MSA MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Community Health

Distribution: All Provider 04-17

Issued: December 2004

Subject: Updates to the Medicaid Provider Manual

Effective: January 1, 2005

Programs Affected: Medicaid, Children's Special Health Care Services, Adult Benefits Waiver, MOMS

The Michigan Department of Community Health (MDCH) has completed the January 2005 update of the Michigan Medicaid Provider Manual. A copy of the updated manual will be distributed to all enrolled providers or provider groups via compact disc (CD) in January. A copy will also be available on the MDCH website by January 1st.

The January 2005 version of the manual does not highlight changes made since the January 2004 version. However, consistent with previous quarterly manual updates, tables attached to this bulletin describe the changes made, the location of the changes within the manual and, when appropriate, the reason for the change. (Some minor corrections [e.g., misspelled words], added references [e.g., directing reader to the website], and reorganizing of existing information, may not appear in the listed changes.) Subsequent changes made for the April, July, and October 2005 versions of the manual will be highlighted within the text of the on-line manual.

Manual Maintenance

This bulletin may be discarded when you begin using the January 2005 version of the Medicaid Provider Manual.

Questions

If you have questions about the manual, or problems locating information, you may contact Provider Inquiry at 1-800-292-2550 or providersupport@michigan.gov . If you submit an e-mail, be sure to include your name, affiliation, and a phone number so you may be contacted if necessary.

Approved

Paul Reinhart, Director
Medical Services Administration

Michigan Department of Community Health

Medicaid Provider Manual
January 2005 Updates

TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
All		References to the Family Independence Agency were changed to Department of Human Services to reflect the recent name change of that department.	Update.
All		References to the Adult Benefits Waiver I (ABW I) were changed to Adult Benefits Waiver (ABW).	Update.
General Information for Providers	1.6 Provider Liaison Meetings (New Subsection Added)	This new subsection contains the following text: MDCH routinely schedules meetings to meet with provider specialty groups (e.g., physicians, hospitals, pharmacies, etc.) to discuss issues of interest/concern. The meetings are arranged through the various provider professional associations, though all affected providers and interested parties are welcome to attend. A calendar of provider liaison meetings is posted on the MDCH website, along with contact information. (Refer to the Directory Appendix for website and contact information.)	Additional information of interest to providers.
Billing & Reimbursement for Dental Providers	All	References to the Dental Procedure Codes Appendix were changed to refer to the Dental Procedure Code Database available on the MDCH website at www.michigan.gov/mdch >>Providers >>Information for Medicaid Providers >>Provider Specific Information.	Information moved to the MDCH website.
Billing & Reimbursement for Institutional Providers	Section 1 – General Information	"Outpatient Therapy Providers" was added to the list of providers.	Update.
Billing & Reimbursement for Institutional Providers	3.2 Void/Cancel a Prior Claim	Reference to Form Locator 47 was deleted.	Update.

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

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CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Institutional Providers	5.13 Transplants	The following bullet was added: x Organ acquisition costs are reimbursed at 100% of charges when billed using either Revenue Code811 or 812. This applies to heart, kidney, liver, lung, simultaneous pancreas/kidney, or pancreas transplants. This does not apply to bone marrow transplants. All bone marrow transplant charges are reimbursed at the hospital's cost to charge ratio.	Updated to reflect current reimbursement policy.
Billing & Reimbursement for Institutional Providers	6.36 Therapies	The following codes were added to the list of dual-use CPT codes: 92610, 97018, 97022, 97032, 97035, 97504, 97525, 97542 The seventh bullet was deleted from the Speech-Language Therapy portion of the table.	Update.
Billing & Reimbursement for Institutional Providers	7.1 Revenue and CPT/HCPCS Codes	The following revenue codes were added to the list of revenue codes requiring CPT/HCPCS code on the claim line: 0343 – Diagnostic Radiopharmaceuticals 0344 – Therapeutic Radiopharmaceuticals	Update.
Billing & Reimbursement for Institutional Providers	7.2 Minor Surgery/ Procedure Codes	This subsection was deleted from the chapter. The information is now available on the MDCH website at www.michigan.gov/mdch >> Providers >>Information for Medicaid Providers >>Provider Specific Information >>Outpatient Hospital Subsequent subsections were renumbered.	Information moved to the MDCH website for ease of updating.
Billing & Reimbursement for Institutional Providers	7.3 Interventional Radiology Services	This subsection was deleted from the chapter. The information is now available on the MDCH website at www.michigan.gov/mdch >> Providers >>Information for Medicaid Providers >>Provider Specific Information >>Outpatient Hospital Subsequent subsections were renumbered.	Information moved to the MDCH website for ease of updating.

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CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Institutional Providers	8.1.E. Billed Facility Days	The Day of Discharge portion of the table was changed to read: Medicaid does not reimburse the day of discharge unless the discharge is due to the resident's death. When billing, the facility must indicate 20 (expired) as the Patient Status Code. A discharge due to death is counted in the facility census. One-Day Stay was added to the table with the following text: A nursing facility is reimbursed for a one-day stay if a Medicaid beneficiary is admitted to the facility and, the same day, is discharged from the facility due to death, return home, or transfer to another institution that is not a Medicaid-enrolled provider. The one-day stay does not apply to a beneficiary admitted to a nursing facility if, later that day, the beneficiary is discharged and transferred to another nursing facility or an inpatient hospital and, at midnight, the second facility or hospital claims the beneficiary in its daily census.	Changed for clarification.
Billing & Reimbursement for Institutional Providers	8.10 Ancillary Physical and Occupational Therapy, Speech Pathology (Renumbered)	Procedure code 97504 was added to the list of codes in the Occupational Therapy portion of the table.	Correction.
Billing & Reimbursement for Institutional Providers	8.13 Other Service Revenue Codes	The following was added to the end of the first bullet: Services for nursing facility beneficiaries requiring outpatient physical therapy, outpatient speech pathology, and outpatient occupational therapy must be provided and billed under Medicare Part B where applicable, even if no payments are made under Medicare Part A for the nursing facility stay.	Inadvertently omitted when bulletin Nursing Facilities 04-04 was incorporated into the manual.
Adult Benefits Waiver	Section 2 – Coverage and Limitations	The Substance Abuse portion of the coverage chart was changed to reflect these services are provided by the Substance Abuse Coordinating Agencies (CAs).	Correction.

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