

Michigan Department of Community Health

Distribution: MSA 06-66

Issued: September 1, 2006

Subject: Updates to the Medicaid Provider Manual

Effective: October 1, 2006

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

The Michigan Department of Community Health (MDCH) has completed the October 2006 update of the online version of the Medicaid Provider Manual.

The 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.

The second table describes changes made to incorporate information from recently issued Medicaid Bulletins. These changes appear in green in the online version of the manual.

If changes were made in a chapter, a note will appear in the affected section/subsection title of that chapter's table of contents.

When utilizing the January 2006 compact disc (CD) version of the manual, refer to this bulletin in addition to the CD to assure you have the most current policy information available.

Manual Maintenance

If using the January 2006 CD version of the Medicaid Provider Manual, retain this bulletin and those referenced in this bulletin. If utilizing the online version of the manual at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers>>Medicaid Provider Manual, this bulletin and those referenced in this bulletin may be discarded.

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



Susan Moran, Acting Deputy Director
Medical Services Administration



Medicaid Provider Manual October 2006 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Beneficiary Eligibility	9.7 Excluded Health Plan Services	The second sentence in the second bulletin was changed to read: The health plan is responsible for restorative or rehabilitative care in a nursing facility up to 45 days in a rolling 12-month period.	Clarification
Coordination of Benefits	2.1 Commercial Health Insurance	The first portion of the next to the last paragraph in the subsection was changed to read: Providers must secure response(s) from other insurances (e.g., explanation of benefits, denials, etc.) prior to billing Medicaid. Denials do not need to be obtained in cases where the parameters of the carrier would never cover a specific service (e.g., a dental carrier would never cover a vision service, etc.). In cases where the provider renders a service and the carrier indicates it does not cover that specific service, the provider needs only to bill the carrier once for the service and keep a copy of the denial in the beneficiary's file. When billing on paper, . . .	Clarification
Billing & Reimbursement for Dental Providers	5.1 Supernumerary Teeth	The content of the subsection was changed to read: Providers bill the appropriate procedure code, and the tooth number is identified by using the ADA Universal/National Tooth Designation System. Permanent teeth are identified by the numbers 51 through 82. Primary teeth are identified by the letters AS through TS. Refer to the ADA CDT Manual for further information on tooth numbering systems.	Update
Children's Special Health Care Services	6.1 Citizenship Status	The first sentence of the first paragraph of the subsection was changed to read: The individual, parent of a minor, or legal guardian of the individual must be a citizen of the U.S., a noncitizen lawfully admitted for permanent residence, or a lawfully admitted migrant farm worker (i.e., seasonal agricultural worker).	Clarification
Children's Special Health Care Services	6.2 Residency	The first sentence of the second paragraph after the bullets was changed to read: . . . (e.g., nursing facility, ICF/MR, inpatient psychiatric hospitals, etc.).	Correction

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



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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Children's Special Health Care Services	9.7 Insurance Premium Payment Benefit	The second sentence was changed to read: In some cases, CSHCS may consider paying toward the cost of the insurance premium or Medicare Part B if requested and if it is deemed by MDCH to be cost-effective.	Clarification
Dental	Section 1 – General Information	The following sentence was added at the end of the third paragraph after the bullets: The Program of All-Inclusive Care for the Elderly (PACE) is responsible for the coverage of dental benefits for PACE enrollees.	Clarification
Federally Qualified Health Centers	4.3 Co-Payments	The first sentence was changed to read: Medicaid co-payments for chiropractic, dental, physician , podiatry, and vision services are . . .	Update
Hospital	3.18 Organ Transplants	The following was added after the bullets in this subsection: Organ acquisition costs are reimbursed at 100% of charges when billed using the appropriate revenue code. (Refer to the Transplants subsection of the Billing & Reimbursement for Institutional Providers Chapter for revenue code information.) This applies to: <ul style="list-style-type: none"> • Heart • Kidney • Liver • Lung • Simultaneous pancreas/kidney • Pancreas transplants All bone marrow transplant charges are reimbursed at the hospital's cost-to-charge ratio.	Clarification

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Hospital Reimbursement Appendix	2.8.G. Readmissions	The following was added at the end of the subsection: Examples of reimbursement for readmissions within 15 days to a second hospital for a related condition are available on the MDCH website. (Refer to the Directory Appendix for website information.)	Clarification
Hospital Reimbursement Appendix	7.6.E. Allocation of Pools	The second sentence was changed to read: Eligible hospitals will share proportionately from . . .	Correction
Local Health Departments	1.2 Provider Enrollment	The following was added within the parentheses at the end of the first paragraph: Refer to the Practitioner Chapter for coverage guidelines.	Clarification
Medical Supplier	2.19 Incontinence Supplies	The PA Requirements portion of the table was changed to read: PA is required for: <ul style="list-style-type: none"> • Hydrophillic type urinary catheters • usage over the established quantities 	Update
Rural Health Clinics	5.3 Eligibility Groups Not Subject to PPS Methodology	The second sentence was changed to read: ABW, CSHCS, Family Planning Waiver (<i>Plan First!</i>) , or MOMS may be paid FFS rates only.	Update
Rural Health Clinics	7.7 Co-Payments	The first sentence was changed to read: Medicaid co-payments for chiropractic, dental, physician , podiatry, and vision services are . . .	Update

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
School Based Services Administrative Outreach Program	5.3.G. Code 07 – Referral, Coordination and Monitoring of Medical Services – A	The last sentence in the text box was changed to read: Michigan covers targeted case management for individual students as a direct fee-for-service activity that can be billed as medical service to Medicaid.	Correction
Directory Appendix	Provider Assistance	The mailing address for the CSHCS Program was updated to: 320 W. Walnut Lansing, MI 48913	Update
Directory Appendix	Provider Assistance	The fax number for CSHCS Customer Support and notes regarding the information available from that source were updated as follows: Fax # 517-335-9491 (submission of medical reports, applications, and all other information)	Update
Directory Appendix	Claim Submission/ Payment	The Information Available/Purpose column for Paper Claim Submission was updated to indicate the ADA 2002 claim form.	Update
Directory Appendix	Nursing Facility Resources	The web address for Clinical Laboratory Improvement Amendment (CLIA) was changed to: www.fda.gov/cdrh/CLIA	Correction

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BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 06-60	9/1/06	Billing & Reimbursement for Institutional Providers	Section 10 – Private Duty Nursing Agency Claim Submission/Completion	New subsection (10.2.E.) added to incorporate “Claim Corrections”.
		Billing & Reimbursement for Professionals	Section 6 – Special Billing	New subsection (6.15.D.) added to incorporate “Claim Corrections”.
MSA 06-58	8/16/06	Hospital – Hospital Reimbursement Appendix	Section 7 – Special Payments	<p>7.3.A. – Public Hospitals: subsection renamed “Government Provider DSH Pool” and policy updated</p> <p>7.3.B. – Geographic Areas With Indigent Care Agreements: subsection renamed “Indigent Care Agreements Pool” and policy updated</p> <p>7.3.C. – University With Both a College of Allopathic Medicine and a College of Osteopathic Medicine: policy updated</p> <p>7.3.D. – Indigent Funds DSH Pool: subsection deleted as pool was terminated</p> <p>7.6.C. – Distributions: policy updated</p>
MSA 06-56	8/16/06	Nursing Facility – Cost Reporting & Reimbursement Appendix	Section 4 – Cost Reporting	4.11 – Home Office, Chain Organization, or Related Party Cost Reporting: policy clarification
			Section 9 – Cost Classifications and Cost Finding	9.6.C. – Related or Chain Organization Cost Allocation: update policy relative to home office cost reports.

*Bulletin inclusion updates are color-coded to the quarter in which the update was made (April 1 = Blue; July 1 = Pink; October 1 = Green)



Medicaid Provider Manual October 2006 Updates



BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 06-55	8/16/06	Nursing Facility – Cost Reporting & Reimbursement Appendix	Section 10 – Rate Determination	10.10 – Class VI Nursing Facilities – Hospital Swing Beds: update policy relative to rate calculation.
MSA 06-54	8/1/06	Nursing Facility - Cost Reporting & Reimbursement Appendix	Section 3 - Definitions Section 10 – Rate Determination	Revised content relative to Quality Assurance Assessment Program (QAAP), Net Quality Assurance Supplement (NET QAS), and Quality Assurance Supplement (QAS).
MSA 06-52	8/1/06	School Based Services Administrative Outreach Program	Section 4 – Time Study Methodology Section 5 – Activities That Can Be Claimed Section 6 – Claim Calculations	Text revised to reflect deletion of activity codes 08 and 11.
MSA 06-51	8/1/06	Nursing Facility – Coverages	Section 11 – Special Provider Type Coverages and Limitations	New subsection (11.3.C.) added to incorporate “Non-Authorization of New Admissions to a Medicaid Approved Ventilator Dependent Care Unit (VDCU) if Facility Has a Survey Citation of Actual Harm”.
		Nursing Facility - Certification, Survey & Enforcement Appendix	Section 2 – Medicaid Certification and De-Certification of Nursing Facility Beds and Medicaid Provider Enrollment (new subsection (2.5) - subsequent subsections re-numbered)	New subsection (2.5) added to incorporate “Medicaid Enrollment as a Ventilator Dependent Care Unit (VDCU) and Additional VDCU Beds”.

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Medicaid Provider Manual October 2006 Updates



BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 06-50	7/17/06	Mental Health/Substance Abuse	Section 17 – Additional Mental Health Services (B3s)	Subsection 17.3.E. re-named “Crisis Observation Care”; addition of text for clarification purposes.
		Acronym Appendix		Addition of “SSG” (Service Selection Guidelines)
MSA 06-49	7/15/06	Practitioner	Section 1 – General Information Section 2 – Anesthesia Services Section 27 – Anesthesiologist Assistant (addition of new section)	Incorporate policy regarding coverage of services provided by anesthesiologist assistants.
		Practitioner Reimbursement Appendix	Section 2 – Enhanced Practitioner Payments	
		Hospital	Section 3 – Covered Services	Text updated to include Anesthesiologist Assistant (AA).
		Billing & Reimbursement for Professionals	Section 1 – General Information Section 7 – Modifiers	
		General Information for Providers	Section 13 - Recordkeeping	

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BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
		Provider Manual Overview	Section 1 - Introduction	
		Glossary		
		Acronym Appendix		
MSA 06-48	7/17/06	Mental Health/Substance Abuse	Section 1 – General Information	Addition of two professional definitions.
		Mental Health/Substance Abuse	Section 12 – Substance Abuse Services Section 18 – Additional Substance Abuse Services (B3s)	Added OPAT/CSAT references to provider qualifications.
		Acronym Appendix		Addition of “CAC” (Certified Addictions Counselor) and “FAODP” (Fundamentals of Alcohol and Other Drug Problems).
MSA 06-44	7/1/06	Family Planning Waiver	Section 2 – Covered Services	2.4 – Pharmaceuticals: Addition of text for clarification regarding coverage.
MSA 06-41	6/15/06	Laboratory	Section 5 – Procedure Guidelines	5.3 – Test Reports: Addition of policy relative to Glomerular Filtration Rate Reporting.
		Hospital	Section 3 – Covered Services	New subsection added (3.16.H.) to incorporate “Creatinine Blood Tests”.

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Supplemental Bulletin List

The following is a list of Medicaid policy bulletins that supplement the *January 2006* electronic Medicaid Provider Manual. The list will be updated as additional policy bulletins are issued. The updated list will be posted on the MDCH website along with the Medicaid Provider Manual.

Providers affected by a bulletin should retain it until it is incorporated into the quarterly update of the online version of the manual unless instructed otherwise. Providers utilizing the CD version of the manual should retain bulletins until the next CD version is issued.

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
09/06	MSA 06-66	Updates to the Medicaid Provider Manual	All Providers	10/1/06 Information incorporated as noted in the bulletin.
09/01/06	MSA 06-65	Increased Fee Screens for Preventive Medicine Visits and Specific Newborn Care Codes	Practitioners, Federally Qualified Health Centers, State Psychiatric Hospitals, Local Health Departments, Medicaid Health Plans, Mental Health/Substance Abuse, Rural Health Clinics, Tribal Health Centers	10/1/06 Information added to the appropriate procedure code databases at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers >>Provider Specific Information.
09/06	MSA 06-64	Sanctioned Providers Update	All Providers	



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
09/01/06	MSA 06-63	October 2006 Quarterly Healthcare Common Procedure Coding System (HCPCS) Update; New Coverage of Existing HCPCS and Current Procedural Terminology (CPT) Codes Q4079 and 90649	Medical Suppliers, Practitioners, Federally Qualified Health Centers, Local Health Departments, Rural Health Clinics, Tribal Health Centers, Hospitals	10/1/06 Information added to the appropriate procedure code databases at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers >>Provider Specific Information.
09/01/06	MSA 06-61	Core Based Statistical Area Indices for Hospice Services	Nursing Facilities (County Medical Care Facilities, Hospital Long Term Care Units, Hospital Swing Beds, Ventilator Dependent Units, Nursing Facilities for the Mentally III)	
09/01/06	MSA 06-60	MI AuthentiCare Claim Corrections	Private Duty Nursing	10/1/06 Information incorporated into the Billing & Reimbursement for Institutional Providers Chapter.
09/01/06	MSA 06-59	Plan First! Medication Coverage	Family Planning Clinics, FQHC, Outpatient Hospital, Local Health Department, Pharmacy, Practitioner, Rural Health Clinics, Tribal Health Centers	10/1/06 Information added to the Family Planning Waiver (Plan First!) procedure code list at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers >>Provider Specific Information.



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08/16/06	MSA 06-58	Disproportionate Share Hospitals and Medicaid Access to Care Initiative Update	Hospitals	10/1/06 Information incorporated into the Hospital Reimbursement Appendix.
08/14/06	MSA 06-57	Long Term Care Facility Proportionate Share Pool	Class III Public Nursing Facilities	
08/16/06	MSA 06-56	Related or Chain Organization Cost Allocation	Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Ventilator Dependent Units	10/1/06 Information incorporated into the Nursing Facility – Cost Reporting & Reimbursement Appendix.
08/16/06	MSA 06-55	Swing Beds Rate Determination Methodology	Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Swing Beds	10/1/06 Information incorporated into the Nursing Facility – Cost Reporting & Reimbursement Appendix.
08/01/06	MSA 06-54	Rate Restoration; Quality Assurance Assessment Program (QAAP) Participation for Class III Publicly-Owned Nursing Facilities	County Medical Care Facilities; Hospital Long Term Care Units; Hospice	10/1/06 Information incorporated into the Nursing Facility – Cost Reporting & Reimbursement Appendix.
08/01/06	MSA 06-52	Elimination of Activity Codes and Enhanced Reimbursement for Skilled Professional Medical Personnel (SPMP)	School Based Services	10/1/06 Information incorporated into the School Based Services Administrative Outreach Program Chapter.



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08/01/06	MSA 06-51	Non-Authorization of Care in a Ventilator Dependent Care Unit (VDCU) if a Facility Has a Survey Citation of Actual Harm; New Policy on Medicaid Enrollment as a VDCU and Additional VDCU Beds	Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Ventilator Dependent Units	10/1/06 Information incorporated into the Nursing Facility – Coverages Chapter and the Nursing Facility – Certification, Survey & Enforcement Appendix.
07/17/06	MSA 06-50	Clarification on Extended Observation Beds/Crisis Observation Care	PIHPs/CMHSPs	10/1/06 Information incorporated into the Mental Health/Substance Abuse Chapter and the Acronym Appendix.
07/15/06	MSA 06-49	Coverage of Services Provided by Anesthesiologist Assistants	Practitioners, Hospitals	10/1/06 Information incorporated into the Practitioner, Hospital, Billing & Reimbursement for Professionals, General Information for Providers, and Provider Manual Overview chapters, Glossary, Acronym Appendix, and Practitioner Reimbursement Appendix.
07/17/06	MSA 06-48	Mental Health and Substance Abuse Policy Changes	Mental Health and Substance Abuse	10/1/06 Information incorporated into the Mental Health/Substance Abuse Chapter and the Acronym Appendix.



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07/01/06	MSA 06-47	Outpatient Prospective Payment System	Hospitals, Comprehensive Outpatient Rehabilitation Facilities, Rehab Agencies and Freestanding Dialysis Centers	
07/01/06	MSA 06-46	Inpatient Hospital Payment Reduction	Hospitals	
07/1/06	MSA 06-44	Plan First! Family Planning Waiver Program Clarification	All Providers	10/1/06 Information incorporated into the Family Planning Waiver Chapter.
06/06	MSA 06-43	Sanctioned Providers (Monthly Update)	All Providers	
06/06	MSA 06-42	Updates to the Medicaid Provider Manual	All Providers	7/1/06 Information incorporated as noted in the bulletin.
6/15/06	MSA 06-41	Glomerular Filtration Rate Reporting	Practitioners, Podiatrists, Outpatient Hospitals, Independent Laboratories, Medicaid Health Plans	10/1/06 Information incorporated into the Laboratory and Hospital Chapters.
6/1/06	MSA 06-40	Manually Priced HCPCS; Rate Revision for Oxygen Concentrator; Revision of Rules for Osteogenesis Stimulators; Coverage of E2219; New Rules for Continuous Passive Motion Device; Quarterly HCPCS Update	Medical Suppliers	7/1/06 Information incorporated into Medical Supplier and Billing & Reimbursement for Professionals chapters and MDCH Medical Supplier/DME/Prosthetics and Orthotics Database.



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6/1/06	MSA 06-39	Vision Billing Clarifications	Vision	7/1/06 MDCH Vision Services Database updated.
6/1/06	MSA 06-38	Contractual Adjustments	Outpatient Hospitals	7/1/06 Information incorporated into the Coordination of Benefits Chapter.
6/1/06	MSA 06-37	<i>Plan First!</i> Family Planning Waiver	All Providers	7/1/06 Information added as the <i>Plan First!</i> Family Planning Waiver Chapter.
5/24/06	MSA 06-36	Correction to Bulletin MSA 06-18	Outpatient Hospitals, Rehab Facilities, Nursing Facilities, Home Health Agencies, Medical Suppliers	7/1/06 Information incorporated into the Outpatient Therapies Chapter.
6/1/06	MSA 06-35	Criminal History Background Check	Psychiatric Hospitals and Units, ICF/MRs, Nursing Facilities, County Medical Care Facilities, Hospices, Hospitals with Swing Beds, Home Health Agencies	Bulletin transmits information related to new state law that is not limited to Medicaid enrolled providers. Reference to the requirements will not be added to the manual. Bulletin may be discarded after review.
5/22/06	MSA 06-34	Clarification of Coverage of Home Infusion Services Associated with Administration of Medicare Part D Drugs	Medical Suppliers, Home Health Agencies, Pharmacy	7/1/06 Information incorporated into Home Health and Medical Supplier Chapters.



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5/06	MSA 06-33	Sanctioned Provider List	All Providers	The list is available on the MDCH website at www.michigan.gov >>Providers>>Information for Medicaid Providers.
5/1/06	MSA 06-32	Annual Statewide Post-Discharge Utilization Review	Hospitals	7/1/06 Information incorporated into the Hospital Chapter.
5/1/06	MSA 06-30	Public Dental Clinic Enhanced Reimbursement Rate	Public Dental Clinics	7/1/06 Information incorporated into the Dental and Local Health Department chapters.
5/1/06	MSA 06-29	Accreditation of Private Duty Nursing Agencies	Private Duty Agencies	7/1/06 Information incorporated into the Private Duty Nursing Chapter.
4/27/06	MSA 06-26	Disenrollment from a Medicaid Health Plan	Nursing Facilities, Hospice, Medical Health Plans	7/1/06 Information incorporated into Hospital and Nursing Facility Coverage chapters.
4/12/06	MSA 06-25	Health Kids Dental Expansion	Dentists, Dental Clinics	7/1/06 Information incorporated into the Dental Chapter.
4/1/06	MSA 06-23	Correction of Mandatory List of Incontinent Items That Must be Obtained Through J & B Medical	Medical Suppliers	4/1/06 Information incorporated into the Medical Supplier Chapter.



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4/1/06	MSA 06-22	Coverage of Telemedicine Services	Practitioners, Hospitals, FOHCs, Medicaid Health Plans, Mental Health/Substance Abuse, Nursing Facilities, Rural Health Clinics, Tribal Health Centers	7/1/06 Information incorporated into the Practitioner, Hospital, FOHC, Mental Health/Substance Abuse, Nursing Facilities, Rural Health Clinic, Tribal Health Center and Billing & Reimbursement chapters .
4/1/06	MSA 06-21	Implementation of the ADA 2002 Claim Form; Addition of Alveoloplasty Section in Dental Chapter	Dentists, Dental Clinics	7/1/06 Information incorporated into the Billing & Reimbursement for Dental Providers and the Dental chapters.
4/1/06	MSA 06-20	Clarification on the Reporting of Drug Enforcement Administration (DEA) Numbers	Pharmacy, Dental, Hospital, Practitioner (Physicians, Advanced Practice Nurses, Medical Clinics, Oral Surgeons, Podiatrists, RHCs/IHCs/FOHCs), Vision, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies	7/1/06 Information incorporated into the Practitioner Chapter.
3/15/06	MSA 06-19	Beneficiary Bad Debt	Pharmacy	7/1/06 Information incorporated into the Pharmacy Chapter.
4/1/06	MSA 06-18	MSA-115 Prior Authorization Form Changes; Speech Generating Device (SGD) Prior Authorization Criteria Changes	Outpatient Hospitals; Rehab Facilities; Nursing Facilities; Home Health Agencies; Medical Suppliers	7/1/06 Information incorporated into the Outpatient Therapies Chapter and the Forms Appendix.



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4/1/06	MSA 06-05	MI Choice Program Waiting List Policy; Telephone Intake Guidelines Clarification	Medicaid MI Choice Home and Community Based Program for Elderly and Disabled; Nursing Facilities; County Medical Care Facilities; Hospital Long Term Care Units; Hospital Swing Beds; Ventilator Dependent Care Units; Centers for Independent Living	
3/20/06	MSA 06-17	Beneficiary Co-Payments (FY 2006 Budget, P.A. 154 of 2005)	All Provider	7/1/06 Information incorporated into the Beneficiary Eligibility, Hospital, and Practitioner chapters. Co-pay Table also added to the MDCH website at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers>> Provider Specific Information.
3/1/06	MSA 06-16	Updates to the Medicaid Provider Manual	All Provider	4/1/06 Information incorporated as noted in the bulletin.
3/1/06	MSA 06-15	Updates to DRG Grouper, DRG Rate, Per Diem Rate Rebase	Hospitals	4/1/06 Information incorporated into the Hospital Chapter Reimbursement Appendix and the MDCH website.



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3/1/06	MSA 06-14	GME Pool Size Reduction	Hospitals	4/1/06 Information incorporated into the Hospital Chapter Reimbursement Appendix.
3/1/06	MSA 06-12	Healthcare Common Procedure Coding System Standardization	Medical Suppliers	4/1/06 Information added to the Medical Supplier database at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers>>Provider Specific Information.
3/1/06	MSA 06-11	Hearing Aid Coverage; Billing Clarification and Changes	Hearing Aid Dealers; Hearing Centers	4/1/06 Information incorporated into the Hearing Aid Dealers and Hearing Services chapters.
2/27/06	MSA 06-10	Electronic Home Office Cost Statement	Nursing Facilities	4/1/06 Information incorporated into the Nursing Facility Cost Reporting & Reimbursement Appendix Section 4 – Cost Reporting.
2/13/06	MSA 06-09	Mental Health and Substance Abuse Policy Changes	Prepaid Inpatient Health Plans	4/1/06 Information incorporated into the Mental Health/Substance Abuse Chapter.



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3/1/06	MSA 06-08	Objective Hearing and Vision Screening Policy and Billing; Blood Lead Analysis Clarification	Local Health Departments	4/1/06 Information incorporated into the Practitioner and Local Health Departments chapters, and the Forms Appendix.
2/06	MSA 06-07	Medicare Part B Crossover Claims	Practitioners, Optometrists, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, Medical Clinics, Local Health Departments, Ambulance, Independent Labs, Medical Suppliers, Orthotists/Prosthetists, Vision	4/1/06 Information incorporated into the Coordination of Benefits Chapter.
2/1/06	MSA 06-06	Change in Program that Authorizes Private Duty Nursing for Non-Waiver Beneficiaries or Beneficiaries Not Currently Receiving Services Through a Waiver	Private Duty Nursing Hospitals	4/1/06 Information incorporated into the Private Duty Nursing Chapter. 7/1/06 Information incorporated into the Hospital Manual.
12/05	MSA 06-02	Termination of Sexual or Erectile Dysfunction Drug Coverage	Pharmacy, Hospital, Practitioners, Local Health Departments, Medicaid Health Plans, Community Mental Health Programs	04/01/06 Information incorporated into the Pharmacy Chapter.