

**MDCH
Local Health Department
January 2015**

Local Health Departments may bill for services not listed within this database. Providers should refer to the Medical Clinics or Dental database for information about other covered services.

HCPCS Code	Mod	Short Description	HCPCS Action Code	Maximum Fee	Age	Limits	Comments
36416		Capillary Blood Draw		\$7.06	0-6	3 per Year	
99172		Ocular Function Screen		\$9.20	3-6	3 per Year	
V5008		Hearing Screening		\$9.20	3-6	3 per Year	
T1028	EP	Home Environment Assessment		\$75.90	0-20	2 per Year	
T1029	TS	Dwelling Lead Investigation		\$132.48	0-20	2 per Year	
G0108		Diab Manage Trn Per Indiv	P	\$29.32	0-124	2 per Year	
G0109		Diab Manage Trn Per Ind/Group	P	\$7.92	0-124	20 per Year	

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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 webpage. 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.