MSA
MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Community Health

Bulletin Number: MSA 08-58

Distribution: All Providers

Issued: December 1, 2008

Subject: Updates to the Medicaid Provider Manual

Effective: January 1, 2009

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 January 2009 update of the Michigan Medicaid Provider Manual. Per bulletin MSA 08-56, a copy of the January 2009 version of the Michigan Medicaid Provider Manual on compact disc (CD) will be available to all enrolled providers upon request. A copy will also be available on the MDCH website by January 1, 2009.

The January 2009 version of the manual does not highlight changes made since the January 2008 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 2009 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 2009 version of the Medicaid Provider Manual.

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

Michigan Department of Community Health

Medicaid Provider Manual
January 2009 Updates

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Throughout the Manual		References to specific two-digit provider type numbers have been removed throughout the Manual.	Obsolete information
Throughout the Manual		References to "Uniform Billing (UB-04) Manual" have been changed to read "National Uniform Billing Committee (NUBC) Manual" or "NUBC Manual". References to "UB-04 claim form" have been changed to read "NUBC claim form" or "paper or electronically", as appropriate.	Update to remove date-specific references/information.
Medicaid Provider Manual Overview	1.1 Organization	In the table, under Affected Providers, "Medical Suppliers" was added for the following Chapter titles: Hospice; Nursing Facility; Outpatient Therapies; Practitioner; School Based Services.	Clarification
General Information for Providers	13.7 Clinical Records	In the Clinical Documentation Requirements chart at the end of this subsection, under Result of Exams, an "X" was added for Home Health and for Private Duty Nursing Agency/RN & LPN.	Update
General Information for Providers	13.7 Clinical Records	In the Clinical Documentation Requirements chart at the end of this subsection, Vision was removed from the row indicating that "Test Methodology" is required for Vision Providers.	Update
General Information for Providers	13.7 Clinical Records	In the Clinical Documentation Requirements chart at the end of this subsection, the following subject row was added: "Other documentation necessary to process request", and an "X" was placed in the columns for Home Health, Hospice, Medical Supplier, Private Duty Nursing Agency/RN & LPN, School Based Services, and Vision.	Additional information
Beneficiary Eligibility	9.2 Michigan Enrolls	The fourth sentence of the second paragraph was deleted.	Obsolete information

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

Michigan Department of Community Health

Medicaid Provider Manual
January 2009 Updates

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Beneficiary Eligibility	9.7 Excluded Health Plan Services	The following was added at the end of the third bullet: (Refer to the Medicaid Health Plans and the Mental Health/Substance Abuse chapters for additional information.) The following bullet was added: • Maternal Infant Health Program services as defined in the Maternal Infant Health Program chapter of this manual.	Information
Coordination of Benefits	2.6.H. Special Considerations for Inpatient Hospital Claims	This information was moved to the Billing & Reimbursement for Institutional Providers Chapter (Medicare subsection).	Determination of more appropriate location of information.
Billing & Reimbursement for Dental Providers	Section 9 – Julian Calendar	The second sentence of the paragraph following the table was revised to read: The next three leap years are 2012, 2016 and 2020.	Update
Billing & Reimbursement for Institutional Providers	Section 12 – Julian Calendar	The second sentence of the paragraph following the table was revised to read: The next three leap years are 2012, 2016 and 2020.	Update
Billing & Reimbursement for Professionals	Section 9 – Julian Calendar	The second sentence of the paragraph following the table was revised to read: The next three leap years are 2012, 2016 and 2020.	Update

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TECHNICAL CHANGES*

<table>
<tr><th>CHAPTER</th><th>SECTION</th><th>CHANGE</th><th>COMMENT</th></tr>
<tr><td>Billing & Reimbursement for Institutional Providers</td><td>Section 5 - Hospital Claim Completion-Inpatient</td><td>A new subsection titled "Special Billing" was added. This new subsection contains a new subject area "General Information", and the following subject areas were relocated (from within this section) to this new subsection: Changes in Facility Ownership Split Billing; Fiscal Year-End/Interim Billing (DRG Hospitals Only); Hysterectomy; Loss/Gain Medicaid Eligibility; Medicare; Multi-Page Claim (Paper Claim); Initial Claim; Claim Replacement; Newborn Care; Patient-Pay Amount. (The subsection previously titled "Newborn Eligibility" was renamed "Newborn Care".)

The following text was added for "General Information":

<table>
<tr><td>Diagnosis Coding</td><td>Use ICD-9-CM coding conventions to report the diagnosis code(s) at the highest level of specificity. If a code requires a fourth or fifth digit and is reported with fewer digits (truncated), the claim will reject.</td></tr>
<tr><td>Prior Authorization</td><td>For elective services requiring PA, authorization must be obtained prior to providing services. Do not submit the letter with your claim; however, you must report the PA number appropriately (form locator, segment) when billing for the PA services.</td></tr>
<tr><td>National Uniform Billing Committee Manual</td><td>This manual may be purchased from the American Hospital Association, National Uniform Billing Committee. (Refer to the Directory Appendix for contact information.) Data elements used in the paper UB-04 are also used in the electronic claim standard required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). (Refer to the Directory Appendix for contact information.)</td></tr>
</table>
The remaining subsections were renumbered.</td><td>Align with Billing & Reimbursement for Professionals Chapter.</td></tr>
</table>

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Institutional Providers	5.6 Medicare	The last sentence of the first paragraph was deleted. The following was inserted after the first paragraph: Due to the nature of DRG calculations, the following instructions must be used when completing an inpatient hospital claim: • All Medicare and other insurance payment information should be indicated on the claim which contains the Patient Status code that indicates the beneficiary has been discharged from the facility. If the inpatient service requires two claims, payment information (e.g., total other insurance payment, Medicare co-insurance and deductible) must be included on the claim for the last date of service for the inpatient stay. Interim claims should not reflect a payment. • Medicare Part A and Part B charges must be combined on one claim. • When a beneficiary has Medicare Part B only, this must be reflected in the Remarks Section of the claim. Additionally, the claim must reflect the 20 percent amount due from Medicaid. The Medicare Part A and Part B payment is the 80 percent of the allowable charges covered by Medicare for Part B services. For Medicaid reimbursement, the amount billed for services does not equal the sum of the co-insurance and deductible items. It must be calculated as the gross hospital charges **minus** all Medicare payments, **minus** other insurance payments, and **minus** any patient-pay and/or co-payment amount. If a claim is submitted with the amount billed equal to zero, other payment greater than or equal to Medicaid's payment, or a negative amount, Medicaid does not make a payment. If there is a balance to be billed to Medicaid, the hospital may bill Medicaid for covered services only.	Obsolete information Information/clarification
Billing & Reimbursement for Institutional Providers	5.7.B. Claim Replacement	The second sentence of the first paragraph was changed to read: Enter the 10-digit Claim Reference Number (CRN) of the last approved claim being replaced in the appropriate FL or Loop/Segment if billing electronically.	Removed reference to specific FL

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Institutional Providers	6.1.A. Packaged/Bundled Services	The following was added to the end of the first paragraph: Providers must report all HCPCS/CPT codes and charges for all services provided on a claim whether payment for the service(s) is made separately or is packaged in order for the claim to pay correctly. Charges related to the packaged services are used for the outlier calculation.	Clarification to billing instruction of packaged/bundled APC billing.
Billing & Reimbursement for Institutional Providers	6.1.B. Payment Status Indicators (new subsection) (The remaining subsections were re-numbered.)	The following was added as a new subsection and text: 6.1.B. Payment Status Indicators For categories covered differently than Medicare under the MDCH OPPS, refer to the OPPS Wrap Around Code List posted on the MDCH website. (Refer to the Directory Appendix for website information.) Medicare assigns a payment status indicator (SI) to every HCPCS code and identifies whether the service described (by the HCPCS code) is paid under OPPS, and whether payment is made separately or packaged. The SI may also provide additional information about how the code is paid under OPPS or under another payment system or fee schedule. A list of Medicare SIs with their definitions is in Medicare's Addendum D. Medicare's Addendum B shows the status indicator for each HCPCS code. (The Addendums are available on the CMS website. Refer to the Directory Appendix for website information.)	Clarification/explanation of MDCH's OPPS Wrap Around Code List and Medicare's OPPS Status Indicators.
Billing & Reimbursement for Institutional Providers	6.4 Childbirth Education	The first bullet was removed.	Obsolete information
Billing & Reimbursement for Institutional Providers	6.12 Injections	The second sentence of the sixth paragraph was revised to read: If the dose specified in the code description is exceeded, use modifier 22 and document the actual dosage given in the appropriate segment or form locator.	Replace reference to specific FL's (numbers) with general reference to "Form Locator".

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Institutional Providers	6.12.B. NUBC Claim Format	Wording in the title of the subsection was changed from "UB-04" to "NUBC". The bullets in the second paragraph were revised to read: • Report the first NDC and its supplemental information in the appropriate Form Locator. • Report the additional NDC and its supplemental information in the Remarks field.	Replace references to "UB-04" with "NUBC", and replace specific FL's (numbers) with "Form Locator".
Billing & Reimbursement for Institutional Providers	6.13 Labor and Delivery Room	The following was added to the first bullet: (Refer to the OPPS Wrap Around Code List on the MDCH website for the appropriate HCPCS/CPT code. (Refer to the Directory Appendix for website information.) The first sentence of the last paragraph was revised to read: For fetal monitoring non-stress test, report the appropriate Revenue Code with HCPCS/CPT code 59025.	To comply with OPPS/APC billing guidelines which do not direct providers to which revenue code center to bill.
Billing & Reimbursement for Institutional Providers	6.17 Self-Care Dialysis Training	The first sentence was revised to read: Bill self-care dialysis training using the appropriate Revenue Code and HCPCS/CPT codes.	To align with OPPS/APC billing guidelines.
Billing & Reimbursement for Institutional Providers	7.2.E. Billed Facility Days	The following was added to the table: Outpatient and Emergency Room A beneficiary who goes to the hospital for outpatient or emergency room services is not discharged from the nursing facility because the beneficiary is not admitted to the inpatient hospital. The beneficiary should be included in the census of the nursing facility, and this day may be billed to Medicaid even if the beneficiary was being treated at midnight in the hospital outpatient or emergency room.	Clarification

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Institutional Providers	7.12 Outpatient County Medical Care Facilities	The last bullet was revised to read: • Each claim requires a nine-digit PA number to be reported in the appropriate form locator or electronic segment.	Clarification
Billing & Reimbursement for Institutional Providers	7.14 Other Service Revenue Codes	The first paragraph of the second bullet was revised to read: 0410 – Oxygen (gas, equipment, and supplies) for frequent or prolonged oxygen on a daily basis (i.e., at least 8 hours per day – covered when billed by a county medical care facility or hospital long term care unit) The following was added as a second paragraph to the second bullet: The rental of a concentrator **is** billable by a Medical Supplier and should not be confused as needing to be billed under Revenue Code 0410.	Clarification
Children's Special Health Care Services	Section 1 - General	The first paragraph was revised to read: The policy in this chapter pertains to the Children's Special Health Care Services (CSHCS) program only. This chapter applies to all providers.	Clarification
Children's Special Health Care Services	Section 1 - General	The following was added as a fifth paragraph: NOTE: When a CSHCS enrollee is also eligible for Medicaid and needs a service that is covered by both programs, the Medicaid coverage, benefits and rules take precedence over CSHCS. Any additional benefits available to the individual through CSHCS coverage are allowed and conducted according to CSHCS policy.	Clarification
Children's Special Health Care Services	Section 13 – Appeals (new section) 13.1 Department Reviews 13.2 Administrative Hearings	A new section was established to better define subject material. Subsections 12.7 Department Reviews and 12.8 Administrative Hearings were moved to this new section and re-numbered as 13.1 Department Reviews and 13.2 Administrative Hearings.	To better define location of subject material for reader use.

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Medicaid Provider Manual January 2009 Updates

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Dental	6.4.F. Apexogenesis (new subsection; following subsection re-numbered)	A new subsection was established with the following text: This service is covered for beneficiaries under age 21. It is limited to permanent teeth, and it is not considered the first stage of root canal therapy.	Information
Family Planning Waiver	1.3 Reimbursement	The last sentence of the first paragraph was changed to read: Providers must use the appropriate V25 diagnosis code as the primary diagnosis on the claim in order to receive reimbursement.	Update
Family Planning Waiver	1.4 Diagnosis Codes	The last sentence was revised to read: Providers must enter the appropriate V25 diagnosis code as the primary diagnosis on the claim form for services rendered.	Update
Hospital	5.7.B. Post-Discharge Utilization Review	The first sentence of the third paragraph was revised to read: Inpatient medical records will be reviewed by the ACRC for: ... The following was added as the fourth paragraph: Outpatient medical records will be reviewed by the ACRC for: • Medical necessity for admission/visit. • Appropriate usage of HCPCS/CPT/APC/Revenue Center Codes. • Diagnosis codes used appropriately. • Services performed in the appropriate setting.	Clarification
Hospital - Hospital Reimbursement Appendix	7.1.A. Indigent Volume Report and Disproportionate Share Hospital Eligibility Form	The sample DSH eligibility form was updated to reflect the current format.	Update

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CHAPTER	SECTION	CHANGE	COMMENT
Hospital - Hospital Reimbursement Appendix	7.3.C. University With Both a College of Allopathic Medicine and a College of Osteopathic Medicine	The second bullet of the second paragraph was revised to read: • Have in place an approved agreement between itself and a university with both a college of allopathic medicine and a college of osteopathic medicine that specifies all services and activities to be conducted.	Clarification
Hospital Reimbursement Appendix	7.4 Calculation of DSH Ceiling	1. Base Year Data The fifth and sixth bullets were revised to read: • ... included in computing the base year Title XIX payments. (Payments ... • ... included in computing base year uninsured payments. 2. Adjustments to Base Year Data The first bullet was deleted. The second bullet was revised to read: • Base Year Cost Inflation – Inflation of base year costs (inpatient and outpatient) is computed using the Global Insight index of inflation for the entire hospital. Hospital costs are inflated from the hospital FYE to the current state FYE. Inflation of payments is computed from the hospital's rate change over time. The following was added as a new bullet: Base Year Utilization Trend – Hospital costs and payments are also adjusted from the state base year to the state current year end by the percentage change in the projected annual average Medicaid enrollment between the two periods.	Update

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CHAPTER	SECTION	CHANGE	COMMENT
		3. Selection of Ceiling Option The DSH ceiling calculation was revised to read: Base Year (BY) Title XIX charges x Title XIX cost to charge ratio = BY Title XIX costs BY Title XIX costs x inflation x utilization trend = Current Year (CY) Title XIX costs BY uninsured charges x hospital specified cost to charge ratio = BY uninsured costs BY uninsured costs x inflation x utilization trend = CY uninsured costs BY Title XIX payments x inflation x utilization trend = BY adjusted Title XIX payments BY uninsured payments x inflation x utilization trend = BY adjusted uninsured payments BY uninsured payments x inflation x utilization trend = BY adjusted uninsured payments BY adjusted Title XIX payments + BY adjusted uninsured payments + CY pool payments = total CY payments The ceiling was revised to read: CY Title XIX costs + CY uninsured costs – total CY payments = CY DSH ceiling	
Maternal Infant Health Program	2.3 Medicaid Health Plans	The paragraph was revised to read: Medicaid Health Plans (MHPs) must refer pregnant enrollees to an MIHP provider.	Update
Medicaid Health Plans	2.5 Maternal Infant Health Program (MIHP)	The paragraph was revised to read: Effective for dates of service on or after October 1, 2008, Maternal Infant Health Program (MIHP) services are not included in the MHP contract. Medicaid directly reimburses MIHP providers for MIHP services provided to beneficiaries who qualify for these services under Medicaid policy. Only certified providers may deliver	Update

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Medical Supplier	2.31 Oxygen, Oxygen Equipment and Accessories	Under Payment Rules – Nursing Facility Residents, the following was added after the second bullet: NOTE: The rental of a concentrator **is** billable by a Medical Supplier.	Clarification
Nursing Facility - Coverages	9.14.C. Outpatient and Emergency Room	The last sentence was revised to read: The beneficiary should be included in the census of the nursing facility, and this day may be billed to Medicaid even if the beneficiary was being treated at midnight in the hospital outpatient or emergency room.	Clarification
Nursing Facility - Coverages	9.23 Oxygen	The following was added after the second bullet: NOTE: The rental of a concentrator **is** billable by a Medical Supplier and should not be confused as needing to be billed by the facility.	Clarification
Nursing Facility - Cost Reporting & Reimbursement Appendix	8.19 Patient Transportation	The first sentence of the second paragraph was revised to read: The nursing facility is expected to utilize the most efficient and cost effective mode of transportation for resident care which may include utilizing a facility owned vehicle or contracted outside service.	Clarification
Practitioner	Section 3 – Early and Periodic Screening, Diagnosis and Treatment	The following was added to the second paragraph after the first bullet: NOTE: The AAP requires a risk assessment may be done for vision testing, hearing testing and blood lead testing at some intervals. MDCH requires vision, hearing and blood lead testing be done at specific intervals. Refer to the appropriate section within this chapter for MDCH requirements.	Clarification
Practitioner	3.4.A. Hearing	The following was added as a first paragraph: The AAP requires a hearing risk assessment at each visit. MDCH requires subjective hearing screening at each visit.	Clarification

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Medicaid Provider Manual January 2009 Updates

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Practitioner	3.4.B. Vision	The following was added after the first paragraph: The AAP requires a vision risk assessment at each visit. MDCH requires vision testing at specific well child visits for children over the age of three.	Clarification
Practitioner	3.8.F. Blood Lead	The following was added before the last sentence of the first paragraph: Although the AAP requires a blood lead risk assessment at specific visits, CMS and MDCH require blood lead testing at specific well child visits.	Clarification
Directory Appendix	Beneficiary Assistance – Beneficiary Help Line (Pharmacy)	The phone number was changed to read: 877-681-7540	Update
Directory Appendix	Prior Authorization (Authorization of Services) – Pharmacy	The following was added under Contact/Topic: (PBM Technical Call Center) Information under Information Available/Purpose was revised to read: Non-clinical prior authorization and early refills	Update
Directory Appendix	Prior Authorization (Authorization of Services) - Pharmacy Clinical Call Center	The following was added under Contact/Topic: "(PBM Clinical Call Center)" and "After hours calls rollover to the PBM Technical Call Center" The following additional fax number was added under Phone # Fax #: 800-250-6950 Information under Information Available/Purpose was revised to read: Prescribers call for prior authorization clinical reasons and non-preferred drug products. Pharmacies call for dollar amount limits and Medicare Part B co-insurance.	Update

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CHAPTER	SECTION	CHANGE	COMMENT
Directory Appendix	Provider Assistance – MDCH PBM Pharmacy Enrollment	The mailing address was revised to read: First Health Services Corporation Michigan Medicaid - Provider Enrollment Unit 4300 Cox Road Glen Allen, Virginia 23060	Update
Forms Appendix	MSA-115	Instructions were revised to update the website address to read: www.michigan.gov/medicaidproviders >> Policy and Forms >> Forms	Update
Forms Appendix	MSA-0732	Instructions were revised to update the website address to read: www.michigan.gov/medicaidproviders >> Policy and Forms >> Forms	Update
Forms Appendix	SAMPLE	Addition of a sample letter pertaining to continued stay, notice of non-coverage.	Sample letter was previously removed in error.
Forms Appendix	MSA-1653-B	Instructions were revised to update the website address to read: www.michigan.gov/medicaidproviders >> Policy and Forms >> Forms	Update
Forms Appendix	DCH-0893	Instructions were revised to update the website address to read: www.michigan.gov/medicaidproviders >> Policy and Forms >> Forms	Update

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Michigan Department of Community Health

Medicaid Provider Manual
January 2009 Updates

BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 08-56	12/1/08	Medicaid Provider Manual Overview	1.2 Printing 3.2 Yearly Updates	Revised to reflect that the Medicaid Provider Manual will no longer be automatically sent each January; providers who want a CD will need to submit a request.
		Directory Appendix	Policy/Forms/Publications	Information added for ordering the Medicaid Provider Manual on CD
MSA 08-54	12/1/08	Billing & Reimbursement for Professionals	7.6.E. DME and Prosthetic/Orthotic Items	The subsection title was changed to DME Items. Information regarding modifier RP was removed. Information regarding modifiers RA and RB was added.
		Medical Supplier	1.8.C. Repairs and Replacement Parts	Modifier RP was replaced with modifier RB.
		Medical Supplier	1.9.C. Adjustments, Replacements and Repairs	Information was updated to reflect changes in modifier use.
MSA 08-52	11/1/08	Children's Special Health Care Services	9.5 Hospice Benefit	Section was replaced in its entirety to reflect new policy for CSHCS Hospice Benefit.
		Hospice	5.7.B. Children's Special Health Care Services	Subsection name was changed to 5.7.B. Children's Special Health Care Services (Title V) to clarify the difference between CSHCS (Title V) and CSHCS/Medicaid (Title V/XIX) coverage for Hospice services. Wording was changed to refer readers to the Children's Special Health Care Services, Section 9.5 Hospice Benefit for further information.
		Hospice	5.7.C. CSHCS/Medicaid (Title V/XIX) [new subsection]	Subsection was added to clarify the difference between CSHCS (Title V) and CSHCS/Medicaid (Title V/XIX) coverage for Hospice services.
MSA 08-50	10/1/08	Practitioner	3.6.A. Oral Health Screen and Fluoride Varnish [new	Subsection was added to address policy regarding oral health screens and fluoride varnish.

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

BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
			subsection]	
		Directory Appendix	Provider Resources	Information was added for Infant Oral Health Training.
MSA 08-34	8/15/08	Hospital – Hospital Reimbursement Appendix	7.3.A. Government Provider DSH Pool	Information was added regarding the size/amount of the DSH Pool.
			7.3.B. Indigent Care Agreements Pool	Information was added regarding the size/amount of the ICA Pool.
			7.3.D. Outpatient Uncompensated Care DSH Pool (new subsection)	New subsection added to address new policy.

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Michigan Department of Community Health

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

Michigan Department of Community Health

Supplemental Bulletin List

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 Plant 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.

Michigan Department of Community Health

Supplemental Bulletin List

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.

Supplemental Bulletin List

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.

Michigan Department of Community Health

Supplemental Bulletin List

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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	***Healthy Kids Dental*** 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	

Michigan Department of Community Health

Supplemental Bulletin List

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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.

Michigan Department of Community Health

Supplemental Bulletin List

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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.

Michigan Department of Community Health

Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
2/1/08	MSA 08-03	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	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

Supplemental Bulletin List

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

Supplemental Bulletin List

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.