

**Bulletin Number:** MSA 08-15

**Distribution:** All Providers

**Issued:** March 1, 2008

**Subject:** Updates to the Medicaid Provider Manual

**Effective:** April 1, 2008

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

The Michigan Department of Community Health (MDCH) has completed the April 2008 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 blue 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 2008 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 2008 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/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> 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](mailto: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 April 2008 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Beneficiary Eligibility	Section 2 - <b>mihealth</b> Card	The fourth paragraph was changed to read: The 10-digit beneficiary identification (ID) number obtained from the EVS must be used when billing Medicaid.	Update
Beneficiary Eligibility	2.4 <b>mihealth</b> Card Sample	A graphic of the new <b>mihealth</b> card was inserted to include the revised language located at the back of the card.	Update
Billing & Reimbursement for Institutional Providers	5.7.B. Claim Replacement	The following was added at the end of the first paragraph: Enter the 10-digit Claim Reference Number (CRN) of the last approved claim being replaced in F.L. 64.	Clarification
Billing & Reimbursement for Professional Providers	6.9 Evaluation and Management Services	The following was added to the table: EPSDT Developmental Screening - The developmental screening using an objective standardized tool is billed using CPT code 96110, along with the appropriate E/M code for the visit. A maximum of three screenings per beneficiary are allowed in one day by a single provider.	Clarification
Dental	5.1 Pharmacy Services	The third paragraph was changed to read: Dentists must report their individual National Provider Identifier (NPI) with a prescription order.	Update
Medical Supplier	1.7.I. Hospital Discharge Waiver Services	K0195 was added to the list of HCPCS codes in the second paragraph.	Update

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



# Medicaid Provider Manual April 2008 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Mental Health & Substance Abuse	1.7 Definition of Terms	<p>The definition of Qualified Mental Health Professional was changed to read:            . . . rehabilitation counselor, licensed professional counselor or individual with a human services degree hired and performing in the role of QMHP prior to January 1, 2008. . .</p> <p>The definition of Qualified Mental Retardation Professional was changed to read:            . . . rehabilitation counselor, licensed professional counselor or individuals with a human services degree hired and performing in the role of QMRP prior to January 1, 2008. . .</p> <p>The definition for Substance Abuse Treatment Specialist was changed to include two additional licensure categories:</p> <ul style="list-style-type: none"> <li>• Licensed Marriage and Family Therapist</li> <li>• Limited Licensed Marriage and Family Therapist</li> </ul>	Clarification/Update
Mental Health & Substance Abuse	2.4 Staff Provider Qualifications	<p>The definition for Licensed Practical Nurse (LPN) was changed to read:            . . . or dentist. LPN's include licensed psychiatric attendant nurses per MCL§333.17209.</p>	Clarification
Mental Health & Substance Abuse	3.2 Assessments	<p>The All Other Assessments and Testing portion of the table was changed to read:            . . . of the beneficiary. The Child and Adolescent Functional Assessment Scale (CAFAS) used must be for the assessment of children with suspected serious emotional disturbance, and must be performed by staff who have been trained in the implementation of CAFAS.</p>	Update
Mental Health & Substance Abuse	3.3 Behavior Management Review	<p>The last sentence of the second paragraph was changed to read:            This coverage includes the monitoring of the behavior management plan by the committee or a designee of the committee which shall occur as indicated in the individual plan of service.</p>	Clarification

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# Medicaid Provider Manual April 2008 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Mental Health & Substance Abuse	3.8 Family Therapy	The third sentence of the first paragraph was changed to read: Family therapy is provided by a mental health professional or a limited licensed master's social worker supervised by a fully licensed master's social worker.	Update
Mental Health & Substance Abuse	3.9 Health Services	The fourth sentence of the first paragraph was changed to read: A registered nurse, nurse practitioner, <b>physician's assistant</b> or dietician must provide these services, according to their scope of practice.	Update
Mental Health & Substance Abuse	3.11 Individual/Group Therapy	The third sentence was changed to read: Individual/group therapy is performed by a mental health professional within their scope of practice or a limited licensed master's social worker supervised by a fully licensed master's social worker.	Update
Mental Health & Substance Abuse	3.14 Medication Administration	The first paragraph was changed to read: . . . which already include these activities. A physician, physician's assistant, nurse practitioner or registered nurse may perform medication administration under the direction of the physician. A licensed practical nurse who is assisting a physician may perform medication administration as long as the physician is on-site.	Clarification

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# Medicaid Provider Manual April 2008 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Mental Health & Substance Abuse	6.4 Qualified Staff	The first paragraph was changed to read:  Treatment services must be clinically-supervised by a psychiatrist. A psychiatrist need not be present when services are delivered, but must be available by telephone at all times. The psychiatrist must provide psychiatric evaluation and assessments at the crisis residential home. Medication reviews performed at the crisis residential home must be performed by a physician, physician's assistant or a nurse practitioner under the clinical supervision of the psychiatrist. The covered crisis residential services (refer to Covered Services subsection) must be supervised on-site eight hours a day, Monday through Friday (and on call at all other times), by a mental health professional possessing at least a master's degree in human services and one year of experience providing services to beneficiaries with serious mental illness, or a bachelor's degree in human services and at least two years of experience providing services to beneficiaries with serious mental illness.	Clarification
Mental Health & Substance Abuse	12.1.B. Covered Services	All references to the following statement were deleted throughout this subsection:  This service is provided by substance abuse treatment specialists.  The following sentence was added at end of the Substance Abuse Treatment Services portion of the table:  These services are provided under the supervision of an SATS or SATP.	Obsolete Information  Update
Mental Health & Substance Abuse	18.2 Residential Treatment	The third sentence of the first paragraph was changed to read:  The clinical program must be provided under the supervision of a Substance Abuse Treatment Specialist with either full licensure or limited licensure as a psychologist, master's social worker, professional counselor, marriage and family therapist or physician.	Clarification

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# Medicaid Provider Manual April 2008 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Nursing Facility - Cost Reporting & Reimbursement Appendix	8.17.B. Compensation Limit for Owner and/or Administrator Serving Multiple Nursing Facilities	The "Total number of beds in all facilities served" in the first table was changed to 400 and the example in footnote 1 was updated to reflect the change.  The "Total of Facility Beds" in the second table was changed to 190.	Correction
Nursing Facility - Cost Reporting & Reimbursement Appendix	10.13.A. Eligibility Criteria	The reference to the "Form to Establish Criteria for Nursing Facility Class I Rate Relief" in the first subbullet of the fourth bullet was changed to read " <b>Worksheet</b> to Establish Criteria for Nursing Facility Class I Rate Relief".	Correction
Nursing Facility Coverages	Section 1 - General Information	The second sentence of the fourth paragraph was changed to read:  Also included are swing beds as defined in the Federal State Operations Manual (SOM) and/or State Medicaid Policy.	Correction
Nursing Facility Coverages	4.1.A. Verification of Financial Medicaid Eligibility	The following text box previously removed in error was replaced:  In order for Medicaid to reimburse for nursing facility services, the beneficiary must be in a Medicaid-certified bed.	Correction
Nursing Facility Coverages	11.2 Nursing Facilities for Mental Illness (NF/MI) (Provider Type 72)	The subsection Nursing Facilities for Mental Illness (NF/MI) (Provider Type 72) was deleted. Residents have been transitioned out of this LTC setting.  Subsequent subsections were renumbered.	Obsolete Information
Pharmacy	1.2 Definitions	The title Generic within the table was changed to Generic Drug.  The title OTC within the table was changed to OTC Drug.	Update
Pharmacy	13.4.A. Maximum Allowable Cost	The last bullet of the second paragraph was changed to read:  <ul style="list-style-type: none"> <li>Company, or pharmacy name, NPI, telephone number, and contact person</li> </ul>	Correction

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# Medicaid Provider Manual

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### TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Pharmacy	14.4.A. Exclusions	The fourth bullet of the first paragraph was changed to read: <ul style="list-style-type: none"> <li>Pre-mixed infusion solutions (Refer to the Directory Appendix for PBM website information to obtain the list of pre-mixed infusion solutions)</li> </ul>	Update
Pharmacy	14.10 Narcotic Analgesics	The sentence of the fourth paragraph was changed to read: The pharmacy may contact the MDCH PBM Technical Call Center to request an override for an instance where an early refill is warranted. (Refer to the Directory Appendix for contact information)	Update
Pharmacy	Section 16 - Public Health Service and Disproportionate Share Hospitals	The sentence of the fifth paragraph was changed to read: Covered entities or their contracted pharmacies, or disproportionate share hospital participating entities that are enrolled as Medicaid pharmacy providers who bill 340B prices, must contact the MDCH Drug Rebate Specialist so their claims can be excluded from the drug rebates. (Refer to the Directory Appendix for contact information)	Clarification
Practitioner	Section 3 - Early and Periodic Screening, Diagnosis and Treatment	The first bullet of the second paragraph was changed to read: Well child visits, including immunizations, and objective developmental screening using a standardized screening tool at specified intervals as defined in the American Academy of Pediatrics (AAP) 2007 Periodicity Schedule. A copy of the schedule is available on the AAP website. (Refer to the Directory Appendix for website information.)	Update
Practitioner	Section 3 - Early and Periodic Screening, Diagnosis and Treatment	The following was added at the end of the third paragraph in the Well Child Visits portion of the table: Developmental screening using an objective standardized screening tool, as recommended by the AAP, should be performed at the specified intervals.	Clarification
Practitioner	3.1 Periodicity Schedule and Components	All references to the AMA were changed to: AAP (American Academy of Pediatrics)	Correction

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## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Practitioner	3.5 Developmental/ Behavioral Assessment	<p>The title of the subsection was changed from Development/Behavioral Assessment to Developmental/Behavioral Screening</p> <p>The bullets following the first paragraph were changed to read:</p> <ul style="list-style-type: none"> <li>• Developmental - Standardized developmental instrument, such as the Peds, Peds DM or Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire Social-Emotional (ASQSE). Developmental screening using an objective, standardized screening tool must be performed following the AAP's 2007 periodicity schedule at 9, 18 and 30 months, and any other time there are indications of need.</li> <li>• Mental Health - Mental Health screening using standardized screening tools such as ASQSE and Peds DM.</li> <li>• Substance Abuse - Substance abuse screening as recommended by the current AAP periodicity schedule.</li> </ul> <p>The following was added to the beginning of the second paragraph:</p> <p>A maximum of three objective standardized screenings may be performed in one day for the same beneficiary by a single provider. Refer to the Billing and Reimbursement for Professionals Chapter for information regarding billing instructions.</p>	<p>Correction</p> <p>Clarification</p> <p>Clarification</p>
Private Duty Nursing	1.2 Provision of Private Duty Nursing	<p>The first sentence of the fifth paragraph was changed to read:</p> <p>PDN is not covered when rendered in a hospital or nursing facility, including an intermediate care facility for mentally retarded (ICF/MR), or licensed adult foster care facility (AFC).</p>	Correction
Directory Appendix	Provider Assistance	<p>The Pharmacy Enrollment information was moved from the Pharmacy Resources section of the Directory to the Provider Assistance section.</p>	Update

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# Medicaid Provider Manual April 2008 Updates



## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Directory Appendix	Nursing Facility Resources	Nursing Facility Forms & Instructions, Calculation Examples: Contact/Topic was changed to read: Nursing Facility Forms & Instructions, Calculation Examples, Rate Relief Worksheet Website address and location was changed to read: <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> >> Billing & Reimbursement >> Provider Specific Information >> Nursing Facility >> Supplemental Reimbursement Information	Correction
Directory Appendix	Pharmacy Resources	The Pharmacy Enrollment was moved to the Provider Assistance section of the Directory.	Correction
Directory Appendix	Pharmacy Resources	MAC Pricing Information was changed to read: E-mail address: <a href="mailto:sales@mac-manager.com">sales@mac-manager.com</a> Website address: <a href="http://www.mac-manager.com">www.mac-manager.com</a>	Update

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## TECHNICAL CHANGES\*

CHAPTER	SECTION	CHANGE	COMMENT
Directory Appendix	Pharmacy Resources	<p>The Pharmacy Audit information was changed to read:</p> <p>Phone#: 804-664-8707</p> <p>Fax# Number: 804-664-0644</p> <p>Mailing/E-mail/Web Address: ACS Heritage, Inc 2810 North Parham Road Suite 210 Richmond, Virginia 23294</p> <p>Information Available/Purpose: Contractor for pharmacy audits</p>	Correction
Directory Appendix	Pharmacy Resources	<p>The Drug Rebate Specialist was changed to read:</p> <p>Information Available/Purpose: PHS and DSH hospitals that bill the 340B prices on their drug claims are excluded from the drug rebates.</p>	Correction
Directory Appendix	Private Duty Nursing Resources	<p>Other Insurance for PDN was changed to include a revised telephone number: (517) 335-9422</p>	Update
Directory Appendix	Other Health Care Resources/Programs	<p>The Medicare Part D was changed to read:</p> <p>Information Available/Purpose: Answers to questions on Medicare Part D by providers or beneficiaries</p>	Correction

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# Medicaid Provider Manual

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### BULLETINS INCORPORATED\*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 08-14	3/1/08	General Information for Providers	6.1 Sanctioned Providers	Information updated as appropriate. (Revised Sanctioned Providers List posted to MDCH website.)
MSA 08-13	3/1/08	Throughout Manual		Revisions were made throughout the Manual, as appropriate, to reflect implementation of the MDCH CHAMPS Provider Enrollment Subsystem.
MSA 08-12	3/1/08	Directory Appendix		Updates were made, as appropriate, to reflect re-design of MDCH website.
MSA 08-11	3/1/08	Billing & Reimbursement for Dental Providers	3.3 Reporting Provider NPI	Text added to clarify reporting of NPI and TIN
		Billing & Reimbursement for Professionals	2.3 Reporting Provider NPI Section 3 - Claim Completion 6.8.E. Place of Service Codes	Text added to clarify reporting of NPI and TIN, Service Facility Location on claim form, and addition of POS Code 16.
		Billing & Reimbursement for Institutional Providers	2.3 Reporting Provider NPI	Text added to clarify reporting of NPI and TIN/EIN.
MSA 08-09	2/22/08	Adult Benefits Waiver	Table of Contents	A textbox was added for the purpose of notification that an enrollment freeze is in effect for the ABW program.
MSA 08-08	3/1/08	Medical Suppliers	2.29 Osteogenesis Stimulators	Revisions include additions to the definition, expansion of standards of coverage, a new section of non-covered items, and enhanced documentation requirements.
MSA 08-07	3/1/08	Pharmacy	1.2 Definitions	Obsolete text regarding "Bingo Cards" and "Drug Returned from a Nursing Facility" was removed.

\*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 April 2008 Updates



## BULLETINS INCORPORATED\*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
			14.14 Unit Dose 15.2 Unit Dose Policy 15.3 Re-Packaged Unit Dose	Subsections were deleted due to the elimination of the Unit Dose Fee Reimbursement. Remaining subsections in Section 15 were re-numbered.
			15.8 Drug Returned From Nursing Facility	Text was revised to reflect elimination of the Unit Dose Fee Reimbursement.
MSA 08-05	2/1/08	Pharmacy	11.4 Prescriptions Not Picked Up	Text was revised to address changes in time elements for Pharmacy Claim Submissions.
MSA 08-04	2/1/08	Pharmacy	14.5 Family Planning Supplies (renamed, re-numbered, and new subsections) 14.5.A. Condoms 14.5.B. Diaphragms and Cervical Caps 14.8 Inhalers 14.13 Peak Flow Meters, Spacers and Aerochambers Section 20 - Medical Supplies 20.2 Supplies for Administration of Part D Drugs	Subsection 14.5 was re-named and re-formatted for clarification. Text was added to address Dispensing Fees.

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# Medicaid Provider Manual April 2008 Updates



## BULLETINS INCORPORATED\*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 08-02	1/10/08	Billing & Reimbursement for Institutional Providers	6.12 Injections 6.12.A. Electronic Claims	Obsolete information removed (Section 6.12). Text modified relative to reporting NDC information and reference material (Section 6.12.A.).
MSA 07-68	12/21/07	Private Duty Nursing	1.1 Enrollment Requirements	Text was added to include Accreditation Commission for Health Care (ACHC).
		Acronym Appendix		Addition of ACHC.
MSA 07-65	12/1/07	Hospital/Hospital Reimbursement Appendix	2.1 Diagnosis Related Group Assignment 2.6 Episode File 2.8.H. Percent of Charge Reimbursement 2.9.A. Freestanding Rehabilitation Hospitals/Distinct Part Rehabilitation Units 3.2 Subacute Ventilator-Dependent Care	Text was added for DRG criteria. Text added regarding alternate weights. Text was modified to update DRG codes and calculations.
MSA 07-62	12/1/07	Nursing Facility Cost Reporting & Reimbursement Appendix	10.7 Nursing Facility Quality Assurance Assessment Program (QAAP)	Text was added to address QAAP Collections.

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### BULLETINS INCORPORATED\*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 07-60	12/1/07	Hospital/Hospital Reimbursement Appendix	7.2.A. \$45 Million Pool 7.2.B. \$5 Million Small Hospital DSH Pool 8.3 Distribution of GME Funds 8.7 Payment Schedule	Text was modified to update GME and DSH payment schedules.
MSA 07-59	11/8/07	Billing & Reimbursement for Dental Providers	4.1 Dental Claim Form Completion Instructions	Instructions updated to reflect use of 10-digit beneficiary ID number.
		Forms Appendix		MSA-1532 was revised to reflect 10-digit Medicaid ID number.
MSA 07-56	10/1/07	Nursing Facilities - Coverages	9.26 Pharmacy	Text was added to address Tamper Resistant Prescription Pads.

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# Medicaid Provider Manual April 2008 Updates



## BULLETINS INCORPORATED\*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 07-51	9/1/07	Pharmacy	1.2 Definitions 11.5 Tamper Resistant Prescriptions (new subsection) 11.5.A. Exemptions Box 11.5.B. Emergency Prescriptions Section 19 - Pharmacy Audit and Documentation	Text was added to address Tamper Resistant Prescription Pads.
		Dental	5.1 Pharmacy Services	Text was added to address prescriptions or prescription orders. Text referencing Drug Enforcement Administration (DEA) was removed.
		Vision	1.3 Coding of Services	Text was added to address prescriptions or prescription orders.

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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 2008* 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
3/1/08	MSA 08-15	Updates to the Medicaid Provider Manual	All Providers	4/1/08 Information incorporated throughout the Manual, as appropriate. MDCH website updated, as appropriate.
3/1/08	MSA 08-14	Sanctioned Provider List	All Providers	4/1/08 Information incorporated into the General Information for Providers chapter.  Revised Sanctioned Providers List posted to MDCH website.
3/1/08	MSA 08-13	Provider Enrollment Changes	Practitioners (Physicians, Advanced Practice Nurses, Physical Therapists, Medical Clinics, FQHC/RHC/THC, Oral Surgeons, Podiatrists, CRNA), Chiropractors, Dentists, Ambulance, Independent Labs, Medical Suppliers, Orthotists/Prosthetists, Vision, Hearing Centers, Hearing Aid Dealers, Family Planning Clinics, Maternal Infant Health Program, Private Duty Nurses, School Based Services, Hospitals, Home Health, Hospice, Nursing Facilities, Local Health Departments	4/1/08 Information incorporated throughout the Manual, as appropriate.
3/1/08	MSA 08-12	MDCH CHAMPS Web Page Re-Design	All Providers	4/1/08 Information incorporated into the Directory Appendix.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
3/1/08	MSA 08-11	New Place of Service Code for Temporary Lodging; Clarification of Claim Completion for Service Facility Location; Claim Reporting Requirements for the Provider Tax Identification Number	All Providers	4/1/08 Information incorporated into the Billing & Reimbursement for Dental Providers, the Billing & Reimbursement for Institutional Providers, and the Billing & Reimbursement for Professionals chapters.
3/1/08	MSA 08-10	Clarification of Medicaid Wheelchair Coverage Policy for Nursing Facility Residents	Medical Suppliers	Bulletin issued for clarification purposes; no changes to manual required.
2/22/08	MSA 08-09	Adult Benefits Waiver Enrollment	All Providers	4/1/08 Notation regarding enrollment freeze made in Adult Benefits Waiver chapter.
3/1/08	MSA 08-08	Policy Revision for Osteogenesis Stimulators	Medical Suppliers	4/1/08 Information incorporated into the Medical Suppliers chapter.
3/1/08	MSA 08-07	Elimination of Unit Dose Fee Reimbursement	Pharmacies	4/1/08 Information incorporated into the Pharmacy chapter.
2/1/08	MSA 08-05	Changes to Pharmacy Claim Submission Requirements	Pharmacy	4/1/08 Information incorporated into the Pharmacy chapter.
2/1/08	MSA 08-04	Elimination of Dispensing Fees for Medical Supplies Covered Under the Pharmacy Benefit	Pharmacy	4/1/08 Information incorporated into the Pharmacy chapter.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
2/1/08	MSA 08-03	Tamper Resistant Prescription Pad Policy	Pharmacies, Practitioners (Physicians, Advanced Practice Nurses, Medical Clinics, Oral Surgeons, Podiatrists, FQHCs/RHCs/THCs), Dentists, Vision, Local Health Departments, Family Planning Clinics, Hospitals, Medical Suppliers, Hospice, Nursing Facilities, Prepaid Inpatient Health Plans, Medicaid Health Plans, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies	Bulletin issued as reminder; no changes to manual required. Refer to bulletins MSA 07-56 and MSA 07-51 for additional information.
1/10/08	MSA 08-02	Six-Month Extension in Reporting National Drug Codes by Outpatient Hospital Providers	Hospitals	4/1/08 Information incorporated into the Billing & Reimbursement for Institutional Providers chapter.
1/08	MSA 08-01	2008 Medicaid Provider Manual	All Providers	Bulletin transmitted with the January 2008 CD version of the Michigan Medicaid Provider Manual. Bulletin can be discarded.
12/21/07	MSA 07-68	Accreditation Commission for Health Care	Private Duty Nursing	4/1/08 Information incorporated into the Private Duty Nursing chapter and the Acronym Appendix.
12/1/07	MSA 07-66	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	Manual incorporation not required. Providers should refer to the MDCH website <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> >> Provider Specific Information >> OPPS Reduction Factor History



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
12/1/07	MSA 07-65	Rebasing DRG Rates; DRG Grouper Update; Per Diem Rates Update	Hospitals, Medicaid Health Plans	4/1/08 Information incorporated into the Hospital/Hospital Reimbursement Appendix chapter.  Information added to databases at <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> >> Provider Specific Information >> Hospital DRG Grouper Implementation Schedule
12/1/07	MSA 07-62	Quality Assurance Assessment Program (QAAP) Collections	Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Ventilator Dependent Units, Hospice	4/1/08 Information incorporated into the Nursing Facility Cost Reporting & Reimbursement Appendix.
12/1/07	MSA 07-60	Graduate Medical Education (GME) and Disproportionate Share Hospital (DSH) Payment Delays	Hospitals	4/1/08 Information incorporated into the Hospital/Hospital Reimbursement Appendix chapter.
11/8/07	MSA 07-59	Beneficiary Identification Numbers	All Providers	4/1/08 Information incorporated into the Billing & Reimbursement for Dental Providers chapter and the Forms Appendix.  Form updated on website at <a href="http://www.michigan.gov/medicaidproviders">www.michigan.gov/medicaidproviders</a> >> Medicaid Provider Forms and Other Resources



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## Supplemental Bulletin List

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
10/1/07	MSA 07-56	Delayed Implementation and Clarification of Tamper Resistant Prescription Pad Requirement; NPI Pharmacy Compliance Plan	Pharmacies, Practitioners (Physicians, Advanced Practice Nurses, Medical Clinics, Oral Surgeons, Podiatrists, FQHCs/RHCs/THCs), Dentists, Vision, Local Health Departments, Family Planning Clinics, Hospitals, Hospice, Medical Suppliers, Nursing Facilities, Prepaid Inpatient Health Plans, Medicaid Health Plans, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies	4/1/08 Information incorporated into the Nursing Facility Coverages chapter.
9/1/07	MSA 07-51	Clarification on Use of 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, Medical Suppliers, Nursing Facilities, Prepaid Inpatient Health Plans, Medicaid Health Plans, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies	4/1/08 Information incorporated into the Pharmacy, Dental, and Vision chapters.
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	All policy in this bulletin has been implemented and information has been incorporated throughout the Medicaid Provider Manual as appropriate.