

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***

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided ☐ No Limitations ☒ With Limitations*

2.a. Outpatient hospital services.

☒ Provided ☐ No Limitations ☒ With Limitations*

b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the state plan).

☒ Provided ☐ No Limitations ☒ With Limitations* ☐ Not Provided

c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

☒ Provided ☐ No Limitations ☒ With Limitations*

3. Other laboratory and x-ray services.

☒ Provided ☒ NO LIMITATIONS ☐ With Limitations*

* Description provided on an attachment.

TN NO.: 12-21

Approval Date: 3/22/13

Effective Date: 01/01/2013

Supersedes

TN No.: 92-05

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Policy and Methods for Establishing Payment Rates
(Other than Inpatient Hospital and Long Term Care Facilities)***

20. Laboratory Services

Payment rates for clinical laboratories, physician's offices and clinics are established by the Michigan Department of Community Health as a fee screen for each procedure. The fee schedule is designed to enlist the participation of an adequate number of providers. The Medicare prevailing fees are used as a guidelines or reference in determining the maximum fee screens for individual procedures.

Providers other than the State Bureau of Laboratories are reimbursed the lesser of the Medicaid fee screen or the provider's usual and customary charge minus any third party payment. A provider's usual and customary charge should be the fee most frequently charged to patients. The State Bureau of laboratories may be reimbursed up to the Medicare prevailing fees.

Laboratory services provided by outpatient hospitals or ESRD facilities are reimbursed through the Medicaid OPPS and are not limited by a maximum payment rate per beneficiary per day.

Unless otherwise noted, Michigan's Medicaid payment rates are uniform for private and governmental providers. The Michigan Medicaid fee schedule effective for dates of service on or after July 1, 2009, may be found at www.michigan.gov/medicaidproviders.

TN NO.: 12-21

Approval Date 3/22/13

Effective Date: 01/01/2013

Supersedes
TN No.: 07-02

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***

3. OTHER LABORATORY AND X-RAY SERVICES (Same for categorically needy and medically needy clients)

Covered services include laboratory tests which are medically necessary for diagnosis and treatment of illness or injury when ordered by a physician or other licensed practitioner included in the Plan within the scope of his profession (see Items 5 and 6) and made by an independent laboratory which is an eligible provider.

TN NO.: 12-21

Approval Date: 3/22/13

Effective Date: 01/01/2013

Supersedes

TN No.: 91-27