



Bulletin

Michigan Department of Community Health

Distribution Hospital 01-11
Community Mental Health Services Programs 01-04

Issued: August 1, 2001

Subject: Medicaid's Outpatient Hospital Proprietary Claim Format
MSA-1649 and MSA-1649A

Effective: October 1, 2001

Programs Affected: Medicaid, Children's Special Health Care Services, and
Children's Waiver (Provider Type 21)

Outpatient Hospital Claim Formats MSA-1649 and MSA-1649A

Effective October 1, 2001, the Department of Community Health (DCH) will discontinue use of the MSA-1649 and MSA-1649A. Outpatient hospital services (Provider Type 40) and all services provided to persons enrolled under the Children's Waiver Program, **for all dates of service**, must be billed or adjusted using the UB-92 claim format.

Instructions for completing the UB-92 are located in the Uniform Billing Manual and Chapter III of the Medicaid Hospital Manual. Medicaid claim examples, as well as examples for void cancel (to be used when Medicare or other insurance payments are shown) or adjustment/replacement claims, can be found in the Uniform Billing (UB-92) Manual, Medicaid Section V.

The DCH would like to remind providers that a void cancel or adjustment/replacement claim in the UB-92 claim format is a total invoice adjustment and NOT a line item adjustment process. Please utilize the instructions provided in the UB-92 Manual, Medicaid Section, to complete this process appropriately.

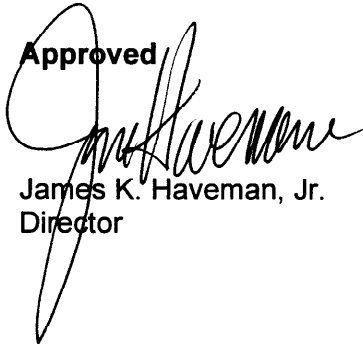
Manual Maintenance

Retain this bulletin for future reference.

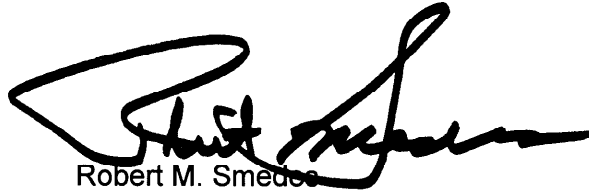
Questions

Questions regarding this bulletin should be directed to: Provider Inquiry, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979 or e-mail at ProviderSupport@state.mi.us. When you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary. Providers may also phone toll free: 1-800-292-2550.

Approved



James K. Haveman, Jr.
Director



Robert M. Smedes
Deputy Director for
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