

DATABASE INSTRUCTIONS

Targeted Case Management (TCM) Reimbursement

This document contains information for interpreting this Michigan Medicaid database. Providers are instructed to refer to the Michigan Medicaid Provider Manual and/or MSA Bulletins for specific coverage, reimbursement policies, and required forms. To access this information via the MDHHS website, click hyperlink: [Medicaid Policy & Forms](#).

The database is available in two formats:

- PDF excel file for viewing and/or printing a page
- An Excel file for downloading data onto your computer

Data elements and descriptions for this database are as follows:

Data Element	Description
HCPCS Code	The HCPCS Level II code used to denote a service.
Short Description	The short description of the service associated with the HCPCS code.
Modifier	Reported modifier identifies a set fee screen as follows: TT = Additional patient(s)
Modifier – Additional Patient(s)	Reported modifier is informational and identifies the number of individuals served: UN = Two patients served UP = Three patients served UQ = Four patients served UR = Five patients served US = Six or more patients served
Rate	The rate is based on a Single Encounter.

Questions on the database should be directed to Provider Inquiry by phone at 1-800-292-2550 or e-mail to ProviderSupport@michigan.gov. Include your name, affiliation and phone number for contact information.