

Bulletin Number: MSA 21-29

Distribution: Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Providers, Nursing Facilities, Medicaid Health Plans (MHPs), Integrated Care Organizations (ICOs)

Issued: July 30, 2021

Subject: Billing Durable Medical Equipment (DME) and Medical Supplies Delivered to Beneficiaries on the Day of Discharge from a Nursing Facility

Effective: September 1, 2021

Programs Affected: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS)

This policy applies to Medicaid Fee-for-Service (FFS). For beneficiaries enrolled in a MHP or ICO, refer to the Medicaid Health Plans and MI Health Link chapters of the Medicaid Provider Manual for policy specific to nursing facility coverage. Providers must refer to the beneficiary's MHP or ICO for billing policy.

This policy announces billing instructions for DME and medical supply providers when delivering these items to a beneficiary on the day of discharge from a skilled nursing facility (SNF) or nursing facility (NF). For the purposes of this policy, the term "facility" refers to an SNF or NF. The Michigan Department of Health and Human Services (MDHHS) is issuing these billing instructions effective for claims billed on and after September 1, 2021.

For beneficiaries residing in a facility, most DME and medical supplies are included in the facility per diem rate and may not be separately billed by the medical supplier. However, in cases where the medical supplier delivers the DME or medical supplies on the facility date of discharge for the beneficiary to use in the home and community, the medical supplier must report the facility date of discharge in the relevant dates section of the electronic ASC X12N 837 5010 professional claim or the Community Health Automated Medicaid Processing System (CHAMPS) direct data entry claim. For electronic ASC X12N 837 5010 professional claim format, the medical supplier must report the discharge date in loop 2300 DTP segment.

Facilities are required to enter beneficiary discharge dates in the CHAMPS admission record. (Refer to the Beneficiary Eligibility Chapter of the [MDHHS Medicaid Provider Manual](#) for additional information.) Failure to enter the discharge date in the admission record could create access to care issues for the beneficiary and denied claims for medical suppliers. MDHHS recommends the facility and medical supplier coordinate the discharge date and delivery date to ensure the facility enters the date of discharge in the admission record and that the DME/medical supplies are not delivered prior to the facility discharge date. All other billing and policy requirements remain unchanged.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS 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-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

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

Approved

A handwritten signature in black ink, appearing to read 'K. Massey', followed by a horizontal line extending to the right.

Kate Massey, Director
Medical Services Administration