BENEFIT PLANS

Benefit plan data is assigned by the CHAMPS Eligibility and Enrollment (EE) Subsystem based on the source of the data (e.g., Medicaid, CSHCS, etc.) and program assignment factors (e.g., scope/coverage codes, etc.). Providers will need to utilize the Benefit Plan ID(s) indicated in the eligibility response to determine a beneficiary's program coverage and related covered services for a specific date of service.

The following table provides the Benefit Plan ID, Name, Description, and Type (e.g., Fee-for-Service, Managed Care Organization, or No Benefits), Funding Source and Covered Services (Service Type Codes).

Any questions regarding the Benefit Plans can be directed to: Provider Inquiry, Michigan Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Michigan Department of Health and Human Services

BENEFIT PLANS

Benefit Plan ID	Benefit Plan Name	Benefit Plan Description	Type	Funding Source[1]	Covered Services (Service Type Codes)
ALMB	Additional Low Income Medicare Beneficiary	This benefit plan is part of the Medicare Savings Program (MSP), also known as the “Buy-In” Program. It pays the Medicare Part B premium.	No Benefits	XIX	N/A
APS	Ambulatory Prenatal Services	This program provides presumptive eligibility for pregnant women limited to ambulatory prenatal care services only. Covered services include physician visits for prenatal care, prescription drugs related to pregnancy, and prenatal laboratory tests.	Fee for Service	XIX	4, 5, 50, 69, 88, 98, BU
BHHMP	Medicaid Behavioral Health NOT Enrolled in an MHP	This plan covers Medicaid mental health and substance abuse services managed by the PIHP for Healthy Michigan Plan (HMP) recipients who have a specialty level of need and are not enrolled in a Medicaid Health Plan (Fee For Service- FFS).	Managed Care Organization	XIX	AI, MH

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BENEFIT PLANS

Benefit Plan ID	Benefit Plan Name	Benefit Plan Description	Type	Funding Source[1]	Covered Services (Service Type Codes)
BHHMP-MHP	Healthy Michigan Plan Behavioral Health Enrolled in an MHP	This plan covers Medicaid mental health and substance abuse services managed by the PIHP for Healthy Michigan Plan (HMP) recipients who have a specialty level of need and are enrolled in a Medicaid Health Plan for Managed Care (MC).	Managed Care Organization	XIX	AI, MH
BHMA	Medicaid Behavioral Health NOT Enrolled in an MHP	This plan covers Medicaid mental health and substance abuse services managed by the PIHP for MA recipients who have a specialty level of need and are not enrolled in a Medicaid Health Plan (Fee For Service - FFS).	Managed Care Organization	XIX	AI, MH
BHMA-MHP	Medicaid Behavioral Health Enrolled in an MHP	This plan covers Medicaid mental health and substance abuse services managed by the PIHP for MA recipients who have a specialty level of need and are enrolled in a Medicaid Health Plan for Managed Care (MC).	Managed Care Organization	XIX	AI, MH
BIS	Brain Injury Services	Brain Injury Services (BIS) are services and supports provided to persons aged 21 and older with a qualifying brain injury who, but for the provision of these services, would otherwise be served within an institutional setting. The program provides critical rehabilitation and support in the post-acute injury period with the goal of assisting the participant in becoming capable of living in the most independent setting.	Fee for Service	XIX	A9

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BENEFIT PLANS

Benefit Plan ID	Benefit Plan Name	Benefit Plan Description	Type	Funding Source[1]	Covered Services (Service Type Codes)
BMP	Benefits Monitoring Program	The objectives of the Benefits Monitoring Program (BMP) are to promote quality health care, identify beneficiaries that may be mis/over-utilizing Medicaid benefits, modify improper utilization of services through education and monitoring, and ensure that beneficiaries are receiving medically necessary services. Beneficiaries remain in BMP through changes in eligibility, including enrollment into managed care. For beneficiaries with managed care, the Medicaid Health Plan (MHP) coordinates the member's care.	Managed Care Organization	XIX	N/A
CCBHC	Certified Community Behavioral Health Clinic	The CCBHC Demonstration benefit plan will reimburse state certified CCBHC sites for providing a comprehensive array of quality behavioral health services. CCBHCs will receive a fixed daily clinic-specific rate (known as a PPS-1 rate) for all CCBHC services provided on a given day, and individuals are eligible for the benefit if they have a mental health or substance use disorder diagnosis, regardless of Medicaid eligibility. CCBHCs are federally required to provide nine core behavioral health services and must meet stringent standards for care coordination, quality and financial reporting, staffing, and governance.	Managed Care Organization	XIX-XXI	AI, MH
CSHCS	Children's Special Health Care Services	This plan is designed to find, diagnose, and treat children and young adults under age 26 with chronic illness or disabling conditions. Persons over age 26 with chronic cystic fibrosis, certain blood coagulation disorders, or hereditary blood cell disorders commonly known as sickle cell disease may also qualify. Covers services related to the client's CSHCS-qualifying diagnoses. Certain providers must be authorized on a client file.	Fee for Service	V, GF	1, 35, 47, 48, 50, 71, 86, 88, 98, AL, UC (Most providers must be authorized)
CSHCS-MC	Children's Special Health Care Services – Managed Care	This plan is assigned to CSHCS beneficiaries who also have full Medicaid coverage and are enrolled in a Medicaid Health Plan (MHP). The MHP receives a poll tax payment and provides the full range of covered services. Specific services carved out of the MHP contract will remain covered through MA Fee-For-Service.	Managed Care Organization	XIX	1, 35, 47, 48, 50, 71, 86, 88, 98, AL, UC
CSHCS-MH	CSHCS Medical Home	This is a capitated "case management" benefit plan for CSHCS members. CSHCS Medical Home clients are identified by the Medical Home Indicator in the member's CSHCS eligibility file.	Managed Care Organization	V	CQ

BENEFIT PLANS

Benefit Plan ID	Benefit Plan Name	Benefit Plan Description	Type	Funding Source[1]	Covered Services (Service Type Codes)
CTS	Community Transition Services	Community transition services (CTS) are Medicaid funded services provided to qualified individuals who currently reside in a nursing facility, hospital, or other institution and have expressed a desire to return to the community, but who have barriers to a discharge that cannot be met by discharge staff. CTS may also be provided to individuals in the community who previously transitioned and are at risk for going back to the nursing facility or other institution.	Fee for Service	XIX	TC
CWP-MC	Children's Waiver Program Managed Care	This benefit plan provides services that are enhancements or additions to Medicaid state plan services for children under age 18 with developmental disabilities who are enrolled in the Children's Waiver Program (CWP). The CWP is a statewide managed care program. The CWP enables Medicaid to fund necessary home and community-based services for children with developmental disabilities who have challenging behaviors and/or complex medical needs, meet the criteria for admission to an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) and who are at risk for placement without waiver services.	Managed Care Organization	XIX	N/A
DHIP	Foster Care and CPS Incentive Payment	This benefit plan is designed to provide an incentive payment to the PIHPs to serve Medicaid-eligible children in foster care and Medicaid-eligible children in Child Protective Services, Risk Category I and II. There are two incentive payment options: ▪ Incentive Payment 1 – is at least two different non-assessment behavioral health services were provided in the eligible month. ▪ Incentive Payment 2 – is at least one of either home-based services or wraparound services were provided in the eligible month. If a PIHP provides services to a beneficiary in a given month meeting the criteria for both Incentive Payment 1 and 2, the PIHP will only receive payment for Incentive Payment 2.	Managed Care Organization	XIX	MH

Benefit Plan ID	Benefit Plan Name	Benefit Plan Description	Type	Funding Source[1]	Covered Services (Service Type Codes)
HHBH	Health Home Behavioral Health	Medicaid Health Home services are intended for beneficiaries with Severe Mental Illness (SMI) who have experienced high rates of inpatient hospital admissions or high rates of hospital emergency department usage and who may or may not have other chronic physical health conditions that are amenable to care coordination and management by the health home (i.e., congestive heart failure, insulin treated diabetes, chronic obstructive pulmonary disorder, seizure disorder). Individuals to whom these conditions apply may be determined by the state to be eligible to receive Health Home services.	Managed Care Organization	XIX	AI, MH
HHMICARE	Health Home MI Care Team	MI Care Team services are intended for Medicaid beneficiaries with specific chronic behavioral and physical health conditions, which includes a diagnosis of depression and/or anxiety and at least one of the following: heart disease, COPD, hypertension, diabetes, or asthma. Individuals to whom these conditions apply may be determined by the State to be eligible to receive MI Care Team services. MI Care Team services include a personalized care management plan and intense care coordination that addresses the physical and social needs of the individual.	Managed Care Organization	XIX	CQ
HHO	Opioid Health Home	Substance Use Disorder Health Home dba Opioid Health Home (HHO) services are intended for Medicaid beneficiaries with a diagnosis of opioid use disorder, alcohol use disorder, stimulant use disorder in addition to having or being at risk of any other chronic condition. Individuals to whom these conditions apply may be determined by the State to be eligible to receive HHO services. HHO services include a personalized care management plan and intense care coordination that addresses the totality of a beneficiary's physical, social, and recovery-oriented needs.	Managed Care Organization	XIX	AI, CQ
HK - Dental	Healthy Kids Dental	MDHHS contracts with dental health plans (DHPs) for the administration of dental services for Healthy Kids Dental (HKD) beneficiaries. The DHPs are paid a monthly capitation rate to provide covered services to enrolled Medicaid beneficiaries. The DHP is responsible for providing, arranging, and reimbursing covered dental services. DHPs may cover additional dental services not included on the MDHHS Dental Fee Schedule. Providers must contact the DHP for specific information about covered HKD benefits.	Managed Care Organization	XIX-XXI	35

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BENEFIT PLANS

Benefit Plan ID	Benefit Plan Name	Benefit Plan Description	Type	Funding Source[1]	Covered Services (Service Type Codes)
HK-EXP	Full Fee-for-Service Healthy Kids - Expansion	Benefits mirror Fee For Service Medicaid. This benefit plan covers children who are under the age of 19 from 100% FPL up to 160% FPL. This benefit plan is funded by CHIP.	Fee for Service	XXI	1, 33, 35, 47, 48, 50, 71, 86, 88, 98, AL, MH, UC (35: FFS dental only if HK-Dental Benefit Plan is not assigned for DOS)
HK-EXP-ESO	Healthy Kids - Expansion - Emergency Services Only	Benefits mirror Medical Assistance Emergency Services Only (MA-ESO). Children who do not meet the Medicaid citizenship requirements to be eligible for full Medicaid may be eligible for Emergency Services Only (ESO). This benefit plan is funded by CHIP. [2]	Fee for Service	XXI	1, 47, 48, 50, 86, 88, 91, 92, MH, UC Emergency Services Only
Hospice	Hospice	This healthcare program is designed to meet the needs of terminally ill individuals when the individual decides that curative treatment is no longer in their best interest. These individuals choose palliative care, which is not a cure, but ensures comfort, dignity, and quality of life. Hospice is intended to address the needs of the individual with a terminal illness, while also considering family needs. Michigan Medicaid covers hospice care for a terminally ill beneficiary whose life expectancy is six months or less (if the illness runs its normal course), as determined by a licensed physician and the Hospice Medical Director.	Fee for Service	XIX	45
HSW-MC	HSW Habilitation Supports Waiver Program Managed Care	Beneficiaries with intellectual or developmental disabilities may be enrolled in Michigan's Habilitation Supports Waiver (HSW) and receive the supports and services as defined. HSW beneficiaries may also receive other Medicaid state plan services.	Managed Care Organization	XIX	N/A

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BENEFIT PLANS

Benefit Plan ID	Benefit Plan Name	Benefit Plan Description	Type	Funding Source[1]	Covered Services (Service Type Codes)
ICF/MR-DD	Intermediate Care Facility for Individuals with Intellectual Disabilities	The facility primarily provides health-related care and services above the level of custodial care to individuals with intellectual disabilities, but does not provide the level of care or treatment available in a hospital or SNF. This is an all-inclusive program.	Fee for Service	XIX	CG
ICO-MC	Integrated Care - MI Health Link	This capitated managed care program is for beneficiaries who are age 21 or older and who are dually eligible for Medicare and Medicaid. The benefit plan is active only in parts of the state. The benefit includes all Medicare and Medicaid physical health services, long term supports and services, and 1915b/c waiver services for qualifying individuals.	Managed Care Organization	XIX	1, 33, 35, 42, 47, 48, 50, 54, 56, 71, 86, 88, 98, AL, UC
INCAR-ESO	Incarceration – Emergency Services Only	This benefit plan restricts services to inpatient hospital emergencies only while an otherwise ESO eligible member is incarcerated.	Fee for Service	XIX	48 Emergency Services Only
INCAR-MA	Incarceration - MA	A Medicaid-funded benefit plan that restricts services to an off-site inpatient hospital while an otherwise eligible member is incarcerated.	Fee for Service	XIX	48
INCAR-MA-E	Incarceration – MA Emergency Services Only	This benefit plan restricts services to inpatient hospital emergencies only while an otherwise MA-ESO eligible member is incarcerated.	Fee for Service	XIX	48 Emergency Services Only
LTC-EXEMPT	Long Term Care Exempt	Beneficiaries that are excluded from Long Term Care and Support Services because of Divestment, not meeting LOCD or PASARR requirements, or not returning asset verification.	No Benefits	XIX	N/A

BENEFIT PLANS

Benefit Plan ID	Benefit Plan Name	Benefit Plan Description	Type	Funding Source[1]	Covered Services (Service Type Codes)
MA	Full Fee-for-Service Medicaid	Members are generally assigned to this benefit plan upon approval of their eligibility information and remain active even if eventually assigned to MA Managed Care [MA-MC]. Once assigned to a Managed Care Organization, the health plan is the primary payer.	Fee for Service	XIX	1, 33, 35, 47, 48, 50, 71, 86, 88, 91, 92, 98, AL, MH, UC (35: FFS dental only if HK-Dental Benefit Plan is not assigned for DOS)
MA-ESO	Medical Assistance Emergency Services Only	Individuals who do not meet the Medicaid citizenship requirements to be eligible for full Medicaid may be eligible for Emergency Services Only (ESO). [2]	Fee for Service	XIX	1, 47, 48, 50, 86, 88, 91, 92, MH, UC Emergency Services Only
MA-FTW	Freedom to Work	Freedom to Work is available to a client with disabilities, age 16 through 64, who has earned income. The client must be disabled according to the disability standards of the Social Security Administration, except employment, earnings, and substantial gainful activity (SGA) cannot be considered in the disability determination. The client must be employed. There may be temporary breaks in employment up to 24 months if they are the result of involuntary layoff or are determined to be medically necessary. FTW coverage is retained when a participant is relocated due to employment	Fee for Service	XIX	1, 33, 35, 47, 48, 50, 71, 86, 88, 91, 92, 98, AL, MH, UC (35: FFS dental only if HK-Dental Benefit Plan is not assigned for DOS)
MA-HMP	Healthy Michigan Plan	This plan provides health care benefits to adults 19 through 64 years of age, not covered by or eligible for Medicaid, with family incomes at or below 133% of the federal poverty level (FPL) and who are not eligible for or enrolled in Medicare. Eligibility is determined through the Modified Adjusted Gross Income (MAGI) methodology.	Fee for Service	XIX	1, 33, 35, 47, 48, 50, 71, 86, 88, 91, 92, 98, AL, MH, UC

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BENEFIT PLANS

Benefit Plan ID	Benefit Plan Name	Benefit Plan Description	Type	Funding Source[1]	Covered Services (Service Type Codes)
MA-HMP-ESO	Healthy Michigan Plan Emergency Services Only	Individuals who do not meet the Healthy Michigan Plan citizenship requirements to be eligible for full coverage may be eligible for Emergency Services Only (ESO).	Fee for Service	XIX	1, 47, 48, 50, 86, 88, 91, 92, MH, UC Emergency Services Only
MA-HMP-INC	Healthy Michigan Plan Incarceration	This program restricts services to an inpatient hospital setting while an otherwise Healthy Michigan Plan eligible member is incarcerated.	Fee for Service	XIX	48
MA-HMP-MC	Healthy Michigan Plan – Managed Care	This capitated program provides benefits to the Healthy Michigan Plan members through enrollment in a Medicaid Health Plan (MHP). Certain services not covered under this plan could be covered through MA-HMP Fee-for-Service.	Managed Care Organization	XIX	1, 33, 35, 47, 48, 50, 71, 86, 88, 91, 92, 98, AL, MH, UC
MA-MC	Medicaid – Managed Care	Full Medicaid for Managed Care Organization enrollment. This capitated plan will be set to a higher priority than MA (Fee-for-Service). Some services not covered under this plan could be covered in MA.	Managed Care Organization	XIX	1, 33, 35, 47, 48, 50, 71, 86, 88, 98, AL, MH, UC
MA-MIChild	MIChild Program (CHIP)	MA-MIChild is a Medicaid program administered by the Department of Health and Human Services (MDHHS). It is for the low income uninsured children of Michigan's working families. Like Healthy Kids, MIChild is for children who are under age 19. Members are generally assigned to this benefit plan upon receipt of their eligibility information and remain active even if eventually assigned to MA Managed Care (MA-MC). Once assigned to a Managed Care Organization, the health plan is the primary payer.	Fee for Service	XXI	1, 33, 35, 47, 48, 50, 71, 86, 88, 98, AL, MH, UC (35: FFS dental only if HK-Dental Benefit Plan is not assigned for DOS)

BENEFIT PLANS

Benefit Plan ID	Benefit Plan Name	Benefit Plan Description	Type	Funding Source[1]	Covered Services (Service Type Codes)
MIChild-ESO	MIChild Program – Emergency Services Only (CHIP)	Benefits mirror HK-EXP-ESO. Aliens who are not otherwise eligible for full coverage because of citizenship status may be eligible for Emergency Services Only (ESO). This benefit plan is funded by CHIP. [2]	Fee for Service	XXI	1, 47, 48, 50, 86, 88, 91, 92, MH, UC Emergency Services Only
MI Choice-MC	Home and Community Based Waiver Services – Managed Care	The MI Choice Waiver is a managed care program that provides home and community-based services for aged and other disabled adults who meet the nursing facility level of care. The program's goal is to provide long-term services and supports that allow persons to remain at home or similar community-based settings. These persons qualify for nursing facility services but choose to receive services in their home. MI Choice beneficiaries are eligible to receive Medicaid state plan services but are excluded from enrollment in a Medicaid Health Plan.	Managed Care Organization	XIX	42
MME-MC	Medicaid – Medicare Dually Eligible – Managed Care	Managed Care Organization enrollment for beneficiaries with dual Medicare and full Medicaid eligibility.	Managed Care Organization	XIX	1, 33, 35, 47, 48, 50, 71, 86, 88, 98, AL, MH, UC
MOMS	Maternity Outpatient Medical Services	The Maternity Outpatient Medical Services (MOMS) program provides immediate health coverage for the unborn child of an undocumented pregnant woman. The MOMS program is available to provide immediate prenatal care. Prenatal health care services will be covered by MOMS for the entire pregnancy and for two calendar months after the pregnancy ends. Family Planning Services and supplies are covered under this plan using State of Michigan General Funds.	Fee for Service	XXI, GF	47, 48, 50, 69, 82, 88, 98, BU
NEMT	Non-Emergency Medical Transportation	This benefit plan provides Non-Emergency Medical Transportation (NEMT) for MA covered services. The NEMT benefit plan is administered by MDHHS through a contractor and is available in selected counties. NEMT for services covered by the Medicaid Health Plan is provided under the Medicaid Health Plan Benefit Plans (MA-MC, MME-MC, and CSHCS-MC).	Managed Care Organization	XIX	56

BENEFIT PLANS

Benefit Plan ID	Benefit Plan Name	Benefit Plan Description	Type	Funding Source[1]	Covered Services (Service Type Codes)
NH	Nursing Home	This benefit is for qualifying members residing in a nursing home. A facility or institution must be licensed, certified, or otherwise qualified as a nursing home or long term care facility by the state in which services are rendered. This term includes skilled, intermediate, and custodial care facilities which operate within the terms of licensure.	Fee for Service	XIX	54
PACE	Program All-Inclusive Care for Elderly	This program is an innovative model of community-based care that enables elderly individuals, who are certified by their state as needing nursing facility care, to live as independently as possible. PACE provides an alternative to traditional nursing facility care by offering pre-paid, capitated, comprehensive health care services.	Managed Care Organization	XIX	1, 33, 35, 47, 48, 50, 54, 71, 86, 88, 98, AL, MH, UC
Plan First	Plan First Family Planning	Plan First is a limited benefit plan for the coverage of family planning and family planning-related services. Benefits include contraceptive services and supplies, sexually transmitted infection screening and treatment services, elective sterilization procedures, and other reproductive health services	Fee for Service	XIX	82
PRTF	Psychiatric Residential Treatment Facility	The PRTF benefit provides mental health treatment to children and adolescents who, due to a mental illness, substance abuse, or severe emotional disturbance, need treatment that can effectively be provided in a residential treatment facility. This benefit offers a short term (90-180 days), intense, focused mental health treatment to promote a successful return of the youth to the community. This benefit is clinically driven to address the behavior health needs of individuals that can be diverted from state hospitalization or are stepping down from state hospitalization.	Fee for Service	XIX	RT
QDWI	Qualified Disabled Working Individual	A client must have applied for or be enrolled in Medicare Part A as a working disabled person who has exhausted Premium-free Part A and whose SSA disability benefits ended because the client's earnings exceed SSA's gainful activity limits. Medicaid pays the client's Medicare Part A premium only.	No Benefits	XIX	N/A

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BENEFIT PLANS

Benefit Plan ID	Benefit Plan Name	Benefit Plan Description	Type	Funding Source[1]	Covered Services (Service Type Codes)
QMB	Qualified Medicare Beneficiary – All Inclusive	This benefit plan is part of the Medicare Savings Program (MSP), also known as the "Buy-In" program. A client must be entitled to Medicare Part A. Under certain income limits, Medicaid pays for Medicare Part B premiums, deductibles and co-insurance. This is an all-inclusive benefit plan.	Fee for Service	XIX	N/A
SED-MC	Serious Emotional Disturbances Managed Care	The Waiver for Children with Serious Emotional Disturbances (SEDW) provides services that are enhancements or additions to Medicaid state plan services for children under age 21. The SEDW is a statewide managed care program. The SEDW enables Medicaid to fund necessary home and community-based services for eligible children with a serious emotional disturbance who meet admission criteria for psychiatric hospitalization.	Managed Care Organization	XIX	N/A
SLMB	Specified Low Income Medicare Beneficiary	A client must have applied for or be enrolled in Medicare Part A. Under certain income limits, Medicaid pays the client's Medicare Part B premium only; Expanded Specified Low-Income Medicare Beneficiary (ESLMB): A client must have applied for or be enrolled in Medicare Part B and not be eligible for any other Medicaid coverage. Under certain income limits, Medicaid pays the client's Medicare Part B premium only. No specific benefits are defined for this plan.	No Benefits	XIX	N/A
Spend-down	Medical Spend-down	If the individual's net income is over the Medicaid limit, the amount in excess is established as a "spend-down amount." In order for the person to qualify for Medicaid during the months, he/she must incur medical bills equal to the spend-down amount. Medicaid will pay expenses incurred above this amount. If a group member is liable for bills incurred before the spend-down period began, these bills can be used to meet the spend-down.	No Benefits	XIX	N/A
SPF	State Psychiatric Hospital	This benefit plan allows claims adjudication for offsite inpatient medical care provided to beneficiaries who are between the ages of 22 and 64 and otherwise reside in a State Psychiatric Facility.	Fee for Service	XIX	48

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BENEFIT PLANS

Benefit Plan ID	Benefit Plan Name	Benefit Plan Description	Type	Funding Source[1]	Covered Services (Service Type Codes)
TCM-INC	Targeted Case Management -INCAR	This benefit plan is assigned to beneficiaries 18 years of age and older who were recently released from an incarcerated setting and is set for one year for the provision of targeted case management services (TCM). The services include an initial comprehensive assessment,development of a care plan,referral, and related activities, monitoring and follow-up activities.	Fee for Service	XIX and XXI	CQ
TCMF	Targeted Case Management	The benefit describes Targeted Case Management (TCM) services provided to pregnant women and children up to age 21 with household income up to and including 400% of the federal poverty level (FPL) who were served by the Flint water system on or between April 1, 2014 and the date the water is deemed safe by the appropriate authorities. Pregnant women will remain eligible throughout their pregnancy and will receive two months of post-partum coverage. Once eligibility has been established for a child, including those children born to pregnant women, the child will remain eligible until age 21 as long as other eligibility requirements are met. TCM services assist individuals in gaining access to appropriate medical, educational, social, and/or other services. TCM services include assessments, planning, linkage, advocacy, coordination, referral, monitoring, and follow-up activities.	Fee for Service	XIX and XXI	CQ

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BENEFIT PLANS

Benefit Plan ID	Benefit Plan Name	Benefit Plan Description	Type	Funding Source[1]	Covered Services (Service Type Codes)
[1] Social Security Act Title V, Title XIX, Title XXI, and/or State of Michigan General Funds [2] For the purpose of ESO coverage, federal Medicaid regulations define an emergency medical condition as a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to: ▪ Place the person's health in serious jeopardy, or ▪ Cause serious impairment to bodily functions, or Cause serious dysfunction of any bodily organ or part.					
▪					

Service Type Codes

As part of the 271 Eligibility Response, EB03 values or service type codes will be returned to designate a covered benefit category at the benefit plan level if applicable.

Service Type Category Codes

The thirteen main benefit categories for service type codes are as follows:

1 - Medical Care
30 - Health Benefit Plan Coverage
33 - Chiropractic
35 - Dental Care
47 - Hospitalization
48 - Hospital - Inpatient
50 - Hospital – Outpatient
86 - Emergency Services
88 - Pharmacy
98 - Professional (Physician) Visit - Office
AL - Optometry
MH - Mental Health
UC - Urgent Care

The service type codes at the benefit category level will be reported unless a more specific service type code more closely describes the coverage intent of a benefit plan.

1	**Medical Care**
2	Surgical
3	Consultation
4	Diagnostic X-Ray
5	Diagnostic Lab
6	Radiation Therapy
7	Anesthesia
8	Surgical Assistance
9	Other Medical
10	Blood
11	Durable Medical Equipment Used
12	Durable Medical Equipment Purchased
13	Ambulatory Service Center Facility
14	Renal Supplies
15	Alternate Method Dialysis
16	Chronic Renal Disease (CRD) Equipment
17	Pre-Admission Testing
18	Durable Medical Equipment Rental
19	Pneumonia Vaccine
20	Second Surgical Opinion
21	Third Surgical Opinion
22	Social Work
23	Diagnostic Dental
24	Periodontics
25	Restorative
26	Endodontics
27	Maxillofacial Prosthetics
28	Adjunctive Dental Services
30	**Health Benefit Plan Coverage**
32	Plan Waiting Period
33	**Chiropractic**
34	Chiropractic Modality
35	**Dental Care**
36	Dental Crowns
37	Dental Accident
38	Orthodontics
39	Prosthodontics
40	Oral Surgery
41	Preventive Dental
42	Home Health Care
43	Home Health Prescriptions
44	Home Health Visits
45	Hospice
46	Respite Care
47	**Hospitalization**
48	**Hospital - Inpatient**
49	Hospital - Room and Board
50	**Hospital - Outpatient**
51	Hospital - Emergency Accident
52	Hospital - Emergency Medical
53	Hospital - Ambulatory Surgical
54	Long Term Care
55	Major Medical
56	Medically Related Transportation
57	Air Transportation
58	Cabulance
59	Licensed Ambulance
60	General Benefits
61	In-vitro Fertilization
62	MRI Scan
63	Donor Procedures
64	Acupuncture
65	Newborn Care
66	Pathology
67	Smoking Cessation
68	Well Baby Care
69	Maternity
70	Transplants
71	Audiology
72	Inhalation Therapy
73	Diagnostic Medical
74	Private Duty Nursing
75	Prosthetic Device
76	Dialysis
77	Otology
78	Chemotherapy
79	Allergy Testing
80	Immunizations
81	Routine Physical
82	Family Planning
83	Infertility

Service Type Codes

84 Abortion
85 HIV – AIDS Treatment
86 Emergency Services
87 Cancer
88 Pharmacy
89 Free Standing Prescription Drug
90 Mail Order Prescription Drug
91 Brand Name Prescription Drug
92 Generic Prescription Drug
93 Podiatry
94 Podiatry - Office Visits
95 Podiatry - Nursing Home Visits
96 Professional (Physician)
97 Anesthesiologist
98 Professional (Physician) Visit - Office
99 Professional (Physician) Visit - Inpatient
A0 Professional (Physician) Visit - Outpatient
A1 Professional (Physician) Visit - Nursing Home
A2 Professional (Physician) Visit - Skilled Nursing Facility
A3 Professional (Physician) Visit - Home
A4 Psychiatric
A5 Psychiatric - Room and Board
A6 Psychotherapy
A7 Psychiatric - Inpatient
A8 Psychiatric - Outpatient
A9 Rehabilitation
AA Rehabilitation - Room and Board
AB Rehabilitation - Inpatient
AC Rehabilitation - Outpatient
AD Occupational Therapy
AE Physical Medicine
AF Speech Therapy
AG Skilled Nursing Care
AH Skilled Nursing Care - Room and Board
AI Substance Abuse
AJ Alcoholism
AK Drug Addiction
AL Optometry
AM Frames
AN Routine Exam
AO Lenses
AQ Non-medically Necessary Physical
AR Experimental Drug Therapy
B1 Burn Care
B2 Brand Name Prescription Drug - Formulary
B3 Brand Name Prescription Drug - Non-Formulary
BA Independent Medical Evaluation
BB Psychiatric Treatment Partial Hospitalization
BC Day Care (Psychiatric)
BD Cognitive Therapy
BE Massage Therapy
BF Pulmonary Rehabilitation
BG Cardiac Rehabilitation
BH Pediatric
BI Nursery Room and Board
BJ Skin
BK Orthopedic
BL Cardiac
BM Lymphatic
BN Gastrointestinal
BP Endocrine
BQ Neurology
BR Eye
BS Invasive Procedures
BT Gynecological
BU Obstetrical
BV Obstetrical/Gynecological
BW Mail Order Prescription Drug: Brand Name
BX Mail Order Prescription Drug: Generic
BY Physician Visit - Office: Sick
BZ Physician Visit - Office: Well
C1 Coronary Care
CA Private Duty Nursing - Inpatient
CB Private Duty Nursing - Home
CC Surgical Benefits - Professional (Physician)
CD Surgical Benefits - Facility
CE Mental Health Provider - Inpatient
CF Mental Health Provider - Outpatient
CG Mental Health Facility - Inpatient
CH Mental Health Facility - Outpatient
CI Substance Abuse Facility - Inpatient
CJ Substance Abuse Facility - Outpatient
CK Screening X-ray
CL Screening laboratory
CM Mammogram, High Risk Patient
CN Mammogram, Low Risk Patient
CO Flu Vaccination
CP Eyewear Accessories
CQ Case Management
DG Dermatology
DM Durable Medical Equipment
DS Diabetic Supplies
GF Generic Prescription Drug - Formulary
GN Generic Prescription Drug - Non-Formulary
GY Allergy

Service Type Codes

IC	Intensive Care
MH	**Mental Health**
NI	Neonatal Intensive Care
ON	Oncology
PT	Physical Therapy
PU	Pulmonary
RN	Renal
RT	Residential Psychiatric Treatment
TC	Transitional Care
TN	Transitional Nursery Care
UC	**Urgent Care**