

MDHHS Nursing Facilities Database

January 2016

(Nursing Facilities, County Medical Care Facilities, Hospital Long Term Care Units, Ventilator Dependent Units, Hospital Swing Beds and Outpatient County Medical Care Facilities)

Physical Therapy, Occupational Therapy, Speech Pathology

Reimbursement information can be found on the MDHHS website www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Outpatient

Daily Nursing Care (Revenue Codes 0110, 0120, 0130, 0140, 0150) – Reimbursement is the facility's established rate as determined by Medicaid.

Hospital Swing Beds - \$199.43 (October 1, 2015)

Hospital Leave Day (Revenue Code 0185) - \$112.01/day (January 1, 2016 – September 30, 2016)

Therapeutic Leave Day (Revenue Code 0183) – Reimbursement is the facility's normal daily rate. For historical rate information see "[Nursing Cost and Rate Setting](#)"

Medicare/Medicaid Coinsurance Days - \$161.00 (January 1, 2016 – December 31, 2016)

(County Medical Care Facilities and Hospital Long Term Care Units)

Oxygen (Revenue Code 0410) – Interim reimbursement is based on a percentage of charge. Final reimbursement is calculated during the respective period's cost settlement and is based on that period's audited cost to charge ratio.

All other services are included in the Nursing Facility's per diem rate or are ancillary services that must be provided and billed by the appropriate enrolled provider.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.