

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 09 - 15	2. STATE: Michigan
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH FINANCING ADMINISTRATION DEPARTMENT OF HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2009	

5. 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: 42 CFR 440.225	7. FEDERAL BUDGET IMPACT: a. FFY 09 \$ (4,977,590.00) b. FFY 10 \$ (19,910,358.00)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement to Attachment 3.1-A, pages 16, 17, 21, 25, & 25b and Attachment 4.19, Introduction	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement to Attachment 3.1-A, pages 16, 17, 21, 21a, 25, & 25b and Attachment 4.19, Introduction

10. SUBJECT OF AMENDMENT:
Elimination of 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

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Stephen Fitton</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
13. TYPED NAME: Stephen Fitton	
14. TITLE: Acting Director, Medical Services Administration	
15. DATE SUBMITTED: September 29, 2009	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPE NAME:	22. TITLE:

23. REMARKS:

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***

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.

a. Podiatry Services:

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

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.

c. Chiropractor Services:

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

TN NO.: 09-15

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Effective Date: 07/01/2009

Supersedes

TN No.: 04-15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

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 to the provider or the provider's employer.

~ Certified Anesthesiologist Assistants

Services provided by anesthesiologist assistants certified by the National Commission for Certification of Anesthesiologist Assistants. Services are furnished under the delegation and supervision of an enrolled anesthesiologist. Services are limited to those provided on an inpatient or outpatient basis and reimbursement is directed to the provider or the provider's employer.

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TN No.: 05-21

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

***Amount, Duration and Scope of Medical and Remedial Care
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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 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.

B. covered for eligible beneficiaries 21 years of age and older, but limited to emergency treatment such as extraction of teeth or palliative treatment for relief of pain or acute infection.

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TN No.: 05-22

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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***Amount, Duration and Scope of Medical and Remedial Care
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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.

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TN No.: 95-06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of Michigan

***Amount, Duration and Scope of Medical and Remedial Care
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12. Drug Products, Dentures, Prosthetic and Orthotic Devices, Eyeglasses (continued)

h. Hearing Aids

- i.) Under the EPSDT program, hearing aids and accessories are provided under the following conditions:
- A physician provides medical concurrence that there are no contraindications to the use of a hearing aid(s). A medical concurrence must be within six months prior to dispensing the hearing aid(s).
 - A licensed audiologist must complete a written recommendation for the hearing aid. Services must be provided under the auspices of (and be billed by) a Medicaid enrolled outpatient hospital or hearing center.
- ii) Effective for dates of service on and after July 1, 2009, hearing aids will not be covered for beneficiaries age 21 and over.

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TN No. 06-19

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

Section 4 – General Program Administration

The State has in place a public process which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.

Certain Medicaid payment rates were modified effective July 1, 2009. Individual rates can be found at www.michigan.gov/medicaidproviders

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TN No.: 98-04