

Bulletin Number: MSA 15-61

Distribution: Medicaid Health Plans (MHPs), Practitioners, Tribal Health Centers (THCs), Federally Qualified Health Centers (FQHCs), Local Health Departments (LHDs), and Rural Health Clinics (RHCs), Vision, Dental

Issued: December 16, 2015

Subject: Annual Practitioner Fee Schedule Update

Effective: As Indicated

Programs Affected: Medicaid, Children's Special Health Care Services, Maternity Outpatient Medical Services

This bulletin provides information regarding the Michigan Department of Health and Human Services (MDHHS) annual update to the Medicaid practitioner services fee schedule. For dates of service on and after January 1, 2016, individual practitioner service maximum allowable fees that are established using the Resource Based Relative Value Scale (RBRVS) methodology, as adopted in the Medicare Fee Schedule Data Base (MFSDB) and published by Centers for Medicare & Medicaid Services (CMS) in the Federal Register, will be updated.

In future years, the annual practitioner fee schedule will be automatically updated to be effective on January 1, following the CMS January release of the annual RBRVS in compliance with state plan authority.

Current and historical records of the practitioner fee schedules are maintained on the MDHHS website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Practitioners.

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments in writing to:

Attn: Lisa DiLernia
MDHHS/MSA
PO Box 30479
Lansing, Michigan 48909-7979
Or
E-mail: dilernial@michigan.gov

If responding by e-mail, please include "Annual Practitioner Fee Schedule Update" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin

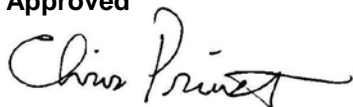
Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, 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

A handwritten signature in black ink that reads "Chris Priest". The signature is written in a cursive style with a large initial "C" and a long, sweeping underline.

Chris Priest, Director
Medical Services Administration