

Department of Health & Human Services
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

Refer to: IIO2

*original → Nancy
Bishop*

FEB

Paul Reinhart, Director
Medical Services Administration
Federal Liaison Unit
Michigan Department of Community Health
400 South Pine St.
P. O. Box 30479
Lansing, Michigan 48909

ATTN: Nancy Bishop

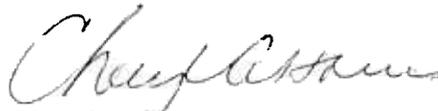
Dear Mr. Reinhart:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #04-015 Optional Services--Effective October 1, 2004

If you have any additional questions, please have a member of your staff contact Ms. Hye Sun Lee at (312) 353-1565.

Sincerely,



Cheryl A. Harris
Associate Regional Administrator
Division of Medicaid & Children's Health

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL OR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 04 - 15	2. STATE: Michigan
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

O: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2004
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TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 2 CFR 440.225	7. FEDERAL BUDGET IMPACT: a. FFY 05 _____ \$ 1,300,000 b. FFY 06 _____ \$ 1,300,000
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A, pages 16 and 17	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement to Attachment 3.1-A, pages 16 and 17
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10. SUBJECT OF AMENDMENT:
Optional Services

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 Paul Reinhart, Director
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 Medical Services Administration

2. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Paul Reinhart</i>	16. RETURN TO: Medical Services Administration Program/Eligibility Policy Division - Federal Liaison Unit Capitol Commons Center - 7 th Floor 400 South Pine Lansing, Michigan 48933 Attn: Nancy Bishop
3. TYPED NAME: Paul Reinhart	
4. TITLE: Director, Medical Services Administration	
5. DATE SUBMITTED: <i>November 17, 2004</i>	

FOR REGIONAL OFFICE USE ONLY

7. DATE RECEIVED: 11/18/04	18. DATE APPROVED: <i>2/3/05</i>
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PLAN APPROVED - ONE COPY ATTACHED

8. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Cheryl A. Harris</i>
17. TYPE NAME: Cheryl A. Harris	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health

13. REMARKS:

RECEIVED
NOV 18 2004
DMCH MI/MN/WI

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: MICHIGAN

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

5. 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.

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.

Podiatry Services:

Covered services include those falling within the scope of practice under state law, 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.

b. Optometry Services:

Covered services include:

- a. Complete eye examination if medically necessary. Examinations which exceed a frequency of once every two years, must be documented as medically necessary.
- b. The following corrective lenses; some of which require prior authorization:
 - single vision or multi-focal eyeglasses;
 - ii. cataract lenses;
 - iii. contact lenses, evaluations and services
 - iv. special lenses, as specified by the department.

TN NO.: 04-15

Approval Date:

Effective Date: 10/01/2004

Supersedes

TN No.: 03-11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: MICHIGAN

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

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

b. **Optometry Services** (continued):

- 3) Orthoptic and low vision evaluations, services and aids (which must be prior authorized).

Requirements relative to the provision of eyeglasses are described in item 12.d of this attachment.

c. **Chiropractor Services:**

Chiropractic x-rays, as limited by the department, are covered for all age groups. Spinal manipulations are covered for all age groups.

d. **Other Practitioner Services:**

~ **Oral Surgery**

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

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

~ **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 the employing or contracting hospital.

TN NO.: 04-15

Approval Date:

Effective Date: 10/01/2004

Supersedes

TN No.: 03-11