



Medicaid Provider Manual



SECTION 2 – COVERAGE AND LIMITATIONS [CHANGE MADE 10/1/07]

The table below outlines beneficiary coverage under ABW. Special instructions for CHP beneficiaries are noted when applicable.

Service	Coverage
Ambulance	Limited to emergency ground ambulance transport to the hospital Emergency Department (ED).
Case Management	Noncovered
Chiropractor	Noncovered
Dental	Noncovered, except for services of oral surgeons as covered under the current Medicaid physician benefit for the relief of pain or infection.
Emergency Department	Covered per current Medicaid policy. For CHPs, PA may be required for nonemergency services provided in the emergency department.
Eyeglasses	Noncovered
Family Planning	Covered. Services may be provided through referral to local Title X designated Family Planning Program.
Hearing Aids	Noncovered
Home Health	Noncovered
Home Help (personal care)	Noncovered
Hospice	Noncovered
Inpatient Hospital	Noncovered
Lab & X-Ray	Covered if ordered by an MD, DO, or NP for diagnostic and treatment purposes. PA may be required by the CHP.



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Medical Supplies/ Durable Medical Equipment (DME)	Limited coverage. <ul style="list-style-type: none"> ▪ Medical supplies are covered except for the following noncovered categories: gradient surgical garments, formulas and feeding supplies, and supplies related to any noncovered DME item. ▪ DME items are noncovered except for glucose monitors.
Mental Health Services	Covered: Services must be provided through the PIHP/CMHSP. (Refer to the Mental Health/Substance Abuse Coverage section of this chapter.)
Nursing Facility	Noncovered
Optometrist	Noncovered
Outpatient Hospital (Nonemergency Department)	Covered: Diagnostic and treatment services and diabetes education services. PA may be required for some services. A \$3 co-payment for professional services is required. * Noncovered: Therapies, labor room and partial hospitalization.
Pharmacy	Covered: <ul style="list-style-type: none"> ▪ Products included on the Michigan Pharmaceutical Products List (except enteral formulas) that are prescribed by an MD, DO, NP or type 10-enrolled oral surgeon. PA may be required. Products must be billed to MDCH or CHP, as appropriate. ▪ Psychotropic medications are provided under the FFS benefit. (Refer to the MDCH Pharmacy Benefits Manager (PBM) website for a list of psychotropic drug classes to be billed to MDCH. Refer to the Directory Appendix for website information.) The list of drugs covered under the carveout is updated as necessary. Drugs are added and deleted on a regular basis so it is imperative that the provider review this website frequently. Noncovered: Injectable drugs used in clinics or physician offices. Co-payment: \$1 per prescription

* Professional services requiring a co-payment are defined by the following Evaluation and Management (E&M) procedure codes. 92002-92014, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99385-99387, 99395-99397. No co-payment may be charged for family planning or pregnancy related services.



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<p>Physician</p> <p>Nurse Practitioner (NP)</p> <p>Oral Surgeon</p> <p>Medical Clinic</p>	<p>The following services are covered per current Medicaid policy:</p> <ul style="list-style-type: none"> ▪ Annual physical exams (including a pelvic and breast exam, and pap test). Women who qualify for screening/services under the Breast and Cervical Cancer Program administered by the LHD may be referred to that program for services as appropriate. ▪ Diagnostic and treatment services. May refer to LHD for TB, STD, or HIV-related services, as available. ▪ General ophthalmologic services (procedure codes 92002-92014) ▪ Immunizations per current Advisory Committee on Immunization Practices (ACIP) guidelines. May be referred to LHD. Travel immunizations are excluded. ▪ Injections administered in a physician's office per current Medicaid policy. CHPs may require PA for some injections. Specific psychotropic injectable drugs administered through a PIHP/CMHSP clinic to an ABW beneficiary are reimbursed by MDCH on a fee-for-service basis when the following criteria is met: <ul style="list-style-type: none"> ➢ The beneficiary has an open case with the PIHP/CMHSP; and ➢ The beneficiary receives the injections on a scheduled or routine basis as part of the PIHP/CMHSP treatment/support regimen; and ➢ The PIHP/CMHSP physician has determined that the beneficiary may not comply with the medication regimen if the injections were not administered through the PIHP/CMHSP clinic and that this non-compliance could adversely affect the beneficiary; and ➢ The PIHP/CMHSP clinic notifies the beneficiary's CHP or primary care physician that this service is being rendered; or ➢ The injectable drug is listed on the MH/CHP/SA (PIHP/CMHSP/Children's Waiver) Injectable Drugs Billable to MDCH database. <p>Injectables that do not meet the above criteria remain the responsibility of the CHP, and the CHP's prior authorization requirements must be followed.</p> <p>The specific injectable drugs are only covered by MDCH through fee-for-service basis if provided by a physician as part of his affiliation with a PIHP/CMHSP and must be billed using the NPI number associated with the PIHP/CMHSP. Payments made to a physician for injectable drugs administered to an ABW beneficiary that are not billed under the NPI (modified per bulletin MSA 07-48) number not associated with a PIHP/CMHSP physician group will be subject to recovery.</p> <p>PA may be required for some services. A \$3 co-payment is required for office visits (professional services).*</p> <p>Noncovered: Services provided in an inpatient hospital setting.</p>
<p>Podiatrist</p>	<p>Noncovered</p>

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Prosthetics/ Orthotics	Noncovered
Private Duty Nursing	Noncovered
Substance Abuse	Covered through the Substance Abuse Coordinating Agencies (CAs). (Refer to the Mental Health/Substance Abuse Coverage section of this chapter.)
Therapies	Occupational, physical, and speech therapy evaluations are covered when provided by physicians or in the outpatient hospital setting. Therapy services are not covered in any setting.
Transportation (nonambulance)	Noncovered
Urgent Care Clinic	Professional services provided in a freestanding facility are covered. CHPs may require authorization by the primary care physician or plan administrator. A \$3 co-payment is required. *

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