

Bulletin Number: MSA 09-13

Distribution: All Providers

Issued: March 1, 2009

Subject: Updates to the Medicaid Provider Manual

Effective: April 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 April 2009 update of the online version of the Medicaid Provider Manual.

The attachments to this bulletin describe the changes made, the location of the changes within the manual and, when appropriate, the reason for the change. Attachment II describes changes made to incorporate information from recently issued Medicaid Bulletins. These changes appear in blue 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 2009 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 2009 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



Stephen Fitton, Acting Director
Medical Services Administration



Medicaid Provider Manual April 2009 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Beneficiary Eligibility	3.1 Eligibility Verification System	The following was added to the 5 th bullet: (Refer to the Identifying CSHCS on the EVS subsection for additional information.)	Information
Beneficiary Eligibility	9.4 Identified on EVS	The bullet list was revised to read: <ul style="list-style-type: none"> • LOC Code 07 • Message: "HMO Enrollee" • Health Plan name, phone number, and address • Health Plan Primary Care Physician (PCP) information: PCP name and phone number. If there is no PCP record on file for a beneficiary, the following message will be displayed: "PCP information not available; contact the MHP." 	Update
Beneficiary Eligibility	Section 11 – Application for Medical Assistance Section 12 – Eligibility Determination of Institutional Care	Form numbers were changed throughout these two sections to reflect the department name change from Family Independence Agency (FIA) to Department of Human Services (DHS). <ul style="list-style-type: none"> • FIA-1171 was changed to DHS-1171 • FIA-3227 was changed to DHS-3227 • FIA-3243 was changed to DHS-3243 • FIA-4574 was changed to DHS-4574 	Update
Billing & Reimbursement for Dental Providers	Section 2 – General Information/Prior Authorization	The 1 st paragraph was revised to read: ... and the MDCH Dental Database on the ...	Consistency with terminology used in the Manual
Dental	Section 1 – General Information	The 8th paragraph was revised to read: ... and the MDCH Dental Database on the ...	Consistency with terminology used in the Manual

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



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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Dental	Section 2 – Prior Authorization	The paragraph was revised to read: ... in the MDCH Dental Database posted on the ...	Consistency with terminology used in the Manual
Dental	Section 6 – Covered Services	The 2nd paragraph was revised to read: ... listed in the MDCH Dental Database on the ...	Consistency with terminology used in the Manual
Dental	6.1.F. Radiographs	The paragraph was revised to read: ... The MDCH Dental Database available on the ...	Consistency with terminology used in the Manual
Family Planning Clinics	1.2 Reimbursement	The 4 th and 5 th sentences of the 3 rd paragraph were revised to read: Drugs purchased at 340B prices (actual acquisition costs) will be reimbursed at 340B prices. Medicaid does not reimburse for physician services, lab tests, prescription drugs, or supplies beyond those specified in the Family Planning Clinic Database when billed by a family planning clinic.	Correction of typographical error
Maternal Infant Health Program	2.3 Medicaid Health Plans	The following sentence was deleted: MHPs have the option of becoming certified and enrolled as a MIHP provider or contracting with a certified MIHP provider.	Obsolete information
Nursing Facility – Cost Reporting & Reimbursement Appendix	Section 7 – Cost Report Reimbursement Settlements	The 3 rd sentence of the 1 st paragraph was revised to read: The facility rate is a per diem amount.	Update

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Outpatient Therapy	5.2 Physical Therapy	<p>The 2nd paragraph was revised to read: PT must be medically necessary and reasonable for the maximum reduction of physical disability and restoration of a beneficiary to his/her best possible functional level.</p> <p>The 3rd bullet of the 7th paragraph was revised to read: PT is for a temporary condition that creates decreased mobility and/or function.</p>	Clarification
Outpatient Therapy	5.2.E. Serial Casting	<p>The following was added as a final sentence to the last paragraph: This may be met by the physician's dated signature on the PT plan of care.</p>	Clarification
Outpatient Therapy	5.2.F. Prescription Requirements	<p>Under the Maintenance/Monitoring Services area, the 1st sentence of the 1st paragraph was revised to read: but the skills of an LPT are necessary for training, modifying, or monitoring of maintenance programs</p>	Clarification

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Practitioner	18.2 Coverage Conditions	<p>In the table associated with the 1st paragraph, "For beneficiaries under age 21", language was revised to read:</p> <p>PT must be medically necessary and reasonable for the maximum reduction of physical disability and restoration of a beneficiary to his/her best possible functional level.</p> <p>The 3rd bullet of the 3rd paragraph was revised to read:</p> <p>Therapy is for a temporary condition that creates decreased mobility and/or function.</p> <p>In the table associated with the 8th paragraph, "Maintenance/Monitoring Services", the 1st sentence of the 1st paragraph was revised to read:</p> <p>..... but the skills of an LPT are required for training, modifying, or monitoring of maintenance programs</p>	Clarification
School Based Services	Throughout chapter	Revisions were made, as appropriate, to coordinate text with the statement "... will be referred to as 'ISDs' for simplicity." (Section 1 – General Information; 6 th paragraph)	Update/clarification
Directory Appendix	ELIGIBILITY VERIFICATION	<p>"Information Available/Purpose" text was revised to have program listings read as follows:</p> <p>..... Medicaid, CSHCS, MOMS, ABW, MICHild, TMA-Plus, and Plan First"</p>	Update

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Directory Appendix	ELIGIBILITY VERIFICATION/ Eligibility Verification System (EVS) – Automated Voice Response System (AVRS)	Phone information was revised to read: AVRS: 888-696-3510 Customer Support: 800-333-0263 (to report technical problems) Fee and Payment Instructions: 866-558-3581 E-mail information was added: Customer Support: customer.service@emdeon.com (to report technical problems)	Update
Directory Appendix	ELIGIBILITY VERIFICATION/Emdeon Electronic Data Interchange (EDI) – EVS Products Eligibility Verification	Phone information was revised to include: Product/Sales Information: 877-469-3263 Customer Service: 800-333-0263 (to report technical problems) E-mail information was revised to read: Product/Sales Information: BusinessServicesSales@emdeon.com Customer Support: customer.service@emdeon.com (to report technical problems)	Update
Directory Appendix	ELIGIBILITY VERIFICATION/Emdeon EDI Customer Support	This row was eliminated as information was incorporated above.	Update
Directory Appendix	PRIVATE DUTY NURSING RESOURCES / Other Insurance for PDN	The word "fax" was added before the number (517) 335-9422.	Clarification

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Medicaid Provider Manual April 2009 Updates



BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 09-11	3/1/09	Hearing Aid Dealers		Revisions were made throughout the chapter to address policy regarding hearing aid replacement being changed from three years to five years, and the implementation of a volume purchase contract for hearing aids.
MSA 09-09	3/1/09	Billing & Reimbursement for Institutional Providers	6.20 Therapies (Occupational, Physical and Speech-Language)	<p>For Occupational Therapy (OT), the 3rd bullet was revised to read: Therapy must be provided by the evaluating discipline. Evaluation or reevaluation may be billed with other OT services on the same day. OT may be series billed. Therapy must be provided by the evaluating discipline.</p> <p>For Physical Therapy (PT), the 3rd bullet was revised to read: Evaluation or reevaluation may be billed with other PT services on the same day. Therapy must be provided by the evaluating discipline.</p> <p>For Speech-Language Therapy (ST), the 3rd bullet was revised to read: Evaluation or reevaluation may be billed with other speech pathology services on the same day. Therapy must be provided by the evaluating discipline.</p>

*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								
MSA 09-08	2/11/09	Hospital – Hospital Reimbursement Appendix	7.3.D. Outpatient Uncompensated Care DSH Pool	In the 1 st paragraph, the 2 nd sentence was revised to read: The pool amount will be \$60,000,000.								
				In the 3 rd paragraph, the table was revised to read:								
				<table border="1"> <thead> <tr> <th>Component</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Small and Rural</td> <td>\$30,000,000</td> </tr> <tr> <td>Large-Urban</td> <td>\$30,000,000</td> </tr> <tr> <td>TOTAL</td> <td>\$60,000,000</td> </tr> </tbody> </table>	Component	Amount	Small and Rural	\$30,000,000	Large-Urban	\$30,000,000	TOTAL	\$60,000,000
Component	Amount											
Small and Rural	\$30,000,000											
Large-Urban	\$30,000,000											
TOTAL	\$60,000,000											
MSA 09-07	2/1/09	School Based Services	Section 1 – General Information	Michigan School for the Deaf and Blind was added as a provider in the 1 st and 6 th paragraphs, and to the definitions for "Enrolled Medicaid Provider" and "School-Based Services".								
			2.2.C. Assistive Technology Device Services	Under "Definition", the "Assistive Technology Device Services General Description" was changed to read:								
			2.3.B. Assistive Technology Device Services 2.4.B. Assistive Technology Device Services	Utilizing the description in Section 602(2) of the Individuals with Disabilities Education Act (IDEA), the term 'assistive technology device' means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of a child with a disability. Therapists should restrict their evaluations and services to those within the scope of their practice and consistent with their education and training.								

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BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
			2.9 Personal Care Services	<p>In the 2nd paragraph, the 2nd and 3rd bullet points were deleted.</p> <p>Under "Documentation", the 1st sentence was revised to read: "...the need for the service must be documented ..."</p> <p>And the following was added as a last sentence: Service categories (i.e., toileting, feeding, transferring, etc.), times and frequencies must be documented either in the IEP/IFSP, in an attached document, or in the child's treatment authorization.</p>
			2.11 Special Education Transportation	<p>Under Procedure Codes, code information was revised to reflect shortened descriptions as follows:</p> <p>A0120 – Non-emergency transportation (one-way): mini-bus, mountain area transports, or other transportation systems</p> <p>A0130 – Non-emergency transportation (one-way): wheelchair van</p>
			4.1 Enrollment	<p>In the 1st sentence, Michigan School for the Deaf and Blind was added as a provider.</p>
MSA 09-05	1/1/09	Maternal Infant Health Program	2.3 Medicaid Health Plans	<p>The paragraph was revised to read as follows:</p> <p>Medicaid Health Plans (MHPs) must refer pregnant enrollees to an MIHP provider. To define the responsibilities and relationship between the MIHP providers and the MHP, a Care Coordination Agreement (CCA) must be reviewed and signed by both providers. The CCA provides guidance by delineating the communication expectations between the two agencies. Each MIHP provider is required to have a signed CCA with each MHP in their service area. (Refer to the Forms Appendix for a sample copy of a Care Coordination Agreement.)</p>

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BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
		Medicaid Health Plans	2.5 Maternal Infant Health Program (MIHP)	The following language was added after the 3 rd sentence: To define the responsibilities and relationship between the MIHP providers and the MHP, a Care Coordination Agreement (CCA) must be reviewed and signed by both providers. The CCA provides guidance by delineating the communication expectations between the two agencies. Each MHP provider is required to have a signed CCA with each MIHP in their service area. (Refer to the Forms Appendix for a sample copy of a Care Coordination Agreement.)
		Acronym Appendix		Addition of: CCA – Care Coordination Agreement
		Forms Appendix		A sample of a Care Coordination Agreement was added.
MSA 09-04	1/1/09	Beneficiary Eligibility	3.2 Accessing EVS	The 2 nd sentence of the 1 st bullet was revised to read: There is a charge to the provider to use this service.
		Directory Appendix / ELIGIBILITY VERIFICATION	Eligibility Verification System (EVS) – Automated Voice Response System (AVRS)	Information Available/Purpose was revised to read: There is a charge to the provider to use this service. Contact Emdeon for information regarding fee and payment instructions.
MSA 09-03	1/1/09	Hearing Aid Dealers		Changes were made throughout the chapter to address policy regarding the Volume Purchase Contract for Hearing Aids.
		Hearing Services	2.1.C. Measurable Benefits/Hearing Aid Conformity Check	The 3 rd paragraph was revised to read <u>90</u> days.

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Michigan Department of Community Health

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BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 08-57	12/1/08	Hospital – Hospital Reimbursement Appendix	2.6 Episode File	In the 16 th bullet, the IME adjustor was revised to read: $1 + ((1 + [\text{FTEs} / \text{Beds}] .5795) - 1) \times 0.3575$
			2.9.A. Freestanding Rehabilitation Hospitals/Distinct Part Rehabilitation Units	In the 7 th paragraph, the 3 rd bullet, the IME adjustor was revised to read: $1 + ((1 + [\text{FTEs} / \text{Beds}] .5795) - 1) \times 0.3575$

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Supplemental Bulletin List

The following is a list of Medicaid policy bulletins that supplement the *January 2009* 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
3/1/09	MSA 09-16	Sanctioned Providers Update	All Providers	Information incorporated into the Sanctioned Providers List maintained on the MDCH website.
3/1/09	MSA 09-15	Healthcare Common Procedure Coding System (HCPCS) U4 Modifier for Certain Durable Medical Equipment for Beneficiaries Under the Age of 21; Coverage of New HCPCS Procedure Code – K0739	Medical Suppliers	3/1/09 MDCH Medical Supplier/DME/Prosthetics and Orthotics Database updated to the website. www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Medical Supplier/DME/Prosthetics and Orthotics Database
3/1/09	MSA 09-12	Change in Standard Dispensing Fee Reimbursement	Pharmacy	MDCH Pharmacy Drug Dispensing Fees updated to the website. www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Pharmacy
3/1/09	MSA 09-11	Correction to Bulletin MSA 09-03	Hearing Aid Dealers, Audiologists/Hearing Centers, Outpatient Hospitals, Practitioners, Medicaid Health Plans	4/1/09 Information incorporated into the Hearing Aid Dealers Chapter.
3/1/09	MSA 09-10	Adult Benefits Waiver Enrollment	All Providers	Bulletin transmit open enrollment 3/1/09 - 5/31/09



Supplemental Bulletin List



DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
3/1/09	MSA 09-09	Change in Billing and Reimbursement Policy for Occupational Therapy, Physical Therapy, and Speech-Language Therapy	Practitioners (MDs, DOs, Nurse Practitioners, Physical Therapists), Outpatient Hospitals, Outpatient Rehabilitative Facilities, Mental Health and Substance Abuse	4/1/09 Information incorporated into the Billing & Reimbursement for Institutional Providers Chapter.
2/11/09	MSA 09-08	Fiscal Year 2009 Outpatient Uncompensated Care Disproportionate Share Hospital (DSH) Pool	Hospitals	4/1/09 Information incorporated into the Hospital Chapter (Hospital Reimbursement Appendix).
2/1/09	MSA 09-07	Clarifications, Revisions, and Provider Reinstatement	School Based Services	4/1/09 Information incorporated into the School Based Services Chapter.
2/1/09	MSA 09-06	Medicaid Access to Care Initiative (MACI) Payment Schedule	Hospitals, Medicaid Health Plans	Bulletin issued to retract bulletin MSA 08-16; no changes to manual required.
1/1/09	MSA 09-05	MIHP and MHP Care Coordination Agreement	Maternal Infant Health Program, Medicaid Health Plans	4/1/09 Information incorporated into the Maternal Infant Health Program Chapter, the Medicaid Health Plans Chapter, the Acronym Appendix, and the Forms Appendix.
1/1/09	MSA 09-04	Eligibility Verification System (EVS) – Automated Voice Response System (AVRS) Fee	All Providers	4/1/09 Information incorporated into the Beneficiary Eligibility Chapter and the Directory Appendix.
1/1/09	MSA 09-03	Volume Purchase Contract for Hearing Aids	Hearing Aid Dealers, Audiologists/Hearing Centers, Outpatient Hospitals, Practitioners, Medicaid Health Plans	4/1/09 Information incorporated into the Hearing Aid Dealers Chapter and the Hearing Services Chapter. Information added to the MDCH website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Hearing Aid Services
1/09	MSA 09-02	Sanctioned Providers Update	All Providers	Information incorporated into the Sanctioned Providers List maintained on the MDCH website.



Michigan Department of Community Health

Supplemental Bulletin List



DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
12/1/08	MSA 08-57	Diagnosis Related Group (DRG) Grouper Update, DRG Rate Update, and Per Diem Rate Update	Hospitals, Medicaid Health Plans	4/1/09 Information incorporated into the Hospital Chapter (Hospital Reimbursement Appendix).