

Michigan Department of Health and Human Services
Pediatric Outpatient Intensive Feeding Program
January 2025

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

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
S0317	Disease Mgmt Per Diem			\$772.62	

**Effective Date will only be populated when the rate begins after the published fee schedule date