

Bulletin Number: MSA 06-39

Distribution: Vision (Optician, Dispensing Ophthalmologist, and Optometrist), Medicaid Health Plans

Issued: June 1, 2006

Subject: Vision Billing Clarifications

Effective: July 1, 2006

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

The Initial Hospital Care Codes (99221 thru 99223) have been removed from the Vision Database and end-dated in the Program Procedure Table for vision providers effective for dates of service on and after July 1, 2006. **Initial Hospital Care Codes** are used to report the first hospital inpatient encounter with the patient by the admitting physician.

Providers are to use the initial inpatient consultation codes (99251 thru 99255) for **initial inpatient encounters** for hospital inpatients or residents of nursing facilities by other than the admitting physician when there is a written consultation order from another practitioner.

Necessary follow-up visits for hospital inpatients should be reported using 99231 thru 99233, Subsequent Hospital Care.

Necessary follow-up visits for nursing facility residents should be reported using 99307 thru 99310, Subsequent Nursing Facility Care.

The office or other outpatient consultation codes (99241 thru 99245) are to be used to report consultations provided in your office, the patient's home, domiciliary, rest home or custodial care facilities when there is a written consultation order from another practitioner. Follow-up visits are to be reported using the Office Evaluation and Management codes for established patients (99211 thru 99215).

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

A handwritten signature in black ink, appearing to read "Susan Moran". The signature is written in a cursive style with a large initial "S" and a long, sweeping underline.

Susan Moran, Acting Deputy Director
Medical Services Administration