

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of Michigan

***Amount, Duration and Scope of Medical and Remedial Care  
Services Provided to the Categorically and Medically Needy***

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5a. Physician Services (continued)

- g. Laboratory services performed in the physician's office are limited to those determined to be reasonable and appropriate for that site. Other laboratory services are covered upon determination by the department to be medically necessary for the setting and specific patient.
- h. Physical therapy services as defined in 1.a of this attachment.

5b. Medical and Surgical Services provided by a dentist

Services provided by a licensed oral surgeon are covered as follows:

- a. For hospital inpatients under the conditions specified in item 1.c;
- b. For treatment provided on a hospital outpatient basis, or, in the office for treatment of conditions specified in item 1.c.1) a).

6. Medical Care Furnished by Practitioners within the Scope of their Practice as Defined by State Law

No payment will be made for services of staff in residence or medical staff functioning in an administrative capacity for a hospital or nursing care facility, including practitioner-owners. In relation to outpatient services, practitioner fees for covered services are payable only when such payment does not duplicate payment to the facility.

a. Podiatry Services:

Covered services include those falling within the scope of practice under state laws, as limited by the Department, necessary to diagnose and/or treat illness, injury, the prevention of disability, or services provided recipients suffering from specific systemic diseases for which self-treatment would be hazardous.

Services provided by a podiatrist are covered when those services are rendered on behalf of an organization, clinic or group practice. Covered services are limited to those allowed under the podiatrist's scope of practice as defined by State law.

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6. Medical Care Furnished by Practitioners within the Scope of their Practice as Defined by State Law  
(continued)

b. Optometry Services:

- i) Covered services as limited by the department, are those provided to individuals under the EPSDT program.
- ii) Covered for beneficiaries 21 years of age and older are limited to those services relating to eye trauma and eye disease and low vision evaluations, services and aids (which must be prior authorized).

c. Chiropractor Services:

Chiropractic services as limited by the department are those provided to individuals under the EPSDT program.

d. Other Practitioner Services:

~ Certified Nurse Anesthetists (CRNAs)

Services provided by registered nurses certified by the council on Certification of Nurse Anesthetists or re-certified by the Council on Re-certification of Nurse Anesthetists are covered. Services are limited to those provided on an inpatient or outpatient basis and reimbursement is directed through to the provider or the provider's employer.

~ Registered/Licensed Dental Hygienists (RDHs)

Services provided by registered dental Hygienists (RDHs) are covered when those services are rendered on behalf of an organization, clinic or group practice. Covered services are limited to those allowed under the RDH's scope of practice as defined by State law.

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10. Dental Services

Services provided within the scope of his/her profession, as defined by State law by a licensed dentist, are

A. covered for beneficiaries ages 21 and older:

1. Diagnostic and therapeutic services necessary to diagnose and treat conditions relating to a specific medical problem. Approval for these services will be given only when the physician and the dentist concur that the dental care is critical to the treatment of the medical problem for which the attending physician is treating the client.
2. Emergency treatment such as extraction of teeth or palliative treatment for relief of pain or acute infection.
3. Examinations and preventive and therapeutic services as needed for relief of pain and infections, restoration of teeth and maintenance of dental health.
4. Preparation for, adjustments to, and repair of necessary dentures as described in item 12.b. of this attachment.

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10. Dental Services (CONTINUED)

Services provided within the scope of his/her profession, as defined by State law by a licensed dentist, are

B. covered for beneficiaries under the EPSDT program:

1. Examinations and preventive services in accordance with the State's periodicity schedule; therapeutic services as needed for pain relief, infections, restoration of teeth and maintenance of dental health.
2. Diagnostic and therapeutic services necessary to diagnose and treat conditions relating to a specific medical problem. Approval for these services will be given only when the physician and the dentist concur that the dental care is critical to the treatment of the medical problem for which the attending physician is treating the client.
3. Emergency treatment such as extraction of teeth or palliative treatment for relief of pain or acute infection.
4. Preparation for, adjustments to, and repair of necessary dentures as described in item 12.b. of this attachment.
5. Other medically necessary dental services.
6. Any limitations to these dental services can be exceeded based on medical necessity under the early and periodic screening diagnostic and treatment (EPSDT) program.

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d. Eyeglasses

For beneficiaries under the EPSDT program, corrective lenses and/or frames are covered if determined to be medically necessary by a licensed optometrist or ophthalmologist.

Determination of medical necessity is based on specific diopter criteria and/or concurrent complicating medical conditions. Criteria for diopter change are defined for the State Agency by the Michigan Department of Public Health.

Within a year, and without prior authorization, the program will cover up to two pair of replacement eyeglasses or contact lenses when replacement is necessary due to lost, stolen, broken or outgrown frames and/or lenses.

Prior authorization is required for eyeglasses that exceed the replacement limits.

For beneficiaries 21 years of age and older with low vision problems, low vision devices are covered.

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