

May 4, 2022

<Provider Name>
<Provider Address 1>
<City> <State> zipcode5-zipcode4

Dear Provider:

RE: Attending Provider Field on the Institutional Hospital Claim Format

Medicaid Policy Bulletin MSA 21-45, released December 1, 2021, implemented a change to claim editing for attending/ordering/referring provider fields for all claim types. The update, effective January 1, 2022, was made to align claims processing actions with policy regarding reporting provider information in these fields. This letter offers background on the update to the edits. It also provides guidance to providers of the Michigan Department of Health and Human Services' (MDHHS) on current and future actions regarding the attending provider field reporting for the institutional claim format.

Issue

Current Medicaid policy defines the professional caring for the beneficiary in a hospital setting as:

- *The attending physician (MD or DO) is responsible for determining medical necessity and appropriateness of service within the scope of current medical practice and Medicaid guidelines.* (Section 1, Hospital Chapter, MDHHS Medicaid Provider Manual)
- *Furnished under the direction of a physician (MD or DO) or a dentist.* (Section 1.1 & 1.2, Hospital Chapter, MDHHS Medicaid Provider Manual)
- *For all institutional claims, the attending physician must be Medicaid enrolled. If the attending physician information is not reported on the claim or if the provider is not enrolled in the Michigan Medicaid program, the claim cannot be paid.* (Section 2.3.B, Billing and Reimbursement for Institutional Providers Chapter, MDHHS Medicaid Provider Manual)

The updated editing implemented on January 1, 2022, reflected the above policy. As a result of these changes, hospital providers billing on the institutional claim format experienced an increase in denied claims. MDHHS completed an analysis of these denied claims to identify which provider types were most frequently reported in the attending provider field. The analysis showed a significant number of non-physician provider types being reported in the attending provider field triggering the edit and causing the denial.

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Action

As we reconsider current policy and to mitigate the continued denial of hospital claims associated to this claim edit, the following will be completed immediately:

Outpatient

The provider types allowed in the attending field prior to January 1, 2022, will again be permitted. Also, additional provider types can now be reported in the attending physician field for outpatient hospitals.

Inpatient

For inpatient hospital claims, the provider types allowed in the attending field includes: physicians (MD/DO), dentists, certified nurse midwives, and podiatrists.

The complete listing of allowed attending provider types can be found on the [MDHHS website](#) in the Attending Tip for Inpatient Hospitals and the Attending Tip for Outpatient Hospital Providers. These Provider Tips will be updated as needed.

Claims Reprocessing


For affected denied claims with dates of service January 1, 2022 and after, claims will be reprocessed as follows:

- Fee-for-Service - claims will be reprocessed by MDHHS beginning May 19, 2022.
- Managed Care - Medicaid Health Plans (MHP) may begin to reprocess claims and/or resubmit encounters effective immediately. Hospitals should contact the MHP for specific instructions.

Additionally, MDHHS will review current policy, professional and facility licensing statutes, and the Michigan Public Health Code to ensure the policy is accurate and inclusive of the provider types that are appropriate to be listed in the attending provider field of institutional claims. Further policy clarification will be released in the coming months on attending provider field reporting requirements for the institutional claim format.

An electronic version of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Sincerely,



Kate Massey, Director
Behavioral and Physical Health and Aging Services Administration