Physical Therapy, Occupational Therapy, Speech Pathology

Reimbursement information can be found on the MDHHS website [www.michigan.gov/medicaidproviders](http://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.