

Bulletin Number: MSA 06-08

Distribution: Local Health Departments

Issued: March 1, 2006

Subject: Objective Hearing and Vision Screening Policy and Billing;
Blood Lead Analysis Clarification

Effective: April 1, 2006

Programs Affected: Medicaid

OBJECTIVE HEARING AND VISION SCREENING POLICY AND BILLING

Effective for dates of service on and after April 1, 2006, Medicaid will change the billing and reimbursement process for objective hearing and objective vision screens completed by the local health departments (LHD). Currently, LHDs receive reimbursement for the completion of objective hearing and objective vision screens for Medicaid beneficiaries ages 3 - 6 years through the submission of a paper quarterly report. Effective April 1, 2006, the quarterly report process will be eliminated, and the LHDs will begin receiving screening reimbursement for Medicaid children ages 3 - 6 years by submitting claims through the Michigan Department of Community Health (MDCH) claims processing system. For more information regarding claims processing, please refer to the Billing & Reimbursement for Professionals Chapter in the Michigan Medicaid Provider Manual.

To be eligible to provide and bill for services under this policy, all LHD screening staff must be qualified to administer preschool objective hearing and objective vision screening by the MDCH Public Health Administration. This service coverage is limited to LHD providers when performed either on-site or in the community setting.

Objective Hearing Screen Reimbursement

Objective hearing screening may be performed on eligible Medicaid preschool-aged children (ages 3-6 years) by qualified LHD staff. LHDs may provide objective hearing screening services and accept referrals for screening from physicians and from Head Start programs. In an effort to promote communication with the child's medical home, the objective hearing screening results must be reported to the child's primary care provider (PCP). In the event the LHD is unable to report the objective hearing screening results to the child's PCP, the LHD must clearly document why this could not be accomplished. The results must also be shared with the Head Start agency if that agency was the referral source.

V5008 "Hearing Screening" - is the code LHDs will use to bill Medicaid for objective hearing screens completed on Medicaid beneficiaries ages 3-6 years under this policy.

Objective Vision Screen Reimbursement

Objective vision screening may be performed on eligible Medicaid preschool-aged children (ages 3-6 years) by qualified LHD staff. LHDs may provide objective vision screening services and accept referrals for screening from physicians and from Head Start programs. In an effort to promote communication with the child's medical home, the objective vision screening results must be reported to the child's primary care provider (PCP). In the event the LHD is unable to report the objective vision screening results to the child's PCP, the LHD must clearly

document why this could not be accomplished. The results must also be shared with the Head Start agency if that agency was the referral source.

99172 "Visual Function Screening" – is the code LHDs will use to bill Medicaid for objective vision screens completed on Medicaid beneficiaries ages 3-6 years under this policy.

Local Health Department Assurance of Service Provision for Objective Hearing and Objective Vision Screens (MSA-1533)

All LHDs wishing to begin submitting claims seeking reimbursement for objective vision and objective hearing screens must complete the MSA-1533 (see attachment). The completed form must be mailed to MDCH Provider Enrollment prior to submitting claims. This form can be accessed on the MDCH website at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Medicaid Provider Forms and Other Resources.

Cost Based Reimbursement

Effective for dates of service on and after April 1, 2006, objective hearing and objective vision screening costs are included as covered services and should be reported on the annual LHD cost report. The LHDs may receive additional reimbursement for these services through the cost settlement process. Refer to the LHD cost report for additional information.

BLOOD LEAD PROCESSING CLARIFICATION

The LHD may submit all Medicaid-covered blood lead specimens to the MDCH Bureau of Laboratories for analysis. Reimbursement will be made by Medicaid to the MDCH Bureau of Laboratories for both Medicaid Health Plan (MHP) enrolled beneficiaries and fee for service (FFS) beneficiaries. The LHD will not be required to determine if the child, whom they obtained a sample from, is in a MHP or FFS. The LHD will be responsible for assuring that the child's Medicaid identification number appears on the Blood Lead Test Requisition Form (DCH-0696) accompanying the sample submitted to the MDCH Bureau of Laboratories.

Manual Maintenance

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

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



Paul Reinhart, Director
Medical Services Administration

LOCAL HEALTH DEPARTMENT ASSURANCE OF SERVICE PROVISION FOR OBJECTIVE HEARING AND OBJECTIVE VISION SCREENS

This is to certify that, as health officer of a local health department, I will assure that objective hearing and objective vision screens will be conducted by qualified staff according to Medicaid published policies and procedures.

INSTRUCTIONS:

- Complete the information
- A handwritten signature IS REQUIRED.
- Keep a copy for your records.
- Mail to:

PROVIDER ENROLLMENT
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PO BOX 30238
LANSING, MI 48909

Enter all **Medicaid ID Numbers** under which objective hearing and objective vision screens will be billed: *(Please Type or Print)*

Medicaid ID Number	Physician Name		
Medicaid ID Number	Physician Name		
Medicaid ID Number	Physician Name		
Name of Local Health Department		Telephone Number () -	
Address (Number and Street, Suite, City, State, ZIP Code)			

Handwritten Signature of Health Officer	Date Signed
Printed Name of Health Officer	

<p>AUTHORITY: Title XIX of the Social Security Act COMPLETION: Is voluntary, but is required if Medical Assistance Program payment is desired.</p>	<p>The Michigan Department of Community Health is an equal opportunity employer, services, and programs provider.</p>
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