

## Michigan Medicaid Database Explanation for DMEPOS

This document contains information for interpreting the Michigan Medicaid Databases listed for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS). The database contains the covered services for the following provider groups:

- Medical Suppliers
- Prosthetists/Orthotists

The database is in two formats:

- PDF excel file for viewing and/or printing a page
- WINZIP self-extracting executable Excel file for downloading data into your computer

The database for DMEPOS include the following data elements:

- HCPCS Code active or deleted
- Reimbursement Modifier
- Informational Modifier
- Code Description
- Status Code
- Michigan Medicaid Fee Screen
- Limits (Maximum Units) Indicator
- Age Limits
- NH Per Diem Rate
- ABC Certification (Applies to Orthotists/Prosthetists Only)
- Prior Authorization (PA) Indicator
- PA Age Limits
- Diagnosis Exception Codes for PA

The file contains one record for each unique combination of procedure code and modifier and is sorted in ascending order.

Questions on the database should be directed to Provider Inquiry by phone at 1-800-292-2550 or email to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). Include your name, affiliation and phone number for contact information.

Data Element	Description
<b>HCPCS Code</b>	<p>The HCPCS Level 1 or Level 2 code for the service.</p> <p>The DME/medical supplies, orthotics and prosthetics program uses the following sections from the HCPCS coding system:</p> <ul style="list-style-type: none"> <li>• A codes - Medical and Surgical Supplies and miscellaneous</li> <li>• B codes - Enteral and Parenteral Nutrition</li> <li>• E- codes - Durable Medical Equipment</li> <li>• K codes - Temporary Codes</li> <li>• L codes - Orthotic and Prosthetic devices</li> <li>• S codes - Temporary Codes</li> <li>• T codes - Medicaid Temporary Codes</li> </ul>

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<b>Reimbursement Modifier</b>	<p>The following modifiers identify a set fee screen.</p> <p><u>For medical supplies and/or durable medical equipment:</u></p> <p>Breast Pump:  KH - DMEPOS item, initial claim, purchase or first month rental (Use with HCPCS code E0604 only if kit is provided)</p> <p>Enteral Nutrition:  BO - Orally administered nutrition, not by feeding tube</p> <p>Infusion Therapy:  SH - Second concurrently administered infusion therapy  SJ - Third concurrently administered infusion therapy</p> <p>Powered Flotation/Air-Fluidized Bed:  MS - Six-month maintenance and servicing fee (report for HCPCS codes E0193 or E0194 only)</p> <p>Purchase/Rental/Repair:  NU - New DME equipment  UE - Used durable medical equipment  RA - Replacement of a DME item  RB - Replacement of a part of DME furnished as part of a repair  RR - Rental (use when DME is to be rented)</p> <p>A blank will appear for services other than those identified above and designates a purchase.</p>
<b>Informational Modifier</b>	<p>The following informational modifiers are required for payment.</p> <p><u>For medical supplies</u></p> <p>Surgical Dressings:  A1 - Dressing for one wound  A2 - Dressing for two wounds  A3 - Dressing for three wounds  A4 - Dressing for four wounds  A5 - Dressing for five wounds  A6 - Dressing for six wounds  A7 - Dressing for seven wounds  A8 - Dressing for eight wounds  A9 - Dressing for nine or more wounds</p> <p><u>For prosthetics and orthotics</u></p> <p>Functional Level Modifiers for Lower Extremity Prostheses:  K0- Lower extremity prosthesis functional level 0 – does not have the ability or potential to ambulate or transfer safely with or without assistance and a prosthesis does not enhance their quality of life or mobility  K1- Lower extremity prosthesis functional level 1 – has the ability or potential to use a prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.  K2 - Lower extremity prosthesis functional level 2 – has the ability or potential for ambulation with the ability to traverse low level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.</p>

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	<p>K3 - Lower extremity prosthesis functional level 3 – has the ability or potential for ambulation with variable cadence. Typical of the community ambulator who has the ability to transverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.</p> <p>Left and Right Modifiers:            LT - Left Side of the Body (used to identify procedures performed on the left side of the body).            RT - Right Side of the Body (used to identify procedures performed on the right side of the body)</p>
<b>Code Description</b>	The description of the service identified by the code number.
<b>Status Code</b>	<p>Indicates if a code is active (covered) when the database is published and whether additional information is required.</p> <p>A -Active code            M -Additional information is required to process the claim            D - Deleted code since last published database</p>
<b>Maximum Fee</b>	Represents the maximum fee screen Medicaid will pay for the service provided. If the fee is M, it is manually priced.
<b>Limits Indicator</b>	The limits or maximum allowable indicator means the maximum quantity of an item that may be reimbursed within the time frame indicated unless an additional quantity has been prior authorized. If there is no maximum quantity indicated, the quantity authorized is dependent on medical necessity as determined through the PA process.
<b>Age Limits</b>	Age range in which coverage of the item is considered.
<b>Prior Authorization (PA) Indicator</b>	Indicates "Y" if item requires PA and "N" if no PA is required.
<b>PA Age Limits</b>	Indicates the age in which PA is required.
<b>Diagnosis Exception Codes for PA</b>	Indicates the diagnoses codes representing medical conditions that bypass the PA requirement.
<b>Nursing Facility "NF" Per Diem</b>	Indicates "Y" or "N" as to whether the item is considered as part of the nursing facility per diem rate. If "Y" is indicated, the medical supplier should not bill the item.
<b>ABC Certification Indicator</b>	Indicates "Y" or "N" as to whether ABC Certification is required to provide service