

**Distribution:** Community Mental Health Services Program 01-07  
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**Issued:** December 1, 2001

**Subject:** Prescriber ID

**Effective:** January 2, 2002

**Programs Affected:** Medicaid Fee for Service, SMP and CSHCS Fee for Service

Effective January 2, 2002, the Michigan Department of Community Health (MDCH) will require pharmacies to use the Prescriber's DEA number in the Referring Provider/ Prescriber ID field when submitting pharmacy claims for reimbursement. Only the pharmacy providers (type 50) submitting pharmacy claims will use the Prescriber's DEA.

For complete information on pharmacy billing and required fields, refer to your First Health's Pharmacy Claims Processing System for Michigan Medicaid manual, the FHSC web site [[www.michigan.fhsc.com](http://www.michigan.fhsc.com)], or call the FHSC Technical Call Center at 1-877-624-5204.

This change will allow MDCH to better identify the prescriber and allow us to work with all of Medicaid's health care providers to improve service and patient outcomes.

Pharmacy providers must use the Prescriber's DEA number to fill the Referring Provider field. Beginning December 14, 2001, pharmacies will receive a soft edit (information only) informing them they must bill the Prescriber's DEA number starting on January 2, 2002. Claims will be rejected starting January 2, 2002 if this identifier is not used. If the prescriber does not have a DEA number, pharmacies must use MD1111111, DO1111111, DT1111111, OP1111111, RF1111111, MH1111111, ER1111111 (for MDs, DOs, DDS, Optometrists, Referring Prescribers, Mental Health prescribers and emergency rooms respectively).

**NOTE:** Per the Social Welfare Act MCL 400.111b (21), "In the interest of review and control of utilization of services, a provider shall identify each attending, referring, or prescribing physician, dentist, or other practitioner by means of a program identification number on each claim or adjustment of a claim submitted to the state department." Pharmacies will be audited on appropriate identification of prescribers.

Concerns or comments regarding the Referring Provider/ Prescriber ID field changes may be mailed or faxed to the Review and Evaluation Division:

Review and Evaluation Division  
Attn: Referring Provider/ Prescriber ID Field Change  
P.O. Box 30479  
Lansing, Michigan 48909  
Fax: 517-241-0462

### **Manual Maintenance**

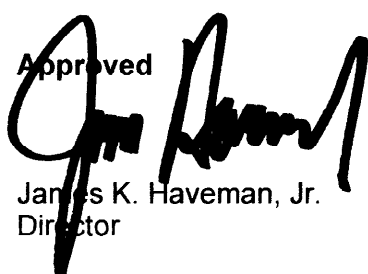
Pharmacies can discard this bulletin as the information has been included in the revised Pharmacy Manual, Chapter III, issued 12/1/01.

Other providers should retain this bulletin for future reference.

### **Questions**

Any 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](mailto: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 phone toll free 1-800-292-2550.

Approved



James K. Haveman, Jr.  
Director



Robert M. Smedes  
Deputy Director for  
Medical Services Administration