

Michigan Department of Community Health

Bulletin Number: MSA 09-60

Distribution: All Providers

Issued: December 1, 2009

Subject: Updates to the Medicaid Provider Manual

Effective: January 1, 2010

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 January 2010 quarterly update of the Michigan Medicaid Provider Manual. The Manual is maintained on the MDCH website at www.michigan.gov/medicaidproviders >> Policy and Forms >> Medicaid Provider Manual. A compact disc (CD) version of the Manual is available to enrolled providers upon request.

The January 2010 version of the Manual does not highlight changes made during the past year (2009). However, consistent with previous quarterly manual updates, 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. Subsequent changes made for the April, July, and October 2010 versions of the manual will be highlighted within the text of the on-line manual.

A number of changes were made to the Manual relative to the implementation of the Community Health Automated Medicaid Processing System (CHAMPS) (i.e., beneficiary eligibility and verification processes). Revisions will continue to be made to the Manual on an ongoing basis in order to incorporate changes relative to CHAMPS. Changes will be based on information distributed to providers in Medical Services Administration policy bulletins.

The Supplemental Bulletin List will also see revisions. The Supplemental Bulletin List attached to this bulletin is a list of all bulletins issued during 2009. Effective January 1, 2010, the Supplemental Bulletin List included with each quarterly update bulletin will reflect only those bulletins which have **not** been formally incorporated into the Michigan Medicaid Provider Manual maintained on the MDCH website.

Public Comment

The Technical Changes Attachment of this bulletin is being issued for public comment of the policy promulgation process concurrently with the implementation of the changes noted in this bulletin. Any interested party wishing to comment on the changes may do so by submitting comments in writing to:

Michigan Department of Community Health
Medical Services Administration
P.O. Box 30479
Lansing, Michigan 48909-7979
Or
E-mail: MSADraftPolicy@michigan.gov

If responding by e-mail, please include "Technical Changes Comment" in the subject line. Comments should be submitted no later than **December 30, 2009**. Comments received will be considered for revisions to the changes implemented by this bulletin.

Manual Maintenance

This bulletin may be discarded when you begin using the January 2010 version of the Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Requests for the Michigan Medicaid Provider Manual on compact disc (CD) should contain the provider's name, National Provider Identifier (NPI) number, mailing address, and telephone number and be submitted:

- By mail to: MDCH/Medicaid Program Policy Division, PO Box 30479, Lansing, MI 48909
- By e-mail to: MSA-Forms@Michigan.gov
- By fax to: 517-335-5136

Approved



Stephen Fitton, Acting Director
Medical Services Administration



Medicaid Provider Manual January 2010 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Throughout the manual		The MDCH Medicaid Payments Division will accept two versions of forms to document consent for a sterilization procedure: the MDCH version (form MDCH-1959) and the federal (Health and Human Services) version (form HHS-687). Form MDCH-1959 was re-named "Consent for Sterilization" to be consistent with the federal version. Form number reference will now read "MDCH-1959/HHS-687". MDCH-1959 is available in the Forms Appendix and on the MDCH website. HHS-687 is available on the Health and Human Services website. Websites are identified in the Directory Appendix.	General update
General Information for Providers	Section 2 – Provider Enrollment	The 1 st sentence of the 6 th paragraph was revised to read: Providers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) must be enrolled as a Medicare provider.	General update
Beneficiary Eligibility	12.1.A. Hospitals and Nursing Facilities	In the 1 st paragraph, the last sentence was deleted.	Obsolete information
Billing & Reimbursement for Dental Providers	6.2 Claim Replacement and Void/Cancel Claims	The first through third paragraphs were deleted.	Obsolete information
Billing & Reimbursement for Institutional Providers	10.1 Billing Instructions for Hospice Claim Completion	The following information was added to the revenue code table: Revenue Code 0659 and Description: Other Hospice Service – Facility Innovative Design Supplemental (FIDS) Bed For the bullet list following the revenue code table, the following information was added as the 2 nd bullet: <ul style="list-style-type: none">To bill for room and board in a nursing facility when the beneficiary resides in a Facility Innovative Design Supplemental (FIDS) bed, use Revenue Code 0659.	Update
Billing & Reimbursement for Professionals	7.6.G. Enteral Nutrition	Information regarding modifier U3 was removed.	Obsolete information

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



Medicaid Provider Manual January 2010 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Ambulance	2.3.C. ALS 2	The 1 st paragraph was revised to read: ... of at least three different medications, or furnishes one or more of the following ALS procedures: ...	Clarification
Children's Special Health Care Services	2.2.A. Providers Requiring Authorization	In the 2 nd paragraph, the last sentence was deleted.	Obsolete information due to implementation of CHAMPS
Children's Special Health Care Services	2.3 Verifying Provider Authorization	The 1 st sentence of the 1 st paragraph was revised to read: Authorized provider and diagnosis information can be obtained from the client's Client Eligibility Notice.	CHAMPS-related update
Dental	9.4 Beneficiary Identification	The paragraph was revised to read as follows: Beneficiaries enrolled in Healthy Kids Dental receive an ID card from the contractor. This card is issued only once at the initial enrollment. Beneficiaries are identified with their 10-digit Medicaid ID number; this number is on the Healthy Kids Dental ID card. Providers must use this identification number when verifying enrollment and for submission of claims.	Update
Federally Qualified Health Centers and Tribal Health Centers	3.2 Medicaid Health Plans	The 1 st sentence of the 2 nd paragraph was revised to read: MHP beneficiaries are identified with a Benefit Plan ID of MA-MC.	CHAMPS-related update
Home Health	6.1.L. Suspected Abuse	The subsection title was changed from Suspected Abuse to Suspected Abuse/Neglect.	Clarification and uniformity between the Home Health, Hospice and Private Duty Nursing chapters.

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Hospice	5.3 Suspected Abuse/Neglect (following subsections re-numbered)	New subsection added with the following language: If there is reasonable cause to suspect that a beneficiary may be in danger of abuse, neglect, exploitation, cruelty, or other hazards, the hospice must report the suspected action to the Adult or Child Protective Services Unit of the local Department of Human Services (DHS) office. (Refer to the General Information for Providers Chapter of this manual for additional information.)	Clarification and uniformity between the Home Health, Hospice and Private Duty Nursing chapters.
Hospital Reimbursement Appendix	7.7.A. Children's Hospital Pool	In the 1 st sentence of the 2 nd paragraph, the amount was changed from \$20,000,000 to \$40,000,000.	Update
Local Health Departments	2.5 Medicaid Health Plan Services	The following was added as a 3 rd paragraph: The following out-of-plan services performed by the LHD can be billed directly to Medicaid FFS regardless if the beneficiary is enrolled in a MHP: <ul style="list-style-type: none"> ▪ Blood lead draws ▪ Lead investigations and follow-up services ▪ Hearing and vision screenings 	Update
Local Health Departments	4.2 MHP Provider Encounters	The subsection was deleted. (Following subsections were re-numbered.)	Obsolete information
Local Health Departments	6.1 Full Cost Methodology	In the 2 nd sentence, "MHPs" was removed.	Obsolete information

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Medicaid Provider Manual January 2010 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Mental Health/Substance Abuse	1.7 Definition of Terms	<p>Under "Qualified Mental Retardation Professional (QMRP)", the 2nd sentence was revised to read:</p> <p>... rehabilitation counselor, licensed or limited licensed professional counselor ...</p> <p>Under "Qualified Mental Health Professional (QMHP)", the 1st sentence was revised to read:</p> <p>... rehabilitation counselor, licensed or limited licensed professional counselor ...</p> <p>Under "Substance Abuse Treatment Specialist" - the 2nd bullet, the following sub-bullets were added:</p> <ul style="list-style-type: none"> ➤ Certified Co-Occurring Disorders Professional – IC & RC (CCDP) ➤ Certified Co-Occurring Disorders Professional Diplomat – IC & RC (CCDP-D) <p>Under "Substance Abuse Treatment Specialist", the 3rd bullet was revised to read:</p> <ul style="list-style-type: none"> ▪ An individual who has one of the following approved alternative certifications: <ul style="list-style-type: none"> ➤ for medical doctors: American Society of Addiction Medicine (ASAM) ➤ for psychologists: American Psychological Association (APA) specialty in addiction <p>and has certification through the Upper Midwest Indian Council on Addiction Disorders (UMICAD).</p> <p>Under "Substance Abuse Treatment Specialist", the last sentence of the last paragraph was revised to read:</p> <p>... outside their scope of practice, the appropriate MCBAP/IC & RC credential applies.</p>	Update
Mental Health/Substance Abuse	2.1 Mental Health and Developmental Disabilities Services	<p>The last bullet was revised to read:</p> <p>... by a behavior treatment plan review committee.</p>	Update

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Medicaid Provider Manual January 2010 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Mental Health/Substance Abuse	2.4 Staff Provider Qualifications	Under "Professional Counselor", the 1 st sentence was revised to read: An individual who is fully licensed or limited-licensed by the State of Michigan ...	Update
Mental Health/Substance Abuse	4.3 Essential Elements	Under "Team-Based Service Delivery", the following was added to the end of the 1 st paragraph: ACT teams are expected to address co-occurring substance use disorders of beneficiaries within the team service. Providers of ACT services who also provide substance abuse treatment must have a substance abuse treatment license with the additional integrated treatment service category. Under "Team Composition and Size", the 2 nd paragraph – 2 nd bullet, the 2 nd sentence was revised to read: If the team provides substance abuse services, there must be a designated substance abuse specialist who is certified through the ... and the following was added to the sub-bullet list: <ul style="list-style-type: none"> ➤ Certified Co-Occurring Disorders Professional – IC & RC (CCDP) ➤ Certified Co-Occurring Disorders Professional Diplomat – IC & RC (CCDP-D) 	Update
Mental Health/Substance Abuse	7.1 Program Approval	Under "Qualified Staff", the following was added to the end of the 1 st paragraph: Effective October 1, 2009, training requirements must minimally have Endorsement Level 2 by the Michigan Association of Infant Mental Health; Level 3 is preferred.	Update
Practitioner	3.2 History	Under Immunization Review, reference to "US Public Health Service" was removed.	Obsolete information

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Medicaid Provider Manual January 2010 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Practitioner	4.12 Immunizations (Vaccines and Toxoids)	<p>Subsection language was revised to read as follows:</p> <p>Immunizations* are covered when given according to Advisory Committee on Immunization Practices (ACIP) recommendations. MDCH encourages providers to immunize all Medicaid beneficiaries according to the accepted immunization schedule.</p> <ul style="list-style-type: none"> • For Medicaid children 18 years and younger, the Vaccine for Children (VFC) Program provides covered immunizations at no cost to the provider. • Medicaid covers immunizations for beneficiaries 19 years of age or older. • Any Local Health Department (LHD) in the state can be contacted for specifics about the VFC program, what immunizations are available, and instructions on enrolling and obtaining immunizations. <p>Medicaid does not pay for immunization costs for any product that is available free of charge for Medicaid beneficiaries. An administration fee is covered separately for immunizations given to Medicaid beneficiaries whether the immunization is free or not, and without regard to other services provided on the same day. The administration fee is set for each immunization.</p> <p>For immunizations available free under the VFC program, the amount a provider may charge for vaccine administration may be limited. Providers cannot charge more for services provided to Medicaid beneficiaries than for services provided to their general patient population. For example, if the charge for administering a vaccine to a private-pay patient is \$5.00, then the charge for immunization administration to the Medicaid patient cannot exceed \$5.00.</p> <p>For Medicaid beneficiaries enrolled in an MHP, the health plan must ensure that the beneficiary has access to receive complete and timely immunizations. When a provider contracts with a health plan to provide primary care (which includes immunizations), the provider should immunize the beneficiaries assigned to him by the plan. MHP providers enrolled in the VFC program are encouraged to immunize and are discouraged from referring beneficiaries to a LHD for these services.</p>	

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
		<p>If a beneficiary is in a nursing facility, the facility is responsible for appropriately immunizing the beneficiary. Coverage of the immunizations is included in the per diem payment made to the facility.</p> <p>* An immunization administered for travel to a foreign country is not a Medicaid-covered benefit.</p>	
Private Duty Nursing	2.2 Suspected Abuse/Neglect (following subsections re-numbered)	<p>New subsection added with the following language:</p> <p>If there is reasonable cause to suspect that a beneficiary may be in danger of abuse, neglect, exploitation, cruelty, or other hazards, the PDN must report the suspected action to the Adult or Child Protective Services Unit of the local Department of Human Services (DHS) office. (Refer to the General Information for Providers Chapter of this manual for additional information.)</p>	Clarification and uniformity between the Home Health, Hospice and Private Duty Nursing chapters.
Rural Health Clinics	4.2 Eligibility Groups Subject to PPS Methodology	<p>Information for "Healthy Kids" was revised to read:</p> <p>Services for beneficiaries who are eligible for Healthy Kids are identified by the Benefit Plan ID of MA.</p> <p>Under "Medicaid Health Plan Enrollees", the last paragraph was revised to read:</p> <p>A Benefit Plan ID of MA-MC identifies MHP enrollees.</p>	CHAMPS-related update
School Based Services	Throughout the chapter	References to "Medicaid Expenditure Report" were changed to read "Medicaid Allowable Expenditure Report (MAER)".	Update
School Based Services	1.1 Children's Special Health Care Services	The 2 nd sentence was deleted.	Removal of all reference to Scope and Coverage codes due to CHAMPS implementation.

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Medicaid Provider Manual January 2010 Updates



TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
School Based Services	2.5 Psychological, Counseling and Social Work Services	Under Provider Qualifications: “(Doctoral level)” was deleted from the 2 nd bullet. “(Master’s or Doctoral level)” was deleted from the 3 rd and 4 th bullets.	Clarification
School Based Services	3.3.A. Sanctions	In the 2 nd paragraph, the last bullet was revised to read: ... through the Community Health Automated Medicaid Processing System (CHAMPS).	Update
School Based Services	6.1 Method of Reimbursement for Direct Medical Services (FFS), Personal Care Services and Targeted Case Management	In the 3 rd paragraph, the 1 st sentence was revised to read: ... through the Community Health Automated Medicaid Processing System (CHAMPS); ...	Update
School Based Services	6.1.D. Cost Reconciliation and Settlement	In the 2 nd paragraph, the 3 rd sentence was revised to read: The filed cost data is used to calculate an initial settlement ...	Correction of terminology
School Based Services	6.1.D. Cost Reconciliation and Settlement	In the 3 rd paragraph, the 1st sentence was revised to read: Within six months after the close of the school fiscal year, the School Based Services providers will review, certify and finalize the Medicaid Allowable Expenditure Report and transmit the report to the MDCH Medical Services Administration for reconciliation. The initial settlement process will begin in January.	Clarification
Acronym Appendix	MMIS	Information relative to MMIS was deleted.	Obsolete information
Directory Appendix	Billing Resources	Information regarding Dental Paper Replacement and Void/Cancel Claims was deleted.	Obsolete information

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TECHNICAL CHANGES*

CHAPTER	SECTION	CHANGE	COMMENT
Directory Appendix	Reporting Fraud, Abuse, or Misuse of Services	Under MDCH Medicaid Integrity Program Section, web address information was revised to read: www.michigan.gov/fraud	Update
Forms Appendix	MDCH-1959	Form name/title change.	General update
Forms Appendix	DCH-0893	Instructions for Item 9 – 13 were revised to read: Beneficiary information which can be obtained from the mihealth card or, for Children's Special Health Care Services (CSHCS) enrollees, from the Client Eligibility Notice (form MG-040).	Update/removal of obsolete information

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Medicaid Provider Manual January 2010 Updates



BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 09-30 MSA 09-46 MSA 09-51	6/1/09 8/18/09 10/5/09	Throughout the manual		Revisions were made relative to the implementation of the Community Health Automated Medicaid Processing System (CHAMPS). Revisions addressed topics such as beneficiary eligibility and verification.
MSA 09-57	11/3/09	Children's Special Health Care Services	5.1 Financial Determination Process	In the 2 nd paragraph, the 7 th bullet was deleted.
			5.3 Payment Agreement	The 4 th paragraph was revised to read: Unpaid balances may be forgiven and CSHCS coverage continued when the client has acquired Medicaid, WIC or MICHild coverage.
			Section 9 – Benefits	In the 2 nd paragraph - 1 st column of bullet points: <ul style="list-style-type: none"> The 1st bullet was revised to read: Ambulance (emergency only) The 12th bullet was deleted.
			Section 10 – Out-of-State Medical Care	The following sentence was added to the 5th paragraph: Refer to the Travel Assistance section of this chapter for specific information.
			Section 11 – Travel Assistance	The following textbox was added prior to the 1 st paragraph: As required by Public Act 131 of 2009, for dates of service on and after December 1, 2009, the benefits described in this section are only available to CSHCS clients who also have Medicaid coverage.
			11.1 In-State Travel	In the 1 st paragraph, the 1 st sentence and the 1 st bullet point were deleted. The 2 nd bullet point will now read as the 1 st paragraph. In the 2 nd paragraph, the footnote was deleted from the 1 st bullet point. The 5 th paragraph was deleted.

*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 January 2010 Updates



BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
			11.2 Out-of-State Travel	In the 1 st paragraph, the 1 st sentence and the 1 st bullet point were deleted.
			11.3 Travel Reimbursement Process for CSHCS Only Clients	The subsection name was changed from "Travel Reimbursement Process for CSHCS Clients" to "Travel Reimbursement Process." The 1 st sentence of the 1 st paragraph was revised to read: Clients who are authorized for ...
			11.4 Non-Emergency Medical Transportation	The 1 st sentence of the 1 st paragraph was revised to read: Clients may be eligible for ...
		Medical Supplier	2.19 Incontinent Supplies	The "Standards of Coverage" portion of the table was separated into two sections: "Standards of Coverage (NOTE: Applicable to All Programs)" and "Standards of Coverage (NOTE: Not Applicable to CSHCS Only Beneficiaries)." In the "Services Covered Through the Contract" portion of the table, a column was added to identify if CSHCS coverage applies to the identified HCPCS code.
MSA 09-55	10/16/09	Nursing Facility Coverages	10.2.A. Hospital Leave Days	The textbox after the last paragraph was revised to read: Medicaid hospital leave days are not included in the Medicaid census statistics. Leave days reimbursed by other payer sources must be included in the census statistics.
			10.2.C. Medicaid Non-Covered Leave Days	The textbox after the last paragraph was revised to read: All paid bed hold days (excluding Medicaid hospital leave days) must be included in the Medicaid cost report census statistics.
		Nursing Facility Cost Reporting & Reimbursement Appendix	Section 3 – Definitions	The definition for "Census Day" was revised to read: A census day is counted when a resident is occupying a nursing facility bed at midnight. A census day is counted if: <ul style="list-style-type: none"> the resident is away from the facility for therapeutic leave and the facility is paid

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Medicaid Provider Manual January 2010 Updates



BULLETINS INCORPORATED*

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				<p>by any payer source to hold the bed;</p> <ul style="list-style-type: none"> • the resident is on a one-day stay and the nursing facility is paid for the day; • the resident is discharged due to death and the nursing facility is paid for the day; • the leave days (bed holds) are paid for by non-Medicaid sources; or • it is a resident's day of discharge that qualifies as a late discharge by the Medicare program. <p>A resident is counted for census purposes if the resident is admitted to the hospital, except when the facility may be reimbursed by Medicaid to hold the bed <u>or</u> when a Medicaid beneficiary is hospitalized and the facility is ineligible for reimbursement because it is not at 98% occupancy (unless the facility is reimbursed by another payer source to hold the bed). If a resident is hospitalized and the facility is not paid by any source to hold the bed, the day is not included in the census. A resident is counted for census purposes on the day of admission, but not on the day of discharge except as noted above.</p> <p>The definition for "Leave Day – Hospital" was revised to read:</p> <p>A day for which a facility may be reimbursed by Medicaid to hold a resident's bed for his/her return. (Medicaid policy pertaining to reimbursement is contained in the Coverages portion of this chapter.) Leave days reimbursed by other payer sources must be included in the facility census for cost reporting purposes.</p> <p>The definition for "Resident Days/Occupancy" was revised to read:</p> <p>Resident days or occupancy for nursing facility Medicaid cost reporting is the sum of the census days in a specified period of time. To calculate the resident days for a particular day, total the census days for that day. (Medicaid residents who are hospitalized are not counted in the census).</p> <p>Example:</p> <ul style="list-style-type: none"> Residents occupying beds in facility = 100 Residents on therapeutic leave = 5 Hospitalized Medicaid residents = 3 Paid bed hold days = 1 Total resident days = 106

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Medicaid Provider Manual January 2010 Updates



BULLETINS INCORPORATED*

BULLETIN NUMBER	DATE ISSUED	CHAPTER	SECTION	CHANGE
MSA 09-54	10/1/09	Billing & Reimbursement for Professionals	6.8.B. Days or Units	Spelling change: "Formulae" now reads as "formula."
		Medical Supplier	Throughout chapter	Spelling change: "Formulae" now reads as "formula."
			2.13 Enteral Nutrition	The paragraph was revised to read: Enteral nutrition is the nutrition administered by tube or orally into the gastrointestinal tract. Enteral nutrition is classified into categories that possess similar characteristics. Categories for enteral nutrition are listed by HCPCS codes on the MDCH Medical Suppliers Database on the MDCH website. For the appropriate HCPCS code, products are listed on the enteral nutrition product classification list on the website for the Medicare Pricing, Data Analysis and Coding (PDAC) contractor. If the formula is not listed in the covered HCPCS codes, the provider must contact the PDAC contractor for a coding determination. (Refer to the Directory Appendix for website and contact information.)
Directory Appendix	Billing Resources	Information for Statistical Analysis DME Regional Carrier (SADMERC) was revised to read: Contact/Topic: Medicare Pricing, Data Analysis, and Coding (PDAC) for durable medical equipment Web Address: www.dmepdac.com		
MSA 09-19	4/21/09	Hospital Reimbursement Appendix	7.2.B. \$5 Million Small Hospital DSH Pool	In the 1 st paragraph, the 1 st sentence was revised to read: ... in state fiscal year 2008. The following was added as the 2 nd sentence: No payment less than \$1,000 will be made from the \$5 Million DSH Pool.

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Supplemental Bulletin List



The following is a list of Medicaid policy bulletins that supplement the online version of the Medicaid Provider Manual. The list is updated as additional policy bulletins are issued. The updated list is 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.

DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
12/1/09	MSA 09-61	Diagnosis Related Group (DRG) Grouper Update, DRG Rate Update and Per Diem Rate Rebasing	Hospitals, Medicaid Health Plans	
12/1/09	MSA 09-60	Updates to the Medicaid Provider Manual	All Providers	1/1/10 Information incorporated throughout the Manual, as appropriate. MDCH website updated, as appropriate.
11/10/09	MSA 09-56	MI Choice Waiver Waiting List - Revised	Medicaid Home and Community Based Services Waiver for the Elderly and Disabled (MI Choice Waiver), Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Hospital Swing Beds, Ventilator Dependent Care Units, Centers for Independent Living	MDCH website updated, as appropriate.
11/3/09	MSA 09-57	Children's Special Health Care Services (CSHCS) Payment Agreement Changes and Benefit Reductions	Local Health Departments, Medical Suppliers, Physicians, Ambulance, Non-Emergency Medical Transportation Providers	1/1/10 Information incorporated into the Children's Special Health Care Services and the Medical Supplier chapters.
10/16/09	MSA 09-55	Medicaid Cost Reporting for Medicaid Leave Days - Hospital	Nursing Facilities, County Medical Care Facilities, Ventilator Dependent Units, Hospital Long Term Care Units	1/1/10 Information incorporated into the Nursing Facility Coverages chapter and the Nursing Facility Cost Reporting & Reimbursement Appendix.



Supplemental Bulletin List



DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
10/5/09	MSA 09-52	Pharmacy Vaccine Administration Reimbursement	All Providers	N/A
10/5/09	MSA 09-51	Community Health Automated Medicaid Processing System (CHAMPS) National Provider Identifier (NPI) Editing for Fee-for-Service (FFS) Billing and Rendering/Service Providers	All Providers	1/1/10 Information incorporated throughout the Manual, as appropriate. MDCH website updated, as appropriate.
10/1/09	MSA 09-54	Elimination of the Categories for Approved Enteral Formulae Product List, End Dating Coverage for Five Healthcare Common Procedure Coding System (HCPCS) Codes, Adding Prior Authorization Requirements for HCPCS Code E0621, and Changing Penny Screen on the Michigan Department of Community Health (MDCH) Database	Medical Suppliers	1/1/10 Information incorporated into the Billing & Reimbursement for Professionals chapter, the Medical Supplier chapter, and the Directory Appendix. MDCH website updated, as appropriate.
10/1/09	MSA 09-53	Sanctioned Providers Update	All Providers	Information incorporated into the Sanctioned Providers List maintained on the MDCH website.
9/24/09	MSA 09-50	Coverage and Reimbursement of the 2009 Influenza A (H1N1) Monovalent Vaccine	Federally Qualified Health Centers, Hospitals, Local Health Departments, Medicaid Health Plans, Practitioners, Rural Health Clinics and Tribal Health Centers	N/A
9/1/09	MSA 09-49	Updates to the Medicaid Provider Manual; Healthcare Common Procedure Coding System (HCPCS) Code Changes	All Providers	10/1/09 Information incorporated throughout the Manual, as appropriate. MDCH website updated, as appropriate.



Supplemental Bulletin List



DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
9/1/09	MSA 09-47	MI Choice Waiver Waiting List	Medicaid Home and Community Based Services Waiver for the Elderly and Disabled (MI Choice Waiver), Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Hospital Swing Beds, Ventilator Dependent Care Units, Centers for Independent Living	Bulletin revised – see Bulletin MSA 09-56.
8/25/09	MSA 09-48	Discontinuance of Private Duty Nursing (PDN) Billing Through MI AuthentiCare, Implementation of PDN Direct Billing in the Community Health Automated Medicaid Processing System (CHAMPS)	Private Duty Nursing	N/A
8/18/09	MSA 09-46	Community Health Automated Medicaid Processing System (CHAMPS) Implementation Update	All Providers	1/1/10 Information incorporated throughout the Manual, as appropriate. MDCH website updated, as appropriate.
8/1/09	MSA 09-45	Reminder on Beneficiary Pharmacy Insurance Deductible, Co-Insurance, Co-Pays and Premiums	Pharmacies, Nursing Facilities, County Medical Care Facilities, Hospital Long-Term Care Units, Hospital Swing Beds, Ventilator Dependent Units	10/1/09 Information incorporated into the Nursing Facility Coverages Chapter.
8/1/09	MSA 09-43	Special Payments to County Medical Care Facilities	County Medical Care Facilities	
8/1/09	MSA 09-42	Sanctioned Providers Update	All Providers	Information incorporated into the Sanctioned Providers List maintained on the MDCH website.



Supplemental Bulletin List



DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
8/1/09	MSA 09-41	Discontinuance of Private Duty Nursing (PDN) Billing Through MI AuthentiCare, Implementation of PDN Direct Billing, and Changes to Service Log	Private Duty Nursing	10/1/09 Information incorporated into the Billing & Reimbursement for Institutional Providers, the Billing & Reimbursement for Professionals, and the Private Duty Nursing Chapters and the Directory Appendix.
7/24/09	MSA 09-44	Inpatient Hospital Payment Reduction	Hospitals	N/A
7/23/09	MSA 09-39	Rate Restoration for Hospice Services	Hospice	Information added to the MDCH website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Hospice >> Hospice Reimbursement Rates
7/15/09	MSA 09-40	Selection of Disproportionate Share Hospital (DSH) Ceiling Calculation Option	Hospitals	10/1/09 Information incorporated into the Hospital Chapter – Hospital Reimbursement Appendix.
7/1/09	MSA 09-36	Extension of Hearing Aid Volume Purchase Contract	Hearing Aid Dealers, Audiologists/Hearing Centers, Outpatient Hospitals, Practitioners, Medicaid Health Plans	N/A
7/1/09	MSA 09-35	Change to Children's Special Health Care Services (CSHCS) Medical Renewal Period	Local Health Departments	10/1/09 Information incorporated into the Children's Special Health Care Services Chapter.
6/26/09	MSA 09-37	Rescinding Executive Order 2009-22 Rate Reduction	Hospitals and Nursing Care Facilities	N/A



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
6/18/09	MSA 09-33	Re-Admission of Beneficiaries on Hospital Leave Prior to a Denial of Payment for New Admissions (DPNA)	Nursing Facilities, County Medical Care Facilities, Hospital Long-Term Care Units, Hospital Swing Beds and Ventilator Dependent Units	10/1/09 Information incorporated into the Nursing Facility Coverages Chapter.
6/16/09	MSA 09-34	Rescind Bulletin MSA 09-21 and Clarifications to the School Based Services and School Based Services Random Moment Time Study Medicaid Provider Manual Chapters	School Based Services Providers	10/1/09 Information incorporated into the School Based Services and the School Based Services Random Moment Time Study Chapters.
6/1/09	MSA 09-32	Home Help Provider Agency Policy Clarification	Home Help Provider Agencies	N/A
5/09	MSA 09-31	Sanctioned Providers Update	All Providers	Information incorporated into the Sanctioned Providers List maintained on the MDCH website.
6/1/09	MSA 09-30	Community Health Automated Medicaid Processing System (CHAMPS) Implementation Update	All Providers	1/1/10 Information incorporated throughout the Manual, as appropriate. MDCH website updated, as appropriate.
6/1/09	MSA 09-29	Updates to the Medicaid Provider Manual	All Providers	7/1/09 Information incorporated throughout the Manual, as appropriate. MDCH website updated, as appropriate.
6/1/09	MSA 09-28	Eliminating Certain Medicaid Benefits for Medicaid Beneficiaries age 21 and older, and Medicaid Provider Fee Reductions	All Providers	7/1/09 Information incorporated into the Children's Special Health Care Services, Chiropractor, Dental, Federally Qualified Health Centers, Hearing Aid Dealers, Practitioner, Rural Health Clinics and Vision Chapters. MDCH website updated, as appropriate.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
6/1/09	MSA 09-27	New Healthcare Common Procedure Coding System (HCPCS) Procedure Code Coverage and an Adjustment to the Fee Screen for Essure Hysteroscopic Sterilization provided in the Office Setting	Practitioners, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, Hospitals, Local Health Departments, Medicaid Health Plans, and Mental Health and Substance Abuse	Information added to databases at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information
6/1/09	MSA 09-26	Medicaid Processing and Payment of Nursing Facility Claims for Co-Insurance Days for Beneficiaries with Medicare Advantage Plan Coverage	Nursing Facilities, County Medical Care Facilities, Hospital Long-Term Care Units, Hospital Swing Beds, and Ventilator Dependent Units	N/A
5/15/09	MSA 09-24	Executive Order 2009-22 Eliminating Funding for the Single Point of Entry (Long-Term Care Connection) Demonstration Project	Hospice, Hospitals, Medicaid Health Plans, Mental Health/Substance Abuse (Prepaid Inpatient Health Plans and Coordinating Agencies), Nursing Facilities, Program of All Inclusive Care for the Elderly (PACE), MI Choice Waiver, Local Health Departments, Area Agencies on Aging	7/1/09 Information incorporated into the Hospital and the Nursing Facility Coverages Chapters.
5/1/09	MSA 09-23	Dental Periodicity Schedule	Dentists and Dental Clinics	7/1/09 Information incorporated into the Dental and Practitioner Chapters and the Directory Appendix.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
5/1/09	MSA 09-22	Establishment of Consent Form Submission and New Documentation Categories through Claim Documentation EZ Link	Practitioners, Mental Health and Substance Abuse, Community Mental Health Services Program, Chiropractors, Dentists, Ambulance, Independent Labs, Medical Suppliers, Orthotists/Prosthetists, Vision, Hearing and Speech Centers, Hearing Aid Dealers, Family Planning Clinics, Maternal Infant Health Program, Private Duty Nursing, School Based Services, Hospitals, Home Health, Hospice, Nursing Facilities, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, and Local Health Departments	7/1/09 Information incorporated into the Billing & Reimbursement for Dental Providers, the Billing & Reimbursement for Institutional Providers, and the Billing & Reimbursement for Professionals Chapters, the Directory Appendix and the Forms Appendix.
5/1/09	MSA 09-21	Revisions to the School Based Services and School Based Services Random Moment Time Study Medicaid Provider Manual Chapters	School Based Services Providers	Bulletin rescinded – see Bulletin MSA 09-34
5/1/09	MSA 09-20	Medicare Enrollment for Providers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies Reminder	Medical Suppliers, Cochlear Implant Manufacturers	7/1/09 Information incorporated into the General Information for Providers and the Medical Supplier Chapters.
4/21/09	MSA 09-19	\$5 Million Disproportionate Share Hospital (DSH) Pool	Hospitals	1/1/10 Information incorporated into the Hospital Reimbursement Appendix.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
4/1/09	MSA 09-18	Prior Authorization of Children's Waiver Services – Environmental Accessibility Adaptations and Specialized Medical Equipment and Supplies	Prepaid Inpatient Health Plans/Community Mental Health Services Programs	7/1/09 Information incorporated into the Mental Health/Substance Abuse Chapter and the Directory Appendix.
4/1/09	MSA 09-17	Pharmacy Beneficiary Eligibility Verification	Pharmacies	7/1/09 Information incorporated into the Directory Appendix.
2/09	MSA 09-16	Sanctioned Providers Update	All Providers	Information incorporated into the Sanctioned Providers List maintained on the MDCH website.
3/1/09	MSA 09-15	Healthcare Common Procedure Coding System (HCPCS) U4 Modifier for Certain Durable Medical Equipment for Beneficiaries Under the Age of 21; Coverage of New HCPCS Procedure Code – K0739	Medical Suppliers	7/1/09 Information incorporated into the Billing & Reimbursement for Professionals Chapter. Information added to databases at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Medical Suppliers/Orthotists/Prosthetists, DME Dealers
3/1/09	MSA 09-13	Updates to Medicaid Provider Manual	All Providers	4/1/09 Information incorporated throughout the Manual, as appropriate. MDCH website updated, as appropriate.
3/1/09	MSA 09-12	Change in Standard Dispensing Fee Reimbursement	Pharmacy	MDCH Pharmacy Drug Dispensing Fees updated to the website. www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Pharmacy
3/1/09	MSA 09-11	Correction to Bulletin MSA 09-03	Hearing Aid Dealers, Audiologists/Hearing Centers, Outpatient Hospitals, Practitioners, Medicaid Health Plans	4/1/09 Information incorporated into the Hearing Aid Dealers Chapter.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
3/1/09	MSA 09-10	Adult Benefits Waiver Enrollment	All Providers	Bulletin transmit open enrollment 3/1/09 - 5/31/09
3/1/09	MSA 09-09	Change in Billing and Reimbursement Policy for Occupational Therapy, Physical Therapy, and Speech-Language Therapy	Practitioners (MDs, DOs, Nurse Practitioners, Physical Therapists), Outpatient Hospitals, Outpatient Rehabilitative Facilities, Mental Health and Substance Abuse	4/1/09 Information incorporated into the Billing & Reimbursement for Institutional Providers Chapter.
2/11/09	MSA 09-08	Fiscal Year 2009 Outpatient Uncompensated Care Disproportionate Share Hospital (DSH) Pool	Hospitals	4/1/09 Information incorporated into the Hospital Chapter (Hospital Reimbursement Appendix).
2/1/09	MSA 09-07	Clarifications, Revisions, and Provider Reinstatement	School Based Services	4/1/09 Information incorporated into the School Based Services Chapter.
2/1/09	MSA 09-06	Medicaid Access to Care Initiative (MACI) Payment Schedule	Hospitals, Medicaid Health Plans	Bulletin issued to retract bulletin MSA 08-16; no changes to manual required.
1/1/09	MSA 09-05	MIHP and MHP Care Coordination Agreement	Maternal Infant Health Program, Medicaid Health Plans	4/1/09 Information incorporated into the Maternal Infant Health Program Chapter, the Medicaid Health Plans Chapter, the Acronym Appendix, and the Forms Appendix.
1/1/09	MSA 09-04	Eligibility Verification System (EVS) – Automated Voice Response System (AVRS) Fee	All Providers	4/1/09 Information incorporated into the Beneficiary Eligibility Chapter and the Directory Appendix.



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DATE ISSUED	BULLETIN NUMBER	TOPIC	AFFECTED PROVIDERS	DATE IN ONLINE MANUAL/COMMENTS
1/1/09	MSA 09-03	Volume Purchase Contract for Hearing Aids	Hearing Aid Dealers, Audiologists/Hearing Centers, Outpatient Hospitals, Practitioners, Medicaid Health Plans	4/1/09 Information incorporated into the Hearing Aid Dealers Chapter and the Hearing Services Chapter. Information added to the MDCH website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Hearing Aid Services
1/09	MSA 09-02	Sanctioned Providers Update	All Providers	Information incorporated into the Sanctioned Providers List maintained on the MDCH website.
12/1/08	MSA 08-57	Diagnosis Related Group (DRG) Grouper Update, DRG Rate Update, and Per Diem Rate Update	Hospitals, Medicaid Health Plans	4/1/09 Information incorporated into the Hospital Chapter (Hospital Reimbursement Appendix).