MDCH CLAIM DOCUMENTATION REQUIREMENTS

(104 Edit/ review for program criteria)

This list contains the most common CPT/HCPCS, Revenue Codes and ICD-9-CM Procedure Codes that require documentation. This list is not all-inclusive and is subject to change.

CPT/HCPCS Code	Revenue Code	ICD-9-CM Proc Code	Description	Documentation Required
	220		Special charges/weight reduction	PA
	814		Bone Marrow Donor Search	attach PA
00846			Anesth, hysterectomy	CONSENT
00851			Anesth, tubal ligation	CONSENT
00921			Anes, vasectomy	CONSENT
00944			Anesth, vaginal hysterectomy	CONSENT
01962			Anesth, emer hysterectomy	CONSENT
01963			Anesth, cs hysterectomy	CONSENT
01964			Anesth, abortion procedures	CONSENT & History & Physical
01969			Anesth/analg cs hyst add-on	CONSENT
01999			Unlisted anesth procedure	OP report
36415			ROUTINE VENIPUNCTURE-SPEC COLL	REMARKS indicate the reason blood was drawn as separate service & why the lab that performed the testing could not draw the blood.
37501			Vascular Endo procedure	PA & OP report
38207			Cryopreserve stem cells	PA & OP report
38208			Thaw preserved stem cells	PA & OP report
38209			Wash harvest stem cells	PA & OP report
38210			T-cell depletion of harvest	PA & OP report
38211			Tumor cell deplete of harvst	PA & OP report
38212			Rbc depletion of harvest	PA & OP report
38213			Platelet deplete of harvest	PA & OP report
38214			Volume deplete of harvest	PA & OP report
38215			Harvest stem cell concentrte	PA & OP report
43496			FREE JEJUNUM TRANSFER MICRO AN	OP Report
44132			ENTERECTOMY, CADAVER DONOR	OP Report
44133			ENTERECTOMY, LIVE DONOR	OP Report

CPT/HCPCS Code	Revenue Code	ICD-9-CM Proc Code	Description	Documentation Required
44135			INTESTINE TRANSPLNT CADAVER	OP Report
44136			INTESTINE TRANSPLNT, LIVE	OP Report
44238			Laparoscope proc, intestine	OP Report
44239			Laparoscope proc, rectum	OP Report
47133			DONOR HEPATECTOMY W/ PREPARATI	OP Report
47379			LAPAROSCOPE PROCEDURE, LIVER	OP Report
48550			DONOR PANCREATECTOMY, WITH PRE	OP Report
49906			FREE OMENTAL FLAP MICRO ANAST	OP Report
51925			CLOSURE OF VESICOUTERINE FIST	CONSENT
54440			PLASTIC OPERATION OF PENIS FO	CONSENT
55250			VASECTOMY, UNILATERAL OR BILA	CONSENT
55250			VASECTOMY, UNILATERAL OR BILA	CONSENT
55450			LIGATION (PERCUTANEOUS) OF VA	CONSENT
56805			CLITOROPLASTY FOR ADRENOGENITA	CONSENT
57335			VAGINOPLASTY FOR ADRENOGENITAL	CONSENT
58150			TOTAL HYSTERECTOMY (CORPUS AN	CONSENT
58152			TOTAL HYSTERECTOMY (CORPUS AN	CONSENT
58180			SUPRACERVICAL HYSTERECTOMY (S	CONSENT
58200			TOTAL HYSTERECTOMY, EXTENDED,	CONSENT
58210			TOTAL HYSTERECTOMY, EXTENDED,	CONSENT
58240			TOTAL HYSTERECTOMY OR CERVICE	CONSENT
58260			VAGINAL HYSTERECTOMY;	CONSENT
58262			VAGINAL HYST: REMOVAL OF TUBE	CONSENT
58263			VAGINAL HYST: REMOVAL; REPAIR	CONSENT
58267			VAGINAL HYSTERECTOMY;	CONSENT
58270			VAGINAL HYSTERECTOMY;	CONSENT
58275			VAGINAL HYSTERECTOMY, WITH TO	CONSENT
58280			VAGINAL HYSTERECTOMY, WITH TO	CONSENT
58285			VAGINAL HYSTERECTOMY, RADICAL	CONSENT
58290			Vag hyst complex	CONSENT
58291			Vag hyst incl t/o, complex	CONSENT

CPT/HCPCS Code	Revenue Code	ICD-9-CM Proc Code	Description	Documentation Required
58292			Vag hyst t/o & rep, compl	CONSENT
58293			Vag hyst w/uro rep, compl	CONSENT
58294			Vag hyst w/enterocele, compl	CONSENT
58550			LAPAROSCOPY;W VAGINAL HYSTEREC	CONSENT
58552			Laparo-vag hyst incl t/o	CONSENT
58553			Laparo-vag hyst, complex	CONSENT
58554			Laparo-vag hyst w/t/o, compl	CONSENT
58600			LIGATION OR TRANSECTION OF FA	CONSENT
58605			LIGATION OR TRANSECTION OF FA	CONSENT
58611			LIGATION OR TRANSECTION OF FA	CONSENT
58615			OCCLUSION OF FALLOPIAN TUBE(S	CONSENT
58670			LAP;W FULGURATION OF OVIDUCTS	CONSENT
58671			LAP;W OCCLUSION OF OVIDUCTS	CONSENT
58700			SALPINGECTOMY, COMPLETE OR PA	OP Report
58720			SALPINGO-OOPHORECTOMY, COMPLE	OP Report
59135			SURGICAL TREATMENT OF ECTOPIC	CONSENT
59525			SUBTOTAL OR TOTAL HYSTERECT.	CONSENT
59840			LEGAL (THERAPEUTIC) ABORTION,	History & Physical & OP Report & DCH 4240 & DCH 1550 Forms
59841			LEGAL (THERAPEUTIC) ABORTION,	History & Physical & OP Report & DCH 4240 & DCH 1550 Forms
59850			LEGAL (THERAPEUTIC) ABORTION,	History & Physical & OP Report & DCH 4240 & DCH 1550 Forms
59851			LEGAL (THERAPEUTIC) ABORTION,	History & Physical & OP Report & DCH 4240 & DCH 1550 Forms
59852			LEGAL (THERAPEUTIC) ABORTION,	History & Physical & OP Report & DCH 4240 & DCH 1550 Forms
59855			INDUCED ABORTION BY VAG SUPPOS	History & Physical & OP Report & DCH 4240 & DCH 1550 Forms
59856			INDUCED ABORTION W D&C &/OR EV	History & Physical & OP Report & DCH 4240 & DCH 1550 Forms
59857			INDUCED ABORTION W HYSTEROTOMY	History & Physical & OP Report & DCH 4240 & DCH 1550 Forms

CPT/HCPCS Code	Revenue Code	ICD-9-CM Proc Code	Description	Documentation Required
59866			MULTIFETAL PREGNANCY REDUCTION	History & Physical & OP Report & DCH 4240 & DCH 1550 Forms
63035			LAMINOTOMY (HEMILAMINECTOMY),	REMARKS
64714			NEUROLYSIS, MAJOR PERIPHERAL	REMARKS
74445			CORPORA CAVERNOSOGRAPHY; SUPE	RADIOLOGY REPORT
76390			MR SPECTROSCOPY	RADIOLOGY REPORT
76496			Fluoroscopic procedure	RADIOLOGY REPORT
76497			Ct procedure	RADIOLOGY REPORT
76498			MRI procedure	RADIOLOGY REPORT
78455			VENOUS THROMBOSIS STUDY (EG,	RADIOLOGY REPORT
78990			PROVISION OF DIAGNOSTIC RADIO	Complete NDC# (11 digits), Dosage, & Name of Product
86609			ANTIBODY; BACTERIUM, NE	DOCUMENTATION of medical necessity
86671			ANTIBODY;FUNGUS,NES	DOCUMENTATION of medical necessity
86682			ANTIBODY;HELMINTH,NES	DOCUMENTATION of medical necessity
86753			ANTIBODY;PROTOZOA,NES	DOCUMENTATION of medical necessity
86790			ANTIBODY;VIRUS,NES	DOCUMENTATION of medical necessity
92312			CORNEAL LENS FOR APHAKIA-BOTH	Remarks-description of service
92313			CORNEOSCLERAL LENS	Remarks-description of service
92700			Ent procedure/service	OP Report
94799			UNLISTED PULMONARY SERVICE OR	OP Report
A0420			AMBUL WAITG TIME PER HALF HR	REMARKS stating the total length of waiting time INCLUDING the first 30 minutes, physician's name that ordered the wait, and the reason for the wait.
A0999			UNLISTED AMBULANCE SERVICE	REMARKS must include a complete description of the service
A4310			INSERT TRAY W/O DRAIN BAG &CAT	PA (Diaper Contractor ONLY)
A4311			INSERT TRAY W/O BAG W FOLEY,ET	PA (Diaper Contractor ONLY)
A4312			INSERT TRAY W/O DRAIN ALL SILI	PA (Diaper Contractor ONLY)
A4314			INSERT TRAY, TWO WAY LATEX	PA (Diaper Contractor ONLY)
A4315			INSERT TRAY, TWO-WAY SILICONE	PA (Diaper Contractor ONLY)
A4320			IRRIGATION TRAY FOR BLADDER	PA (Diaper Contractor ONLY)
A4322			IRRIGATION SYRINGE	PA (Diaper Contractor ONLY)

CPT/HCPCS Code	Revenue Code	ICD-9-CM Proc Code	Description	Documentation Required
A4324			MALE EXT CATH W/ADH COATING	PA (Diaper Contractor ONLY)
A4325			MALE EXT CATH W/ADH STRIP	PA (Diaper Contractor ONLY)
A4326			MALE EXT. CATH. SPEC. TYPE	PA (Diaper Contractor ONLY)
A4328			FEMALE EXT.URINE COLL.-POUCH	PA (Diaper Contractor ONLY)
A4330			PERIANAL FECAL COLL.POUCH	PA (Diaper Contractor ONLY)
A4331			EXTENSION DRAINAGE TUBING	PA (Diaper Contractor ONLY)
A4333			URINARY CATH ANCHOR DEVICE	PA (Diaper Contractor ONLY)
A4334			URINARY CATH LEG STRAP	PA (Diaper Contractor ONLY)
A4335			INCONT. SUPPLY; MISC.	PA (Diaper Contractor ONLY)
A4338			INDWELLING CATH, FOLEY,TWO-WAY	PA (Diaper Contractor ONLY)
A4340			INDWELLING CATH., SPEC. TYPE	PA (Diaper Contractor ONLY)
A4344			INDW CATH,FOL,2-WAY,ALL SIL	PA (Diaper Contractor ONLY)
A4352			INTERMITT.URINARY CATH.,CURVED	PA (Diaper Contractor ONLY)
A4521			ADULT SIZE DIAPER SM	PA (Diaper Contractor ONLY)
A4522			ADULT SIZE DIAPER MED	PA (Diaper Contractor ONLY)
A4523			ADULT SIZE DIAPER LG	PA (Diaper Contractor ONLY)
A4524			ADULT SIZE DIAPER XL	PA (Diaper Contractor ONLY)
A4525			ADULT SIZE BRIEF SM	PA (Diaper Contractor ONLY)
A4526			ADULT SIZE BRIEF MED	PA (Diaper Contractor ONLY)
A4527			ADULT SIZE BRIEF LG	PA (Diaper Contractor ONLY)
A4528			ADULT SIZE BRIEF XL	PA (Diaper Contractor ONLY)
A4529			CHILD SIZE DIAPER	PA (Diaper Contractor ONLY)
A4530			CHILD SIZE DIAPER LG	PA (Diaper Contractor ONLY)
A4531			CHILD SIZE BRIEF	PA (Diaper Contractor ONLY)
A4532			CHILD SIZE BRIEF LG	PA (Diaper Contractor ONLY)
A4533			YOUTH SIZE DIAPER	PA (Diaper Contractor ONLY)
A4534			YOUTH SIZE BRIEF	PA (Diaper Contractor ONLY)
A4535			Disp incont liner/shield ea	PA (Diaper Contractor ONLY)
A4536			Prot underwr wshbl any sz	PA (Diaper Contractor ONLY)
A4554			DISPOS UNDERPADS, ALL SIZES	PA (Diaper Contractor ONLY)
A4643			SUPP ADD HI DOSE CONTRAST MRI	Complete NDC# (11 digits), Dosage, & Name of Product
A4647			SUPPLY PARAMAGNETIC CONTRAST	Complete NDC# (11 digits), Dosage, & Name of Product
A5112			URINARY LEG BAG; LATEX	PA (Diaper Contractor ONLY)

CPT/HCPCS Code	Revenue Code	ICD-9-CM Proc Code	Description	Documentation Required
A9512			Technetiumtc99mpertechnetate	Complete NDC# (11 digits), Dosage, & Name of Product
A9699			NOC THERAPEUTIC RADIOPHARM	Complete NDC# (11 digits), Dosage, & Name of Product
D0340			DENTAL CEPHALOMETRIC FILM	PA
D2740			CROWN PORCELAIN/CERAMIC SUBS	PA
D2750			CROWN PORCELAIN W/H NOBLE MET	PA
D2751			CROWN PORCELAIN FUSED BASE M	PA
D2752			CROWN PORCELAIN W/NOBLE METAL	PA
D2790			CROWN FULL CAST HIGH NOBLE MET	PA & Tooth number
D2791			CROWN FULL CAST BASE METAL	PA & Tooth number
D2792			CROWN FULL CAST NOBLE METAL	PA & Tooth number
D6210			PONTIC-HIGH NOBLE METAL	PA & Tooth number
D6211			PONTIC-BASE METAL CAST	PA & Tooth number
D6212			PONTIC NOBLE METAL CAST	PA & Tooth number
D6240			PONTIC PORCELAIN HIGH NOBLE	PA & Tooth number
D6241			PONTIC-PORCELAIN BASE METAL	PA & Tooth number
D6242			PONTIC-PORCELAIN NOBLE METAL	PA & Tooth number
D6245			BRIDGE PORCELAIN/CERAMIC	PA & Tooth number
D6253			PROVISION PONTIC	PA & Tooth number
D6740			CROWN PORCELAIN/CERAMIC	PA & Tooth number
D6750			CROWN PORCELAIN HIGH NOBLE	PA & Tooth number
D6751			CROWN PORCELAIN BASE METAL	PA & Tooth number
D6752			CROWN PORCELAIN NOBLE METAL	PA & Tooth number
D6790			CROWN FULL HIGH NOBLE METAL	PA & Tooth number
D6791			CROWN FULL BASE METAL CAST	PA & Tooth number
D6792			CROWN FULL NOBLE METAL CAST	PA & Tooth number
D6793			PROVISIONAL RETAINER CROWN	PA & Tooth number
D6970			CAST POST < CORE TO FIX PART D	PA & Tooth number
D6971			CAST POST-FIXED PART DENTURE	PA & Tooth number
D6972			PREFAB POST < CORE	PA & Tooth number
D6973			CORE BUILD UP,INCLUDING PINS	PA & Tooth number
D6980			FIXED PART DENTURE,BY REPORT	PA
D7210			SURGICAL REMOVAL ERUPTED TOOTH	OP Report

CPT/HCPCS Code	Revenue Code	ICD-9-CM Proc Code	Description	Documentation Required
D7220			REMOVAL IMPACTED SOFT TISSUE	OP Report
D7230			REMOVAL PARTIAL BONY IMPACTION	OP Report
D7240			REMOVAL COMPLETE BONY IMPACTIO	OP Report
D7280			EXPOSURE IMPACT TOOTH ORTHOD	PA & Tooth number
D7281			SURG.EXPOSURE,IMPACTED,COMPLEX	PA & Tooth number
D7282			MOBL ERUPTED/MALPOS TOOTH AID	PA & Tooth number
D8050			INTERCEPTIVE TX-PRIM DENTIT	PA
D8060			INTERCEPTIVE TX-TRANS DENTIT	PA
D8070			COMP TX OF ORTH TRANS DENTIT	PA
D8080			COMP TX OF ORTH ADOLES DENTIT	PA
D8090			COMP TX-ADULT DENT-ORTHO	PA
D8660			PRE-ORTHODONTIC VISIT	PA
D8670			PERIODIC ORTHO TX VISIT	PA
D8680			ORTHO RETENTION	PA
D8692			REPLACEMENT OF RETAINER	PA
D8999			UNSPEC ORTHO TX,BY REPORT	PA & description of service
J3590			Unclassified biologics	Complete NDC# (11 digits), Dosage, & Name of Product
S0190			MISEPRISTONE ORAL 200 MG	History & Physical & OP Report & DCH 4240 & DCH 1550 Forms
S0191			MISOPROSTOL ORAL 200 MCG	History & Physical & OP Report & DCH 4240 & DCH 1550 Forms
S0199			MED ABORTION INC ALL EX DRUG	CONSENT & History & Physical & DCH 4240 & DCH 1550 Forms & Complete NDC# (11 digits), Dosage, & Name of Product
S2060			LOBAR LUNG TRANSPLANTATION	OP REPORT
S2061			DONAR LOBECTOMY (LUNG)	OP REPORT
S2102			ISLET CELL TISSUE TRANSPLANT	OP REPORT
S2103			ADRENAL TISSUE TRANSPLANT	OP REPORT
S2152			SOLID ORGAN TRANSPL PKG	PA
S2255			HYSTEROSCOPY-SURG W OCCL OVID	CONSENT

CPT/HCPCS Code	Revenue Code	ICD-9-CM Proc Code	Description	Documentation Required
V5014			REPAIR/MOD HEARING AID	PA if charges> $80 or occurrences exceed 2 in 365 days
		246	EXPOSURE OF TOOTH	PACER# & PA & OP Report
		335	LUNG TRANSPLANT	PA
		4194	SPLEEN TRANSPLANTATION	OP Report
		4468	LAPAROSCOPIC GASTROPLASTY	PA
		4469	GASTRIC REPAIR NEC	PA & History & Physical & OP Report
		4495	LAPAROSCOPIC GASTRIC RESTRICTIVE PROCEDURE	PA
		4496	LAPAROSCOPIC REVISION OF GASTRIC RETRICTIVE PROCEDURE	PA
		4497	LAPAROSCOPIC REMOVAL OF GASTRIC RESTRICTIVE DEVICE	PA
		4498	(LAPAROSCOPIC) ADJUSTEMENT OF SIZE OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE	PA
		6370	MALE STERILIZATION NOS	CONSENT
		6372	SPERMATIC CORD LIGATION	CONSENT
		650	OOPHOROTOMY	OP Report, History & physical and ER notes, if applicable
		6501	LAPAROSC OOPHOROTOMY	OP Report, History & physical and ER notes, if applicable
		6509	OTHER OOPHOROTOMY	OP Report, History & physical and ER notes, if applicable
		653	UNILATERAL OOPHORECTOMY	OP Report, History & physical and ER notes, if applicable
		6531	LAP UNILAT OOPHORECTOMY	OP Report, History & physical and ER notes, if applicable
		6539	OTHER UNILAT OOPHORECTOMY	OP Report, History & physical and ER notes, if applicable
		654	UNILAT SALPINGO-OOPHOREC	OP Report, History & physical and ER notes, if applicable
		6541	LAP UNILAT SALPINGOOOPHORECT	OP Report, History & physical and ER notes, if applicable

CPT/HCPCS Code	Revenue Code	ICD-9-CM Proc Code	Description	Documentation Required
		6549	OTH UNILAT SALPINGOOPHORECT	OP Report, History & physical and ER notes, if applicable
		6551	REMOVE BOTH OVARIES	OP Report, History & physical and ER notes, if applicable
		6552	REMOVE SOLITARY OVARY	OP Report, History & physical and ER notes, if applicable
		6553	LAP REM BOTH OVAR SAME EPISODE	OP Report, History & physical and ER notes, if applicable
		6554	LAPAR REMOV REMAING OVARY	OP Report, History & physical and ER notes, if applicable
		6561	REMOVE BOTH TUBES & OVAR	OP Report, History & physical and ER notes, if applicable
		6562	REMOVE SOLITARY TUBE/OVA	OP Report, History & physical and ER notes, if applicable
		6563	LAP REM BOTH OVAR TUBES SAME E	OP Report, History & physical and ER notes, if applicable
		6564	LAP REM REMAIN TUBE & OVARY	OP Report, History & physical and ER notes, if applicable
		6631	BILAT TUBAL CRUSHING NEC	CONSENT
		6632	BILAT TUBAL DIVISION NEC	CONSENT
		6639	BILAT TUBAL DESTRUCT NEC	CONSENT
		664	TOTAL UNILAT SALPINGECT	CONSENT
		6651	REMOVE BOTH FALLOP TUBES	CONSENT
		6652	REMOVE SOLITARY FAL TUBE	CONSENT
		6661	DESTROY FALLOP TUBE LES	CONSENT
		6662	REMOV TUBE & ECTOP PREG	CONSENT
		6663	BILAT PART SALPINGEC NOS	CONSENT
		6669	PARTIAL SALPINGECTOM NEC	CONSENT
		6831	LAP SUPRAVERV HYSTERECTOMY(LSH	CONSENT
		6839	OTHER SUBTOTAL HYSERECTOMY,NOS	CONSENT
		684	TOTAL ABD HYSTERECTOMY	CONSENT
		685	VAGINAL HYSTERECTOMY	CONSENT
		6851	LAP ASSIST VAGINAL HYST	CONSENT

CPT/HCPCS Code	Revenue Code	ICD-9-CM Proc Code	Description	Documentation Required
		6859	OTHER VAG HYSTERECTOMY	CONSENT
		686	RADICAL ABD HYSTERECTOMY	CONSENT
		687	RADICAL VAG HYSTERECTOMY	CONSENT
		688	PELVIC EVISCERATION	CONSENT
		689	OTHER + UNSPEC HYSTERECTOMY	CONSENT
		6952	ASPIRAT CURET-POST DELIV	OP Report, History & physical and ER notes, if applicable