

Michigan Department of Community Health

Bulletin Number: MSA 07-50

Distribution: All Providers

Issued: September 1, 2007

Subject: Updates to the Medicaid Provider Manual

Effective: October 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 October 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 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 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 >> Providers >> Information for Medicaid Providers >> Medicaid Provider Manual, this bulletin and those referenced in this bulletin may be discarded.

Questions

Any questions regarding the manual 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 October 2007 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
General Information for Providers	13.4 Availability of Records	The third paragraph of this subsection was deleted.	Obsolete information.
Beneficiary Eligibility	2.6 Special Programs – Beneficiary Identification	The message for Qualified Medicare Beneficiary was changed to read: mihealth card is issued. EVS will indicate coverage is for Medicare Part B premiums . . . The Scope/Coverage for Medicaid Deductible and MSP was changed to read: 2B, 2C, or 2H The following was added to the message for Medicaid Deductible and MSP: Once the deductible amount is met, the Scope/Coverage Code is changed to 2F (full Medicaid benefits) and EVS is updated.	Update
Beneficiary Eligibility	6.2 Medicaid Deductible Beneficiaries and MSP	Scope/Coverage Code 2B was added to the second sentence.	Update
Coordination of Benefits	2.6.F. Medicaid Liability	The paragraph after the first text box was changed to read: “When a Medicaid beneficiary is eligible for, but not enrolled in, Medicare Part B and/or Part D , MDCH rejects any claim for Medicare Part B or Part D services.	Update
Billing & Reimbursement for Professionals	7.3 Anesthesia	Modifier “Y” was changed to “QY”.	Correction
Children’s Special Health Care Services	Section 1 – General	The second sentence of the second paragraph was changed to read: CSHCS is mandated by the Michigan Public Health Code, Public Act 368 of 1978, in cooperation with the federal government under Title V of the Social Security Act and the annual MDCH Appropriations Act.	Clarification

* 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	5.3 Payment Agreement	<p>The second sentence in the third paragraph was changed to read: . . . regardless of the number of family members with CSHCS coverage.</p> <p>The following sentence was added after the third sentence in the third paragraph: The client/family is responsible for the total amount even if CSHCS coverage ends.</p>	<p>Clarification</p> <p>Reinstate text inadvertently deleted July 2007.</p>
Children's Special Health Care Services	Section 10 – Out-of-State Medical Care	<p>The following paragraph was inserted after the second set of bullets: All out-of-state providers must have a signed DCH-1625 (Medical Assistance Provider Enrollment and Trading Partner Agreement) or MSA-1626 (Pharmacy Provider Enrollment and Trading Partner Agreement) on file with the MDCH in order to receive reimbursement. Providers that choose not to enroll may enter into a trading partner only (TPA) arrangement with the MDCH. (Refer to the General Information for Providers Chapter of this manual for additional information.) In addition to the CSHCS authorization, the out-of-state provider must also comply with the above requirements. Providers will receive reimbursement from MDCH only after the enrollment or TPA requirement has been fulfilled.</p>	Clarification
Family Planning Clinics	Section 5 – Pharmaceuticals	<p>The second sentence of the second paragraph was changed to read: All other contraceptive supplies should be dispensed for one month, with the exception of implants and hormonal contraceptives such as Depo Provera.</p>	Update
Family Planning Waiver	Section 1 – General Information	<p>The second bullet was changed to read:</p> <ul style="list-style-type: none"> Are not currently covered by Medicaid or the Adult Benefits Waiver (Adult Medical Program), or other credible insurance; and 	Clarification
Home Health	11.1 Ambulatory Uterine Activity Monitor	<p>This subsection was renamed and contents updated to reflect the change from Ambulatory Uterine Activity Monitor to Home Uterine Activity Monitor.</p>	Update

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Hospice	3.4.B. Nursing Facility	The sixth paragraph was changed to read: . . . The Medicaid reimbursement to the hospice for NF room and board is equal to 95% of the total Medicaid NF rate. For Class I, III, and V facilities, reimbursement also includes 100% of the Quality Assurance Supplement (QAS) amount due the NF through the Quality Assurance Assessment Program (QAAP). QAS funds are not included in the reimbursement for Hospital Swing Beds as they are not eligible for that program.	Update
Hospice	5.7.A. Children's Home and Community Based Waiver Beneficiaries	The name of the subsection was changed to read: Home and Community Based Waiver Beneficiaries (Children's Waiver, Habilitation Supports Waiver)	Clarification
Maternal Infant Health Program	2.2 Risk Screening	The fifth paragraph was changed to read: . . . infant services case, the MIHP infant risk screening form (DCH-1194) must be completed . . .	Clarification
Maternal Infant Health Program	2.5 Psychosocial/ Nutritional Assessment	The first sentence of the first paragraph was changed to read: . . . must complete a structured assessment (DCH-1192 or DCH-1195) to determine the scope . . . The last sentence of the first paragraph was changed to read: . . . MIHP infant case, an additional risk screen, and if indicated, an infant assessment must be completed . . .	Clarification
Maternal Infant Health Program	Section 3 – Forms	The names of forms were updated to reflect the names appearing on current versions of the forms.	Update
Maternal Infant Health Program	5.1 Criteria	The second sentence of the fourth bullet was moved to a separate bullet.	Clarification

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Medical Supplier	1.9.A. Noncustom Versus Custom-Made	The reference to the ABC in the second paragraph was updated to reflect American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc.	Update
Medical Supplier	2.17 Home Uterine Activity Monitor	The following references were updated in the Payment Rules portion of the table: Ambulatory Uterine Monitor Agreement changed to Home Uterine Monitor Agreement Medicaid Payments Division, Provider Enrollment Unit changed to Medicaid Provider Enrollment Unit	Update
Nursing Facility Coverages	9.13 Hospice Services	The first paragraph was changed to read: MDCH reimburses the hospice for its daily rate, for room and board, and QAS for beneficiaries in Medicaid or Medicaid/Medicare dually certified beds. The room and board rate is 95% of the facility's per diem rate, plus 100% of the QAS amount. Although the rate paid . . . The following was added after the first paragraph: Hospice services are reimbursable for day of discharge if services were rendered, regardless of the setting in which the services were provided. This includes the transfer of the beneficiary from one hospice provider to another as long as services were provided by both agencies. (This will be randomly verified by post payment audit and as indicated.) If the beneficiary has hospice as of 12:01 a.m., the hospice is responsible for the payment of services provided to the beneficiary until midnight. The hospice will continue, for payment purposes, as the primary provider for the full day of discharge. Room and board for a hospice/nursing facility (NF) resident is reimbursable on the day of discharge only if the discharge is due to resident death. Room and board reimbursement for the day of discharge from the NF for any other reason is not covered as the resident is not there at the midnight census to be counted as a resident.	Clarification

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Nursing Facility Coverages	9.36.D. Prior Approval for Therapies	The last sentence of the first paragraph was changed to read: Refer to the Forms Appendix or MDCH website for a copy of, and instructions for, the MSA-115.	Update
Nursing Facility Coverages	9.36.D.1. Initial Request	The two statements following the bullets were deleted.	Redundant information.
Nursing Facility Coverages	9.36.D.3. Distribution of Form	This subsection was deleted and subsequent subsections renumbered. The last sentence was moved to renumbered 9.36.D.5. Billing.	Obsolete and redundant information.
Nursing Facility Coverages	9.36.D.5. Billing	This subsection was renumbered to 9.36.D.4. and contents related to the MSA-115 form and form instructions were deleted. The information following the form instructions was moved to new subsection 9.36.D.5. Progress Notes. The last sentence from 9.36.D.3. was added.	Obsolete and redundant information.
Nursing Facility Coverages	9.36.D.5. Progress Notes (New subsection)	New subsection contains information previously part of old 9.36.D.5. Billing.	Reorganized for clarification.
Nursing Facility Cost Reporting & Reimbursement Appendix	9.9.C. Nurse Aide Reimbursement	The second sentence of the sixth paragraph was changed to read: . . . part-time employee status, must be fully paid within six months of the individual's date of employment, or must be prorated based on their dates of employment in the facility.	Clarification
Pharmacy	13.6 Beneficiary Co-Payments	The following was added as a new bullet in the Other Exclusions portion of the table: <ul style="list-style-type: none"> Medicare/Medicaid dual eligibles. 	Update

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Pharmacy	13.10 Coordination of Benefits	The following sentence was added to the end of the last paragraph: For billing information on COB, refer to the PBM Pharmacy Claims Processing Manual, the PBM website, or contact the PBM Technical Call Center. (Refer to the Directory Appendix for website and contact information.)	Update
Pharmacy	13.10.A. COB Edit Override	Subsection deleted. Information incorporated into the MDCH PBM's Pharmacy Claims Processing Manual.	Information more appropriate for inclusion in claims processing manual.
Pharmacy	13.10.B. COB Edit Exceptions	Subsection deleted. Information incorporated into the MDCH PBM's Pharmacy Claims Processing Manual.	Information more appropriate for inclusion in claims processing manual.
Pharmacy	13.10.C. COB Edit Override Exclusions	Subsection deleted. Information incorporated into the MDCH PBM's Pharmacy Claims Processing Manual.	Information more appropriate for inclusion in claims processing manual.
Pharmacy	13.10.D. Billing Information	Subsection deleted. Information incorporated into the MDCH PBM's Pharmacy Claims Processing Manual.	Information more appropriate for inclusion in claims processing manual.
Pharmacy	13.10.E. Non-COB with Medicare Part D	Subsection deleted. Information incorporated into the MDCH PBM's Pharmacy Claims Processing Manual.	Information more appropriate for inclusion in claims processing manual.
Pharmacy	14.2 Antihemophilic Drugs	The first paragraph of this subsection was deleted. Information incorporated into the MDCH PBM's Pharmacy Claims Processing Manual.	Information more appropriate for inclusion in claims processing manual.

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Pharmacy	Section 19 – Pharmacy Audit and Documentation	The fourth bullet was changed to read: <ul style="list-style-type: none"> • Prescriber's NPI 	Update
Practitioner	3.2 History	The sentence after the table was deleted.	Obsolete information.
Practitioner	4.12 Immunizations (Vaccines and Toxoids)	The first paragraph of the subsection was changed to read: . . . no cost to the provider. Any LHD in the state can be contacted for specifics about the VFC program, what vaccines are available, and instructions on enrolling and obtaining vaccines. Medicaid covers vaccines for beneficiaries 19 years of age or older. Medicaid does not cover vaccine costs for any product that is available free for Medicaid beneficiaries.	Clarification
School Based Services	2.1 Individuals with Disabilities Education Act Assessment and IEP/IFSP Development, Review and Revision	The reference to social worker in the Provider Qualifications portion of the table was changed to read: "A licensed or limited-licensed Master's degree social worker."	Update
School Based Services	2.6 Psychological, Counseling and Social Work Services	The reference to social worker in the Provider Qualifications portion of the table was changed to read: "A licensed or limited-licensed Master's degree social worker."	Update
School Based Services	2.7 Developmental Testing	The reference to social worker in the Provider Qualifications portion of the table was changed to read: "A licensed or limited-licensed Master's degree social worker."	Update

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CHAPTER	SECTION	CHANGE	COMMENT
Tribal Health Centers	7.6 Place of Service	The third sentence of the second paragraph was changed to read: Except for the Maternal Infant Health Program maternal and/or infant services provided in the home, only services billed . . .	Update program name
Acronym Appendix	ABC	The meaning of ABC was changed to read: American Board for Certification in Orthotics, Prosthetics and Pedorthics, Inc.	Update
Directory Appendix	Eligibility Verification	Contact information for Emdeon EDI was updated to reflect the following: Phone: 877-469-3263 E-Mail: BusinessServicesSales@emdeon.com Website: www.emdeon.com	Update
Directory Appendix	Provider Assistance	The following was added for Children's Special Health Care Services (CSHCS): www.michigan.gov/mdch >>Pregnant Women, Children & Families >> Children & Families >> Children's Special Health Care Services	Update
Directory Appendix	Nursing Facility Resources	Contact information for the RAI Coordinator was updated to reflect: Phone # 877-247-0330 Fax # 517-241-2629 RAI Coordinator Bureau of Health Systems Division of Operations 611 W. Ottawa Lansing, MI 48933	Update

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Forms Appendix		The following form was added to the Forms Appendix: DCH-1152 The following forms in the Forms Appendix were updated: DCH-1190; DCH-1191; DCH-1194; DCH-1195; DCH-1196; DCH-1197; DCH-1198; DCH-1199; MSA-1200	Update

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BULLETINS INCORPORATED*



BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 07-48	9/1/07	Throughout manual		Modifications were made to references to Provider ID, provider enrollment process, claim completion instructions, crossover claims, etc. to reflect changes for the National Provider Identifier (NPI). Related changes were also incorporated into the MDCH website.
		Billing & Reimbursement for Institutional Providers	6.2.A. Billing Instructions for Hospital-Owned Ambulances	Text was revised to reflect that ambulance providers are no longer required to report the referring/ordering physician's name and NPI on claims.
		Billing & Reimbursement for Professionals	6.3 Ambulance	
		Forms Appendix		Forms containing Provider ID fields were updated to reflect NPI number.
MSA 07-46	9/1/07	Federally Qualified Health Centers	3.2 Medicaid Health Plans 5.2 Documenting Encounters (subsection was renamed)	Text was revised/added relative to Managed Care Documentation for Full Cost Reimbursement Reconciliation Reports (encounters and payment of PPS rate).
		Rural Health Clinics	Section 9 - Reconciliation Reporting	
MSA 07-44	9/1/07	Children's Special Health Care Services	9.7 Insurance Premium Payment Benefit	Policy updated to include documentation requirements.
		Forms Appendix		Addition of MSA-0725 (CSHCS Application for Payment of Health Insurance Premiums)
MSA 07-40	7/25/07	Practitioners	Section 9 - Pharmacy	Text added regarding tamper resistant prescription pads.
		Pharmacy	1.2 Definitions	

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



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BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
			Section 2 - Prescriber Requirements	
MSA 07-39	7/18/07	Hospital/Hospital Reimbursement Appendix	7.8 Special Payment Adjustments (addition of new subsection)	New subsection added to address Inpatient Hospital Payment Reductions.
MSA 07-34	6/22/07	Medicaid Health Plans	Section 4 - Medicaid Health Plan Rates (new section)	New section (with subsections) was added to accommodate policy regarding Medicaid Health Plan Rate Development and Certification.
MSA 07-33	6/15/07	Billing & Reimbursement for Professionals	Section 3 - Claim Completion 6.4 Ancillary Medical Services	Text was revised/added to accommodate changes relative to Reporting National Drug Codes (NDC) for Physician Administered Drugs on Electronic and Paper Formats.
		Billing & Reimbursement for Institutional Providers	6.12 Injections	
MSA 07-32	6/29/07	Beneficiary Eligibility	12.2.A. Nursing Facility Determinations	Information regarding the FM-160 report was removed and replaced with information regarding Electronic Data Interchange (EDI).
		Directory Appendix	Nursing Facility Resources	Information added regarding Electronic Data Interchange (EDI).
MSA 07-22	4/25/07	Pharmacy	2.2 Prescriber Identification	References to DEA number were removed.
		Practitioner	Section 9 - Pharmacy	
		Hospital	1.5.G. Pharmacy	Text was revised/added to accommodate changes relative to the National Provider Identifier (NPI).

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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
9/1/07	MSA 07-50	Updates to the Medicaid Provider Manual	All Providers	
9/1/07	MSA 07-49	Sanctioned Providers Update	All Providers	10/1/07 Information incorporated into the MDCH website at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> List of Sanctioned Providers
9/1/07	MSA 07-48	MDCH NPI Implementation with End of Contingency Plan; MDCH NPI Reporting Requirements for Ambulance Service Claims; NPI Pharmacy Compliance Plan; Revised MDCH NPI Edits for Primary and Secondary Provider Fields; Electronic 835 and MDCH Paper Remittance Advice; Verification of Beneficiary Eligibility	All Providers	10/1/07 Information incorporated throughout the Manual and into the MDCH website at www.michigan.gov/mdch
9/1/07	MSA 07-47	Facility Innovative Design Supplemental (FIDS) Program for Inpatient Long Term Care Facilities	Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Hospice	



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
9/1/07	MSA 07-46	Managed Care Documentation for Full Cost Reimbursement Reconciliation Reports	Federally Qualified Health Centers, Rural Health Clinics	10/1/07 Information incorporated into the Federally Qualified Health Centers and the Rural Health Clinics Chapters.
9/1/07	MSA 07-44	CSHCS Application for Insurance Premium Payment	Local Health Departments	10/1/07 Information incorporated into the Children's Special Health Care Services Chapter and the Forms Appendix.
9/1/07	MSA 07-43	CSHCS Travel Assistance Reimbursement Process	Local Health Departments	
8/2/07	MSA 07-42	Quality Assurance Supplement Reduction	Nursing Facilities	
7/25/07	MSA 07-41	Outpatient Prospective Payment System Reduction Factor	Hospitals, Hospital-Owned Ambulance, Comprehensive Outpatient Rehabilitation Facilities, Rehab Agencies, Freestanding Dialysis Centers, Medicaid Health Plans, County Health Plans	10/1/07 Information incorporated into the MDCH website at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Provider Specific Information
7/25/07	MSA 07-40	Tamper Resistant Prescription Pads	Pharmacies, Practitioners (Physicians, Advanced Practice Nurses, Medical Clinics, Oral Surgeons, Podiatrists, FQHCs/RHCs/THCs), Dentists, Vision, Local Health Departments, Family Planning Clinics, Hospitals, Prepaid Inpatient Health Plans, Medicaid Health Plans, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies	10/1/07 Information incorporated into the Practitioners Chapter and the Pharmacy Chapter.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
7/18/07	MSA 07-39	Inpatient Hospital Payment Reduction	Hospitals	10/1/07 Information incorporated into the Hospital Chapter/Hospital Reimbursement Appendix and the MDCH website at www.michigan.gov/mdch >> Providers >> Information for Medicaid Providers >> Provider Specific Information
7/07	MSA 07-38	Sanctioned Providers Update	All Providers	
7/1/07	MSA 07-35	FIDS Program for Inpatient Long Term Care Facilities	Nursing Facilities (County Medical Care Facilities), Hospice	
6/29/07	MSA 07-37	MOMS Guarantee of Payment Letter (DCH-1164) and E-application Update	Local Health Departments, Federally Qualified Health Centers, Medicaid Health Plans, Practitioners (Medical Clinics, MDs, DOs, CNMs, FNP), Family Planning Clinics, Rural Health Clinics, Tribal Health Centers	
6/29/07	MSA 07-36	Nursing Facility Return of Unused Drugs	Nursing Facilities (County Medical Care Facilities, Hospital Long Term Care Units, Hospital Swing Beds, Ventilator Dependent Units, Nursing Facilities for the Mentally III), Pharmacies	
6/29/07	MSA 07-32	Elimination of the Long Term Care Eligibility List - Report Number FM-160	Nursing Facilities (County Medical Care Facilities, Hospital Long Term Care Units, Hospital Swing Beds, Ventilator Dependent Units, Nursing Facilities for the Mentally III)	10/1/07 Information incorporated into the Beneficiary Eligibility Chapter and the Directory Appendix.
6/22/07	MSA 07-34	Medicaid Health Plan Rate Development and Certification	Medicaid Health Plans	10/1/07 Information incorporated into the Medicaid Health Plans Chapter.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
6/15/07	MSA 07-33	Reporting National Drug Codes for Physician Administered Drugs on Electronic and Paper Formats	Practitioners (Physicians, Advanced Practice Nurses, Medical Clinics, Oral Surgeons, Podiatrists, FQHCs/RHCs/THCs), Medical Suppliers, Local Health Departments, Family Planning Clinics, Hospitals, Prepaid Inpatient Health Plans, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies	10/1/07 Information incorporated into the Billing & Reimbursement for Professionals and the Billing & Reimbursement for Institutional Providers Chapters.
6/1/07	MSA 07-31	Updates to the Medicaid Provider Manual	All Providers	7/1/07 Information incorporated as noted into the Medicaid Provider Manual.
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 Metal 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.



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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. 10/1/07 Information incorporated into the Pharmacy, Practitioner, and Hospital 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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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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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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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



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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