Michigan Department of Health and Human Services
Urgent Care Centers Fee Schedule
October - 2016

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
10040	Acne Surgery			$57.05	
10060	Drainage Of Skin Abscess			$65.77	
10061	Drainage Of Skin Abscess			$115.89	
10080	Drainage Of Pilonidal Cyst			$100.63	
10081	Drainage Of Pilonidal Cyst			$150.75	
10120	Remove Foreign Body			$85.18	
10121	Remove Foreign Body			$153.92	
10140	Drainage Of Hematoma/Fluid			$91.52	
10160	Puncture Drainage Of Lesion			$73.10	
11000	Debride Infected Skin			$30.51	
11001	Debride Infected Skin Add-On			$12.08	
11042	Deb Subq Tissue 20 Sq Cm/<			$65.37	
11045	Deb Subq Tissue Add-On			$22.98	
11055	Trim Skin Lesion			$26.55	
11056	Trim Skin Lesions 2 To 4			$32.49	
11057	Trim Skin Lesions Over 4			$36.65	
11100	Biopsy Skin Lesion			$57.85	
11101	Biopsy Skin Add-On			$18.42	
11200	Removal Of Skin Tags <W/15			$49.33	
11201	Remove Skin Tags Add-On			$10.70	
11300	Shave Skin Lesion 0.5 Cm/<			$54.28	
11301	Shave Skin Lesion 0.6-1.0 Cm			$66.96	
11302	Shave Skin Lesion 1.1-2.0 Cm			$78.84	
11303	Shave Skin Lesion >2.0 Cm			$87.16	
11305	Shave Skin Lesion 0.5 Cm/<			$55.47	
11306	Shave Skin Lesion 0.6-1.0 Cm			$68.15	
11307	Shave Skin Lesion 1.1-2.0 Cm			$80.43	
11308	Shave Skin Lesion >2.0 Cm			$84.39	
11310	Shave Skin Lesion 0.5 Cm/<			$63.39	
11311	Shave Skin Lesion 0.6-1.0 Cm			$62.40	
11312	Shave Skin Lesion 1.1-2.0 Cm			$89.74	
11313	Shave Skin Lesion >2.0 Cm			$104.00	
11400	Exc Tr-Ext B9+Marg 0.5 Cm<			$69.34	
11401	Exc Tr-Ext B9+Marg 0.6-1 Cm			$83.40	
11402	Exc Tr-Ext B9+Marg 1.1-2 Cm			$92.71	
11403	Exc Tr-Ext B9+Marg 2.1-3cm/<			$107.57	
11404	Exc Tr-Ext B9+Marg 3.1-4 Cm			$122.23	
11406	Exc Tr-Ext B9+Marg >4.0 Cm			$176.31	
11420	Exc H-F-Nk-Sp B9+Marg 0.5/<			$68.54	
11421	Exc H-F-Nk-Sp B9+Marg 0.6-1			$87.76	
11422	Exc H-F-Nk-Sp B9+Marg 1.1-2			$98.26	
11423	Exc H-F-Nk-Sp B9+Marg 2.1-3			$113.31	
11424	Exc H-F-Nk-Sp B9+Marg 3.1-4			$131.14	
11426	Exc H-F-Nk-Sp B9+Marg >4 Cm			$187.60	
11440	Exc Face-Mm B9+Marg 0.5 Cm/<			$75.48	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
11441	Exc Face-Mm B9+Marg 0.6-1 Cm			$94.10	
11442	Exc Face-Mm B9+Marg 1.1-2 Cm			$105.39	
11443	Exc Face-Mm B9+Marg 2.1-3 Cm			$125.79	
11444	Exc Face-Mm B9+Marg 3.1-4 Cm			$158.08	
11446	Exc Face-Mm B9+Marg >4 Cm			$219.69	
11450	Removal Sweat Gland Lesion			$214.15	
11451	Removal Sweat Gland Lesion			$272.98	
11462	Removal Sweat Gland Lesion			$209.00	
11463	Removal Sweat Gland Lesion			$276.15	
11470	Removal Sweat Gland Lesion			$232.37	
11600	Exc Tr-Ext Mal+Marg 0.5 Cm/<			$107.77	
11601	Exc Tr-Ext Mal+Marg 0.6-1 Cm			$128.17	
11602	Exc Tr-Ext Mal+Marg 1.1-2 Cm			$139.07	
11603	Exc Tr-Ext Mal+Marg 2.1-3 Cm			$159.07	
11604	Exc Tr-Ext Mal+Marg 3.1-4 Cm			$176.90	
11606	Exc Tr-Ext Mal+Marg >4 Cm			$253.57	
11620	Exc H-F-Nk-Sp Mal+Marg 0.5/<			$108.96	
11621	Exc S/N/H/F/G Mal+Mrg 0.6-1			$128.96	
11622	Exc S/N/H/F/G Mal+Mrg 1.1-2			$143.82	
11623	Exc S/N/H/F/G Mal+Mrg 2.1-3			$168.98	
11624	Exc S/N/H/F/G Mal+Mrg 3.1-4			$190.57	
11626	Exc S/N/H/F/G Mal+Mrg >4 Cm			$229.80	
11640	Exc F/E/E/N/L Mal+Mrg 0.5cm<			$112.32	
11641	Exc F/E/E/N/L Mal+Mrg 0.6-1			$133.52	
11642	Exc F/E/E/N/L Mal+Mrg 1.1-2			$152.54	
11643	Exc F/E/E/N/L Mal+Mrg 2.1-3			$179.87	
11644	Exc F/E/E/N/L Mal+Mrg 3.1-4			$221.87	
11646	Exc F/E/E/N/L Mal+Mrg >4 Cm			$290.22	
11720	Debride Nail 1-5			$18.03	
11721	Debride Nail 6 Or More			$25.16	
11730	Removal Of Nail Plate			$55.47	
11732	Remove Nail Plate Add-On			$20.01	
11740	Drain Blood From Under Nail			$27.73	
11750	Removal Of Nail Bed			$101.23	
11755	Biopsy Nail Unit			$74.88	
11760	Repair Of Nail Bed			$108.96	
11765	Excision Of Nail Fold Toe			$93.70	
11900	Inject Skin Lesions </W 7			$31.10	
11901	Inject Skin Lesions >7			$39.22	
11976	Remove Contraceptive Capsule			$80.03	
11980	Implant Hormone Pellet(S)			$52.69	
11981	Insert Drug Implant Device			$78.84	
11982	Remove Drug Implant Device			$89.54	
11983	Remove/Insert Drug Implant			$125.00	
12001	Rpr S/N/Ax/Gen/Trnk 2.5cm/<			$49.92	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Michigan Department of Health and Human Services
Urgent Care Centers Fee Schedule
October - 2016

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
12002	Rpr S/N/Ax/Gen/Trnk2.6-7.5cm			$60.82	
12004	Rpr S/N/Ax/Gen/Trk7.6-12.5cm			$71.71	
12005	Rpr S/N/A/Gen/Trk12.6-20.0cm			$90.53	
12006	Rpr S/N/A/Gen/Trk20.1-30.0cm			$107.37	
12007	Rpr S/N/Ax/Gen/Trnk >30.0 Cm			$125.40	
12011	Rpr F/E/E/N/L/M 2.5 Cm/<			$61.21	
12013	Rpr F/E/E/N/L/M 2.6-5.0 Cm			$63.99	
12014	Rpr F/E/E/N/L/M 5.1-7.5 Cm			$74.88	
12015	Rpr F/E/E/N/L/M 7.6-12.5 Cm			$90.73	
12016	Rpr Fe/E/En/L/M 12.6-20.0 Cm			$115.29	
12020	Closure Of Split Wound			$163.04	
12021	Closure Of Split Wound			$94.10	
12031	Intmd Rpr S/A/T/Ext 2.5 Cm/<			$132.73	
12032	Intmd Rpr S/A/T/Ext 2.6-7.5			$169.97	
12034	Intmd Rpr S/Tr/Ext 7.6-12.5			$174.72	
12035	Intmd Rpr S/A/T/Ext 12.6-20			$214.74	
12036	Intmd Rpr S/A/T/Ext 20.1-30			$236.73	
12037	Intmd Rpr S/Tr/Ext >30.0 Cm			$268.43	
12041	Intmd Rpr N-Hf/Genit 2.5cm/<			$132.73	
12042	Intmd Rpr N-Hf/Genit2.6-7.5			$162.05	
12044	Intmd Rpr N-Hf/Genit7.6-12.5			$201.27	
12045	Intmd Rpr N-Hf/Genit12.6-20			$226.23	
12046	Intmd Rpr N-Hf/Genit20.1-30			$268.82	
12047	Intmd Rpr N-Hf/Genit >30.0cm			$291.60	
12051	Intmd Rpr Face/Mm 2.5 Cm/<			$144.81	
12052	Intmd Rpr Face/Mm 2.6-5.0 Cm			$165.02	
12053	Intmd Rpr Face/Mm 5.1-7.5 Cm			$193.54	
12054	Intmd Rpr Face/Mm 7.6-12.5cm			$202.26	
12055	Intmd Rpr Face/Mm 12.6-20 Cm			$262.68	
12056	Intmd Rpr Face/Mm 20.1-30.0			$306.86	
12057	Intmd Rpr Face/Mm >30.0 Cm			$316.56	
13100	Cmplx Rpr Trunk 1.1-2.5 Cm			$187.60	
13101	Cmplx Rpr Trunk 2.6-7.5 Cm			$222.07	
13102	Cmplx Rpr Trunk Addl 5cm/<			$68.34	
13120	Cmplx Rpr S/A/L 1.1-2.5 Cm			$196.32	
13121	Cmplx Rpr S/A/L 2.6-7.5 Cm			$239.70	
13122	Cmplx Rpr S/A/L Addl 5 Cm/>			$74.88	
13131	Cmplx Rpr F/C/C/M/N/Ax/G/H/F			$216.13	
13132	Cmplx Rpr F/C/C/M/N/Ax/G/H/F			$267.44	
13133	Cmplx Rpr F/C/C/M/N/Ax/G/H/F			$100.63	
13151	Cmplx Rpr E/N/E/L 1.1-2.5 Cm			$236.93	
13152	Cmplx Rpr E/N/E/L 2.6-7.5 Cm			$284.87	
13153	Cmplx Rpr E/N/E/L Addl 5cm/<			$109.15	
15851	Remove Sutures Diff Surgeon			$55.47	
16000	Initial Treatment Of Burn(S)			$38.63	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Michigan Department of Health and Human Services
Urgent Care Centers Fee Schedule
October - 2016

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
16020	Dress/Debrid P-Thick Burn S			$45.76	
16025	Dress/Debrid P-Thick Burn M			$82.81	
16030	Dress/Debrid P-Thick Burn L			$104.40	
17000	Destruct Premalg Lesion			$37.44	
17003	Destruct Premalg Les 2-14			$3.17	
17004	Destroy Premal Lesions 15/>			$84.19	
17106	Destruction Of Skin Lesions			$191.76	
17107	Destruction Of Skin Lesions			$243.86	
17108	Destruction Of Skin Lesions			$359.55	
17110	Destruct B9 Lesion 1-14			$62.01	
17111	Destruct Lesion 15 Or More			$73.50	
17250	Chemical Cautery Tissue			$44.37	
17260	Destruction Of Skin Lesions			$53.09	
17261	Destruction Of Skin Lesions			$80.43	
17262	Destruction Of Skin Lesions			$98.06	
17263	Destruction Of Skin Lesions			$107.17	
17264	Destruction Of Skin Lesions			$114.90	
17266	Destruction Of Skin Lesions			$130.35	
17270	Destruction Of Skin Lesions			$84.39	
17271	Destruction Of Skin Lesions			$91.32	
17272	Destruction Of Skin Lesions			$104.40	
17273	Destruction Of Skin Lesions			$116.48	
17274	Destruction Of Skin Lesions			$137.68	
17276	Destruction Of Skin Lesions			$159.47	
17280	Destruction Of Skin Lesions			$78.84	
17281	Destruction Of Skin Lesions			$99.64	
17282	Destruction Of Skin Lesions			$114.70	
17283	Destruction Of Skin Lesions			$137.28	
17284	Destruction Of Skin Lesions			$156.90	
17286	Destruction Of Skin Lesions			$201.47	
17340	Cryotherapy Of Skin			$28.92	
17999	Skin Tissue Procedure			M	
19000	Drainage Of Breast Lesion			$63.59	
19001	Drain Breast Lesion Add-On			$15.25	
19020	Incision Of Breast Lesion			$265.85	
19499	Breast Surgery Procedure			M	
20500	Injection Of Sinus Tract			$58.64	
20501	Inject Sinus Tract For X-Ray			$66.56	
20520	Removal Of Foreign Body			$114.70	
20525	Removal Of Foreign Body			$270.41	
20615	Treatment Of Bone Cyst			$137.88	
20999	Musculoskeletal Surgery			M	
21011	Exc Face Les Sc <2 Cm			$196.91	
21310	Closed Tx Nose Fx W/O Manj			$74.49	
21315	Closed Tx Nose Fx W/O Stablj			$157.29	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
21320	Closed Tx Nose Fx W/ Stablj			$145.80	
21337	Closed Tx Septal&Nose Fx			$229.80	
21400	Closed Tx Orbit W/O Manipulj			$109.35	
21421	Treat Mouth Roof Fracture			$432.06	
21440	Treat Dental Ridge Fracture			$331.42	
21453	Treat Lower Jaw Fracture			$523.97	
21480	Reset Dislocated Jaw			$56.06	
21499	Head Surgery Procedure			M	
21501	Drain Neck/Chest Lesion			$257.53	
21550	Biopsy Of Neck/Chest			$148.97	
21555	Exc Neck Les Sc < 3 Cm			$235.54	
21820	Treat Sternum Fracture			$79.64	
21899	Neck/Chest Surgery Procedure			M	
21920	Biopsy Soft Tissue Of Back			$145.60	
21930	Exc Back Les Sc < 3 Cm			$268.03	
22305	Closed Tx Spine Process Fx			$108.16	
22310	Closed Tx Vert Fx W/O Manj			$174.72	
22902	Exc Abd Les Sc < 3 Cm			$248.81	
22999	Abdomen Surgery Procedure			M	
23075	Exc Shoulder Les Sc < 3 Cm			$265.26	
23330	Remove Shoulder Foreign Body			$134.71	
23500	Treat Clavicle Fracture			$123.22	
23505	Treat Clavicle Fracture			$199.49	
23520	Treat Clavicle Dislocation			$126.59	
23525	Treat Clavicle Dislocation			$212.36	
23540	Treat Clavicle Dislocation			$126.59	
23545	Treat Clavicle Dislocation			$191.56	
23570	Treat Shoulder Blade Fx			$130.94	
23575	Treat Shoulder Blade Fx			$225.64	
23600	Treat Humerus Fracture			$184.03	
23605	Treat Humerus Fracture			$261.89	
23620	Treat Humerus Fracture			$151.94	
23625	Treat Humerus Fracture			$213.95	
23650	Treat Shoulder Dislocation			$176.51	
23665	Treat Dislocation/Fracture			$239.90	
23675	Treat Dislocation/Fracture			$311.41	
23929	Shoulder Surgery Procedure			M	
24075	Exc Arm/Elbow Les Sc < 3 Cm			$277.54	
24200	Removal Of Arm Foreign Body			$116.88	
24500	Treat Humerus Fracture			$201.86	
24505	Treat Humerus Fracture			$281.90	
24530	Treat Humerus Fracture			$214.54	
24535	Treat Humerus Fracture			$347.27	
24560	Treat Humerus Fracture			$180.27	
24565	Treat Humerus Fracture			$299.53	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
24576	Treat Humerus Fracture			$191.36	
24577	Treat Humerus Fracture			$307.45	
24600	Treat Elbow Dislocation			$205.03	
24640	Treat Elbow Dislocation			$75.87	
24650	Treat Radius Fracture			$147.19	
24655	Treat Radius Fracture			$245.25	
24670	Treat Ulnar Fracture			$163.83	
24675	Treat Ulnar Fracture			$256.14	
24999	Upper Arm/Elbow Surgery			M	
25500	Treat Fracture Of Radius			$153.92	
25505	Treat Fracture Of Radius			$283.88	
25520	Treat Fracture Of Radius			$316.17	
25530	Treat Fracture Of Ulna			$147.58	
25535	Treat Fracture Of Ulna			$276.15	
25560	Treat Fracture Radius & Ulna			$156.30	
25565	Treat Fracture Radius & Ulna			$293.19	
25600	Treat Fracture Radius/Ulna			$184.63	
25605	Treat Fracture Radius/Ulna			$308.24	
25622	Treat Wrist Bone Fracture			$171.16	
25624	Treat Wrist Bone Fracture			$268.23	
25630	Treat Wrist Bone Fracture			$171.75	
25635	Treat Wrist Bone Fracture			$240.30	
25650	Treat Wrist Bone Fracture			$180.27	
25675	Treat Wrist Dislocation			$244.46	
25999	Forearm Or Wrist Surgery			M	
26010	Drainage Of Finger Abscess			$148.18	
26011	Drainage Of Finger Abscess			$218.90	
26115	Exc Hand Les Sc < 1.5 Cm			$283.88	
26600	Treat Metacarpal Fracture			$165.41	
26605	Treat Metacarpal Fracture			$181.06	
26641	Treat Thumb Dislocation			$207.01	
26645	Treat Thumb Fracture			$237.92	
26670	Treat Hand Dislocation			$190.77	
26700	Treat Knuckle Dislocation			$181.26	
26720	Treat Finger Fracture Each			$111.33	
26725	Treat Finger Fracture Each			$189.58	
26740	Treat Finger Fracture Each			$129.36	
26742	Treat Finger Fracture Each			$207.41	
26750	Treat Finger Fracture Each			$103.41	
26755	Treat Finger Fracture Each			$176.31	
26770	Treat Finger Dislocation			$154.52	
26989	Hand/Finger Surgery			M	
27040	Biopsy Of Soft Tissues			$194.34	
27047	Exc Hip/Pelvis Les Sc < 3 Cm			$264.46	
27086	Remove Hip Foreign Body			$163.63	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
27193	Treat Pelvic Ring Fracture			$267.24	
27200	Treat Tail Bone Fracture			$102.02	
27220	Treat Hip Socket Fracture			$301.31	
27230	Treat Thigh Fracture			$269.02	
27246	Treat Thigh Fracture			$218.50	
27256	Treat Hip Dislocation			$169.18	
27299	Pelvis/Hip Joint Surgery			M	
27323	Biopsy Thigh Soft Tissues			$153.13	
27327	Exc Thigh/Knee Les Sc < 3 Cm			$259.91	
27372	Removal Of Foreign Body			$342.71	
27500	Treatment Of Thigh Fracture			$294.18	
27501	Treatment Of Thigh Fracture			$285.86	
27508	Treatment Of Thigh Fracture			$297.55	
27516	Treat Thigh Fx Growth Plate			$288.04	
27520	Treat Kneecap Fracture			$182.25	
27530	Treat Knee Fracture			$170.37	
27532	Treat Knee Fracture			$348.85	
27538	Treat Knee Fracture(S)			$267.24	
27550	Treat Knee Dislocation			$285.66	
27560	Treat Kneecap Dislocation			$204.04	
27599	Leg Surgery Procedure			M	
27613	Biopsy Lower Leg Soft Tissue			$142.63	
27618	Exc Leg/Ankle Tum < 3 Cm			$254.36	
27750	Treatment Of Tibia Fracture			$195.52	
27752	Treatment Of Tibia Fracture			$304.48	
27760	Cltx Medial Ankle Fx			$188.20	
27762	Cltx Med Ankle Fx W/Mnpj			$268.62	
27767	Cltx Post Ankle Fx			$158.68	
27780	Treatment Of Fibula Fracture			$172.94	
27781	Treatment Of Fibula Fracture			$238.71	
27786	Treatment Of Ankle Fracture			$178.49	
27788	Treatment Of Ankle Fracture			$237.92	
27808	Treatment Of Ankle Fracture			$188.59	
27810	Treatment Of Ankle Fracture			$263.87	
27816	Treatment Of Ankle Fracture			$180.67	
27818	Treatment Of Ankle Fracture			$273.58	
27825	Treat Lower Leg Fracture			$308.64	
27830	Treat Lower Leg Dislocation			$215.33	
27899	Leg/Ankle Surgery Procedure			M	
28039	Exc Foot/Toe Tum Sc 1.5 Cm/>			$291.60	
28043	Exc Foot/Toe Tum Sc < 1.5 Cm			$228.41	
28190	Removal Of Foot Foreign Body			$146.59	
28400	Treatment Of Heel Fracture			$141.05	
28405	Treatment Of Heel Fracture			$223.65	
28430	Treatment Of Ankle Fracture			$134.51	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
28435	Treatment Of Ankle Fracture			$180.67	
28450	Treat Midfoot Fracture Each			$122.62	
28455	Treat Midfoot Fracture Each			$164.42	
28470	Treat Metatarsal Fracture			$124.41	
28475	Treat Metatarsal Fracture			$146.00	
28490	Treat Big Toe Fracture			$82.61	
28495	Treat Big Toe Fracture			$101.03	
28510	Treatment Of Toe Fracture			$70.33	
28515	Treatment Of Toe Fracture			$91.72	
28530	Treat Sesamoid Bone Fracture			$65.57	
28540	Treat Foot Dislocation			$117.67	
28570	Treat Foot Dislocation			$126.39	
28600	Treat Foot Dislocation			$124.01	
28630	Treat Toe Dislocation			$89.15	
28660	Treat Toe Dislocation			$66.17	
28899	Foot/Toes Surgery Procedure			M	
29000	Application Of Body Cast			$163.43	
29010	Application Of Body Cast			$134.71	
29015	Application Of Body Cast			$161.45	
29035	Application Of Body Cast			$110.34	
29040	Application Of Body Cast			$127.97	
29044	Application Of Body Cast			$160.26	
29046	Application Of Body Cast			$137.68	
29049	Application Of Figure Eight			$47.54	
29055	Application Of Shoulder Cast			$126.39	
29058	Application Of Shoulder Cast			$69.34	
29065	Application Of Long Arm Cast			$54.48	
29075	Application Of Forearm Cast			$49.13	
29085	Apply Hand/Wrist Cast			$54.08	
29086	Apply Finger Cast			$44.37	
29105	Apply Long Arm Splint			$49.72	
29125	Apply Forearm Splint			$36.45	
29126	Apply Forearm Splint			$43.38	
29130	Application Of Finger Splint			$23.18	
29131	Application Of Finger Splint			$28.72	
29200	Strapping Of Chest			$16.64	
29240	Strapping Of Shoulder			$16.24	
29260	Strapping Of Elbow Or Wrist			$16.44	
29280	Strapping Of Hand Or Finger			$16.64	
29305	Application Of Hip Cast			$140.25	
29325	Application Of Hip Casts			$154.32	
29345	Application Of Long Leg Cast			$77.26	
29355	Application Of Long Leg Cast			$79.83	
29358	Apply Long Leg Cast Brace			$91.13	
29365	Application Of Long Leg Cast			$69.53	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
29405	Apply Short Leg Cast			$46.36	
29425	Apply Short Leg Cast			$44.57	
29435	Apply Short Leg Cast			$65.97	
29440	Addition Of Walker To Cast			$24.76	
29445	Apply Rigid Leg Cast			$76.27	
29450	Application Of Leg Cast			$81.22	
29505	Application Long Leg Splint			$47.15	
29515	Application Lower Leg Splint			$40.61	
29520	Strapping Of Hip			$17.63	
29530	Strapping Of Knee			$16.24	
29540	Strapping Of Ankle And/Or Ft			$14.66	
29550	Strapping Of Toes			$10.70	
29580	Application Of Paste Boot			$29.72	
29581	Apply Multlay Comprs Lwr Leg			$34.67	
29582	Apply Multlay Comprs Upr Leg			$39.42	
29583	Apply Multlay Comprs Upr Arm			$24.56	
29584	Appl Multlay Comprs Arm/Hand			$39.42	
29700	Removal/Revision Of Cast			$35.46	
29705	Removal/Revision Of Cast			$37.84	
29710	Removal/Revision Of Cast			$69.14	
29720	Repair Of Body Cast			$48.14	
29730	Windowing Of Cast			$36.65	
29740	Wedging Of Cast			$56.46	
29750	Wedging Of Clubfoot Cast			$50.52	
29799	Casting/Strapping Procedure			M	
30000	Drainage Of Nose Lesion			$130.35	
30020	Drainage Of Nose Lesion			$132.13	
30100	Intranasal Biopsy			$80.03	
30110	Removal Of Nose Polyp(S)			$130.75	
30117	Removal Of Intranasal Lesion			$497.43	
30120	Revision Of Nose			$294.18	
30200	Injection Treatment Of Nose			$64.58	
30300	Remove Nasal Foreign Body			$105.39	
30901	Control Of Nosebleed			$53.88	
30903	Control Of Nosebleed			$125.00	
30905	Control Of Nosebleed			$153.33	
30906	Repeat Control Of Nosebleed			$197.31	
30999	Nasal Surgery Procedure			M	
31599	Larynx Surgery Procedure			M	
36400	Bl Draw < 3 Yrs Fem/Jugular			$16.84	
36405	Bl Draw <3 Yrs Scalp Vein			$14.86	
36406	Bl Draw <3 Yrs Other Vein			$9.31	
36415	Routine Venipuncture			$2.70	
36591	Draw Blood Off Venous Device			$13.07	
36592	Collect Blood From Picc			$14.66	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
40490	Biopsy Of Lip			$72.90	
40650	Repair Lip			$251.79	
40652	Repair Lip			$277.93	
40654	Repair Lip			$324.88	
40800	Drainage Of Mouth Lesion			$122.82	
40801	Drainage Of Mouth Lesion			$182.65	
40804	Removal Foreign Body Mouth			$109.95	
40805	Removal Foreign Body Mouth			$212.17	
40808	Biopsy Of Mouth Lesion			$107.96	
40810	Excision Of Mouth Lesion			$119.45	
40812	Excise/Repair Mouth Lesion			$167.20	
40820	Treatment Of Mouth Lesion			$153.53	
40830	Repair Mouth Laceration			$153.33	
40831	Repair Mouth Laceration			$194.73	
40899	Mouth Surgery Procedure			M	
41000	Drainage Of Mouth Lesion			$93.90	
41005	Drainage Of Mouth Lesion			$131.34	
41100	Biopsy Of Tongue			$97.07	
41105	Biopsy Of Tongue			$98.65	
41108	Biopsy Of Floor Of Mouth			$85.58	
41110	Excision Of Tongue Lesion			$122.62	
41112	Excision Of Tongue Lesion			$193.94	
41113	Excision Of Tongue Lesion			$212.17	
41116	Excision Of Mouth Lesion			$191.96	
41250	Repair Tongue Laceration			$154.12	
41251	Repair Tongue Laceration			$167.99	
41599	Tongue And Mouth Surgery			M	
41800	Drainage Of Gum Lesion			$156.50	
41805	Removal Foreign Body Gum			$149.37	
41825	Excision Of Gum Lesion			$122.62	
41826	Excision Of Gum Lesion			$183.04	
41850	Treatment Of Gum Lesion			M	
42000	Drainage Mouth Roof Lesion			$91.72	
42100	Biopsy Roof Of Mouth			$86.77	
42104	Excision Lesion Mouth Roof			$124.80	
42106	Excision Lesion Mouth Roof			$158.68	
42160	Treatment Mouth Roof Lesion			$134.11	
42180	Repair Palate			$140.85	
42182	Repair Palate			$184.63	
42299	Palate/Uvula Surgery			M	
42999	Throat Surgery Procedure			M	
44799	Unlisted Px Small Intestine			M	
45999	Rectum Surgery Procedure			M	
51700	Irrigation Of Bladder			$46.75	
51701	Insert Bladder Catheter			$30.71	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
51702	Insert Temp Bladder Cath			$39.42	
51703	Insert Bladder Cath Complex			$72.90	
51798	Us Urine Capacity Measure			$10.70	
54050	Destruction Penis Lesion(S)			$74.29	
54055	Destruction Penis Lesion(S)			$66.76	
54056	Cryosurgery Penis Lesion(S)			$80.03	
54057	Laser Surg Penis Lesion(S)			$76.27	
54060	Excision Of Penis Lesion(S)			$101.03	
54065	Destruction Penis Lesion(S)			$123.42	
54100	Biopsy Of Penis			$111.73	
55100	Drainage Of Scrotum Abscess			$122.03	
55899	Genital Surgery Procedure			M	
56405	I & D Of Vulva/Perineum			$61.21	
56420	Drainage Of Gland Abscess			$68.15	
56501	Destroy Vulva Lesions Sim			$73.30	
56605	Biopsy Of Vulva/Perineum			$46.16	
56606	Biopsy Of Vulva/Perineum			$21.20	
57061	Destroy Vag Lesions Simple			$63.79	
57100	Biopsy Of Vagina			$50.12	
57170	Fitting Of Diaphragm/Cap			$34.07	
57180	Treat Vaginal Bleeding			$78.65	
58999	Genital Surgery Procedure			M	
59025	Fetal Non-Stress Test			$27.34	
59025	Fetal Non-Stress Test	26		$17.04	
59025	Fetal Non-Stress Test	TC		$10.30	
64999	Nervous System Surgery			M	
65205	Remove Foreign Body From Eye			$31.30	
65210	Remove Foreign Body From Eye			$38.43	
65220	Remove Foreign Body From Eye			$32.49	
65222	Remove Foreign Body From Eye			$37.24	
67930	Repair Eyelid Wound			$203.45	
67938	Remove Eyelid Foreign Body			$135.10	
69000	Drain External Ear Lesion			$105.98	
69020	Drain Outer Ear Canal Lesion			$132.13	
69100	Biopsy Of External Ear			$56.46	
69105	Biopsy Of External Ear Canal			$79.64	
69200	Clear Outer Ear Canal			$56.06	
69210	Remove Impacted Ear Wax Uni			$27.73	
69399	Outer Ear Surgery Procedure			M	
70030	X-Ray Eye For Foreign Body			$15.45	
70030	X-Ray Eye For Foreign Body	26		$4.75	
70030	X-Ray Eye For Foreign Body	TC		$10.70	
70100	X-Ray Exam Of Jaw <4views			$18.23	
70100	X-Ray Exam Of Jaw <4views	26		$5.15	
70100	X-Ray Exam Of Jaw <4views	TC		$13.07	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
70110	X-Ray Exam Of Jaw 4/> Views			$21.00	
70110	X-Ray Exam Of Jaw 4/> Views	26		$7.13	
70110	X-Ray Exam Of Jaw 4/> Views	TC		$13.87	
70120	X-Ray Exam Of Mastoids			$18.82	
70120	X-Ray Exam Of Mastoids	26		$5.15	
70120	X-Ray Exam Of Mastoids	TC		$13.67	
70130	X-Ray Exam Of Mastoids			$30.31	
70130	X-Ray Exam Of Mastoids	26		$9.71	
70130	X-Ray Exam Of Mastoids	TC		$20.60	
70134	X-Ray Exam Of Middle Ear			$28.53	
70134	X-Ray Exam Of Middle Ear	26		$9.91	
70134	X-Ray Exam Of Middle Ear	TC		$18.62	
70140	X-Ray Exam Of Facial Bones			$16.44	
70140	X-Ray Exam Of Facial Bones	26		$5.94	
70140	X-Ray Exam Of Facial Bones	TC		$10.50	
70150	X-Ray Exam Of Facial Bones			$22.98	
70150	X-Ray Exam Of Facial Bones	26		$7.53	
70150	X-Ray Exam Of Facial Bones	TC		$15.45	
70160	X-Ray Exam Of Nasal Bones			$18.03	
70160	X-Ray Exam Of Nasal Bones	26		$4.95	
70160	X-Ray Exam Of Nasal Bones	TC		$13.07	
70190	X-Ray Exam Of Eye Sockets			$19.81	
70190	X-Ray Exam Of Eye Sockets	26		$6.34	
70190	X-Ray Exam Of Eye Sockets	TC		$13.47	
70200	X-Ray Exam Of Eye Sockets			$23.38	
70200	X-Ray Exam Of Eye Sockets	26		$7.92	
70200	X-Ray Exam Of Eye Sockets	TC		$15.45	
70210	X-Ray Exam Of Sinuses			$16.44	
70210	X-Ray Exam Of Sinuses	26		$4.95	
70210	X-Ray Exam Of Sinuses	TC		$11.49	
70220	X-Ray Exam Of Sinuses			$20.80	
70220	X-Ray Exam Of Sinuses	26		$7.13	
70220	X-Ray Exam Of Sinuses	TC		$13.67	
70240	X-Ray Exam Pituitary Saddle			$16.64	
70240	X-Ray Exam Pituitary Saddle	26		$5.55	
70240	X-Ray Exam Pituitary Saddle	TC		$11.09	
70250	X-Ray Exam Of Skull			$20.01	
70250	X-Ray Exam Of Skull	26		$7.13	
70250	X-Ray Exam Of Skull	TC		$12.88	
70260	X-Ray Exam Of Skull			$25.36	
70260	X-Ray Exam Of Skull	26		$9.91	
70260	X-Ray Exam Of Skull	TC		$15.45	
70300	X-Ray Exam Of Teeth			$8.32	
70300	X-Ray Exam Of Teeth	26		$3.37	
70300	X-Ray Exam Of Teeth	TC		$4.95	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
70310	X-Ray Exam Of Teeth			$20.40	
70310	X-Ray Exam Of Teeth	26		$4.56	
70310	X-Ray Exam Of Teeth	TC		$15.85	
70328	X-Ray Exam Of Jaw Joint			$17.04	
70328	X-Ray Exam Of Jaw Joint	26		$5.15	
70328	X-Ray Exam Of Jaw Joint	TC		$11.89	
70330	X-Ray Exam Of Jaw Joints			$26.15	
70330	X-Ray Exam Of Jaw Joints	26		$7.13	
70330	X-Ray Exam Of Jaw Joints	TC		$19.02	
70360	X-Ray Exam Of Neck			$15.65	
70360	X-Ray Exam Of Neck	26		$4.75	
70360	X-Ray Exam Of Neck	TC		$10.90	
70380	X-Ray Exam Of Salivary Gland			$20.01	
70380	X-Ray Exam Of Salivary Gland	26		$5.15	
70380	X-Ray Exam Of Salivary Gland	TC		$14.86	
71010	Chest X-Ray 1 View Frontal			$12.48	
71010	Chest X-Ray 1 View Frontal	26		$5.15	
71010	Chest X-Ray 1 View Frontal	TC		$7.33	
71015	Chest X-Ray Stereo Frontal			$15.45	
71015	Chest X-Ray Stereo Frontal	26		$6.14	
71015	Chest X-Ray Stereo Frontal	TC		$9.31	
71020	Chest X-Ray 2vw Frontal&Latl			$15.45	
71020	Chest X-Ray 2vw Frontal&Latl	26		$6.14	
71020	Chest X-Ray 2vw Frontal&Latl	TC		$9.31	
71021	Chest X-Ray Frnt Lat Lordotc			$18.82	
71021	Chest X-Ray Frnt Lat Lordotc	26		$7.73	
71021	Chest X-Ray Frnt Lat Lordotc	TC		$11.09	
71022	Chest X-Ray Frnt Lat Oblique			$23.18	
71022	Chest X-Ray Frnt Lat Oblique	26		$9.31	
71022	Chest X-Ray Frnt Lat Oblique	TC		$13.87	
71030	Chest X-Ray 4/> Views			$23.18	
71030	Chest X-Ray 4/> Views	26		$8.91	
71030	Chest X-Ray 4/> Views	TC		$14.26	
71035	Chest X-Ray Special Views			$18.23	
71035	Chest X-Ray Special Views	26		$5.15	
71035	Chest X-Ray Special Views	TC		$13.07	
71100	X-Ray Exam Ribs Uni 2 Views			$18.23	
71100	X-Ray Exam Ribs Uni 2 Views	26		$6.34	
71100	X-Ray Exam Ribs Uni 2 Views	TC		$11.89	
71101	X-Ray Exam Unilat Ribs/Chest			$20.21	
71101	X-Ray Exam Unilat Ribs/Chest	26		$7.73	
71101	X-Ray Exam Unilat Ribs/Chest	TC		$12.48	
71110	X-Ray Exam Ribs Bil 3 Views			$20.80	
71110	X-Ray Exam Ribs Bil 3 Views	26		$7.73	
71110	X-Ray Exam Ribs Bil 3 Views	TC		$13.07	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
71111	X-Ray Exam Ribs/Chest4/> Vws			$26.55	
71111	X-Ray Exam Ribs/Chest4/> Vws	26		$9.31	
71111	X-Ray Exam Ribs/Chest4/> Vws	TC		$17.23	
71120	X-Ray Exam Breastbone 2/>Vws			$16.44	
71120	X-Ray Exam Breastbone 2/>Vws	26		$5.74	
71120	X-Ray Exam Breastbone 2/>Vws	TC		$10.70	
71130	X-Ray Strenoclavic Jt 3/>Vws			$20.01	
71130	X-Ray Strenoclavic Jt 3/>Vws	26		$6.34	
71130	X-Ray Strenoclavic Jt 3/>Vws	TC		$13.67	
72020	X-Ray Exam Of Spine 1 View			$12.28	
72020	X-Ray Exam Of Spine 1 View	26		$4.36	
72020	X-Ray Exam Of Spine 1 View	TC		$7.92	
72040	X-Ray Exam Neck Spine 2-3 Vw			$18.42	
72040	X-Ray Exam Neck Spine 2-3 Vw	26		$6.34	
72040	X-Ray Exam Neck Spine 2-3 Vw	TC		$12.08	
72050	X-Ray Exam Neck Spine 4/5vws			$24.96	
72050	X-Ray Exam Neck Spine 4/5vws	26		$8.91	
72050	X-Ray Exam Neck Spine 4/5vws	TC		$16.05	
72052	X-Ray Exam Neck Spine 6/>Vws			$31.30	
72052	X-Ray Exam Neck Spine 6/>Vws	26		$10.30	
72052	X-Ray Exam Neck Spine 6/>Vws	TC		$21.00	
72070	X-Ray Exam Thorac Spine 2vws			$18.82	
72070	X-Ray Exam Thorac Spine 2vws	26		$6.34	
72070	X-Ray Exam Thorac Spine 2vws	TC		$12.48	
72072	X-Ray Exam Thorac Spine 3vws			$19.22	
72072	X-Ray Exam Thorac Spine 3vws	26		$6.14	
72072	X-Ray Exam Thorac Spine 3vws	TC		$13.07	
72074	X-Ray Exam Thorac Spine4/>Vw			$21.79	
72074	X-Ray Exam Thorac Spine4/>Vw	26		$6.14	
72074	X-Ray Exam Thorac Spine4/>Vw	TC		$15.65	
72080	X-Ray Exam Thoracolmb 2/> Vw			$17.04	
72080	X-Ray Exam Thoracolmb 2/> Vw	26		$6.14	
72080	X-Ray Exam Thoracolmb 2/> Vw	TC		$10.90	
72081	X-Ray Exam Entire Spi 1 Vw			$21.59	
72081	X-Ray Exam Entire Spi 1 Vw	26		$7.53	
72081	X-Ray Exam Entire Spi 1 Vw	TC		$14.07	
72082	X-Ray Exam Entire Spi 2/3 Vw			$34.67	
72082	X-Ray Exam Entire Spi 2/3 Vw	26		$9.11	
72082	X-Ray Exam Entire Spi 2/3 Vw	TC		$25.55	
72083	X-Ray Exam Entire Spi 4/5 Vw			$37.64	
72083	X-Ray Exam Entire Spi 4/5 Vw	26		$9.91	
72083	X-Ray Exam Entire Spi 4/5 Vw	TC		$27.73	
72084	X-Ray Exam Entire Spi 6/> Vw			$44.97	
72084	X-Ray Exam Entire Spi 6/> Vw	26		$11.49	
72084	X-Ray Exam Entire Spi 6/> Vw	TC		$33.48	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
72100	X-Ray Exam L-S Spine 2/3 Vws			$19.41	
72100	X-Ray Exam L-S Spine 2/3 Vws	26		$6.34	
72100	X-Ray Exam L-S Spine 2/3 Vws	TC		$13.07	
72110	X-Ray Exam L-2 Spine 4/>Vws			$27.14	
72110	X-Ray Exam L-2 Spine 4/>Vws	26		$8.91	
72110	X-Ray Exam L-2 Spine 4/>Vws	TC		$18.23	
72114	X-Ray Exam L-S Spine Bending			$34.67	
72114	X-Ray Exam L-S Spine Bending	26		$9.31	
72114	X-Ray Exam L-S Spine Bending	TC		$25.36	
72120	X-Ray Bend Only L-S Spine			$22.39	
72120	X-Ray Bend Only L-S Spine	26		$6.34	
72120	X-Ray Bend Only L-S Spine	TC		$16.05	
72170	X-Ray Exam Of Pelvis			$17.63	
72170	X-Ray Exam Of Pelvis	26		$4.95	
72170	X-Ray Exam Of Pelvis	TC		$12.68	
72190	X-Ray Exam Of Pelvis			$21.20	
72190	X-Ray Exam Of Pelvis	26		$6.14	
72190	X-Ray Exam Of Pelvis	TC		$15.06	
72200	X-Ray Exam Si Joints			$15.85	
72200	X-Ray Exam Si Joints	26		$4.95	
72200	X-Ray Exam Si Joints	TC		$10.90	
72202	X-Ray Exam Si Joints 3/> Vws			$18.23	
72202	X-Ray Exam Si Joints 3/> Vws	26		$5.35	
72202	X-Ray Exam Si Joints 3/> Vws	TC		$12.88	
72220	X-Ray Exam Sacrum Tailbone			$15.65	
72220	X-Ray Exam Sacrum Tailbone	26		$4.95	
72220	X-Ray Exam Sacrum Tailbone	TC		$10.70	
73000	X-Ray Exam Of Collar Bone			$15.25	
73000	X-Ray Exam Of Collar Bone	26		$4.75	
73000	X-Ray Exam Of Collar Bone	TC		$10.50	
73010	X-Ray Exam Of Shoulder Blade			$16.64	
73010	X-Ray Exam Of Shoulder Blade	26		$5.15	
73010	X-Ray Exam Of Shoulder Blade	TC		$11.49	
73020	X-Ray Exam Of Shoulder			$12.68	
73020	X-Ray Exam Of Shoulder	26		$4.36	
73020	X-Ray Exam Of Shoulder	TC		$8.32	
73030	X-Ray Exam Of Shoulder			$16.05	
73030	X-Ray Exam Of Shoulder	26		$5.35	
73030	X-Ray Exam Of Shoulder	TC		$10.70	
73050	X-Ray Exam Of Shoulders			$19.61	
73050	X-Ray Exam Of Shoulders	26		$5.94	
73050	X-Ray Exam Of Shoulders	TC		$13.67	
73060	X-Ray Exam Of Humerus			$16.05	
73060	X-Ray Exam Of Humerus	26		$4.75	
73060	X-Ray Exam Of Humerus	TC		$11.29	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
73070	X-Ray Exam Of Elbow			$15.06	
73070	X-Ray Exam Of Elbow	26		$4.56	
73070	X-Ray Exam Of Elbow	TC		$10.50	
73080	X-Ray Exam Of Elbow			$17.23	
73080	X-Ray Exam Of Elbow	26		$4.95	
73080	X-Ray Exam Of Elbow	TC		$12.28	
73090	X-Ray Exam Of Forearm			$14.26	
73090	X-Ray Exam Of Forearm	26		$4.75	
73090	X-Ray Exam Of Forearm	TC		$9.51	
73092	X-Ray Exam Of Arm Infant			$15.06	
73092	X-Ray Exam Of Arm Infant	26		$4.56	
73092	X-Ray Exam Of Arm Infant	TC		$10.50	
73100	X-Ray Exam Of Wrist			$16.05	
73100	X-Ray Exam Of Wrist	26		$4.75	
73100	X-Ray Exam Of Wrist	TC		$11.29	
73110	X-Ray Exam Of Wrist			$19.61	
73110	X-Ray Exam Of Wrist	26		$4.95	
73110	X-Ray Exam Of Wrist	TC		$14.66	
73120	X-Ray Exam Of Hand			$14.46	
73120	X-Ray Exam Of Hand	26		$4.75	
73120	X-Ray Exam Of Hand	TC		$9.71	
73130	X-Ray Exam Of Hand			$17.04	
73130	X-Ray Exam Of Hand	26		$4.95	
73130	X-Ray Exam Of Hand	TC		$12.08	
73140	X-Ray Exam Of Finger(S)			$17.43	
73140	X-Ray Exam Of Finger(S)	26		$3.96	
73140	X-Ray Exam Of Finger(S)	TC		$13.47	
73501	X-Ray Exam Hip Uni 1 View			$16.44	
73501	X-Ray Exam Hip Uni 1 View	26		$5.35	
73501	X-Ray Exam Hip Uni 1 View	TC		$11.09	
73502	X-Ray Exam Hip Uni 2-3 Views			$22.98	
73502	X-Ray Exam Hip Uni 2-3 Views	26		$6.34	
73502	X-Ray Exam Hip Uni 2-3 Views	TC		$16.64	
73503	X-Ray Exam Hip Uni 4/> Views			$28.72	
73503	X-Ray Exam Hip Uni 4/> Views	26		$8.12	
73503	X-Ray Exam Hip Uni 4/> Views	TC		$20.60	
73521	X-Ray Exam Hips Bi 2 Views			$21.99	
73521	X-Ray Exam Hips Bi 2 Views	26		$6.54	
73521	X-Ray Exam Hips Bi 2 Views	TC		$15.45	
73522	X-Ray Exam Hips Bi 3-4 Views			$27.14	
73522	X-Ray Exam Hips Bi 3-4 Views	26		$8.52	
73522	X-Ray Exam Hips Bi 3-4 Views	TC		$18.62	
73523	X-Ray Exam Hips Bi 5/> Views			$31.50	
73523	X-Ray Exam Hips Bi 5/> Views	26		$9.11	
73523	X-Ray Exam Hips Bi 5/> Views	TC		$22.39	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
73551	X-Ray Exam Of Femur 1			$15.45	
73551	X-Ray Exam Of Femur 1	26		$4.75	
73551	X-Ray Exam Of Femur 1	TC		$10.70	
73552	X-Ray Exam Of Femur 2/>			$18.03	
73552	X-Ray Exam Of Femur 2/>	26		$5.35	
73552	X-Ray Exam Of Femur 2/>	TC		$12.68	
73560	X-Ray Exam Of Knee 1 Or 2			$17.23	
73560	X-Ray Exam Of Knee 1 Or 2	26		$4.75	
73560	X-Ray Exam Of Knee 1 Or 2	TC		$12.48	
73562	X-Ray Exam Of Knee 3			$19.81	
73562	X-Ray Exam Of Knee 3	26		$5.35	
73562	X-Ray Exam Of Knee 3	TC		$14.46	
73564	X-Ray Exam Knee 4 Or More			$21.79	
73564	X-Ray Exam Knee 4 Or More	26		$6.34	
73564	X-Ray Exam Knee 4 Or More	TC		$15.45	
73565	X-Ray Exam Of Knees			$19.81	
73565	X-Ray Exam Of Knees	26		$4.95	
73565	X-Ray Exam Of Knees	TC		$14.86	
73590	X-Ray Exam Of Lower Leg			$15.85	
73590	X-Ray Exam Of Lower Leg	26		$4.75	
73590	X-Ray Exam Of Lower Leg	TC		$11.09	
73592	X-Ray Exam Of Leg Infant			$15.45	
73592	X-Ray Exam Of Leg Infant	26		$4.56	
73592	X-Ray Exam Of Leg Infant	TC		$10.90	
73600	X-Ray Exam Of Ankle			$16.64	
73600	X-Ray Exam Of Ankle	26		$4.75	
73600	X-Ray Exam Of Ankle	TC		$11.89	
73610	X-Ray Exam Of Ankle			$17.23	
73610	X-Ray Exam Of Ankle	26		$4.95	
73610	X-Ray Exam Of Ankle	TC		$12.28	
73620	X-Ray Exam Of Foot			$14.46	
73620	X-Ray Exam Of Foot	26		$4.36	
73620	X-Ray Exam Of Foot	TC		$10.10	
73630	X-Ray Exam Of Foot			$16.05	
73630	X-Ray Exam Of Foot	26		$4.75	
73630	X-Ray Exam Of Foot	TC		$11.29	
73650	X-Ray Exam Of Heel			$15.06	
73650	X-Ray Exam Of Heel	26		$4.56	
73650	X-Ray Exam Of Heel	TC		$10.50	
73660	X-Ray Exam Of Toe(S)			$15.65	
73660	X-Ray Exam Of Toe(S)	26		$3.76	
73660	X-Ray Exam Of Toe(S)	TC		$11.89	
74000	X-Ray Exam Of Abdomen			$13.07	
74000	X-Ray Exam Of Abdomen	26		$5.15	
74000	X-Ray Exam Of Abdomen	TC		$7.92	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
74010	X-Ray Exam Of Abdomen			$19.61	
74010	X-Ray Exam Of Abdomen	26		$6.54	
74010	X-Ray Exam Of Abdomen	TC		$13.07	
74020	X-Ray Exam Of Abdomen			$20.80	
74020	X-Ray Exam Of Abdomen	26		$7.73	
74020	X-Ray Exam Of Abdomen	TC		$13.07	
74022	X-Ray Exam Series Abdomen			$24.76	
74022	X-Ray Exam Series Abdomen	26		$9.11	
74022	X-Ray Exam Series Abdomen	TC		$15.65	
74240	X-Ray Upper Gi Delay W/O Kub			$63.00	
74240	X-Ray Upper Gi Delay W/O Kub	26		$19.61	
74240	X-Ray Upper Gi Delay W/O Kub	TC		$43.38	
74241	X-Ray Upper Gi Delay W/Kub			$65.57	
74241	X-Ray Upper Gi Delay W/Kub	26		$19.61	
74241	X-Ray Upper Gi Delay W/Kub	TC		$45.96	
74245	X-Ray Upper Gi&Small Intest			$95.48	
74245	X-Ray Upper Gi&Small Intest	26		$25.75	
74245	X-Ray Upper Gi&Small Intest	TC		$69.73	
74250	X-Ray Exam Of Small Bowel			$57.85	
74250	X-Ray Exam Of Small Bowel	26		$13.27	
74250	X-Ray Exam Of Small Bowel	TC		$44.57	
76010	X-Ray Nose To Rectum			$14.46	
76010	X-Ray Nose To Rectum	26		$5.15	
76010	X-Ray Nose To Rectum	TC		$9.31	
76080	X-Ray Exam Of Fistula			$30.90	
76080	X-Ray Exam Of Fistula	26		$14.86	
76080	X-Ray Exam Of Fistula	TC		$16.05	
76499	Radiographic Procedure			M	
76499	Radiographic Procedure	26		M	
76499	Radiographic Procedure	TC		M	
76536	Us Exam Of Head And Neck			$65.17	
76536	Us Exam Of Head And Neck	26		$15.85	
76536	Us Exam Of Head And Neck	TC		$49.33	
76604	Us Exam Chest			$49.33	
76604	Us Exam Chest	26		$15.25	
76604	Us Exam Chest	TC		$34.07	
76641	Ultrasound Breast Complete			$60.22	
76641	Ultrasound Breast Complete	26		$20.60	
76641	Ultrasound Breast Complete	TC		$39.62	
76642	Ultrasound Breast Limited			$49.53	
76642	Ultrasound Breast Limited	26		$19.22	
76642	Ultrasound Breast Limited	TC		$30.31	
76700	Us Exam Abdom Complete			$68.74	
76700	Us Exam Abdom Complete	26		$22.78	
76700	Us Exam Abdom Complete	TC		$45.96	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
76705	Echo Exam Of Abdomen			$51.31	
76705	Echo Exam Of Abdomen	26		$16.64	
76705	Echo Exam Of Abdomen	TC		$34.67	
76770	Us Exam Abdo Back Wall Comp			$63.59	
76770	Us Exam Abdo Back Wall Comp	26		$20.80	
76770	Us Exam Abdo Back Wall Comp	TC		$42.79	
76775	Us Exam Abdo Back Wall Lim			$32.49	
76775	Us Exam Abdo Back Wall Lim	26		$16.24	
76775	Us Exam Abdo Back Wall Lim	TC		$16.24	
76776	Us Exam K Transpl W/Doppler			$87.96	
76776	Us Exam K Transpl W/Doppler	26		$21.39	
76776	Us Exam K Transpl W/Doppler	TC		$66.56	
76800	Us Exam Spinal Canal			$79.24	
76800	Us Exam Spinal Canal	26		$34.07	
76800	Us Exam Spinal Canal	TC		$45.17	
76801	Ob Us < 14 Wks Single Fetus			$69.14	
76801	Ob Us < 14 Wks Single Fetus	26		$28.33	
76801	Ob Us < 14 Wks Single Fetus	TC		$40.81	
76802	Ob Us < 14 Wks Addl Fetus			$36.45	
76802	Ob Us < 14 Wks Addl Fetus	26		$23.97	
76802	Ob Us < 14 Wks Addl Fetus	TC		$12.48	
76805	Ob Us >/= 14 Wks Sngl Fetus			$79.83	
76805	Ob Us >/= 14 Wks Sngl Fetus	26		$28.53	
76805	Ob Us >/= 14 Wks Sngl Fetus	TC		$51.31	
76810	Ob Us >/= 14 Wks Addl Fetus			$52.50	
76810	Ob Us >/= 14 Wks Addl Fetus	26		$28.33	
76810	Ob Us >/= 14 Wks Addl Fetus	TC		$24.17	
76811	Ob Us Detailed Sngl Fetus			$102.42	
76811	Ob Us Detailed Sngl Fetus	26		$55.47	
76811	Ob Us Detailed Sngl Fetus	TC		$46.95	
76812	Ob Us Detailed Addl Fetus			$116.28	
76812	Ob Us Detailed Addl Fetus	26		$52.10	
76812	Ob Us Detailed Addl Fetus	TC		$64.18	
76815	Ob Us Limited Fetus(S)			$47.35	
76815	Ob Us Limited Fetus(S)	26		$18.42	
76815	Ob Us Limited Fetus(S)	TC		$28.92	
76816	Ob Us Follow-Up Per Fetus			$64.78	
76816	Ob Us Follow-Up Per Fetus	26		$24.76	
76816	Ob Us Follow-Up Per Fetus	TC		$40.02	
76817	Transvaginal Us Obstetric			$54.68	
76817	Transvaginal Us Obstetric	26		$21.59	
76817	Transvaginal Us Obstetric	TC		$33.08	
76830	Transvaginal Us Non-Ob			$68.54	
76830	Transvaginal Us Non-Ob	26		$19.61	
76830	Transvaginal Us Non-Ob	TC		$48.93	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
76856	Us Exam Pelvic Complete			$61.61	
76856	Us Exam Pelvic Complete	26		$19.41	
76856	Us Exam Pelvic Complete	TC		$42.20	
76857	Us Exam Pelvic Limited			$26.74	
76857	Us Exam Pelvic Limited	26		$14.07	
76857	Us Exam Pelvic Limited	TC		$12.68	
76870	Us Exam Scrotum			$37.84	
76870	Us Exam Scrotum	26		$18.03	
76870	Us Exam Scrotum	TC		$19.81	
76881	Us Xtr Non-Vasc Complete			$64.18	
76881	Us Xtr Non-Vasc Complete	26		$17.63	
76881	Us Xtr Non-Vasc Complete	TC		$46.55	
76882	Us Xtr Non-Vasc Lmtd			$20.21	
76882	Us Xtr Non-Vasc Lmtd	26		$13.87	
76882	Us Xtr Non-Vasc Lmtd	TC		$6.34	
76885	Us Exam Infant Hips Dynamic			$81.82	
76885	Us Exam Infant Hips Dynamic	26		$21.00	
76885	Us Exam Infant Hips Dynamic	TC		$60.82	
76886	Us Exam Infant Hips Static			$59.43	
76886	Us Exam Infant Hips Static	26		$17.23	
76886	Us Exam Infant Hips Static	TC		$42.20	
76970	Ultrasound Exam Follow-Up			$52.10	
76970	Ultrasound Exam Follow-Up	26		$10.90	
76970	Ultrasound Exam Follow-Up	TC		$41.20	
76999	Echo Examination Procedure			M	
76999	Echo Examination Procedure	26		M	
76999	Echo Examination Procedure	TC		M	
77072	X-Rays For Bone Age			$12.88	
77072	X-Rays For Bone Age	26		$5.35	
77072	X-Rays For Bone Age	TC		$7.53	
77073	X-Rays Bone Length Studies			$20.01	
77073	X-Rays Bone Length Studies	26		$8.12	
77073	X-Rays Bone Length Studies	TC		$11.89	
77074	X-Rays Bone Survey Limited			$35.86	
77074	X-Rays Bone Survey Limited	26		$12.88	
77074	X-Rays Bone Survey Limited	TC		$22.98	
77075	X-Rays Bone Survey Complete			$48.73	
77075	X-Rays Bone Survey Complete	26		$15.25	
77075	X-Rays Bone Survey Complete	TC		$33.48	
77076	X-Rays Bone Survey Infant			$53.49	
77076	X-Rays Bone Survey Infant	26		$19.81	
77076	X-Rays Bone Survey Infant	TC		$33.68	
77077	Joint Survey Single View			$20.80	
77077	Joint Survey Single View	26		$9.11	
77077	Joint Survey Single View	TC		$11.69	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Michigan Department of Health and Human Services
Urgent Care Centers Fee Schedule
October - 2016

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
80051	Electrolyte Panel			$4.54	
80053	Comprehen Metabolic Panel			$11.43	
80055	Obstetric Panel			$38.39	
80061	Lipid Panel			$12.53	
80069	Renal Function Panel			$9.54	
80074	Acute Hepatitis Panel			$51.00	
80076	Hepatic Function Panel			$5.03	
80081	Obstetric Panel			$80.74	
80163	Assay Of Digoxin Free			$14.96	
80164	Assay Dipropylacetic Acd Tot			$10.24	
80165	Dipropylacetic Acid Free			$15.27	
81000	Urinalysis Nonauto W/Scope			$2.64	
81001	Urinalysis Auto W/Scope			$2.64	
81002	Urinalysis Nonauto W/O Scope			$1.10	
81003	Urinalysis Auto W/O Scope			$1.10	
81005	Urinalysis			$1.37	
81015	Microscopic Exam Of Urine			$1.54	
81025	Urine Pregnancy Test			$4.74	
81099	Urinalysis Test Procedure			M	
82270	Occult Blood Feces			$2.27	
82271	Occult Blood Other Sources			$2.27	
82272	Occult Bld Feces 1-3 Tests			$2.27	
82948	Reagent Strip/Blood Glucose			$1.32	
82950	Glucose Test			$4.08	
82962	Glucose Blood Test			$2.64	
84703	Chorionic Gonadotropin Assay			$4.18	
85014	Hematocrit			$2.50	
85018	Hemoglobin			$2.50	
85025	Complete Cbc W/Auto Diff Wbc			$4.96	
85027	Complete Cbc Automated			$4.31	
85041	Automated Rbc Count			$1.82	
85048	Automated Leukocyte Count			$2.50	
85049	Automated Platelet Count			$4.96	
86308	Heterophile Antibody Screen			$4.31	
86485	Skin Test Candida			$6.62	
86510	Histoplasmosis Skin Test			$3.37	
86580	Tb Intradermal Test			$4.36	
86592	Syphilis Test Non-Trep Qual			$2.73	
86593	Syphilis Test Non-Trep Quant			$4.74	
86701	Hiv-1antibody			$9.76	
86702	Hiv-2 Antibody			$11.56	
86703	Hiv-1/Hiv-2 1 Result Antbdy			$11.56	
86704	Hep B Core Antibody Total			$10.24	
86705	Hep B Core Antibody Igm			$10.24	
86706	Hep B Surface Antibody			$10.24	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
86707	Hepatitis Be Antibody			$10.24	
86708	Hepatitis A Antibody			$10.24	
86803	Hepatitis C Ab Test			$10.24	
86804	Hep C Ab Test Confirm			$10.24	
87804	Influenza Assay W/Optic			$13.18	
87880	Strep A Assay W/Optic			$13.12	
89220	Sputum Specimen Collection			$9.11	
90460	Im Admin 1st/Only Component			$7.00	
90461	Im Admin Each Addl Component			$0.00	
90471	Immunization Admin			$7.00	
90472	Immunization Admin Each Add			$7.00	
90473	Immune Admin Oral/Nasal			$3.00	
90474	Immune Admin Oral/Nasal Addl			$3.00	
90620	Menb Rp W/Omv Vaccine Im		10 to 19 years	$0.00	
90620	Menb Rp W/Omv Vaccine Im		19 to 26 years	$169.60	
90621	Menb Rlp Vaccine Im		10 to 19 years	$0.00	
90621	Menb Rlp Vaccine Im		19 to 26 years	$121.90	
90630	Flu Vacc Iiv4 No Preserv Id			$20.34	
90632	Hepa Vaccine Adult Im			$50.85	
90633	Hepa Vacc Ped/Adol 2 Dose Im			$0.00	
90636	Hep A/Hep B Vacc Adult Im			$96.46	
90644	Hib-Mency Vaccine 4 Dose Im			$0.00	
90647	Hib Prp-Omp Vacc 3 Dose Im			$0.00	
90648	Hib Prp-T Vaccine 4 Dose Im			$0.00	
90649	4vhpv Vaccine 3 Dose Im		19 to 27 years	$155.03	
90649	4vhpv Vaccine 3 Dose Im		9 to 19 years	$0.00	
90650	2vhpv Vaccine 3 Dose Im			$135.68	
90651	9vhpv Vaccine 3 Dose Im		19 to 27 years	$172.08	
90651	9vhpv Vaccine 3 Dose Im		9 to 19 years	$0.00	
90653	Iiv Adjuvant Vaccine Im			$37.38	
90654	Flu Vacc Iiv3 No Preserv Id			$18.92	
90655	Iiv3 Vacc No Prsv 6-35 Mo Im			$0.00	
90656	Iiv3 Vacc No Prsv 3 Yrs+ Im		19 to 124 years	$17.72	
90656	Iiv3 Vacc No Prsv 3 Yrs+ Im		3 to 19 years	$0.00	
90657	Iiv3 Vaccine 6-35 Months Im			$0.00	
90658	Iiv3 Vaccine 3 Yrs+ Im		19 to 124 years	$11.37	
90658	Iiv3 Vaccine 3 Yrs+ Im		3 to 19 years	$0.00	
90661	Cciiv3 Vac Im Cult Prsv Free			$22.29	
90662	Iiv No Prsv Increased Ag Im			$42.72	
90670	Pcv13 Vaccine Im		19 to 124 years	$181.06	
90670	Pcv13 Vaccine Im		42 days to 19 years	$0.00	
90673	Riv3 Vaccine No Preserv Im			$40.61	
90675	Rabies Vaccine Im			$272.49	
90676	Rabies Vaccine Id			$287.55	
90680	Rv5 Vacc 3 Dose Live Oral			$0.00	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Michigan Department of Health and Human Services
Urgent Care Centers Fee Schedule
October - 2016

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
90681	Rv1 Vacc 2 Dose Live Oral			$0.00	
90685	Iiv4 Vacc No Prsv 6-35 M Im			$0.00	
90686	Iiv4 Vacc No Prsv 3 Yrs+ Im		19 to 124 years	$19.03	
90686	Iiv4 Vacc No Prsv 3 Yrs+ Im		3 to 19 years	$0.00	
90687	Iiv4 Vaccine 6-35 Months Im			$0.00	
90688	Iiv4 Vaccine 3 Yrs Plus Im		19 to 124 years	$17.84	
90688	Iiv4 Vaccine 3 Yrs Plus Im		3 to 19 years	$0.00	
90691	Typhoid Vaccine Im			$84.04	
90696	Dtap-Ipv Vaccine 4-6 Yrs Im			$0.00	
90698	Dtap-Ipv/Hib Vaccine Im			$0.00	
90700	Dtap Vaccine < 7 Yrs Im			$0.00	
90702	Dt Vaccine Under 7 Yrs Im			$0.00	
90707	Mmr Vaccine Sc		1 to 19 years	$0.00	
90707	Mmr Vaccine Sc		19 to 124 years	$53.17	
90710	Mmrv Vaccine Sc			$0.00	
90713	Poliovirus Ipv Sc/Im		19 to 124 years	$29.09	
90713	Poliovirus Ipv Sc/Im		42 days to 19 years	$0.00	
90714	Td Vacc No Presv 7 Yrs+ Im		19 to 124 years	$24.19	
90714	Td Vacc No Presv 7 Yrs+ Im		7 to 19 years	$0.00	
90715	Tdap Vaccine 7 Yrs/> Im		19 to 124 years	$31.37	
90715	Tdap Vaccine 7 Yrs/> Im		7 to 19 years	$0.00	
90716	Var Vaccine Live Subq		1 to 19 years	$0.00	
90716	Var Vaccine Live Subq		19 to 124 years	$88.10	
90717	Yellow Fever Vaccine Subq			$91.06	
90723	Dtap-Hep B-Ipv Vaccine Im			$0.00	
90732	Ppsv23 Vacc 2 Yrs+ Subq/Im		19 to 124 years	$89.95	
90732	Ppsv23 Vacc 2 Yrs+ Subq/Im		2 to 19 years	$0.00	
90733	Mpsv4 Vaccine Subq			$106.49	
90734	Menacwy Vaccine Im		19 to 56 years	$82.66	
90734	Menacwy Vaccine Im		2 months to 19 years	$0.00	
90736	Hzv Vaccine Live Subq			$208.95	
90740	Hepb Vacc 3 Dose Immunsup Im			$122.96	
90744	Hepb Vacc 3 Dose Ped/Adol Im		0 to 19 years	$0.00	
90744	Hepb Vacc 3 Dose Ped/Adol Im		19 to 20 years	$25.39	
90746	Hepb Vaccine 3 Dose Adult Im			$61.48	
90747	Hepb Vacc 4 Dose Immunsup Im			$122.96	
90748	Hib-Hepb Vaccine Im			$0.00	
90749	Vaccine Toxoid			M	
93000	Electrocardiogram Complete			$9.51	
93005	Electrocardiogram Tracing			$4.75	
93010	Electrocardiogram Report			$4.75	
93040	Rhythm Ecg With Report			$7.13	
93041	Rhythm Ecg Tracing			$3.17	
93042	Rhythm Ecg Report			$3.96	
94150	Vital Capacity Test			$14.07	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Michigan Department of Health and Human Services
Urgent Care Centers Fee Schedule
October - 2016

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
94150	Vital Capacity Test	26		$2.18	
94150	Vital Capacity Test	TC		$11.89	
94200	Lung Function Test (Mbc/Mvv)			$14.07	
94200	Lung Function Test (Mbc/Mvv)	26		$3.17	
94200	Lung Function Test (Mbc/Mvv)	TC		$10.90	
94640	Airway Inhalation Treatment			$10.30	
94642	Aerosol Inhalation Treatment			$15.99	
94644	Cbt 1st Hour			$24.56	
94645	Cbt Each Addl Hour			$7.92	
94667	Chest Wall Manipulation			$14.66	
94668	Chest Wall Manipulation			$16.24	
94799	Pulmonary Service/Procedure			M	
94799	Pulmonary Service/Procedure	26		M	
94799	Pulmonary Service/Procedure	TC		M	
95851	Range Of Motion Measurements			$10.30	
95852	Range Of Motion Measurements			$9.11	
96360	Hydration Iv Infusion Init			$31.89	
96361	Hydrate Iv Infusion Add-On			$8.52	
96365	Ther/Proph/Diag Iv Inf Init			$38.63	
96366	Ther/Proph/Diag Iv Inf Addon			$10.50	
96367	Tx/Proph/Dg Addl Seq Iv Inf			$17.04	
96368	Ther/Diag Concurrent Inf			$11.49	
96369	Sc Ther Infusion Up To 1 Hr			$107.37	
96370	Sc Ther Infusion Addl Hr			$8.32	
96371	Sc Ther Infusion Reset Pump			$40.61	
96372	Ther/Proph/Diag Inj Sc/Im			$14.07	
96373	Ther/Proph/Diag Inj Ia			$10.90	
96374	Ther/Proph/Diag Inj Iv Push			$31.70	
96375	Tx/Pro/Dx Inj New Drug Addon			$12.48	
96379	Ther/Prop/Diag Inj/Inf Proc			M	
96999	Dermatological Procedure			M	
99201	Office/Outpatient Visit New			$24.37	
99202	Office/Outpatient Visit New			$41.60	
99203	Office/Outpatient Visit New			$60.22	
99204	Office/Outpatient Visit New			$91.92	
99205	Office/Outpatient Visit New			$115.29	
99211	Office/Outpatient Visit Est			$11.09	
99212	Office/Outpatient Visit Est			$24.17	
99213	Office/Outpatient Visit Est			$40.61	
99214	Office/Outpatient Visit Est			$59.83	
99215	Office/Outpatient Visit Est			$80.63	
99354	Prolong E&M/Psyctx Serv O/P			$55.86	
99355	Prolong E&M/Psyctx Serv O/P			$54.28	
99381	Init Pm E/M New Pat Infant			$86.72	
99382	Init Pm E/M New Pat 1-4 Yrs			$93.36	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Michigan Department of Health and Human Services
Urgent Care Centers Fee Schedule
October - 2016

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
99383	Prev Visit New Age 5-11			$91.46	
99384	Prev Visit New Age 12-17			$99.37	
99385	Prev Visit New Age 18-39			$99.37	
99386	Prev Visit New Age 40-64			$117.10	
99387	Init Pm E/M New Pat 65+ Yrs			$126.92	
99391	Per Pm Reeval Est Pat Infant			$65.83	
99392	Prev Visit Est Age 1-4			$73.74	
99393	Prev Visit Est Age 5-11			$72.79	
99394	Prev Visit Est Age 12-17			$80.39	
99395	Prev Visit Est Age 18-39			$81.34	
99396	Prev Visit Est Age 40-64			$89.89	
99397	Per Pm Reeval Est Pat 65+ Yr			$99.06	
99415	Prolong Clincl Staff Svc			$4.95	
99416	Prolong Clincl Staff Svc Add			$2.77	
99497	Advncd Care Plan 30 Min			$47.54	
99498	Advncd Care Plan Addl 30 Min			$41.40	
99499	Unlisted E&M Service			M	
G0008	Admin Influenza Virus Vac			$7.00	
G0009	Admin Pneumococcal Vaccine			$7.00	
G0010	Admin Hepatitis B Vaccine			$7.00	
G0101	Ca Screen;Pelvic/Breast Exam			$21.39	
G0102	Prostate Ca Screening; Dre			$10.90	
G0103	Psa Screening			$19.42	
G0168	Wound Closure By Adhesive			$57.45	
G0306	Cbc/Diffwbc W/O Platelet			$8.62	
G0307	Cbc Without Platelet			$5.17	
G0432	Eia Hiv-1/Hiv-2 Screen			$15.48	
G0433	Elisa Hiv-1/Hiv-2 Screen			$15.48	
G0435	Oral Hiv-1/Hiv-2 Screen			$13.97	
G0477	Drug Test Presump Optical			$7.42	
G0478	Drug Test Presump Opt Inst			$9.89	
G0479	Drug Test Presump Not Opt			$39.56	
G0480	Drug Test Def 1-7 Classes			$42.30	
G0481	Drug Test Def 8-14 Classes			$65.07	
G0482	Drug Test Def 15-21 Classes			$87.84	
G0483	Drug Test Def 22+ Classes			$113.87	
J0131	Acetaminophen Injection			M	
J0132	Acetylcysteine Injection			$1.51	
J0153	Adenosine Inj 1mg			$0.63	
J0171	Adrenalin Epinephrine Inject			$0.14	
J0280	Aminophyllin 250 Mg Inj			$8.83	
J0290	Ampicillin 500 Mg Inj			$1.31	
J0295	Ampicillin Sodium Per 1.5 Gm			$3.70	
J0461	Atropine Sulfate Injection			$0.04	
J0561	Penicillin G Benzathine Inj			$10.31	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
J0690	Cefazolin Sodium Injection			$0.95	
J0692	Cefepime Hcl For Injection			$2.46	
J0694	Cefoxitin Sodium Injection			$4.62	
J0696	Ceftriaxone Sodium Injection			$0.50	
J0702	Betamethasone Acet&Sod Phosp			$6.03	
J0780	Prochlorperazine Injection			$11.93	
J0945	Brompheniramine Maleate Inj			M	
J1020	Methylprednisolone 20 Mg Inj			$4.82	
J1030	Methylprednisolone 40 Mg Inj			$5.22	
J1040	Methylprednisolone 80 Mg Inj			$9.80	
J1094	Inj Dexamethasone Acetate			$0.27	
J1100	Dexamethasone Sodium Phos			$0.12	
J1110	Inj Dihydroergotamine Mesylt			$75.49	
J1120	Acetazolamid Sodium Injectio			$21.18	
J1170	Hydromorphone Injection			$2.14	
J1200	Diphenhydramine Hcl Injectio			$0.63	
J1700	Hydrocortisone Acetate Inj			M	
J1710	Hydrocortisone Sodium Ph Inj			M	
J1720	Hydrocortisone Sodium Succ I			$8.53	
J1815	Insulin Injection			$0.80	
J1885	Ketorolac Tromethamine Inj			$0.66	
J1890	Cephalothin Sodium Injection			M	
J1940	Furosemide Injection			$2.05	
J2010	Lincomycin Injection			$12.06	
J2265	Minocycline Hydrochloride			M	
J2270	Morphine Sulfate Injection			$1.23	
J2360	Orphenadrine Injection			$3.67	
J2510	Penicillin G Procaine Inj			$26.77	
J2540	Penicillin G Potassium Inj			$1.03	
J2543	Piperacillin/Tazobactam			$2.90	
J2547	Injection, Peramivir			M	
J2550	Promethazine Hcl Injection			$1.64	
J2650	Prednisolone Acetate Inj			M	
J2700	Oxacillin Sodium Injeciton			$1.61	
J2765	Metoclopramide Hcl Injection			$0.89	
J2794	Risperidone, Long Acting			$7.82	
J2920	Methylprednisolone Injection			$3.73	
J2930	Methylprednisolone Injection			$5.13	
J2950	Promazine Hcl Injection			M	
J3000	Streptomycin Injection			$13.34	
J3030	Sumatriptan Succinate / 6 Mg			$51.89	
J3250	Trimethobenzamide Hcl Inj			$25.92	
J3260	Tobramycin Sulfate Injection			$1.39	
J3301	Triamcinolone Acet Inj Nos			$1.77	
J3360	Diazepam Injection			$9.26	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
J3370	Vancomycin Hcl Injection			$2.98	
J3410	Hydroxyzine Hcl Injection			$2.39	
J3420	Vitamin B12 Injection			$4.64	
J3430	Vitamin K Phytonadione Inj			$3.49	
J3490	Drugs Unclassified Injection			M	
J3590	Unclassified Biologics			M	
J7030	Normal Saline Solution Infus			$1.88	
J7040	Normal Saline Solution Infus			$0.94	
J7042	5% Dextrose/Normal Saline			$0.79	
J7050	Normal Saline Solution Infus			$0.47	
J7060	5% Dextrose/Water			$1.85	
J7070	D5w Infusion			$3.62	
J7100	Dextran 40 Infusion			$17.77	
J7110	Dextran 75 Infusion			M	
J7120	Ringers Lactate Infusion			$2.15	
J7121	5% Dextrose In Lac Ringers			M	
J7131	Hypertonic Saline Sol			M	
J7300	Intraut Copper Contraceptive			$783.34	
J7301	Levonorgestrel Iu 13.5 Mg			$689.33	
J7304	Contraceptive Hormone Patch			$35.44	
J7307	Etonogestrel Implant System			$817.81	
J7999	Compounded Drug, Noc			M	
L4350	Ankle Control Ortho Pre Ots			$73.80	
L4360	Pneumat Walking Boot Pre Cst			$197.46	
L4361	Pneuma/Vac Walk Boot Pre Ots			$176.50	
L4370	Pneum Full Leg Splnt Pre Ots			$179.50	
Q0091	Obtaining Screen Pap Smear			$25.16	
Q0111	Wet Mounts/ W Preparations			$1.54	
Q0112	Potassium Hydroxide Preps			$1.54	
Q0113	Pinworm Examinations			$1.54	
Q0114	Fern Test			$1.54	
Q2034	Agriflu Vaccine			M	
Q2035	Afluria Vacc, 3 Yrs '&' >, Im			$16.28	
Q2036	Flulaval Vacc, 3 Yrs '&' >, Im			$8.58	
Q2037	Fluvirin Vacc, 3 Yrs '&' >, Im			$16.28	
Q2038	Fluzone Vacc, 3 Yrs '&' >, Im			$12.04	
Q2039	Nos Flu Vacc, 3 Yrs '&' >, Im			M	
Q4003	Cast Sup Shoulder Cast Plstr			$25.78	
Q4004	Cast Sup Shoulder Cast Fbrgl			$89.25	
Q4005	Cast Sup Long Arm Adult Plst			$9.50	
Q4006	Cast Sup Long Arm Adult Fbrg			$21.42	
Q4007	Cast Sup Long Arm Ped Plster			$4.76	
Q4008	Cast Sup Long Arm Ped Fbrgls			$10.71	
Q4009	Cast Sup Sht Arm Adult Plstr			$6.34	
Q4010	Cast Sup Sht Arm Adult Fbrgl			$14.28	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.

Code	Short Description	Modifier	Age Range	Rate	Effective Date**
Q4011	Cast Sup Sht Arm Ped Plaster			$3.17	
Q4012	Cast Sup Sht Arm Ped Fbrglas			$7.14	
Q4013	Cast Sup Gauntlet Plaster			$11.54	
Q4014	Cast Sup Gauntlet Fiberglass			$19.48	
Q4015	Cast Sup Gauntlet Ped Plster			$5.77	
Q4016	Cast Sup Gauntlet Ped Fbrgls			$9.74	
Q4017	Cast Sup Lng Arm Splint Plst			$6.68	
Q4018	Cast Sup Lng Arm Splint Fbrg			$10.65	
Q4019	Cast Sup Lng Arm Splnt Ped P			$3.34	
Q4020	Cast Sup Lng Arm Splnt Ped F			$5.33	
Q4021	Cast Sup Sht Arm Splint Plst			$4.94	
Q4022	Cast Sup Sht Arm Splint Fbrg			$8.92	
Q4023	Cast Sup Sht Arm Splnt Ped P			$2.48	
Q4024	Cast Sup Sht Arm Splnt Ped F			$4.46	
Q4025	Cast Sup Hip Spica Plaster			$27.72	
Q4026	Cast Sup Hip Spica Fiberglas			$86.53	
Q4027	Cast Sup Hip Spica Ped Plstr			$13.86	
Q4028	Cast Sup Hip Spica Ped Fbrgl			$43.27	
Q4029	Cast Sup Long Leg Plaster			$21.19	
Q4030	Cast Sup Long Leg Fiberglass			$55.78	
Q4031	Cast Sup Lng Leg Ped Plaster			$10.60	
Q4032	Cast Sup Lng Leg Ped Fbrgls			$27.89	
Q4033	Cast Sup Lng Leg Cylinder Pl			$19.76	
Q4034	Cast Sup Lng Leg Cylinder Fb			$49.17	
Q4035	Cast Sup Lngleg Cylndr Ped P			$9.89	
Q4036	Cast Sup Lngleg Cylndr Ped F			$24.59	
Q4037	Cast Sup Shrt Leg Plaster			$12.06	
Q4038	Cast Sup Shrt Leg Fiberglass			$30.21	
Q4039	Cast Sup Shrt Leg Ped Plster			$6.04	
Q4040	Cast Sup Shrt Leg Ped Fbrgls			$15.11	
Q4041	Cast Sup Lng Leg Splnt Plstr			$14.66	
Q4042	Cast Sup Lng Leg Splnt Fbrgl			$25.03	
Q4043	Cast Sup Lng Leg Splnt Ped P			$7.33	
Q4044	Cast Sup Lng Leg Splnt Ped F			$12.52	
Q4045	Cast Sup Sht Leg Splnt Plstr			$8.51	
Q4046	Cast Sup Sht Leg Splnt Fbrgl			$13.69	
Q4047	Cast Sup Sht Leg Splnt Ped P			$4.25	
Q4048	Cast Sup Sht Leg Splnt Ped F			$6.85	
Q4049	Finger Splint, Static			$1.55	
Q4050	Cast Supplies Unlisted			M	
Q4051	Splint Supplies Misc			M	

**Effective Date will only be populated when the rate begins after the published fee schedule date

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.