

## **Table of Contents**

**State Territory Name: MICHIGAN**

**State Plan Amendment (SPA) #: 23-0021**

This file contains the following documents in the order

listed:1) Approval Letter

2) CMS 179 Form/Summary Form (with 179-like data)

3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

October 18, 2023

Farah Hanley  
Medicaid Director  
Medical Services Administrations  
400 South Pine Street 7<sup>th</sup> Floor  
Lansing, MI 48933-2250

RE: TN 23-0021

Dear Director Hanley:

We have reviewed the proposed Michigan State Plan Amendment (SPA) to Attachment 4.19-B MI-23-0021, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on August 14, 2023. This plan amendment updates requirements for Inter-professional Consultations (eConsults).

Based upon the information provided by the State, we have approved the amendment with an effective date of December 1, 2023. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Debi Benson at 1-(312)-886-0360 or [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

*Todd McMillion*

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>23</u> — <u>0021</u>	2. STATE <u>MI</u>
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3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
December 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION  
42 CFR 440.50

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$0  
b. FFY 2025 \$0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
  
Attachment 4.19-B Page 1.b.11 NEW

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
  
Attachment 4.19-B Page 1.b.2 - 1.b.4 (TN: 13-01) Delete

9. SUBJECT OF AMENDMENT  
This SPA updates requirements for interprofessional consultations (eConsults).


10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Meghan Groen

13. TITLE  
Senior Deputy Director

14. DATE SUBMITTED  
August 14, 2023

15. RETURN TO  
Behavioral and Physical Health and Aging Services Administration  
Office of Strategic Partnerships & Medicaid Administrative Services – Federal Liaison  
Capitol Commons Center – 7<sup>th</sup> Floor  
400 South Pine  
Lansing, Michigan 48933  
  
Attn: Erin Black

**FOR CMS USE ONLY**

16. DATE RECEIVED August 14, 2023

17. DATE APPROVED  
October 18, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
December 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Reimbursement Review

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of MICHIGAN

*Policy and Methods for Establishing Payment Rates  
Other than Inpatient Hospital and Long-Term-Care Facilities*

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**Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415**

**Physician Services 42 CFR 447.405 Amount of Minimum Payment**

~~The state reimburses for services provided by physicians meeting the requirements of 42 CFR 447.400(a) at the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar years 2013 and 2014 or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor. If there is no applicable rate established by Medicare, the state uses the rate specified in a fee schedule established and announced by CMS. The state will utilize the fee schedule provided by CMS and Deloitte based on the November 2012 Medicare release and the 2009 conversion factor. The state will not adjust the fee schedule to account for changes in Medicare rates throughout the calendar year.~~

- ~~The rates reflect all Medicare site of service and locality adjustments.~~
- ~~The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.~~
- ~~The rates reflect all Medicare geographic/locality adjustments.~~
- ~~The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.~~

~~The following formula was used to determine the mean rate over all counties for each code:~~

**Method of Payment**

- ~~The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.~~
- ~~The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 CFR 447.405.~~

~~Supplemental payment is made:  monthly  quarterly~~

**Primary Care Services Affected by this Payment Methodology**

- ~~This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.~~

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Supersedes

TN No.: 13-01

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(Primary Care Services Affected by this Payment Methodology—continued)

The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes):

~~99224 99339 99360 99367 99377 99401 99408 99420 99443 99456 99486  
99225 99340 99363 99368 99378 99402 99409 99429 99444 99466 99487  
99226 99358 99364 99374 99379 99403 99411 99441 99450 99467 99488  
99288 99359 99366 99375 99380 99404 99412 99442 99455 99485 99489~~

The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added):

~~90460 added 01/01/2011  
90461 added 01/01/2011 (rate is \$0.00)  
99495 added 01/01/2013  
99496 added 01/01/2013~~

**Physician Services – Vaccine Administration**

~~For calendar years (CYs) 2013 and 2014, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor.~~

Medicare Physician Fee Schedule rate

State regional maximum administration fee set by the Vaccines for Children program

Rate using the CY 2009 conversion factor

**Documentation of Vaccine Administration Rates in Effect 7/1/09**

~~The state uses one of the following methodologies to impute the payment rate in effect at 7/1/09 for code 90460, which was introduced in 2011 as a successor billing code for billing codes 90465 and 90471.~~

The imputed rate in effect at 7/1/09 for code 90460 equals the rate in effect at 7/1/09 for billing codes 90465 and 90471 times their respective claims volume for a 12 month period which encompasses July 1, 2009. Using this methodology, the imputed rate in effect for code 90460 at 7/1/09 is: \$7.00.

A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code. This 2009 rate is:

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- ~~Alternative methodology to calculate the vaccine administration rate in effect 7/1/09:~~

~~Note: This section contains a description of the state's methodology and specifies the affected billing codes.~~

**Effective Date of Payment**

**E & M Services**

~~This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014, but not prior to December 31, 2014. All rates are published at the MDCH website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Provider Specific Information.~~

**Vaccine Administration**

~~This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on December 31, 2014, but not prior to December 31, 2014. All rates are published at the MDCH website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Provider Specific Information.~~

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**Physician Services, Interprofessional Telephone/Internet/Electronic Health Record Consultations  
(including eConsults)**

Interprofessional Telephone/Internet/Electronic Health Record Consultations Reimbursement Methodology

Except as otherwise noted in the plan, state-developed payment rates are the same for both governmental and private providers of Interprofessional Telephone/Internet/Electronic Health Record Consultations. Rates are established utilizing the same methodology described for physician services located in Attachment 4.19-B Page 1.

Effective Date of Payment

This reimbursement methodology applies to services rendered on and after December 1, 2023. All rates are published at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders).

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Supersedes

TN No.: NEW