

## MDCH Nursing Facilities Database

January 2009

(Provider Types 60, 61, 62, 72, and 64)

### **Physical Therapy, Occupational Therapy, Speech Pathology**

Reimbursement information can be found on the MDCH 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** - \$162.67 (October 1, 2008)

**Hospital Leave Day (Revenue Code 0185)** - \$92.18/day (October 1, 2008 – September 30, 2009)

**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** - \$133.50 (January 1, 2009 – December 31, 2010)

(Provider Types 61, 62)

**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.**