MDCH
Medical Supplier/DME/Prosthetics and Orthotics Database
October 2014

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
A4206			1 CC Sterile Syringe&Needle		$0.25			Y	N	Y	N			
A4207			2 CC Sterile Syringe&Needle		$0.16			Y	N	Y	N			
A4208			3 CC Sterile Syringe&Needle		$0.16			Y	N	Y	N			
A4209			5+ CC Sterile Syringe&Needle		$0.57			Y	N	Y	N			
A4210			Nonneedle Injection Device		$679.26			N	N	Y	N			
A4213			20+ CC Syringe Only		$0.74			Y	N	Y	N			
A4215			Sterile Needle		$0.13			Y	N	Y	N			
A4220			Infusion Pump Refill Kit		$73.48			N	N	Y	N			
A4230			Infus Insulin Pump Non Needl		$9.38		30 per Month	Y	N	Y	N		249.00-250.93, 648.00-648.04, 648.80-648.84	
A4231			Infusion Insulin Pump Needle		$4.85		30 per Month	Y	N	Y	N		249.00-250.93, 648.00-648.04, 648.80-648.84	
A4232			Syringe W/Needle Insulin 3cc		$2.34		60 per Month	Y	N	Y	N		249.00-250.93, 648.00-648.04, 648.80-648.84	
A4244			Alcohol Or Peroxide Per Pint		$0.92		8 per Month	Y	N	N	N			
A4245			Alcohol Wipes Per Box		$1.88		2 per Month	Y	N	N	N			
A4246			Betadine/Phisohex Solution		$7.53		8 per Month	Y	N	N	N			
A4247			Betadine/Iodine Swabs/Wipes		$11.77		4 per Month	Y	N	N	N			
A4250			Urine Reagent Strips/Tablets		$15.12		1 per Month	Y	N	N	N			Eff. November 1, 2014.
A4253			Blood Glucose/Reagent Strips		$27.19	21-124	2 per Month	Y	N	Y	N		249.00-250.93, 648.00-648.04, 648.80-648.84	Eff. November 1, 2014. For coverage guidelines, refer to MSA 14-44.
A4253			Blood Glucose/Reagent Strips		$27.19	21-124	2 per 3 Months	Y	N	Y	N		249.00-250.93, 648.00-648.04, 648.80-648.84	Eff. November 1, 2014. For coverage guidelines, refer to MSA 14-44.
A4253			Blood Glucose/Reagent Strips		$27.19	0-20	6 per Month	Y	N	Y	N		249.00-250.93, 648.00-648.04, 648.80-648.84	Eff. November 1, 2014. For coverage guidelines, refer to MSA 14-44.
A4256			Calibrator Solution/Chips		$7.38		1 per Month	Y	N	Y	N		249.00-250.93, 648.00-648.04, 648.80-648.84	
A4259			Lancets Per Box		$6.78	21-124	1 per Month	Y	N	Y	N		249.00-250.93, 648.00-648.04, 648.80-648.84	Eff. November 1, 2014. For coverage guidelines, refer to MSA 14-44.
A4259			Lancets Per Box		$6.78	21-124	1 per 3 Months	Y	N	Y	N		249.00-250.93, 648.00-648.04, 648.80-648.84	Eff. November 1, 2014. For coverage guidelines, refer to MSA 14-44.
A4259			Lancets Per Box		$6.78	0-20	3 per Month	Y	N	Y	N		249.00-250.93, 648.00-648.04, 648.80-648.84	Eff. November 1, 2014. For coverage guidelines, refer to MSA 14-44.
A4265			Paraffin		$2.41		6 per 6 Months	Y	N	N	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
A4280			Brst Prsths Adhsv Attchmnt		$4.30			N	N	Y	N			
A4281			Replacement Breastpump Tube **(RO)**		$3.64		1 per Year	N	N	N	N			Note: Effective 04/01/2014 for Healthy Michigan Plan Only
A4282			Replacement Breastpump Adpt (**RO)**		$9.94		1 per Year	N	N	N	N			Note: Effective 04/01/2014 for Healthy Michigan Plan Only
A4283			Replacement Breastpump Cap **(RO)**		$1.99		1 per Year	N	N	N	N			Note: Effective 04/01/2014 for Healthy Michigan Plan Only
A4284			Replcmnt Breast Pump Shield **(RO)**		$1.83		1 per Year	N	N	N	N			Note: Effective 04/01/2014 for Healthy Michigan Plan Only
A4285			Replcmnt Breast Pump Bottle **(RO)**		$6.62		1 per Year	N	N	N	N			Note: Effective 04/01/2014 for Healthy Michigan Plan Only
A4286			Replcmnt Breastpump Lok Ring **(RO)**		$4.31		1 per Year	N	N	N	N			Note: Effective 04/01/2014 for Healthy Michigan Plan Only
A4305			Drug Delivery System >=50 ML		$14.69			Y	N	Y	N			
A4306			Drug Delivery System <=50 Ml		$14.69			Y	N	Y	N			
A4310			Insert Tray W/O Bag/Cath		$5.12		2 per Month	Y	N	N	N			
A4311			Catheter W/O Bag 2-Way Latex		$13.11		2 per Month	Y	N	N	N			
A4312			Cath W/O Bag 2-Way Silicone		$11.95		2 per Month	Y	N	N	N			
A4313			Catheter W/Bag 3-Way		$13.91		2 per Month	Y	N	N	N			
A4314			Cath W/Drainage 2-Way Latex		$16.75		2 per Month	Y	N	N	N			
A4315			Cath W/Drainage 2-Way Silcne		$17.48		2 per Month	Y	N	N	N			
A4316			Cath W/Drainage 3-Way		$19.06		2 per Month	Y	N	N	N			
A4320			Irrigation Tray		$3.27		30 per Month	Y	N	N	N			
A4322			Irrigation Syringe		$2.01		30 per Month	Y	N	N	N			
A4326			Male External Catheter		$6.20		30 per Month	Y	N	N	N			
A4328			Fem Urinary Collect Pouch		$6.90		10 per Month	Y	N	N	N			
A4330			Stool Collection Pouch		$6.32		10 per Month	Y	N	N	N			
A4331			Extension Drainage Tubing		$2.79		4 per Month	Y	N	N	N			
A4333			Urinary Cath Anchor Device		$1.95		4 per Month	Y	N	N	N			
A4334			Urinary Cath Leg Strap		$3.27		6 per 6 Months	Y	N	N	N			
A4335			Incontinence Supply		$0.56	3-124	150 per Month	N	N	N	N			
A4338			Indwelling Catheter Latex		$10.83		2 per Month	Y	N	N	N			
A4340			Indwelling Catheter Special		$23.64		5 per Month	Y	N	N	N			
A4344			Cath Indw Foley 2 Way Silicn		$11.78		2 per Month	Y	N	N	N			
A4346			Cath Indw Foley 3 Way		$12.98		6 per Month	Y	N	N	N			
A4349			Disposable Male External Cat		$0.92		96 per Month	Y	N	N	N			
A4351			Straight Tip Urine Catheter		$1.60		150 per Month	Y	N	N	N			
A4351	U4		Straight Tip Urine Catheter		$2.08	0-20	150 per Month	Y	N	Y	N	0-20		
A4352			Coude Tip Urinary Catheter		$3.62		150 per Month	Y	N	N	N			
A4352	U4		Coude Tip Urinary Catheter		$3.62	0-20	150 per Month	Y	N	Y	N	0-20		

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
A4353			Intermittent Urinary Cath		$4.64		150 per Month	Y	N	N	N			
A4354			Cath Insertion Tray W/Bag		$7.86		10 per Month	Y	N	N	N			
A4355			Bladder Irrigation Tubing		$5.89	0-20	6 per Month	Y	N	N	N			
A4357			Bedside Drainage Bag		$6.43		3 per Month	Y	N	N	N			
A4358			Urinary Leg Or Abdomen Bag		$4.82		10 per Month	Y	N	N	N			
A4361			Ostomy Face Plate		$16.22		2 per Month	Y	N	N	N			
A4362			Solid Skin Barrier		$2.62		36 per Month	Y	N	N	N			
A4363			Ostomy Clamp, Replacement **(RO)**		$2.18		1 per Month	Y	N	N	N			
A4364			Adhesive, Liquid Or Equal		$2.59		10 per Month	Y	N	N	N			
A4367			Ostomy Belt		$5.52		2 per Month	Y	N	N	N			
A4368			Ostomy Filter		$0.23		10 per Month	Y	N	N	N			
A4369			Skin Barrier Liquid Per Oz		$2.14		10 per Month	N	N	N	N			
A4371			Skin Barrier Powder Per Oz		$3.22		10 per Month	N	N	N	N			
A4372			Skin Barrier Solid 4x4 Equiv		$3.26		36 per Month	N	N	N	N			
A4373			Skin Barrier With Flange		$4.16		30 per Month	N	N	N	N			
A4375			Drainable Plastic Pch W Fcpl		$15.06		30 per Month	N	N	N	N			
A4376			Drainable Rubber Pch W Fcplt		$41.69		30 per Month	N	N	N	N			
A4377			Drainable Plstic Pch W/O Fp		$3.76		30 per Month	N	N	N	N			
A4378			Drainable Rubber Pch W/O Fp		$26.94		30 per Month	N	N	N	N			
A4379			Urinary Plastic Pouch W Fcpl		$13.16		30 per Month	N	N	N	N			
A4380			Urinary Rubber Pouch W Fcplt		$32.70		30 per Month	N	N	N	N			
A4381			Urinary Plastic Pouch W/O Fp		$4.04		30 per Month	N	N	N	N			
A4382			Urinary Hvy Plstc Pch W/O Fp		$21.56		30 per Month	N	N	N	N			
A4383			Urinary Rubber Pouch W/O Fp		$24.71		30 per Month	N	N	N	N			
A4385			Ost Skn Barrier Sld Ext Wear		$4.29		15 per Month	N	N	N	N			
A4387			Ost Clsd Pouch W Att St Barr		$3.52		30 per Month	N	N	N	N			
A4388			Drainable Pch W Ex Wear Barr		$3.82		30 per Month	N	N	N	N			
A4389			Drainable Pch W St Wear Barr		$5.44		30 per Month	N	N	N	N			
A4390			Drainable Pch Ex Wear Convex		$8.42		30 per Month	N	N	N	N			
A4391			Urinary Pouch W Ex Wear Barr		$6.19		30 per Month	N	N	N	N			
A4392			Urinary Pouch W St Wear Barr		$5.83		30 per Month	N	N	N	N			
A4393			Urine Pch W Ex Wear Bar Conv		$7.98		30 per Month	N	N	N	N			
A4394			Ostomy Pouch Liq Deodorant		$2.26		16 per Month	N	N	N	N			
A4395			Ostomy Pouch Solid Deodorant		$0.05		30 per Month	N	N	N	N			
A4397			Irrigation Supply Sleeve		$4.24		25 per Month	Y	N	N	N			
A4398			Ostomy Irrigation Bag		$12.20		1 per Month	Y	N	N	N			
A4399			Ostomy Irrig Cone/Cath W Brs		$8.05		30 per Month	Y	N	N	N			
A4400			Ostomy Irrigation Set		$36.68		1 per Month	Y	N	N	N			
A4402			Lubricant Per Ounce		$0.30		10 per Month	Y	N	N	N			
A4404			Ostomy Ring Each		$1.12		8 per Month	Y	N	N	N			
A4405			Nonpectin Based Ostomy Paste		$3.00		10 per Month	N	N	N	N			
A4406			Pectin Based Ostomy Paste		$4.06		10 per Month	N	N	N	N			
A4407			Ext Wear Ost Skn Barr <=4sq"		$5.81		15 per Month	N	N	N	N			
A4408			Ext Wear Ost Skn Barr >4sq"		$6.54		15 per Month	N	N	N	N			
A4409			Ost Skn Barr Convex <=4 Sq I		$5.07		15 per Month	N	N	N	N			
A4410			Ost Skn Barr Extnd >4 Sq		$5.99		15 per Month	N	N	N	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
A4411			Ost Skn Barr Extnd =4sq		$3.84		30 per Month	N	N	N	N			
A4412			Ost Pouch Drain High Output		$2.48		30 per Month	N	N	N	N			
A4413			2 Pc Drainable Ost Pouch		$3.88		30 per Month	N	N	N	N			
A4414			Ost Sknbar W/O Conv<=4 Sq In		$3.81		30 per Month	N	N	N	N			
A4415			Ost Skn Barr W/O Conv >4 Sqi		$3.98		30 per Month	N	N	N	N			
A4416			Ost Pch Clsd W Barrier/Filtr		$1.95		30 per Month	N	N	N	N			
A4417			Ost Pch W Bar/Bltinconv/Fltr		$2.64		30 per Month	N	N	N	N			
A4418			Ost Pch Clsd W/O Bar W Filtr		$1.27		30 per Month	N	N	N	N			
A4419			Ost Pch For Bar W Flange/Flt		$1.23		30 per Month	N	N	N	N			
A4420			Ost Pch Clsd For Bar W Lk Fl		$1.27		30 per Month	Y	N	N	N			
A4421			Ostomy Supply Misc		M			N	N	Y	N			
A4422			Ost Pouch Absorbent Material		$0.10		30 per Month	N	N	N	N			
A4423			Ost Pch For Bar W Lk Fl/Fltr		$1.46		30 per Month	N	N	N	N			
A4424			Ost Pch Drain W Bar & Filter		$3.35		30 per Month	N	N	N	N			
A4425			Ost Pch Drain For Barrier Fl		$2.53		30 per Month	N	N	N	N			
A4426			Ost Pch Drain 2 Piece System		$1.70		30 per Month	N	N	N	N			
A4427			Ost Pch Drain/Barr Lk Flng/F		$1.88		30 per Month	N	N	N	N			
A4428			Urine Ost Pouch W Faucet/Tap		$4.52		30 per Month	N	N	N	N			
A4429			Urine Ost Pouch W Bltinconv		$5.32		30 per Month	N	N	N	N			
A4430			Ost Urine Pch W B/Bltin Conv		$6.03		30 per Month	N	N	N	N			
A4431			Ost Pch Urine W Barrier/Tapv		$3.58		30 per Month	N	N	N	N			
A4432			Os Pch Urine W Bar/Fange/Tap		$2.54		30 per Month	N	N	N	N			
A4433			Urine Ost Pch Bar W Lock Fln		$2.36		30 per Month	N	N	N	N			
A4434			Ost Pch Urine W Lock Flng/Ft		$2.65		30 per Month	N	N	N	N			
A4435			1PC Ost PCH Drain High Output		$4.61		30 per Month	N	N	N	N			
A4450			Non-Waterproof Tape		$0.09		240 per Month	Y	N	N	N			
A4452			Waterproof Tape		$0.33		240 per Month	Y	N	N	N			
A4455			Adhesive Remover Per Ounce		$1.26		1 per Month	Y	N	N	N			
A4456			Adhesive Remover, Wipes		M		60 per Month	Y	N	Y	N			
A4458			Reusable Enema Bag		$5.18		30 per Month	Y	N	N	N			
A4466			Elastic Garment/Covering		M			N	N	Y	N			
A4481			Tracheostoma Filter		$0.30		6 per Month	N	N	N	N			
A4490			Above Knee Surgical Stocking		$5.40		4 per Surgical Event	Y	N	N	N			
A4495			Thigh Length Surg Stocking		$8.15		4 per Surgical Event	Y	N	N	N			
A4500			Below Knee Surgical Stocking		$5.40		4 per Surgical Event	Y	N	N	N			
A4510			Full Length Surg Stocking		$9.05		4 per Surgical Event	Y	N	N	N			
A4520			Incontinence Garment Anytype		$13.79	3-124	1 per Month	Y	N	N	N			
A4556			Electrodes, Pair		$8.05			Y	N	Y	N			
A4557			Lead Wires, Pair		$11.88			Y	N	Y	N			
A4558			Conductive Gel Or Paste		$3.77			Y	N	Y	N			
A4595			TENS Suppl 2 Lead Per Month		$19.09		1 per Month	N	N	N	N			
A4606			Oxygen Probe Used W Oximeter **(RO)**		$113.94	0-20	1 per Year	Y	N	N	N			
A4614			Hand-Held PEFR Meter		$21.01		1 per Year	Y	N	N	N			
A4615			Cannula Nasal		M			Y	N	Y	N			
A4619			Face Tent		M			Y	N	Y	N			
A4620			Variable Concentration Mask		M			Y	N	Y	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
A4623			Tracheostomy Inner Cannula		$4.33		4 per Month	Y	N	N	N			
A4624			Tracheal Suction Tube		$1.49		150 per Month	Y	N	N	N			
A4625			Trach Care Kit For New Trach		$5.09		30 per Month	Y	N	N	N			
A4626			Tracheostomy Cleaning Brush		$1.79		30 per Month	Y	N	N	N			
A4627			Spacer Bag/Reservoir		$14.68		4 per Year	Y	N	N	N			
A4628			Oropharyngeal Suction Cath		$2.48		150 per Month	Y	N	N	N			
A4629			Tracheostomy Care Kit		$3.07		30 per Month	Y	N	N	N			
A4635			Underarm Crutch Pad **(RO)**		$2.87		2 per Year	Y	N	N	N			
A4636			Handgrip For Cane Etc **(RO)**		$2.38		2 per Year	Y	N	N	N			
A4637			Repl Tip Cane/Crutch/Walker **(RO)**		$1.55		6 per Year	Y	N	N	N			
A4640			Alternating Pressure Pad **(RO)**		$40.21		1 per 2 Years	Y	N	Y	N		237.70-237.79, 330.0-330.9, 332.0-332.1, 333.4, 334.0-335.29, 340-344.1, 344.60-344.61, 348.1, 348.30-348.31, 348.4-348.5, 359.0-359.24, 359.3, 707.01-707.07, 741.00-742.3, 780.01-780.03, 806.00-806.39	
A4640	RR		Alternating Pressure Pad **(RO)**		$4.02		10 Months=Purchase	Y	N	Y	N		237.70-237.79, 330.0-330.9, 332.0-332.1, 333.4, 334.0-335.29, 340-344.1, 344.60-344.61, 348.1, 348.30-348.31, 348.4-3485, 359.0-359.24, 359.3, 707.01-707.07, 741.00-742.3, 780.01-780.03, 806.00-806.39	
A4649			Surgical Supplies		M			N	N	Y	N			
A4657			Syringe W/Wo Needle		$1.37		10 per Month	Y	N	Y	N			
A4660			Sphyg/Bp App W Cuff And Stet		$19.62			Y	N	Y	N			
A4663			Dialysis Blood Pressure Cuff		$20.58			Y	N	Y	N			
A4670			Automatic Bp Monitor, Dial		$62.30	11-124		Y	N	Y	N	11-124		
A4927			Non-Sterile Gloves		$6.62		4 Units per Month	Y	N	N	N			
A4930			Sterile, Gloves Per Pair		$0.59		200 per Month	Y	N	N	N			
A5051			Pouch Clsd W Barr Attached		$1.64		30 per Month	Y	N	N	N			
A5052			Clsd Ostomy Pouch W/O Barr		$1.11		30 per Month	Y	N	N	N			
A5053			Clsd Ostomy Pouch Faceplate		$0.93		30 per Month	Y	N	N	N			
A5054			Clsd Ostomy Pouch W/Flange		$1.26		30 per Month	Y	N	N	N			
A5055			Stoma Cap		$0.97		30 per Month	Y	N	N	N			
A5056			1 PC Ost Pouch W Filter		$3.75		15 per Month	Y	N	N	N			
A5057			1 Pc Ost Pou W Built-In Conv		$7.74		15 per Month	Y	N	N	N			
A5061			Pouch Drainable W Barrier At		$1.84		30 per Month	Y	N	N	N			
A5062			Drnble Ostomy Pouch W/O Barr		$1.94		30 per Month	Y	N	N	N			
A5063			Drain Ostomy Pouch W/Flange		$1.84		30 per Month	Y	N	N	N			
A5071			Urinary Pouch W/Barrier		$4.61		30 per Month	Y	N	N	N			
A5072			Urinary Pouch W/O Barrier		$3.00		30 per Month	Y	N	N	N			
A5073			Urinary Pouch On Barr W/Flng		$2.41		30 per Month	Y	N	N	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
A5081			Continent Stoma Plug		$1.87		5 per Month	Y	N	N	N			
A5082			Continent Stoma Catheter		$9.60		5 per Month	Y	N	N	N			
A5083			Stoma Absorptive Cover		M		30 per Month	Y	N	Y	N			
A5093			Ostomy Accessory Convex Inse		$1.28		5 per Month	Y	N	N	N			
A5112			Urinary Leg Bag		$22.93		2 per Month	Y	N	N	N			
A5120			Skin Barrier, Wipe Or Swab		$0.19		100 per Month	Y	N	N	N			
A5121			Solid Skin Barrier 6x6		$4.94		30 per Month	Y	N	N	N			
A5122			Solid Skin Barrier 8x8		$9.01		30 per Month	Y	N	N	N			
A5126			Disk/Foam Pad +Or- Adhesive		$0.75		30 per Month	Y	N	N	N			
A5200			Percutaneous Catheter Anchor		$8.19		4 per Month	Y	N	N	N			
A5500		LT-RT	Diab Shoe For Density Insert		$52.43		1 per Year	N	N	N	N			
A5501		LT-RT	Diabetic Custom Molded Shoe		$157.24			N	N	Y	N			
A5503		LT-RT	Diabetic Shoe W/Roller/Rockr		$23.32		1 per 6 Months	N	N	N	N			
A5504		LT-RT	Diabetic Shoe With Wedge		$23.32		1 per 6 Months	N	N	N	N			
A5505		LT-RT	Diab Shoe W/Metatarsal Bar		$23.32		1 per 6 Months	N	N	N	N			
A5506		LT-RT	Diabetic Shoe W/Off Set Heel		$23.32		1 per 6 Months	N	N	N	N			
A5507		LT-RT	Modification Diabetic Shoe		$18.22			**N**	N	Y	N			
A5510		LT-RT	Compression Form Shoe Insert		$29.14		Up to 3 per Year	N	N	N	N			
A5512		LT-RT	Multi Den Insert Direct Form		$21.39		Up to 3 per Year	N	N	N	N			
A5513		LT-RT	Multi Den Insert Custom Mold		$29.14		Up to 3 per Year	N	N	N	N			
A6010		A1-A9	Collagen Based Wound Filler		$21.36		30 per Month	N	N	N	N			
A6011		A1-A9	Collagen Gel/Paste Wound Fil		$1.61		30 per Month	N	N	N	N			
A6021		A1-A9	Collagen Dressing <=16 Sq In		$14.51		30 per Month	Y	N	N	N			
A6022		A1-A9	Collagen Drsg>6<=48 Sq In		$14.51		30 per Month	Y	N	N	N			
A6023		A1-A9	Collagen Dressing >48 Sq In		$131.31		30 per Month	Y	N	N	N			
A6024		A1-A9	Collagen Dsg Wound Filler		$4.26		30 per Month	Y	N	N	N			
A6025		A1-A9	Silicone Gel Sheet, Each		$36.28		30 per Month	Y	N	N	N			
A6196		A1-A9	Alginate Dressing <=16 Sq In		$6.44		30 per Month	N	N	N	N			
A6197		A1-A9	Alginate Drsg >16 <=48 Sq In		$14.40		30 per Month	N	N	N	N			
A6198		A1-A9	Alginate Dressing > 48 Sq In		$22.37		30 per Month	N	N	N	N			
A6199		A1-A9	Alginate Drsg Wound Filler		$4.63		30 per Month	Y	N	N	N			
A6203		A1-A9	Composite Drsg <= 16 Sq In		$2.93		30 per Month	N	N	N	N			
A6204		A1-A9	Composite Drsg >16<=48 Sq In		$5.45		30 per Month	N	N	N	N			
A6205		A1-A9	Composite Drsg > 48 Sq In		$7.98		30 per Month	N	N	N	N			
A6206		A1-A9	Contact Layer <= 16 Sq In		$4.59		30 per Month	N	N	N	N			
A6207		A1-A9	Contact Layer >16<= 48 Sq In		$6.43		30 per Month	N	N	N	N			
A6208		A1-A9	Contact Layer > 48 Sq In		$8.27		30 per Month	N	N	N	N			
A6209		A1-A9	Foam Drsg <=16 Sq In W/O Bdr		$6.55		30 per Month	N	N	N	N			
A6210		A1-A9	Foam Drg >16<=48 Sq In W/O B		$17.45		30 per Month	N	N	N	N			
A6211		A1-A9	Foam Drg > 48 Sq In W/O Brdr		$25.72		30 per Month	N	N	N	N			
A6212		A1-A9	Foam Drg <=16 Sq In W/Border		$8.50		30 per Month	N	N	N	N			
A6213		A1-A9	Foam Drg >16<=48 Sq In W/Bdr		$8.77		30 per Month	N	N	N	N			
A6214		A1-A9	Foam Drg > 48 Sq In W/Border		$9.02		30 per Month	N	N	N	N			
A6215		A1-A9	Foam Dressing Wound Filler		$0.22		240 per Month	N	N	N	N			
A6216		A1-A9	Non-Sterile Gauze<=16 Sq In		$0.05		200 per Month	Y	N	N	N			
A6217		A1-A9	Non-Sterile Gauze>16<=48 Sq		$0.10		200 per Month	Y	N	N	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
A6218		A1-A9	Non-Sterile Gauze > 48 Sq In		$0.22		200 per Month	Y	N	N	N			
A6219		A1-A9	Gauze <= 16 Sq In W/Border		$0.83		200 per Month	Y	N	N	N			
A6220		A1-A9	Gauze >16 <=48 Sq In W/Bordr		$2.26		200 per Month	Y	N	N	N			
A6221		A1-A9	Gauze > 48 Sq In W/Border		$3.68		200 per Month	Y	N	N	N			
A6222		A1-A9	Gauze <=16 In No W/Sal W/O B		$1.87		200 per Month	Y	N	N	N			
A6223		A1-A9	Gauze >16<=48 No W/Sal W/O B		$2.11		200 per Month	Y	N	N	N			
A6224		A1-A9	Gauze > 48 In No W/Sal W/O B		$3.16		200 per Month	Y	N	N	N			
A6231		A1-A9	Hydrogel Dsg<=16 Sq In		$4.13		30 per Month	Y	N	N	N			
A6232		A1-A9	Hydrogel Dsg>16<=48 Sq In		$5.38		30 per Month	Y	N	N	N			
A6233		A1-A9	Hydrogel Dressing >48 Sq In		$16.94		30 per Month	Y	N	N	N			
A6234		A1-A9	Hydrocolld Drg <=16 W/O Bdr		$5.73		30 per Month	N	N	N	N			
A6235		A1-A9	Hydrocolld Drg >16<=48 W/O B		$14.74		30 per Month	N	N	N	N			
A6236		A1-A9	Hydrocolld Drg > 48 In W/O B		$23.87		30 per Month	N	N	N	N			
A6237		A1-A9	Hydrocolld Drg <=16 In W/Bdr		$6.93		30 per Month	N	N	N	N			
A6238		A1-A9	Hydrocolld Drg >16<=48 W/Bdr		$19.97		30 per Month	N	N	N	N			
A6239		A1-A9	Hydrocolld Drg > 48 In W/Bdr		$33.00		30 per Month	N	N	N	N			
A6240		A1-A9	Hydrocolld Drg Filler Paste		$8.11		10 per Month	N	N	N	N			
A6241		A1-A9	Hydrocolloid Drg Filler Dry		$1.71		240 per Month	N	N	N	N			
A6242		A1-A9	Hydrogel Drg <=16 In W/O Bdr		$5.32		30 per Month	N	N	N	N			
A6243		A1-A9	Hydrogel Drg >16<=48 W/O Bdr		$10.79		30 per Month	N	N	N	N			
A6244		A1-A9	Hydrogel Drg >48 In W/O Bdr		$34.40		30 per Month	N	N	N	N			
A6245		A1-A9	Hydrogel Drg <= 16 In W/Bdr		$6.36		30 per Month	N	N	N	N			
A6246		A1-A9	Hydrogel Drg >16<=48 In W/B		$8.69		30 per Month	N	N	N	N			
A6247		A1-A9	Hydrogel Drg > 48 Sq In W/B		$20.83		30 per Month	N	N	N	N			
A6248		A1-A9	Hydrogel Drsg Gel Filler		$10.75		10 per Month	N	N	N	N			
A6250			Skin Seal Protect Moisturizr		$4.57		2 per Month	Y	N	N	N			
A6251		A1-A9	Absorpt Drg <=16 Sq In W/O B		$1.74		30 per Month	N	N	N	N			
A6252		A1-A9	Absorpt Drg >16 <=48 W/O Bdr		$2.85		30 per Month	N	N	N	N			
A6253		A1-A9	Absorpt Drg > 48 Sq In W/O B		$5.56		30 per Month	N	N	N	N			
A6254		A1-A9	Absorpt Drg <=16 Sq In W/Bdr		$1.06		30 per Month	N	N	N	N			
A6255		A1-A9	Absorpt Drg >16<=48 In W/Bdr		$2.65		30 per Month	N	N	N	N			
A6256		A1-A9	Absorpt Drg > 48 Sq In W/Bdr		$4.25		30 per Month	N	N	N	N			
A6257		A1-A9	Transparent Film <= 16 Sq In		$1.34		30 per Month	Y	N	N	N			
A6258		A1-A9	Transparent Film >16<=48 In		$3.77		30 per Month	Y	N	N	N			
A6259		A1-A9	Transparent Film > 48 Sq In		$9.58		30 per Month	Y	N	N	N			
A6260		A1-A9	Wound Cleanser Any Type/Size		$7.35		1 per Month	Y	N	N	N			
A6261		A1-A9	Wound Filler Gel/Paste /Oz		$3.71		10 per Month	Y	N	N	N			
A6262		A1-A9	Wound Filler Dry Form / Gram		$0.22		240 per Month	Y	N	N	N			
A6266		A1-A9	Impreg Gauze No H20/Sal/Yard		$1.26		30 per Month	Y	N	N	N			
A6402		A1-A9	Sterile Gauze <= 16 Sq In		$0.11		200 per Month	Y	N	N	N			
A6403		A1-A9	Sterile Gauze>16 <= 48 Sq In		$0.37		200 per Month	Y	N	N	N			
A6404		A1-A9	Sterile Gauze > 48 Sq In		$0.64		200 per Month	Y	N	N	N			
A6407		A1-A9	Packing Strips, Non-Impreg		$1.25		30 per Month	Y	N	N	N			
A6410			Sterile Eye Pad		$0.34	0-9	60 per Month	Y	N	N	N			
A6411			Non-Sterile Eye Pad		$0.28		60 per Month	Y	N	N	N			
A6412			Occlusive Eye Patch		M		60 per Month	Y	N	Y	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
A6441		A1-A9	Pad Band W>=3" <5"/Yd		$0.46		12 per Month	Y	N	N	N			
A6442		A1-A9	Conform Band N/S W<3"/Yd		$0.14		72 per Month	Y	N	N	N			
A6443		A1-A9	Conform Band N/S W>=3"<5"/Yd		$0.26		72 per Month	Y	N	N	N			
A6444		A1-A9	Conform Band N/S W>=5"/Yd		$0.50		72 per Month	Y	N	N	N			
A6445		A1-A9	Conform Band S W <3"/Yd		$0.29		72 per Month	Y	N	N	N			
A6446		A1-A9	Conform Band S W>=3" <5"/Yd		$0.35		72 per Month	Y	N	N	N			
A6447		A1-A9	Conform Band S W >=5"/Yd		$0.58		72 per Month	Y	N	N	N			
A6448		A1-A9	Lt Compres Band <3"/Yd		$0.22		20 per Month	Y	N	N	N			
A6449		A1-A9	Lt Compres Band >=3" <5"/Yd		$0.27		20 per Month	Y	N	N	N			
A6450		A1-A9	Lt Compres Band >=5"/Yd		$0.46		20 per Month	Y	N	N	N			
A6451		A1-A9	Mod Compres Band W>=3"<5"/Yd		$0.57		20 per Month	Y	N	N	N			
A6452		A1-A9	High Compres Band W>=3"<5"Yd		$4.07			Y	N	Y	N			
A6453		A1-A9	Self-Adher Band W <3"/Yd		$0.42			Y	N	Y	N			
A6454		A1-A9	Self-Adher Band W>=3" <5"/Yd		$0.54			Y	N	Y	N			
A6455		A1-A9	Self-Adher Band >=5"/Yd		$0.96			Y	N	Y	N			
A6456		A1-A9	Zinc Paste Band W >=3"<5"/Yd		$0.57		40 per Month	Y	N	N	N			
A6457			Tubular Dressing		$0.77		30 per Month	Y	N	N	N			
A6501			Compres Burngarment Bodysuit		M			N	N	Y	N			
A6502			Compres Burngarment Chinstrp		M			N	N	Y	N			
A6503			Compres Burngarment Facehood		M			N	N	Y	N			
A6504			Cmprsburngarment Glove-Wrist		M			N	N	Y	N			
A6505			Cmprsburngarment Glove-Elbow		M			N	N	Y	N			
A6506			Cmprsburngrmnt Glove-Axilla		M			N	N	Y	N			
A6507			Cmprs Burngarment Foot-Knee		M			N	N	Y	N			
A6508			Cmprs Burngarment Foot-Thigh		M			N	N	Y	N			
A6509			Compres Burn Garment Jacket		M			N	N	Y	N			
A6510			Compres Burn Garment Leotard		M			N	N	Y	N			
A6511			Compres Burn Garment Panty		M			N	N	Y	N			
A6512			Compres Burn Garment, Noc		M			N	N	Y	N			
A6513			Compress Burn Mask Face/Neck		M			N	N	Y	N			
A6530		LT-RT	Compression Stocking BK18-30		$18.26		2 per 3 Months	Y	N	N	N			
A6531		LT-RT	Compression Stocking BK30-40		$20.29		2 per 3 Months	Y	N	N	N			
A6532		LT-RT	Compression Stocking BK40-50		$25.87		2 per 3 Months	Y	N	N	N			
A6533		LT-RT	Gc Stocking Thighlngth 18-30		$23.98		2 per 3 Months	Y	N	N	N			
A6534		LT-RT	Gc Stocking Thighlngth 30-40		$27.26		2 per 3 Months	Y	N	N	N			
A6535		LT-RT	Gc Stocking Thighlngth 40-50		$29.39		2 per 3 Months	Y	N	N	N			
A6536		LT-RT	Gc Stocking Full Lngth 18-30		$43.57		2 per 3 Months	Y	N	N	N			
A6537		LT-RT	Gc Stocking Full Lngth 30-40		$43.57		2 per 3 Months	Y	N	N	N			
A6538		LT-RT	Gc Stocking Full Lngth 40-50		$55.04		2 per 3 Months	Y	N	N	N			
A6539			Gc Stocking Waistlngth 18-30		$71.20		2 per 3 Months	Y	N	N	N			
A6540			Gc Stocking Waistlngth 30-40		$71.20		2 per 3 Months	Y	N	N	N			
A6541			Gc Stocking Waistlngth 40-50		$79.24		2 per 3 Months	Y	N	N	N			
A6544			Gc Stocking Garter Belt		$13.18		2 per 3 Months	Y	N	Y	N			
A6545		LT-RT	Grad Comp Non-Elastic BK		M		2 per 3 Months	Y	N	Y	N			
A6549			G Compression Stocking		M			N	N	Y	N			
A6550			Neg Pres Wound Ther Drsg Set		$18.17			N	N	Y	Y			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
A7000			Disposable Canister For Pump		$7.76		12 per Year	Y	N	N	Y**			
A7002			Tubing Used W Suction Pump		$2.54		4 per Month	Y	N	N	N			
A7003			Nebulizer Administration Set		$2.07		12 per Year	Y	N	N	N			
A7004			Disposable Nebulizer Sml Vol		$1.58		36 per Year	Y	N	N	N			
A7005			Nondisposable Nebulizer Set		$20.42		2 per Year	Y	N	N	N			
A7006			Filtered Nebulizer Admin Set		$8.36			Y	N	Y	N			
A7007			Lg Vol Nebulizer Disposable		$3.06		4 per Month	Y	N	N	N			
A7009			Nebulizer Reservoir Bottle		$36.83		1 per Year	Y	N	N	N			
A7010			Disposable Corrugated Tubing		$20.66		2 per Year	Y	N	N	N			
A7012			Nebulizer Water Collec Devic		$2.82		24 per Year	Y	N	N	N			
A7015			Aerosol Mask Used W Nebulize		$1.48		24 per Year	Y	N	N	N			
A7016			Nebulizer Dome & Mouthpiece		$6.34		1 per Year	Y	N	N	N			
A7018			Water Distilled W/Nebulizer		$0.34		120 per Year	Y	N	N	N			
A7025			Replace Chest Compress Vest **(RO)**		$374.48			N	N	Y	N			
A7026			Replace Chst Cmprss Sys Hose **(RO)**		$20.32			N	N	Y	N			
A7027			Combination Oral/Nasal Mask		$137.12		1 per Year	N	N	N	N			
A7028			Repl Oral Cushion Combo Mask **(RO)**		$36.45		1 per Year	N	N	N	N			
A7029			Repl Nasal Pillow Comb Mask **(RO)**		$14.89		1 per Year	N	N	N	N			
A7030			CPAP Full Face Mask		$133.28		1 per Year	N	N	N	N			
A7031			Replacement Facemask Interfa **(RO)**		$61.62		1 per Year	N	N	N	N			
A7032			Replacement Nasal Cushion **(RO)**		$28.63		1 per Year	N	N	N	N			
A7033			Replacement Nasal Pillows **(RO)**		$22.96		1 per Year	N	N	N	N			
A7034			Nasal Application Device		$77.92		1 per Year	N	N	N	N			
A7035			Pos Airway Press Headgear		$35.10		1 per Year	N	N	N	N			
A7036			Pos Airway Press Chinstrap		$13.19		1 per Year	N	N	N	N			
A7037			Pos Airway Pressure Tubing		$36.00		1 per Year	N	N	N	N			
A7038			Pos Airway Pressure Filter		$4.02		18 per Year	N	N	N	N			
A7044			PAP Oral Interface		$106.79		1 per Year	N	N	N	N			
A7045			Repl Exhalation Port For PAP **(RO)**		$17.19		1 per Year	N	N	N	N			
A7046			Repl Water Chamber, PAP Dev **(RO)**		$10.44		1 per 6 Months	N	N	N	N			
A7501			Tracheostoma Valve W Diaphra		$72.47			N	N	Y	N			
A7502			Replacement Diaphragm/Fplate **(RO)**		$34.43			N	N	Y	N			
A7503			HMES Filter Holder Or Cap		$7.82			N	N	Y	N			
A7504			Tracheostoma HMES Filter		$0.46			N	N	Y	N			
A7505			HMES Or Trach Valve Housing		$3.23			N	N	Y	N			
A7506			HMES/Trachvalve Adhesivedisk		$0.23			N	N	Y	N			
A7507			Integrated Filter & Holder		$1.72			N	N	Y	N			
A7508			Housing & Integrated Adhesiv		$1.97			N	N	Y	N			
A7509			Heat & Moisture Exchange Sys		$1.01			N	N	Y	N			
A7520			Trach/Laryn Tube Non-Cuffed		$41.94		2 per Month	Y	N	N	N			
A7520	U4		Trach/Laryn Tube Non-Cuffed		$60.23	0-20	2 per Month	Y	N	N	N			
A7521			Trach/Laryn Tube Cuffed		$41.55		2 per Month	Y	N	N	N			
A7522			Trach/Laryn Tube Stainless		M			Y	N	Y	N			
A7523			Tracheostomy Shower Protect		$5.96		4 per Month	Y	N	N	N			
A7524			Tracheostoma Stent/Stud/Bttn		$53.41			Y	N	Y	N			
A7525			Tracheostomy Mask		$1.23		30 per Month	Y	N	N	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
A7526			Tracheostomy Tube Collar		$2.34		30 per Month	Y	N	N	N			
A7527			Trach/Laryn Tube Plug/Stop		$3.16			Y	N	Y	N			
A8000			Soft Protect Helmet Prefab		$122.20			N	N	Y	N		300.9, 318.0-319, 345.90	
A8001			Hard Protect Helmet Prefab		$122.20			N	N	Y	N		300.9, 318.0-319, 345.90	
A8002			Soft Protect Helmet Custom		$367.74		1 per Year	N	Y	Y	N			
A8003			Hard Protect Helmet Custom		M		1 per Year	N	Y	Y	N			
A8004			Repl Soft Interface, Helmet **(RO)**		$13.80			N	N	Y	N			
A9999			DME Supply Or Accessory, Nos		M			N	N	Y	N			
B4034			Enter Feed Supkit Syr By Day		$2.64		30 per Month	Y	N	N	Y**			
B4035			Enteral Feed Supp Pump Per D		$7.62		30 per Month	Y	N	N	Y**			
B4036			Enteral Feed Sup Kit Grav By		$6.53		30 per Month	Y	N	N	Y**			
B4081			Enteral Ng Tubing W/ Stylet		$13.12		5 per Month	Y	N	N	Y**			
B4082			Enteral Ng Tubing W/O Stylet		$11.14		5 per Month	Y	N	N	Y**			
B4083			Enteral Stomach Tube Levine		$1.06		30 per Month	Y	N	N	Y**			
B4087			Gastro/Jejuno Tube, Std		$21.86		4 per Month	Y	N	N	Y**			
B4087	U3		Gastro/Jejuno Tube, Std		$10.92		8 per Month	Y	N	N	Y**			
B4088			Gastro/Jejuno Tube, Low-Pro		$122.17		3 per 6 Months	Y	N	N	Y**			
B4102			EF Adult Fluids And Electro		$1.47			Y	N	Y	Y			
B4102	BO		EF Adult Fluids And Electro		$1.47			Y	N	Y	Y			
B4149			EF Blenderized Foods		$1.12			Y	N	Y	Y			
B4150			EF Complet W/Intact Nutrient		$0.56		900 per Month	Y	N	N	Y**			
B4150	BO		EF Complet W/Intact Nutrient		$0.56			Y	N	Y	Y			
B4152			EF Calorie Dense>/=1.5Kcal		$0.46		900 per Month	Y	N	N	Y**			
B4152	BO		EF Calorie Dense>/=1.5Kcal		$0.46			Y	N	Y	Y			
B4153			EF Hydrolyzed/Amino Acids		$1.36			Y	N	Y	Y			
B4153	BO		EF Hydrolyzed/Amino Acids		$1.36			Y	N	Y	Y			
B4154			EF Spec Metabolic Noninherit		$0.86			Y	N	Y	Y			
B4154	BO		EF Spec Metabolic Noninherit		$0.86			Y	N	Y	Y			
B4155			EF Incomplete/Modular		$0.68			Y	N	Y	Y			
B4155	BO		EF Incomplete/Modular		$0.68			Y	N	Y	Y			
B4157			EF Special Metabolic Inherit		$1.09			Y	N	Y	Y			
B4157	BO		EF Special Metabolic Inherit		$1.09			Y	N	Y	Y			
B4158			EF Ped Complete Intact Nut		$0.56	0-20	900 per Month	Y	N	N	Y**			
B4158	BO		EF Ped Complete Intact Nut		$0.56	0-20		Y	N	Y	Y	0-20		
B4159			EF Ped Complete Soy Based		$0.75	0-20		Y	N	Y	Y	0-20		
B4159	BO		EF Ped Complete Soy Based		$0.75	0-20		Y	N	Y	Y	0-20		
B4160			EF Ped Caloric Dense>/=0.7kc		$0.56	0-20	900 per Month	Y	N	N	Y**			
B4160	BO		EF Ped Caloric Dense>/=0.7kc		$0.56	0-20		Y	N	Y	Y	0-20		
B4161			EF Ped Hydrolyzed/Amino Acid		$1.47	0-20		Y	N	Y	Y	0-20		
B4161	BO		EF Ped Hydrolyzed/Amino Acid		$1.47	0-20		Y	N	Y	Y	0-20		
B4162			EF Ped Specmetabolic Inherit		$1.09	0-20		Y	N	Y	Y	0-20		
B4162	BO		EF Ped Specmetabolic Inherit		$1.09	0-20		Y	N	Y	Y	0-20		
B4185			Parenteral Sol 10 Gm Lipids		$6.26		Up to 300 Units per Month	N	N	Y	Y		555.0-555.2, 556.0-556.6, 557.0-557.1, 558.1-558.42, 560.9, 569.81, 577.0-577.2, 579.3	

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
B4189			Parenteral Sol Amino Acid &		$139.25		30 per Month	N	N	Y	Y		555.0-555.2, 556.0-556.6, 557.0-557.1, 558.1-558.42, 560.9, 569.81, 577.0-577.2, 579.3	
B4193			Parenteral Sol 52-73 Gm Prot		$139.25		30 per Month	N	N	Y	Y		555.0-555.2, 556.0-556.6, 557.0-557.1, 558.1-558.42, 560.9, 569.81, 577.0-577.2, 579.3	
B4197			Parenteral Sol 74-100 Gm Pro		$139.25		30 per Month	N	N	Y	Y		555.0-555.2, 556.0-556.6, 557.0-557.1, 558.1-558.42, 560.9, 569.81, 577.0-577.2, 579.3	
B4199			Parenteral Sol > 100gm Prote		$139.25		30 per Month	N	N	Y	Y		555.0-555.2, 556.0-556.6, 557.0-557.1, 558.1-558.42, 560.9, 569.81, 577.0-577.2, 579.3	
B4220			Parenteral Supply Kit Premix		$6.28		30 per Month	N	N	N	Y**			
B4224			Parenteral Administration Ki		$19.60		30 per Month	N	N	N	Y**			
B9000			Enter Infusion Pump W/O Alrm		$659.10			Y	N	Y	Y			
B9000	RB		Enter Infusion Pump W/O Alrm		M			Y	N	Y	Y			
B9000	RR		Enter Infusion Pump W/O Alrm		$65.90		10 Months=Purchase	Y	N	N	Y**			
B9002			Enteral Infusion Pump W/ Ala		$659.10			Y	N	Y	Y			
B9002	RB		Enteral Infusion Pump W/ Ala		M			Y	N	Y	Y			
B9002	RR		Enteral Infusion Pump W/ Ala		$65.90		10 Months=Purchase	Y	N	N	Y**			
B9004	RB		Parenteral Infus Pump Portab		M			N	N	Y	Y**			
B9004	RR		Parenteral Infus Pump Portab		$10.44		30 per Month	N	N	N	Y**			
B9006	RB		Parenteral Infus Pump Statio		M			N	N	Y	Y**			
B9006	RR		Parenteral Infus Pump Statio		$10.44		30 per Month	N	N	N	Y**			
B9998			Enteral Supp Not Otherwise C		M			Y	N	Y	Y			
B9999			Parenteral Supp Not Othrws C		M			N	N	Y	Y			
E0100			Cane Adjust/Fixed With Tip		$15.81		2 per 2 Years	Y	N	N	N			
E0100	RR		Cane Adjust/Fixed With Tip		$1.58		10 Months=Purchase	Y	N	N	N			
E0105			Cane Adjust/Fixed Quad/3 Pro		$35.77		2 per 2 Years	Y	N	N	N			
E0105	RB		Cane Adjust/Fixed Quad/3 Pro		M			Y	N	Y	N			
E0105	RR		Cane Adjust/Fixed Quad/3 Pro		$3.77		10 Months=Purchase	Y	N	N	N			
E0110			Crutch Forearm Pair		$58.25		1 per 2 Years	Y	N	N	N			
E0110	RB		Crutch Forearm Pair		M			Y	N	Y	N			
E0110	RR		Crutch Forearm Pair		$5.84		10 Months=Purchase	Y	N	N	N			
E0111			Crutch Forearm Each		$35.29		1 per 2 Years	Y	N	N	N			
E0111	RB		Crutch Forearm Each		M			Y	N	Y	N			
E0111	RR		Crutch Forearm Each		$3.54		10 Months=Purchase	Y	N	N	N			
E0112			Crutch Underarm Pair Wood		$20.83		1 per 2 Years	Y	N	N	N			
E0112	RR		Crutch Underarm Pair Wood		$2.09		10 Months=Purchase	Y	N	N	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E0113			Crutch Underarm Each Wood		$14.00		1 per 2 Years	Y	N	N	N			
E0113	RR		Crutch Underarm Each Wood		$1.41		10 Months=Purchase	Y	N	N	N			
E0114			Crutch Underarm Pair No Wood		$32.01		1 per 2 Years	Y	N	N	N			
E0114	RR		Crutch Underarm Pair No Wood		$3.20		10 Months=Purchase	Y	N	N	N			
E0116			Crutch Underarm Each No Wood		$18.38		1 per 2 Years	Y	N	N	N			
E0116	RR		Crutch Underarm Each No Wood		$1.84		10 Months=Purchase	Y	N	N	N			
E0130			Walker Rigid Adjust/Fixed Ht		$52.73		< 21 1 per 2 Years 21 & > 1 per 5 Years	Y	N	N	N			
E0130	RB		Walker Rigid Adjust/Fixed Ht		M			Y	N	Y	N			
E0130	RR		Walker Rigid Adjust/Fixed Ht		$5.27		10 Months=Purchase	Y	N	N	N			
E0130	U4		Walker Rigid Adjust/Fixed Ht		M	0-20	1 per 2 Years	Y	N	Y	N	0-20		
E0135			Walker Folding Adjust/Fixed		$64.97		< 21 1 per 2 Years 21 & > 1 per 5 Years	Y	N	N	N			
E0135	RB		Walker Folding Adjust/Fixed		M			Y	N	Y	N			
E0135	RR		Walker Folding Adjust/Fixed		$6.51		10 Months=Purchase	Y	N	N	N			
E0135	U4		Walker Folding Adjust/Fixed		M	0-20	1 per 2 Years	Y	N	Y	N	0-20		
E0140			Walker W Trunk Support		$282.62	0-20	< 21 1 per 2 Years 21 & > 1 per 5 Years	Y	N	N	N			
E0140	RR		Walker W Trunk Support		$28.26	0-20		Y	N	N	N			
E0140	U4		Walker W Trunk Support		M	0-20	1 per 2 Years	Y	N	Y	N	0-20		
E0141			Rigid Wheeled Walker Adj/Fix		$96.97		< 21 1 per 2 Years 21 & > 1 per 5 Years	Y	N	N	N			
E0141	RB		Rigid Wheeled Walker Adj/Fix		M			Y	N	Y	N			
E0141	RR		Rigid Wheeled Walker Adj/Fix		$9.71		10 Months=Purchase	Y	N	N	N			
E0141	U4		Rigid Wheeled Walker Adj/Fix		M	0-20	1 per 2 Years	Y	N	Y	N	0-20		
E0143			Walker Folding Wheeled W/O S		$88.50		< 21 1 per 2 Years 21 & > 1 per 5 Years	Y	N	N	N			
E0143	RB		Walker Folding Wheeled W/O S		M			Y	N	Y	N			
E0143	RR		Walker Folding Wheeled W/O S		$8.85		10 Months=Purchase	Y	N	N	N			
E0143	U4		Walker Folding Wheeled W/O S		M	0-20	1 per 2 Years	Y	N	Y	N	0-20		
E0144			Enclosed Walker W Rear Seat		$281.25		< 21 1 per 2 Years 21 & > 1 per 5 Years	Y	N	N	N			
E0144	RB		Enclosed Walker W Rear Seat		M			Y	N	Y	N			
E0144	RR		Enclosed Walker W Rear Seat		$28.12		10 Months=Purchase	Y	N	N	N			
E0144	U4		Enclosed Walker W Rear Seat		M	0-20	1 per 2 Years	Y	N	Y	N	0-20		
E0147			Walker Variable Wheel Resist		$380.76		< 21 1 per 2 Years 21 & > 1 per 5 Years	Y	N	N	N			
E0147	RB		Walker Variable Wheel Resist		M			Y	N	Y	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E0147	RR		Walker Variable Wheel Resist		$38.07			Y	N	N	N			
E0147	U4		Walker Variable Wheel Resist		M	0-20	1 per 2 Years	Y	N	Y	N	0-20		
E0148			Heavyduty Walker No Wheels		$69.80		< 21 1 per 2 Years 21 & > 1 per 5 Years	Y	N	N	N			
E0148	RR		Heavyduty Walker No Wheels		$6.98		10 Months=Purchase	Y	N	N	N			
E0148	U4		Heavyduty Walker No Wheels		M	0-20	1 per 2 Years	Y	N	Y	N	0-20		
E0149			Heavy Duty Wheeled Walker		$197.13		< 21 1 per 2 Years 21 & > 1 per 5 Years	Y	N	N	N			
E0149	RR		Heavy Duty Wheeled Walker		$19.71		10 Months=Purchase	Y	N	N	N			
E0149	U4		Heavy Duty Wheeled Walker		M	0-20	1 per 2 Years	Y	N	Y	N	0-20		
E0153			Forearm Crutch Platform Atta		$52.09		2 per Year	Y	N	N	N			
E0153	RR		Forearm Crutch Platform Atta		$5.20		10 Months=Purchase	Y	N	N	N			
E0153	U4		Forearm Crutch Platform Atta		M	0-20	2 per Year	Y	N	Y	N	0-20		
E0154			Walker Platform Attachment		$52.93		2 per 2 Years	Y	N	N	N			
E0154	RR		Walker Platform Attachment		$5.29		10 Months=Purchase	Y	N	N	N			
E0154	U4		Walker Platform Attachment		M	0-20	2 per 2 Years	Y	N	Y	N	0-20		
E0155			Walker Wheel Attachment,Pair		$22.60		1 per Year	Y	N	N	N			
E0155	RR		Walker Wheel Attachment,Pair		$2.21		10 Months=Purchase	Y	N	N	N			
E0155	U4		Walker Wheel Attachment,Pair		M	0-20	1 per Year	Y	N	Y	N	0-20		
E0156			Walker Seat Attachment		$17.51		1 per Year	Y	N	N	N			
E0156	RR		Walker Seat Attachment		$1.75		10 Months=Purchase	Y	N	N	N			
E0156	U4		Walker Seat Attachment		M	0-20	1 per Year	Y	N	Y	N	0-20		
E0157			Walker Crutch Attachment		$63.09		2 per Year	Y	N	N	N			
E0157	RR		Walker Crutch Attachment		$6.31		10 Months=Purchase	Y	N	N	N			
E0157	U4		Walker Crutch Attachment		M	0-20	2 per Year	Y	N	Y	N	0-20		
E0158			Walker Leg Extenders Set Of4		$22.60		1 per Year	Y	N	N	N			
E0158	RR		Walker Leg Extenders Set Of4		$2.26		10 Months=Purchase	Y	N	N	N			
E0158	U4		Walker Leg Extenders Set Of4		M	0-20	1 per Year	Y	N	Y	N	0-20		
E0159			Brake For Wheeled Walker, **(RO)**		$15.78			Y	N	Y	N			
E0159	U4		Brake For Wheeled Walker, **(RO)**		M	0-20		Y	N	Y	N	0-20		
E0163			Commode Chair With Fixed Arm		$97.40		1 per 2 Years	Y	N	Y	N		335.20, 340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0163	RB		Commode Chair With Fixed Arm		M			Y	N	Y	N			
E0163	RR		Commode Chair With Fixed Arm		$9.75		10 Months=Purchase	Y	N	Y	N		335.20, 340, 343.0-343.9, 359.0-359.1 806.00-806.39	
E0163	U4		Commode Chair With Fixed Arm		M	0-20	1 per 2 Years	Y	N	Y	N	0-20		
E0165			Commode Chair With Detacharm		$164.10		1 per 2 Years	Y	N	Y	N		335.20, 340, 343.0-343.9, 359.0-359.1, 806.00-806.39	

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E0165	RB		Commode Chair With Detacharm		M			Y	N	Y	N			
E0165	RR		Commode Chair With Detacharm		$16.42		10 Months=Purchase	Y	N	Y	N		335.20, 340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0167			Commode Chair Pail Or Pan **(RO)**		$10.60		1 per Year	Y	N	Y	N		335.20, 340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0167	U4		Commode Chair Pail Or Pan **(RO)**		M	0-20	1 per Year	Y	N	Y	N	0-20	335.20, 340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0168			Heavyduty/Wide Commode Chair		$109.35		1 per 2 Years	Y	N	Y	N		335.20, 340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0168	RR		Heavyduty/Wide Commode Chair		$10.93		10 Months=Purchase	Y	N	Y	N		335.20, 340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0171			Commode Chair Non-Electric		$212.86			Y	N	Y	N			
E0171	RB		Commode Chair Non-Electric		M			Y	N	Y	N			
E0171	RR		Commode Chair Non-Electric		$21.28			Y	N	Y	N			
E0175			Commode Chair Foot Rest		$54.62			Y	N	Y	N			
E0175	RR		Commode Chair Foot Rest		$5.46		10 Months=Purchase	Y	N	Y	N			
E0175	U4		Commode Chair Foot Rest		M	0-20		Y	N	Y	N	0-20		
E0181			Press Pad Alternating W/ Pum		$191.82		1 per 5 Years	Y	N	Y	N		237.70-237.79, 330.0-330.9, 332.0-332.1, 333.4, 333.71-333.99, 335.10-335.29, 340-344.1, 348.1, 348.30-348.5, 359.0-359.3, 707.02-707.05, 741.00-742.2, 780.01-780.03, 806.00-806.39	
E0181	RB		Press Pad Alternating W/ Pum		M			Y	N	Y	N			
E0181	RR		Press Pad Alternating W/ Pum		$19.19		10 Months=Purchase	Y	N	Y	N		237.70-237.79, 330.0-330.9, 332.0-332.1, 333.4, 333.71-333.99, 335.10-335.29, 340-344.1, 348.1, 348.30-348.5, 359.0-359.3, 707.02-707.05, 741.00-742.2, 780.01-780.03, 806.00-806.39	
E0182			Replace Pump, Alt Press Pad **(RO)**		$163.76			Y	N	Y	N			
E0182	RR		Replace Pump, Alt Press Pad **(RO)**		$16.38			Y	N	Y	N			
E0184			Dry Pressure Mattress		$146.16		1 per 5 Years	Y	N	Y	N		237.70-237.79, 330.0-330.9, 332.0-332.1, 333.4, 334.8-334.9, 340-344.1, 344.60-344.61, 348.1, 348.30-348.31, 348.4, 359.0-359.24, 359.3, 707.01-707.07, 741.00-742.3, 780.01-780.03, 806.00-806.39	

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E0184	RR		Dry Pressure Mattress		$14.61		10 Months=Purchase	Y	N	Y	N		237.70-237.79, 330.0-330.9, 332.0-332.1, 333.4, 334.8-334.9, 340-344.1, 344.60-344.61, 348.1, 348.30-348.31, 348.4, 359.0-359.24, 359.3, 707.01-707.07, 741.00-742.3, 780.01-780.03, 806.00-806.39	
E0185			Gel Pressure Mattress Pad		$240.12		1 per 5 Years	Y	N	Y	N		237.70-237.79, 330.0-330.9, 332.0-332.1, 333.4, 334.8-334.9, 340-344.1, 344.60-344.61, 348.1, 348.30-348.31, 348.4, 359.0-359.24, 359.3, 707.01-707.07, 741.00-742.3, 780.01-780.03, 806.00-806.39	
E0185	RR		Gel Pressure Mattress Pad		$24.02		10 Months=Purchase	Y	N	Y	N		237.70-237.79, 330.0-330.9, 332.0-332.1, 333.4, 334.8-334.9, 340-344.1, 344.60-344.61, 348.1, 348.30-348.31, 348.4, 359.0-359.24, 359.3, 707.01-707.07, 741.00-742.3, 780.01-780.03, 806.00-806.39	
E0186			Air Pressure Mattress		$179.28		1 per 5 Years	Y	N	Y	N		237.70-237.79, 330.0-330.9, 332.0-332.1, 333.4, 334.8-334.9, 340-344.1, 344.60-344.61, 348.1, 348.30-348.31, 348.4, 359.0-359.24, 359.3, 707.01-707.07, 741.00-742.3, 780.01-780.03, 806.00-806.39	
E0186	RB		Air Pressure Mattress		M			Y	N	Y	N			
E0186	RR		Air Pressure Mattress		$17.93		10 Months=Purchase	Y	N	Y	N		237.70-237.79, 330.0-330.9, 332.0-332.1, 333.4, 334.8-334.9, 340-344.1, 344.60-344.61, 348.1, 348.30-348.31, 348.4, 359.0-359.24, 359.3, 707.01-707.07, 741.00-742.3, 780.01-780.03, 806.00-806.39	
E0187			Water Pressure Mattress		$87.27		1 per 5 Years	Y	N	Y	N		237.70-237.79, 330.0-330.9, 332.0-332.1, 333.4, 334.8-334.9, 340-344.1, 344.60-344.61, 348.1, 348.30-348.31, 348.4, 359.0-359.24, 359.3, 707.01-707.07, 741.00-742.3, 780.01-780.03, 806.00-806.39	
E0187	RB		Water Pressure Mattress		M			Y	N	Y	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E0187	RR		Water Pressure Mattress		$8.72		10 Months=Purchase	Y	N	Y	N		237.70-237.79, 330.0-330.9, 332.0-332.1, 333.4, 334.8-334.9, 340-344.1, 344.60-344.61, 348.1, 348.30-348.31, 348.4, 359.0-359.24, 359.3, 707.01-707.07, 741.00-742.3, 780.01-780.03, 806.00-806.39	
E0188			Synthetic Sheepskin Pad		$9.41		1 per Year	Y	N	N	N			
E0188	RR		Synthetic Sheepskin Pad		$0.94		10 Months=Purchase	Y	N	N	N			
E0189			Lambswool Sheepskin Pad		$39.00			Y	N	Y	N			
E0189	RR		Lambswool Sheepskin Pad		$3.90		10 Months=Purchase	Y	N	Y	N			
E0190			Positioning Cushion		$97.96			Y	N	Y	N			
E0191			Protector Heel Or Elbow		$6.61		4 per Year	Y	N	N	N			
E0191	RR		Protector Heel Or Elbow		$0.66		10 Months=Purchase	Y	N	N	N			
E0193	MS		Powered Air Flotation Bed		$496.00		1 per 6 Months	N	N	Y	N			
E0193	RR		Powered Air Flotation Bed		$27.55			N	N	Y	N			
E0194	MS		Air Fluidized Bed		$826.68		1 per 6 Months	N	N	Y	N			
E0194	RR		Air Fluidized Bed		$55.10			N	N	Y	N			
E0196			Gel Pressure Mattress		$224.18			Y	N	Y	N			
E0196	RB		Gel Pressure Mattress		M			Y	N	Y	N			
E0196	RR		Gel Pressure Mattress		$22.42			Y	N	Y	N			
E0197			Air Pressure Pad For Mattres		$189.05		1 per 5 Years	Y	N	Y	N		237.70-237.79, 330.0-330.9, 332.0-332.1, 333.4, 334.8-334.9, 340-344.1, 344.60-344.61, 348.1, 348.30-348.31, 348.4, 359.0-359.24, 359.3, 707.01-707.07, 741.00-742.3, 780.01-780.03, 806.00-806.39	
E0197	RB		Air Pressure Pad For Mattres		M			Y	N	Y	N			
E0197	RR		Air Pressure Pad For Mattres		$18.91		10 Months=Purchase	Y	N	Y	N		237.70-237.79, 330.0-330.9, 332.0-332.1, 333.4, 334.8-334.9, 340-344.1, 344.60-344.61, 348.1, 348.30-348.31, 348.4, 359.0-359.24, 359.3, 707.01-707.07, 741.00-742.3, 780.01-780.03, 806.00-806.39	
E0198			Water Pressure Pad For Mattr		$141.79		1 per 2 Years	Y	N	Y	N			
E0198	RB		Water Pressure Pad For Mattr		M			Y	N	Y	N			
E0198	RR		Water Pressure Pad For Mattr		$14.17			Y	N	Y	N			
E0199			Dry Pressure Pad For Mattres		$21.24			Y	N	Y	N			
E0199	RR		Dry Pressure Pad For Mattres		$2.13		10 Months=Purchase	Y	N	Y	N			
E0200			Heat Lamp Without Stand		$49.58	0-1		Y	N	Y	N	0-1		

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E0200	RR		Heat Lamp Without Stand		$4.95	0-1		Y	N	Y	N	0-1		
E0202	RR		Phototherapy Light W/ Photom		$55.31	0-30 days	7 per Lifetime	Y	N	Y	N	0-30 days	773.0-773.2, 774.1-774.39, 774.6-774.7	
E0205			Heat Lamp With Stand		$125.22	0-1		Y	N	Y	N	0-1		
E0205	RR		Heat Lamp With Stand		$12.53	0-1		Y	N	Y	N	0-1		
E0235			Paraffin Bath Unit Portable		$120.33		1 per 5 Years	Y	N	Y	N		714.0-714.4, 714.9	
E0235	RR		Paraffin Bath Unit Portable		$12.04		10 Months=Purchase	Y	N	Y	N		714.0-714.4, 714.9	
E0236	RB		Pump For Water Circulating P		M			Y	N	Y	N			
E0236	RR		Pump For Water Circulating P		$25.95		10 Months=Purchase	Y	N	Y	N			
E0240			Bath/Shower Chair		M			Y	N	Y	N			
E0241			Bath Tub Wall Rail		M	0-20		Y	N	Y	N	0-20		
E0243			Toilet Rail		M	0-20		Y	N	Y	N	0-20		
E0244			Toilet Seat Raised		M	0-20		Y	N	Y	N	0-20		
E0245			Tub Stool Or Bench		M	0-20		Y	N	Y	N	0-20		
E0246			Transfer Tub Rail Attachment		$48.01			Y	N	Y	N			
E0247			Trans Bench W/Wo Comm Open		M	0-20		Y	N	Y	N	0-20		
E0248			Hdtrans Bench W/Wo Comm Open		M	0-20		Y	N	Y	N	0-20		
E0249			Pad Water Circulating Heat U **(RO)**		$59.70	0-20	1 per 2 Years	Y	N	Y	N	0-20		
E0250			Hosp Bed Fixed Ht W/ Mattres		$863.42		1 per 8 Years	Y	N	Y	N		340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0250	RB		Hosp Bed Fixed Ht W/ Mattres		M			Y	N	Y	N			
E0250	RR		Hosp Bed Fixed Ht W/ Mattres		$86.35		10 Months=Purchase	Y	N	Y	N		340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0251			Hosp Bed Fixd Ht W/O Mattres		$603.55			Y	N	Y	N			
E0251	RB		Hosp Bed Fixd Ht W/O Mattres		M			Y	N	Y	N			
E0251	RR		Hosp Bed Fixd Ht W/O Mattres		$60.36			Y	N	Y	N			
E0255			Hospital Bed Var Ht W/ Mattr		$979.23		1 per 5 Years	Y	N	Y	N		340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0255	RB		Hospital Bed Var Ht W/ Mattr		M			Y	N	Y	N			
E0255	RR		Hospital Bed Var Ht W/ Mattr		$97.92		10 Months=Purchase	Y	N	Y	N		340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0256			Hospital Bed Var Ht W/O Matt		$736.14			Y	N	Y	N			
E0256	RB		Hospital Bed Var Ht W/O Matt		M			Y	N	Y	N			
E0256	RR		Hospital Bed Var Ht W/O Matt		$73.61		10 Months=Purchase	Y	N	Y	N			
E0260			Hosp Bed Semi-Electr W/ Matt		$1,240.54		1 per 5 Years	Y	N	Y	N		340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0260	RB		Hosp Bed Semi-Electr W/ Matt		M			Y	N	Y	N			
E0260	RR		Hosp Bed Semi-Electr W/ Matt		$124.06		10 Months=Purchase	Y	N	Y	N		340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0261			Hosp Bed Semi-Electr W/O Mat		$1,111.55			Y	N	Y	N			
E0261	RB		Hosp Bed Semi-Electr W/O Mat		M			Y	N	Y	N			
E0261	RR		Hosp Bed Semi-Electr W/O Mat		$110.24			Y	N	Y	N			
E0265			Hosp Bed Total Electr W/ Mat		$1,600.68			Y	N	Y	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E0265	RB		Hosp Bed Total Electr W/ Mat		M			Y	N	Y	N			
E0265	RR		Hosp Bed Total Electr W/ Mat		$160.07			Y	N	Y	N			
E0266			Hosp Bed Total Elec W/O Matt		$1,412.37			Y	N	Y	N			
E0266	RB		Hosp Bed Total Elec W/O Matt		M			Y	N	Y	N			
E0266	RR		Hosp Bed Total Elec W/O Matt		$141.23			Y	N	Y	N			
E0271			Mattress Innerspring		$167.60		1 per 2 Years	Y	N	N	N			
E0271	RR		Mattress Innerspring		$16.76		10 Months=Purchase	Y	N	N	N			
E0272			Mattress Foam Rubber		$132.95		1 per 2 Years	Y	N	N	N			
E0272	RR		Mattress Foam Rubber		$13.29		10 Months=Purchase	Y	N	N	N			
E0274			Over-Bed Table		$141.12	0-20	10 Months=Purchase	Y	N	N	N			
E0274	RR		Over-Bed Table		$14.12	0-20	10 Months=Purchase	Y	N	N	N			
E0275			Bed Pan Standard		$8.62		1 per Year	Y	N	N	N			
E0275	RR		Bed Pan Standard		$0.86		10 Months=Purchase	Y	N	N	N			
E0276			Bed Pan Fracture		$11.75		1 per Year	Y	N	N	N			
E0276	RR		Bed Pan Fracture		$1.18		10 Months=Purchase	Y	N	N	N			
E0277			Powered Pres-Redu Air Mattrs		M		1 per 2 Years	Y	N	Y	N			
E0277	RB		Powered Pres-Redu Air Mattrs		M			Y	N	Y	N			
E0277	RR		Powered Pres-Redu Air Mattrs		M			Y	N	Y	N			
E0290			Hosp Bed Fx Ht W/O Rails W/M		$468.90			Y	N	Y	N			
E0290	RB		Hosp Bed Fx Ht W/O Rails W/M		M			Y	N	Y	N			
E0290	RR		Hosp Bed Fx Ht W/O Rails W/M		$46.89			Y	N	Y	N			
E0291			Hosp Bed Fx Ht W/O Rail W/O		$356.86			Y	N	Y	N			
E0291	RB		Hosp Bed Fx Ht W/O Rail W/O		M			Y	N	Y	N			
E0291	RR		Hosp Bed Fx Ht W/O Rail W/O		$35.69			Y	N	Y	N			
E0292			Hosp Bed Var Ht W/O Rail W/O		$742.24			Y	N	Y	N			
E0292	RB		Hosp Bed Var Ht W/O Rail W/O		M			Y	N	Y	N			
E0292	RR		Hosp Bed Var Ht W/O Rail W/O		$74.22			Y	N	Y	N			
E0293			Hosp Bed Var Ht W/O Rail W/		$625.22			Y	N	Y	N			
E0293	RB		Hosp Bed Var Ht W/O Rail W/		M			Y	N	Y	N			
E0293	RR		Hosp Bed Var Ht W/O Rail W/		$62.52			Y	N	Y	N			
E0294			Hosp Bed Semi-Elect W/ Mattr		$1,153.90			Y	N	Y	N		340, 343.0-343.9, 359.0-359.1, 805.00-805.3	
E0294	RB		Hosp Bed Semi-Elect W/ Mattr		M			Y	N	Y	N			
E0294	RR		Hosp Bed Semi-Elect W/ Mattr		$115.38			Y	N	Y	N		340, 343.0-343.9, 359.0-359.1, 805.00-805.3	
E0295			Hosp Bed Semi-Elect W/O Matt		$1,072.45			Y	N	Y	N			
E0295	RB		Hosp Bed Semi-Elect W/O Matt		M			Y	N	Y	N			
E0295	RR		Hosp Bed Semi-Elect W/O Matt		$107.24			Y	N	Y	N			
E0296			Hosp Bed Total Elect W/ Matt		$1,450.22			Y	N	Y	N			
E0296	RB		Hosp Bed Total Elect W/ Matt		M			Y	N	Y	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E0296	RR		Hosp Bed Total Elect W/ Matt		$145.01			Y	N	Y	N			
E0297			Hosp Bed Total Elect W/O Mat		$1,172.88			Y	N	Y	N			
E0297	RB		Hosp Bed Total Elect W/O Mat		M			Y	N	Y	N			
E0297	RR		Hosp Bed Total Elect W/O Mat		$117.29			Y	N	Y	N			
E0301			HD Hosp Bed, 350-600 Lbs		$1,857.48			N	N	Y	N			
E0301	RR		HD Hosp Bed, 350-600 Lbs		$185.75			N	N	Y	N			
E0302			Ex Hd Hosp Bed > 600 Lbs		$2,923.60			N	N	Y	N			
E0302	RR		Ex Hd Hosp Bed > 600 Lbs		$292.36			N	N	Y	N			
E0303			Hosp Bed Hvy Dty Xtra Wide		$2,025.08			N	N	Y	N			
E0303	RR		Hosp Bed Hvy Dty Xtra Wide		$202.51			N	N	Y	N			
E0304			Hosp Bed Xtra Hvy Dty X Wide		$3,091.20			N	N	Y	N			
E0304	RR		Hosp Bed Xtra Hvy Dty X Wide		$309.12			N	N	Y	N			
E0305			Rails Bed Side Half Length		$135.48			Y	N	Y	N			
E0305	RB		Rails Bed Side Half Length		M			Y	N	Y	N			
E0305	RR		Rails Bed Side Half Length		$13.55			Y	N	Y	N			
E0310			Rails Bed Side Full Length		$134.64			Y	N	Y	N			
E0310	RB		Rails Bed Side Full Length		M			Y	N	Y	N			
E0310	RR		Rails Bed Side Full Length		$13.46			Y	N	Y	N			
E0316			Bed Safety Enclosure		$1,728.42			N	N	Y	N			
E0316	RR		Bed Safety Enclosure		$172.84		10 Months=Purchase	N	N	Y	N			
E0325			Urinal Male Jug-Type		$7.59		2 per Year	Y	N	N	N			
E0325	RR		Urinal Male Jug-Type		$0.77		10 Months=Purchase	Y	N	N	N			
E0326			Urinal Female Jug-Type		$7.89		2 per Year	Y	N	N	N			
E0326	RR		Urinal Female Jug-Type		$0.80		10 Months=Purchase	Y	N	N	N			
E0328			Ped Hospital Bed, Manual		M	0-20		Y	N	Y	N	0-20		
E0328	RR		Ped Hospital Bed, Manual		M	0-20	10 Months=Purchase	Y	N	Y	N	0-20		
E0329			Ped Hospital Bed Semi/Elect		M	0-20		Y	N	Y	N	0-20		
E0329	RR		Ped Hospital Bed Semi/Elect		M	0-20	10 Months=Purchase	Y	N	Y	N	0-20		
E0371	RB		Nonpower Mattress Overlay		M			Y	N	Y	N			
E0371	RR		Nonpower Mattress Overlay		$281.57			Y	N	Y	N			
E0372	RB		Powered Air Mattress Overlay		M			Y	N	Y	N			
E0372	RR		Powered Air Mattress Overlay		$341.66			Y	N	Y	N			
E0373	RB		Nonpowered Pressure Mattress		M			Y	N	Y	N			
E0373	RR		Nonpowered Pressure Mattress		$391.36			Y	N	Y	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E0424	RR		Stationary Compressed Gas 02		$176.99		1 per Month	N	N	Y	N		011.00-011.96, 114.0-114.9, 162.0-165.9, 197.0-197.3, 277.00-277.09, 289.0, 289.6, 327.21, 327.23-327.27, 358.00-359.9, 416.0-416.9, 428.0-428.9, 491.0-492.8, 494.0-494.1, 496, 500-505, 506.4, 508.1, 515, 516.0-516.9, 518.1-518.3, 519.19, 746.9, 748.3, 770.7-770.84, 780.53, 780.57	
E0431	RR		Portable Gaseous 02		$28.33		1 per Month	N	N	Y	N		011.00-011.96, 114.0-114.9, 162.0-165.9, 197.0-197.3, 277.00-277.09, 289.0, 289.6, 327.21, 327.23-327.27, 358.00-359.9, 416.0-416.9, 428.0-428.9, 491.0-492.8, 494.0-494.1, 496, 500-505, 506.4, 508.1, 515, 516.0-516.9, 518.1-518.3, 519.19, 746.9, 748.3, 770.7-770.84, 780.53, 780.57	
E0434	RR		Portable Liquid 02		$28.33			Y	N	Y	N			
E0439	RR		Stationary Liquid 02		M			N	N	Y	N			
E0441			Stationary O2 Contents, Gas		$57.00		1 per Month	N	N	Y	N		011.00-011.96, 114.0-114.9, 162.0-165.9, 197.0-197.3, 277.00-277.09, 289.0, 289.6, 327.21, 327.23-327.27, 358.00-359.9, 416.0-416.9, 428.0-428.9, 491.0-492.8, 494.0-494.1, 496, 500-505, 506.4, 508.1, 515, 516.0-516.9, 518.1-518.3, 519.19, 746.9, 748.3, 770.7-770.84, 780.53, 780.57	
E0442			Stationary O2 Contents, Liq		$57.00		1 per Month	N	N	Y	N			
E0443			Portable 02 Contents, Gas		$18.91		1 per Month	N	N	Y	N		011.00-011.96, 114.0-114.9, 162.0-165.9, 197.0-197.3, 277.00-277.09, 289.0, 289.6, 327.21, 327.23-327.27, 358.00-359.9, 416.0-416.9, 428.0-428.9, 491.0-492.8, 494.0-494.1, 496, 500-505, 506.4, 508.1, 515, 516.0-516.9, 518.1-518.3, 519.19, 746.9, 748.3, 770.7-770.84, 780.53, 780.57	
E0444			Portable 02 Contents, Liquid		$1.20			N	N	Y	N			
E0445	RR		Oximeter Non-Invasive		$338.01		10 Months=Purchase	Y	N	Y	N		V44.0, V55.0 (UNDER 21)	

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E0450	RR		Vol Control Vent Invasiv Int		$843.04		1 per Month	Y	N	Y	N			
E0455			Oxygen Tent Excl Croup/Ped T		$25.72		1 per 3 Months	Y	N	N	N			
E0457			Chest Shell		M			Y	N	Y	N			
E0457	RR		Chest Shell		M			Y	N	Y	N			
E0460	RR		Neg Press Vent Portabl/Statn		$381.80			Y	N	Y	N			
E0461	RR		Vol Control Vent Noninv Int		$708.01		1 per Month	Y	N	Y	N			
E0462	RR		Rocking Bed W/ Or W/O Side R		$218.76			Y	N	Y	N			
E0463	RR		Press Supp Vent Invasive Int		$843.04			Y	N	Y	N			
E0464	RR		Press Supp Vent Noninv Int		M			Y	N	Y	N			
E0470	RR		RAD W/O Backup Non-Inv Intfc		$183.61		10 Months=Purchase	N	N	Y	N			
E0471	RR		RAD W/Backup Non Inv Intrfc		$416.35		10 Months=Purchase	N	N	Y	N			
E0480			Percussor Elect/Pneum Home M		$329.88		1 per 2 Years	Y	N	Y	N		277.00-277.09	
E0480	RB		Percussor Elect/Pneum Home M		M			Y	N	Y	N			
E0480	RR		Percussor Elect/Pneum Home M		$33.00		10 Months=Purchase	Y	N	Y	N		277.00-277.09	
E0482			Cough Stimulating Device		$3,783.40			Y	N	Y	N			
E0482	RB		Cough Stimulating Device		M			Y	N	Y	N			
E0482	RR		Cough Stimulating Device		$378.34		10 Months=Purchase	Y	N	Y	N			
E0483	RR		Chest Compression Gen System		$938.96		10 Months=Purchase	N	N	Y	N			
E0484			Non-Elec Oscillatory Pep Dvc		$23.40		1 per Year	Y	N	Y	N		277.00-277.09	
E0484	RR		Non-Elec Oscillatory Pep Dvc		$2.34		10 Months=Purchase	Y	N	Y	N		277.00-277.09	
E0500			Ippb All Types		$660.04			Y	N	Y	N			
E0500	RB		Ippb All Types		M			Y	N	Y	N			
E0500	RR		Ippb All Types		$66.00			Y	N	Y	N			
E0550			Humidif Extens Supple W Ippb		$345.92	0-20		Y	N	Y	N	0-20		
E0550	RB		Humidif Extens Supple W Ippb		M	0-20		Y	N	Y	N	0-20		
E0550	RR		Humidif Extens Supple W Ippb		$34.60	0-20		Y	N	Y	N	0-20		
E0560			Humidifier Supplemental W/ I		$138.69	0-20		Y	N	Y	N	0-20		
E0560	RB		Humidifier Supplemental W/ I		M	0-20		Y	N	Y	N	0-20		
E0560	RR		Humidifier Supplemental W/ I		$13.88	0-20		Y	N	Y	N	0-20		
E0561			Humidifier Nonheated W PAP		$90.27			Y	N	Y	N		327.21, 327.23, 327.25-327.26, 519.00-519.09, 519.19, 748.3, 780.51, 780.53, 780.57	
E0561	RR		Humidifier Nonheated W PAP		$9.03		10 Months=Purchase	Y	N	Y	N		327.21, 327.23, 327.25-327.26, 519.00-519.09, 519.19, 748.3, 780.51, 780.53, 780.57	
E0562			Humidifier Heated Used W PAP		$143.06			Y	N	Y	N			
E0562	RR		Humidifier Heated Used W PAP		$14.31		10 Months=Purchase	Y	N	Y	N			
E0565			Compressor Air Power Source		$376.62			Y	N	Y	N		V44.0, V55.0	
E0565	RB		Compressor Air Power Source		M			Y	N	Y	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E0565	RR		Compressor Air Power Source		$37.65		10 Months=Purchase	Y	N	Y	N		V44.0, V55.0	
E0570			Nebulizer With Compression		$142.20		1 per 5 Years	Y	N	N	N			
E0570	RB		Nebulizer With Compression		M			Y	N	Y	N			
E0570	RR		Nebulizer With Compression		$14.22		10 Months=Purchase	Y	N	N	N			
E0574	RR		Ultrasonic Generator W Svneb		$27.55			Y	N	Y	N			
E0575			Nebulizer Ultrasonic		$903.33			Y	N	Y	N			
E0575	RB		Nebulizer Ultrasonic		M			Y	N	Y	N			
E0575	RR		Nebulizer Ultrasonic		$90.33			Y	N	Y	N			
E0585			Nebulizer W/ Compressor & He		$263.28		1 per 5 Years	Y	N	N	N			
E0585	RB		Nebulizer W/ Compressor & He		M			Y	N	Y	N			
E0585	RR		Nebulizer W/ Compressor & He		$26.33		10 Months=Purchase	Y	N	N	N			
E0600			Suction Pump Portab Hom Modl		$299.44		1 per 5 Years	Y	N	N	N			
E0600	RB		Suction Pump Portab Hom Modl		M			Y	N	Y	N			
E0600	RR		Suction Pump Portab Hom Modl		$29.94		10 Months=Purchase	Y	N	N	N			
E0601	RR		Cont Airway Pressure Device		$76.09		10 Months=Purchase	Y	N	Y	N		327.21, 327.23, 327.25-327.26, 519.00-519.09, 519.19, 748.3, 780.51, 780.53, 780.57	
E0602			Manual Breast Pump		$23.75		1 per 2 Years	N	N	N	N			Note: Effective 04/01/2014 for Healthy Michigan Plan Only
E0602	RR		Manual Breast Pump		$2.37		10 Months=Purchase	N	N	N	N			Note: Effective 04/01/2014 for Healthy Michigan Plan Only
E0603			Electric Breast Pump		$134.32		1 per Lifetime	N	N	N	N			Note: Effective 04/01/2014 for Healthy Michigan Plan Only
E0603	RR		Electric Breast Pump		$13.43		10 Months=Purchase	N	N	N	N			Note: Effective 04/01/2014 for Healthy Michigan Plan Only
E0604	KH		Hosp Grade Elec Breast Pump		$61.82		1 per Year	N	N	N	N			
E0604	RR		Hosp Grade Elec Breast Pump		$32.14		2 per Year	N	N	N	N			
E0605			Vaporizer Room Type		$17.51		1 per 2 Years	Y	N	N	N			
E0605	RR		Vaporizer Room Type		$1.74		10 Months=Purchase	Y	N	N	N			
E0606			Drainage Board Postural		$28.47		1 per 2 Years	Y	N	Y	N		277.00-277.09	
E0606	RR		Drainage Board Postural		$2.86		10 Months=Purchase	Y	N	Y	N		277.00-277.09	
E0607			Blood Glucose Monitor Home		$59.01		1 per 3 Years	Y	N	Y	N		249.00-250.93, 648.00-648.04, 648.80-648.84	
E0607	RB		Blood Glucose Monitor Home		M			Y	N	Y	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E0619	RR		Apnea Monitor W Recorder		$225.97		3 per Lifetime	N	N	Y	N		033.0-033.9, 079.6, 486, 516.61-516.69, 770.7, 770.81-770.84, 786.03, 799.82, V17.41	
E0621			Patient Lift Sling Or Seat		$54.20		1 per 2 Years	Y	N	N	N			
E0621	RB		Patient Lift Sling Or Seat		M			Y	N	Y	N			
E0621	RR		Patient Lift Sling Or Seat		$5.41		10 Months=Purchase	Y	N	N	N			
E0625	U4		Patient Lift Bathroom Or Toi		M	0-20	1 per 5 Years	Y	N	Y	N	0-20		
E0630			Patient Lift Hydraulic		$824.83		1 per 10 Years	Y	N	N	N			
E0630	RB		Patient Lift Hydraulic		M			Y	N	Y	N			
E0630	RR		Patient Lift Hydraulic		$82.48		10 Months=Purchase	Y	N	N	N			
E0635			Patient Lift Electric		M			Y	N	Y	N			
E0635	RB		Patient Lift Electric		M			Y	N	Y	N			
E0635	RR		Patient Lift Electric		M		10 Months=Purchase	Y	N	Y	N			
E0636			PT Support & Positioning Sys		$727.64			Y	N	Y	N			
E0636	RB		PT Support & Positioning Sys		M			Y	N	Y	N			
E0636	RR		PT Support & Positioning Sys		$72.77		10 Months=Purchase	Y	N	Y	N			
E0637			Combination Sit To Stand Sys		M	0-20		N	N	Y	N	0-20		
E0638			Standing Frame Sys		$3,951.86	0-20		N	N	Y	N	0-20		
E0638	RB		Standing Frame Sys		M	0-20		N	N	Y	N	0-20		
E0638	RR		Standing Frame Sys		$395.19	0-20	10 Months=Purchase	N	N	Y	N	0-20		
E0639			Moveable Patient Lift System		M			Y	N	Y	N			
E0639	RB		Moveable Patient Lift System		M			Y	N	Y	N			
E0639	RR		Moveable Patient Lift System		M			Y	N	Y	N			
E0641			Multi-Position Stnd Fram Sys		M	0-20		Y	N	Y	N	0-20		
E0641	RB		Multi-Position Stnd Fram Sys		M	0-20		Y	N	Y	N	0-20		
E0641	RR		Multi-Position Stnd Fram Sys		M	0-20		Y	N	Y	N	0-20		
E0642			Dynamic Standing Frame		$3,951.86	0-20		Y	N	Y	N	0-20		
E0642	RB		Dynamic Standing Frame		M	0-20		Y	N	Y	N	0-20		
E0642	RR		Dynamic Standing Frame		M	0-20		Y	N	Y	N	0-20		
E0650			Pneuma Compresor Non-Segment		$540.68		1 per 2 Years	Y	N	Y	N			
E0650	RB		Pneuma Compresor Non-Segment		M			Y	N	Y	N			
E0650	RR		Pneuma Compresor Non-Segment		$54.07		10 Months=Purchase	Y	N	Y	N			
E0651			Pneum Compressor Segmental		$608.37		1 per 2 Years	Y	N	Y	N			
E0651	RB		Pneum Compressor Segmental		M			Y	N	Y	N			
E0651	RR		Pneum Compressor Segmental		$60.83			Y	N	Y	N			
E0652			Pneum Compres W/Cal Pressure		$3,850.47		1 per 2 Years	Y	N	Y	N			
E0652	RB		Pneum Compres W/Cal Pressure		M			Y	N	Y	N			
E0652	RR		Pneum Compres W/Cal Pressure		$384.87			Y	N	Y	N			
E0655			Pneumatic Appliance Half Arm		$75.32			Y	N	Y	N			
E0655	RR		Pneumatic Appliance Half Arm		$7.53			Y	N	Y	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E0656			Segmental Pneumatic Trunk		M			Y	N	Y	N			
E0656	RR		Segmental Pneumatic Trunk		M			Y	N	Y	N			
E0657			Segmental Pneumatic Chest		M			Y	N	Y	N			
E0657	RR		Segmental Pneumatic Chest		M			Y	N	Y	N			
E0660			Pneumatic Appliance Full Leg		$122.77			Y	N	Y	N			
E0660	RR		Pneumatic Appliance Full Leg		$12.27			Y	N	Y	N			
E0665			Pneumatic Appliance Full Arm		$110.69			Y	N	Y	N			
E0665	RR		Pneumatic Appliance Full Arm		$11.08			Y	N	Y	N			
E0666			Pneumatic Appliance Half Leg		$100.62			Y	N	Y	N			
E0666	RR		Pneumatic Appliance Half Leg		$10.05			Y	N	Y	N			
E0667			Seg Pneumatic Appl Full Leg		$285.96			Y	N	Y	N			
E0667	RR		Seg Pneumatic Appl Full Leg		$28.60			Y	N	Y	N			
E0668			Seg Pneumatic Appl Full Arm		$331.74			Y	N	Y	N			
E0668	RR		Seg Pneumatic Appl Full Arm		$33.17			Y	N	Y	N			
E0669			Seg Pneumatic Appli Half Leg		$159.87			Y	N	Y	N			
E0669	RR		Seg Pneumatic Appli Half Leg		$15.98			Y	N	Y	N			
E0670			Seg Pneuma Int Legs/Trunk		M			Y	N	Y	N			
E0670	RR		Seg Pneuma Int Legs/Trunk		M		10 Months=Purchase	Y	N	Y	N			
E0671			Pressure Pneum Appl Full Leg		$286.63			Y	N	Y	N			
E0671	RR		Pressure Pneum Appl Full Leg		$28.66			Y	N	Y	N			
E0672			Pressure Pneum Appl Full Arm		$222.74			Y	N	Y	N			
E0672	RR		Pressure Pneum Appl Full Arm		$22.27			Y	N	Y	N			
E0673			Pressure Pneum Appl Half Leg		$185.05			Y	N	Y	N			
E0673	RR		Pressure Pneum Appl Half Leg		$18.51			Y	N	Y	N			
E0700			Safety Equipment		$63.09		1 per Year	Y	N	N	N			
E0700	RB		Safety Equipment		M			Y	N	Y	N			
E0705			Transfer Device		$41.05		1 per 2 Years	Y*	N	N	N			*Refer to policy
E0705	RB		Transfer Device		M			Y*	N	Y	N			*Refer to policy
E0705	RR		Transfer Device		$4.10		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E0710			Restraints Any Type		$11.02		1 per Year	Y	N	N	N			
E0720			Tens Two Lead		$306.41			N	N	Y	N			
E0720	RB		Tens Two Lead		M			N	N	Y	N			
E0720	RR		Tens Two Lead		$30.64			N	N	Y	N			
E0730			Tens Four Lead		$327.28			N	N	Y	N			
E0730	RB		Tens Four Lead		M			N	N	Y	N			
E0730	RR		Tens Four Lead		$32.74			N	N	Y	N			
E0731			Conductive Garment For Tens/		$209.19	21-124		N	N	Y	N	21-124		
E0747			Elec Osteogen Stim Not Spine		$2,462.33			Y	N	Y	N			
E0748			Elec Osteogen Stim Spinal		$2,614.01			Y	N	Y	N			
E0776			Iv Pole		$94.84			Y	N	Y	N			
E0776	RB		Iv Pole		M			Y	N	Y	N			
E0776	RR		Iv Pole		$9.49			Y	N	N	N			
E0784			Ext Amb Infusn Pump Insulin		$3,687.97		1 per 5 Years	Y	N	Y	N		249.00-250.93, 648.00-648.04, 648.80-648.84	

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E0784	RB		Ext Amb Infusn Pump Insulin		M			Y	N	Y	N			
E0840			Tract Frame Attach Headboard		$41.27		1 per Lifetime	Y	N	N	N			
E0840	RR		Tract Frame Attach Headboard		$4.12		10 Months=Purchase	Y	N	N	N			
E0850			Traction Stand Free Standing		$59.16		1 per Lifetime	Y	N	N	N			
E0850	RR		Traction Stand Free Standing		$5.91		10 Months=Purchase	Y	N	N	N			
E0860			Tract Equip Cervical Tract		$28.24		1 per Lifetime	Y	N	N	N			
E0860	RR		Tract Equip Cervical Tract		$2.82		10 Months=Purchase	Y	N	N	N			
E0870			Tract Frame Attach Footboard		$77.04		1 per Lifetime	Y	N	N	N			
E0870	RR		Tract Frame Attach Footboard		$7.70		10 Months=Purchase	Y	N	N	N			
E0880			Trac Stand Free Stand Extrem		$83.15		1 per Lifetime	Y	N	N	N			
E0880	RR		Trac Stand Free Stand Extrem		$8.32		10 Months=Purchase	Y	N	N	N			
E0890			Traction Frame Attach Pelvic		$67.79		1 per Lifetime	Y	N	N	N			
E0890	RR		Traction Frame Attach Pelvic		$6.78		10 Months=Purchase	Y	N	N	N			
E0900			Trac Stand Free Stand Pelvic		$74.39		1 per Lifetime	Y	N	N	N			
E0900	RR		Trac Stand Free Stand Pelvic		$7.43		10 Months=Purchase	Y	N	N	N			
E0910			Trapeze Bar Attached To Bed		$139.35		1 per Lifetime	Y	N	Y	N		340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0910	RB		Trapeze Bar Attached To Bed		M			Y	N	Y	N			
E0910	RR		Trapeze Bar Attached To Bed		$13.93		10 Months=Purchase	Y	N	Y	N		340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0911			HD Trapeze Bar Attach To Bed		$315.56		1 per Lifetime	Y	N	Y	N		340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0911	RB		HD Trapeze Bar Attach To Bed		M			Y	N	Y	N			
E0911	RR		HD Trapeze Bar Attach To Bed		$31.56		10 Months=Purchase	Y	N	Y	N		340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0912			HD Trapeze Bar Free Standing		$315.56		1 per Lifetime	Y	N	Y	N		340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0912	RB		HD Trapeze Bar Free Standing		M			Y	N	Y	N			
E0912	RR		HD Trapeze Bar Free Standing		$31.56		10 Months=Purchase	Y	N	Y	N		340, 343.0-343.9, 359.0-359.1, 806.00-806.39	
E0920			Fracture Frame Attached To B		$346.39			Y	N	Y	N			
E0920	RR		Fracture Frame Attached To B		$34.63			Y	N	Y	N			
E0930			Fracture Frame Free Standing		$109.22			Y	N	Y	N			
E0930	RR		Fracture Frame Free Standing		$10.92			Y	N	Y	N			
E0935	RR		Cont Pas Motion Exercise Dev		$20.91		Up to 21 Days of Rental	N	N	Y	N			
E0936	RR		CPM Device, Other Than Knee		$20.91		Up to 21 Days of Rental	N	N	Y	N			
E0940			Trapeze Bar Free Standing		$277.76			Y	N	Y	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E0940	RB		Trapeze Bar Free Standing		M			Y	N	Y	N			
E0940	RR		Trapeze Bar Free Standing		$27.77			Y	N	Y	N			
E0942			Cervical Head Harness/Halter		$13.15		1 per Medical Event	Y	N	N	N			
E0942	RR		Cervical Head Harness/Halter		$1.31		10 Months=Purchase	Y	N	N	N			
E0944			Pelvic Belt/Harness/Boot		$32.95		1 per Medical Event	Y	N	N	N			
E0944	RR		Pelvic Belt/Harness/Boot		$3.30		10 Months=Purchase	Y	N	N	N			
E0945			Belt/Harness Extremity		$32.95		2 per 2 Years	Y	N	N	N			
E0945	RR		Belt/Harness Extremity		$3.30		10 Months=Purchase	Y	N	N	N			
E0946			Fracture Frame Dual W Cross		$203.39			Y	N	Y	N			
E0946	RR		Fracture Frame Dual W Cross		$20.34			Y	N	Y	N			
E0947			Fracture Frame Attachmnts Pe		$368.87			Y	N	Y	N			
E0947	RR		Fracture Frame Attachmnts Pe		$36.90			Y	N	Y	N			
E0948			Fracture Frame Attachmnts Ce		$343.90			Y	N	Y	N			
E0948	RR		Fracture Frame Attachmnts Ce		$34.38		10 Months=Purchase	Y	N	Y	N			
E0950			Tray		$91.81			Y*	N	Y	N			*Refer to policy
E0950	RB		Tray		M			Y*	N	Y	N			*Refer to policy
E0950	RR		Tray		$9.19			Y*	N	Y	N			*Refer to policy
E0950	U4		Tray		M	0-20		Y*	N	Y	N	0-20		*Refer to policy
E0951			Loop Heel		$14.51		1 Each Side per Year	Y*	N	N	N			*Refer to policy
E0951	RR		Loop Heel		$1.45		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E0952			Toe Loop/Holder, Each		$14.02		2 per 2 Years	Y*	N	N	N			*Refer to policy
E0952	RR		Toe Loop/Holder, Each		$1.41		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E0955			Cushioned Headrest		$178.57			N*	N	Y	N			*Refer to policy
E0955	RB		Cushioned Headrest		M			N*	N	Y	N			*Refer to policy
E0955	RR		Cushioned Headrest		$17.85		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E0955	U4		Cushioned Headrest		M	0-20		N*	N	Y	N	0-20		*Refer to policy
E0956			W/C Lateral Trunk/Hip Suppor		$87.06			N*	N	Y	N			*Refer to policy
E0956	RB		W/C Lateral Trunk/Hip Suppor		M			N*	N	Y	N			*Refer to policy
E0956	RR		W/C Lateral Trunk/Hip Suppor		$8.70		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E0957			W/C Medial Thigh Support		$121.81			N*	N	Y	N			*Refer to policy
E0957	RB		W/C Medial Thigh Support		M			N*	N	Y	N			*Refer to policy
E0957	RR		W/C Medial Thigh Support		$12.18		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E0958			Whlchr Att- Conv 1 Arm Drive		$367.67			N*	N	Y	N			*Refer to policy
E0958	RB		Whlchr Att- Conv 1 Arm Drive		M			N*	N	Y	N			*Refer to policy
E0958	RR		Whlchr Att- Conv 1 Arm Drive		$36.76		10 Months=Purchase	N*	N	Y	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E0959			Amputee Adapter		$35.68		2 per 2 Years	N*	N	Y	N			*Refer to policy
E0959	RR		Amputee Adapter		$3.56		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E0960			W/C Shoulder Harness/Straps		$80.36			N*	N	Y	N			*Refer to policy
E0960	RR		W/C Shoulder Harness/Straps		$8.03		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E0960	U4		W/C Shoulder Harness/Straps		M	0-20		N*	N	Y	N	0-20		*Refer to policy
E0961			Wheelchair Brake Extension		$23.80		2 per 2 Years	N*	N	N	N			*Refer to policy
E0961	RR		Wheelchair Brake Extension		$2.39		10 Months=Purchase	N*	N	N	N			*Refer to policy
E0966			Wheelchair Head Rest Extensi		$63.02		4 per 2 Years	N*	N	Y	N			*Refer to policy
E0966	RR		Wheelchair Head Rest Extensi		$6.30		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E0967			Manual Wc Hand Rim W Project		$58.02		1 Each per Side for 5 Years	N*	N	N	N			*Refer to policy
E0967	RR		Manual Wc Hand Rim W Project		$5.81		10 Months=Purchase	N*	N	N	N			*Refer to policy
E0968			Wheelchair Commode Seat		$157.83			Y*	N	Y	N			*Refer to policy
E0968	RR		Wheelchair Commode Seat		$15.78		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E0969			Wheelchair Narrowing Device		$137.22			Y*	N	Y	N			*Refer to policy
E0969	RR		Wheelchair Narrowing Device		$13.72		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E0971			Wheelchair Anti-Tipping Devi		$39.91		1 Each per Side for 5 Years	Y*	N	N	N			*Refer to policy
E0971	RR		Wheelchair Anti-Tipping Devi		$4.00		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E0973			W/Ch Access Det Adj Armrest		$64.74		2 per 2 Years	Y*	N	Y	N			*Refer to policy
E0973	RB		W/Ch Access Det Adj Armrest		M			Y*	N	Y	N			*Refer to policy
E0973	RR		W/Ch Access Det Adj Armrest		$6.48		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E0974			W/Ch Access Anti-Rollback		$69.25		2 per 2 Years	Y*	N	Y	N			*Refer to policy
E0974	RR		W/Ch Access Anti-Rollback		$6.93		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E0978			W/C Acc,Saf Belt Pelv Strap		$32.14		1 per 5 Years	Y*	N	N	N			*Refer to policy
E0978	RR		W/C Acc,Saf Belt Pelv Strap		$3.21		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E0978	U4		W/C Acc,Saf Belt Pelv Strap		M	0-20	1 per 5 Years	Y*	N	Y	N	0-20		*Refer to policy
E0980			Wheelchair Safety Vest		$25.86		1 per 2 Years	Y*	N	N	N			*Refer to policy
E0980	RR		Wheelchair Safety Vest		$2.59		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E0981			Seat Upholstery, Replacement **(RO)**		$36.66		1 per 3 Years	N*	N	N	N			*Refer to policy
E0982			Back Upholstery, Replacement **(RO)**		$34.80		1 per 3 Years	N*	N	N	N			*Refer to policy
E0983			Add Pwr Joystick		$2,099.61			N*	N	Y	N			*Refer to policy
E0983	RR		Add Pwr Joystick		$209.96		10 Months=Purchase	N*	N	Y	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E0984			Add Pwr Tiller		$1,434.31			N*	N	Y	N			*Refer to policy
E0984	RR		Add Pwr Tiller		$143.42		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E0986			Man W/C Push-Rim Pow Assist		$4,129.84			N*	N	Y	N			*Refer to policy
E0986	RB		Man W/C Push-Rim Pow Assist		M			N*	N	Y	N			*Refer to policy
E0986	RR		Man W/C Push-Rim Pow Assist		$412.98		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E0990			Wheelchair Elevating Leg Res		$88.17		2 per 2 Years	Y*	N	Y	N			*Refer to policy
E0990	RB		Wheelchair Elevating Leg Res		M			Y*	N	Y	N			*Refer to policy
E0990	RR		Wheelchair Elevating Leg Res		$8.82		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E0992			Wheelchair Solid Seat Insert		$71.42		1 per 5 Years	Y*	N	N	N			*Refer to policy
E0992	RR		Wheelchair Solid Seat Insert		$7.14		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E0995			Wheelchair Calf Rest		$26.63		1 per 5 Years	Y*	N	N	N			*Refer to policy
E0995	RR		Wheelchair Calf Rest		$2.66		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E1002			Pwr Seat Tilt		M			N*	N	Y	N			*Refer to policy
E1002	RB		Pwr Seat Tilt		M			N*	N	Y	N			*Refer to policy
E1002	RR		Pwr Seat Tilt		M			N*	N	Y	N			*Refer to policy
E1003			Pwr Seat Recline		M			N*	N	Y	N			*Refer to policy
E1003	RB		Pwr Seat Recline		M			N*	N	Y	N			*Refer to policy
E1003	RR		Pwr Seat Recline		M			N*	N	Y	N			*Refer to policy
E1004			Pwr Seat Recline		M			N*	N	Y	N			*Refer to policy
E1004	RB		Pwr Seat Recline		M			N*	N	Y	N			*Refer to policy
E1004	RR		Pwr Seat Recline		M			N*	N	Y	N			*Refer to policy
E1005			Pwr Seat Recline Pwr		M			N*	N	Y	N			*Refer to policy
E1005	RB		Pwr Seat Recline Pwr		M			N*	N	Y	N			*Refer to policy
E1006			Pwr Seat Combo W/O Shear		M			N*	N	Y	N			*Refer to policy
E1006	RB		Pwr Seat Combo W/O Shear		M			N*	N	Y	N			*Refer to policy
E1007			Pwr Seat Combo W/Shear		M			N*	N	Y	N			*Refer to policy
E1007	RB		Pwr Seat Combo W/Shear		M			N*	N	Y	N			*Refer to policy
E1008			Pwr Seat Combo Pwr Shear		M			N*	N	Y	N			*Refer to policy
E1008	RB		Pwr Seat Combo Pwr Shear		M			N*	N	Y	N			*Refer to policy
E1009			Add Mech Leg Elevation		M			N*	N	Y	N			*Refer to policy
E1009	RB		Add Mech Leg Elevation		M			N*	N	Y	N			*Refer to policy
E1010			Add Pwr Leg Elevation		$736.59			N*	N	Y	N			*Refer to policy
E1011			Ped Wc Modify Width Adjustm		$176.64	0-20	1 per 2 Years	N*	N	Y	N	0-20		*Refer to policy
E1011	RR		Ped Wc Modify Width Adjustm		$17.66	0-20	10 Months=Purchase	N*	N	Y	N	0-20		*Refer to policy
E1014			Reclining Back Add Ped W/C		$322.49	0-20		N*	N	Y	N	0-20		*Refer to policy
E1014	RR		Reclining Back Add Ped W/C		$32.26	0-20	10 Months=Purchase	N*	N	Y	N	0-20		*Refer to policy
E1015			Shock Absorber For Man W/C		$101.31			Y*	N	Y	N			*Refer to policy
E1015	RR		Shock Absorber For Man W/C		$10.12		10 Months=Purchase	Y*	N	Y	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E1016			Shock Absorber For Power W/C		$115.98			N*	N	Y	N			*Refer to policy
E1016	RR		Shock Absorber For Power W/C		$11.61		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E1017			HD Shck Absrbr For Hd Man Wc		M			N*	N	Y	N			*Refer to policy
E1017	RR		HD Shck Absrbr For Hd Man Wc		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E1018			HD Shck Absrber For Hd Powwc		M			N*	N	Y	N			*Refer to policy
E1018	RR		HD Shck Absrber For Hd Powwc		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E1020			Residual Limb Support System		$214.97			Y*	N	Y	N			*Refer to policy
E1020	RR		Residual Limb Support System		$21.49		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E1028			W/C Manual Swingaway		$133.01			Y*	N	Y	N			*Refer to policy
E1028	RR		W/C Manual Swingaway		$13.30		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E1029			W/C Vent Tray Fixed		$237.97			Y*	N	Y	N			*Refer to policy
E1029	RR		W/C Vent Tray Fixed		$23.80		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E1030			W/C Vent Tray Gimbaled		$750.42			Y*	N	Y	N			*Refer to policy
E1030	RR		W/C Vent Tray Gimbaled		$75.05		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E1037			Transport Chair, Ped Size		$487.22	0-20	1 per 2 Years	Y*	N	Y	N	0-20	335.0-335.9, 342.00-343.9, 358.8-359.9, 741.00-742.9	*Refer to policy
E1037	RB		Transport Chair, Ped Size		M	0-20		Y*	N	Y	N	0-20		*Refer to policy
E1037	RR		Transport Chair, Ped Size		$48.71	0-20	10 Months=Purchase	Y*	N	Y	N	0-20	335.0-335.9, 342.00-343.9, 358.8-359.9, 741.00-742.9	*Refer to policy
E1038			Transport Chair Pt Wt<=300lb		$165.88			Y*	N	Y	N			*Refer to policy
E1038	RB		Transport Chair Pt Wt<=300lb		M			Y*	N	Y	N			*Refer to policy
E1038	RR		Transport Chair Pt Wt<=300lb		$16.59		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E1039			Transport Chair Pt Wt >300lb		$314.64			Y*	N	Y	N			*Refer to policy
E1039	RR		Transport Chair Pt Wt >300lb		$31.46		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E1161			Manual Adult Wc W Tiltinspac		$2,083.65			Y*	N	N	N			*Refer to policy
E1161	RB		Manual Adult Wc W Tiltinspac		M			Y*	N	Y	N			*Refer to policy
E1161	RR		Manual Adult Wc W Tiltinspac		$208.36		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E1225			Manual Semi-Reclining Back		M			N*	N	Y	N			*Refer to policy
E1225	RB		Manual Semi-Reclining Back		M			N*	N	Y	N			*Refer to policy
E1225	RR		Manual Semi-Reclining Back		M			N*	N	Y	N			*Refer to policy
E1226			Manual Fully Reclining Back		$481.92		1 per 2 Years	Y*	N	Y	N			*Refer to policy
E1226	RB		Manual Fully Reclining Back		M			Y*	N	Y	N			*Refer to policy
E1226	RR		Manual Fully Reclining Back		$48.19		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E1227			Wheelchair Spec Sz Spec Ht A		$245.08			N*	N	Y	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E1227	RR		Wheelchair Spec Sz Spec Ht A		$24.50		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E1228			Wheelchair Spec Sz Spec Ht B		$247.47			N*	N	Y	N			*Refer to policy
E1228	RR		Wheelchair Spec Sz Spec Ht B		$24.74		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E1229			Pediatric Wheelchair NOS		M	0-20		N*	N	Y	N			*Refer to policy
E1229	RB		Pediatric Wheelchair NOS		M	0-20		N*	N	Y	N	0-20		*Refer to policy
E1230			Power Operated Vehicle		$1,697.97			N*	N	Y	N			*Refer to policy
E1230	RR		Power Operated Vehicle		$169.80		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E1231			Rigid Ped W/C Tilt-In-Space		$2,204.46	0-20	1 per 2 Years	N*	N	N	N			*Refer to policy
E1231	RB		Rigid Ped W/C Tilt-In-Space		M	0-20		N*	N	Y	N	0-20		*Refer to policy
E1231	RR		Rigid Ped W/C Tilt-In-Space		$220.45	0-20	10 Months=Purchase	N*	N	N	N			*Refer to policy
E1232			Folding Ped Wc Tilt-In-Space		$1,884.93	0-20	1 per 2 Years	N*	N	N	N			*Refer to policy
E1232	RB		Folding Ped Wc Tilt-In-Space		M	0-20		N*	N	Y	N	0-20		*Refer to policy
E1232	RR		Folding Ped Wc Tilt-In-Space		$188.49	0-20	10 Months=Purchase	N*	N	N	N			*Refer to policy
E1233			Rig Ped Wc Tltnspc W/O Seat		$1,956.94	0-20	1 per 2 Years	N*	N	N	N			*Refer to policy
E1233	RB		Rig Ped Wc Tltnspc W/O Seat		M	0-20		N*	N	Y	N	0-20		*Refer to policy
E1233	RR		Rig Ped Wc Tltnspc W/O Seat		$195.69	0-20	10 Months=Purchase	N*	N	N	N			*Refer to policy
E1234			Fld Ped Wc Tltnspc W/O Seat		$1,703.65	0-20	1 per 2 Years	N*	N	N	N			*Refer to policy
E1234	RB		Fld Ped Wc Tltnspc W/O Seat		M	0-20		N*	N	Y	N	0-20		*Refer to policy
E1234	RR		Fld Ped Wc Tltnspc W/O Seat		$170.36	0-20	10 Months=Purchase	N*	N	N	N			*Refer to policy
E1235			Rigid Ped Wc Adjustable		$1,640.47	0-20	1 per 2 Years	N*	N	N	N			*Refer to policy
E1235	RB		Rigid Ped Wc Adjustable		M	0-20		N*	N	Y	N	0-20		*Refer to policy
E1235	RR		Rigid Ped Wc Adjustable		$164.05	0-20	10 Months=Purchase	N*	N	N	N			*Refer to policy
E1236			Folding Ped Wc Adjustable		$1,086.63	0-20	1 per 2 Years	N*	N	N	N			*Refer to policy
E1236	RB		Folding Ped Wc Adjustable		M	0-20		N*	N	Y	N	0-20		*Refer to policy
E1236	RR		Folding Ped Wc Adjustable		$108.67	0-20	10 Months=Purchase	N*	N	N	N			*Refer to policy
E1237			Rgd Ped Wc Adjstabl W/O Seat		$1,459.97	0-20	1 per 2 Years	N*	N	N	N			*Refer to policy
E1237	RB		Rgd Ped Wc Adjstabl W/O Seat		M	0-20		N*	N	Y	N	0-20		*Refer to policy
E1237	RR		Rgd Ped Wc Adjstabl W/O Seat		$145.99	0-20	10 Months=Purchase	N*	N	N	N			*Refer to policy
E1238			Fld Ped Wc Adjstabl W/O Seat		$1,086.63	0-20	1 per 2 Years	N*	N	N	N			*Refer to policy
E1238	RB		Fld Ped Wc Adjstabl W/O Seat		M	0-20		N*	N	Y	N	0-20		*Refer to policy
E1238	RR		Fld Ped Wc Adjstabl W/O Seat		$108.67	0-20	10 Months=Purchase	N*	N	N	N			*Refer to policy
E1239			Ped Power Wheelchair NOS		M	0-20		N*	N	Y	N	0-20		*Refer to policy
E1239	RB		Ped Power Wheelchair NOS		M	0-20		N*	N	Y	N	0-20		*Refer to policy
E1296			Wheelchair Special Seat Heig		$366.14			N*	N	Y	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E1296	RR		Wheelchair Special Seat Heig		$36.62		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E1297			Wheelchair Special Seat Dept		$92.39			N*	N	Y	N			*Refer to policy
E1297	RR		Wheelchair Special Seat Dept		$9.24		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E1298			Wheelchair Spec Seat Depth/W		$318.04			N*	N	Y	N			*Refer to policy
E1298	RR		Wheelchair Spec Seat Depth/W		$31.81		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E1356			Batt Pack/Cart, Port Conc **(RO)**		M		1 per Year	N	N	Y	N			
E1357			Battery Charger, Port Conc **(RO)**		M		1 per 3 Years	N	N	Y	N			
E1390	RR		Oxygen Concentrator		$147.51		1 per Month	N	N	Y	N		011.00-011.96, 114.0-114.9, 162.0-165.9, 197.0-197.3, 277.00-277.09, 289.0, 289.6, 327.21, 327.23-327.27, 358.00-359.9, 416.0-416.9, 428.0-428.9, 491.0-492.8, 494.0-494.1, 496, 500-505, 506.4, 508.1, 515, 516.0-516.9, 518.1-518.3, 519.19, 746.9, 748.3, 770.7-770.84, 780.53, 780.57	
E1391	RR		Oxygen Concentrator, Dual		$147.51			N	N	Y	N			
E1399			Durable Medical Equipment Mi		M			N	N	Y	N			
E1399	RB		Durable Medical Equipment Mi		M			N	N	Y	N			
E1399	RR		Durable Medical Equipment Mi		M			N	N	Y	N			
E1405	RR		O2/Water Vapor Enrich W/Heat		$203.33		1 per Month	N	N	N	N			
E1406	RR		O2/Water Vapor Enrich W/O He		$157.88		1 per Month	N	N	N	N			
E1639			Dialysis Scale		M	0-20		N	N	Y	N	0-20		
E1902			AAC Non-Electronic Board		$26.50			N	N	Y	N			
E1902	RB		AAC Non-Electronic Board		M			N	N	Y	N			
E2000	RR		Gastric Suction Pump Hme Mdl		$34.19			Y	N	Y	N			
E2100			Bld Glucose Monitor W Voice		$377.23			Y	N	Y	N			
E2100	RR		Bld Glucose Monitor W Voice		$37.72			Y	N	Y	N			
E2201			Man W/Ch Acc Seat W>=20"<24"		$257.45			Y	N	Y	N			
E2201	RR		Man W/Ch Acc Seat W>=20"<24"		$25.74			Y	N	Y	N			
E2202			Seat Width 24-27 In		$327.05			Y	N	Y	N			
E2202	RR		Seat Width 24-27 In		$32.71			Y	N	Y	N			
E2203			Frame Depth Less Than 22 In		$330.55			Y	N	Y	N			
E2203	RR		Frame Depth Less Than 22 In		$33.05			Y	N	Y	N			
E2204			Frame Depth 22 To 25 In		$561.25			Y	N	Y	N			
E2204	RR		Frame Depth 22 To 25 In		$56.13			Y	N	Y	N			
E2205			Manual Wc Accessory, Handrim **(RO)**		$28.86		2 per 2 Years	Y	N	N	N			
E2206			Complete Wheel Lock Assembly		$35.64		2 per 2 Years	Y	N	N	N			
E2206	RR		Complete Wheel Lock Assembly		$3.56		10 Months=Purchase	Y	N	N	N			
E2207			Crutch And Cane Holder		$37.98		2 per 2 Years	Y	N	N	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E2207	RR		Crutch And Cane Holder		$3.80		10 Months=Purchase	Y	N	N	N			
E2208			Cylinder Tank Carrier		$104.07		1 per 2 Years	Y	N	Y	N			
E2208	RR		Cylinder Tank Carrier		$10.41		10 Months=Purchase	Y	N	Y	N			
E2209			Arm Trough Each		$93.89		2 per 2 Years	Y	N	Y	N			
E2209	RR		Arm Trough Each		$9.38		10 Months=Purchase	Y	N	Y	N			
E2210			Wheelchair Bearings **(RO)**		$6.03		4 per Year	Y	N	N	N			
E2211			Pneumatic Propulsion Tire		$30.12		2 per 2 Years	Y*	N	Y	N			*Refer to policy
E2211	RR		Pneumatic Propulsion Tire		$3.01		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2212			Pneumatic Prop Tire Tube		$5.16		1 per Side per 2 Years	Y*	N	N	N			*Refer to policy
E2212	RR		Pneumatic Prop Tire Tube		$0.52		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E2213			Pneumatic Prop Tire Insert		$26.85		1 per Side per 2 Years	Y*	N	N	N			*Refer to policy
E2213	RR		Pneumatic Prop Tire Insert		$2.68		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E2214			Pneumatic Caster Tire Each		$31.54		1 per 2 Years	Y*	N	Y	N			*Refer to policy
E2214	RR		Pneumatic Caster Tire Each		$3.15		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2215			Pneumatic Caster Tire Tube		$8.41		1 per Side per 2 Years	Y*	N	N	N			*Refer to policy
E2215	RR		Pneumatic Caster Tire Tube		$0.84		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E2216			Foam Filled Propulsion Tire		$51.52		1 per 2 Years	Y*	N	Y	N			*Refer to policy
E2216	RR		Foam Filled Propulsion Tire		$5.16		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2217			Foam Filled Caster Tire Each		$38.64		1 per 2 Years	Y*	N	Y	N			*Refer to policy
E2217	RR		Foam Filled Caster Tire Each		$3.86		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2219			Foam Caster Tire Any Size Ea		$38.51		1 per Side per 2 Years	Y*	N	N	N			*Refer to policy
E2219	RR		Foam Caster Tire Any Size Ea		$3.85		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E2220			Solid Propulsion Tire Each		$21.24		1 per 2 Years	Y*	N	N	N			*Refer to policy
E2220	RR		Solid Propulsion Tire Each		$2.13		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E2221			Solid Caster Tire Each		$22.39		1 per Side per 2 Years	Y*	N	N	N			*Refer to policy
E2221	RR		Solid Caster Tire Each		$2.23		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E2222			Solid Caster Integrated Whl		$15.36		1 per Side per 2 Years	Y*	N	N	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E2222	RR		Solid Caster Integrated Whl		$1.53		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E2224			Propulsion Whl Excludes Tire		$76.69		1 per Side per 2 Years	Y*	N	N	N			*Refer to policy
E2224	RR		Propulsion Whl Excludes Tire		$7.68		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E2225			Caster Wheel Excludes Tire **(RO)**		$16.00		1 per Side per 2 Years	Y*	N	N	N			*Refer to policy
E2226			Caster Fork Replacement Only **(RO)**		$34.90		1 per Side per 2 Years	Y*	N	N	N			*Refer to policy
E2230			Manual Standing System		M			Y*	N	Y	N			*Refer to policy
E2231			Solid Seat Support Base		$118.76		< 21 2 per Year 21 & > 1 per 5 Years	Y	N	Y	N			
E2291			Planar Back For Ped Size Wc		M	0-20		N	N	Y	N	0-20		
E2292			Planar Seat For Ped Size Wc		M	0-20		N	N	Y	N	0-20		
E2293			Contour Back For Ped Size Wc		M	0-20		N	N	Y	N	0-20		
E2294			Contour Seat For Ped Size Wc		M	0-20		N	N	Y	N	0-20		
E2295			Ped Dynamic Seating Frame		M		< 21 1 per 2 Years 21 & > 1 per 5 Years	N	N	Y	N			
E2300			Pwr Seat Elevation Sys		M			N*	N	Y	N			*Refer to policy
E2300	RB		Pwr Seat Elevation Sys		M			N*	N	Y	N			*Refer to policy
E2301			Pwr Standing		M			N*	N	Y	N			*Refer to policy
E2301	RB		Pwr Standing		M			N*	N	Y	N			*Refer to policy
E2310			Electro Connect Btw Control		$753.62		1 per 2 Years	N*	N	Y	N			*Refer to policy
E2310	RB		Electro Connect Btw Control		M		1 per 2 Years	N*	N	Y	N			*Refer to policy
E2310	RR		Electro Connect Btw Control		$75.36		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2311			Electro Connect Btw 2 Sys		$1,525.76		1 per 2 Years	N*	N	Y	N			*Refer to policy
E2311	RB		Electro Connect Btw 2 Sys		M		1 per 2 Years	N*	N	Y	N			*Refer to policy
E2311	RR		Electro Connect Btw 2 Sys		$152.58		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2312			Mini-prop remote joystick		M			N*	N	Y	N			*Refer to policy
E2312	RB		Mini-prop remote joystick		M			N*	N	Y	N			*Refer to policy
E2313			PWC Harness, Expand Control		M			N*	N	Y	N			*Refer to policy
E2321			Hand Interface Joystick		$1,096.49			N*	N	Y	N			*Refer to policy
E2321	RB		Hand Interface Joystick		M			N*	N	Y	N			*Refer to policy
E2321	RR		Hand Interface Joystick		$109.64		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2323			Special joystick handle		$54.68			N*	N	Y	N			*Refer to policy
E2324			Chin cup interface		M			N*	N	Y	N			*Refer to policy
E2325			Sip And Puff Interface		$929.31			N*	N	Y	N			*Refer to policy
E2325	RB		Sip And Puff Interface		M			N*	N	Y	N			*Refer to policy
E2325	RR		Sip And Puff Interface		$92.93		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2326			Breath tube kit for sipand puff interface		$274.44			N*	N	Y	N			*Refer to policy
E2327			Head Control Interface Mech		$1,802.55			N*	N	Y	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E2327	RB		Head Control Interface Mech		M			N*	N	Y	N			*Refer to policy
E2327	RR		Head Control Interface Mech		$180.25		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2328			Head/Extremity Control Inter		$2,499.17			N*	N	Y	N			*Refer to policy
E2328	RB		Head/Extremity Control Inter		M			N*	N	Y	N			*Refer to policy
E2328	RR		Head/Extremity Control Inter		$249.91		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2329			Head Control Nonproportional		$1,218.64			N*	N	Y	N			*Refer to policy
E2329	RB		Head Control Nonproportional		M			N*	N	Y	N			*Refer to policy
E2329	RR		Head Control Nonproportional		$121.86		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2330			Head Control Proximity Switc		$2,361.25			N*	N	Y	N			*Refer to policy
E2330	RB		Head Control Proximity Switc		M			N*	N	Y	N			*Refer to policy
E2330	RR		Head Control Proximity Switc		$236.12		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2331			Attendant Control		M			N*	N	Y	N			*Refer to policy
E2340			W/C Wdth 20-23 In Seat Frame		$247.27			N*	N	Y	N			*Refer to policy
E2340	RR		W/C Wdth 20-23 In Seat Frame		$24.72		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2341			W/C Wdth 24-27 In Seat Frame		$370.93			N*	N	Y	N			*Refer to policy
E2341	RR		W/C Wdth 24-27 In Seat Frame		$37.10		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2342			W/C Dpth 20-21 In Seat Frame		$309.11			N*	N	Y	N			*Refer to policy
E2342	RR		W/C Dpth 20-21 In Seat Frame		$30.92		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2343			W/C Dpth 22-25 In Seat Frame		$494.59			N*	N	Y	N			*Refer to policy
E2343	RR		W/C Dpth 22-25 In Seat Frame		$49.46		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2351			Electronic SGD Interface		$482.05			N*	N	Y	N			*Refer to policy
E2351	RR		Electronic SGD Interface		$48.20		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2358			Gr 34 Nonsealed Leadacid		M		2 per Year	N*	N	Y	N			*Refer to policy
E2358	RR		Gr 34 Nonsealed Leadacid		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2359			GR34 Sealed Leadacid Battery		$140.28			N*	N	Y	N			*Refer to policy
E2359	RR		GR34 Sealed Leadacid Battery		$14.03		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2360			22nf Nonsealed Leadacid		$83.66		1 Each per 2 Years	N*	N	N	N			*Refer to policy
E2360	RR		22nf Nonsealed Leadacid		$8.38		10 Months=Purchase	N*	N	N	N			*Refer to policy
E2361			22nf Sealed Leadacid Battery		$122.20			N*	N	Y	N			*Refer to policy
E2361	RR		22nf Sealed Leadacid Battery		$12.22		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2362			Gr24 Nonsealed Leadacid		$80.59		1 Each per 2 Years	N*	N	N	N			*Refer to policy
E2362	RR		Gr24 Nonsealed Leadacid		$8.02		10 Months=Purchase	N*	N	N	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E2363			Gr24 Sealed Leadacid Battery		$162.96			N*	N	Y	N			*Refer to policy
E2363	RR		Gr24 Sealed Leadacid Battery		$16.29		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2364			U1nonsealed Leadacid Battery		$83.66		1 Each per 2 Years	N*	N	N	N			*Refer to policy
E2364	RR		U1nonsealed Leadacid Battery		$8.37		10 Months=Purchase	N*	N	N	N			*Refer to policy
E2365			U1 Sealed Leadacid Battery		$98.28			N*	N	Y	N			*Refer to policy
E2365	RR		U1 Sealed Leadacid Battery		$9.82		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2366			Battery Charger, Single Mode		$148.44		1 per 5 Years	N*	N	N	N			*Refer to policy
E2366	RR		Battery Charger, Single Mode		$14.83		10 Months=Purchase	N*	N	N	N			*Refer to policy
E2367			Battery Charger, Dual Mode		$277.60			N*	N	Y	N			*Refer to policy
E2367	RR		Battery Charger, Dual Mode		$27.75		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2368			Power Wc Motor Replacement **(RO)**		$332.67			N*	N	Y	N			*Refer to policy
E2369			Pwr Wc Gear Box Replacement **(RO)**		$289.75			N*	N	Y	N			*Refer to policy
E2370			Pwr Wc Motor/Gear Box Combo **(RO)**		$517.02			N*	N	Y	N			*Refer to policy
E2371			Gr27 Sealed Leadacid Battery		$138.68		1 per Year	N*	N	Y	N			*Refer to policy
E2371	RR		Gr27 Sealed Leadacid Battery		$13.87		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2372			Gr27 Non-Sealed Leadacid		$89.79		1 per Year	N*	N	Y	N			*Refer to policy
E2372	RR		Gr27 Non-Sealed Leadacid		$8.98		10 Months=Purchase	N*	N	Y	N			*Refer to policy
E2373			Hand/Chin Ctrl Spec Joystick		$560.10			N*	N	Y	N			*Refer to policy
E2373	RB		Hand/Chin Ctrl Spec Joystick		M			N*	N	Y	N			*Refer to policy
E2374			Hand/Chin Ctrl Std Joystick **(RO)**		$343.91			N*	N	Y	N			*Refer to policy
E2375			Non-Expandable Controller **(RO)**		$551.63			N*	N	Y	N			*Refer to policy
E2376			Expandable Controller, Repl **(RO)**		$864.42			N*	N	Y	N			*Refer to policy
E2377			Expandable Controller, Initl		$312.79			N*	N	Y	N			*Refer to policy
E2378			PW Actuator Replacement **(RO)**		M			N*	N	Y	N			*Refer to policy
E2381			Pneum Drive Wheel Tire **(RO)**		$66.75		2 per 2 Years	N*	N	N	N			*Refer to policy
E2382			Tube, Pneum Wheel Drive Tire **(RO)**		$15.29		2 per 2 Years	N*	N	N	N			*Refer to policy
E2383			Insert, Pneum Wheel Drive **(RO)**		$111.36		2 per 2 Years	N*	N	N	N			*Refer to policy
E2384			Pneumatic Caster Tire **(RO)**		$43.36		4 per 2 Years	N*	N	N	N			*Refer to policy
E2385			Tube, Pneumatic Caster Tire **(RO)**		$43.36		4 per 2 Years	N*	N	N	N			*Refer to policy
E2386			Foam Filled Drive Wheel Tire **(RO)**		$66.75		2 per 2 Years	N*	N	N	N			*Refer to policy
E2387			Foam Filled Caster Tire **(RO)**		$43.36		4 per 2 Years	N*	N	N	N			*Refer to policy
E2388			Foam Drive Wheel Tire **(RO)**		$32.45		2 per 2 Years	N*	N	Y	N			*Refer to policy
E2389			Foam Caster Tire **(RO)**		$17.61		4 per 2 Years	N*	N	Y	N			*Refer to policy
E2390			Solid Drive Wheel Tire **(RO)**		$27.55		2 per 2 Years	N*	N	N	N			*Refer to policy
E2391			Solid Caster Tire **(RO)**		$15.08		4 per 2 Years	N*	N	N	N			*Refer to policy
E2392			Solid Caster Tire, Integrate **(RO)**		$34.69		4 per 2 Years	N*	N	Y	N			*Refer to policy
E2394			Drive Wheel Excludes Tire **(RO)**		$49.42		2 per 2 Years	N*	N	Y	N			*Refer to policy
E2395			Caster Wheel Excludes Tire **(RO)**		$35.12		4 per 2 Years	N*	N	Y	N			*Refer to policy
E2396			Caster Fork **(RO)**		$41.60		4 per 2 Years	N*	N	N	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E2402	RR		Neg Press Wound Therapy Pump		$37.89			N	N	Y	Y			
E2500			SGD Digitized Pre-Rec <=8min		$330.40			N	N	Y	N			
E2500	RB		SGD Digitized Pre-Rec <=8min		M			N	N	Y	N			
E2500	RR		SGD Digitized Pre-Rec <=8min		$33.03		10 Months=Purchase	N	N	Y	N			
E2502			SGD Prerec Msg >8min <=20min		$792.10			N	N	Y	N			
E2502	RB		SGD Prerec Msg >8min <=20min		M			N	N	Y	N			
E2502	RR		SGD Prerec Msg >8min <=20min		$79.22		10 Months=Purchase	N	N	Y	N			
E2504			SGD Prerec Msg>20min <=40min		$1,277.15			N	N	Y	N			
E2504	RB		SGD Prerec Msg>20min <=40min		M			N	N	Y	N			
E2504	RR		SGD Prerec Msg>20min <=40min		$127.89		10 Months=Purchase	N	N	Y	N			
E2506			SGD Prerec Msg > 40 Min		$1,701.64			N	N	Y	N			
E2506	RB		SGD Prerec Msg > 40 Min		M			N	N	Y	N			
E2506	RR		SGD Prerec Msg > 40 Min		$170.16		10 Months=Purchase	N	N	Y	N			
E2508			SGD Spelling Phys Contact		$3,022.06			N	N	Y	N			
E2508	RB		SGD Spelling Phys Contact		M			N	N	Y	N			
E2508	RR		SGD Spelling Phys Contact		$302.21		10 Months=Purchase	N	N	Y	N			
E2510			SGD W Multi Methods Msg/Accs		$5,718.83			N	N	Y	N			
E2510	RB		SGD W Multi Methods Msg/Accs		M			N	N	Y	N			
E2510	RR		SGD W Multi Methods Msg/Accs		$571.89		10 Months=Purchase	N	N	Y	N			
E2511			SGD Sftwre Prgrm For PC/PDA		M			N	N	Y	N			
E2511	RR		SGD Sftwre Prgrm For PC/PDA		M		10 Months=Purchase	N	N	Y	N			
E2512			SGD Accessory, Mounting Sys		M			N	N	Y	N			
E2512	RR		SGD Accessory, Mounting Sys		M		10 Months=Purchase	N	N	Y	N			
E2599			SGD Accessory Noc		M			N	N	Y	N			
E2599	RR		SGD Accessory Noc		M		10 Months=Purchase	N	N	Y	N			
E2601			Gen W/C Cushion Wdth < 22 In		$51.79		1 per 2 Years	Y*	N	N	N			*Refer to policy
E2601	RR		Gen W/C Cushion Wdth < 22 In		$5.17		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E2602			Gen W/C Cushion Wdth >=22 In		$87.86		1 per 2 Years	Y*	N	N	N			*Refer to policy
E2602	RR		Gen W/C Cushion Wdth >=22 In		$8.79		10 Months=Purchase	Y*	N	N	N			*Refer to policy
E2603			Skin Protect Wc Cus Wd <22in		$139.47			Y*	N	Y	N			*Refer to policy
E2603	RR		Skin Protect Wc Cus Wd <22in		$13.95		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2604			Skin Protect Wc Cus Wd>=22in		$121.32			Y*	N	Y	N			*Refer to policy
E2604	RR		Skin Protect Wc Cus Wd>=22in		$12.13		10 Months=Purchase	Y*	N	Y	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E2605			Position Wc Cush Wdth <22 In		$173.33			Y*	N	Y	N			*Refer to policy
E2605	RR		Position Wc Cush Wdth <22 In		$17.34		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2606			Position Wc Cush Wdth>=22 In		$270.43			Y*	N	Y	N			*Refer to policy
E2606	RR		Position Wc Cush Wdth>=22 In		$27.04		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2607			Skin Pro/Pos Wc Cus Wd <22in		$261.08			Y*	N	Y	N			*Refer to policy
E2607	RR		Skin Pro/Pos Wc Cus Wd <22in		$26.10		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2608			Skin Pro/Pos Wc Cus Wd>=22in		$224.16			Y*	N	Y	N			*Refer to policy
E2608	RR		Skin Pro/Pos Wc Cus Wd>=22in		$22.42		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2609			Custom Fabricate W/C Cushion		M			N*	N	Y	N			*Refer to policy
E2611			Gen Use Back Cush Wdth <22in		$220.68			Y*	N	Y	N			*Refer to policy
E2611	RR		Gen Use Back Cush Wdth <22in		$22.07		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2612			Gen Use Back Cush Wdth>=22in		$272.11			Y*	N	Y	N			*Refer to policy
E2612	RR		Gen Use Back Cush Wdth>=22in		$27.22		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2613			Position Back Cush Wd <22in		$347.14			Y*	N	Y	N			*Refer to policy
E2613	RR		Position Back Cush Wd <22in		$34.71		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2614			Position Back Cush Wd>=22in		$350.29			Y*	N	Y	N			*Refer to policy
E2614	RR		Position Back Cush Wd>=22in		$35.04		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2615			Pos Back Post/Lat Wdth <22in		$291.29			Y*	N	Y	N			*Refer to policy
E2615	RR		Pos Back Post/Lat Wdth <22in		$29.12		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2616			Pos Back Post/Lat Wdth>=22in		$391.92			Y*	N	Y	N			*Refer to policy
E2616	RR		Pos Back Post/Lat Wdth>=22in		$39.20		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2617			Custom Fab W/C Back Cushion		M			N*	N	Y	N			*Refer to policy
E2619			Replace Cover W/C Seat Cush **(RO)**		$44.96		2 per 2 Years	Y*	N	N	N			*Refer to policy
E2620			WC Planar Back Cush Wd <22in		$352.71			Y*	N	Y	N			*Refer to policy
E2620	RR		WC Planar Back Cush Wd <22in		$35.28		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2621			WC Planar Back Cush Wd>=22in		$370.15			Y*	N	Y	N			*Refer to policy
E2621	RR		WC Planar Back Cush Wd>=22in		$37.01		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2622			Adj Skin Pro W/C Cus Wd<22in		M			Y*	N	Y	N			*Refer to policy
E2622	RB		Adj Skin Pro W/C Cus Wd<22in		M			Y*	N	Y	N			*Refer to policy
E2622	RR		Adj Skin Pro W/C Cus Wd<22in		M		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2623			Adj Skin Pro Wc Cus Wd>=22in		M			Y*	N	Y	N			*Refer to policy
E2623	RB		Adj Skin Pro Wc Cus Wd>=22in		M			Y*	N	Y	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
E2623	RR		Adj Skin Pro Wc Cus Wd>=22in		M		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2624			Adj Skin Pro/Pos Cus<22in		M			Y*	N	Y	N			*Refer to policy
E2624	RB		Adj Skin Pro/Pos Cus<22in		M			Y*	N	Y	N			*Refer to policy
E2624	RR		Adj Skin Pro/Pos Cus<22in		M		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2625			Adj Skin Pro/Pos Wc Cus>=22		M			Y*	N	Y	N			*Refer to policy
E2625	RB		Adj Skin Pro/Pos Wc Cus>=22		M			Y*	N	Y	N			*Refer to policy
E2625	RR		Adj Skin Pro/Pos Wc Cus>=22		M		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
E2626		LT-RT	Seo Mobile Arm Sup Att To Wc		$500.37	0-20	1 per Year	Y	N	Y	N	0-20		
E2626	RR		Seo Mobile Arm Sup Att To Wc		$50.03	0-20	10 Months=Purchase	Y	N	Y	N	0-20		
E8000			Posterior Gait Trainer		M	0-20		N	N	Y	N	0-20		
E8000	RR		Posterior Gait Trainer		M	0-20	10 Months=Purchase	N	N	Y	N	0-20		
E8001			Upright Gait Trainer		M	0-20		N	N	Y	N	0-20		
E8001	RR		Upright Gait Trainer		M	0-20	10 Months=Purchase	N	N	Y	N	0-20		
E8002			Anterior Gait Trainer		M	0-20		N	N	Y	N	0-20		
E8002	RR		Anterior Gait Trainer		M	0-20	10 Months=Purchase	N	N	Y	N	0-20		
K0001			Standard Wheelchair		$470.47			Y*	N	N	N			*Refer to policy
K0001	RB		Standard Wheelchair		M			Y*	N	Y	N			*Refer to policy
K0001	RR		Standard Wheelchair		$47.10			Y*	N	N	N			*Refer to policy
K0002			Stnd Hemi (Low Seat) Whlchr		$476.02			Y*	N	N	N			*Refer to policy
K0002	RB		Stnd Hemi (Low Seat) Whlchr		M			Y*	N	Y	N			*Refer to policy
K0002	RR		Stnd Hemi (Low Seat) Whlchr		$47.60		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0003			Lightweight Wheelchair		$684.92			Y*	N	N	N			*Refer to policy
K0003	RB		Lightweight Wheelchair		M			Y*	N	Y	N			*Refer to policy
K0003	RR		Lightweight Wheelchair		$68.49		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0004			High Strength Ltwt Whlchr		$1,001.09			Y*	N	N	N			*Refer to policy
K0004	RB		High Strength Ltwt Whlchr		M			Y*	N	Y	N			*Refer to policy
K0004	RR		High Strength Ltwt Whlchr		$100.12		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0005			Ultralightweight Wheelchair		$1,632.83			Y*	N	N	N			*Refer to policy
K0005	RB		Ultralightweight Wheelchair		M			Y*	N	Y	N			*Refer to policy
K0005	RR		Ultralightweight Wheelchair		$163.27		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0006			Heavy Duty Wheelchair		$670.12			N*	N	N	N			*Refer to policy
K0006	RB		Heavy Duty Wheelchair		M			N*	N	Y	N			*Refer to policy
K0006	RR		Heavy Duty Wheelchair		$67.01		10 Months=Purchase	N*	N	N	N			*Refer to policy
K0007			Extra Heavy Duty Wheelchair		$724.49			N*	N	N	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
K0007	RB		Extra Heavy Duty Wheelchair		M			N*	N	Y	N			*Refer to policy
K0007	RR		Extra Heavy Duty Wheelchair		$72.45		10 Months=Purchase	N*	N	N	N			*Refer to policy
K0009			Other Manual Wheelchair/Base		M			N*	N	Y	N			*Refer to policy
K0009	RB		Other Manual Wheelchair/Base		M			N*	N	Y	N			*Refer to policy
K0009	RR		Other Manual Wheelchair/Base		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0015		LT-RT	Detach Non-Adjus Hght Armrst		$159.19		1 per 2 Years	Y*	N	N	N			*Refer to policy
K0015	RB		Detach Non-Adjus Hght Armrst		M			Y*	N	Y	N			*Refer to policy
K0015	RR		Detach Non-Adjus Hght Armrst		$15.91		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0017		LT-RT	Detach Adjust Armrest Base		$44.26		1 per 2 Years	Y*	N	N	N			*Refer to policy
K0017	RB		Detach Adjust Armrest Base		M			Y*	N	Y	N			*Refer to policy
K0017	RR		Detach Adjust Armrest Base		$4.43		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0018			Detach Adjust Armrst Upper		$25.01		1 per 2 Years	Y*	N	N	N			*Refer to policy
K0018	RB		Detach Adjust Armrst Upper		M			Y*	N	Y	N			*Refer to policy
K0018	RR		Detach Adjust Armrst Upper		$2.50		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0019			Arm Pad Each		$14.90		1 Each Side per 2 Years	Y*	N	N	N			*Refer to policy
K0019	RB		Arm Pad Each		M			Y*	N	Y	N		k0019	*Refer to policy
K0019	RR		Arm Pad Each		$1.49		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0020			Fixed Adjust Armrest Pair		$40.70			Y*	N	Y	N			*Refer to policy
K0020	RB		Fixed Adjust Armrest Pair		M			Y*	N	Y	N			*Refer to policy
K0020	RR		Fixed Adjust Armrest Pair		$4.07		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
K0037		LT-RT	High Mount Flip-Up Footrest		$27.12		1 Each per 4 Years	Y*	N	N	N			*Refer to policy
K0037	RB		High Mount Flip-Up Footrest		M			Y*	N	Y	N			*Refer to policy
K0037	RR		High Mount Flip-Up Footrest		$2.71		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0038			Leg Strap Each		$21.43		1 Each per 5 Years	Y*	N	N	N			*Refer to policy
K0038	RR		Leg Strap Each		$2.15		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0039			Leg Strap H Style Each		$47.21		1 Each per 5 Years	Y*	N	N	N			*Refer to policy
K0039	RR		Leg Strap H Style Each		$4.72		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0040			Adjustable Angle Footplate		$49.46		1 Each per 5 Years	Y*	N	N	N			*Refer to policy
K0040	RB		Adjustable Angle Footplate		M			Y*	N	Y	N			*Refer to policy
K0040	RR		Adjustable Angle Footplate		$4.94		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0041			Large Size Footplate Each		$35.06		1 Each per 5 Years	Y*	N	N	N			*Refer to policy
K0041	RB		Large Size Footplate Each		M			Y*	N	Y	N			*Refer to policy
K0041	RR		Large Size Footplate Each		$3.52		10 Months=Purchase	Y*	N	N	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
K0042		LT-RT	Standard Size Footplate Each		$28.69		1 Each per 5 Years	Y*	N	N	N			*Refer to policy
K0042	RB		Standard Size Footplate Each		M			Y*	N	Y	N			*Refer to policy
K0042	RR		Standard Size Footplate Each		$2.87		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0043			Ftrst Lower Extension Tube		$17.12		1 Each per 5 Years	Y*	N	N	N			*Refer to policy
K0043	RB		Ftrst Lower Extension Tube		M			Y*	N	Y	N			*Refer to policy
K0043	RR		Ftrst Lower Extension Tube		$1.72		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0044			Ftrst Upper Hanger Bracket		$14.58		1 Each per 5 Years	Y*	N	N	N			*Refer to policy
K0044	RB		Ftrst Upper Hanger Bracket		M			Y*	N	Y	N			*Refer to policy
K0044	RR		Ftrst Upper Hanger Bracket		$1.46		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0045			Footrest Complete Assembly		$49.59		1 Each per 5 Years	Y*	N	N	N			*Refer to policy
K0045	RB		Footrest Complete Assembly		M			Y*	N	Y	N			*Refer to policy
K0045	RR		Footrest Complete Assembly		$4.95		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0046			Elevat Legrst Low Extension		$17.12		1 Each per 5 Years	Y*	N	N	N			*Refer to policy
K0046	RB		Elevat Legrst Low Extension		M			Y*	N	Y	N			*Refer to policy
K0046	RR		Elevat Legrst Low Extension		$1.72		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0047			Elevat Legrst Up Hangr Brack		$67.02		1 Each per 5 Years	Y*	N	N	N			*Refer to policy
K0047	RB		Elevat Legrst Up Hangr Brack		M			Y*	N	Y	N			*Refer to policy
K0047	RR		Elevat Legrst Up Hangr Brack		$6.70		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0050			Ratchet Assembly		$28.47		1 Each per 5 Years	Y*	N	N	N			*Refer to policy
K0050	RB		Ratchet Assembly		M			Y*	N	Y	N			*Refer to policy
K0050	RR		Ratchet Assembly		$2.86		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0051			Cam Relese Assem Ftrst/Lgrst		$46.10		1 Each per 5 Years	N*	N	N	N			*Refer to policy
K0051	RB		Cam Relese Assem Ftrst/Lgrst		M			N*	N	Y	N			*Refer to policy
K0051	RR		Cam Relese Assem Ftrst/Lgrst		$4.61		10 Months=Purchase	N*	N	N	N			*Refer to policy
K0052			Swingaway Detach Footrest		$80.99		1 Each per 5 Years	Y*	N	N	N			*Refer to policy
K0052	RR		Swingaway Detach Footrest		$8.10		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0053			Elevate Footrest Articulate		$90.09			Y*	N	Y	N			*Refer to policy
K0053	RR		Elevate Footrest Articulate		$9.00		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
K0056			Seat Ht <17 Or >=21 Ltwt Wc		$83.33			Y*	N	Y	N			*Refer to policy
K0056	RR		Seat Ht <17 Or >=21 Ltwt Wc		$8.33		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
K0065			Spoke Protectors		$39.26		1 per 2 Years	N*	N	Y	N			*Refer to policy
K0065	RR		Spoke Protectors		$3.93		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0069			Rear Whl Complete Solid Tire		$87.53		1 Each per 5 Years	Y*	N	N	N			*Refer to policy
K0069	RB		Rear Whl Complete Solid Tire		M			Y*	N	Y	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
K0069	RR		Rear Whl Complete Solid Tire		$8.76		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0070			Rear Whl Compl Pneum Tire		$160.47		1 Each per 5 Years	Y*	N	N	N			*Refer to policy
K0070	RB		Rear Whl Compl Pneum Tire		M			Y*	N	Y	N			*Refer to policy
K0070	RR		Rear Whl Compl Pneum Tire		$16.04		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0071			Front Castr Compl Pneum Tire		$95.72		1 Each per 5 Years	Y*	N	N	N			*Refer to policy
K0071	RB		Front Castr Compl Pneum Tire		M			Y*	N	Y	N			*Refer to policy
K0071	RR		Front Castr Compl Pneum Tire		$9.56		10 Months=Purchase	Y*	N	N	N			*Refer to policy
K0072			Frnt Cstr Cmpl Sem-Pneum Tir		$57.61		1 Each per 5 Years	N*	N	N	N			*Refer to policy
K0072	RB		Frnt Cstr Cmpl Sem-Pneum Tir		M			N*	N	Y	N			*Refer to policy
K0072	RR		Frnt Cstr Cmpl Sem-Pneum Tir		$5.76		10 Months=Purchase	N*	N	N	N			*Refer to policy
K0073			Caster Pin Lock Each		$30.73		1 Each per 5 Years	N*	N	N	N			*Refer to policy
K0073	RB		Caster Pin Lock Each		M			N*	N	Y	N			*Refer to policy
K0073	RR		Caster Pin Lock Each		$3.08		10 Months=Purchase	N*	N	N	N			*Refer to policy
K0077			Front Caster Assem Complete		$46.89		1 per Side per 2 Years	N*	N	N	N			*Refer to policy
K0098			Drive Belt Power Wheelchair		$23.65		1 Each per 2 Years	N*	N	N	N			*Refer to policy
K0098	RB		Drive Belt Power Wheelchair		M			N*	N	Y	N			*Refer to policy
K0098	RR		Drive Belt Power Wheelchair		$2.37		10 Months=Purchase	N*	N	N	N			*Refer to policy
K0105			IV Hanger		$64.04		1 per 2 Years	Y*	N	Y	N			*Refer to policy
K0105	RR		IV Hanger		$6.40		10 Months=Purchase	Y*	N	Y	N			*Refer to policy
K0108			W/C Component-Accessory NOS		M			N*	N	Y	N			*Refer to policy
K0108	RB		W/C Component-Accessory NOS		M			N*	N	Y	N			*Refer to policy
K0108	RR		W/C Component-Accessory NOS		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0195	RR		Elevating Whlchair Leg Rests		$15.18		10 Months=Purchase	N	N	Y	N			
K0603			Repl Batt Alkaline 1.5 V **(RO)**		$0.40		6 per 3 Months	Y	N	N	N			
K0606	RR		AED Garment W Elec Analysis		M			N	N	Y	N			
K0607			Repl Batt For AED **(RO)**		M			N	N	Y	N			
K0608			Repl Garment For AED **(RO)**		M			N	N	Y	N			
K0609			Repl Electrode For AED **(RO)**		M			N	N	Y	N			
K0733			12-24hr Sealed Lead Acid		$20.75		2 per 6 Months	N	N	N	N			
K0739			Repair/Svc DME Non-Oxygen Eq		$9.94			N	N	Y	N			
K0800			POV Group 1 Std Up To 300lbs		$832.53			N	N	Y	N			
K0800	RB		POV Group 1 Std Up To 300lbs		M			N	N	Y	N			
K0800	RR		POV Group 1 Std Up To 300lbs		$83.25		10 Months=Purchase	N	N	Y	N			
K0801			POV Group 1 Hd 301-450 Lbs		$1,342.23			N*	N	Y	N			*Refer to policy
K0801	RB		POV Group 1 Hd 301-450 Lbs		M			N*	N	Y	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
K0801	RR		POV Group 1 Hd 301-450 Lbs		$134.22		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0802			POV Group 1 Vhd 451-600 Lbs		$1,518.98			N*	N	Y	N			*Refer to policy
K0802	RB		POV Group 1 Vhd 451-600 Lbs		M			N*	N	Y	N			*Refer to policy
K0802	RR		POV Group 1 Vhd 451-600 Lbs		$151.91		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0806			POV Group 2 Std Up To 300lbs		$1,007.15			N*	N	Y	N			*Refer to policy
K0806	RB		POV Group 2 Std Up To 300lbs		M			N*	N	Y	N			*Refer to policy
K0806	RR		POV Group 2 Std Up To 300lbs		$100.71		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0807			POV Group 2 Hd 301-450 Lbs		$1,528.23			N*	N	Y	N			*Refer to policy
K0807	RB		POV Group 2 Hd 301-450 Lbs		M			N*	N	Y	N			*Refer to policy
K0807	RR		POV Group 2 Hd 301-450 Lbs		$152.83		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0808			POV Group 2 Vhd 451-600 Lbs		$2,364.51			N*	N	Y	N			*Refer to policy
K0808	RB		POV Group 2 Vhd 451-600 Lbs		M			N*	N	Y	N			*Refer to policy
K0808	RR		POV Group 2 Vhd 451-600 Lbs		$236.45		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0812			Power Operated Vehicle NOC		M			N*	N	Y	N			*Refer to policy
K0812	RB		Power Operated Vehicle NOC		M			N*	N	Y	N			*Refer to policy
K0812	RR		Power Operated Vehicle NOC		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0813			PWC Gp 1 Std Port Seat/Back		$1,553.58			N*	N	Y	N			*Refer to policy
K0813	RB		PWC Gp 1 Std Port Seat/Back		M			N*	N	Y	N			*Refer to policy
K0813	RR		PWC Gp 1 Std Port Seat/Back		$155.36		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0814			PWC Gp 1 Std Port Cap Chair		$1,988.54			N*	N	Y	N			*Refer to policy
K0814	RB		PWC Gp 1 Std Port Cap Chair		M			N*	N	Y	N			*Refer to policy
K0814	RR		PWC Gp 1 Std Port Cap Chair		$198.85		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0815			PWC Gp 1 Std Seat/Back		$2,264.49			N*	N	Y	N			*Refer to policy
K0815	RB		PWC Gp 1 Std Seat/Back		M			N*	N	Y	N			*Refer to policy
K0815	RR		PWC Gp 1 Std Seat/Back		$226.44		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0816			PWC Gp 1 Std Cap Chair		$2,168.60			N*	N	Y	N			*Refer to policy
K0816	RB		PWC Gp 1 Std Cap Chair		M			N*	N	Y	N			*Refer to policy
K0816	RR		PWC Gp 1 Std Cap Chair		$216.86		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0820			PWC Gp 2 Std Port Seat/Back		$1,659.33			N*	N	Y	N			*Refer to policy
K0820	RB		PWC Gp 2 Std Port Seat/Back		M			N*	N	Y	N			*Refer to policy
K0820	RR		PWC Gp 2 Std Port Seat/Back		$165.94		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0821			PWC Gp 2 Std Port Cap Chair		$2,130.15			N*	N	Y	N			*Refer to policy
K0821	RB		PWC Gp 2 Std Port Cap Chair		M			N*	N	Y	N			*Refer to policy
K0821	RR		PWC Gp 2 Std Port Cap Chair		$213.02		10 Months=Purchase	N*	N	Y	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
K0822			PWC Gp 2 Std Seat/Back		$2,574.39			N*	N	Y	N			*Refer to policy
K0822	RB		PWC Gp 2 Std Seat/Back		M			N*	N	Y	N			*Refer to policy
K0822	RR		PWC Gp 2 Std Seat/Back		$257.45		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0823			PWC Gp 2 Std Cap Chair		$2,591.27			N*	N	Y	N			*Refer to policy
K0823	RB		PWC Gp 2 Std Cap Chair		M			N*	N	Y	N			*Refer to policy
K0823	RR		PWC Gp 2 Std Cap Chair		$259.12		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0824			PWC Gp 2 Hd Seat/Back		$3,118.69			N*	N	Y	N			*Refer to policy
K0824	RB		PWC Gp 2 Hd Seat/Back		M			N*	N	Y	N			*Refer to policy
K0824	RR		PWC Gp 2 Hd Seat/Back		$311.87		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0825			PWC Gp 2 Hd Cap Chair		$2,854.98			N*	N	Y	N			*Refer to policy
K0825	RB		PWC Gp 2 Hd Cap Chair		M			N*	N	Y	N			*Refer to policy
K0825	RR		PWC Gp 2 Hd Cap Chair		$285.50		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0826			PWC Gp 2 Vhd Seat/Back		$4,037.43			N*	N	Y	N			*Refer to policy
K0826	RB		PWC Gp 2 Vhd Seat/Back		M			N*	N	Y	N			*Refer to policy
K0826	RR		PWC Gp 2 Vhd Seat/Back		$403.75		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0827			PWC Gp Vhd Cap Chair		$3,433.09			N*	N	Y	N			*Refer to policy
K0827	RB		PWC Gp Vhd Cap Chair		M			N*	N	Y	N			*Refer to policy
K0827	RR		PWC Gp Vhd Cap Chair		$343.30		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0828			PWC Gp 2 Xtra Hd Seat/Back		$4,448.88			N*	N	Y	N			*Refer to policy
K0828	RB		PWC Gp 2 Xtra Hd Seat/Back		M			N*	N	Y	N			*Refer to policy
K0828	RR		PWC Gp 2 Xtra Hd Seat/Back		$444.89		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0829			PWC Gp 2 Xtra Hd Cap Chair		$4,085.34			N*	N	Y	N			*Refer to policy
K0829	RB		PWC Gp 2 Xtra Hd Cap Chair		M			N*	N	Y	N			*Refer to policy
K0829	RR		PWC Gp 2 Xtra Hd Cap Chair		$404.86		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0830			PWC Gp2 Std Seat Elevate S/B		M			N*	N	Y	N			*Refer to policy
K0830	RB		PWC Gp2 Std Seat Elevate S/B		M			N*	N	Y	N			*Refer to policy
K0830	RR		PWC Gp2 Std Seat Elevate S/B		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0831			PWC Gp2 Std Seat Elevate Cap		M			N*	N	Y	N			*Refer to policy
K0831	RB		PWC Gp2 Std Seat Elevate Cap		M			N*	N	Y	N			*Refer to policy
K0831	RR		PWC Gp2 Std Seat Elevate Cap		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0835			PWC Gp2 Std Sing Pow Opt S/B		$2,612.96			N*	N	Y	N			*Refer to policy
K0835	RB		PWC Gp2 Std Sing Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0835	RR		PWC Gp2 Std Sing Pow Opt S/B		$261.30		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0836			PWC Gp2 Std Sing Pow Opt Cap		$2,709.63			N*	N	Y	N			*Refer to policy
K0836	RB		PWC Gp2 Std Sing Pow Opt Cap		M			N*	N	Y	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
K0836	RR		PWC Gp2 Std Sing Pow Opt Cap		$270.97		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0837			PWC Gp 2 Hd Sing Pow Opt S/B		$3,118.69			N*	N	Y	N			*Refer to policy
K0837	RB		PWC Gp 2 Hd Sing Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0837	RR		PWC Gp 2 Hd Sing Pow Opt S/B		$311.87		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0838			PWC Gp 2 Hd Sing Pow Opt Cap		$2,790.00			N*	N	Y	N			*Refer to policy
K0838	RB		PWC Gp 2 Hd Sing Pow Opt Cap		M			N*	N	Y	N			*Refer to policy
K0838	RR		PWC Gp 2 Hd Sing Pow Opt Cap		$279.00		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0839			PWC Gp2 Vhd Sing Pow Opt S/B		$4,037.43			N*	N	Y	N			*Refer to policy
K0839	RB		PWC Gp2 Vhd Sing Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0839	RR		PWC Gp2 Vhd Sing Pow Opt S/B		$403.75		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0840			PWC Gp2 Xhd Sing Pow Opt S/B		$6,116.91			N*	N	Y	N			*Refer to policy
K0840	RB		PWC Gp2 Xhd Sing Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0840	RR		PWC Gp2 Xhd Sing Pow Opt S/B		$611.68		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0841			PWC Gp2 Std Mult Pow Opt S/B		$2,781.18			N*	N	Y	N			*Refer to policy
K0841	RB		PWC Gp2 Std Mult Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0841	RR		PWC Gp2 Std Mult Pow Opt S/B		$278.12		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0842			PWC Gp2 Std Mult Pow Opt Cap		$2,781.18			N*	N	Y	N			*Refer to policy
K0842	RB		PWC Gp2 Std Mult Pow Opt Cap		M			N*	N	Y	N			*Refer to policy
K0842	RR		PWC Gp2 Std Mult Pow Opt Cap		$278.12		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0843			PWC Gp2 Hd Mult Pow Opt S/B		$3,348.54			N*	N	Y	N			*Refer to policy
K0843	RB		PWC Gp2 Hd Mult Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0843	RR		PWC Gp2 Hd Mult Pow Opt S/B		$334.85		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0848			PWC Gp 3 Std Seat/Back		$3,403.16			N*	N	Y	N			*Refer to policy
K0848	RB		PWC Gp 3 Std Seat/Back		M			N*	N	Y	N			*Refer to policy
K0848	RR		PWC Gp 3 Std Seat/Back		$340.31		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0849			PWC Gp 3 Std Cap Chair		$3,271.97			N*	N	Y	N			*Refer to policy
K0849	RB		PWC Gp 3 Std Cap Chair		M			N*	N	Y	N			*Refer to policy
K0849	RR		PWC Gp 3 Std Cap Chair		$327.19		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0850			PWC Gp 3 Hd Seat/Back		$3,947.59			N*	N	Y	N			*Refer to policy
K0850	RB		PWC Gp 3 Hd Seat/Back		M			N*	N	Y	N			*Refer to policy
K0850	RR		PWC Gp 3 Hd Seat/Back		$394.77		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0851			PWC Gp 3 Hd Cap Chair		$3,795.54			N*	N	Y	N			*Refer to policy
K0851	RB		PWC Gp 3 Hd Cap Chair		M			N*	N	Y	N			*Refer to policy
K0851	RR		PWC Gp 3 Hd Cap Chair		$379.56		10 Months=Purchase	N*	N	Y	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
K0852			PWC Gp 3 Vhd Seat/Back		$4,561.20			N*	N	Y	N			*Refer to policy
K0852	RB		PWC Gp 3 Vhd Seat/Back		M			N*	N	Y	N			*Refer to policy
K0852	RR		PWC Gp 3 Vhd Seat/Back		$456.12		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0853			PWC Gp 3 Vhd Cap Chair		$4,685.48			N*	N	Y	N			*Refer to policy
K0853	RB		PWC Gp 3 Vhd Cap Chair		M			N*	N	Y	N			*Refer to policy
K0853	RR		PWC Gp 3 Vhd Cap Chair		$468.55		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0854			PWC Gp 3 Xhd Seat/Back		$6,207.26			N*	N	Y	N			*Refer to policy
K0854	RB		PWC Gp 3 Xhd Seat/Back		M			N*	N	Y	N			*Refer to policy
K0854	RR		PWC Gp 3 Xhd Seat/Back		$620.72		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0855			PWC Gp 3 Xhd Cap Chair		$5,863.69			N*	N	Y	N			*Refer to policy
K0855	RB		PWC Gp 3 Xhd Cap Chair		M			N*	N	Y	N			*Refer to policy
K0855	RR		PWC Gp 3 Xhd Cap Chair		$586.38		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0856			PWC Gp3 Std Sing Pow Opt S/B		$3,652.96			N*	N	Y	N			*Refer to policy
K0856	RB		PWC Gp3 Std Sing Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0856	RR		PWC Gp3 Std Sing Pow Opt S/B		$365.30		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0857			PWC Gp3 Std Sing Pow Opt Cap		$3,726.18			N*	N	Y	N			*Refer to policy
K0857	RB		PWC Gp3 Std Sing Pow Opt Cap		M			N*	N	Y	N			*Refer to policy
K0857	RR		PWC Gp3 Std Sing Pow Opt Cap		$372.62		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0858			PWC Gp3 Hd Sing Pow Opt S/B		$4,532.22			N*	N	Y	N			*Refer to policy
K0858	RB		PWC Gp3 Hd Sing Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0858	RR		PWC Gp3 Hd Sing Pow Opt S/B		$453.21		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0859			PWC Gp3 Hd Sing Pow Opt Cap		$4,322.33			N*	N	Y	N			*Refer to policy
K0859	RB		PWC Gp3 Hd Sing Pow Opt Cap		M			N*	N	Y	N			*Refer to policy
K0859	RR		PWC Gp3 Hd Sing Pow Opt Cap		$432.24		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0860			PWC Gp3 Vhd Sing Pow Opt S/B		$6,474.84			N*	N	Y	N			*Refer to policy
K0860	RB		PWC Gp3 Vhd Sing Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0860	RR		PWC Gp3 Vhd Sing Pow Opt S/B		$647.49		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0861			PWC Gp3 Std Mult Pow Opt S/B		$3,658.82			N*	N	Y	N			*Refer to policy
K0861	RB		PWC Gp3 Std Mult Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0861	RR		PWC Gp3 Std Mult Pow Opt S/B		$365.88		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0862			PWC Gp3 Hd Mult Pow Opt S/B		$4,532.22			N*	N	Y	N			*Refer to policy
K0862	RB		PWC Gp3 Hd Mult Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0862	RR		PWC Gp3 Hd Mult Pow Opt S/B		$453.21		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0863			PWC Gp3 Vhd Mult Pow Opt S/B		$6,474.84			N*	N	Y	N			*Refer to policy
K0863	RB		PWC Gp3 Vhd Mult Pow Opt S/B		M			N*	N	Y	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
K0863	RR		PWC Gp3 Vhd Mult Pow Opt S/B		$647.49		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0864			PWC Gp3 Xhd Mult Pow Opt S/B		$7,705.13			N*	N	Y	N			*Refer to policy
K0864	RB		PWC Gp3 Xhd Mult Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0864	RR		PWC Gp3 Xhd Mult Pow Opt S/B		$770.52		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0868			PWC Gp 4 Std Seat/Back		M			N*	N	Y	N			*Refer to policy
K0868	RB		PWC Gp 4 Std Seat/Back		M			N*	N	Y	N			*Refer to policy
K0868	RR		PWC Gp 4 Std Seat/Back		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0869			PWC Gp 4 Std Cap Chair		M			N*	N	Y	N			*Refer to policy
K0869	RB		PWC Gp 4 Std Cap Chair		M			N*	N	Y	N			*Refer to policy
K0869	RR		PWC Gp 4 Std Cap Chair		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0870			PWC Gp 4 Hd Seat/Back		M			N*	N	Y	N			*Refer to policy
K0870	RB		PWC Gp 4 Hd Seat/Back		M			N*	N	Y	N			*Refer to policy
K0870	RR		PWC Gp 4 Hd Seat/Back		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0871			PWC Gp 4 Vhd Seat/Back		M			N*	N	Y	N			*Refer to policy
K0871	RB		PWC Gp 4 Vhd Seat/Back		M			N*	N	Y	N			*Refer to policy
K0871	RR		PWC Gp 4 Vhd Seat/Back		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0877			PWC Gp4 Std Sing Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0877	RB		PWC Gp4 Std Sing Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0877	RR		PWC Gp4 Std Sing Pow Opt S/B		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0878			PWC Gp4 Std Sing Pow Opt Cap		M			N*	N	Y	N			*Refer to policy
K0878	RB		PWC Gp4 Std Sing Pow Opt Cap		M			N*	N	Y	N			*Refer to policy
K0878	RR		PWC Gp4 Std Sing Pow Opt Cap		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0879			PWC Gp4 Hd Sing Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0879	RB		PWC Gp4 Hd Sing Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0879	RR		PWC Gp4 Hd Sing Pow Opt S/B		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0880			PWC Gp4 Vhd Sing Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0880	RB		PWC Gp4 Vhd Sing Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0880	RR		PWC Gp4 Vhd Sing Pow Opt S/B		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0884			PWC Gp4 Std Mult Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0884	RB		PWC Gp4 Std Mult Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0884	RR		PWC Gp4 Std Mult Pow Opt S/B		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0885			PWC Gp4 Std Mult Pow Opt Cap		M			N*	N	Y	N			*Refer to policy
K0885	RB		PWC Gp4 Std Mult Pow Opt Cap		M			N*	N	Y	N			*Refer to policy
K0885	RR		PWC Gp4 Std Mult Pow Opt Cap		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
K0886			PWC Gp4 Hd Mult Pow S/B		M			N*	N	Y	N			*Refer to policy
K0886	RB		PWC Gp4 Hd Mult Pow S/B		M			N*	N	Y	N			*Refer to policy
K0886	RR		PWC Gp4 Hd Mult Pow S/B		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0890			PWC Gp5 Ped Sing Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0890	RB		PWC Gp5 Ped Sing Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0890	RR		PWC Gp5 Ped Sing Pow Opt S/B		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0891			PWC Gp5 Ped Mult Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0891	RB		PWC Gp5 Ped Mult Pow Opt S/B		M			N*	N	Y	N			*Refer to policy
K0891	RR		PWC Gp5 Ped Mult Pow Opt S/B		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
K0898			Power Wheelchair NOC		M			N*	N	Y	N			*Refer to policy
K0898	RB		Power Wheelchair NOC		M			N*	N	Y	N			*Refer to policy
K0898	RR		Power Wheelchair NOC		M		10 Months=Purchase	N*	N	Y	N			*Refer to policy
L0112			Cranial Cervical Orthosis		M			N	Y	Y	N			
L0120			Cerv Flexible Non-Adjustable		$17.85		1 per Year	N	N	N	N			
L0130			Flex Thermoplastic Collar Mo		$104.05		1 per Year	N	Y	N	N			
L0140			Cervical Semi-Rigid Adjustab		$40.81		1 per Year	N	N	N	N			
L0150			Cerv Semi-Rig Adj Molded Chn		$72.98		1 per Year	N	Y	N	N			
L0170			Cervical Collar Molded To Pt		$548.13		1 per Year	N	Y	N	N			
L0172			Cerv Col Thermplas Foam 2 Pi		$96.55		1 per Year	N	Y	N	N			
L0174			Cerv Col Foam 2 Piece W Thor		$189.85		1 per Year	N	Y	N	N			
L0180			Cer Post Col Occ/Man Sup Adj		$307.58		1 per Year	N	Y	N	N			
L0190			Cerv Collar Supp Adj Cerv Ba		$362.74		1 per Year	N	Y	N	N			
L0200			Cerv Col Supp Adj Bar & Thor		$420.74		1 per Year	N	Y	N	N			
L0220			Thor Rib Belt Custom Fabrica		$88.07			N	Y	Y	N			
L0450			TLSO Flex Prefab Thoracic		$110.78		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0452			Tlso Flex Custom Fab Thoraci		$224.88		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L0454			TLSO Flex Prefab Sacrococ-T9		$234.27		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0456			TLSO Flex Prefab		$673.03		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0458			TLSO 2Mod Symphis-Xipho Pre		$607.99		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0460			TLSO2Mod Symphysis-Stern Pre		$684.35		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0462			TLSO 3Mod Sacro-Scap Pre		$851.21		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0464			TLSO 4Mod Sacro-Scap Pre		$1,013.35		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0466			TLSO Rigid Frame Pre Soft Ap		$258.65		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L0468			TLSO Rigid Frame Prefab Pelv		$324.15		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0470			TLSO Rigid Frame Pre Subclav		$448.54		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0472			TLSO Rigid Frame Hyperex Pre		$276.00		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0480			TLSO Rigid Plastic Custom Fa		$1,029.72		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L0482			TLSO Rigid Lined Custom Fab		$1,150.21		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L0484			TLSO Rigid Plastic Cust Fab		$1,242.19		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L0486			TLSO Rigidlined Cust Fab Two		$1,395.00		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L0488			TLSO Rigid Lined Pre One Pie		$678.07		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0490			TLSO Rigid Plastic Pre One		$191.07		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0491			TLSO 2 Piece Rigid Shell		$514.02		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0492			TLSO 3 Piece Rigid Shell		$337.29		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0621			SIO Flex Pelvisacral Prefab		$57.32		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L0622			SIO Flex Pelvisacral Custom		$182.21		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L0623			SIO Panel Prefab		$44.16		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L0624			SIO Panel Custom		$211.11		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L0625			LO Flexibl L1-Below L5 Pre		$37.19		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0626			LO Sag Stays/Panels Pre-Fab		$52.33		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0627			LO Sagitt Rigid Panel Prefab		$280.20		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0628			LO Flex W/O Rigid Stays Pre		$56.67		< 21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L0629			LSO Flex W/Rigid Stays Cust		$147.85		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L0630			LSO Post Rigid Panel Pre		$109.40		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L0631			LSO Sag-Coro Rigid Frame Pre		$699.84		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L0632			LSO Sag Rigid Frame Cust		M		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L0633			LSO Flexion Control Prefab		$193.70		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L0634			LSO Flexion Control Custom		M		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N			
L0635			LSO Sagit Rigid Panel Prefab		$681.21		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L0636			LSO Sagittal Rigid Panel Cus		$924.27		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L0637			LSO Sag-Coronal Panel Prefab		$883.18		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L0638			LSO Sag-Coronal Panel Custom		$899.16		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N			
L0639			LSO S/C Shell/Panel Prefab		$883.18		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L0640			LSO S/C Shell/Panel Custom		$706.81		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L0700			Ctlso A-P-L Control Molded		$1,357.16		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		737.30-737.39, 737.43, 754.2	
L0710			Ctlso A-P-L Control W/ Inter		$1,491.89		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		737.30-737.39, 737.43, 754.2	
L0970			Tlso Corset Front		$72.86		1 per Year	N	Y	N	N			
L0972			Lso Corset Front		$66.31		1 per Year	N	Y	N	N			
L0974			Tlso Full Corset		$119.14		1 per Year	N	Y	N	N			
L0976			Lso Full Corset		$101.93		1 per Year	N	Y	N	N			
L0980			Peroneal Straps Pair		$11.66		1 per Year	N	N	N	N			
L0984			Protective body sock each		$45.49		4 per Year	N	Y	N	N			
L0999			Add To Spinal Orthosis NOS		M			N	N	Y	N			
L1000			Ctlso Milwauke Initial Model		$1,382.40		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		737.30-737.39, 737.43, 754.2	
L1001			CTLSO Infant Immobilizer		M	0-2	1 per 2 Years	N	N	Y	N	0-2	343.4-343.9, 737.30-737.39, 737.43, 754.2	
L1005			Tension Based Scoliosis Orth		$2,181.98		< 21 1 per Year 21 & > 1 per 2 Years	N	N	Y	N		737.30-737.39, 737.43, 754.2	
L1010			Ctlso Axilla Sling		$57.04		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		737.30-737.39, 737.43, 754.2	
L1020			Kyphosis Pad		$73.46		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		737.30-737.39, 737.43, 754.2	
L1030			Lumbar Bolster Pad		$52.79		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		737.30-737.39, 737.43, 754.2	
L1040			Lumbar Or Lumbar Rib Pad		$60.44		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		737.30-737.39, 737.43, 754.2	
L1050			Sternal Pad		$68.40		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		737.30-737.39, 737.43, 754.2	
L1060			Thoracic Pad		$73.84		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		737.30-737.39, 737.43, 754.2	

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L1070			Trapezius Sling		$76.48		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		737.30-737.39, 737.43, 754.2	
L1090			Lumbar Sling		$68.60		< 21 1 per Year 21 & > 1 per 2 Years	N	N	Y	N		737.30-737.39, 737.43, 754.2	
L1200			Furnsh Initial Orthosis Only		$1,219.97		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L1210			Lateral Thoracic Extension		$166.79		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L1220			Anterior Thoracic Extension		$162.35		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L1230			Milwaukee Type Superstructur		$454.80		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L1240			Lumbar Derotation Pad		$62.00		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L1250			Anterior Asis Pad		$53.90		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L1260			Anterior Thoracic Derotation		$64.30		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L1270			Abdominal Pad		$56.51		< 21 3 per Year 21 & > 3 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L1280			Rib Gusset (Elastic) Each		$59.56		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L1290			Lateral Trochanteric Pad		$52.97		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N		237.71, 356.1, 737.30, 737.32, 737.43, 737.0, 754.2, 756.12	
L1300			Body Jacket Mold To Patient		$1,174.95			N	Y	Y	N		737.30, 737.32, 737.43, 754.2	
L1499			Spinal Orthosis NOS		M			N	N	Y	N			
L1600			Abduct Hip Flex Frejka W Cvr		$87.85		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L1620			Abduct Hip Flex Pavlik Harne		$107.12	0-1	< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L1630			Abduct Control Hip Semi-Flex		$142.47		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L1640			Pelv Band/Spread Bar Thigh C		$322.71		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L1650			HO Abduction Hip Adjustable		$168.12		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L1652		LT-RT	HO Bi Thighcuffs W Sprdr Bar		$240.78		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L1660			HO Abduction Static Plastic		$121.19		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L1680			Pelvic & Hip Control Thigh C		$776.68			N	Y	Y	N			
L1690			Combination Bilateral HO		$1,318.30			N	N	Y	N			
L1700			Leg Perthes Orth Toronto Typ		$1,060.66		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	Y	N		732.1	
L1710			Legg Perthes Orth Newington		$1,350.63		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	Y	N		732.1	

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L1720		LT-RT	Legg Perthes Orthosis Trilat		$998.26	0-20	2 per Side per Year	N	Y	Y	N	0-20	732.1	
L1730			Legg Perthes Orth Scottish R		$849.01		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	Y	N		732.1	
L1755			Legg Perthes Patten Bottom T		$1,220.63		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	Y	N		732.1	
L1810		LT-RT	Ko Elastic With Joints		$70.17		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L1820		LT-RT	Ko Elas W/ Condyle Pads & Jo		$96.89		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L1830		LT-RT	Ko Immobilizer Canvas Longit		$56.70		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L1831		LT-RT	Knee Orth Pos Locking Joint		$198.81		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L1832		LT-RT	KO Adj Jnt Pos Rigid Support		$469.58		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L1834		LT-RT	Ko W/0 Joint Rigid Molded To		$494.82		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	Y	N		717.83	
L1836		LT-RT	Rigid KO Wo Joints		$90.12		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L1840		LT-RT	Ko Derot Ant Cruciate Custom		$641.11		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	Y	N		717.83	
L1843		LT-RT	KO Single Upright Custom Fit		$611.69		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L1844		LT-RT	Ko W/Adj Jt Rot Cntrl Molded		$1,038.17		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	Y	N		717.83	
L1845		LT-RT	Ko W/ Adj Flex/Ext Rotat Cus		$571.66		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L1846		LT-RT	Ko W Adj Flex/Ext Rotat Mold		$797.65		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	Y	N		717.83	
L1847		LT-RT	KO Adjustable W Air Chambers		$392.11			N	N	Y	N			
L1850		LT-RT	Ko Swedish Type		$194.22		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L1860		LT-RT	Ko Supracondylar Socket Mold		$850.10		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	Y	N		717.83	
L1900		LT-RT	Afo Sprng Wir Drsflx Calf Bd		$194.50		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L1902		LT-RT	Afo Ankle Gauntlet		$50.89		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L1906		LT-RT	Afo Multiligamentus Ankle Su		$75.58		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L1907		LT-RT	AFO Supramalleolar Custom		$383.61		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	Y	N		343.0, 343.8-343.9, 359.0-359.1	
L1920		LT-RT	Afo Sing Upright W/ Adjust S		$280.06		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L1930		LT-RT	Afo Plastic		$170.18		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L1940		LT-RT	Afo Molded To Patient Plasti		$329.17		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L1945		LT-RT	Afo Molded Plas Rig Ant Tib		$765.23		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L1950		LT-RT	Afo Spiral Molded To Pt Plas		$524.29		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L1960		LT-RT	Afo Pos Solid Ank Plastic Mo		$422.58		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L1970		LT-RT	Afo Plastic Molded W/Ankle J		$471.85		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L1971		LT-RT	AFO W/Ankle Joint, Prefab		$319.56		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L1980		LT-RT	Afo Sing Solid Stirrup Calf		$275.27		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L1990		LT-RT	Afo Doub Solid Stirrup Calf		$318.58		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2000		LT-RT	Kafo Sing Fre Stirr Thi/Calf		$762.64		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2010		LT-RT	Kafo Sng Solid Stirrup W/O J		$594.84		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L2020		LT-RT	Kafo Dbl Solid Stirrup Band/		$737.97		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2030		LT-RT	Kafo Dbl Solid Stirrup W/O J		$738.44		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2034		LT-RT	KAFO Pla Sin Up W/Wo K/A Cus		$1,384.92		1 per 6 Months	N	Y	Y	N			
L2035		LT-RT	KAFO Plastic Pediatric Size		$118.10			N	N	Y	N			
L2036		LT-RT	Kafo Plas Doub Free Knee Mol		$1,263.90		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2037		LT-RT	Kafo Plas Sing Free Knee Mol		$1,114.40			N	Y	N	N			
L2038		LT-RT	Kafo W/O Joint Multi-Axis An		$911.37		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2040			Hkafo Torsion Bil Rot Straps		$137.90			N	Y	Y	N			
L2050			Hkafo Torsion Cable Hip Pelv		$332.22			N	Y	Y	N			
L2060			Hkafo Torsion Ball Bearing J		$415.52			N	Y	Y	N			
L2070			Hkafo Torsion Unilat Rot Str		$105.80			N	Y	Y	N			
L2080			Hkafo Unilat Torsion Cable		$254.41			N	Y	Y	N			
L2090			Hkafo Unilat Torsion Ball Br		$338.97			N	Y	Y	N			
L2106		LT-RT	Afo Tib Fx Cast Plaster Mold		$537.35		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	Y	N		823.00-824.7	
L2108		LT-RT	Afo Tib Fx Cast Molded To Pt		$783.75		1 per 6 Months	N	Y	Y	N			
L2112		LT-RT	Afo Tibial Fracture Soft		$343.93		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L2114		LT-RT	Afo Tib Fx Semi-Rigid		$430.79		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	N	N			
L2116		LT-RT	Afo Tibial Fracture Rigid		$525.44		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	N	Y	N		823.00 -824.7	

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L2128		LT-RT	Kafo Fem Fx Cast Molded To P		$1,093.04			N	N	Y	N		821.20-821.39, 823.00-824.7	
L2136		LT-RT	Kafo Femoral Fx Cast Rigid		$859.74		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	Y	N		821.20-821.39, 823.00-824.7	
L2180		LT-RT	Plas Shoe Insert W Ank Joint		$90.38		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	Y	N		823.20-824.7	
L2182		LT-RT	Drop Lock Knee		$77.90		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	Y	N		824.0-824.7	
L2184		LT-RT	Limited Motion Knee Joint		$78.97		< 21 2 per 6 Months 21 & > 2 per 2 Years	N	Y	Y	N		824.0-824.7	
L2186		LT-RT	Adj Motion Knee Jnt Lerman T		$105.01		< 21 2 per 6 Months 21 & > 2 per 2 Years	N	Y	Y	N		824.0-824.7	
L2200		LT-RT	Limited Ankle Motion Ea Jnt		$34.53		< 21 2 per 6 Months 21 & > 2 per 2 Years	N	Y	N	N			
L2210		LT-RT	Dorsiflexion Assist Each Joi		$42.85		< 21 2 per 6 Months 21 & > 2 per 2 Years	N	Y	N	N			
L2220		LT-RT	Dorsi & Plantar Flex Ass/Res		$55.16		< 21 2 per 6 Months 21 & > 2 per 2 Years	N	Y	N	N			
L2230		LT-RT	Split Flat Caliper Stirr & P		$65.22		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2240		LT-RT	Round Caliper And Plate Atta		$64.89			N	Y	Y	N			
L2250		LT-RT	Foot Plate Molded Stirrup At		$227.71			N	Y	Y	N			
L2260		LT-RT	Reinforced Solid Stirrup		$127.78			N	Y	Y	N			
L2265		LT-RT	Long Tongue Stirrup		$90.33		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2270		LT-RT	Varus/Valgus Strap Padded/Li		$41.25		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2275		LT-RT	Plastic Mod Low Ext Pad/Line		$87.58		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2280		LT-RT	Molded Inner Boot		$384.85			N	Y	Y	N			
L2310			Abduction Bar-Straight		$78.42		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2320		LT-RT	Non-Molded Lacer		$131.50		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2330		LT-RT	Lacer Molded To Patient Mode		$250.30		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2335		LT-RT	Anterior Swing Band		$191.64		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2340		LT-RT	Pre-Tibial Shell Molded To P		$284.89		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2350		LT-RT	Prosthetic Type Socket Molde		$567.99		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	Y	N			
L2360		LT-RT	Extended Steel Shank		$35.17		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2370		LT-RT	Patten Bottom		$213.07			N	Y	Y	N			
L2375		LT-RT	Torsion Ank & Half Solid Sti		$83.11	0-20		N	Y	Y	N	0-20		
L2380		LT-RT	Torsion Straight Knee Joint		$87.97	0-20	2 per 2 Years	Y	Y	Y	N	0-20		

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L2385		LT-RT	Straight Knee Joint Heavy Du		$100.18		2 per 2 Years	N	Y	Y	N			
L2387		LT-RT	Add LE Poly Knee Custom KAFO		$130.15		2 per 6 Months	N	Y	Y	N			
L2390		LT-RT	Offset Knee Joint Each		$69.78		< 21 2 per 6 Months 21 & > 2 per 2 Years	N	Y	N	N			
L2395		LT-RT	Offset Knee Joint Heavy Duty		$99.74			N	Y	Y	N			
L2397			Suspension Sleeve Lower Ext		$83.22		2 per 2 Years	N	Y	Y	N			
L2405		LT-RT	Knee Joint Drop Lock Ea Jnt		$59.44		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2415		LT-RT	Knee Joint Cam Lock Each Joi		$82.83		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2425		LT-RT	Knee Disc/Dial Lock/Adj Flex		$97.73		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2430		LT-RT	Knee Jnt Ratchet Lock Ea Jnt		$97.73		< 21 2 per 6 Months 21 & > 2 per 2 Years	N	Y	N	N			
L2492		LT-RT	Knee Lift Loop Drop Lock Rin		$79.95		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2500		LT-RT	Thi/Glut/Ischia Wgt Bearing		$213.33			N	Y	Y	N			
L2510		LT-RT	Th/Wght Bear Quad-Lat Brim M		$549.82			N	Y	Y	N			
L2520		LT-RT	Th/Wght Bear Quad-Lat Brim C		$366.43			N	Y	Y	N			
L2530		LT-RT	Thigh/Wght Bear Lacer Non-Mo		$163.50			N	Y	Y	N			
L2540		LT-RT	Thigh/Wght Bear Lacer Molded		$309.37			N	Y	Y	N			
L2550		LT-RT	Thigh/Wght Bear High Roll Cu		$231.96		1 per Year	N	Y	N	N			
L2570			Hip Clevis Type 2 Posit Jnt		$299.28			N	Y	Y	N			
L2580			Pelvic Control Pelvic Sling		$295.84			N	Y	Y	N			
L2600		LT-RT	Hip Clevis/Thrust Bearing Fr		$145.40			N	Y	Y	N			
L2610		LT-RT	Hip Clevis/Thrust Bearing Lo		$160.67			N	Y	Y	N			
L2620		LT-RT	Pelvic Control Hip Heavy Dut		$170.44			N	Y	Y	N			
L2627			Plastic Mold Recipro Hip & C		$1,436.22	0-20		N	Y	Y	N	0-20		
L2628			Metal Frame Recipro Hip & Ca		$1,052.73	0-20		N	Y	Y	N	0-20		
L2630			Pelvic Control Band & Belt U		$157.84			N	Y	Y	N			
L2640			Pelvic Control Band & Belt B		$214.21			N	Y	Y	N			
L2650			Pelv & Thor Control Gluteal		$94.33			N	Y	Y	N			
L2660			Thoracic Control Thoracic Ba		$121.03			N	Y	Y	N			
L2670			Thorac Cont Paraspinal Uprig		$108.74			N	Y	Y	N			
L2680		LT-RT	Thorac Cont Lat Support Upri		$99.75			N	Y	Y	N			
L2760		LT-RT	Extension Per Extension Per		$38.73		4 per 2 Years	N	Y	N	N			
L2768		LT-RT	Ortho Sidebar Disconnect		$88.81			N	N	Y	N			
L2780		LT-RT	Non-Corrosive Finish		$43.14		< 21 4 per 6 Months 21 & > 4 per 2 Years	N	Y	N	N			
L2795		LT-RT	Knee Control Full Kneecap		$55.90		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2800		LT-RT	Knee Cap Medial Or Lateral P		$68.66		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2810		LT-RT	Knee Control Condylar Pad		$55.67		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L2820		LT-RT	Soft Interface Below Knee Se		$54.38		< 21 1 per 6 Months 21 & > 1 per 2 Years	N	Y	N	N			
L2850		LT-RT	Femoral Lgth Sock Fx Or Equa		$41.24		1 per Year	N	Y	Y	N		821.10	
L2861		LT-RT	Torsion Mechanism Knee/Ankle		M		2 per Year	N	Y	Y	N			
L2999			Lower Extremity Orthosis NOS		M			N	N	Y	N			
L3000		LT-RT	Ft Insert Ucb Berkeley Shell		$214.15		2 per Year	N	Y	Y	N		728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	
L3001		LT-RT	Foot Insert Remov Molded Spe		$90.17		2 per Year	N	N	Y	N		728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	
L3002		LT-RT	Foot Insert Plastazote Or Eq		$110.10		2 per Year	N	N	Y	N		728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	
L3003		LT-RT	Foot Insert Silicone Gel Eac		$118.78		2 per Year	N	N	Y	N		728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	
L3010		LT-RT	Foot Longitudinal Arch Suppo		$118.78		2 per Year	N	N	Y	N		728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	
L3020		LT-RT	Foot Longitud/Metatarsal Sup		$135.25		2 per Year	N	N	Y	N		728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	
L3030		LT-RT	Foot Arch Support Remov Prem		$51.42		2 per Year	N	N	Y	N		728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	
L3040		LT-RT	Ft Arch Suprt Premold Longit		$32.09			N	N	Y	N			
L3050		LT-RT	Foot Arch Supp Premold Metat		$32.09			N	N	Y	N			
L3060		LT-RT	Foot Arch Supp Longitud/Meta		$50.28			N	N	Y	N			
L3070		LT-RT	Arch Suprt Att To Sho Longit		$21.67			N	N	Y	N			
L3140			Abduction Rotation Bar Shoe		$60.69			N	N	Y	N			
L3150			Abduct Rotation Bar W/O Shoe		$55.50			N	N	Y	N			
L3160			Shoe Styled Positioning Dev		M			N	N	Y	N			
L3170		LT-RT	Foot Plastic Heel Stabilizer		$33.92		1 Each Side per 6 Months	N	N	N	N			
L3201		LT-RT	Oxford W Supinat/Pronat Inf		$17.13	0-20	1 Each Side per 6 Months	N	N	Y	N	0-20	728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	Added age range effective 07/01/2014.
L3202		LT-RT	Oxford W/ Supinat/Pronator C		$22.52	0-20	1 Each Side per 6 Months	N	N	Y	N	0-20	728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	Added age range effective 07/01/2014.
L3203		LT-RT	Oxford W/ Supinator/Pronator		$24.97	0-20	1 Each Side per 6 Months	N	N	Y	N	0-20	728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	Added age range effective 07/01/2014.
L3204		LT-RT	Hightop W/ Supp/Pronator Inf		$20.07	0-20	1 Each Side per 6 Months	N	N	Y	N	0-20	728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	Added age range effective 07/01/2014.
L3206		LT-RT	Hightop W/ Supp/Pronator Chi		$23.48	0-20	1 Each Side per 6 Months	N	N	Y	N	0-20	728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	Added age range effective 07/01/2014.
L3207		LT-RT	Hightop W/ Supp/Pronator Jun		$27.92	0-20	1 Each Side per 6 Months	N	N	Y	N	0-20	728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	Added age range effective 07/01/2014.
L3208		LT-RT	Surgical Boot Each Infant		$20.57	0-20	1 Each Side per 6 Months	N	N	N	N			Added age range effective 07/01/2014.
L3209		LT-RT	Surgical Boot Each Child		$24.48	0-20	1 Each Side per 6 Months	N	N	N	N			Added age range effective 07/01/2014.
L3211		LT-RT	Surgical Boot Each Junior		$26.43	0-20	1 Each Side per 6 Months	N	N	N	N			Added age range effective 07/01/2014.

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L3212			Benesch Boot Pair Infant		$40.13	0-20	1 per 6 Months	N	N	N	N			Added age range effective 07/01/2014.
L3213			Benesch Boot Pair Child		$48.95	0-20	1 per 6 Months	N	N	N	N			Added age range effective 07/01/2014.
L3214			Benesch Boot Pair Junior		$55.81	0-20	1 per 6 Months	N	N	N	N			Added age range effective 07/01/2014.
L3215		LT-RT	Orthopedic Ftwear Ladies Oxf		$41.61		< 21 1 per 6 Months 21 & > 1 per Year	N	N	Y	N		728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	
L3216		LT-RT	Orthoped Ladies Shoes Dpth I		$44.06		< 21 1 per 6 Months 21 & > 1 per Year	N	N	Y	N		728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	
L3217		LT-RT	Ladies Shoes Hightop Depth I		$48.96		< 21 1 per 6 Months 21 & > 1 per Year	N	N	Y	N		728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	
L3219		LT-RT	Orthopedic Mens Shoes Oxford		$43.58		< 21 1 per 6 Months 21 & > 1 per Year	N	N	Y	N		728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	
L3221		LT-RT	Orthopedic Mens Shoes Dpth I		$44.06		< 21 1 per 6 Months 21 & > 1 per Year	N	N	Y	N		728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	
L3222		LT-RT	Mens Shoes Hightop Depth Inl		$53.37		< 21 1 per 6 Months 21 & > 1 per Year	N	N	Y	N		728.10-728.19, 728.71, 736.81, 754.51, 755.32, 896.0- 896.3	
L3224		LT-RT	Woman"s Shoe Oxford Brace		$46.07		< 21 1 per 6 Months 21 & > 1 per Year	N	N	N	N			
L3225		LT-RT	Man"s Shoe Oxford Brace		$50.31		< 21 1 per 6 Months 21 & > 1 per Year	N	N	N	N			
L3230		LT-RT	Custom Shoes Depth Inlay		$152.76		< 21 1 per 6 Months 21 & > 1 per Year	N	N	Y	N		728.10-728.19, 736.81, 754.51, 755.32, 896.0- 896.3	
L3250		LT-RT	Custom Mold Shoe Remov Prost		$143.29		< 21 1 per 6 Months 21 & > 1 per Year	N	N	Y	N		728.10-728.19, 736.81, 754.51, 755.32, 896.0- 896.3	
L3251		LT-RT	Shoe Molded To Pt Silicone S		$142.96		< 21 1 per 6 Months 21 & > 1 per Year	N	N	Y	N		728.10-728.19, 736.81, 754.51, 755.32, 896.0- 896.3	
L3252		LT-RT	Shoe Molded Plastazote Cust		$110.65		< 21 1 per 6 Months 21 & > 1 per Year	N	N	Y	N		250.10 - 250.93, 707.15, 728.10-728.19, 736.81, 754.51, 755.32, 896.0-896.3	
L3253		LT-RT	Shoe Molded Plastazote Cust		$73.45		< 21 1 per 6 Months 21 & > 1 per Year	N	Y	Y	N		250.10 - 250.93, 707.15, 728.10-728.19, 736.81, 754.51, 755.32, 896.0-896.3	
L3254			Orth Foot Non-Stndard Size/W		$8.81		< 21 1 per 6 Months 21 & > 1 per Year	N	N	N	N			
L3255			Orth Foot Non-Standard Size/		$8.47		< 21 1 per 6 Months 21 & > 1 per Year	N	N	N	N			
L3257			Orth Foot Add Charge Split S		$61.82		< 21 1 per 6 Months 21 & > 1 per Year	N	N	N	N			
L3260		LT-RT	Ambulatory Surgical Boot Eac		$48.95		< 21 1 per 6 Months 21 & > 1 per Year	N	N	N	N			
L3265		LT-RT	Plastazote Sandal Each		$19.58			N	N	Y	N		707.15, 728.0-728.19, 736.81, 754.51, 755.32, 825.20-825.29, 826.0, 845.00, 845.10-845.12, 895.0, 896.0-896.3, V66.0	

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L3300		LT-RT	Sho Lift Taper To Metatarsal		$35.55		2 per Year (Up to 2" EA.)	N	N	N	N			
L3310		LT-RT	Shoe Lift Elev Heel/Sole Neo		$55.50		2 per Year (Up to 2" EA.)	N	N	N	N			
L3320		LT-RT	Shoe Lift Elev Heel/Sole Cor		$73.45		2 per Year (Up to 2" EA.)	N	N	N	N			
L3330		LT-RT	Lifts Elevation Metal Extens		$385.82		2 per Year	N	N	Y	N			
L3332		LT-RT	Shoe Lifts Tapered To One-Ha		$50.28		2 per Year	N	N	N	N			
L3334		LT-RT	Shoe Lifts Elevation Heel /I		$26.00		2 per Year (Up to 2" EA.)	N	N	N	N			
L3340		LT-RT	Shoe Wedge Sach		$58.11		4 per Year	N	N	N	N			
L3350		LT-RT	Shoe Heel Wedge		$15.60		2 per Year	N	N	N	N			
L3360		LT-RT	Shoe Sole Wedge Outside Sole		$24.28		2 per Year	N	N	N	N			
L3370		LT-RT	Shoe Sole Wedge Between Sole		$33.82		4 per Year	N	N	N	N			
L3380		LT-RT	Shoe Clubfoot Wedge		$33.82		4 per Year	N	N	N	N			
L3390		LT-RT	Shoe Outflare Wedge		$33.43		4 per Year	N	N	N	N			
L3400		LT-RT	Shoe Metatarsal Bar Wedge Ro		$27.44		2 per Year	N	N	N	N			
L3410		LT-RT	Shoe Metatarsal Bar Between		$63.29		2 per Year	N	N	N	N			
L3420		LT-RT	Full Sole/Heel Wedge Btween		$37.29		2 per Year	N	N	N	N			
L3430		LT-RT	Sho Heel Count Plast Reinfor		$109.24		2 per Year	N	N	N	N			
L3440		LT-RT	Heel Leather Reinforced		$52.01		2 per Year	N	N	N	N			
L3450		LT-RT	Shoe Heel Sach Cushion Type		$71.94		2 per Year	N	N	N	N			
L3455		LT-RT	Shoe Heel New Leather Standa		$27.75		2 per Year	N	N	N	N			
L3460		LT-RT	Shoe Heel New Rubber Standar		$23.42		2 per Year	N	N	N	N			
L3465		LT-RT	Shoe Heel Thomas With Wedge		$39.90		2 per Year	N	N	N	N			
L3470		LT-RT	Shoe Heel Thomas Extend To B		$42.47			N	N	Y	N			
L3500		LT-RT	Ortho Shoe Add Leather Insol		$19.93		2 per Year	N	N	N	N			
L3510		LT-RT	Orthopedic Shoe Add Rub Insl		$19.93		2 per Year	N	N	N	N			
L3520		LT-RT	O Shoe Add Felt W Leath Insl		$21.67		2 per Year	N	N	N	N			
L3530		LT-RT	Ortho Shoe Add Half Sole		$21.67		2 per Year	N	N	N	N			
L3540		LT-RT	Ortho Shoe Add Full Sole		$34.67		2 per Year	N	N	N	N			
L3550		LT-RT	O Shoe Add Standard Toe Tap		$6.09		2 per Year	N	N	N	N			
L3560		LT-RT	O Shoe Add Horseshoe Toe Tap		$15.60		2 per Year	N	N	N	N			
L3570		LT-RT	O Shoe Add Instep Extension		$58.11		2 per Year	N	N	N	N			
L3580		LT-RT	O Shoe Add Instep Velcro Clo		$44.22		2 per Year	N	N	N	N			
L3590		LT-RT	O Shoe Convert To Sof Counte		$36.41		2 per Year	N	N	N	N			
L3595		LT-RT	Ortho Shoe Add March Bar		$28.60		2 per Year	N	N	N	N			
L3600		LT-RT	Trans Shoe Calip Plate Exist		$50.88		2 per Year	N	Y	N	N			
L3610		LT-RT	Trans Shoe Caliper Plate New		$67.71		2 per Year	N	Y	N	N			
L3620		LT-RT	Trans Shoe Solid Stirrup Exi		$52.01		2 per Year	N	Y	N	N			
L3630		LT-RT	Trans Shoe Solid Stirrup New		$67.71		2 per Year	N	Y	N	N			
L3640			Shoe Dennis Browne Splint Bo		$29.49		1 per Year	N	Y	N	N			
L3649			Orthopedic Shoe Modifica NOS		M			N	N	Y	N			
L3650		LT-RT	Shlder Fig 8 Abduct Restrain		$44.70		<21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L3660		LT-RT	Abduct Restrainer Canvas&Web		$64.11		<21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L3670		LT-RT	Acromio/Clavicular Canvas&We		$70.54		<21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L3674		LT-RT	So Airplane W/Wo Joint Cf		$733.38		<21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L3675			Canvas Vest So		$108.89	0-20		N	N	Y	N	0-20		
L3677			So Hard Plastic Stabilizer		$168.60		<21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L3702		LT-RT	EO W/O Joints CF		$179.16		<21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L3710		LT-RT	Elbow Elastic With Metal Joi		$88.60		2 per Year	N	N	N	N			
L3720		LT-RT	Forearm/Arm Cuffs Free Motio		$423.91		<21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L3730		LT-RT	Forearm/Arm Cuffs Ext/Flex A		$562.30		<21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L3740		LT-RT	Cuffs Adj Lock W/ Active Con		$666.65		<21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L3760		LT-RT	EO Withjoint, Prefabricated		$310.28		<21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L3762		LT-RT	Rigid EO Wo Joints		$65.40		<21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L3807		LT-RT	WHFO,No Joint, Prefabricated		$155.13		<21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L3808			WHFO, Rigid W/O Joints		M			N	Y	Y	N			
L3891		LT-RT	Torsion Mechanism Wrist/Elbo		M		2 per Year	N	Y	Y	N			
L3900		LT-RT	Hinge Extension/Flex Wrist/F		$990.73			N	Y	Y	N			
L3904		LT-RT	Whfo Electric Custom Fitted		$2,094.21	0-20		N	Y	Y	N	0-20		
L3906		LT-RT	WHO W/O Joints CF		$314.42			N	Y	Y	N			
L3908		LT-RT	Wrist Cock-Up Non-Molded		$45.50		<21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L3912		LT-RT	Flex Glove W/Elastic Finger		$65.36		<21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L3913		LT-RT	HFO W/O Joints CF		$168.03		<21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L3917		LT-RT	Prefab Metacarpl Fx Orthosis		$64.92		1 per Year	N	N	N	N			
L3919		LT-RT	HO W/O Joints CF		$168.03		<21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L3925			FO Pip/Dip With Joint/Spring		$40.76		1 per 2 Years	N	N	N	N			
L3927			FO Pip/Dip W/O Joint/Spring		M		1 per 2 Years	N	N	Y	N			
L3929			HFO Nontorsion Joint, Prefab		$56.66		1 per 2 Years	N	N	N	N			
L3931			WHFO Nontorsion Joint Prefab		$129.36		1 per 2 Years	N	N	N	N			
L3960			Sewho Airplan Desig Abdu Pos		$494.84		<21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L3962		LT-RT	Sewho Erbs Palsey Design Abd		$447.55		<21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L3980		LT-RT	Upp Ext Fx Orthosis Humeral		$240.02		<21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L3982		LT-RT	Upper Ext Fx Orthosis Rad/Ul		$243.71		<21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L3984		LT-RT	Upper Ext Fx Orthosis Wrist		$214.70		<21 1 per Year 21 & > 1 per 2 Years	N	N	N	N			
L3995		LT-RT	Sock Fracture Or Equal Each		$25.48			N	Y	Y	N			
L3999			Upper Limb Orthosis NOS		M			N	N	Y	N			
L4000			Repl Girdle Milwaukee Orth **(RO)**		$900.85			N	Y	Y	N			
L4002			Replace Strap, Any Orthosis **(RO)**		$13.24		2 per Year	N	N	N	N			
L4010			Replace Trilateral Socket Br **(RO)**		$539.73	0-20		N	Y	Y	N	0-20		
L4020			Replace Quadlat Socket Brim **(RO)**		$657.75			N	Y	Y	N			
L4030			Replace Socket Brim Cust Fit **(RO)**		$418.00			N	Y	Y	N			
L4045		LT-RT	Replace Non-Molded Thigh Lac **(RO)**		$209.10			N	Y	Y	N			
L4050			Replace Molded Calf Lacer **(RO)**		$280.35			N	Y	Y	N			
L4055		LT-RT	Replace Non-Molded Calf Lace **(RO)**		$170.41		<21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L4060		LT-RT	Replace High Roll Cuff **(RO)**		$221.51		<21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L4070		LT-RT	Replace Prox & Dist Upright **(RO)**		$179.39		<21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L4080		LT-RT	Repl Met Band Kafo-Afo Prox **(RO)**		$67.71		<21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L4090		LT-RT	Repl Met Band Kafo-Afo Calf/ **(RO)**		$57.61			N	Y	Y	N			
L4100		LT-RT	Repl Leath Cuff Kafo Prox Th **(RO)**		$69.23		<21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L4110		LT-RT	Repl Leath Cuff Kafo-Afo Cal **(RO)**		$54.05		<21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L4130			Replace Pretibial Shell **(RO)**		$326.76		<21 1 per Year 21 & > 1 per 2 Years	N	Y	N	N			
L4205			Ortho Dvc Repair Per 15 Min		$11.02		Up to 1 Hour Twice a Year	N	N	N	N			
L4210			Orth Dev Repair/Repl Minor P **(RO)**		$44.16		2 per Year	N	N	N	N			
L4350		LT-RT	Ankle Control Orthosi Prefab		$64.62		1 Each Side per Year	N	N	Y	N		824.0-824.7, 845.00-845.09	
L4360		LT-RT	Pneumati Walking Boot Prefab		$176.50		1 Each Side per Year	N	N	Y	N			
L4370		LT-RT	Pneumatic Full Leg Splint		$160.46		1 Each Side per Year	N	N	Y	N			
L4386		LT-RT	Non-Pneum Walk Boot Prefab		$108.10		1 per Year	N	N	N	N			
L4392		LT-RT	Replace AFO Soft Interface **(RO)**		$15.80		1 per Year	N	Y	N	N			
L4394		LT-RT	Replace Foot Drop Spint **(RO)**		$11.53		1 per Year	N	Y	N	N			
L4396		LT-RT	Static Afo		$112.39			N	Y	Y	N			
L4398		LT-RT	Foot Drop Splint Recumbent		$51.73			N	Y	Y	N			
L4631			Afo, Walk Boot Type, Cus Fab		$1,013.00			N	Y	Y	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L5000		LT-RT	Sho Insert W Arch Toe Filler		$391.47		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5010		LT-RT	Mold Socket Ank Hgt W/ Toe F		$1,093.81		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5020		LT-RT	Tibial Tubercle Hgt W/ Toe F		$1,713.65		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5050		LT-RT	Ank Symes Mold Sckt Sach Ft		$1,871.64		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5060		LT-RT	Symes Met Fr Leath Socket Ar		$2,307.18		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5100		LT-RT	Molded Socket Shin Sach Foot		$1,863.63		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5105		LT-RT	Plast Socket Jts/Thgh Lacer		$2,629.98		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5150		LT-RT	Mold Sckt Ext Knee Shin Sach		$2,923.91		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5160		LT-RT	Mold Socket Bent Knee Shin S		$3,210.31		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5200		LT-RT	Kne Sing Axis Fric Shin Sach		$2,482.93		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5210		LT-RT	No Knee/Ankle Joints W/ Ft B		$1,971.45		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5220		LT-RT	No Knee Joint With Artic Ali		$2,171.69		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5230		LT-RT	Fem Focal Defic Constant Fri		$3,257.21		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5250		LT-RT	Hip Canad Sing Axi Cons Fric		$3,819.16		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5270		LT-RT	Tilt Table Locking Hip Sing		$4,255.29		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5280		LT-RT	Hemipelvect Canad Sing Axis		$4,136.30		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5301		LT-RT	BK Mold Socket SACH Ft Endo		$1,830.04		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5312		LT-RT	Knee Disart, Sach Ft, Endo		$2,938.20		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	Y	N			
L5321		LT-RT	AK Open End SACH		$2,420.34		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5331		LT-RT	Hip Disart Canadian SACH Ft		$3,574.15		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5341		LT-RT	Hemipelvectomy Canadian SACH		$3,799.27		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5500		LT-RT	Init Bk Ptb Plaster Direct		$1,007.29		1 per Medical Event	N	Y	N	N			
L5505		LT-RT	Init Ak Ischal Plstr Direct		$1,416.98		1 per Medical Event	N	Y	N	N			
L5510		LT-RT	Prep BK Ptb Plaster Molded		$1,202.87		1 per Medical Event	N	Y	N	N			
L5520		LT-RT	Perp BK Ptb Thermopls Direct		$1,078.23		1 per Medical Event	N	Y	N	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L5530		LT-RT	Prep BK Ptb Thermopls Molded		$1,417.40		1 per Medical Event	N	Y	N	N			
L5535		LT-RT	Prep BK Ptb Open End Socket		$1,321.31			N	Y	Y	N			
L5540		LT-RT	Prep BK Ptb Laminated Socket		$1,399.47		1 per Medical Event	N	Y	N	N			
L5560		LT-RT	Prep AK Ischial Plast Molded		$1,594.62		1 per Medical Event	N	Y	N	N			
L5570		LT-RT	Prep AK Ischial Direct Form		$1,547.62		1 per Medical Event	N	Y	N	N			
L5580		LT-RT	Prep AK Ischial Thermo Mold		$1,920.83		1 per Medical Event	N	Y	N	N			
L5590		LT-RT	Prep AK Ischial Laminated		$2,002.66		1 per Medical Event	N	Y	N	N			
L5595		LT-RT	Hip Disartic Sach Thermopls		$3,129.64		1 per Medical Event	N	Y	N	N			
L5600		LT-RT	Hip Disart Sach Laminat Mold		$3,561.98			N	Y	Y	N			
L5610		LT-RT K1-K4	Above Knee Hydracadence		$1,717.93			N	Y	Y	N			
L5611		LT-RT K1-K4	Ak 4 Bar Link W/Fric Swing		$1,094.17			N	Y	Y	N			
L5613		LT-RT K1-K4	Ak 4 Bar Ling W/Hydraul Swig		$1,664.31			N	Y	Y	N			
L5616		LT-RT K1-K4	Ak Univ Multiplex Sys Frict		$1,003.54			N	Y	Y	N			
L5618		LT-RT	Test Socket Symes		$226.13		1 Prep/2 Defin	N	Y	N	N			
L5620		LT-RT	Test Socket Below Knee		$200.64		1 Prep/2 Defin	N	Y	N	N			
L5622		LT-RT	Test Socket Knee Disarticula		$270.30		1 Prep/2 Defin	N	Y	N	N			
L5624		LT-RT	Test Socket Above Knee		$270.20		1 Prep/2 Defin	N	Y	N	N			
L5626		LT-RT	Test Socket Hip Disarticulat		$427.76		1 Prep/2 Defin	N	Y	N	N			
L5628			Test Socket Hemipelvectomy		$433.17		1 Prep/2 Defin	N	Y	N	N			
L5629		LT-RT	Below Knee Acrylic Socket		$215.82		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5630		LT-RT	Syme Typ Expandabl Wall Sckt		$374.99		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5631		LT-RT	Ak/Knee Disartic Acrylic Soc		$298.39		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5632		LT-RT	Symes Type Ptb Brim Design S		$183.91		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5634		LT-RT	Symes Type Poster Opening So		$230.00		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5636		LT-RT	Symes Type Medial Opening So		$175.80		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5637		LT-RT	Below Knee Total Contact		$259.19		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5638		LT-RT	Below Knee Leather Socket		$440.67			N	Y	Y	N			
L5639		LT-RT	Below Knee Wood Socket		$761.41			N	Y	Y	N			
L5640		LT-RT	Knee Disarticulat Leather So		$500.49			N	Y	Y	N			
L5642		LT-RT	Above Knee Leather Socket		$463.93			N	Y	Y	N			
L5644		LT-RT	Above Knee Wood Socket		$401.11			N	Y	Y	N			
L5646		LT-RT	Below Knee Cushion Socket		$421.69			N	Y	Y	N			
L5648		LT-RT	Above Knee Cushion Socket		$498.26			N	Y	Y	N			
L5650		LT-RT	Tot Contact Ak/Knee Disart S		$328.50		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L5652		LT-RT	Suction Susp Ak/Knee Disart		$293.30		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5653		LT-RT	Knee Disart Expand Wall Sock		$461.96		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	Y	N			
L5654		LT-RT	Socket Insert Symes		$267.79		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5655		LT-RT	Socket Insert Below Knee		$191.59		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5656		LT-RT	Socket Insert Knee Articulat		$293.75		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5658		LT-RT	Socket Insert Above Knee		$310.06		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5666		LT-RT	Below Knee Cuff Suspension		$51.89		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5668		LT-RT	Bk Molded Distal Cushion		$78.01		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5670		LT-RT	Bk Molded Supracondylar Susp		$182.50		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5671		LT-RT	BK/AK Locking Mechanism		$334.70		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5672		LT-RT	Bk Removable Medial Brim Sus		$241.60		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5673		LT-RT	Socket Insert W Lock Mech		$536.85		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5676		LT-RT	Bk Knee Joints Single Axis P		$243.94			N	Y	Y	N			
L5678		LT-RT	Bk Joint Covers Pair		$26.97		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5679		LT-RT	Socket Insert W/O Lock Mech		$447.38		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5680		LT-RT	Bk Thigh Lacer Non-Molded		$206.71		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5681		LT-RT	Intl Custm Cong/Latyp Insert		$898.50		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	Y	N			
L5682			Bk Thigh Lacer Glut/Ischia M		$424.71			N	Y	Y	N			
L5683		LT-RT	Initial Custom Socket Insert		$898.50		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5684		LT-RT	Bk Fork Strap		$32.68		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5685		LT-RT	Below Knee Sus/Seal Sleeve		$87.49		<21 4 per Year 21 & > 2 per Year	N	Y	N	N			
L5686		LT-RT	Bk Back Check		$39.30		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5688			Bk Waist Belt Webbing		$41.75		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5690			Bk Waist Belt Padded And Lin		$84.45		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L5692			Ak Pelvic Control Belt Light		$90.24		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5694			Ak Pelvic Control Belt Pad/L		$123.20		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5695		LT-RT	Ak Sleeve Susp Neoprene/Equa		$110.75		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5696		LT-RT	Ak/Knee Disartic Pelvic Join		$133.79		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5697		LT-RT	Ak/Knee Disartic Pelvic Band		$63.54		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5698		LT-RT	Ak/Knee Disartic Silesian Ba		$81.50		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5699		LT-RT	Shoulder Harness		$139.30		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5700		LT-RT	Replace Socket Below Knee **(RO)**		$2,095.19			N	Y	Y	N			
L5701			Replace Socket Above Knee **(RO)**		$2,599.27			N	Y	Y	N			
L5702			Replace Socket Hip **(RO)**		$3,275.97			N	Y	Y	N			
L5703			Symes Ankle W/O (SACH) Foot **(RO)**		$1,723.26		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5704			Custom Shape Cover BK		$421.10		2 per 2 Years	N	Y	N	N			
L5705			Custom Shape Cover AK		$783.21		2 per 2 Years	N	Y	N	N			
L5706			Custom Shape Cvr Knee Disart		$763.93			N	Y	Y	N			
L5707			Custom Shape Cvr Hip Disart		$1,026.34			N	Y	Y	N			
L5710		LT-RT K1-K4	Kne-Shin Exo Sng Axi Mnl Loc		$244.25		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5712		LT-RT K1-K4	Knee-Shin Exo Frict Swg & St		$292.63		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5714		LT-RT K1-K4	Knee-Shin Exo Variable Frict		$297.75		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5716		LT-RT K1-K4	Knee-Shin Exo Mech Stance Ph		$588.76			N	Y	Y	N			
L5718		LT-RT K1-K4	Knee-Shin Exo Frct Swg & Sta		$629.82			N	Y	Y	N			
L5722		LT-RT K1-K4	Knee-Shin Pneum Swg Frct Exo		$765.59			N	Y	Y	N			
L5724		LT-RT K1-K4	Knee-Shin Exo Fluid Swing Ph		$1,180.64			N	Y	Y	N			
L5726		LT-RT K1-K4	Knee-Shin Ext Jnts Fld Swg E		$1,404.90			N	Y	Y	N			
L5728		LT-RT K1-K4	Knee-Shin Fluid Swg & Stance		$1,646.37			N	Y	Y	N			
L5780		LT-RT K1-K4	Knee-Shin Pneum/Hydra Pneum		$906.46			N	Y	Y	N			
L5810		LT-RT K1-K4	Endoskel Knee-Shin Mnl Lock		$388.50		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L5812		LT-RT K1-K4	Endo Knee-Shin Frct Swg & St		$403.45		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5816		LT-RT K1-K4	Endo Knee-Shin Polyc Mch Sta		$577.55			N	Y	Y	N			
L5818		LT-RT K1-K4	Endo Knee-Shin Frct Swg & St		$652.17			N	Y	Y	N			
L5822		LT-RT K1-K4	Endo Knee-Shin Pneum Swg Frc		$1,196.40			N	Y	Y	N			
L5824		LT-RT K1-K4	Endo Knee-Shin Fluid Swing P		$1,130.95			N	Y	Y	N			
L5828		LT-RT K1-K4	Endo Knee-Shin Fluid Swg/Sta		$2,012.80			N	Y	Y	N			
L5830		LT-RT K1-K4	Endo Knee-Shin Pneum/Swg Pha		$1,357.16			N	Y	Y	N			
L5840		LT-RT K1-K4	Multi-Axial Knee/Shin System		M			N	Y	Y	N			
L5845		LT-RT K1-K4	Knee-Shin Sys Stance Flexion		$1,224.30			N	Y	Y	N			
L5850		LT-RT	Endo Ak/Hip Knee Extens Assi		$86.88		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5855		LT-RT	Mech Hip Extension Assist		$209.73			N	Y	Y	N			
L5925		LT-RT	Above Knee Manual Lock		$228.19			N	Y	Y	N			
L5962		LT-RT	Below Knee Flex Cover System		$393.49			N	Y	Y	N			
L5964		LT-RT	Above Knee Flex Cover System		$754.77			N	Y	Y	N			
L5966		LT-RT	Hip Flexible Cover System		$972.26			N	Y	Y	N			
L5970		LT-RT K1-K4	Foot External Keel Sach Foot		$148.37		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5971		LT-RT K1-K4	SACH Foot, Replacement **(RO)**		$148.37		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5972		LT-RT K1-K4	Flexible Keel Foot		$270.27		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5974		LT-RT K1-K4	Foot Single Axis Ankle/Foot		$156.79		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5975		LT-RT K1-K4	Combo Ankle/Foot Prosthesis		$316.66			N	Y	Y	N			
L5976		LT-RT K1-K4	Energy Storing Foot		$401.41		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5978		LT-RT K1-K4	Ft Prosth Multiaxial Ankl/Ft		$212.71		<21 1 per 2 Years 21 & > 1 per 5 Years	N	Y	N	N			
L5979		LT-RT	Multi-Axial Ankle/Ft Prosth		$1,687.41			N	Y	Y	N			
L5980		LT-RT K1-K4	Flex Foot System		$2,594.76			N	Y	Y	N			
L5981		LT-RT K1-K4	Flex-Walk Sys Low Ext Prosth		$2,297.46			N	Y	Y	N			
L5982		LT-RT K1-K4	Exoskeletal Axial Rotation U		$437.84		1 per 5 Years	N	Y	Y	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L5984		LT-RT K1-K4	Endoskeletal Axial Rotation		$439.21			N	Y	Y	N			
L5990		LT-RT	User Adjustable Heel Height		$1,239.18			N	Y	Y	N			
L5999			Lowr Extremity Prosthes NOS		M			N	Y	Y	N			
L6000		LT-RT	Part Hand Thumb Rem		$1,203.11			N	Y	Y	N			
L6010		LT-RT	Part Hand Little/Ring		$1,338.87			N	Y	Y	N			
L6020		LT-RT	Part Hand No Fingers		$1,248.28			N	Y	Y	N			
L6050		LT-RT	Wrst Mld Sck Flx Hng Tri Pad		$1,697.92		1 per 5 Years	N	Y	Y	N			
L6100		LT-RT	Elb Mold Sock Flex Hinge Pad		$1,718.24		1 per 5 Years	N	Y	Y	N	21-124		
L6110		LT-RT	Elbow Mold Sock Suspension T		$1,817.77		1 per 5 Years	N	Y	Y	N	21-124		
L6120		LT-RT	Elbow Mold Doub Splt Soc Ste		$2,055.91		1 per 5 Years	N	Y	Y	N	21-124		
L6130		LT-RT	Elbow Stump Activated Lock H		$2,169.03		1 per 5 Years	N	Y	Y	N	21-124		
L6200		LT-RT	Elbow Mold Outsid Lock Hinge		$2,234.36		1 per 5 Years	N	Y	Y	N	21-124		
L6250		LT-RT	Elbow Inter Loc Elbow Forarm		$2,198.22		1 per 5 Years	N	Y	Y	N	21-124		
L6300		LT-RT	Shlder Disart Int Lock Elbow		$3,031.95		1 per 5 Years	N	Y	Y	N	21-124		
L6350		LT-RT	Thoracic Intern Lock Elbow		$3,322.08			N	Y	Y	N			
L6400		LT-RT	Below Elbow Prosth Tiss Shap		$1,858.70			N	Y	Y	N			
L6450		LT-RT	Elb Disart Prosth Tiss Shap		$2,429.23			N	Y	Y	N			
L6500		LT-RT	Above Elbow Prosth Tiss Shap		$2,385.44			N	Y	Y	N			
L6550		LT-RT	Shldr Disar Prosth Tiss Shap		$3,089.65			N	Y	Y	N			
L6570		LT-RT	Scap Thorac Prosth Tiss Shap		$3,449.18			N	Y	Y	N			
L6600		LT-RT	Polycentric Hinge Pair		$153.52		1 per 5 Years	N	Y	Y	N	21-124		
L6605		LT-RT	Single Pivot Hinge Pair		$158.01		1 per 5 Years	N	Y	Y	N	21-124		
L6610		LT-RT	Flexible Metal Hinge Pair		$150.75		1 per 5 Years	N	Y	Y	N	21-124		
L6615		LT-RT	Disconnect Locking Wrist Uni		$146.34		1 per 5 Years	N	Y	Y	N	21-124		
L6616		LT-RT	Disconnect Insert Locking Wr		$44.05		1 per 5 Years	N	Y	Y	N	21-124		
L6620		LT-RT	Flexion/Extension Wrist Unit		$255.83		1 per 5 Years	N	Y	Y	N	21-124		
L6625		LT-RT	Rotation Wrst W/ Cable Lock		$361.19			N	Y	Y	N			
L6630		LT-RT	Stainless Steel Any Wrist		$195.15			N	Y	Y	N			
L6635		LT-RT	Lift Assist For Elbow		$141.05		1 per 2 Years	N	Y	Y	N	21-124		
L6640		LT-RT	Shoulder Abduction Joint Pai		$229.97			N	Y	Y	N			
L6645		LT-RT	Shoulder Flexion-Abduction J		$248.72		1 per 2 Years	N	Y	Y	N	21-124		
L6646		LT-RT	Multipo Locking Shoulder Jnt		$2,154.38			N	Y	Y	N			
L6647		LT-RT	Shoulder Lock Actuator		$354.69			N	Y	Y	N			
L6650		LT-RT	Shoulder Universal Joint		$269.75		1 per 2 Years	N	Y	Y	N	21-124		
L6655		LT-RT	Standard Control Cable Extra		$52.32		1 per 2 Years	N	Y	Y	N	21-124		
L6660		LT-RT	Heavy Duty Control Cable		$70.02		1 per 2 Years	N	Y	Y	N	21-124		
L6665		LT-RT	Teflon Or Equal Cable Lining		$31.28		1 per 2 Years	N	Y	Y	N	21-124		
L6670		LT-RT	Hook To Hand Cable Adapter		$32.57		1 per 2 Years	N	Y	Y	N			
L6672		LT-RT	Harness Chest/Shlder Saddle		$149.47		1 per 2 Years	N	Y	Y	N	21-124		
L6675		LT-RT	Harness Figure Of 8 Sing Con		$81.57		1 per 2 Years	N	Y	Y	N	21-124		
L6676		LT-RT	Harness Figure Of 8 Dual Con		$85.32		1 per 2 Years	N	Y	Y	N	21-124		
L6677		LT-RT	UE Triple Control Harness		$202.62		1 per 2 Years	N	Y	Y	N	21-124		
L6680		LT-RT	Test Sock Wrist Disart/Bel E		$208.15		2 per 5 Years	N	Y	Y	N	21-124		
L6682		LT-RT	Test Sock Elbw Disart/Above		$230.15		2 per 5 Years	N	Y	Y	N	21-124		
L6684		LT-RT	Test Socket Shldr Disart/Tho		$312.74		2 per 5 Years	N	Y	Y	N	21-124		

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L6691		LT-RT	Removable Insert Each		$237.92		1 per 2 Years	N	Y	Y	N	21-124		
L6692		LT-RT	Silicone Gel Insert Or Equal		$436.85		1 per 2 Years	N	Y	Y	N	21-124		
L6693			Lockingelbow Forearm Cntrbal		$1,939.21			N	Y	Y	N			
L6694		LT-RT	Elbow Socket Ins Use W/Lock		M			N	Y	Y	N			
L6695		LT-RT	Elbow Socket Ins Use W/O Lck		M			N	Y	Y	N			
L6696		LT-RT	Cus Elbo Skt In For Con/Atyp		M			N	Y	Y	N			
L6697		LT-RT	Cus Elbo Skt In Not Con/Atyp		M			N	Y	Y	N			
L6698		LT-RT	Below/Above Elbow Lock Mech		M			N	Y	Y	N			
L6706		LT-RT	Term Dev Mech Hook Vol Open		M		2 every 2 Years	N	Y	Y	N			
L6707		LT-RT	Term Dev Mech Hook Vol Close		M		2 every 2 Years	N	Y	Y	N			
L6708		LT-RT	Term Dev Mech Hand Vol Open		M		2 every 2 Years	N	Y	Y	N			
L6709		LT-RT	Term Dev Mech Hand Vol Close		M		2 every 2 Years	N	Y	Y	N			
L6711			Ped Term Dev, Hook, Vol Open		$459.22	0-20	1 per Year	N	Y	Y	N	0-20		
L6712			Ped Term Dev, Hook, Vol Clos		$845.55	0-20	1 per Year	N	Y	Y	N	0-20		
L6713			Ped Term Dev, Hand, Vol Open		$1,067.13	0-20	1 per Year	N	Y	Y	N	0-20		
L6714			Ped Term Dev, Hand, Vol Clos		$903.87	0-20	1 per Year	N	Y	Y	N	0-20		
L6721			Hook/Hand, Hvy Dty, Vol Open		$1,606.55		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N			
L6722			Hook/Hand, Hvy Dty, Vol Clos		$1,384.95		< 21 1 per Year 21 & > 1 per 2 Years	N	Y	Y	N			
L6805		LT-RT	Term Dev Modifier Wrist Unit		$261.97		1 per 5 Years	N	Y	Y	N	21-124		
L6810		LT-RT	Term Dev Precision Pinch Dev		$139.27		1 per 5 Years	N	Y	Y	N	21-124		
L6881		LT-RT	Term Dev Auto Grasp Feature		$2,792.53			N	Y	Y	N			
L6883		LT-RT	Replc Sockt Below E/W Disa **(RO)**		$1,356.88		2 per 2 Years	N	Y	N	N			
L6884		LT-RT	Replc Sockt Above Elbow Disa **(RO)**		$1,856.53		2 per 2 Years	N	Y	N	N			
L6885		LT-RT	Replc Sockt Shldr Dis/Interc **(RO)**		$2,884.14		2 per 2 Years	N	Y	N	N			
L6890		LT-RT	Prefab Glove For Term Device		$136.42		2 per Year	N	Y	N	N			
L6895		LT-RT	Custom Glove For Term Device		$456.15		2 per 2 Years	N	Y	Y	N	21-124		
L6935			Below Elbow Myoelectronic Ct		$6,028.40	0-20		N	Y	Y	N	0-20		
L7186			Electron Elbow Child Switch		M	0-20		N	Y	Y	N	0-20		
L7499			Upper Extremity Prosthes NOS		M			N	Y	Y	N			
L7510			Prosthetic Device Repair Rep		$44.16		2 per Year	N	Y	N	N			
L7520			Repair Prosthesis Per 15 Min		$11.02		Up to 1 Hour Twice a Year	N	Y	N	N			
L7600			Prosthetic Donning Sleeve		$57.78		2 per 6 Months	N	N	N	N			
L8000			Mastectomy Bra		$28.49		2 per 6 Months	N	N	N	N			
L8001			Breast Prosthesis Bra & Form		$84.89			N	N	Y	N			
L8002			Brst Prsth Bra & Bilat Form		$111.66			N	N	Y	N			
L8010		LT-RT	Mastectomy Sleeve		$29.37		2 per 6 Months	N	N	N	N			
L8015			Ext Breastprosthesis Garment		$40.56	21-124	2 per 6 Months	N	N	N	N			
L8020		LT-RT	Mastectomy Form		$154.44		2 per 2 Years	N	N	N	N			
L8030		LT-RT	Breast Prosthes W/O Adhesive		$238.74		2 per 2 Years	N	N	N	N			
L8300			Truss Single W/ Standard Pad		$57.28			N	N	Y	N			
L8310			Truss Double W/ Standard Pad		$101.49			N	N	Y	N			
L8320			Truss Addition To Std Pad Wa		$42.11			N	N	Y	N			
L8330			Truss Add To Std Pad Scrotal		$33.53			Y	N	Y	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
L8400		LT-RT	Sheath Below Knee		$10.69		6 per 6 Months	N	N	N	N			
L8410		LT-RT	Sheath Above Knee		$14.06		6 per 6 Months	N	N	N	N			
L8415		LT-RT	Sheath Upper Limb		$14.56		3 per 6 Months	N	N	N	N			
L8417		LT-RT	Pros Sheath/Sock W Gel Cushn		$51.37		6 per 6 Months	N	N	N	N			
L8420		LT-RT	Prosthetic Sock Multi Ply BK		$14.24		6 per 6 Months	N	N	N	N			
L8430		LT-RT	Prosthetic Sock Multi Ply AK		$16.13		6 per 6 Months	N	N	N	N			
L8435		LT-RT	Pros Sock Multi Ply Upper Lm		$15.33		3 per 6 Months	N	N	N	N			
L8440		LT-RT	Shrinker Below Knee		$31.34		1 per 6 Months	N	N	N	N			
L8460		LT-RT	Shrinker Above Knee		$45.26		1 per 6 Months	N	N	N	N			
L8465		LT-RT	Shrinker Upper Limb		$41.83		1 per Year	N	N	N	N			
L8470		LT-RT	Pros Sock Single Ply BK		$4.53		6 per 6 Months	N	N	N	N			
L8480		LT-RT	Pros Sock Single Ply AK		$6.24		6 per 6 Months	N	N	N	N			
L8485		LT-RT	Pros Sock Single Ply Upper L		$8.29		3 per 6 Months	N	N	N	N			
L8499			Unlisted Misc Prosthetic Ser		M			N	N	Y	N			
L8500			Artificial Larynx		$445.38			N	N	Y	N			
L8501			Tracheostomy Speaking Valve		$82.03		2 per 2 Months	N	N	N	N			
L8509			Trach-Esoph Voice Pros Md In		$74.60		1 per Year	N	N	N	N			
L8510			Voice Amplifier		M			N	N	Y	N			
L8515			Gel Cap App Device For Trach		$42.71			N	N	Y	N			
S1040			Cranial Remolding Orthosis		$904.40		1 per 2 Years	N	Y	Y	N		754.0	
S5199			Personal Care Item Nos Each		$0.10		100 per Month	N	N	N	N			
S5498			HIT Simple Cath Care		$3.94		1 per Day	Y	N	N	Y**			
S5501			HIT Complex Cath Care		$3.94		1 per Day	Y	N	N	Y**			
S5502			HIT Interim Cath Care		$3.55		1 per Day	N	N	N	Y**			
S5520			HIT Picc Insert Kit		$110.23			N	N	Y	Y			
S5521			HIT Midline Cath Insert Kit		$110.23			N	N	Y	Y			
S8185			Flutter Device		$40.70		1 per Year	Y	N	Y	N		277.00-277.09	
S8186			Swivel Adaptor		$3.44		4 per Month	Y	N	N	N			
S8189			Trach Supply Noc		$4.37		90 per Month	Y	N	N	N			
S8210			Mucus Trap		$2.25		15 per Month	Y	N	N	N			
S8265			Haberman Feeder		$12.68	0-20	4 per Month	N	N	N	N			
S8421			Ready Gradient Sleev/Glov		$36.78		4 per 3 Months	Y	N	N	N			
S8422			Custom Grad Sleeve Med		M			N	N	Y	N			
S8423			Custom Grad Sleeve Heavy		M			N	N	Y	N			
S8424			Ready Gradient Sleeve		$38.30		4 per 3 Months	Y	N	N	N			
S8425			Custom Grad Glove Med		M			N	N	Y	N			
S8426			Custom Grad Glove Heavy		M			N	N	Y	N			
S8427			Ready Gradient Glove		$53.23		4 per 3 Months	Y	N	N	N			
S8428			Ready Gradient Gauntlet		$17.63		4 per 3 Months	Y	N	N	N			
S8999			Resuscitation Bag		$93.22		1 per 2 Years	Y	N	N	N			
S9001	RR		Home Uterine Monitor With Or		$46.84	14-45		N	N	Y	Y	14-45		
S9326			HIT Cont Pain Per Diem		$37.65	5-124	1 per Day	Y	N	Y	Y	5-124	140.0-239.9, 516.4-516.5	
S9327			HIT Int Pain Per Diem		$13.02	5-124	1 per Day	Y	N	Y	Y	5-124	140.0-239.9, 516.4-516.5	
S9330			HIT Cont Chem Diem		$22.04	5-124	1 per Day	Y	N	Y	Y	5-124	140.0-239.9, 516.4-516.5	
S9330	SH		HIT Cont Chem Diem		$44.08	5-124	1 per Day	Y	N	Y	Y	5-124	140.0-239.9, 516.4-516.5	
S9331			HIT Intermit Chemo Diem		$22.04	5-124	1 per Day	Y	N	Y	Y	5-124	140.0-239.9, 516.4-516.5	

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
S9331	SH		HIT Intermit Chemo Diem		$44.08	5-124	1 per Day	Y	N	Y	Y	5-124	140.0-239.9, 516.4-516.5	
S9338			HIT Immunotherapy Diem		$22.04	5-124	Up to 8 Days per Month	Y	N	Y	Y	5-124	279.00-279.2	
S9345			HIT Anti-Hemophil Diem		$22.04	5-124	1 per Day	Y	N	Y	Y	5-124	286.0-286.2, 286.4	
S9346			HIT Alpha-1-Proteinas Diem		$22.04	5-124		Y	N	Y	Y	5-124		
S9348			HIT Sympathomim Diem		$22.04	5-124		Y	N	Y	Y	5-124		
S9351			HIT Cont Antiemetic Diem		$22.04	5-124	Up to 210 Days per Year	Y	N	Y	Y	5-124	140.0-209.79, 230.0-239.9, 516.4-516.5, 643.00-643.23	
S9355			HIT Chelation Diem		$22.04	5-124	1 per Day	Y	N	Y	Y	5-124	275.01-275.09, 282.40–282.69, 284.01-284.9	
S9374			HIT Hydra 1 Liter Diem		$22.04	5-124	Up to 210 Days per Year	Y	N	Y	Y	5-124	275.2-275.49, 276.0-276.1, 276.7-276.8, 643.00-643.23	
S9375			HIT Hydra 2 Liter Diem		$22.04	5-124	Up to 210 Days per Year	Y	N	Y	Y	5-124	275.2-275.49, 276.0-276.1, 276.7-276.8, 643.00-643.23	
S9376			HIT Hydra 3 Liter Diem		$22.04	5-124	Up to 210 Days per Year	Y	N	Y	Y	5-124	275.2-275.49, 276.0-276.1, 276.7-276.8, 643.00-643.23	
S9377			HIT Hydra Over 3l Diem		$22.04	5-124	Up to 210 Days per Year	Y	N	Y	Y	5-124	275.2-275.49, 276.0-276.1, 276.7-276.8, 643.00-643.23	
S9379			HIT Noc Per Diem		M	5-124		Y	N	Y	Y	5-124		
S9490			HIT Corticosteroid/Diem		$22.04	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	340, 446.5, 996.80-996.99	
S9497			HIT Antibiotic Q3h Diem		$22.04	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	
S9497	SH		HIT Antibiotic Q3h Diem		$44.08	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
S9497	SJ		HIT Antibiotic Q3h Diem		$55.10	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	
S9500			HIT Antibiotic Q24h Diem		$22.04	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	
S9500	SH		HIT Antibiotic Q24h Diem		$44.08	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	
S9500	SJ		HIT Antibiotic Q24h Diem		$55.10	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
S9501			HIT Antibiotic Q12h Diem		$22.04	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	
S9501	SH		HIT Antibiotic Q12h Diem		$44.08	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	
S9501	SJ		HIT Antibiotic Q12h Diem		$55.10	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	
S9502			HIT Antibiotic Q8h Diem		$22.04	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
S9502	SH		HIT Antibiotic Q8h Diem		$44.08	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	
S9502	SJ		HIT Antibiotic Q8h Diem		$55.10	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	
S9503			HIT Antibiotic Q6h Diem		$22.04	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	
S9503	SH		HIT Antibiotic Q6h Diem		$44.08	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
S9503	SJ		HIT Antibiotic Q6h Diem		$55.10	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	
S9504			HIT Antibiotic Q4h Diem		$22.04	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	
S9504	SH		HIT Antibiotic Q4h Diem		$44.08	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	
S9504	SJ		HIT Antibiotic Q4h Diem		$55.10	5-124	Up to 60 Days per 4 Months	Y	N	Y	Y	5-124	036.40-036.82, 039.1-039.4, 041.12, 041.3, 042, 052.1-052.2, 053.0-053.14, 053.71-053.79, 054.40-054.44, 054.74, 078.5, 112.0-112.89, 117.3, 136.3, 277.00-277.09, 383.00-383.1, 421.0-422.93, 590.00-590.9, 681.00-682.8, 711.00-711.89, 730.00-730.19, 730.30-730.39	
S9537			HT Hem Horm Inj Diem		$13.02	5-124	1 per Day	Y	N	Y	Y	5-124	158.8-1589, 174.0-175.9,183.0-183.9, 185, 218.0-218.9, 255.2, 256.0-256.1, 257.0, 259.1, 617.0-617.9, V10.3, V10.43, V10.46	
T4521			Adult Size Brief/Diaper Sm		$0.53	3-124	300 per Month	Y	N	N	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

HCPCS Code	R-Mod	I-Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	NF	ABC	PA	PA MPRO	PA Age	Diagnosis	Comments
T4522			Adult Size Brief/Diaper Med		$0.53	3-124	300 per Month	Y	N	N	N			
T4523			Adult Size Brief/Diaper Lg		$0.65	3-124	300 per Month	Y	N	N	N			
T4524			Adult Size Brief/Diaper Xl		$1.05	3-124	300 per Month	Y	N	N	N			
T4525			Adult Size Pull-On Sm		$1.42	3-124	150 per Month	Y	N	N	N			
T4526			Adult Size Pull-On Med		$1.42	3-124	150 per Month	Y	N	N	N			
T4527			Adult Size Pull-On Lg		$1.42	3-124	150 per Month	Y	N	N	N			
T4528			Adult Size Pull-On Xl		$1.42	3-124	150 per Month	Y	N	N	N			
T4529			Ped Size Brief/Diaper Sm/Med		$0.52	3-12	300 per Month	Y	N	N	N			
T4530			Ped Size Brief/Diaper Lg		$0.53	3-12	300 per Month	Y	N	N	N			
T4531			Ped Size Pull-On Sm/Med		$1.15	3-124	150 per Month	Y	N	N	N			
T4532			Ped Size Pull-On Lg		$1.15	3-124	150 per Month	Y	N	N	N			
T4533			Youth Size Brief/Diaper		$0.53	3-124	300 per Month	Y	N	N	N			
T4534			Youth Size Pull-On		$1.42	3-124	150 per Month	Y	N	N	N			
T4535			Disposable Liner/Shield/Pad		$0.34	3-124	300 per Month	Y	N	N	N			
T4536			Reusable Pull-On Any Size		$1.75	3-124	10 per Month	Y	N	N	N			
T4541			Large Disposable Underpad		$0.38		180 per Month	Y	N	N	N			
T4542			Small Disposable Underpad		$0.38		180 per Month	Y	N	N	N			
T4543			Disp Bariatric Brief/Diaper		$1.72	14-124	300 per Month	Y	N	N	N			
T4544			Adlt Disp Und/Pull On Abv Xl		$1.42	3-124	150 per Month	Y	N	N	N			
T5001			Position Seat Spec Orth Need		M			N	N	Y	N			
V2623			Plastic eye prosth custom		$468.44			N	Y	N	N			
V2624			Polishing artifical eye		$14.90			N	Y	N	N			
V2625			Enlargement of eye prosthesis		$414.00			N	Y	Y	N			
V2626			Reduction of eye prosthesis		$414.00			N	Y	Y	N			
V2627			Scleral cover shell		$496.55			N	Y	N	N			
V2628			Fabrication and fitting of ocular conformer		$207.00			N	Y	N	N			
V2629			Prosthetic eye, other type		M			N	Y	Y	N			

CPT codes, descriptions and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms web page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.