

Michigan Department of Health and Human Services

Bulletin Number: MSA 17-24

Distribution: Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, Medicaid Health Plans

Issued: June 30, 2017

Subject: Delay of Clinic Billing Format Change to Institutional; Policy Clarifications

Effective: As Indicated

Programs Affected: Medicaid, Healthy Michigan Plan, MICHild

On March 31, 2017, the Michigan Department of Health and Human Services (MDHHS) issued bulletin MSA 17-10, which required Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Tribal Health Centers (THC) to submit claims using the ASC X12N 837 5010 institutional format. The change was effective for dates of service on or after July 1, 2017. **This bulletin serves as notification that, effective immediately, the implementation of bulletin MSA 17-10 is delayed until August 1, 2017.**

Payment Codes Clarification

Bulletin MSA 17-10 listed two antepartum care codes as being appropriate for use on a claim as "Clinic - Payment Codes." These antepartum procedure codes encompass multiple visits and are eligible to receive multiple encounters. When rendered, providers should report these codes on the claim line with the first date of service. All additional dates of service should be reported in the remarks section of the claim. These claims do not require the reporting of a "Clinic - Payment Code" as described in bulletin MSA 17-10. Multiple visit code coverage information is available on the Michigan Department of Health and Human Services (MDHHS) website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Clinic Institutional Billing.

Maternal Infant Health Program Clarification

Until further notice, Maternal Infant Health Program (MIHP) related services rendered to fee-for-service beneficiaries must be billed on the ASC X12N 837 5010 professional format.

MI Care Team Encounters Clarification

To further clarify bulletin MSA 17-10, MI Care Team (primary care health home benefit) encounters are excluded. MI Care Team providers will continue to submit encounter claims on the ASC X12N 837 5010 professional format to document a health home service for enrolled beneficiaries.

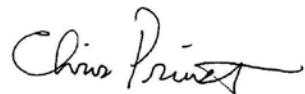
Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, 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



Chris Priest, Director
Medical Services Administration