MSA MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Community Health

Bulletin Number: MSA 10-33

Distribution: All Providers

Issued: September 1, 2010

Subject: Updates to the Medicaid Provider Manual; Vaccine Administration Policy Clarification; New Place of Service Code (17) for Walk-In Retail Health Clinic

Effective: As indicated

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

Updates to the Medicaid Provider Manual

The Michigan Department of Community Health (MDCH) has completed the October 2010 update of the online version of the Medicaid Provider Manual. 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 green in the online version of the manual. The October 2010 version of the Manual will be available on the MDCH website on October 1, 2010.

If changes were made in a chapter, a note will appear in the affected section/subsection title of that chapter's table of contents. If both technical and bulletin incorporation changes apply to the section/subsection, color coding will be limited to reflect a bulletin-related change.

Vaccine Administration Policy Clarification

Reference: Michigan Medicaid Provider Manual; Practitioner Chapter; 4.12 Immunizations (Vaccines and Toxoids): *"Immunizations are covered when given according to Advisory Committee on Immunization Practices (ACIP) recommendations."*

Effective October 1, 2010, MDCH has increased the maximum daily limit for vaccine administration to align with ACIP recommendations.

- To view the ACIP Recommended Immunization Schedule by age range, visit the website http://www.cdc.gov/vaccines/recs/schedules.
- For information pertaining to proper vaccine administration and safety, visit the Centers for Disease Control and Prevention (CDC) website at http://www.cdc.gov/vaccinesafety.
- For information on simultaneous vaccine administration, visit the CDC website at http://www.cdc.gov/vaccinesafety/Vaccines/multiplevaccines.html.

New Place of Service Code (17) for Walk-In Retail Health Clinic

The Centers for Medicare and Medicaid Services (CMS) recently published a revised national Place of Service (POS) code set. A new POS code (17) for a Walk-In Retail Health Clinic was added (effective May 1, 2010) and is defined as follows: *a walk-in health clinic, other than an office, urgent care facility, pharmacy or independent clinic and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services*.

Effective immediately, MDCH will accept the new POS code (17), reported within both the 837 electronic and CMS-1500 (08/05) paper professional claim formats.

Manual Maintenance

If using a CD version of the Medicaid Provider Manual, providers should retain all quarterly manual update bulletins, with their attachments, in addition to bulletins issued since the version date of the CD. Providers are encouraged to use the Michigan Medicaid Provider Manual on the MDCH website; the online version of the manual is updated on a quarterly basis. 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, Director
Medical Services Administration

Michigan Department of Community Health

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
General Information for Providers	Section 16 – Provider Appeal Process	In the 1st paragraph, the 1st sentence was revised to read: ... unless the adverse action resulted from an action over which MDCH had no control (e.g., Medicare termination, license revocation).	Clarification
Beneficiary Eligibility	2.4 Scope/Coverage Codes	The 1st sentence was revised to read: The beneficiary's scope/coverage code indicates the extent of Medicaid coverage.	Clarification
Billing & Reimbursement for Institutional Providers	10.1 Billing Instructions for Hospice Claim Completion	In the 8th bullet point, 2nd sentence, the revenue code was corrected to read 0652. In the 10th bullet point, the 1st sentence was revised to read: ... (must not exceed 18 total days for the year) or Revenue Code 0189, Therapeutic Leave Days, for a beneficiary in a Facility Innovative Design Supplemental (FIDS) bed. In the 11th bullet point, the 1st sentence was revised to read: Hospice services are reimbursable for day of discharge if services were rendered, regardless of the setting in which the services were provided.	Clarification
Hearing Aid Dealers	1.7 Dispensing Fee	In the 1st paragraph, the 7th bullet point was revised to read: One 90-day supply of batteries per aid (or charger for rechargeable models)	Requested by Program Review Division due to provider requests for clarification of what "one standard package" consists of.
Hospice	3.4.B. Nursing Facility	In the 6th paragraph, the 1st sentence was revised to read: ... for a hospice beneficiary who resides in a NF (including a beneficiary for whom a complex care authorization has been approved), a hospice-owned NF with beds designated for hospice, or a Ventilator Dependent Care Unit (VDCU).	Clarification

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

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CHAPTER	SECTION	CHANGE	COMMENT
Hospice	5.7 Plan of Care	The 2nd sentence was revised to read: The beneficiary and/or authorized representative or primary caregiver and the Interdisciplinary Group (IDG), as defined by federal regulations, must participate in the development of the plan.	For clarification and to align language more closely with current language in the Conditions of Participation (Medicare Federal Regulations).
Hospital Reimbursement Appendix	4.1 Medicaid Health Plan Payments to Out of Network Hospitals	The 2nd paragraph was revised to read: … and organ transplants (with the exception of kidney transplants which are paid under relative weights). Organ acquisition costs are reimbursed at 100% of charges. This applies to heart, kidney, liver, lung, simultaneous pancreas/kidney, or pancreas transplants. This does not apply to bone marrow transplants. All bone morrow transplant charges are reimbursed at the hospital's cost to charge ratio.	Previous language was unclear and not as concise as similar language found in other chapters. Replacement language creates uniformity among the Reimbursement Appendix, Billing chapter, and Hospital chapter.
Mental Health/Substance Abuse	2.1 Mental Health and Developmental Disabilities Services	The following was added as the 5th bullet point: • The individual plan of service shall be kept current and modified when needed (reflecting changes in the intensity of the beneficiary's health and welfare needs or changes in the beneficiary's preferences for support). A beneficiary or his/her guardian or authorized representative may request and review the plan at any time. A formal review of the plan with the beneficiary and his/her guardian or authorized representative shall occur not less than annually to review progress toward goals and objectives and to assess beneficiary satisfaction. The review may occur during person centered planning.	Language added to bring the program into compliance with DRA Case Management Regulation per October 2009 CMS Chicago Regional State Letter
Mental Health/Substance Abuse	2.2 Substance Abuse Services	The following was added as a 6th bullet point: • Accreditation Association for Ambulatory Health Care (AAAHC)	Update

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Mental Health/Substance Abuse	2.3 Location of Service	In the 5th paragraph, the 4th sentence was deleted: Medicaid does not cover services provided to persons involuntarily residing in non-medical public facilities (such as jails or prisons).	Obsolete information
Mental Health/Substance Abuse	13.3 Core Requirements	The paragraph following the table was revised to read: Targeted case management shall not include direct delivery of ongoing day-to-day supports and/or training, or provision of other Medicaid services. Targeted case managers are prohibited from exercising the agency's authority to authorize or deny the provision of services. Targeted case management shall not duplicate services that are the responsibility of another program.	Language added to bring the program into compliance with DRA Case Management Regulation per October 2009 CMS Chicago Regional State Letter
Mental Health/Substance Abuse	15.1 Waiver Supports and Services	In the table under Supports Coordination, the 9th paragraph was revised to read: … and/or short-term provision of supports, it shall not include direct delivery … The following was added to the 9th paragraph: Supports coordinators are prohibited from exercising the agency's authority to authorize or deny the provision of services. Supports coordination may not duplicate services that are the responsibility of another program. In the 10th paragraph, the following was added after the 1st sentence: The beneficiary's record must contain sufficient information to document the provision of supports coordination, including the nature of the service, the date, and the location of contacts, including whether the contacts were face-to-face.	Language added to bring the program into compliance with DRA Case Management Regulation per October 2009 CMS Chicago Regional State Letter

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CHAPTER	SECTION	CHANGE	COMMENT
Mental Health/Substance Abuse	17.3 L. Support and Service Coordination	The 8th paragraph was revised to read: … and/or short-term provision of supports, it shall not include direct delivery … The following was added to the 8th paragraph: Supports coordinators are prohibited from exercising the agency's authority to authorize or deny the provision of services. Supports coordination may not duplicate services that are the responsibility of another program. In the 9th paragraph, the following was added after the 1st sentence: The beneficiary's record must contain sufficient information to document the provision of supports coordination, including the nature of the service, the date, and the location of contacts, including whether the contacts were face-to-face.	Language added to bring the program into compliance with DRA Case Management Regulation per October 2009 CMS Chicago Regional State Letter
Mental Health/Substance Abuse	17.3.N. Wraparound Services for Children and Adolescents	In the last paragraph, the last sentence was revised to read: In addition, PIHPs shall not pay for the case management function …	Language added to bring the program into compliance with DRA Case Management Regulation per October 2009 CMS Chicago Regional State Letter
Mental Health/Substance Abuse - Children's Serious Emotional Disturbance Home and Community-Based Services Waiver Appendix	2.3 Family Support and Training	The following was added at the end of the 2nd paragraph: NOTE: The unit of service when billing S5111 HM for children/youth on the SEDW is per session, 45 minutes or more.	Clarifies the parameter for the minimum amount of time for this service to be billed fee-for-service.

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CHAPTER	SECTION	CHANGE	COMMENT
Mental Health/Substance Abuse - Children's Serious Emotional Disturbance Home and Community-Based Services Waiver Appendix	2.4 Therapeutic Activities	The following was added at the end of the 1st paragraph. NOTE: The unit of service when billing G0176 for children/youth on the SEDW is per session, 45 minutes or more.	Clarifies the parameter for the minimum amount of time for this service to be billed Fee-for-service.
Nursing Facility Coverages	5.1.D.1. Michigan Medicaid Nursing Facility Level of Care Determination	In the 6th paragraph (ONLINE LOCD), text was deleted from the 1st bullet point. The bullet point now reads: • Within 14 calendar days from the date of a new admission of a Medicaid-eligible applicant, regardless of primary payer source.	Language was revised to be consistent with the intent of the policy
Nursing Facility – Cost Reporting & Reimbursement Appendix	8.17 Owner and Administrator Compensation	The following was added at the end of the 2nd paragraph: Owner/Administrator Compensation Limits are expressed as facility annual compensation amounts and must be pro-rated on a monthly basis in situations where the cost reporting time period is not 12 months.	Relocation of information within the chapter/appendix
Nursing Facility – Cost Reporting & Reimbursement Appendix	8.17.A. Compensation Limit for Individual Nursing Facility	In the 1st paragraph, 4th bullet point, the following text was removed: Owner/Administrator Compensation Limits are expressed as facility annual compensation amounts and must be pro-rated on a monthly basis in situations where the cost reporting time period is not twelve months.	Relocation of information within the chapter/appendix. (Re-located to Owner and Administrator Compensation subsection.)
Practitioner	13.4 Organ Transplants	In the chart, under Transportation and Lodging, the 3rd sentence was removed. (If the beneficiary only has CSHCS coverage, he must contact the CSHCS office in the LHD of the county where he resides to make travel arrangements.)	Obsolete information

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Private Duty Nursing	2.2 Suspected Abuse/Neglect	In the 1st sentence, "HHA" was replaced with "PDN".	Corrects an error
Acronym Appendix		Addition of: AAAHC - Accreditation Association for Ambulatory Health Care	
Directory Appendix	Provider Assistance	Under "MDCH PBM Pharmacy Enrollment", the website address was revised to read: https://michigan.fhsc.com	Update
Directory Appendix	Provider Resources	Under American Academy of Pediatrics, the website address was changed to read: http://brightfutures.aap.org >> Clinical Practice >> Bright Futures/AAP Periodicity Schedule >> Recommendations for Preventive Pediatric Health Care (1.32 MB)	Update
Directory Appendix	Pharmacy Resources	Addition of the following: **Contact Topic** MDCH PBM Pharmacy Enrollment M-F 8:00 a.m. to 5:00 p.m. (EST) **Phone # / Fax #** 888-868-9219 Fax: 804-965-7647	

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		Mailing/E-Mail/Web Address Magellan Medicaid Administration, Inc. Michigan Medicaid – Provider Enrollment Unit 4300 Cox Rd. Glen Allen, VA 23060 Website address: https://michigan.fhsc.com **Information Available/Purpose** Pharmacy enrollment, EFT requests, and other services or inquiries	
Directory Appendix	Pharmacy Resources	Under "MDCH Pharmacy Benefit Manager (PBM)", under "MAC Pricing Information", and under "Provider Liaison Meeting Calendar", the website address was revised to read: https://michigan.fhsc.com	Update
Forms Appendix	DCH-1074	Under "Certification" on page 2, "or CSHCS approval" was removed from the 2nd sentence.	Update
Forms Appendix	MSA-4114	Revisions to Completion Instructions: 1) addition of bullet point: Attach supporting medical documentation. 2) Removal of instruction to "...Mail the completed form ...".	Submission of completed form is by fax only.

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BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 10-30	8/10/2010	Medicaid Health Plans	1.1 Services Covered by Medicaid Health Plans (MHPs)	The 17th bullet point was revised to read: • Immunizations (including pharmacist administration of the seasonal influenza vaccine)
		Pharmacy	14.14 Seasonal Influenza Vaccine (new subsection)	New subsection text reads as follows: Seasonal influenza immunizations administered by pharmacists are covered for adults aged 19 years and older when given according to the Advisory Committee on Immunization Practices (ACIP) recommendations. The Vaccines for Children (VFC) program provides VFC seasonal influenza vaccines to persons who are through 18 years of age. Pharmacies may submit a claim for the seasonal influenza vaccine and its administration for Medicaid, ABW, MOMS and CSHCS beneficiaries. The respective Medicaid Health Plan or ABW County Health Plan will be responsible for seasonal influenza claims submitted for beneficiaries enrolled in those plans. Pharmacists must be in compliance with State of Michigan rules and regulations, have received the appropriate training for vaccine administration, and have a letter of delegation from a physician to be eligible to administer vaccines. Standing orders are required from a Michigan-licensed physician who is responsible for the clinical practice of the vaccine operations. In order to receive reimbursement for seasonal influenza vaccine administration, pharmacies must submit claims through the MDCH Pharmacy Benefits Manager (PBM). (Refer to the Directory Appendix for contact information.) The pharmacy must submit the National Drug Code (NDC) for the product administered and the appropriate values in the Drug Utilization Review (DUR)/Professional Pharmacy Services (PPS) segment and the Professional Service Code respectively. MDCH allows pharmacies to bill the cost of the seasonal influenza vaccine; therefore, the pharmacy

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				should submit the allowed administrative fee in the incentive fee submitted field. Dispensing fees are not allowed for the administration of the seasonal influenza vaccine. The pharmacy must develop an appropriate mechanism for purposes of properly documenting the identification of the administering pharmacist. The proper accreditation of administering pharmacists is subject to audit. Either a pharmacy or physician can bill for the vaccine administration, but not both. Co-payments for seasonal influenza vaccine administration services do not apply.
MSA 10-25	7/1/2010	Hearing Aid Dealers	2.2.B. Standards of Coverage – Unilateral Hearing Loss	In the chart, under "Age Under 21 Years", the 4th bullet point was removed.
		Hearing Aid Dealers	2.2.C. Documentation	In the chart, under "Age Under 21 Years", the 4th bullet point was removed.
		Hearing Aid Dealers	2.2.D. Prior Authorization Requirements	In the chart, under "Age Under 21 Years", the 4th bullet point was removed.
MSA 10-24	7/1/2010	Nursing Facility – Cost Reporting & Reimbursement Appendix	9.13.C. Life of an Approved Plan	The following text was added after the 9th paragraph: Nursing facilities holding a written agreement with an accredited medical school instructing students in providing care for geriatric patients may request consideration for an exception to non-available bed plan policy. Requests must be submitted in writing to the Reimbursement and Rate Setting Section (RARSS) and should outline the provisions of the agreement, stating that the medical school staff determines admissions into the program and facility. The request must establish an area in the facility that is a distinct unit for the purpose of conducting the educational program, and the area must continue to meet all other non-available bed plan requirements. A copy of the agreement or contract between the

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				facility and the medical school must be provided to RARSS with the exception request. If the agreement or contract undergoes change, a copy of the new terms of agreement must be submitted for approval prior to implementation. All requests for an exception to policy will include a review of the facility's historical and current survey performance. Criteria regarding survey history (found in the Criteria for Evaluation of Medicaid Bed Certification Requests subsection of the Nursing Facility Certification, Survey & Enforcement Appendix of this manual) are also applicable to this exception request.
		Nursing Facility – Cost Reporting & Reimbursement Appendix	9.13.E. Amending a Plan	The following text was added as a 2nd paragraph: A nursing facility holding a written agreement with an accredited medical school that instructs students in providing care for geriatric patients may be permitted to amend a non-available plan more than once in the plan's approved period. Requests to amend a plan under these circumstances must adhere to the requirements outlined in the Life of an Approved Plan subsection of this appendix. As noted, all requests will include a review of the facility's historical and current survey performance consistent with the Criteria for Evaluation of Medicaid Bed Certification Requests subsection of the Nursing Facility Certification, Survey & Enforcement Appendix of this manual.
MSA 10-22	7/1/2010	Updates to the Medicaid Provider Manual; Correction/Clarification to Bulletin MSA 10-11	Throughout the Manual	Information incorporated throughout the Manual, as appropriate. MDCH website updated, as appropriate.
MSA 10-18	6/1/2010	Maternal Infant Health Program		The Maternal Infant Health Program chapter was replaced in its entirety.

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BULLETINS INCORPORATED*

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		Directory Appendix	Policy/Forms/Publications	Under "Medicaid Policy Division", "MIHP enrollment information" was removed from the "Information Available/Purpose" area.
		Directory Appendix	Provider Resources	Under MDCH Division of Family & Community Health: 1) Under "Mailing/E-Mail/Web Address, the following information was added: Bureau of Family, Maternal and Child Health e-mail: newproviderapplication@michigan.gov website: www.michigan.gov/mihp 2) under "Information Available/Purpose", text was revised to read: Certification/accreditation/enrollment for MIHP program providers, *Maternal Infant Health Program Operations Guide*, general program information
		Forms Appendix		The following forms were removed: DCH-1190, DCH-1191, DCH-1192, DCH-1193, DCH-1194, DCH-1195, DCH-1196, DCH-1197, DCH-1198, DCH-1199 and MSA-1200

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Michigan Department of Community Health

Supplemental Bulletin List

July – September 2010

The following is a list of Medicaid policy bulletins that supplement the online version of the Medicaid Provider Manual. The list is updated as additional policy bulletins are issued. The updated list is 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 using a CD version of the Medicaid Provider Manual should retain all quarterly manual update bulletins, with their attachments, in addition to bulletins issued since the version date of the CD.

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
9/1/10	MSA 10-36	Minimum Data Set (MDS) 3.0 - Section Q / Participation in Assessment and Goal Setting / Return to the Community - Local Contact Agency (LCA)	Nursing Facilities, County Medical Care Facilities, Hospital Long-Term Care Units, Hospital Swing Beds, Ventilator Dependent Care Units, MI Choice Waiver Agencies	
9/1/10	MSA 10-35	Change in Healthcare Common Procedure Coding System (HCPCS) Codes; Reporting Change in Beneficiary's Condition/PDN as a Transitional Benefit	Private Duty Nursing (PDN)	
9/1/10	MSA 10-34	Local Contact Agency (LCA) Designation – Minimum Data Set (MDS) 3.0 – Section Q	Nursing Facilities, County Medical Care Facilities, Hospital Long-Term Care Units, Hospital Swing Beds, Ventilator Dependent Care Units, MI Choice Waiver Agencies	
9/1/10	MSA 10-33	Updates to the Medicaid Provider Manual; Vaccine Administration Policy Clarification; New Place of Service Code	All Providers	10/1/10 Information incorporated throughout the Manual, as appropriate. MDCH website updated, as appropriate.

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Supplemental Bulletin List

July – September 2010

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
8/26/10	MSA 10-29	Medicaid Recovery	Nursing Facilities, MI Choice Waiver, Program for All-Inclusive Care for the Elderly (PACE)	
8/2010	MSA 10-32	Sanctioned Providers Update	All Providers	
7/15/10	MSA 10-28	Inpatient Hospital Payment Reduction	Hospitals	N/A
7/1/10	MSA 10-27	Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) Code Updates	Practitioners, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, Hospitals, Local Health Departments, Medicaid Health Plans, County Health Plans, and Mental Health and Substance Abuse	Information added to databases at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information
7/1/10	MSA 10-26	National Drug Code (NDC) Reporting for Outpatient Drugs Dispensed to Individuals Enrolled in Medicaid Health Plans	Medicaid Health Plans	N/A
6/15/10	MSA 10-23	Ambulatory Surgical Centers - Recognition and Reimbursement	Ambulatory Surgical Centers, Medicaid Health Plans, Hospitals	
6/1/10	MSA 10-21	Home Help Provider Agreement	Individual and Agency Home Help Providers	N/A
5/25/10	MSA 10-19	Medicaid Eligibility Reviews at Closure	Medicaid Eligibility Manual Holders	N/A