

Bulletin Number: MSA 07-31

Distribution: All Providers

Issued: June 1, 2007

Subject: Updates to the Medicaid Provider Manual

Effective: July 1, 2007

Programs Affected: Medicaid, Adult Benefits Waiver, Children's Special Health Care Services, Children's Waiver, Maternity Outpatient Medical Services, MIChoice Waiver, *Plan First!*

The Michigan Department of Community Health (MDCH) has completed the July 2007 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 pink 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 2007 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 2007 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 click on >> Providers >> Information for Medicaid Providers >> Medicaid Provider Manual, this bulletin and those referenced in this bulletin may be discarded.

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



Medicaid Provider Manual July 2007 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
General Information for Providers	1.6 Provider Liaison Meetings	The section was changed to indicate a calendar for pharmacy liaison meetings is posted on the Pharmacy Benefits Manager website.	Clarification
General Information for Providers	Section 2 – Provider Enrollment	The second and third paragraphs were changed to add reference to the MSA-1626 Pharmacy Provider Enrollment & Trading Partner Agreement and the MDCH website. The fourth paragraph was changed to include reference to the MDCH PBM Provider Enrollment Unit for pharmacy providers. Information was added to the sixth paragraph to indicate pharmacy providers will receive an enrollment confirmation.	Clarification
General Information for Providers	Section 3 – Maintenance of Provider Information	The first paragraph was changed to include reference to the MDCH PBM Provider Enrollment Unit for pharmacy providers.	Clarification
General Information for Providers	5.2 Loss of Licensure	The fourth paragraph was changed to include reference to the MDCH PBM Provider Enrollment Unit for pharmacy providers.	Clarification
General Information for Providers	6.2 Nonenrolled Michigan & Borderland Providers	The subsection was changed to add reference to the MSA-1626 Pharmacy Provider Enrollment & Trading Partner Agreement and the MDCH Pharmacy Benefits Manager.	Clarification
General Information for Providers	6.3 Out of State/Beyond Borderland Providers	The third paragraph was changed to add reference to the MSA-1626 Pharmacy Provider Enrollment & Trading Partner Agreement and the MDCH website. The first sentence of the sixth paragraph was changed to add reference to the MSA-1626.	Clarification

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



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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
General Information for Providers	8.1 General Information	Reference was added to the Pharmacy Chapter for pharmacy PA.	Clarification
General Information for Providers	10.3 Billing Limitations	A footnote was added related to the need for authorization override for pharmacy claims over 180 days.	Clarification
General Information for Providers	13.1 Record Retention	The record retention period was changed from six years to seven years.	Consistency with 400.111(b)(8) of PA 280 of 1939 and 16213(a) of PA 368 of 1978
General Information for Providers	13.2 Provider's Orders	The record retention period was changed from six years to seven years.	Consistency with 400.111(b)(8) of PA 280 of 1939 and 16213(a) of PA 368 of 1978
Beneficiary Eligibility	2.5 Special Programs – Beneficiary Identification	<p>The message related to QMBs was changed to read: mihealth card is issued stating coverage is for Medicare Part B premiums, coinsurance and deductibles only.</p> <p>The information related to ALMBs was updated to reflect Q1 only. Reference to Q2 was deleted.</p> <p>The reference to Medicaid Deductible and QMB was changed to indicate Medicaid Deductible and MSP with a Scope/Coverage of 2C or 2H.</p>	Update
Beneficiary Eligibility	Section 6 – Qualified Medicare Beneficiary	The section name was changed to Medicare Savings Program.	Update

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Beneficiary Eligibility	6.2 Medicaid Deductible Beneficiaries and QMP	The subsection name was changed to Medicaid Deductible Beneficiaries and MSP, and the first sentence was changed to read: Beneficiaries may be a MSP and also a Medicaid deductible beneficiary. Until the deductible amount has been met, the EVS shows Scope/Coverage Code 2C or 2H .	Update
Coordination of Benefits	Section 1 – Introduction	The following was added at the end of the third paragraph: If MDCH finds after a claim is adjudicated that another payer was liable for the service, a claim adjustment will be processed. The provider will then have to bill the identified third party resource for the service.	Clarification
Coordination of Benefits	2.6.D. Medicare Part D (new subsection)	New subsection added with the following text: Medicare Part D covers prescription drugs. MDCH does not coordinate benefits with Medicare Part D. MDCH will not reimburse the beneficiary's liability (co-payments, premiums, deductibles, or co-insurance) for Medicare Part D. Subsequent subsections were renumbered.	Clarification
Coordination of Benefits	2.6.E. Medicaid Liability	The third paragraph was changed to read: . . . fixed co-pays (except Medicare Part D) on the services up to the lesser of . . . The fourth paragraph was changed to read: . . . with Medicare coverage (except Medicare Part D) is the lesser . . .	Clarification
Billing & Reimbursement for Dental Providers	8.3 Paper Remittance Advice	The following was added at the end of the first paragraph: Providers may elect to discontinue receipt of the paper RA by submitting their request via e-mail to Provider Enrollment. (Refer to the Directory Appendix for contact information.)	Update

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Billing & Reimbursement for Institutional Providers	11.3 Paper Remittance Advice	The following was added at the end of the first paragraph: Providers may elect to discontinue receipt of the paper RA by submitting their request via e-mail to Provider Enrollment. (Refer to the Directory Appendix for contact information.)	Update
Billing & Reimbursement for Professionals	Table of Contents	Textbox regarding delay of implementation of the CMS 1500 was deleted.	No longer applicable.
	2.2.A. Guidelines to Complete Paper Claim Forms	The first bullet was changed to read as follows: <ul style="list-style-type: none"> ▪ Dates must be either the eight-digit format (MMDDCCYY) or the six-digit format (MMDDYY) without dashes or slashes as instructed by the NUCC manual. Be sure the dates are within the appropriate fields on the form. 	Update
	Section 3 - Claim Completion	The following was added to the table for completion instructions: Punctuation Marks: To assure that the scanner properly reads the claim information, omit commas, periods and decimals.	Clarification
	8.3 Paper Remittance Advice	The following was added at the end of the first paragraph: Providers may elect to discontinue receipt of the paper RA by submitting their request via e-mail to Provider Enrollment. (Refer to the Directory Appendix for contact information.)	Update
Children's Special Health Care Services	5.3 Payment Agreement	The following sentence was added to the third paragraph: . . . Payments are non-refundable.	Clarification

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Dental	2.4 Approved Prior Authorization Requests	The third paragraph was changed to read: ... another dentist within the same group without contacting the MDCH Dental Prior Authorization Unit. The fourth and fifth paragraphs were deleted.	Update
Dental	6.1.F.6. Technical Considerations for Radiographs	The third bullet was changed to read: <ul style="list-style-type: none"> The dentist's name and address; and 	Update
Dental	6.2.B. Topical Application of Fluoride	The second sentence was changed to read: It is covered only once every six months.	Update
Dental	6.6.A. General Instructions	The first bullet in the second set of bullets was changed to read: <ul style="list-style-type: none"> A previous prosthesis has been provided . . . 	Update
Family Planning Clinic	Section 5 – Pharmaceuticals	The first sentence of the second paragraph was changed to read: ... six-month supply, and the Nuvaring and contraceptive patches should not exceed a three-month supply.	Clarification
Federally Qualified Health Centers	5.11.B. Maintenance of Medical and Financial Records	The record retention period was changed from six years to seven years.	Consistency with 400.111(b)(8) of PA 280 of 1939 and 16213(a) of PA 368 of 1978
Hearing Aid Dealers	1.10 Documentation in Beneficiary File	The record retention period was changed from six years to seven years.	Consistency with 400.111(b)(8) of PA 280 of 1939 and 16213(a) of PA 368 of 1978

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Hearing Services	1.3 Documentation in Beneficiary File	The record retention period was changed from six years to seven years.	Consistency with 400.111(b)(8) of PA 280 of 1939 and 16213(a) of PA 368 of 1978
Hospital	6.8 Nursing Facility	The first bullet was changed to read: <ul style="list-style-type: none"> ... The order must be signed and dated by the physician. A stamped signature is not acceptable. 	Updated for consistency with Public Health Code
Local Health Departments	5.6 Accounting and Record Keeping	The record retention period was changed from six years to seven years.	Consistency with 400.111(b)(8) of PA 280 of 1939 and 16213(a) of PA 368 of 1978
Maternity Outpatient Medical Services	2.1 Covered Services	The following bullet was added to the list of covered services: <ul style="list-style-type: none"> Condoms (covered in the prenatal period for STI prevention) 	Clarification
Medical Supplier	1.6 Documentation in Beneficiary File	The record retention period was changed from six years to seven years.	Consistency with 400.111(b)(8) of PA 280 of 1939 and 16213(a) of PA 368 of 1978
Nursing Facility Coverages	4.1.C. Physician Order for Nursing Facility Services	The first paragraph was changed to read: <p>... The order must be signed and dated by the physician. A stamped signature is not acceptable.</p>	Updated for consistency with Public Health Code

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Nursing Facility Coverages	9.37.A. Non-emergency Transportation	The first paragraph was changed to read: . . . Non-emergency transportation includes transport to medical appointments/treatment not available in the facility (e.g., dialysis treatment), as well as when the facility arranges for services to be provided at the facility (e.g., hearing aid dealer). . . . Reimbursement for non-emergency transportation, whether the beneficiary is transported to the appointment or the services are provided at the facility, is included in the facility per diem rate.	Clarification
Nursing Facility Coverages	10.2 Holding a Bed (Hospital Leave and Therapeutic Leave)	The following paragraph was inserted after the second paragraph of this subsection: The hospital leave portion of this policy only applies when Medicaid is the primary payer for room and board for the nursing facility stay at the time of the emergency hospital admission. For beneficiaries who are dually eligible for Medicare/Medicaid or have other insurance, Medicaid will not reimburse for holding a bed if Medicare or the other insurance is the primary payer for room and board for the nursing facility stay at the time of hospital admission. Medicaid will reimburse for the bed, however, if the resident who was Medicaid at the time of the hospitalization returns to the facility within the ten-day period with Medicare or other insurance coverage for the subsequent stay.	Clarification
Outpatient Therapy	1.3 Documentation in Beneficiary File	The record retention period was changed from six years to seven years.	Consistency with 400.111(b)(8) of PA 280 of 1939 and 16213(a) of PA 368 of 1978
Pharmacy	13.10.B. COB Edit Exceptions	The subsection was changed to read: In the following situations, providers may override the COB edit using the appropriate NCPDP code: <ul style="list-style-type: none"> The beneficiary indicates, or the pharmacy is aware, that the beneficiary no longer has other insurance on the date the prescription is dispensed. The beneficiary's other insurance requires the beneficiary to pre-pay for the drug. 	Update

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Pharmacy	5.1 Signature Log 5.3 Documentation Requirements 11.4 Prescriptions Not Picked Up Section 19 – Pharmacy Audit and Documentation	The record retention period was changed from six years to seven years.	Consistency with 400.111(b)(8) of PA 280 of 1939 and 16213(a) of PA 368 of 1978
<i>Plan First!</i> Family Planning Waiver	4.2.G. Insurance Coverage	The subsection has been changed to read: Applicants with other credible insurance will not be eligible for <i>Plan First!</i>	Updated to reflect policy change promulgated to Section 124 of the MDHS Program Eligibility Manual.
<i>Plan First!</i> Family Planning Waiver	4.2.D. Citizenship Requirements	The first paragraph was changed to read: Applicants for <i>Plan First!</i> are required to provide identification and proof of citizenship, or documentation of being a qualified alien.	Updated to reflect policy change promulgated to Section 225 of the MDHS Program Eligibility Manual.
Practitioner	4.14.B. Referred Services	The laboratory daily reimbursement limit table was deleted from the subsection. The second paragraph was changed to read: . . . on a single date of service. Refer to the Laboratory Chapter of this manual for specific daily limits for laboratory services.	Update
Rural Health Clinics	9.2 Accounting and Record Keeping	The record retention period was changed from six years to seven years.	Consistency with 400.111(b)(8) of PA 280 of 1939 and 16213(a) of PA 368 of 1978

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Medicaid Provider Manual July 2007 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
School Based Services Administrative Outreach	4.2 Time Study Participants	Licensed Practical Nurse was added to the list of participants. Physician was clarified to include Psychiatrist.	Clarification
School Based Services Administrative Outreach Program	Section 5 – Activities That Can Be Claimed	Service 13 was changed to read: IEP/IFSP Direct Medical Services	Clarification
School Based Services Administrative Outreach Program	5.3.K. Code 13 – Direct Medical Services-U	The subsection was renamed to Code 13 – IEP/IFSP Direct Medical Services-U The following bullets were added to the list of activities: <ul style="list-style-type: none"> • Occupational therapy services • Physical therapy services • Speech, language and hearing services • Vision services • Psychological counseling and social work services • Nursing services • Physician services The following bullets were deleted from the list of activities: <ul style="list-style-type: none"> • Providing speech, occupational, physical and other therapies. • Providing counseling services to treat health, mental health, or substance abuse conditions. 	Clarification

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
School Based Services Administrative Outreach	5.3.O. Code 17 – School-Related and Educational Activities-U	The following bullets were added to the list: <ul style="list-style-type: none">• Administering first aid, or prescribed injection or medication to a student.• Performing routine or mandated child health screens including, but not limited to, vision, hearing, dental, scoliosis, and EPSDT screens.• Administering immunizations.• Discussing health care needs and the importance of well-baby care with adolescent.	Clarification
Directory Appendix	Provider Assistance	The following e-mail address was added to the Provider Enrollment portion of this section: providerenrollment@michigan.gov	Update
Forms Appendix		Form MSA-1580 (Request for Authorization of Private Room Supplemental Payment for Nursing Facility) was added to the appendix.	Update

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Medicaid Provider Manual July 2007 Updates



BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 07-27	5/15/07	Medical Suppliers	1.5.B. Automatic Refills (new subsection)	New subsection created to accommodate policy relative to Automatic Refills of Medical Supplies. Subsequent subsections were renumbered.
MSA 07-26	5/15/07	Throughout the manual		The words "certified" or "registered" used with "social worker" have been replaced with "licensed".
MSA 07-25	5/07	General Information for Providers	6.3 Out of State/Beyond Borderland Providers	Text was added to clarify policy related to reimbursement for non-emergency services rendered by out of state providers.
MSA 07-24	6/1/07	Children's Special Health Care Services	Section 4 - Application Process	References to "foster parent" were removed as it is no longer applicable. Text was added to clarify involvement of stepparent.
			5.1 Financial Determination Process	7th bullet was deleted as adoption with a pre-existing CSHCS eligible medical condition is no longer an exemption from a payment agreement.
			5.3 Payment Agreement	Text was revised to address financial obligation of payment agreement.
MSA 07-22	4/25/07	Billing & Reimbursement for Dental Providers	Section 1 - General Information	Text added relative to NPI number, Medicaid legacy ID number, and NPI contingency plan.
		Billing & Reimbursement for Professionals	Section 1 - General Information	
		Billing & Reimbursement for Institutional Providers	Section 1 - General Information	

*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 July 2007 Updates



BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 07-20	4/07	Hospital	6.10 Diapers for Home Use (new subsection)	New subsection was added to accommodate policy for hospitals ordering diapers under the Volume Purchase Contract for Fee for Service beneficiaries prior to discharge.
MSA 07-17	3/27/07	Pharmacy	2.2 Prescriber Drug Enforcement Agency Number (re-named)	Subsection name changed to "Prescriber Identification". Text revised to accommodate inclusion of NPI.
			13.4.B. Maximum Allowable Cost	Text revised to reflect NPI.
MSA 07-15	3/20/07	Pharmacy	14.4 Compounded Drugs/14.4.A. Exclusions	4th bullet added to include pre-mixed infusion solutions.
MSA 07-13	3/1/07	Throughout manual		References to "UB 92" have been changed to "UB 04"; references to "UB 92 Manual" have been changed to "NUBC UB 04 Manual".
MSA 07-02	1/1/07	Billing & Reimbursement for Dental Providers	4.1 Dental Claim Form Completion Instructions	Instructions for field completions were clarified.
MSA 06-83	12/15/06	Practitioners/Practitioner Reimbursement Appendix	Section 2 - Enhanced Practitioner Payments	Text modified to address payment adjustments.

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Michigan Department of Community Health



Supplemental Bulletin List

The following is a list of Medicaid policy bulletins that supplement the *January 2007* 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
6/01/07	MSA 07-29	HCPCS Procedure Code Update	Practitioners (Physicians, Advanced Practice Nurses, Medical Clinics, FQHCs/RHCs/THCs), Hospitals, Local Health Departments, Medicaid Health Plans, Prepaid Inpatient Health Plans, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies	7/1/07 Information incorporated in the Procedure Code Database on the website at www.michigan.gov/mdch
6/01/07	MSA 07-28	Change in Warrant Issue Date; New Automated Provider Enrollment System	All Providers	This bulletin can be discarded after review.
6/1/07	MSA 07-24	Changes to CSHCS Application and Payment Agreement Policy	Local Health Departments	7/1/07 Information incorporated into the Children's Special Health Care Services Chapter.
5/29/07	MSA 07-30	FY 07 Fee Reductions	All Providers	This bulletin can be discarded after review.
5/15/07	MSA 07-27	Automatic Refills of Medical Supplies	Medical Suppliers	7/1/07 Information incorporated into the Medical Suppliers Chapter.



Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
5/15/07	MSA 07-26	Social Worker Licensure	Ambulance, Family Planning Clinics, FQHCs, Hospice, Hospitals, Local Health Departments, Medicaid Health Plans, Mental Health/Substance Abuse, MIHP, Practitioners, RHCs, School Based Services, Tribal Health Centers	7/1/07 Information incorporated as appropriate throughout the Manual.
5/07	MSA 07-25	Clarification of Reimbursement for Services by Out of State/Beyond Borderland Providers	All Providers	7/1/07 Information incorporated into the General Information for Providers Chapter.
5/1/07	MSA 07-23	FY 07 Fee Reductions	All Providers	Bulletin rescinded by MSA 07-30
4/25/07	MSA 07-22	MDCH Contingency Plan for NPI Implementation; New MDCH Edits for Validating NPI; B2B Testing Process for NPI; NPI Pharmacy Compliance Plan; Verification of Beneficiary Eligibility	All Providers	7/1/07 Information incorporated into the Billing & Reimbursement for Dental Providers, the Billing & Reimbursement for Professionals, and the Billing & Reimbursement for Institutional Providers Chapters.
4/07	MSA 07-21	Sanctioned Providers Update	All Providers	
4/07	MSA 07-20	Policy for Hospitals to Order Diapers Under the Volume Purchase Contract for Fee For Service Beneficiaries Prior to Discharge	Hospitals	7/1/07 Information incorporated into the Hospital Chapter.
3/30/07	MSA 07-19	Incorrect Fax Number for the Program Review Division Issued Under Bulletin MSA 07-11	Private Duty Nursing	Correct information reflected in the Directory Appendix of the Manual.



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Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
3/28/07	MSA 07-18	Implementation Delay of the CMS 1500 (08/05) Paper Claim Form	Practitioners (Physicians, Advanced Practice Nurses, Physical Therapists, Medical Clinics, FOHC/RHC/THC, Oral Surgeons, Podiatrists, CRNA), Chiropractors, Ambulance, Independent Labs, Medical Suppliers, Orthotists/Prosthetists, Vision, Hearing Centers, Hearing Aid Dealers, Community Mental Health Services Programs, Prepaid Inpatient Health Plans, Family Planning Clinics, Maternal Infant Health Program, Private Duty Nurses (Individually Enrolled), School Based Services, Medicaid Health Plans and Local Health Departments	Content of bulletin time-limited (expired 6/1/07). Bulletin can be discarded.
3/27/07	MSA 07-17	Reporting the NPI with Prescription Orders and Prescription Drug Claims	Pharmacy, Practitioner (Physicians, Advanced Practice Nurses, Medical Clinics, Oral Surgeons, Podiatrists, FOHCs/RHCs/THCs), Hospitals, Hospice, Vision, Dentists, Local Health Departments, Family Planning Clinics, Medicaid Health Plans, Community Mental Health Services Program Clinics and Substance Abuse Coordinating Agencies	7/1/07 Information incorporated into the Pharmacy Chapter.
3/07	MSA 07-16	Sanctioned Providers Update	All Providers	
3/20/07	MSA 07-15	Multi-Ingredient Compound Drug Claim Submissions	Pharmacy	7/1/07 Information incorporated into the Pharmacy Chapter.
3/01/07	MSA 07-14	Updates to the Medicaid Provider Manual	All Providers	



Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
3/01/07	MSA 07-13	MDCH Claim Editing for Type of Bill Codes, Implementation of the UB 04, MDCH Clarification of UB 04 Data Elements (including NPI), Guidelines for Submitting Paper Test Claims, and Revisions to the Billing and Reimbursement for Institutional Providers Chapter	Hospitals, Nursing Facilities, Home Health Agencies, Hospice, Outpatient Therapy Providers, Private Duty Nursing Agencies	7/1/07 Information incorporated as appropriate throughout the Manual.
2/16/07	MSA 07-12	Outpatient Prospective Payment System (OPPS) - Financial/Reimbursement	Hospitals, Comprehensive Outpatient Rehabilitation Facilities, Rehab Agencies, Freestanding Dialysis Centers and Hospital-Owned Ambulance (Provider Type 40)	4/1/07 Information incorporated into the Hospital Chapter Reimbursement Appendix and added to the website at www.michigan.gov/mdch
2/15/07	MSA 07-11	Private Duty Nursing Accreditation	Private Duty Nursing	
2/15/07	MSA 07-10	Licensure of Audiologists; Hearing Aid Dealer Enrollment Requirements	Outpatient Hospitals, Audiology Providers, Hearing Aid Dealers, Medicaid Health Plans, Practitioners, School-Based Services, Mental Health/Substance Abuse, Nursing Facilities	4/1/07 Information incorporated into the Hearing Aid Dealers, Hearing Services, Hospital, Mental Health/Substance Abuse, and School Based Services Chapters.
2/1/07	MSA 07-09	Implementation of the CMS-1500 (Version 08/05); New Claim Completion Instructions (including NPI); Guidelines for Submitting Paper Test Claims; Revisions to the Billing & Reimbursement for Professionals Chapter of the Medicaid Provider Manual	Practitioners (Physicians, Advanced Practice Nurses, Physical Therapists, Medical Clinics, FQHCs/RHCs/THCs, Oral Surgeons, Podiatrists, CRNA), Chiropractors, Ambulance, Independent Labs, Medical Suppliers, Orthotists/Prosthetists, Vision, Hearing Centers, Hearing Aid Dealers, Community Mental Health Services Programs, Prepaid Inpatient Health Plans, Family Planning Clinics, Maternal Infant Health Program, Private Duty Nurses (Individually Enrolled), School Based Services, Medicaid Health Plans, Local Health Departments	4/1/07 Information incorporated into the Billing & Reimbursement for Professionals Chapter.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
2/1/07	MSA 07-08	Increase in Cost of Premium for MICHild Enrollment	MICHild Manual Holders, Local Health Departments, MICHild Administrative Contractor (MAXIMUS), MICHild Health and Dental Plans, DHS Central Office	4/1/07 Information incorporated into the Special Programs Chapter of the Michigan Medicaid Provider Manual in addition to inclusion in the MICHild Eligibility Manual.
2/1/07	MSA 07-07	Observation Care Services	Outpatient Hospitals	4/1/07 Information incorporated into the Hospital Chapter.
1/07	MSA 07-06	HCPCS Code and Reimbursement for Incontinent Wipes	Medical Suppliers	4/1/07 Information incorporated into the Medical Supplier Chapter, and added to the Medical Supplier database at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Provider Specific Information
2/1/07	MSA 07-05	Revision of PASARR Forms (DCH-3877 and DCH-3878)	County Medical Care Facilities, Hospice, Hospital Long Term Care Units, Hospital Swing Beds, Inpatient Hospitals, Nursing Facilities, Nursing Facilities for the Mentally III, Ventilator Dependent Units	4/1/07 Information incorporated into the Hospital and the Nursing Facility Coverages Chapters and the Forms Appendix Forms updated on website at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Medicaid Provider Forms and Other Resources
1/07	MSA 07-04	Sanctioned Providers Update	All Providers	



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Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
1/1/07	MSA 07-03	Denial of Care or Services for Failure to Pay Co-Payments	All Providers	4/1/07 Information incorporated into the following chapters: General Information for Providers, Chiropractor, Dental, Federally Qualified Health Centers, Hearing Aid Dealers, Hospital, Pharmacy, Practitioner, Rural Health Clinics, Tribal Health Centers, Vision. Information added to the website at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers
1/1/07	MSA 07-02	Implementation of the ADA 2006 Claim Form; Implementation and Use of National Provider Identifier (NPI) on Claim Form	Dental Clinics, Dentists	4/1/07 Information incorporated into the following chapters: Billing & Reimbursement for Dental Providers, Medicaid Provider Manual Overview, and Directory Appendix. Updated information in the 837 Dental Companion Guide on the website at www.michigan.gov/mdch
1/07	MSA 07-01	2007 Medicaid Provider Manual	All Providers	Bulletin transmitted with the January 2007 CD version of the Michigan Medicaid Provider Manual. Bulletin can be discarded.
12/28/06	MSA 06-85	Graduate Medical Education (GME) Pools Size Reduction and Adjusted FTEs Methodological Update	Hospitals	4/1/07 Information incorporated into the Hospital Chapter Reimbursement Appendix.



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Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
12/06	MSA 06-84	Billing Time Span Revision for Lancets, Blood Glucose Strips, and Calibrator Solution/Chips	Medical Suppliers	4/1/07 Information incorporated into the Medical Supplier Chapter. Information added to the Medical Supplier database at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Provider Specific Information
12/15/06	MSA 06-83	Adjustments to Public Physicians	Dentists, Hospitals (Inpatient, Outpatient), Optometrists, Practitioners	7/1/07 Information incorporated into the Practitioners Chapter/Practitioner Reimbursement Appendix.
12/08/06	MSA 06-82	Outpatient Prospective Payment System (OPPS) and Hospital-Owned Ambulance Services	Outpatient Hospitals	4/1/07 Information incorporated into the following chapters: Billing & Reimbursement for Institutional Providers, Ambulance, and Hospital. Information added to the website at www.michigan.gov/mdch
12/01/06	MSA 06-81	January 1, 2007 Procedure Code Updates; New Coverage of Existing HCPCS Code 76514	Ambulance, Chiropractor, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies, Dental Clinics, Dentists, Family Planning Clinics, Hearing Centers, Hospitals, Laboratory, Local Health Departments, Medicaid Health Plans, Medical Suppliers, Nursing Facilities, Orthotists, Practitioners (Physicians, Advanced Practice Nurses, Physical Therapists, Medical Clinics, FQHCs/RHCs/THCs, Oral Surgeons, Podiatrists), Prepaid Inpatient Health Plans, Private Duty Nursing, Prosthetists, Vision	Information added to January 2007 databases at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Provider Specific Information



Michigan Department of Community Health



Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
12/01/06	MSA 06-80	DRG Grouper, DRG Rate, and Per Diem Rate Updates	Hospitals, Medicaid Health Plans	4/1/07 Information incorporated into the Hospital Chapter Reimbursement Appendix. Information added to databases at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Provider Specific Information >> Hospital DRG Groupers
10/06	MSA 06-74	Sanctioned Provider List	All Providers	The list is available on the MDCH website at www.michigan.gov/mdch >>Providers>>Information for Medicaid Providers.
10/16/06	MSA 06-73	NPI Transition Plans for Medicaid FFS Providers; Reporting Type of Bill Codes, Taxonomy Codes, and 9-Digit Zip Codes; 835 Remittance Advice and NPI	All Providers	
07/01/06	MSA 06-47	Outpatient Prospective Payment System	Hospitals, Comprehensive Outpatient Rehabilitation Facilities, Rehab Agencies and Freestanding Dialysis Centers	4/1/07 Information incorporated into the following chapters: Billing & Reimbursement for Institutional Providers, Hospital, Laboratory, Outpatient Therapy, Acronym Appendix, Directory Appendix, Glossary. Additional information is available on the MDCH website at www.michigan.gov/mdch