. Electronic Claims with Attachments	Text was added to provide information on the use of Documentation EZ Link for submitting electronic claim attachments.

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



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BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
		Billing & Reimbursement for Institutional Providers	2.1.B. Electronic Claims with Attachments	Text was added to provide information on the use of Documentation EZ Link for submitting electronic claim attachments.
		Billing & Reimbursement for Professionals	2.1.B. Electronic Claims with Attachments	Text was added to provide information on the use of Documentation EZ Link for submitting electronic claim attachments.
		Forms Appendix		New forms were added: Professional/Dental Claim Documentation Review Area Fax Cover (MSA-0001-EZ) Institutional Claim Documentation Review Area Fax Cover (MSA-0001-EZ)
MSA 08-36	8/26/08	School Based Services		Changes were made throughout the chapter to address technical corrections, clarifications, and moratorium changes.
		School Based Services Random Moment Time Study		Changes were made throughout the chapter to address technical corrections, clarifications, and moratorium changes.
		School Based Services Administrative Outreach Program Claims Development (new chapter)		New chapter added to address administrative outreach claims development.
		Forms Appendix		Certification of Public Expenditure (form CMS-10231) was updated to address the provider NPI number.
MSA 08-35	8/15/08	Pharmacy	1.2 Definitions	"Tamper Resistant Prescription Pad" was added to identify requirements.

*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 October 2008 Updates



BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 08-32	9/1/08	Mental Health/Substance Abuse	Section 4 – Assertive Community Treatment Program	Updates were made throughout this section relative to the ACT Program.
MSA 08-29	8/1/08	Nursing Facility Coverages	9.23 Oxygen	Text was revised to make oxygen policy language consistent with language used in the Medical Supplier chapter.
		Nursing Facility Cost Reporting & Reimbursement Appendix	8.18 Oxygen	Text was revised to make oxygen policy language consistent with language used in the Medical Supplier chapter.
MSA 08-24	6/1/08	Maternal Infant Health Program	2.2 Risk Screening	The last sentence in the first paragraph was deleted as content is obsolete.
			Section 3 – Forms	The second bullet of the second paragraph was revised to reflect the name revision of form MSA-1200.
		Forms Appendix	MSA-1200	Updated to reflect version date of 06/08.
			DCH-1190	Updated to reflect version date of 06/08.

*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 2008* 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
9/1/08	MSA 08-46	Updates to the Medicaid Provider Manual	All Providers	10/1/08 Information incorporated throughout the Manual, as appropriate. MDCH website updated, as appropriate.
9/1/08	MSA 08-45	Increased Fee Screens for Preventive Medicine Visits and Specific Newborn Care Codes	Practitioners (Physicians, Advanced Practice Nurses, FQHCs/RHCs/THCs), Hospitals, Local Health Departments, Medicaid Health Plans, Mental Health and Substance Abuse	Information added to databases at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Physicians/Practitioners/Medical Clinics
9/1/08	MSA 08-43	Return of Unused Prescription Drugs to Pharmacies by Nursing Facilities	Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Hospital Swing Beds, Ventilator Dependent Units, Nursing Facilities for the Mentally Ill, and Pharmacies	10/1/08 Information incorporated into the Nursing Facility Coverages Chapter
9/1/08	MSA 08-42	Mandatory Enrollment of Pregnant Women into Health Plans	All Providers	10/1/08 Information incorporated into the Beneficiary Eligibility Chapter
9/1/08	MSA 08-41	Facility Innovative Design Supplemental (FIDS) Program for Inpatient Long Term Care Facilities	Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Hospice	10/1/08 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
8/08	MSA 08-40	Sanctioned Providers Update	All Providers	Information incorporated into the Sanctioned Providers List maintained on the MDCH website.
9/1/08	MSA 08-39	New Service Coverage for the Plan First! Program	Practitioners (Physicians, Advanced Practice Nurses, FQHC/RHC), Family Planning Clinics, Outpatient Hospitals, Local Health Departments, and Maternal Infant Health Program	
9/1/08	MSA 08-38	Statewide Implementation of Claim Documentation EZ Link	Practitioners (Physicians, Advanced Practice Nurses, Physical Therapists, Medical Clinics, FQHC/RHC/THC, Oral Surgeons, Podiatrists, CRNA), CMHSPs, Chiropractors, Dentists, Ambulance, Independent Labs, Medical Suppliers, Orthotists/Prosthetists, Vision, Hearing Centers, Hearing Aid Dealers, Family Planning Clinics, Maternal Infant Health Program, Private Duty Nurses, School Based Services, Hospitals, Home Health, Hospice, Nursing Facilities, and Local Health Departments	10/1/08 Information incorporated into the Billing & Reimbursement for Dental Providers, the Billing & Reimbursement for Institutional Providers, and the Billing & Reimbursement for Professionals Chapters, and the Forms Appendix.
8/8/08	MSA 08-37	Inpatient Hospital Payment Reduction	Hospitals	
8/26/08	MSA 08-36	Technical Corrections, Clarifications, and Moratorium Changes	School Based Services	10/1/08 Information incorporated into the School Based Services and the School Based Services Random Moment Time Study Chapters, and the Forms Appendix. A new chapter (School Based Services Administrative Outreach Program Claims Development) was added.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
8/15/08	MSA 08-35	Tamper Resistant Prescription Pad Policy	Pharmacies, Practitioners (Physicians, Advanced Practice Nurses, Medical Clinics, Oral Surgeons, Podiatrists, FQHCs/RHCs/THCs), Dentists, Vision, Local Health Departments, Family Planning Clinics, Hospitals, Medical Suppliers, Hospice, Nursing Facilities, Prepaid Inpatient Health Plans, Medicaid Health Plans, Community Mental Health Services Programs, and Substance Abuse Coordinating Agencies	10/1/08 Information incorporated into the Pharmacy Chapter
8/15/08	MSA 08-34	Establishment of Outpatient Uncompensated Care DSH Pool	Hospitals	
08/01/08	MSA 08-33	Extension of CHAMPS Provider Enrollment Revalidation Process	Practitioners (Physicians, Advanced Practice Nurses, Physical Therapists, Medical Clinics, FQHC/RHC/THC, Oral Surgeons, Podiatrists, CRNA), Chiropractors, Dentists, Ambulance, Independent Labs, Medical Suppliers, Orthotists/Prosthetists, Vision, Hearing Centers, Hearing Aid Dealers, Family Planning Clinics, Maternal Infant Health Program, Private Duty Nurses, School Based Services, Hospitals, Home Health, Hospice, Nursing Facilities, and Local Health Departments	Bulletin issued to extend timeline identified in MSA 08-13; no changes to manual required.
9/1/08	MSA 08-32	Revisions to Mental Health and Substance Abuse Chapter	Prepaid Inpatient Health Plans	10/1/08 Information incorporated into the Mental Health/Substance Abuse Chapter
07/08	MSA 08-31	Sanctioned Providers Update	All Providers	Information incorporated into the Sanctioned Providers List maintained on the MDCH website.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
08/01/08	MSA 08-30	Medicare Enrollment for Providers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies	Medical Suppliers, Cochlear Implant Manufacturers	
08/01/08	MSA 08-29	Oxygen Policy Language	Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Medical Suppliers	10/1/08 Information incorporated into the Nursing Facility Coverages Chapter and the Nursing Facility Cost Reporting & Reimbursement Appendix
07/01/08	MSA 08-28	Home Help Agency Rates	Home Help Provider Agencies	This policy was developed jointly by the Michigan Department of Community Health and the Department of Human Services. Applicable policy is published in the DHS Adult Services Manual.
07/1/08	MSA 08-27	CNA Registry Fees	Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Ventilator Dependent Units, Swing Beds	Bulletin issued for clarification purposes; no changes to manual required.
6/1/08	MSA 08-26	Updates to the Medicaid Provider Manual	All Providers	7/1/08 Information incorporated throughout the Manual, as appropriate. MDCH website updated, as appropriate.
6/1/08	MSA 08-25	Implementation of Partial Fill Functionality; Prescription Origin Code for Condom Claims	Pharmacies	Information incorporated into the Pharmacy Claims Processing Manual.
6/1/08	MSA 08-24	Maternal Infant Health Program Consent Form (DCH-1190) and Prenatal Screener Form (MSA-1200)	Maternal Infant Health Programs, Local Health Departments, Medicaid Health Plans	10/1/08 Information incorporated into the Maternal Infant Health Program Chapter and the Forms Appendix.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
5/22/08	MSA 08-23	Elimination of School Based Services Administrative Outreach and Transportation Programs	School Based Services Providers and Billing Agents	7/1/08 The School Based Services chapter was replaced in its entirety; the School Based Services Administrative Outreach Program chapter was removed; and a new chapter, School Based Services Random Moment Time Study, was added. Form was added to Forms Appendix.
5/08	MSA 08-22	Sanctioned Providers Update	All Providers	Information incorporated into the Sanctioned Providers List maintained on the MDCH website.
5/1/08	MSA 08-21	<i>Healthy Kids Dental</i> Contract Expansion	Dentists and Dental Clinics	7/1/08 Information incorporated into the Dental and the Tribal Health Center chapters.
4/08	MSA 08-20	Sanctioned Providers Update	All Providers	Information incorporated into the Sanctioned Providers List maintained on the MDCH website.
4/1/08	MSA 08-19	CSHCS Non-Emergency Medical Transportation	Local Health Departments	7/1/08 Information incorporated into the Children's Special Health Care Services chapter.
4/1/08	MSA 08-18	Disproportionate Share Hospital Eligibility Update	Hospitals	7/1/08 Information incorporated into the Hospital chapter - Hospital Reimbursement Appendix.
3/31/08	MSA 08-17	Delay in Reporting Prescription Origin Code and Unit of Measure by Medicaid Health Plans	Medicaid Health Plans	
3/1/08	MSA 08-16	Update to the Medicaid Access to Care Initiative (MACI) Payment Schedule	Hospitals, Medicaid Health Plans	



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3/1/08	MSA 08-15	Updates to the Medicaid Provider Manual	All Providers	4/1/08 Information incorporated throughout the Manual, as appropriate. MDCH website updated, as appropriate.
3/1/08	MSA 08-14	Sanctioned Provider List	All Providers	4/1/08 Information incorporated into the General Information for Providers chapter. Revised Sanctioned Providers List posted to MDCH website.
3/1/08	MSA 08-13	Provider Enrollment Changes	Practitioners (Physicians, Advanced Practice Nurses, Physical Therapists, Medical Clinics, FQHC/RHC/THC, Oral Surgeons, Podiatrists, CRNA), Chiropractors, Dentists, Ambulance, Independent Labs, Medical Suppliers, Orthotists/Prosthetists, Vision, Hearing Centers, Hearing Aid Dealers, Family Planning Clinics, Maternal Infant Health Program, Private Duty Nurses, School Based Services, Hospitals, Home Health, Hospice, Nursing Facilities, Local Health Departments	4/1/08 Information incorporated throughout the Manual, as appropriate.
3/1/08	MSA 08-12	MDCH CHAMPS Web Page Re-Design	All Providers	4/1/08 Information incorporated into the Directory Appendix.
3/1/08	MSA 08-11	New Place of Service Code for Temporary Lodging; Clarification of Claim Completion for Service Facility Location; Claim Reporting Requirements for the Provider Tax Identification Number	All Providers	4/1/08 Information incorporated into the Billing & Reimbursement for Dental Providers, the Billing & Reimbursement for Institutional Providers, and the Billing & Reimbursement for Professionals chapters.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
3/1/08	MSA 08-10	Clarification of Medicaid Wheelchair Coverage Policy for Nursing Facility Residents	Medical Suppliers	Bulletin issued for clarification purposes; no changes to manual required.
2/22/08	MSA 08-09	Adult Benefits Waiver Enrollment	All Providers	4/1/08 Notation regarding enrollment freeze made in Adult Benefits Waiver chapter.
3/1/08	MSA 08-08	Policy Revision for Osteogenesis Stimulators	Medical Suppliers	4/1/08 Information incorporated into the Medical Suppliers chapter.
3/1/08	MSA 08-07	Elimination of Unit Dose Fee Reimbursement	Pharmacies	4/1/08 Information incorporated into the Pharmacy chapter.
2/08	MSA 08-06	Sanctioned Providers Update	All Providers	Information incorporated into the Sanctioned Providers List maintained on the MDCH website.
2/1/08	MSA 08-05	Changes to Pharmacy Claim Submission Requirements	Pharmacy	4/1/08 Information incorporated into the Pharmacy chapter.
2/1/08	MSA 08-04	Elimination of Dispensing Fees for Medical Supplies Covered Under the Pharmacy Benefit	Pharmacy	4/1/08 Information incorporated into the Pharmacy chapter.



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2/1/08	MSA 08-03	Tamper Resistant Prescription Pad Policy	Pharmacies, Practitioners (Physicians, Advanced Practice Nurses, Medical Clinics, Oral Surgeons, Podiatrists, FOHCs/RHCs/THCs), Dentists, Vision, Local Health Departments, Family Planning Clinics, Hospitals, Medical Suppliers, Hospice, Nursing Facilities, Prepaid Inpatient Health Plans, Medicaid Health Plans, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies	Bulletin issued as reminder; no changes to manual required. Refer to bulletins MSA 07-56 and MSA 07-51 for additional information.
1/10/08	MSA 08-02	Six-Month Extension in Reporting National Drug Codes by Outpatient Hospital Providers	Hospitals	4/1/08 Information incorporated into the Billing & Reimbursement for Institutional Providers chapter.
1/08	MSA 08-01	2008 Medicaid Provider Manual	All Providers	Bulletin transmitted with the January 2008 CD version of the Michigan Medicaid Provider Manual. Bulletin can be discarded.
12/21/07	MSA 07-68	Accreditation Commission for Health Care	Private Duty Nursing	4/1/08 Information incorporated into the Private Duty Nursing chapter and the Acronym Appendix.
12/1/07	MSA 07-66	Outpatient Prospective Payment System Reduction Factor	Hospitals, Hospital-Owned Ambulance, Comprehensive Outpatient Rehabilitation Facilities, Rehab Agencies, Freestanding Dialysis Centers, Medicaid Health Plans, County Health Plans	Manual incorporation not required. Providers should refer to the MDCH website www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Outpatient >> OPPS Reduction Factor History



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
12/1/07	MSA 07-65	Rebasing DRG Rates; DRG Grouper Update; Per Diem Rates Update	Hospitals, Medicaid Health Plans	4/1/08 Information incorporated into the Hospital/Hospital Reimbursement Appendix chapter. Information added to databases at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Inpatient Hospital >> Hospital DRG Grouper Implementation Schedule
12/1/07	MSA 07-62	Quality Assurance Assessment Program (QAAP) Collections	Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Ventilator Dependent Units, Hospice	4/1/08 Information incorporated into the Nursing Facility Cost Reporting & Reimbursement Appendix.
12/1/07	MSA 07-60	Graduate Medical Education (GME) and Disproportionate Share Hospital (DSH) Payment Delays	Hospitals	4/1/08 Information incorporated into the Hospital/Hospital Reimbursement Appendix chapter.
11/8/07	MSA 07-59	Beneficiary Identification Numbers	All Providers	4/1/08 Information incorporated into the Billing & Reimbursement for Dental Providers chapter and the Forms Appendix. Form updated on website at www.michigan.gov/medicaidproviders >> Policy and Forms >> Forms



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
10/1/07	MSA 07-56	Delayed Implementation and Clarification of Tamper Resistant Prescription Pad Requirement; NPI Pharmacy Compliance Plan	Pharmacies, Practitioners (Physicians, Advanced Practice Nurses, Medical Clinics, Oral Surgeons, Podiatrists, FQHCs/RHCs/THCs), Dentists, Vision, Local Health Departments, Family Planning Clinics, Hospitals, Hospice, Medical Suppliers, Nursing Facilities, Prepaid Inpatient Health Plans, Medicaid Health Plans, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies	4/1/08 Information incorporated into the Nursing Facility Coverages chapter.
9/1/07	MSA 07-51	Clarification on Use of Tamper Resistant Prescription Pads	Pharmacies, Practitioners (Physicians, Advanced Practice Nurses, Medical Clinics, Oral Surgeons, Podiatrists, FQHCs/RHCs/THCs), Dentists, Vision, Local Health Departments, Family Planning Clinics, Hospitals, Medical Suppliers, Nursing Facilities, Prepaid Inpatient Health Plans, Medicaid Health Plans, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies	4/1/08 Information incorporated into the Pharmacy, Dental, and Vision chapters.
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	All policy in this bulletin has been implemented and information has been incorporated throughout the Medicaid Provider Manual as appropriate.