

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
10004	Fna Bx W/O Img Gdn Ea Addl			\$29.52	1				
10005	Fna Bx W/Us Gdn 1st Les			\$71.12	1				
10021	Fna Bx W/O Img Gdn 1st Les			\$55.07	1				
10040	Acne Surgery			\$61.21	1				
10060	Drainage Of Skin Abscess			\$66.76	1				
10061	Drainage Of Skin Abscess			\$116.28	1				
10080	Drainage Of Pilonidal Cyst			\$103.61	1				
10081	Drainage Of Pilonidal Cyst			\$155.31	1				
10120	Remove Foreign Body			\$85.58	1				
10121	Remove Foreign Body			\$153.92	1				
10140	Drainage Of Hematoma/Fluid			\$94.49	1				
10160	Puncture Drainage Of Lesion			\$73.30	1				
11000	Debride Infected Skin			\$31.10	1				
11042	Deb Subq Tissue 20 Sq Cm/<			\$68.54	1				
11055	Trim Skin Lesion			\$31.50	1				
11056	Trim Skin Lesions 2 To 4			\$37.64	1				
11057	Trim Skin Lesions Over 4			\$41.80	1				
11102	Tangntl Bx Skin Single Les			\$55.47	1				
11103	Tangntl Bx Skin Ea Sep/Addl			\$29.91	1				
11104	Punch Bx Skin Single Lesion			\$69.73	1				
11105	Punch Bx Skin Ea Sep/Addl			\$34.27	1				
11106	Incal Bx Skn Single Les			\$84.39	1				
11107	Incal Bx Skn Ea Sep/Addl			\$40.41	1				
11200	Removal Of Skin Tags <W/15			\$49.72	1				
11201	Remove Skin Tags Add-On			\$10.70	0				
11300	Shave Skin Lesion 0.5 Cm/<			\$54.87	1				
11301	Shave Skin Lesion 0.6-1.0 Cm			\$67.35	1				
11302	Shave Skin Lesion 1.1-2.0 Cm			\$78.84	1				
11303	Shave Skin Lesion >2.0 Cm			\$86.97	1				
11305	Shave Skin Lesion 0.5 Cm/<			\$57.45	1				
11306	Shave Skin Lesion 0.6-1.0 Cm			\$68.34	1				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
11307	Shave Skin Lesion 1.1-2.0 Cm			\$81.02	1				
11308	Shave Skin Lesion >2.0 Cm			\$85.98	1				
11310	Shave Skin Lesion 0.5 Cm/≤			\$63.99	1				
11311	Shave Skin Lesion 0.6-1.0 Cm			\$76.47	1				
11312	Shave Skin Lesion 1.1-2.0 Cm			\$89.54	1				
11313	Shave Skin Lesion >2.0 Cm			\$104.99	1				
11400	Exc Tr-Ext B9+Marg 0.5 Cm/≤			\$69.93	1				
11401	Exc Tr-Ext B9+Marg 0.6-1 Cm			\$85.18	1				
11402	Exc Tr-Ext B9+Marg 1.1-2 Cm			\$94.69	1				
11403	Exc Tr-Ext B9+Marg 2.1-3cm			\$109.55	1				
11404	Exc Tr-Ext B9+Marg 3.1-4 Cm			\$124.21	1				
11406	Exc Tr-Ext B9+Marg >4.0 Cm			\$178.69	1				
11420	Exc H-F-Nk-Sp B9+Marg 0.5/≤			\$69.93	1				
11421	Exc H-F-Nk-Sp B9+Marg 0.6-1			\$88.95	1				
11422	Exc H-F-Nk-Sp B9+Marg 1.1-2			\$100.24	1				
11423	Exc H-F-Nk-Sp B9+Marg 2.1-3			\$114.30	1				
11424	Exc H-F-Nk-Sp B9+Marg 3.1-4			\$132.53	1				
11426	Exc H-F-Nk-Sp B9+Marg >4 Cm			\$189.98	1				
11440	Exc Face-Mm B9+Marg 0.5 Cm/≤			\$77.46	1				
11441	Exc Face-Mm B9+Marg 0.6-1 Cm			\$95.68	1				
11442	Exc Face-Mm B9+Marg 1.1-2 Cm			\$106.78	1				
11600	Exc Tr-Ext Mal+Marg 0.5 Cm/≤			\$109.55	1				
11601	Exc Tr-Ext Mal+Marg 0.6-1 Cm			\$129.16	1				
11602	Exc Tr-Ext Mal+Marg 1.1-2 Cm			\$139.86	1				
11603	Exc Tr-Ext Mal+Marg 2.1-3 Cm			\$159.87	1				
11604	Exc Tr-Ext Mal+Marg 3.1-4 Cm			\$177.30	1				
11606	Exc Tr-Ext Mal+Marg >4 Cm			\$254.56	1				
11620	Exc H-F-Nk-Sp Mal+Marg 0.5/≤			\$110.34	1				
11621	Exc S/N/H/F/G Mal+Mrg 0.6-1			\$129.76	1				
11622	Exc S/N/H/F/G Mal+Mrg 1.1-2			\$144.61	1				
11623	Exc S/N/H/F/G Mal+Mrg 2.1-3			\$169.38	1				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
11640	Exc F/E/E/N/L Mal+Mrg 0.5cm<			\$113.71	1				
11641	Exc F/E/E/N/L Mal+Mrg 0.6-1			\$134.31	1				
11642	Exc F/E/E/N/L Mal+Mrg 1.1-2			\$153.13	1				
11720	Debride Nail 1-5			\$18.62	1				
11721	Debride Nail 6 Or More			\$25.55	1				
11730	Removal Of Nail Plate			\$61.21	1				
11732	Remove Nail Plate Add-On			\$18.42	0				
11740	Drain Blood From Under Nail			\$28.92	1				
11750	Removal Of Nail Bed			\$87.36	1				
11755	Biopsy Nail Unit			\$68.74	1				
11760	Repair Of Nail Bed			\$108.16	1				
11765	Excision Of Nail Fold Toe			\$95.09	1				
11900	Inject Skin Lesions </W 7			\$30.51	1				
11901	Inject Skin Lesions >7			\$38.63	1				
11976	Remove Contraceptive Capsule			\$81.42	1				
11981	Insert Drug Implant Device			\$80.23	1				
11982	Remove Drug Implant Device			\$88.95	1				
11983	Remove/Insert Drug Implant			\$129.95	1				
12001	Rpr S/N/Ax/Gen/Trnk 2.5cm/<			\$50.12	1				
12002	Rpr S/N/Ax/Gen/Trnk2.6-7.5cm			\$61.01	1				
12004	Rpr S/N/Ax/Gen/Trk7.6-12.5cm			\$71.51	1				
12011	Rpr F/E/E/N/L/M 2.5 Cm/<			\$61.21	1				
12013	Rpr F/E/E/N/L/M 2.6-5.0 Cm			\$63.99	1				
12031	Intmd Rpr S/A/T/Ext 2.5 Cm/<			\$138.27	1				
12032	Intmd Rpr S/A/T/Ext 2.6-7.5			\$171.36	1				
12041	Intmd Rpr N-Hf/Genit 2.5cm/<			\$138.08	1				
12042	Intmd Rpr N-Hf/Genit2.6-7.5			\$166.60	1				
12051	Intmd Rpr Face/Mm 2.5 Cm/<			\$149.57	1				
12052	Intmd Rpr Face/Mm 2.6-5.0 Cm			\$169.38	1				
16000	Initial Treatment Of Burn(S)			\$39.62	1				
16020	Dress/Debrid P-Thick Burn S			\$45.96	1				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services**Rural Health Clinic Reimbursement List****October 2019****Suggested MCO Reimbursement Rate: \$51.39****Revised: 03/31/2020**

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
17000	Destruct Premalg Lesion			\$36.65	1				
17003	Destruct Premalg Les 2-14			\$3.17	0				
17004	Destroy Premal Lesions 15/			\$85.38	1				
17110	Destruct B9 Lesion 1-14			\$62.01	1				
17111	Destruct Lesion 15 Or More			\$73.50	1				
17250	Chem Caut Of Granltj Tissue			\$45.76	0				
17340	Cryotherapy Of Skin			\$29.52	1				
19000	Drainage Of Breast Lesion			\$61.81	1				
20526	Ther Injection Carp Tunnel			\$43.58	1				
20527	Inj Dupuytren Cord W/Enzyme			\$47.35	1				
20550	Inj Tendon Sheath/Ligament			\$29.91	1				
20551	Inj Tendon Origin/Insertion			\$30.31	1				
20552	Inj Trigger Point 1/2 Muscl			\$31.10	1				
20553	Inject Trigger Points 3/			\$35.86	1				
20600	Drain/Inj Joint/Bursa W/O Us			\$27.34	1				
20604	Drain/Inj Joint/Bursa W/Us			\$41.60	1				
20605	Drain/Inj Joint/Bursa W/O Us			\$28.53	1				
20606	Drain/Inj Joint/Bursa W/Us			\$45.96	1				
20610	Drain/Inj Joint/Bursa W/O Us			\$33.88	1				
20611	Drain/Inj Joint/Bursa W/Us			\$51.70	1				
20612	Aspirate/Inj Ganglion Cyst			\$33.88	1				
23500	Treat Clavicle Fracture			\$123.61	1				
23650	Treat Shoulder Dislocation			\$180.27	1				
24640	Treat Elbow Dislocation			\$56.66	1				
26010	Drainage Of Finger Abscess			\$153.33	1				
26011	Drainage Of Finger Abscess			\$227.62	1				
26341	Manipulat Palm Cord Post Inj			\$57.45	1				
26600	Treat Metacarpal Fracture			\$166.21	1				
26750	Treat Finger Fracture Each			\$104.00	1				
28190	Removal Of Foot Foreign Body			\$145.60	1				
28470	Treat Metatarsal Fracture			\$124.01	1				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
28510	Treatment Of Toe Fracture			\$69.53	1				
29530	Strapping Of Knee			\$17.04	1				
29540	Strapping Of Ankle And/Or Ft			\$16.24	1				
29550	Strapping Of Toes			\$10.90	1				
29580	Application Of Paste Boot			\$35.26	1				
29584	Appl Multlay Comprs Arm/Hand			\$45.36	1				
29700	Removal/Revision Of Cast			\$36.05	1				
29705	Removal/Revision Of Cast			\$36.65	1				
30300	Remove Nasal Foreign Body			\$104.20	1				
30901	Control Of Nosebleed			\$77.46	1				
30903	Control Of Nosebleed			\$122.03	1				
30905	Control Of Nosebleed			\$185.42	1				
30906	Repeat Control Of Nosebleed			\$193.94	1				
31579	Laryngoscopy Telescopic			\$103.61	1				
36415	Routine Venipuncture			\$2.70	0				
36591	Draw Blood Off Venous Device			\$13.67	0				
41010	Incision Of Tongue Fold			\$116.88	1				
43762	Rplc Gtube No Revj Trc			\$125.00	1				
43763	Rplc Gtube Revj Gstrst Trc			\$185.62	1				
46083	Incise External Hemorrhoid			\$103.80	1				
46320	Removal Of Hemorrhoid Clot			\$107.57	1				
51700	Irrigation Of Bladder			\$42.00	0				
51701	Insert Bladder Catheter			\$25.16	0				
51702	Insert Temp Bladder Cath			\$34.87	0				
51705	Change Of Bladder Tube			\$52.89	0				
51725	Simple Cystometrogram			\$112.72	0				
51725	Simple Cystometrogram	26		\$43.38	0				
51725	Simple Cystometrogram	TC		\$69.34	0				
51736	Urine Flow Measurement			\$7.92	0				
51736	Urine Flow Measurement	26		\$4.75	0				
51736	Urine Flow Measurement	TC		\$3.17	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
51741	Electro-Uroflowmetry First			\$8.12	0				
51741	Electro-Uroflowmetry First	26		\$4.75	0				
51741	Electro-Uroflowmetry First	TC		\$3.37	0				
51784	Anal/Urinary Muscle Study			\$38.23	0				
51784	Anal/Urinary Muscle Study	26		\$21.39	0				
51784	Anal/Urinary Muscle Study	TC		\$16.84	0				
51798	Us Urine Capacity Measure			\$7.13	0				
54050	Destruction Penis Lesion(S)			\$75.28	1				
54056	Cryosurgery Penis Lesion(S)			\$79.83	0				
54060	Excision Of Penis Lesion(S)			\$104.79	0				
54065	Destruction Penis Lesion(S)			\$125.00	0				
54150	Circumcision W/Regionl Block			\$87.56	0				
54160	Circumcision Neonate			\$125.20	0				
55250	Removal Of Sperm Duct(S)			\$211.17	1				
56405	I & D Of Vulva/Perineum			\$64.38	1				
56420	Drainage Of Gland Abscess			\$76.47	1				
56441	Lysis Of Labial Lesion(S)			\$85.78	1				
56501	Destroy Vulva Lesions Sim			\$81.22	1				
56515	Destroy Vulva Lesion/S Compl			\$133.12	1				
56605	Biopsy Of Vulva/Perineum			\$48.14	1				
56606	Biopsy Of Vulva/Perineum			\$21.59	0				
56820	Exam Of Vulva W/Scope			\$64.98	1				
56821	Exam/Biopsy Of Vulva W/Scope			\$86.37	1				
57061	Destroy Vag Lesions Simple			\$69.73	1				
57065	Destroy Vag Lesions Complex			\$116.48	1				
57100	Biopsy Of Vagina			\$52.30	1				
57160	Insert Pessary/Other Device			\$35.46	1				
57170	Fitting Of Diaphragm/Cap			\$36.65	1				
57420	Exam Of Vagina W/Scope			\$68.34	1				
57421	Exam/Biopsy Of Vag W/Scope			\$91.52	1				
57452	Exam Of Cervix W/Scope			\$64.38	1				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
57454	Bx/Curett Of Cervix W/Scope			\$88.15	1				
57455	Biopsy Of Cervix W/Scope			\$83.20	1				
57456	Endocerv Curettage W/Scope			\$78.25	1				
57460	Bx Of Cervix W/Scope Leep			\$164.42	1				
57461	Conz Of Cervix W/Scope Leep			\$185.03	1				
57500	Biopsy Of Cervix			\$75.28	1				
57505	Endocervical Curettage			\$63.19	1				
57510	Cauterization Of Cervix			\$77.26	1				
57511	Cryocautery Of Cervix			\$87.76	1				
57520	Conization Of Cervix			\$181.46	1				
57522	Conization Of Cervix			\$154.32	1				
57800	Dilation Of Cervical Canal			\$36.65	1				
58100	Biopsy Of Uterus Lining			\$52.30	1				
58110	Bx Done W/Colposcopy Add-On			\$28.53	0				
58120	Dilation And Curettage			\$151.74	1				
58300	Insert Intrauterine Device			\$45.17	1				
58301	Remove Intrauterine Device			\$53.49	1				
58340	Catheter For Hysteroscopy			\$88.55	1				
58356	Endometrial Cryoablation			\$1,032.89	0		YES		
58555	Hysteroscopy Dx Sep Proc			\$166.40	1				
58558	Hysteroscopy Biopsy			\$770.01	1				
58562	Hysteroscopy Remove Fb			\$205.83	1				
58563	Hysteroscopy Ablation			\$994.66	0				
58565	Hysteroscopy Sterilization			\$1,026.16	0				
58579	Hysteroscope Procedure			M	0				
59000	Amniocentesis Diagnostic			\$69.93	1				
59020	Fetal Contract Stress Test			\$39.42	1				
59020	Fetal Contract Stress Test	26		\$21.00	1				
59020	Fetal Contract Stress Test	TC		\$18.42	1				
59025	Fetal Non-Stress Test			\$27.14	1				
59025	Fetal Non-Stress Test	26		\$16.84	1				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
59025	Fetal Non-Stress Test	TC		\$10.30	1				
59160	D & C After Delivery			\$123.02	0				
59425	Antepartum Care Only			\$437.14	6				
59426	Antepartum Care Only			\$779.48	12				
59430	Care After Delivery			\$183.97	1				
59812	Treatment Of Miscarriage			\$185.62	0				
59820	Care Of Miscarriage			\$222.66	0				
64405	N Block Inj Occipital			\$46.95	0				
64450	N Block Other Peripheral			\$43.38	1				
64455	N Block Inj Plantar Digit			\$26.94	1				
65205	Remove Foreign Body From Eye			\$25.95	0				
69000	Drain External Ear Lesion			\$104.79	1				
69005	Drain External Ear Lesion			\$121.44	1				
69200	Clear Outer Ear Canal			\$45.96	1				
69209	Remove Impacted Ear Wax Uni			\$7.92	1				
69210	Remove Impacted Ear Wax Uni			\$26.55	1				
69220	Clean Out Mastoid Cavity			\$45.36	1				
70030	X-Ray Eye For Foreign Body			\$16.44	0	YES			
70030	X-Ray Eye For Foreign Body	26		\$4.75	0	YES			
70030	X-Ray Eye For Foreign Body	TC		\$11.69	0	YES			
70100	X-Ray Exam Of Jaw <4views			\$19.22	0	YES			
70100	X-Ray Exam Of Jaw <4views	26		\$5.15	0	YES			
70100	X-Ray Exam Of Jaw <4views	TC		\$14.07	0	YES			
70110	X-Ray Exam Of Jaw 4/> Views			\$22.39	0	YES			
70110	X-Ray Exam Of Jaw 4/> Views	26		\$7.13	0	YES			
70110	X-Ray Exam Of Jaw 4/> Views	TC		\$15.25	0	YES			
70120	X-Ray Exam Of Mastoids			\$19.22	0	YES			
70120	X-Ray Exam Of Mastoids	26		\$5.15	0	YES			
70120	X-Ray Exam Of Mastoids	TC		\$14.07	0	YES			
70130	X-Ray Exam Of Mastoids			\$31.89	0	YES			
70130	X-Ray Exam Of Mastoids	26		\$9.71	0	YES			

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
70130	X-Ray Exam Of Mastoids	TC		\$22.19	0	YES			
70134	X-Ray Exam Of Middle Ear			\$29.91	0	YES			
70134	X-Ray Exam Of Middle Ear	26		\$9.91	0	YES			
70134	X-Ray Exam Of Middle Ear	TC		\$20.01	0	YES			
70140	X-Ray Exam Of Facial Bones			\$17.04	0	YES			
70140	X-Ray Exam Of Facial Bones	26		\$5.74	0	YES			
70140	X-Ray Exam Of Facial Bones	TC		\$11.29	0	YES			
70150	X-Ray Exam Of Facial Bones			\$24.37	0	YES			
70150	X-Ray Exam Of Facial Bones	26		\$7.53	0	YES			
70150	X-Ray Exam Of Facial Bones	TC		\$16.84	0	YES			
70160	X-Ray Exam Of Nasal Bones			\$19.22	0	YES			
70160	X-Ray Exam Of Nasal Bones	26		\$4.95	0	YES			
70160	X-Ray Exam Of Nasal Bones	TC		\$14.26	0	YES			
70170	X-Ray Exam Of Tear Duct			\$30.66	0	YES			
70170	X-Ray Exam Of Tear Duct	26		\$8.52	0	YES			
70170	X-Ray Exam Of Tear Duct	TC		\$21.56	0	YES			
70190	X-Ray Exam Of Eye Sockets			\$20.40	0	YES			
70190	X-Ray Exam Of Eye Sockets	26		\$6.14	0	YES			
70190	X-Ray Exam Of Eye Sockets	TC		\$14.26	0	YES			
70200	X-Ray Exam Of Eye Sockets			\$24.56	0	YES			
70200	X-Ray Exam Of Eye Sockets	26		\$7.92	0	YES			
70200	X-Ray Exam Of Eye Sockets	TC		\$16.64	0	YES			
70210	X-Ray Exam Of Sinuses			\$17.63	0	YES			
70210	X-Ray Exam Of Sinuses	26		\$4.95	0	YES			
70210	X-Ray Exam Of Sinuses	TC		\$12.68	0	YES			
70220	X-Ray Exam Of Sinuses			\$21.79	0	YES			
70220	X-Ray Exam Of Sinuses	26		\$7.13	0	YES			
70220	X-Ray Exam Of Sinuses	TC		\$14.66	0	YES			
70240	X-Ray Exam Pituitary Saddle			\$17.63	0	YES			
70240	X-Ray Exam Pituitary Saddle	26		\$5.55	0	YES			
70240	X-Ray Exam Pituitary Saddle	TC		\$12.08	0	YES			

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
70250	X-Ray Exam Of Skull			\$21.20	0	YES			
70250	X-Ray Exam Of Skull	26		\$7.13	0	YES			
70250	X-Ray Exam Of Skull	TC		\$14.07	0	YES			
70260	X-Ray Exam Of Skull			\$26.55	0	YES			
70260	X-Ray Exam Of Skull	26		\$9.91	0	YES			
70260	X-Ray Exam Of Skull	TC		\$16.64	0	YES			
70300	X-Ray Exam Of Teeth			\$7.92	0	YES			
70300	X-Ray Exam Of Teeth	26		\$3.17	0	YES			
70300	X-Ray Exam Of Teeth	TC		\$4.75	0	YES			
70310	X-Ray Exam Of Teeth			\$21.00	0	YES			
70310	X-Ray Exam Of Teeth	26		\$4.36	0	YES			
70310	X-Ray Exam Of Teeth	TC		\$16.64	0	YES			
70320	Full Mouth X-Ray Of Teeth			\$30.31	0	YES			
70320	Full Mouth X-Ray Of Teeth	26		\$6.93	0	YES			
70320	Full Mouth X-Ray Of Teeth	TC		\$23.38	0	YES			
70328	X-Ray Exam Of Jaw Joint			\$17.63	0	YES			
70328	X-Ray Exam Of Jaw Joint	26		\$5.15	0	YES			
70328	X-Ray Exam Of Jaw Joint	TC		\$12.48	0	YES			
70330	X-Ray Exam Of Jaw Joints			\$27.54	0	YES			
70330	X-Ray Exam Of Jaw Joints	26		\$6.93	0	YES			
70330	X-Ray Exam Of Jaw Joints	TC		\$20.60	0	YES			
70355	Panoramic X-Ray Of Jaws			\$11.09	0	YES			
70355	Panoramic X-Ray Of Jaws	26		\$6.14	0	YES			
70355	Panoramic X-Ray Of Jaws	TC		\$4.95	0	YES			
70360	X-Ray Exam Of Neck			\$16.84	0	YES			
70360	X-Ray Exam Of Neck	26		\$4.75	0	YES			
70360	X-Ray Exam Of Neck	TC		\$12.08	0	YES			
70380	X-Ray Exam Of Salivary Gland			\$18.82	0	YES			
70380	X-Ray Exam Of Salivary Gland	26		\$4.75	0	YES			
70380	X-Ray Exam Of Salivary Gland	TC		\$14.07	0	YES			
70390	X-Ray Exam Of Salivary Duct			\$57.45	0	YES			

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services**Rural Health Clinic Reimbursement List****October 2019****Suggested MCO Reimbursement Rate: \$51.39****Revised: 03/31/2020**

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
70390	X-Ray Exam Of Salivary Duct	26		\$10.70	0	YES			
70390	X-Ray Exam Of Salivary Duct	TC		\$46.75	0	YES			
71045	X-Ray Exam Chest 1 View			\$13.87	0	YES			
71045	X-Ray Exam Chest 1 View	26		\$5.15	0	YES			
71045	X-Ray Exam Chest 1 View	TC		\$8.72	0	YES			
71046	X-Ray Exam Chest 2 Views			\$17.63	0	YES			
71046	X-Ray Exam Chest 2 Views	26		\$6.14	0	YES			
71046	X-Ray Exam Chest 2 Views	TC		\$11.49	0	YES			
71047	X-Ray Exam Chest 3 Views			\$22.19	0	YES			
71047	X-Ray Exam Chest 3 Views	26		\$7.92	0	YES			
71047	X-Ray Exam Chest 3 Views	TC		\$14.26	0	YES			
71048	X-Ray Exam Chest 4+ Views			\$23.97	0	YES			
71048	X-Ray Exam Chest 4+ Views	26		\$9.11	0	YES			
71048	X-Ray Exam Chest 4+ Views	TC		\$14.86	0	YES			
71100	X-Ray Exam Ribs Uni 2 Views			\$19.22	0	YES			
71100	X-Ray Exam Ribs Uni 2 Views	26		\$6.34	0	YES			
71100	X-Ray Exam Ribs Uni 2 Views	TC		\$12.88	0	YES			
71101	X-Ray Exam Unilat Ribs/Chest			\$21.99	0	YES			
71101	X-Ray Exam Unilat Ribs/Chest	26		\$7.73	0	YES			
71101	X-Ray Exam Unilat Ribs/Chest	TC		\$14.26	0	YES			
71110	X-Ray Exam Ribs Bil 3 Views			\$22.98	0	YES			
71110	X-Ray Exam Ribs Bil 3 Views	26		\$8.32	0	YES			
71110	X-Ray Exam Ribs Bil 3 Views	TC		\$14.66	0	YES			
71111	X-Ray Exam Ribs/Chest4/ > Vws			\$27.34	0	YES			
71111	X-Ray Exam Ribs/Chest4/ > Vws	26		\$9.31	0	YES			
71111	X-Ray Exam Ribs/Chest4/ > Vws	TC		\$18.03	0	YES			
71120	X-Ray Exam Breastbone 2/ > Vws			\$17.43	0	YES			
71120	X-Ray Exam Breastbone 2/ > Vws	26		\$5.74	0	YES			
71120	X-Ray Exam Breastbone 2/ > Vws	TC		\$11.69	0	YES			
71130	X-Ray Strenoclavic Jt 3/ > Vws			\$20.80	0	YES			
71130	X-Ray Strenoclavic Jt 3/ > Vws	26		\$6.14	0	YES			

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services**Rural Health Clinic Reimbursement List****October 2019****Suggested MCO Reimbursement Rate: \$51.39****Revised: 03/31/2020**

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
71130	X-Ray Stenoclavic Jt 3/>Vws	TC		\$14.66	0	YES			
72020	X-Ray Exam Of Spine 1 View			\$12.88	0	YES			
72020	X-Ray Exam Of Spine 1 View	26		\$4.36	0	YES			
72020	X-Ray Exam Of Spine 1 View	TC		\$8.52	0	YES			
72040	X-Ray Exam Neck Spine 2-3 Vw			\$20.40	0	YES			
72040	X-Ray Exam Neck Spine 2-3 Vw	26		\$6.34	0	YES			
72040	X-Ray Exam Neck Spine 2-3 Vw	TC		\$14.07	0	YES			
72050	X-Ray Exam Neck Spine 4/5vws			\$28.13	0	YES			
72050	X-Ray Exam Neck Spine 4/5vws	26		\$8.91	0	YES			
72050	X-Ray Exam Neck Spine 4/5vws	TC		\$19.22	0	YES			
72052	X-Ray Exam Neck Spine 6/>Vws			\$33.48	0	YES			
72052	X-Ray Exam Neck Spine 6/>Vws	26		\$10.30	0	YES			
72052	X-Ray Exam Neck Spine 6/>Vws	TC		\$23.18	0	YES			
72070	X-Ray Exam Thorac Spine 2vws			\$19.02	0	YES			
72070	X-Ray Exam Thorac Spine 2vws	26		\$6.34	0	YES			
72070	X-Ray Exam Thorac Spine 2vws	TC		\$12.68	0	YES			
72072	X-Ray Exam Thorac Spine 3vws			\$20.21	0	YES			
72072	X-Ray Exam Thorac Spine 3vws	26		\$6.14	0	YES			
72072	X-Ray Exam Thorac Spine 3vws	TC		\$14.07	0	YES			
72074	X-Ray Exam Thorac Spine4/>Vw			\$22.19	0	YES			
72074	X-Ray Exam Thorac Spine4/>Vw	26		\$6.14	0	YES			
72074	X-Ray Exam Thorac Spine4/>Vw	TC		\$16.05	0	YES			
72080	X-Ray Exam Thoracolmb 2/> Vw			\$18.82	0	YES			
72080	X-Ray Exam Thoracolmb 2/> Vw	26		\$6.34	0	YES			
72080	X-Ray Exam Thoracolmb 2/> Vw	TC		\$12.48	0	YES			
72081	X-Ray Exam Entire Spi 1 Vw			\$22.58	0	YES			
72081	X-Ray Exam Entire Spi 1 Vw	26		\$7.73	0	YES			
72081	X-Ray Exam Entire Spi 1 Vw	TC		\$14.86	0	YES			
72082	X-Ray Exam Entire Spi 2/3 Vw			\$36.25	0	YES			
72082	X-Ray Exam Entire Spi 2/3 Vw	26		\$9.11	0	YES			
72082	X-Ray Exam Entire Spi 2/3 Vw	TC		\$27.14	0	YES			

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
72083	X-Ray Exam Entire Spi 4/5 Vw			\$42.79	0	YES			
72083	X-Ray Exam Entire Spi 4/5 Vw	26		\$10.30	0	YES			
72083	X-Ray Exam Entire Spi 4/5 Vw	TC		\$32.49	0	YES			
72084	X-Ray Exam Entire Spi 6/> Vw			\$49.92	0	YES			
72084	X-Ray Exam Entire Spi 6/> Vw	26		\$11.89	0	YES			
72084	X-Ray Exam Entire Spi 6/> Vw	TC		\$38.04	0	YES			
72100	X-Ray Exam L-S Spine 2/3 Vws			\$20.40	0	YES			
72100	X-Ray Exam L-S Spine 2/3 Vws	26		\$6.34	0	YES			
72100	X-Ray Exam L-S Spine 2/3 Vws	TC		\$14.07	0	YES			
72110	X-Ray Exam L-2 Spine 4/>Vws			\$28.53	0	YES			
72110	X-Ray Exam L-2 Spine 4/>Vws	26		\$8.91	0	YES			
72110	X-Ray Exam L-2 Spine 4/>Vws	TC		\$19.61	0	YES			
72114	X-Ray Exam L-S Spine Bending			\$32.49	0	YES			
72114	X-Ray Exam L-S Spine Bending	26		\$9.31	0	YES			
72114	X-Ray Exam L-S Spine Bending	TC		\$23.18	0	YES			
72120	X-Ray Bend Only L-S Spine			\$23.97	0	YES			
72120	X-Ray Bend Only L-S Spine	26		\$6.34	0	YES			
72120	X-Ray Bend Only L-S Spine	TC		\$17.63	0	YES			
72170	X-Ray Exam Of Pelvis			\$18.42	0	YES			
72170	X-Ray Exam Of Pelvis	26		\$4.95	0	YES			
72170	X-Ray Exam Of Pelvis	TC		\$13.47	0	YES			
72190	X-Ray Exam Of Pelvis			\$22.19	0	YES			
72190	X-Ray Exam Of Pelvis	26		\$6.14	0	YES			
72190	X-Ray Exam Of Pelvis	TC		\$16.05	0	YES			
72200	X-Ray Exam Si Joints			\$17.23	0	YES			
72200	X-Ray Exam Si Joints	26		\$4.95	0	YES			
72200	X-Ray Exam Si Joints	TC		\$12.28	0	YES			
72202	X-Ray Exam Si Joints 3/> Vws			\$19.41	0	YES			
72202	X-Ray Exam Si Joints 3/> Vws	26		\$5.35	0	YES			
72202	X-Ray Exam Si Joints 3/> Vws	TC		\$14.07	0	YES			
72220	X-Ray Exam Sacrum Tailbone			\$17.04	0	YES			

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
72220	X-Ray Exam Sacrum Tailbone	26		\$4.95	0	YES			
72220	X-Ray Exam Sacrum Tailbone	TC		\$12.08	0	YES			
72295	X-Ray Of Lower Spine Disk			\$57.45	0	YES			
72295	X-Ray Of Lower Spine Disk	26		\$24.37	0	YES			
72295	X-Ray Of Lower Spine Disk	TC		\$33.08	0	YES			
73000	X-Ray Exam Of Collar Bone			\$16.24	0	YES			
73000	X-Ray Exam Of Collar Bone	26		\$4.75	0	YES			
73000	X-Ray Exam Of Collar Bone	TC		\$11.49	0	YES			
73010	X-Ray Exam Of Shoulder Blade			\$17.83	0	YES			
73010	X-Ray Exam Of Shoulder Blade	26		\$5.15	0	YES			
73010	X-Ray Exam Of Shoulder Blade	TC		\$12.68	0	YES			
73020	X-Ray Exam Of Shoulder			\$13.27	0	YES			
73020	X-Ray Exam Of Shoulder	26		\$4.56	0	YES			
73020	X-Ray Exam Of Shoulder	TC		\$8.72	0	YES			
73030	X-Ray Exam Of Shoulder			\$16.84	0	YES			
73030	X-Ray Exam Of Shoulder	26		\$5.35	0	YES			
73030	X-Ray Exam Of Shoulder	TC		\$11.49	0	YES			
73050	X-Ray Exam Of Shoulders			\$20.80	0	YES			
73050	X-Ray Exam Of Shoulders	26		\$5.94	0	YES			
73050	X-Ray Exam Of Shoulders	TC		\$14.86	0	YES			
73060	X-Ray Exam Of Humerus			\$16.84	0	YES			
73060	X-Ray Exam Of Humerus	26		\$4.75	0	YES			
73060	X-Ray Exam Of Humerus	TC		\$12.08	0	YES			
73070	X-Ray Exam Of Elbow			\$15.06	0	YES			
73070	X-Ray Exam Of Elbow	26		\$4.56	0	YES			
73070	X-Ray Exam Of Elbow	TC		\$10.50	0	YES			
73080	X-Ray Exam Of Elbow			\$16.64	0	YES			
73080	X-Ray Exam Of Elbow	26		\$4.95	0	YES			
73080	X-Ray Exam Of Elbow	TC		\$11.69	0	YES			
73090	X-Ray Exam Of Forearm			\$15.65	0	YES			
73090	X-Ray Exam Of Forearm	26		\$4.75	0	YES			

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
73090	X-Ray Exam Of Forearm	TC		\$10.90	0	YES			
73092	X-Ray Exam Of Arm Infant			\$16.05	0	YES			
73092	X-Ray Exam Of Arm Infant	26		\$4.56	0	YES			
73092	X-Ray Exam Of Arm Infant	TC		\$11.49	0	YES			
73100	X-Ray Exam Of Wrist			\$17.83	0	YES			
73100	X-Ray Exam Of Wrist	26		\$4.75	0	YES			
73100	X-Ray Exam Of Wrist	TC		\$13.07	0	YES			
73110	X-Ray Exam Of Wrist			\$20.40	0	YES			
73110	X-Ray Exam Of Wrist	26		\$4.95	0	YES			
73110	X-Ray Exam Of Wrist	TC		\$15.45	0	YES			
73120	X-Ray Exam Of Hand			\$16.24	0	YES			
73120	X-Ray Exam Of Hand	26		\$4.75	0	YES			
73120	X-Ray Exam Of Hand	TC		\$11.49	0	YES			
73130	X-Ray Exam Of Hand			\$18.62	0	YES			
73130	X-Ray Exam Of Hand	26		\$4.95	0	YES			
73130	X-Ray Exam Of Hand	TC		\$13.67	0	YES			
73140	X-Ray Exam Of Finger(S)			\$18.82	0	YES			
73140	X-Ray Exam Of Finger(S)	26		\$3.96	0	YES			
73140	X-Ray Exam Of Finger(S)	TC		\$14.86	0	YES			
73501	X-Ray Exam Hip Uni 1 View			\$17.23	0	YES			
73501	X-Ray Exam Hip Uni 1 View	26		\$5.35	0	YES			
73501	X-Ray Exam Hip Uni 1 View	TC		\$11.89	0	YES			
73502	X-Ray Exam Hip Uni 2-3 Views			\$23.97	0	YES			
73502	X-Ray Exam Hip Uni 2-3 Views	26		\$6.34	0	YES			
73502	X-Ray Exam Hip Uni 2-3 Views	TC		\$17.63	0	YES			
73503	X-Ray Exam Hip Uni 4/> Views			\$29.91	0	YES			
73503	X-Ray Exam Hip Uni 4/> Views	26		\$7.92	0	YES			
73503	X-Ray Exam Hip Uni 4/> Views	TC		\$21.99	0	YES			
73521	X-Ray Exam Hips Bi 2 Views			\$21.39	0	YES			
73521	X-Ray Exam Hips Bi 2 Views	26		\$6.34	0	YES			
73521	X-Ray Exam Hips Bi 2 Views	TC		\$15.06	0	YES			

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
73522	X-Ray Exam Hips Bi 3-4 Views			\$27.93	0	YES			
73522	X-Ray Exam Hips Bi 3-4 Views	26		\$8.52	0	YES			
73522	X-Ray Exam Hips Bi 3-4 Views	TC		\$19.41	0	YES			
73523	X-Ray Exam Hips Bi 5/> Views			\$32.69	0	YES			
73523	X-Ray Exam Hips Bi 5/> Views	26		\$9.11	0	YES			
73523	X-Ray Exam Hips Bi 5/> Views	TC		\$23.57	0	YES			
73551	X-Ray Exam Of Femur 1			\$15.85	0				
73551	X-Ray Exam Of Femur 1	26		\$4.75	0				
73551	X-Ray Exam Of Femur 1	TC		\$11.09	0				
73552	X-Ray Exam Of Femur 2/			\$18.62	0	YES			
73552	X-Ray Exam Of Femur 2/	26		\$5.15	0	YES			
73552	X-Ray Exam Of Femur 2/	TC		\$13.47	0	YES			
73560	X-Ray Exam Of Knee 1 Or 2			\$18.03	0	YES			
73560	X-Ray Exam Of Knee 1 Or 2	26		\$4.75	0	YES			
73560	X-Ray Exam Of Knee 1 Or 2	TC		\$13.27	0	YES			
73562	X-Ray Exam Of Knee 3			\$20.80	0	YES			
73562	X-Ray Exam Of Knee 3	26		\$5.35	0	YES			
73562	X-Ray Exam Of Knee 3	TC		\$15.45	0	YES			
73564	X-Ray Exam Knee 4 Or More			\$23.18	0	YES			
73564	X-Ray Exam Knee 4 Or More	26		\$6.34	0	YES			
73564	X-Ray Exam Knee 4 Or More	TC		\$16.84	0	YES			
73565	X-Ray Exam Of Knees			\$20.80	0	YES			
73565	X-Ray Exam Of Knees	26		\$4.95	0	YES			
73565	X-Ray Exam Of Knees	TC		\$15.85	0	YES			
73590	X-Ray Exam Of Lower Leg			\$16.44	0	YES			
73590	X-Ray Exam Of Lower Leg	26		\$4.56	0	YES			
73590	X-Ray Exam Of Lower Leg	TC		\$11.89	0	YES			
73592	X-Ray Exam Of Leg Infant			\$16.05	0	YES			
73592	X-Ray Exam Of Leg Infant	26		\$4.56	0	YES			
73592	X-Ray Exam Of Leg Infant	TC		\$11.49	0	YES			
73600	X-Ray Exam Of Ankle			\$17.23	0	YES			

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
73600	X-Ray Exam Of Ankle	26		\$4.75	0	YES			
73600	X-Ray Exam Of Ankle	TC		\$12.48	0	YES			
73610	X-Ray Exam Of Ankle			\$18.62	0	YES			
73610	X-Ray Exam Of Ankle	26		\$4.95	0	YES			
73610	X-Ray Exam Of Ankle	TC		\$13.67	0	YES			
73620	X-Ray Exam Of Foot			\$15.06	0	YES			
73620	X-Ray Exam Of Foot	26		\$4.36	0	YES			
73620	X-Ray Exam Of Foot	TC		\$10.70	0	YES			
73630	X-Ray Exam Of Foot			\$17.43	0	YES			
73630	X-Ray Exam Of Foot	26		\$4.75	0	YES			
73630	X-Ray Exam Of Foot	TC		\$12.68	0	YES			
73650	X-Ray Exam Of Heel			\$15.06	0	YES			
73650	X-Ray Exam Of Heel	26		\$4.56	0	YES			
73650	X-Ray Exam Of Heel	TC		\$10.50	0	YES			
73660	X-Ray Exam Of Toe(S)			\$16.05	0	YES			
73660	X-Ray Exam Of Toe(S)	26		\$3.76	0	YES			
73660	X-Ray Exam Of Toe(S)	TC		\$12.28	0	YES			
74018	X-Ray Exam Abdomen 1 View			\$15.85	0	YES			
74018	X-Ray Exam Abdomen 1 View	26		\$5.15	0	YES			
74018	X-Ray Exam Abdomen 1 View	TC		\$10.70	0	YES			
74019	X-Ray Exam Abdomen 2 Views			\$19.41	0	YES			
74019	X-Ray Exam Abdomen 2 Views	26		\$6.54	0	YES			
74019	X-Ray Exam Abdomen 2 Views	TC		\$12.88	0	YES			
74021	X-Ray Exam Abdomen 3+ Views			\$22.39	0	YES			
74021	X-Ray Exam Abdomen 3+ Views	26		\$7.73	0	YES			
74021	X-Ray Exam Abdomen 3+ Views	TC		\$14.66	0	YES			
74022	X-Ray Exam Series Abdomen			\$25.95	0	YES			
74022	X-Ray Exam Series Abdomen	26		\$9.11	0	YES			
74022	X-Ray Exam Series Abdomen	TC		\$16.84	0	YES			
74190	X-Ray Exam Of Peritoneum			\$44.00	0	YES			
74190	X-Ray Exam Of Peritoneum	26		\$13.07	0	YES			

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
74190	X-Ray Exam Of Peritoneum	TC		\$29.31	0	YES			
74440	X-Ray Male Genital Tract			\$48.34	0				
74440	X-Ray Male Genital Tract	26		\$10.30	0				
74440	X-Ray Male Genital Tract	TC		\$38.04	0				
74445	X-Ray Exam Of Penis			\$60.71	0	YES			
74445	X-Ray Exam Of Penis	26		\$31.10	0	YES			
74445	X-Ray Exam Of Penis	TC		\$25.26	0	YES			
74450	X-Ray Urethra/Bladder			\$43.04	0	YES			
74450	X-Ray Urethra/Bladder	26		\$9.31	0	YES			
74450	X-Ray Urethra/Bladder	TC		\$32.73	0	YES			
74455	X-Ray Urethra/Bladder			\$50.52	0	YES			
74455	X-Ray Urethra/Bladder	26		\$9.31	0	YES			
74455	X-Ray Urethra/Bladder	TC		\$41.20	0	YES			
74470	X-Ray Exam Of Kidney Lesion			\$44.51	0	YES			
74470	X-Ray Exam Of Kidney Lesion	26		\$14.86	0	YES			
74470	X-Ray Exam Of Kidney Lesion	TC		\$28.09	0	YES			
74485	Dilation Urtr/Urt Rs&I			\$59.83	0	YES			
74485	Dilation Urtr/Urt Rs&I	26		\$22.58	0	YES			
74485	Dilation Urtr/Urt Rs&I	TC		\$37.24	0	YES			
74710	X-Ray Measurement Of Pelvis			\$21.39	0	YES			
74710	X-Ray Measurement Of Pelvis	26		\$9.71	0	YES			
74710	X-Ray Measurement Of Pelvis	TC		\$11.69	0	YES			
74740	X-Ray Female Genital Tract			\$45.96	0	YES			
74740	X-Ray Female Genital Tract	26		\$10.70	0	YES			
74740	X-Ray Female Genital Tract	TC		\$35.26	0	YES			
74742	X-Ray Fallopian Tube			\$40.64	0	YES			
74742	X-Ray Fallopian Tube	26		\$17.43	0	YES			
74742	X-Ray Fallopian Tube	TC		\$29.77	0	YES			
74775	X-Ray Exam Of Perineum			\$51.90	0	YES			
74775	X-Ray Exam Of Perineum	26		\$17.63	0	YES			
74775	X-Ray Exam Of Perineum	TC		\$32.73	0	YES			

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
76010	X-Ray Nose To Rectum			\$15.25	0	YES			
76010	X-Ray Nose To Rectum	26		\$5.15	0	YES			
76010	X-Ray Nose To Rectum	TC		\$10.10	0	YES			
76080	X-Ray Exam Of Fistula			\$31.89	0	YES			
76080	X-Ray Exam Of Fistula	26		\$14.66	0	YES			
76080	X-Ray Exam Of Fistula	TC		\$17.23	0	YES			
76098	X-Ray Exam Surgical Specimen			\$9.31	0	YES			
76098	X-Ray Exam Surgical Specimen	26		\$4.56	0	YES			
76098	X-Ray Exam Surgical Specimen	TC		\$4.75	0	YES			
76100	X-Ray Exam Of Body Section			\$52.89	0	YES			
76100	X-Ray Exam Of Body Section	26		\$17.63	0	YES			
76100	X-Ray Exam Of Body Section	TC		\$35.26	0	YES			
76101	Complex Body Section X-Ray			\$52.50	0	YES			
76101	Complex Body Section X-Ray	26		\$15.85	0	YES			
76101	Complex Body Section X-Ray	TC		\$36.65	0	YES			
76102	Complex Body Section X-Rays			\$96.67	0	YES			
76102	Complex Body Section X-Rays	26		\$19.02	0	YES			
76102	Complex Body Section X-Rays	TC		\$77.66	0	YES			
76506	Echo Exam Of Head			\$64.58	0	YES			
76506	Echo Exam Of Head	26		\$18.03	0	YES			
76506	Echo Exam Of Head	TC		\$46.55	0	YES			
76510	Ophth Us B & Quant A			\$62.40	0				
76510	Ophth Us B & Quant A	26		\$32.69	0				
76510	Ophth Us B & Quant A	TC		\$29.72	0				
76511	Ophth Us Quant A Only			\$38.23	0	YES			
76511	Ophth Us Quant A Only	26		\$20.40	0	YES			
76511	Ophth Us Quant A Only	TC		\$17.83	0	YES			
76512	Ophth Us B W/Non-Quant A			\$34.27	0	YES			
76512	Ophth Us B W/Non-Quant A	26		\$19.61	0	YES			
76512	Ophth Us B W/Non-Quant A	TC		\$14.66	0	YES			
76513	Echo Exam Of Eye Water Bath			\$55.07	0	YES			

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
76513	Echo Exam Of Eye Water Bath	26		\$20.21	0	YES			
76513	Echo Exam Of Eye Water Bath	TC		\$34.87	0	YES			
76514	Echo Exam Of Eye Thickness			\$7.13	0	YES			
76514	Echo Exam Of Eye Thickness	26		\$4.56	0	YES			
76514	Echo Exam Of Eye Thickness	TC		\$2.58	0	YES			
76516	Echo Exam Of Eye			\$30.31	0	YES			
76516	Echo Exam Of Eye	26		\$12.88	0	YES			
76516	Echo Exam Of Eye	TC		\$17.43	0	YES			
76519	Echo Exam Of Eye			\$37.04	0	YES			
76519	Echo Exam Of Eye	26		\$17.63	0	YES			
76519	Echo Exam Of Eye	TC		\$19.41	0	YES			
76529	Echo Exam Of Eye			\$46.16	0	YES			
76529	Echo Exam Of Eye	26		\$18.62	0	YES			
76529	Echo Exam Of Eye	TC		\$27.54	0	YES			
76536	Us Exam Of Head And Neck			\$64.38	0	YES			
76536	Us Exam Of Head And Neck	26		\$15.85	0	YES			
76536	Us Exam Of Head And Neck	TC		\$48.53	0	YES			
76604	Us Exam Chest			\$49.72	0	YES			
76604	Us Exam Chest	26		\$15.25	0	YES			
76604	Us Exam Chest	TC		\$34.47	0	YES			
76641	Ultrasound Breast Complete			\$59.83	0	YES			
76641	Ultrasound Breast Complete	26		\$20.60	0	YES			
76641	Ultrasound Breast Complete	TC		\$39.22	0	YES			
76642	Ultrasound Breast Limited			\$48.93	0	YES			
76642	Ultrasound Breast Limited	26		\$19.22	0	YES			
76642	Ultrasound Breast Limited	TC		\$29.72	0	YES			
76700	Us Exam Abdom Complete			\$67.95	0	YES			
76700	Us Exam Abdom Complete	26		\$22.78	0	YES			
76700	Us Exam Abdom Complete	TC		\$45.17	0	YES			
76705	Echo Exam Of Abdomen			\$50.71	0	YES			
76705	Echo Exam Of Abdomen	26		\$16.44	0	YES			

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
76705	Echo Exam Of Abdomen	TC		\$34.27	0	YES			
76706	Us Abdl Aorta Screen Aaa			\$63.39	0				
76706	Us Abdl Aorta Screen Aaa	26		\$15.45	0				
76706	Us Abdl Aorta Screen Aaa	TC		\$47.94	0				
76770	Us Exam Abdo Back Wall Comp			\$63.00	0	YES			
76770	Us Exam Abdo Back Wall Comp	26		\$20.80	0	YES			
76770	Us Exam Abdo Back Wall Comp	TC		\$42.20	0	YES			
76775	Us Exam Abdo Back Wall Lim			\$32.69	0	YES			
76775	Us Exam Abdo Back Wall Lim	26		\$16.24	0	YES			
76775	Us Exam Abdo Back Wall Lim	TC		\$16.44	0	YES			
76776	Us Exam K Transpl W/Doppler			\$86.77	0				
76776	Us Exam K Transpl W/Doppler	26		\$21.39	0				
76776	Us Exam K Transpl W/Doppler	TC		\$65.37	0				
76800	Us Exam Spinal Canal			\$80.03	0	YES			
76800	Us Exam Spinal Canal	26		\$33.28	0	YES			
76800	Us Exam Spinal Canal	TC		\$46.75	0	YES			
76801	Ob Us < 14 Wks Single Fetus			\$68.54	0	YES			
76801	Ob Us < 14 Wks Single Fetus	26		\$28.13	0	YES			
76801	Ob Us < 14 Wks Single Fetus	TC		\$40.41	0	YES			
76802	Ob Us < 14 Wks Addl Fetus			\$35.86	0	YES			
76802	Ob Us < 14 Wks Addl Fetus	26		\$23.77	0	YES			
76802	Ob Us < 14 Wks Addl Fetus	TC		\$12.08	0	YES			
76805	Ob Us >/= 14 Wks Sngl Fetus			\$78.65	0	YES			
76805	Ob Us >/= 14 Wks Sngl Fetus	26		\$28.33	0	YES			
76805	Ob Us >/= 14 Wks Sngl Fetus	TC		\$50.32	0	YES			
76810	Ob Us >/= 14 Wks Addl Fetus			\$52.10	0	YES			
76810	Ob Us >/= 14 Wks Addl Fetus	26		\$28.33	0	YES			
76810	Ob Us >/= 14 Wks Addl Fetus	TC		\$23.77	0	YES			
76811	Ob Us Detailed Sngl Fetus			\$101.43	0	YES			
76811	Ob Us Detailed Sngl Fetus	26		\$54.87	0	YES			
76811	Ob Us Detailed Sngl Fetus	TC		\$46.55	0	YES			

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
76812	Ob Us Detailed Addl Fetus			\$113.31	0	YES			
76812	Ob Us Detailed Addl Fetus	26		\$51.90	0	YES			
76812	Ob Us Detailed Addl Fetus	TC		\$61.41	0	YES			
76813	Ob Us Nuchal Meas 1 Gest			\$68.34	0	YES			
76813	Ob Us Nuchal Meas 1 Gest	26		\$34.27	0	YES			
76813	Ob Us Nuchal Meas 1 Gest	TC		\$34.07	0	YES			
76814	Ob Us Nuchal Meas Add-On			\$44.97	0	YES			
76814	Ob Us Nuchal Meas Add-On	26		\$28.92	0	YES			
76814	Ob Us Nuchal Meas Add-On	TC		\$16.05	0	YES			
76815	Ob Us Limited Fetus(S)			\$47.15	0	YES			
76815	Ob Us Limited Fetus(S)	26		\$18.42	0	YES			
76815	Ob Us Limited Fetus(S)	TC		\$28.72	0	YES			
76816	Ob Us Follow-Up Per Fetus			\$63.99	0	YES			
76816	Ob Us Follow-Up Per Fetus	26		\$24.56	0	YES			
76816	Ob Us Follow-Up Per Fetus	TC		\$39.42	0	YES			
76817	Transvaginal Us Obstetric			\$54.08	0	YES			
76817	Transvaginal Us Obstetric	26		\$21.39	0	YES			
76817	Transvaginal Us Obstetric	TC		\$32.69	0	YES			
76818	Fetal Biophys Profile W/Nst			\$68.15	0	YES			
76818	Fetal Biophys Profile W/Nst	26		\$30.51	0	YES			
76818	Fetal Biophys Profile W/Nst	TC		\$37.64	0	YES			
76819	Fetal Biophys Profil W/O Nst			\$49.92	0	YES			
76819	Fetal Biophys Profil W/O Nst	26		\$22.19	0	YES			
76819	Fetal Biophys Profil W/O Nst	TC		\$27.73	0	YES			
76820	Umbilical Artery Echo			\$26.74	0	YES			
76820	Umbilical Artery Echo	26		\$14.46	0	YES			
76820	Umbilical Artery Echo	TC		\$12.28	0	YES			
76821	Middle Cerebral Artery Echo			\$51.70	0	YES			
76821	Middle Cerebral Artery Echo	26		\$20.40	0	YES			
76821	Middle Cerebral Artery Echo	TC		\$31.30	0	YES			
76825	Echo Exam Of Fetal Heart			\$154.32	0	YES			

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
76825	Echo Exam Of Fetal Heart	26		\$47.15	0	YES			
76825	Echo Exam Of Fetal Heart	TC		\$107.17	0	YES			
76826	Echo Exam Of Fetal Heart			\$91.52	0	YES			
76826	Echo Exam Of Fetal Heart	26		\$23.18	0	YES			
76826	Echo Exam Of Fetal Heart	TC		\$68.34	0	YES			
76827	Echo Exam Of Fetal Heart			\$41.80	0	YES			
76827	Echo Exam Of Fetal Heart	26		\$16.24	0	YES			
76827	Echo Exam Of Fetal Heart	TC		\$25.55	0	YES			
76828	Echo Exam Of Fetal Heart			\$29.91	0	YES			
76828	Echo Exam Of Fetal Heart	26		\$16.05	0	YES			
76828	Echo Exam Of Fetal Heart	TC		\$13.87	0	YES			
76830	Transvaginal Us Non-Ob			\$68.15	0	YES			
76830	Transvaginal Us Non-Ob	26		\$19.61	0	YES			
76830	Transvaginal Us Non-Ob	TC		\$48.53	0	YES			
76831	Echo Exam Uterus			\$66.36	0	YES			
76831	Echo Exam Uterus	26		\$20.60	0	YES			
76831	Echo Exam Uterus	TC		\$45.76	0	YES			
76856	Us Exam Pelvic Complete			\$61.21	0	YES			
76856	Us Exam Pelvic Complete	26		\$19.41	0	YES			
76856	Us Exam Pelvic Complete	TC		\$41.80	0	YES			
76857	Us Exam Pelvic Limited			\$27.34	0	YES			
76857	Us Exam Pelvic Limited	26		\$14.07	0	YES			
76857	Us Exam Pelvic Limited	TC		\$13.27	0	YES			
76870	Us Exam Scrotum			\$58.84	0	YES			
76870	Us Exam Scrotum	26		\$18.03	0	YES			
76870	Us Exam Scrotum	TC		\$40.81	0	YES			
76872	Us Transrectal			\$71.71	0	YES			
76872	Us Transrectal	26		\$18.82	0	YES			
76872	Us Transrectal	TC		\$52.89	0	YES			
76873	Echograp Trans R Pros Study			\$97.27	0	YES			
76873	Echograp Trans R Pros Study	26		\$43.98	0	YES			

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
76873	Echograp Trans R Pros Study	TC		\$53.29	0	YES			
76881	Us Compl Joint R-T W/Img			\$49.72	0	YES			
76881	Us Compl Joint R-T W/Img	26		\$17.83	0	YES			
76881	Us Compl Joint R-T W/Img	TC		\$31.89	0	YES			
76882	Us Lmtd Jt/Nonvasc Xtr Strux			\$32.09	0	YES			
76882	Us Lmtd Jt/Nonvasc Xtr Strux	26		\$13.87	0	YES			
76882	Us Lmtd Jt/Nonvasc Xtr Strux	TC		\$18.23	0	YES			
76885	Us Exam Infant Hips Dynamic			\$80.23	0	YES			
76885	Us Exam Infant Hips Dynamic	26		\$21.00	0	YES			
76885	Us Exam Infant Hips Dynamic	TC		\$59.23	0	YES			
76886	Us Exam Infant Hips Static			\$58.84	0	YES			
76886	Us Exam Infant Hips Static	26		\$17.63	0	YES			
76886	Us Exam Infant Hips Static	TC		\$41.20	0	YES			
76941	Echo Guide For Transfusion			\$76.13	0	YES			
76941	Echo Guide For Transfusion	26		\$39.03	0	YES			
76941	Echo Guide For Transfusion	TC		\$34.17	0	YES			
76942	Echo Guide For Biopsy			\$31.89	0	YES			
76942	Echo Guide For Biopsy	26		\$18.03	0	YES			
76942	Echo Guide For Biopsy	TC		\$13.87	0	YES			
76945	Echo Guide Villus Sampling			\$54.67	0	YES			
76945	Echo Guide Villus Sampling	26		\$19.61	0	YES			
76945	Echo Guide Villus Sampling	TC		\$34.17	0	YES			
76946	Echo Guide For Amniocentesis			\$18.23	0	YES			
76946	Echo Guide For Amniocentesis	26		\$10.90	0	YES			
76946	Echo Guide For Amniocentesis	TC		\$7.33	0	YES			
76977	Us Bone Density Measure			\$4.16	0	YES			
76977	Us Bone Density Measure	26		\$1.58	0	YES			
76977	Us Bone Density Measure	TC		\$2.58	0	YES			
76978	Us Trgt Dyn Mbubb 1st Les			\$181.86	0				
76978	Us Trgt Dyn Mbubb 1st Les	26		\$45.56	0				
76978	Us Trgt Dyn Mbubb 1st Les	TC		\$136.29	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
76979	Us Trgt Dyn Mbubb Ea Addl			\$123.42	0				
76979	Us Trgt Dyn Mbubb Ea Addl	26		\$23.97	0				
76979	Us Trgt Dyn Mbubb Ea Addl	TC		\$99.45	0				
77053	X-Ray Of Mammary Duct			\$32.09	0				
77053	X-Ray Of Mammary Duct	26		\$10.10	0				
77053	X-Ray Of Mammary Duct	TC		\$21.99	0				
77054	X-Ray Of Mammary Ducts			\$42.00	0				
77054	X-Ray Of Mammary Ducts	26		\$12.88	0				
77054	X-Ray Of Mammary Ducts	TC		\$29.12	0				
77065	Dx Mammo Incl Cad Uni			\$74.68	0				
77065	Dx Mammo Incl Cad Uni	26		\$22.98	0				
77065	Dx Mammo Incl Cad Uni	TC		\$51.70	0				
77066	Dx Mammo Incl Cad Bi			\$94.49	0				
77066	Dx Mammo Incl Cad Bi	26		\$28.33	0				
77066	Dx Mammo Incl Cad Bi	TC		\$66.17	0				
77067	Scr Mammo Bi Incl Cad			\$76.07	0				
77067	Scr Mammo Bi Incl Cad	26		\$21.39	0				
77067	Scr Mammo Bi Incl Cad	TC		\$54.68	0				
77071	X-Ray Stress View			\$28.33	0				
77072	X-Rays For Bone Age			\$13.47	0	YES			
77072	X-Rays For Bone Age	26		\$5.35	0	YES			
77072	X-Rays For Bone Age	TC		\$8.12	0	YES			
77073	X-Rays Bone Length Studies			\$21.00	0	YES			
77073	X-Rays Bone Length Studies	26		\$8.12	0	YES			
77073	X-Rays Bone Length Studies	TC		\$12.88	0	YES			
77074	X-Rays Bone Survey Limited			\$37.84	0	YES			
77074	X-Rays Bone Survey Limited	26		\$12.88	0	YES			
77074	X-Rays Bone Survey Limited	TC		\$24.96	0	YES			
77075	X-Rays Bone Survey Complete			\$51.51	0	YES			
77075	X-Rays Bone Survey Complete	26		\$15.25	0	YES			
77075	X-Rays Bone Survey Complete	TC		\$36.25	0	YES			

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
77076	X-Rays Bone Survey Infant			\$56.46	0	YES			
77076	X-Rays Bone Survey Infant	26		\$19.81	0	YES			
77076	X-Rays Bone Survey Infant	TC		\$36.65	0	YES			
77077	Joint Survey Single View			\$21.59	0	YES			
77077	Joint Survey Single View	26		\$9.11	0	YES			
77077	Joint Survey Single View	TC		\$12.48	0	YES			
77080	Dxa Bone Density Axial			\$22.39	0	YES			
77080	Dxa Bone Density Axial	26		\$5.55	0	YES			
77080	Dxa Bone Density Axial	TC		\$16.84	0	YES			
77081	Dxa Bone Density/Peripheral			\$18.62	0	YES			
77081	Dxa Bone Density/Peripheral	26		\$5.74	0	YES			
77081	Dxa Bone Density/Peripheral	TC		\$12.88	0	YES			
78265	Gastric Emptying Imag Study			\$226.82	0				
78265	Gastric Emptying Imag Study	26		\$27.14	0				
78265	Gastric Emptying Imag Study	TC		\$199.68	0				
78266	Gastric Emptying Imag Study			\$269.02	0				
78266	Gastric Emptying Imag Study	26		\$29.91	0				
78266	Gastric Emptying Imag Study	TC		\$239.11	0				
80047	Metabolic Panel Ionized Ca			\$11.37	0				
80048	Metabolic Panel Total Ca			\$7.78	0				
80051	Electrolyte Panel			\$6.45	0				
80053	Comprehen Metabolic Panel			\$9.72	0				
80055	Obstetric Panel			\$43.99	0				
80061	Lipid Panel			\$12.32	0				
80069	Renal Function Panel			\$7.99	0				
80074	Acute Hepatitis Panel			\$43.83	0				
80076	Hepatic Function Panel			\$7.52	0				
80081	Obstetric Panel			\$68.87	0				
80156	Assay Carbamazepine Total			\$13.40	0				
80162	Assay Of Digoxin Total			\$12.22	0				
80163	Assay Of Digoxin Free			\$12.22	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
80164	Assay Dipropylacetic Acd Tot			\$12.47	0				
80165	Dipropylacetic Acid Free			\$12.47	0				
80170	Assay Of Gentamicin			\$15.07	0				
80171	Drug Screen Quant Gabapentin			\$17.94	0				
80175	Drug Screen Quan Lamotrigine			\$12.20	0				
80176	Assay Of Lidocaine			\$13.51	0				
80177	Drug Scrn Quan Levetiracetam			\$12.20	0				
80178	Assay Of Lithium			\$6.09	0				
80184	Assay Of Phenobarbital			\$12.67	0				
80185	Assay Of Phenytoin Total			\$12.20	0				
80186	Assay Of Phenytoin Free			\$12.66	0				
80197	Assay Of Tacrolimus			\$12.63	0				
80198	Assay Of Theophylline			\$13.01	0				
80200	Assay Of Tobramycin			\$14.84	0				
80201	Assay Of Topiramate			\$10.97	0				
80202	Assay Of Vancomycin			\$12.47	0				
80299	Quantitative Assay Drug			\$15.44	0				
80305	Drug Test Prsmv Dir Opt Obs			\$10.43	0				
80306	Drug Test Prsmv Instrmnt			\$14.20	0				
80307	Drug Test Prsmv Chem Anlyzr			\$53.53	0				
80500	Lab Pathology Consultation			\$12.88	0				
80502	Lab Pathology Consultation			\$41.60	0				
81000	Urinalysis Nonauto W/Scope			\$3.33	0				
81001	Urinalysis Auto W/Scope			\$2.92	0				
81002	Urinalysis Nonauto W/O Scope			\$2.88	0				
81003	Urinalysis Auto W/O Scope			\$2.06	0				
81005	Urinalysis			\$2.00	0				
81015	Microscopic Exam Of Urine			\$2.81	0				
81025	Urine Pregnancy Test			\$7.13	0				
81099	Urinalysis Test Procedure			M	0				
81528	Oncology Colorectal Scr			\$421.34	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
81539	Oncology Prostate Prob Score			\$629.28	0				
82009	Test For Acetone/Ketones			\$4.16	0				
82010	Acetone Assay			\$7.52	0				
82024	Assay Of Acth			\$35.53	0				
82040	Assay Of Serum Albumin			\$4.55	0				
82042	Other Source Albumin Quan Ea			\$6.44	0				
82043	Ur Albumin Quantitative			\$5.32	0				
82044	Ur Albumin Semiquantitative			\$5.16	0				
82085	Assay Of Aldolase			\$8.93	0				
82088	Assay Of Aldosterone			\$37.49	0				
82105	Alpha-Fetoprotein Serum			\$15.44	0				
82120	Amines Vaginal Fluid Qual			\$4.96	0				
82128	Amino Acids Mult Qual			\$12.76	0				
82140	Assay Of Ammonia			\$13.40	0				
82150	Assay Of Amylase			\$5.96	0				
82157	Assay Of Androstenedione			\$26.94	0				
82164	Angiotensin I Enzyme Test			\$13.43	0				
82175	Assay Of Arsenic			\$17.45	0				
82232	Assay Of Beta-2 Protein			\$14.88	0				
82239	Bile Acids Total			\$15.76	0				
82240	Bile Acids Cholylglycine			\$24.45	0				
82247	Bilirubin Total			\$4.61	0				
82248	Bilirubin Direct			\$4.61	0				
82270	Occult Blood Feces			\$3.62	0				
82271	Occult Blood Other Sources			\$4.41	0				
82272	Occult Bld Feces 1-3 Tests			\$3.51	0				
82274	Assay Test For Blood Fecal			\$14.63	0				
82308	Assay Of Calcitonin			\$24.65	0				
82310	Assay Of Calcium			\$4.75	0				
82330	Assay Of Calcium			\$12.59	0				
82340	Assay Of Calcium In Urine			\$5.55	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
82360	Calculus Assay Quant			\$11.84	0				
82365	Calculus Spectroscopy			\$11.87	0				
82374	Assay Blood Carbon Dioxide			\$4.50	0				
82375	Assay Carboxyhb Quant			\$11.33	0				
82378	Carcinoembryonic Antigen			\$17.44	0				
82380	Assay Of Carotene			\$8.49	0				
82384	Assay Three Catecholamines			\$23.23	0				
82390	Assay Of Ceruloplasmin			\$9.88	0				
82435	Assay Of Blood Chloride			\$4.23	0				
82436	Assay Of Urine Chloride			\$4.77	0				
82465	Assay Bld/Serum Cholesterol			\$4.01	0				
82525	Assay Of Copper			\$11.42	0				
82530	Cortisol Free			\$15.37	0				
82533	Total Cortisol			\$15.00	0				
82540	Assay Of Creatine			\$4.27	0				
82565	Assay Of Creatinine			\$4.71	0				
82570	Assay Of Urine Creatinine			\$4.77	0				
82575	Creatinine Clearance Test			\$8.70	0				
82595	Assay Of Cryoglobulin			\$5.94	0				
82607	Vitamin B-12			\$13.87	0				
82626	Dehydroepiandrosterone			\$23.25	0				
82627	Dehydroepiandrosterone			\$20.46	0				
82652	Vit D 1 25-Dihydroxy			\$35.42	0				
82668	Assay Of Erythropoietin			\$17.29	0				
82670	Assay Of Estradiol			\$25.70	0				
82671	Assay Of Estrogens			\$29.72	0				
82672	Assay Of Estrogen			\$19.96	0				
82677	Assay Of Estriol			\$22.25	0				
82679	Assay Of Estrone			\$22.96	0				
82693	Assay Of Ethylene Glycol			\$13.71	0				
82696	Assay Of Etiocholanolone			\$21.73	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
82710	Fats/Lipids Feces Quant			\$15.46	0				
82728	Assay Of Ferritin			\$12.55	0				
82731	Assay Of Fetal Fibronectin			\$59.26	0				
82746	Assay Of Folic Acid Serum			\$13.53	0				
82784	Assay Iga/Igd/Igg/Igm Each			\$8.57	0				
82800	Blood Ph			\$9.11	0				
82803	Blood Gases Any Combination			\$21.58	0				
82805	Blood Gases W/O2 Saturation			\$65.22	0				
82810	Blood Gases O2 Sat Only			\$8.09	0				
82941	Assay Of Gastrin			\$16.22	0				
82946	Glucagon Tolerance Test			\$14.71	0				
82947	Assay Glucose Blood Quant			\$3.62	0				
82948	Reagent Strip/Blood Glucose			\$4.18	0				
82950	Glucose Test			\$4.36	0				
82951	Glucose Tolerance Test (Gtt)			\$11.84	0				
82952	Gtt-Added Samples			\$3.61	0				
82955	Assay Of G6pd Enzyme			\$8.91	0				
82960	Test For G6pd Enzyme			\$5.57	0				
82962	Glucose Blood Test			\$2.71	0				
82977	Assay Of Ggt			\$6.62	0				
82985	Assay Of Glycated Protein			\$13.87	0				
83001	Assay Of Gonadotropin (Fsh)			\$17.10	0				
83002	Assay Of Gonadotropin (Lh)			\$17.03	0				
83003	Assay Growth Hormone (Hgh)			\$15.34	0				
83010	Assay Of Haptoglobin Quant			\$11.56	0				
83014	H Pylori Drug Admin			\$7.23	0				
83015	Heavy Metal Qual Any Anal			\$17.34	0				
83020	Hemoglobin Electrophoresis			\$11.84	0				
83020	Hemoglobin Electrophoresis	26		\$10.30	0				
83021	Hemoglobin Chromotography			\$16.61	0				
83036	Glycosylated Hemoglobin Test			\$8.93	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services**Rural Health Clinic Reimbursement List****October 2019****Suggested MCO Reimbursement Rate: \$51.39****Revised: 03/31/2020**

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
83037	Glycosylated Hb Home Device			\$8.93	0				
83045	Blood Methemoglobin Test			\$5.37	0				
83050	Blood Methemoglobin Assay			\$6.79	0				
83090	Assay Of Homocystine			\$15.52	0				
83497	Assay Of 5-Hiaa			\$11.87	0				
83498	Assay Of Progesterone 17-D			\$25.00	0				
83525	Assay Of Insulin			\$10.52	0				
83540	Assay Of Iron			\$5.95	0				
83550	Iron Binding Test			\$8.04	0				
83605	Assay Of Lactic Acid			\$9.83	0				
83615	Lactate (Ld) (Ldh) Enzyme			\$5.56	0				
83625	Assay Of Ldh Enzymes			\$11.78	0				
83633	Test Urine For Lactose			\$9.32	0				
83655	Assay Of Lead			\$11.14	0				
83690	Assay Of Lipase			\$6.34	0				
83695	Assay Of Lipoprotein(A)			\$11.91	0				
83700	Lipopro Bld Electrophoretic			\$10.36	0				
83704	Lipoprotein Bld Quan Part			\$29.03	0				
83718	Assay Of Lipoprotein			\$7.53	0				
83719	Assay Of Blood Lipoprotein			\$10.71	0				
83721	Assay Of Blood Lipoprotein			\$8.78	0				
83735	Assay Of Magnesium			\$6.16	0				
83825	Assay Of Mercury			\$14.95	0				
83835	Assay Of Metanephhrines			\$15.58	0				
83861	Microfluid Analy Tears			\$18.61	0				
83874	Assay Of Myoglobin			\$11.89	0				
83880	Assay Of Natriuretic Peptide			\$32.50	0				
83930	Assay Of Blood Osmolality			\$6.09	0				
83935	Assay Of Urine Osmolality			\$6.27	0				
83945	Assay Of Oxalate			\$11.97	0				
83970	Assay Of Parathormone			\$37.97	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
83986	Assay Ph Body Fluid Nos			\$3.29	0				
83987	Exhaled Breath Condensate			\$3.29	0				
84075	Assay Alkaline Phosphatase			\$4.77	0				
84080	Assay Alkaline Phosphatases			\$13.61	0				
84100	Assay Of Phosphorus			\$4.36	0				
84105	Assay Of Urine Phosphorus			\$4.78	0				
84132	Assay Of Serum Potassium			\$4.23	0				
84133	Assay Of Urine Potassium			\$3.97	0				
84134	Assay Of Prealbumin			\$13.42	0				
84140	Assay Of Pregnenolone			\$19.02	0				
84144	Assay Of Progesterone			\$19.19	0				
84145	Procalcitonin (Pct)			\$24.65	0				
84146	Assay Of Prolactin			\$17.83	0				
84153	Assay Of Psa Total			\$16.93	0				
84154	Assay Of Psa Free			\$16.93	0				
84155	Assay Of Protein Serum			\$3.37	0				
84165	Protein E-Phoresis Serum			\$9.88	0				
84165	Protein E-Phoresis Serum	26		\$10.30	0				
84166	Protein E-Phoresis/Urine/Csf			\$16.40	0				
84166	Protein E-Phoresis/Urine/Csf	26		\$10.30	0				
84181	Western Blot Test			\$15.67	0				
84181	Western Blot Test	26		\$10.30	0				
84182	Protein Western Blot Test			\$24.19	0				
84182	Protein Western Blot Test	26		\$10.30	0				
84238	Assay Nonendocrine Receptor			\$33.64	0				
84244	Assay Of Renin			\$20.24	0				
84295	Assay Of Serum Sodium			\$4.43	0				
84300	Assay Of Urine Sodium			\$4.47	0				
84305	Assay Of Somatomedin			\$19.57	0				
84402	Assay Of Free Testosterone			\$23.43	0				
84403	Assay Of Total Testosterone			\$23.75	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services**Rural Health Clinic Reimbursement List****October 2019****Suggested MCO Reimbursement Rate: \$51.39****Revised: 03/31/2020**

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
84410	Testosterone Bioavailable			\$47.18	0				
84432	Assay Of Thyroglobulin			\$14.78	0				
84436	Assay Of Total Thyroxine			\$6.32	0				
84439	Assay Of Free Thyroxine			\$8.30	0				
84442	Assay Of Thyroid Activity			\$13.61	0				
84443	Assay Thyroid Stim Hormone			\$15.46	0				
84445	Assay Of Tsi Globulin			\$46.79	0				
84450	Transferase (Ast) (Sgot)			\$4.77	0				
84460	Alanine Amino (Alt) (Sgpt)			\$4.88	0				
84466	Assay Of Transferrin			\$11.74	0				
84478	Assay Of Triglycerides			\$5.28	0				
84479	Assay Of Thyroid (T3 Or T4)			\$5.94	0				
84480	Assay Triiodothyronine (T3)			\$13.05	0				
84481	Free Assay (Ft-3)			\$15.58	0				
84484	Assay Of Troponin Quant			\$10.32	0				
84520	Assay Of Urea Nitrogen			\$3.63	0				
84540	Assay Of Urine/Urea-N			\$4.60	0				
84550	Assay Of Blood/Uric Acid			\$4.16	0				
84560	Assay Of Urine/Uric Acid			\$4.36	0				
84585	Assay Of Urine Vma			\$14.26	0				
84590	Assay Of Vitamin A			\$10.68	0				
84600	Assay Of Volatiles			\$14.79	0				
84630	Assay Of Zinc			\$10.48	0				
84681	Assay Of C-Peptide			\$19.15	0				
84702	Chorionic Gonadotropin Test			\$13.86	0				
84703	Chorionic Gonadotropin Assay			\$6.92	0				
84999	Clinical Chemistry Test			M	0				
85002	Bleeding Time Test			\$4.15	0				
85004	Automated Diff Wbc Count			\$5.94	0				
85007	Bl Smear W/Diff Wbc Count			\$3.16	0				
85008	Bl Smear W/O Diff Wbc Count			\$3.16	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services**Rural Health Clinic Reimbursement List****October 2019****Suggested MCO Reimbursement Rate: \$51.39****Revised: 03/31/2020**

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
85013	Spun Microhematocrit			\$5.80	0				
85014	Hematocrit			\$2.18	0				
85018	Hemoglobin			\$2.18	0				
85025	Complete Cbc W/Auto Diff Wbc			\$7.15	0				
85027	Complete Cbc Automated			\$5.94	0				
85044	Manual Reticulocyte Count			\$3.97	0				
85045	Automated Reticulocyte Count			\$3.68	0				
85046	Reticyte/Hgb Concentrate			\$5.12	0				
85048	Automated Leukocyte Count			\$2.34	0				
85049	Automated Platelet Count			\$4.11	0				
85097	Bone Marrow Interpretation			\$41.80	0				
85220	Blooc Clot Factor V Test			\$16.24	0				
85240	Clot Factor VIII Ahg 1 Stage			\$16.47	0				
85245	Clot Factor VIII Vw Ristocetin			\$21.10	0				
85246	Clot Factor VIII Vw Antigen			\$21.10	0				
85247	Clot Factor VIII Multimetric			\$21.10	0				
85250	Clot Factor IX Ptc/Chrstmas			\$17.52	0				
85300	Antithrombin III Activity			\$10.90	0				
85301	Antithrombin III Antigen			\$9.95	0				
85302	Clot Inhibit Prot C Antigen			\$11.06	0				
85303	Clot Inhibit Prot C Activity			\$12.72	0				
85305	Clot Inhibit Prot S Total			\$10.68	0				
85306	Clot Inhibit Prot S Free			\$14.10	0				
85345	Coagulation Time Lee & White			\$3.97	0				
85347	Coagulation Time Activated			\$3.92	0				
85379	Fibrin Degradation Quant			\$9.37	0				
85380	Fibrin Degradj D-Dimer			\$9.37	0				
85384	Fibrinogen Activity			\$8.05	0				
85390	Fibrinolysins Screen I&R	26		\$12.82	0				
85390	Fibrinolysins Screen I&R			\$10.30	0				
85460	Hemoglobin Fetal			\$7.11	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services**Rural Health Clinic Reimbursement List****October 2019****Suggested MCO Reimbursement Rate: \$51.39****Revised: 03/31/2020**

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
85461	Hemoglobin Fetal			\$7.75	0				
85576	Blood Platelet Aggregation			\$20.63	0				
85576	Blood Platelet Aggregation	26		\$10.30	0				
85610	Prothrombin Time			\$3.62	0				
85611	Prothrombin Test			\$3.62	0				
85613	Russell Viper Venom Diluted			\$8.81	0				
85651	Rbc Sed Rate Nonautomated			\$3.53	0				
85652	Rbc Sed Rate Automated			\$2.48	0				
85660	Rbc Sickle Cell Test			\$5.07	0				
85705	Thromboplastin Inhibition			\$8.86	0				
85730	Thromboplastin Time Partial			\$5.52	0				
85732	Thromboplastin Time Partial			\$5.94	0				
85810	Blood Viscosity Examination			\$10.74	0				
85999	Hematology Procedure			M	0				
86003	Allg Spec IgE Crude Xtrc Ea			\$4.80	0				
86005	Allg Spec IgE Multiallg Scr			\$7.33	0				
86008	Allg Spec IgE Recomb Ea			\$16.50	0				
86038	Antinuclear Antibodies			\$11.12	0				
86060	Antistreptolysin O Titer			\$6.72	0				
86063	Antistreptolysin O Screen			\$5.31	0				
86140	C-Reactive Protein			\$4.77	0				
86141	C-Reactive Protein Hs			\$11.91	0				
86148	Anti-Phospholipid Antibody			\$14.78	0				
86153	Cell Enumeration Phys Interp	26		\$19.41	0				
86162	Complement Total (Ch50)			\$18.69	0				
86200	Ccp Antibody			\$11.91	0				
86215	Deoxyribonuclease Antibody			\$12.19	0				
86225	Dna Antibody Native			\$12.64	0				
86235	Nuclear Antigen Antibody			\$16.50	0				
86255	Fluorescent Antibody Screen			\$11.09	0				
86255	Fluorescent Antibody Screen	26		\$10.30	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
86256	Fluorescent Antibody Titer			\$11.09	0				
86256	Fluorescent Antibody Titer	26		\$10.30	0				
86300	Immunoassay Tumor Ca 15-3			\$19.15	0				
86304	Immunoassay Tumor Ca 125			\$19.15	0				
86308	Heterophile Antibody Screen			\$4.77	0				
86316	Immunoassay Tumor Other			\$19.15	0				
86318	Immunoassay Infectious Agent			\$14.98	0				
86320	Serum Immunoelectrophoresis			\$24.78	0				
86320	Serum Immunoelectrophoresis	26		\$10.30	0				
86325	Other Immunoelectrophoresis			\$20.58	0				
86325	Other Immunoelectrophoresis	26		\$10.30	0				
86334	Immunofix E-Phoresis Serum			\$20.56	0				
86334	Immunofix E-Phoresis Serum	26		\$10.30	0				
86335	Immunfix E-Phorsis/Urine/Csf			\$27.00	0				
86335	Immunfix E-Phorsis/Urine/Csf	26		\$10.30	0				
86337	Insulin Antibodies			\$19.70	0				
86340	Intrinsic Factor Antibody			\$13.87	0				
86341	Islet Cell Antibody			\$19.51	0				
86356	Mononuclear Cell Antigen			\$24.64	0				
86386	Nuclear Matrix Protein 22			\$18.03	0				
86403	Particle Agglut Antbdy Scrn			\$9.56	0				
86430	Rheumatoid Factor Test Qual			\$5.22	0				
86431	Rheumatoid Factor Quant			\$5.22	0				
86481	Tb Ag Response T-Cell Susp			\$82.80	0				
86485	Skin Test Candida			\$6.56	0				
86510	Histoplasmosis Skin Test			\$3.76	0				
86580	Tb Intradermal Test			\$4.75	0				
86592	Syphilis Test Non-Trep Qual			\$3.94	0				
86593	Syphilis Test Non-Trep Quant			\$4.05	0				
86701	Hiv-1antibody			\$8.17	0				
86702	Hiv-2 Antibody			\$12.44	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
86703	Hiv-1/Hiv-2 1 Result Antbdy			\$12.61	0				
86704	Hep B Core Antibody Total			\$11.09	0				
86705	Hep B Core Antibody IgM			\$10.83	0				
86706	Hep B Surface Antibody			\$9.88	0				
86707	Hepatitis Be Antibody			\$10.64	0				
86708	Hepatitis A Antibody			\$11.39	0				
86778	Toxoplasma Antibody IgM			\$13.26	0				
86780	Treponema Pallidum			\$12.18	0				
86803	Hepatitis C Ab Test			\$13.13	0				
86804	Hep C Ab Test Confirm			\$14.25	0				
86812	Hla Typing A B Or C			\$23.74	0				
86813	Hla Typing A B Or C			\$53.36	0				
86849	Immunology Procedure			M	0				
86850	Rbc Antibody Screen			\$8.09	0				
86880	Coombs Test Direct			\$4.96	0				
86886	Coombs Test Indirect Titer			\$4.77	0				
86900	Blood Typing Serologic Abo			\$2.75	0				
86901	Blood Typing Serologic Rh(D)			\$2.75	0				
87045	Feces Culture Aerobic Bact			\$8.68	0				
87070	Culture Othr Specimn Aerobic			\$7.92	0				
87075	Cultur Bacteria Except Blood			\$8.71	0				
87076	Culture Anaerobe Ident Each			\$7.42	0				
87077	Culture Aerobic Identify			\$7.42	0				
87081	Culture Screen Only			\$6.09	0				
87084	Culture Of Specimen By Kit			\$22.41	0				
87086	Urine Culture/Colony Count			\$7.42	0				
87088	Urine Bacteria Culture			\$7.44	0				
87101	Skin Fungi Culture			\$7.08	0				
87102	Fungus Isolation Culture			\$7.74	0				
87106	Fungi Identification Yeast			\$9.49	0				
87109	Mycoplasma			\$14.16	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services**Rural Health Clinic Reimbursement List****October 2019****Suggested MCO Reimbursement Rate: \$51.39****Revised: 03/31/2020**

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
87110	Chlamydia Culture			\$18.02	0				
87116	Mycobacteria Culture			\$9.94	0				
87140	Culture Type Immunofluoresc			\$5.12	0				
87147	Culture Type Immunologic			\$4.77	0				
87177	Ova And Parasites Smears			\$8.19	0				
87181	Microbe Susceptible Diffuse			\$4.36	0				
87184	Microbe Susceptible Disk			\$6.34	0				
87186	Microbe Susceptible Mic			\$7.96	0				
87205	Smear Gram Stain			\$3.94	0				
87206	Smear Fluorescent/Acid Stai			\$4.96	0				
87207	Smear Special Stain			\$5.51	0				
87207	Smear Special Stain	26		\$10.30	0				
87209	Smear Complex Stain			\$16.53	0				
87210	Smear Wet Mount Saline/Ink			\$4.82	0				
87220	Tissue Exam For Fungi			\$3.94	0				
87252	Virus Inoculation Tissue			\$23.98	0				
87255	Genet Virus Isolate Hsv			\$31.15	0				
87270	Chlamydia Trachomatis Ag If			\$11.03	0				
87272	Cryptosporidium Ag If			\$11.03	0				
87276	Influenza A Ag If			\$13.30	0				
87280	Respiratory Syncytial Ag If			\$11.11	0				
87299	Antibody Detection Nos If			\$13.33	0				
87324	Clostridium Ag Ia			\$11.03	0				
87328	Cryptosporidium Ag Ia			\$11.44	0				
87338	Hpylori Stool Ia			\$13.23	0				
87340	Hepatitis B Surface Ag Ia			\$9.50	0				
87350	Hepatitis Be Ag Ia			\$10.61	0				
87380	Hepatitis Delta Ag Ia			\$15.20	0				
87389	Hiv-1 Ag W/Hiv-1 & Hiv-2 Ab			\$22.15	0				
87390	Hiv-1 Ag Ia			\$19.92	0				
87391	Hiv-2 Ag Ia			\$18.13	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
87420	Resp Syncytial Ag Ia			\$11.52	0				
87425	Rotavirus Ag Ia			\$11.03	0				
87430	Strep A Ag Ia			\$13.92	0				
87449	Ag Detect Nos Ia Mult			\$11.03	0				
87450	Ag Detect Nos Ia Single			\$8.82	0				
87481	Candida Dna Amp Probe			\$32.28	0				
87491	Chylmd Trach Dna Amp Probe			\$32.28	0				
87591	N.Gonorrhoeae Dna Amp Prob			\$32.28	0				
87631	Resp Virus 3-5 Targets			\$118.10	0				
87651	Strep A Dna Amp Probe			\$32.28	0				
87661	Trichomonas Vaginalis Amplif			\$32.28	0				
87801	Detect Agnt Mult Dna Ampli			\$64.57	0				
87804	Influenza Assay W/Optic			\$13.71	0				
87807	Rsv Assay W/Optic			\$11.03	0				
87808	Trichomonas Assay W/Optic			\$12.66	0				
87809	Adenovirus Assay W/Optic			\$18.01	0				
87810	Chylmd Trach Assay W/Optic			\$29.22	0				
87850	N. Gonorrhoeae Assay W/Optic			\$20.33	0				
87880	Strep A Assay W/Optic			\$13.69	0				
87905	Sialidase Enzyme Assay			\$11.24	0				
88141	Cytopath C/V Interpret			\$17.83	0				
88142	Cytopath C/V Thin Layer			\$18.64	0				
88143	Cytopath C/V Thin Layer Redo			\$19.08	0				
88147	Cytopath C/V Automated			\$41.86	0				
88148	Cytopath C/V Auto Rescreen			\$13.97	0				
88155	Cytopath C/V Index Add-On			\$12.13	0				
88164	Cytopath Tbs C/V Manual			\$12.41	0				
88165	Cytopath Tbs C/V Redo			\$34.96	0				
88166	Cytopath Tbs C/V Auto Redo			\$12.41	0				
88167	Cytopath Tbs C/V Select			\$12.41	0				
88174	Cytopath C/V Auto In Fluid			\$21.00	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
88175	Cytopath C/V Auto Fluid Redo			\$24.38	0				
88187	Flowcytometry/Read 2-8			\$21.39	0				
88188	Flowcytometry/Read 9-15			\$36.25	0				
88189	Flowcytometry/Read 16 & >			\$48.53	0				
88233	Tissue Culture Skin/Biopsy			\$129.46	0				
88237	Tissue Culture Bone Marrow			\$119.03	0				
88262	Chromosome Analysis 15-20			\$114.67	0				
88264	Chromosome Analysis 20-25			\$119.74	0				
88271	Cytogenetics Dna Probe			\$19.71	0				
88274	Cytogenetics 25-99			\$35.09	0				
88275	Cytogenetics 100-300			\$42.38	0				
88291	Cyto/Molecular Report			\$18.62	0				
88299	Cytogenetic Study			M	0				
88371	Protein Western Blot Tissue			\$20.45	0				
88371	Protein Western Blot Tissue	26		\$10.30	0				
88738	Hgb Quant Transcutaneous			\$4.61	0				
89050	Body Fluid Cell Count			\$4.35	0				
89051	Body Fluid Cell Count			\$5.07	0				
89055	Leukocyte Assessment Fecal			\$3.94	0				
89060	Exam Synovial Fluid Crystals			\$6.59	0				
89060	Exam Synovial Fluid Crystals	26		\$10.30	0				
89190	Nasal Smear For Eosinophils			\$4.79	0				
89220	Sputum Specimen Collection			\$9.11	0				
89230	Collect Sweat For Test			\$1.58	0				
90281	Human Ig Im			M	0				
90283	Human Ig Iv			M	0				
90284	Human Ig Sc			M	0				
90296	Diphtheria Antitoxin			M	0				
90371	Hep B Ig Im			\$110.67	0				
90375	Rabies Ig Im/Sc			\$280.64	0				
90376	Rabies Ig Heat Treated			\$271.37	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
90378	Rsv Mab Im 50mg			M	0		YES		
90384	Rh Ig Full-Dose Im			\$125.08	0				
90385	Rh Ig Minidose Im			\$58.62	0				
90396	Varicella-Zoster Ig Im			M	0				
90399	Immune Globulin			M	0				
90460	Im Admin 1st/Only Component			\$7.00	0				
90461	Im Admin Each Addl Component			\$0.00	0				
90471	Immunization Admin			\$7.00	0				
90472	Immunization Admin Each Add			\$7.00	0				
90473	Immune Admin Oral/Nasal			\$3.00	0				
90474	Immune Admin Oral/Nasal Addl			\$3.00	0				
90620	Menb-4c Vacc 2 Dose Im		10 to 19 years	\$0.00	0				
90620	Menb-4c Vacc 2 Dose Im		19 to 26 years	\$180.20	0				
90621	Menb-Fhbp Vacc 2/3 Dose Im		10 to 19 years	\$0.00	0				
90621	Menb-Fhbp Vacc 2/3 Dose Im		19 to 26 years	\$140.84	0				
90630	Flu Vacc Iiv4 No Preserv Id			\$20.34	0				
90632	Hepa Vaccine Adult Im			\$58.91	0				
90633	Hepa Vacc Ped/Adol 2 Dose Im			\$0.00	0				
90636	Hep A/Hep B Vacc Adult Im			\$108.65	0				
90644	Hib-Mency Vacc 6wk-18m0 Im			\$0.00	0				
90647	Hib Prp-Omp Vacc 3 Dose Im			\$0.00	0				
90648	Hib Prp-T Vaccine 4 Dose Im			\$0.00	0				
90651	9vhpv Vaccine 2/3 Dose Im		19 to 46 years	\$229.34	0		YES		
90651	9vhpv Vaccine 2/3 Dose Im		9 to 19 years	\$0.00	0		YES		
90653	Iiv Adjuvant Vaccine Im			\$59.53	0				
90654	Flu Vacc Iiv3 No Preserv Id			\$18.92	0				
90655	Iiv3 Vacc No Prsv 0.25 MI Im			\$0.00	0				
90656	Iiv3 Vacc No Prsv 0.5 MI Im		19 to 124 years	\$19.77	0				
90656	Iiv3 Vacc No Prsv 0.5 MI Im		3 to 19 years	\$0.00	0				
90657	Iiv3 Vaccine Splt 0.25 MI Im			\$0.00	0				
90658	Iiv3 Vaccine Splt 0.5 MI Im		19 to 124 years	\$17.72	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
90658	Iiv3 Vaccine Splt 0.5 MI Im		3 to 19 years	\$0.00	0				
90661	Cciv3 Vac No Prsv 0.5 MI Im			\$22.29	0				
90662	Iiv No Prsv Increased Ag Im			\$56.01	0				
90670	Pcv13 Vaccine Im		19 to 124 years	\$215.33	0				
90670	Pcv13 Vaccine Im		42 days to 19 years	\$0.00	0				
90672	Laiv4 Vaccine Intranasal		19 to 50 years	\$26.88	0				
90672	Laiv4 Vaccine Intranasal		2 to 19 years	\$0.00	0				
90673	Riv3 Vaccine No Preserv Im			\$40.61	0				
90674	Cciv4 Vac No Prsv 0.5 MI Im		19 to 124 years	\$28.13	0				
90674	Cciv4 Vac No Prsv 0.5 MI Im		4 to 19 years	\$0.00	0				
90675	Rabies Vaccine Im			\$297.59	0				
90676	Rabies Vaccine Id			M	0				
90680	Rv5 Vacc 3 Dose Live Oral			\$0.00	0				
90681	Rv1 Vacc 2 Dose Live Oral			\$0.00	0				
90682	Riv4 Vacc Recombinant Dna Im			\$56.01	0				
90685	Iiv4 Vacc No Prsv 0.25 MI Im			\$0.00	0				
90686	Iiv4 Vacc No Prsv 0.5 MI Im		19 to 124 years	\$19.03	0				
90686	Iiv4 Vacc No Prsv 0.5 MI Im		6 months to 19 years	\$0.00	0				
90687	Iiv4 Vaccine Splt 0.25 MI Im			\$0.00	0				
90688	Iiv4 Vaccine Splt 0.5 MI Im		19 to 124 years	\$17.84	0				
90688	Iiv4 Vaccine Splt 0.5 MI Im		6 months to 19 years	\$0.00	0				
90691	Typhoid Vaccine Im			\$90.58	0				
90696	Dtap-Ipv Vaccine 4-6 Yrs Im			\$0.00	0				
90698	Dtap-Ipv/Hib Vaccine Im			\$0.00	0				
90700	Dtap Vaccine < 7 Yrs Im			\$0.00	0				
90702	Dt Vaccine Under 7 Yrs Im			\$0.00	0				
90707	Mmr Vaccine Sc		1 to 19 years	\$0.00	0				
90707	Mmr Vaccine Sc		19 to 124 years	\$77.15	0				
90710	MmrV Vaccine Sc			\$0.00	0				
90713	Poliovirus Ipv Sc/Im		19 to 124 years	\$34.74	0				
90713	Poliovirus Ipv Sc/Im		42 days to 19 years	\$0.00	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
90714	Td Vacc No Presv 7 Yrs+ Im		19 to 124 years	\$24.26	0				
90714	Td Vacc No Presv 7 Yrs+ Im		7 to 19 years	\$0.00	0				
90715	Tdap Vaccine 7 Yrs/> Im		19 to 124 years	\$32.86	0				
90715	Tdap Vaccine 7 Yrs/> Im		7 to 19 years	\$0.00	0				
90716	Var Vaccine Live Subq		1 to 19 years	\$0.00	0				
90716	Var Vaccine Live Subq		19 to 124 years	\$136.26	0				
90717	Yellow Fever Vaccine Subq			\$149.10	0				
90723	Dtap-Hep B-Ipv Vaccine Im			\$0.00	0				
90732	Ppsv23 Vacc 2 Yrs+ Subq/Im		19 to 124 years	\$114.21	0				
90732	Ppsv23 Vacc 2 Yrs+ Subq/Im		2 to 19 years	\$0.00	0				
90734	Mcv4 Menacwy Vaccine Im		19 to 56 years	\$128.85	0				
90734	Mcv4 Menacwy Vaccine Im		2 months to 19 years	\$0.00	0				
90736	Hzz Vaccine Live Subq			\$236.51	0				
90739	Hepb Vacc 2 Dose Adult Im			\$131.10	0				
90740	Hepb Vacc 3 Dose Immunsup Im		0 to 19 years	\$0.00	0				
90740	Hepb Vacc 3 Dose Immunsup Im		19 to 124 years	\$134.12	0				
90744	Hepb Vacc 3 Dose Ped/Adol Im		0 to 19 years	\$0.00	0				
90744	Hepb Vacc 3 Dose Ped/Adol Im		19 to 20 years	\$26.90	0				
90746	Hepb Vaccine 3 Dose Adult Im			\$67.06	0				
90747	Hepb Vacc 4 Dose Immunsup Im			\$134.12	0				
90749	Vaccine Toxoid			M	0				
90750	Hzz Vacc Recombinant Im			\$148.40	0				
90756	Cciiv4 Vacc Abx Free Im		19 to 124 years	\$26.66	0				
90756	Cciiv4 Vacc Abx Free Im		4 to 19 years	\$0.00	0				
90785	Psytix Complex Interactive			\$8.32	0				
90791	Psych Diagnostic Evaluation			\$77.06	1				
90792	Psych Diag Eval W/Med Srvcs			\$86.57	1				
90832	Psytix W Pt 30 Minutes			\$37.64	1				
90833	Psytix W Pt W E/M 30 Min			\$39.03	0				
90834	Psytix W Pt 45 Minutes			\$50.12	1				
90836	Psytix W Pt W E/M 45 Min			\$49.33	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
90837	Psytx W Pt 60 Minutes			\$75.28	1				
90838	Psytx W Pt W E/M 60 Min			\$65.17	0				
90839	Psytx Crisis Initial 60 Min			\$78.45	1				
90840	Psytx Crisis Ea Addl 30 Min			\$37.64	0				
90847	Family Psytx W/Pt 50 Min			\$63.00	1				
90853	Group Psychotherapy			\$15.06	1				
90887	Consultation With Family			\$49.13	1				
92002	Eye Exam New Patient			\$46.95	1				
92004	Eye Exam New Patient			\$84.39	1				
92012	Eye Exam Establish Patient			\$49.33	1				
92014	Eye Exam&Tx Estab Pt 1/>Vst			\$70.72	1				
92015	Determine Refractive State			\$11.09	0				
92020	Special Eye Evaluation			\$15.45	1				
92025	Corneal Topography			\$21.20	0				
92025	Corneal Topography	26		\$11.29	0				
92025	Corneal Topography	TC		\$9.91	0				
92060	Special Eye Evaluation			\$36.05	0				
92060	Special Eye Evaluation	26		\$21.39	0				
92060	Special Eye Evaluation	TC		\$14.66	0				
92065	Orthoptic/Pleoptic Training			\$29.91	0				
92065	Orthoptic/Pleoptic Training	26		\$10.10	0				
92065	Orthoptic/Pleoptic Training	TC		\$19.81	0				
92071	Contact Lens Fitting For Tx			\$21.20	1				
92072	Fit Contac Lens For Managmnt			\$73.69	1				
92081	Visual Field Examination(S)			\$19.02	0				
92081	Visual Field Examination(S)	26		\$9.11	0				
92081	Visual Field Examination(S)	TC		\$9.91	0				
92082	Visual Field Examination(S)			\$26.74	0				
92082	Visual Field Examination(S)	26		\$12.08	0				
92082	Visual Field Examination(S)	TC		\$14.66	0				
92083	Visual Field Examination(S)			\$35.86	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
92083	Visual Field Examination(S)	26		\$15.65	0				
92083	Visual Field Examination(S)	TC		\$20.21	0				
92100	Serial Tonometry Exam(S)			\$45.96	0				
92132	Cmpr Ophth Dx Img Ant Segmt			\$17.63	0				
92132	Cmpr Ophth Dx Img Ant Segmt	26		\$9.31	0				
92132	Cmpr Ophth Dx Img Ant Segmt	TC		\$8.32	0				
92133	Cmpr Ophth Img Optic Nerve			\$20.80	0				
92133	Cmpr Ophth Img Optic Nerve	26		\$12.48	0				
92133	Cmpr Ophth Img Optic Nerve	TC		\$8.32	0				
92134	Cptr Ophth Dx Img Post Segmt			\$22.98	0				
92134	Cptr Ophth Dx Img Post Segmt	26		\$14.46	0				
92134	Cptr Ophth Dx Img Post Segmt	TC		\$8.52	0				
92136	Ophthalmic Biometry			\$39.22	0				
92136	Ophthalmic Biometry	26		\$17.63	0				
92136	Ophthalmic Biometry	TC		\$21.59	0				
92145	Corneal Hysteresis Deter			\$9.71	0				
92145	Corneal Hysteresis Deter	26		\$5.35	0				
92145	Corneal Hysteresis Deter	TC		\$4.36	0				
92225	Special Eye Exam Initial			\$15.45	1				
92226	Special Eye Exam Subsequent			\$14.26	1				
92227	Remote Dx Retinal Imaging			\$7.92	0				
92228	Remote Retinal Imaging Mgmt			\$19.22	0				
92228	Remote Retinal Imaging Mgmt	26		\$11.69	0				
92228	Remote Retinal Imaging Mgmt	TC		\$7.53	0				
92230	Eye Exam With Photos			\$36.25	1				
92235	Fluorescein Angrph Uni/Bi			\$51.31	0				
92235	Fluorescein Angrph Uni/Bi	26		\$24.37	0				
92235	Fluorescein Angrph Uni/Bi	TC		\$26.94	0				
92240	Icg Angiography Uni/Bi			\$115.49	0				
92240	Icg Angiography Uni/Bi	26		\$26.74	0				
92240	Icg Angiography Uni/Bi	TC		\$88.75	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
92242	Fluorescein Icg Angiography			\$128.96	0				
92242	Fluorescein Icg Angiography	26		\$30.90	0				
92242	Fluorescein Icg Angiography	TC		\$98.06	0				
92250	Eye Exam With Photos			\$28.33	0				
92250	Eye Exam With Photos	26		\$12.28	0				
92250	Eye Exam With Photos	TC		\$16.05	0				
92260	Ophthalmoscopy/Dynamometry			\$10.90	0				
92265	Eye Muscle Evaluation			\$49.13	0				
92265	Eye Muscle Evaluation	26		\$26.35	0				
92265	Eye Muscle Evaluation	TC		\$22.78	0				
92270	Electro-Oculography			\$53.49	0				
92270	Electro-Oculography	26		\$23.77	0				
92270	Electro-Oculography	TC		\$29.72	0				
92283	Color Vision Examination			\$30.11	0				
92283	Color Vision Examination	26		\$5.15	0				
92283	Color Vision Examination	TC		\$24.96	0				
92284	Dark Adaptation Eye Exam			\$34.47	0				
92284	Dark Adaptation Eye Exam	26		\$7.13	0				
92284	Dark Adaptation Eye Exam	TC		\$27.34	0				
92286	Internal Eye Photography			\$21.79	1				
92286	Internal Eye Photography	26		\$12.48	1				
92286	Internal Eye Photography	TC		\$9.31	1				
92287	Internal Eye Photography			\$81.82	0				
92287	Internal Eye Photography	26		\$26.35	0				
92287	Internal Eye Photography	TC		\$55.47	0				
92310	Contact Lens Fitting			\$55.47	0				
92311	Contact Lens Fitting			\$58.24	0				
92312	Contact Lens Fitting			\$67.35	0				
92313	Contact Lens Fitting			\$55.07	0				
92340	Fit Spectacles Monofocal			\$19.61	0				
92341	Fit Spectacles Bifocal			\$22.58	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
92507	Speech/Hearing Therapy			\$44.18	1				
92508	Speech/Hearing Therapy			\$13.27	1				
92511	Nasopharyngoscopy			\$62.40	1				
92520	Laryngeal Function Studies			\$44.18	1				
92521	Evaluation Of Speech Fluency			\$63.59	1				
92522	Evaluate Speech Production			\$51.51	1				
92523	Speech Sound Lang Comprehen			\$109.75	1				
92524	Behavral Qualit Analys Voice			\$49.72	1				
92526	Oral Function Therapy			\$48.34	1				
92537	Caloric Vstblr Test W/Rec			\$22.98	1				
92537	Caloric Vstblr Test W/Rec	26		\$17.83	1				
92537	Caloric Vstblr Test W/Rec	TC		\$5.15	1				
92538	Caloric Vstblr Test W/Rec			\$11.89	1				
92538	Caloric Vstblr Test W/Rec	26		\$8.91	1				
92538	Caloric Vstblr Test W/Rec	TC		\$2.97	1				
92541	Spontaneous Nystagmus Test			\$14.07	1				
92541	Spontaneous Nystagmus Test	26		\$11.89	1				
92541	Spontaneous Nystagmus Test	TC		\$2.18	1				
92542	Positional Nystagmus Test			\$16.24	1				
92542	Positional Nystagmus Test	26		\$14.26	1				
92542	Positional Nystagmus Test	TC		\$1.98	1				
92544	Optokinetic Nystagmus Test			\$9.71	1				
92544	Optokinetic Nystagmus Test	26		\$8.12	1				
92544	Optokinetic Nystagmus Test	TC		\$1.58	1				
92545	Oscillating Tracking Test			\$9.11	0				
92545	Oscillating Tracking Test	26		\$7.53	0				
92545	Oscillating Tracking Test	TC		\$1.58	0				
92546	Sinusoidal Rotational Test			\$58.44	1				
92546	Sinusoidal Rotational Test	26		\$8.52	1				
92546	Sinusoidal Rotational Test	TC		\$49.92	1				
92547	Supplemental Electrical Test			\$4.16	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
92548	Posturography			\$53.88	1				
92548	Posturography	26		\$14.66	1				
92548	Posturography	TC		\$39.22	1				
92550	Tympanometry & Reflex Thresh			\$12.28	1				
92551	Pure Tone Hearing Test Air			\$6.54	1				
92552	Pure Tone Audiometry Air			\$17.63	1				
92553	Audiometry Air & Bone			\$21.39	1				
92555	Speech Threshold Audiometry			\$13.47	1				
92556	Speech Audiometry Complete			\$21.20	1				
92557	Comprehensive Hearing Test			\$21.39	1				
92561	Bekesy Audiometry Diagnosis			\$21.79	1				
92562	Loudness Balance Test			\$25.36	1				
92563	Tone Decay Hearing Test			\$17.23	0				
92564	Sisi Hearing Test			\$14.07	0				
92565	Stenger Test Pure Tone			\$8.52	0				
92567	Tympanometry			\$8.52	1				
92568	Acoustic Refl Threshold Tst			\$8.91	1				
92570	Acoustic Immitance Testing			\$18.23	1				
92571	Filtered Speech Hearing Test			\$15.06	0				
92575	Sensorineural Acuity Test			\$35.46	0				
92576	Synthetic Sentence Test			\$20.40	0				
92577	Stenger Test Speech			\$7.73	0				
92579	Visual Audiometry (Vra)			\$25.95	0				
92582	Conditioning Play Audiometry			\$40.81	0				
92587	Evoked Auditory Test Limited			\$12.28	1				
92587	Evoked Auditory Test Limited	26		\$10.30	1				
92587	Evoked Auditory Test Limited	TC		\$1.98	1				
92588	Evoked Auditory Tst Complete			\$18.62	1				
92588	Evoked Auditory Tst Complete	26		\$16.24	1				
92588	Evoked Auditory Tst Complete	TC		\$2.38	1				
92590	Hearing Aid Exam One Ear			\$45.02	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
92591	Hearing Aid Exam Both Ears			\$45.02	0				
92594	Electro Hearng Aid Test One			\$13.04	0				
92595	Electro Hearng Aid Tst Both			\$26.10	0				
92597	Oral Speech Device Eval			\$40.81	1				
92601	Cochlear Implt F/Up Exam <7			\$92.71	0				
92602	Reprogram Cochlear Implt <7			\$57.85	0				
92603	Cochlear Implt F/Up Exam 7/			\$86.57	0				
92604	Reprogram Cochlear Implt 7/			\$51.51	0				
92607	Ex For Speech Device Rx 1hr			\$73.10	1				
92608	Ex For Speech Device Rx Addl			\$29.12	0				
92609	Use Of Speech Device Service			\$61.01	1				
92610	Evaluate Swallowing Function			\$48.53	1				
92612	Endoscopy Swallow (Fees) Vid			\$107.37	0				
92614	Laryngoscopic Sensory Vid			\$79.83	0				
92616	Fees W/Laryngeal Sense Test			\$115.89	0				
92625	Tinnitus Assessment			\$39.42	0				
92626	Eval Aud Rehab Status			\$50.52	0				
92627	Eval Aud Status Rehab Add-On			\$12.68	0				
92630	Aud Rehab Pre-Ling Hear Loss			\$32.68	0				
92633	Aud Rehab Postling Hear Loss			\$32.68	0				
92700	Ent Procedure/Service			M	1				
92950	Heart/Lung Resuscitation Cpr			\$176.71	0				
92960	Cardioversion Electric Ext			\$89.34	0				
93000	Electrocardiogram Complete			\$9.51	0				
93005	Electrocardiogram Tracing			\$4.75	0				
93010	Electrocardiogram Report			\$4.75	0				
93040	Rhythm Ecg With Report			\$7.13	0				
93041	Rhythm Ecg Tracing			\$3.17	0				
93042	Rhythm Ecg Report			\$3.96	0				
93224	Ecg Monit/Reprt Up To 48 Hrs			\$49.72	0				
93225	Ecg Monit/Reprt Up To 48 Hrs			\$14.46	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
93226	Ecg Monit/Reprt Up To 48 Hrs			\$20.40	0				
93227	Ecg Monit/Reprt Up To 48 Hrs			\$14.86	0				
93228	Remote 30 Day Ecg Rev/Report			\$14.66	0				
93229	Remote 30 Day Ecg Tech Supp			\$395.21	0				
93260	Prgrmg Dev Eval Impltbl Sys			\$38.23	0				
93260	Prgrmg Dev Eval Impltbl Sys	26		\$24.17	0				
93260	Prgrmg Dev Eval Impltbl Sys	TC		\$14.07	0				
93261	Interrogate Subq Defib			\$35.06	0				
93261	Interrogate Subq Defib	26		\$21.00	0				
93261	Interrogate Subq Defib	TC		\$14.07	0				
93268	Ecg Record/Review			\$112.92	0				
93270	Remote 30 Day Ecg Rev/Report			\$5.15	0				
93271	Ecg/Monitoring And Analysis			\$93.50	0				
93272	Ecg/Review Interpret Only			\$14.26	0				
93278	Ecg/Signal-Averaged			\$17.23	0				
93278	Ecg/Signal-Averaged	26		\$7.13	0				
93278	Ecg/Signal-Averaged	TC		\$10.10	0				
93279	Prgrmg Dev Eval Pm/Ldls Pm			\$30.90	0				
93279	Prgrmg Dev Eval Pm/Ldls Pm	26		\$18.23	0				
93279	Prgrmg Dev Eval Pm/Ldls Pm	TC		\$12.68	0				
93280	Pm Device Progr Eval Dual			\$36.25	0				
93280	Pm Device Progr Eval Dual	26		\$21.59	0				
93280	Pm Device Progr Eval Dual	TC		\$14.66	0				
93281	Pm Device Progr Eval Multi			\$39.03	0				
93281	Pm Device Progr Eval Multi	26		\$24.17	0				
93281	Pm Device Progr Eval Multi	TC		\$14.86	0				
93282	Prgrmg Eval Implantable Dfb			\$37.64	0				
93282	Prgrmg Eval Implantable Dfb	26		\$23.97	0				
93282	Prgrmg Eval Implantable Dfb	TC		\$13.67	0				
93283	Prgrmg Eval Implantable Dfb			\$47.35	0				
93283	Prgrmg Eval Implantable Dfb	26		\$32.49	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
93283	Prgrmg Eval Implantable Dfb	TC		\$14.86	0				
93284	Prgrmg Eval Implantable Dfb			\$51.31	0				
93284	Prgrmg Eval Implantable Dfb	26		\$35.46	0				
93284	Prgrmg Eval Implantable Dfb	TC		\$15.85	0				
93285	Prgrmg Dev Eval Scrms Ip			\$27.14	0				
93285	Prgrmg Dev Eval Scrms Ip	26		\$14.86	0				
93285	Prgrmg Dev Eval Scrms Ip	TC		\$12.28	0				
93286	Peri-Px Eval Pm/Ldls Pm Ip			\$19.61	0				
93286	Peri-Px Eval Pm/Ldls Pm Ip	26		\$8.52	0				
93286	Peri-Px Eval Pm/Ldls Pm Ip	TC		\$11.09	0				
93287	Peri-Px Device Eval & Prgr			\$24.17	0				
93287	Peri-Px Device Eval & Prgr	26		\$13.07	0				
93287	Peri-Px Device Eval & Prgr	TC		\$11.09	0				
93288	Interrog Evl Pm/Ldls Pm Ip			\$24.76	0				
93288	Interrog Evl Pm/Ldls Pm Ip	26		\$12.08	0				
93288	Interrog Evl Pm/Ldls Pm Ip	TC		\$12.68	0				
93289	Interrog Device Eval Heart			\$33.68	0				
93289	Interrog Device Eval Heart	26		\$21.00	0				
93289	Interrog Device Eval Heart	TC		\$12.68	0				
93290	Interrog Dev Eval Icpms Ip			\$23.57	0				
93290	Interrog Dev Eval Icpms Ip	26		\$12.28	0				
93290	Interrog Dev Eval Icpms Ip	TC		\$11.29	0				
93291	Interrog Dev Eval Scrms Ip			\$21.20	0				
93291	Interrog Dev Eval Scrms Ip	26		\$10.30	0				
93291	Interrog Dev Eval Scrms Ip	TC		\$10.90	0				
93292	Wcd Device Interrogate			\$22.58	0				
93292	Wcd Device Interrogate	26		\$12.08	0				
93292	Wcd Device Interrogate	TC		\$10.50	0				
93293	Pm Phone R-Strip Device Eval			\$29.32	0				
93293	Pm Phone R-Strip Device Eval	26		\$8.52	0				
93293	Pm Phone R-Strip Device Eval	TC		\$20.80	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
93294	Rem Interrog Evl Pm/Ldls Pm			\$17.23	0				
93295	Dev Interrog Remote 1/2/Mlt			\$24.96	0				
93296	Rem Interrog Evl Pm/lds			\$14.26	0				
93297	Rem Interrog Dev Eval Icpms			\$14.86	0				
93298	Rem Interrog Dev Eval Scrms			\$14.86	0				
93299	Interrog Eval Icpms/Scrms			\$73.52	0				
93303	Echo Transthoracic			\$131.74	0				
93303	Echo Transthoracic	26		\$35.86	0				
93303	Echo Transthoracic	TC		\$95.88	0				
93304	Echo Transthoracic			\$89.74	0				
93304	Echo Transthoracic	26		\$20.60	0				
93304	Echo Transthoracic	TC		\$69.14	0				
93306	Tte W/Doppler Complete			\$115.69	0				
93306	Tte W/Doppler Complete	26		\$41.20	0				
93306	Tte W/Doppler Complete	TC		\$74.49	0				
93307	Tte W/O Doppler Complete			\$78.65	0				
93307	Tte W/O Doppler Complete	26		\$25.36	0				
93307	Tte W/O Doppler Complete	TC		\$53.29	0				
93308	Tte F-Up Or Lmtd			\$55.07	0				
93308	Tte F-Up Or Lmtd	26		\$14.46	0				
93308	Tte F-Up Or Lmtd	TC		\$40.61	0				
93320	Doppler Echo Exam Heart			\$29.91	0				
93320	Doppler Echo Exam Heart	26		\$10.30	0				
93320	Doppler Echo Exam Heart	TC		\$19.61	0				
93321	Doppler Echo Exam Heart			\$15.06	0				
93321	Doppler Echo Exam Heart	26		\$4.16	0				
93321	Doppler Echo Exam Heart	TC		\$10.90	0				
93325	Doppler Color Flow Add-On			\$14.07	0				
93325	Doppler Color Flow Add-On	26		\$1.78	0				
93325	Doppler Color Flow Add-On	TC		\$12.28	0				
93350	Stress Tte Only			\$105.19	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
93350	Stress Tte Only	26		\$40.02	0				
93350	Stress Tte Only	TC		\$65.17	0				
93668	Peripheral Vascular Rehab			\$9.91	0				
93880	Extracranial Bilat Study			\$112.92	0				
93880	Extracranial Bilat Study	26		\$22.58	0				
93880	Extracranial Bilat Study	TC		\$90.33	0				
93922	Upr/L Xtremity Art 2 Levels			\$48.34	0				
93922	Upr/L Xtremity Art 2 Levels	26		\$7.13	0				
93922	Upr/L Xtremity Art 2 Levels	TC		\$41.20	0				
93923	Upr/Lxtr Art Std 3+ Lvls			\$74.88	0				
93923	Upr/Lxtr Art Std 3+ Lvls	26		\$12.48	0				
93923	Upr/Lxtr Art Std 3+ Lvls	TC		\$62.40	0				
93924	Lwr Xtr Vasc Std Bilat			\$92.51	0				
93924	Lwr Xtr Vasc Std Bilat	26		\$13.87	0				
93924	Lwr Xtr Vasc Std Bilat	TC		\$78.65	0				
93925	Lower Extremity Study			\$143.62	0				
93925	Lower Extremity Study	26		\$22.19	0				
93925	Lower Extremity Study	TC		\$121.44	0				
93926	Lower Extremity Study			\$84.39	0				
93926	Lower Extremity Study	26		\$13.67	0				
93926	Lower Extremity Study	TC		\$70.72	0				
93930	Upper Extremity Study			\$115.29	0				
93930	Upper Extremity Study	26		\$22.39	0				
93930	Upper Extremity Study	TC		\$92.91	0				
93931	Upper Extremity Study			\$71.91	0				
93931	Upper Extremity Study	26		\$13.87	0				
93931	Upper Extremity Study	TC		\$58.04	0				
93970	Extremity Study			\$109.35	0				
93970	Extremity Study	26		\$19.41	0				
93970	Extremity Study	TC		\$89.94	0				
93971	Extremity Study			\$67.75	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
93971	Extremity Study	26		\$12.68	0				
93971	Extremity Study	TC		\$55.07	0				
93975	Vascular Study			\$156.10	0				
93975	Vascular Study	26		\$32.49	0				
93975	Vascular Study	TC		\$123.61	0				
93976	Vascular Study			\$91.92	0				
93976	Vascular Study	26		\$22.39	0				
93976	Vascular Study	TC		\$69.53	0				
93978	Vascular Study			\$105.79	0				
93978	Vascular Study	26		\$22.19	0				
93978	Vascular Study	TC		\$83.60	0				
93979	Vascular Study			\$67.35	0				
93979	Vascular Study	26		\$13.87	0				
93979	Vascular Study	TC		\$53.49	0				
93980	Penile Vascular Study			\$69.93	0				
93980	Penile Vascular Study	26		\$34.87	0				
93980	Penile Vascular Study	TC		\$35.06	0				
93981	Penile Vascular Study			\$42.59	0				
93981	Penile Vascular Study	26		\$12.28	0				
93981	Penile Vascular Study	TC		\$30.31	0				
94010	Breathing Capacity Test			\$19.81	1				
94010	Breathing Capacity Test	26		\$4.75	1				
94010	Breathing Capacity Test	TC		\$15.06	1				
94060	Evaluation Of Wheezing			\$33.28	0				
94060	Evaluation Of Wheezing	26		\$7.33	0				
94060	Evaluation Of Wheezing	TC		\$25.95	0				
94070	Evaluation Of Wheezing			\$33.48	0				
94070	Evaluation Of Wheezing	26		\$16.24	0				
94070	Evaluation Of Wheezing	TC		\$17.23	0				
94150	Vital Capacity Test			\$14.26	0				
94150	Vital Capacity Test	26		\$2.18	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
94150	Vital Capacity Test	TC		\$12.08	0				
94200	Lung Function Test (Mbc/Mvv)			\$15.45	0				
94200	Lung Function Test (Mbc/Mvv)	26		\$3.17	0				
94200	Lung Function Test (Mbc/Mvv)	TC		\$12.28	0				
94250	Expired Gas Collection			\$15.45	0				
94250	Expired Gas Collection	26		\$3.17	0				
94250	Expired Gas Collection	TC		\$12.28	0				
94375	Respiratory Flow Volume Loop			\$22.19	0				
94375	Respiratory Flow Volume Loop	26		\$8.32	0				
94375	Respiratory Flow Volume Loop	TC		\$13.87	0				
94400	Co2 Breathing Response Curve			\$31.89	0				
94400	Co2 Breathing Response Curve	26		\$11.09	0				
94400	Co2 Breathing Response Curve	TC		\$20.80	0				
94450	Hypoxia Response Curve			\$40.81	0				
94450	Hypoxia Response Curve	26		\$11.29	0				
94450	Hypoxia Response Curve	TC		\$29.52	0				
94617	Exercise Tst Brncpsm			\$52.69	0				
94617	Exercise Tst Brncpsm	26		\$18.82	0				
94617	Exercise Tst Brncpsm	TC		\$33.88	0				
94618	Pulmonary Stress Testing			\$19.02	0				
94618	Pulmonary Stress Testing	26		\$12.88	0				
94618	Pulmonary Stress Testing	TC		\$6.14	0				
94621	Cardiopulm Exercise Testing			\$89.94	0				
94621	Cardiopulm Exercise Testing	26		\$38.83	0				
94621	Cardiopulm Exercise Testing	TC		\$51.11	0				
94640	Airway Inhalation Treatment			\$10.10	0				
94667	Chest Wall Manipulation			\$14.07	0				
94668	Chest Wall Manipulation			\$18.23	0				
94669	Mechanical Chest Wall Oscill			\$17.83	0				
94680	Exhaled Air Analysis O2			\$31.10	0				
94680	Exhaled Air Analysis O2	26		\$7.13	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services**Rural Health Clinic Reimbursement List****October 2019****Suggested MCO Reimbursement Rate: \$51.39****Revised: 03/31/2020**

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
94680	Exhaled Air Analysis O2	TC		\$23.97	0				
94681	Exhaled Air Analysis O2/Co2			\$30.71	0				
94681	Exhaled Air Analysis O2/Co2	26		\$5.74	0				
94681	Exhaled Air Analysis O2/Co2	TC		\$24.96	0				
94690	Exhaled Air Analysis			\$29.52	0				
94690	Exhaled Air Analysis	26		\$2.18	0				
94690	Exhaled Air Analysis	TC		\$27.34	0				
94726	Pulm Funct Tst Plethysmograp			\$30.11	0				
94726	Pulm Funct Tst Plethysmograp	26		\$6.93	0				
94726	Pulm Funct Tst Plethysmograp	TC		\$23.18	0				
94727	Pulm Function Test By Gas			\$24.37	0				
94727	Pulm Function Test By Gas	26		\$6.93	0				
94727	Pulm Function Test By Gas	TC		\$17.43	0				
94728	Pulm Funct Test Oscillometry			\$22.78	0				
94728	Pulm Funct Test Oscillometry	26		\$7.13	0				
94728	Pulm Funct Test Oscillometry	TC		\$15.65	0				
94729	Co/Membane Diffuse Capacity			\$30.90	0				
94729	Co/Membane Diffuse Capacity	26		\$5.15	0				
94729	Co/Membane Diffuse Capacity	TC		\$25.75	0				
94750	Pulmonary Compliance Study			\$47.54	0				
94750	Pulmonary Compliance Study	26		\$6.14	0				
94750	Pulmonary Compliance Study	TC		\$41.40	0				
94772	Breath Recording Infant			\$240.69	0				
94772	Breath Recording Infant	26		\$34.87	0				
94772	Breath Recording Infant	TC		\$205.83	0				
94776	Ped Home Apnea Rec Dowld			\$93.03	0				
94777	Ped Home Apnea Rec Report			\$30.65	0				
95004	Percut Allergy Skin Tests			\$2.38	0				
95012	Exhaled Nitric Oxide Meas			\$11.29	0				
95017	Perq & Icut Allg Test Venoms			\$4.56	0				
95018	Perq&lc Allg Test Drugs/Biol			\$12.08	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
95024	Icut Allergy Test Drug/Bug			\$4.56	0				
95027	Icut Allergy Titrate-Airborn			\$2.58	0				
95028	Icut Allergy Test-Delayed			\$7.33	0				
95044	Allergy Patch Tests			\$3.17	0				
95052	Photo Patch Test			\$3.76	0				
95056	Photosensitivity Tests			\$25.95	0				
95060	Eye Allergy Tests			\$19.61	0				
95065	Nose Allergy Test			\$14.66	0				
95070	Bronchial Allergy Tests			\$17.83	0				
95071	Bronchial Allergy Tests			\$20.80	0				
95076	Ingest Challenge Ini 120 Min			\$67.95	0				
95079	Ingest Challenge Addl 60 Min			\$47.94	0				
95115	Immunotherapy One Injection			\$5.15	0				
95117	Immunotherapy Injections			\$5.94	0				
95145	Antigen Therapy Services			\$16.05	0				
95146	Antigen Therapy Services			\$29.72	0				
95147	Antigen Therapy Services			\$30.71	0				
95148	Antigen Therapy Services			\$44.18	0				
95149	Antigen Therapy Services			\$58.84	0				
95165	Antigen Therapy Services			\$7.92	0				
95180	Rapid Desensitization			\$77.66	0				
95199	Allergy Immunology Services			M	0				
95249	Cont Gluc Mntr Pt Prov Eqp			\$30.90	0				
95250	Cont Gluc Mntr Phys/Qhp Eqp			\$84.39	0				
95251	Cont Gluc Mntr Analysis I&R			\$20.01	0				
95812	Eeg 41-60 Minutes			\$182.05	0				
95812	Eeg 41-60 Minutes	26		\$32.69	0				
95812	Eeg 41-60 Minutes	TC		\$149.37	0				
95813	Eeg Over 1 Hour			\$226.23	0				
95813	Eeg Over 1 Hour	26		\$49.13	0				
95813	Eeg Over 1 Hour	TC		\$177.10	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
95816	Eeg Awake And Drowsy			\$203.45	0				
95816	Eeg Awake And Drowsy	26		\$32.69	0				
95816	Eeg Awake And Drowsy	TC		\$170.76	0				
95819	Eeg Awake And Asleep			\$239.30	0				
95819	Eeg Awake And Asleep	26		\$32.69	0				
95819	Eeg Awake And Asleep	TC		\$206.62	0				
95822	Eeg Coma Or Sleep Only			\$215.93	0				
95822	Eeg Coma Or Sleep Only	26		\$32.88	0				
95822	Eeg Coma Or Sleep Only	TC		\$183.04	0				
95824	Eeg Cerebral Death Only			M	0				
95824	Eeg Cerebral Death Only	26		\$22.39	0				
95824	Eeg Cerebral Death Only	TC		M	0				
95827	Eeg All Night Recording			\$340.73	0				
95827	Eeg All Night Recording	26		\$31.89	0				
95827	Eeg All Night Recording	TC		\$308.84	0				
95851	Range Of Motion Measurements			\$11.69	1				
95852	Range Of Motion Measurements			\$10.50	1				
95857	Cholinesterase Challenge			\$30.51	0				
95860	Muscle Test One Limb			\$67.95	0				
95860	Muscle Test One Limb	26		\$29.12	0				
95860	Muscle Test One Limb	TC		\$38.83	0				
95861	Muscle Test 2 Limbs			\$97.07	0				
95861	Muscle Test 2 Limbs	26		\$46.75	0				
95861	Muscle Test 2 Limbs	TC		\$50.32	0				
95863	Muscle Test 3 Limbs			\$121.83	0				
95863	Muscle Test 3 Limbs	26		\$56.46	0				
95863	Muscle Test 3 Limbs	TC		\$65.37	0				
95864	Muscle Test 4 Limbs			\$140.06	0				
95864	Muscle Test 4 Limbs	26		\$60.42	0				
95864	Muscle Test 4 Limbs	TC		\$79.64	0				
95865	Muscle Test Larynx			\$84.19	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
95865	Muscle Test Larynx	26		\$47.15	0				
95865	Muscle Test Larynx	TC		\$37.04	0				
95866	Muscle Test Hemidiaphragm			\$77.26	0				
95866	Muscle Test Hemidiaphragm	26		\$38.43	0				
95866	Muscle Test Hemidiaphragm	TC		\$38.83	0				
95867	Muscle Test Cran Nerv Unilat			\$59.43	0				
95867	Muscle Test Cran Nerv Unilat	26		\$23.97	0				
95867	Muscle Test Cran Nerv Unilat	TC		\$35.46	0				
95868	Muscle Test Cran Nerve Bilat			\$77.85	0				
95868	Muscle Test Cran Nerve Bilat	26		\$35.86	0				
95868	Muscle Test Cran Nerve Bilat	TC		\$42.00	0				
95869	Muscle Test Thor Paraspinal			\$52.89	0				
95869	Muscle Test Thor Paraspinal	26		\$11.29	0				
95869	Muscle Test Thor Paraspinal	TC		\$41.60	0				
95870	Muscle Test Nonparaspinal			\$51.11	0				
95870	Muscle Test Nonparaspinal	26		\$11.29	0				
95870	Muscle Test Nonparaspinal	TC		\$39.82	0				
95872	Muscle Test One Fiber			\$111.73	0				
95872	Muscle Test One Fiber	26		\$87.36	0				
95872	Muscle Test One Fiber	TC		\$24.37	0				
95873	Guide Nerv Destr Elec Stim			\$42.20	0				
95873	Guide Nerv Destr Elec Stim	26		\$11.29	0				
95873	Guide Nerv Destr Elec Stim	TC		\$30.90	0				
95874	Guide Nerv Destr Needle Emg			\$43.19	0				
95874	Guide Nerv Destr Needle Emg	26		\$11.29	0				
95874	Guide Nerv Destr Needle Emg	TC		\$31.89	0				
95885	Musc Tst Done W/Nerv Tst Lim			\$34.27	0				
95885	Musc Tst Done W/Nerv Tst Lim	26		\$10.70	0				
95885	Musc Tst Done W/Nerv Tst Lim	TC		\$23.57	0				
95886	Musc Test Done W/N Test Comp			\$53.09	0				
95886	Musc Test Done W/N Test Comp	26		\$26.15	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
95886	Musc Test Done W/N Test Comp	TC		\$26.94	0				
95887	Musc Tst Done W/N Tst Nonext			\$46.16	0				
95887	Musc Tst Done W/N Tst Nonext	26		\$21.39	0				
95887	Musc Tst Done W/N Tst Nonext	TC		\$24.76	0				
95907	Nvr Cndj Tst 1-2 Studies			\$53.88	0				
95907	Nvr Cndj Tst 1-2 Studies	26		\$30.31	0				
95907	Nvr Cndj Tst 1-2 Studies	TC		\$23.57	0				
95908	Nrv Cndj Tst 3-4 Studies			\$69.73	0				
95908	Nrv Cndj Tst 3-4 Studies	26		\$38.23	0				
95908	Nrv Cndj Tst 3-4 Studies	TC		\$31.50	0				
95909	Nrv Cndj Tst 5-6 Studies			\$83.20	0				
95909	Nrv Cndj Tst 5-6 Studies	26		\$45.56	0				
95909	Nrv Cndj Tst 5-6 Studies	TC		\$37.64	0				
95910	Nrv Cndj Test 7-8 Studies			\$109.15	0				
95910	Nrv Cndj Test 7-8 Studies	26		\$60.82	0				
95910	Nrv Cndj Test 7-8 Studies	TC		\$48.34	0				
95911	Nrv Cndj Test 9-10 Studies			\$131.14	0				
95911	Nrv Cndj Test 9-10 Studies	26		\$75.87	0				
95911	Nrv Cndj Test 9-10 Studies	TC		\$55.27	0				
95912	Nrv Cndj Test 11-12 Studies			\$147.39	0				
95912	Nrv Cndj Test 11-12 Studies	26		\$90.33	0				
95912	Nrv Cndj Test 11-12 Studies	TC		\$57.05	0				
95913	Nrv Cndj Test 13/> Studies			\$170.17	0				
95913	Nrv Cndj Test 13/> Studies	26		\$106.97	0				
95913	Nrv Cndj Test 13/> Studies	TC		\$63.19	0				
95921	Autonomic Nrv Parasym Inervj			\$46.75	0				
95921	Autonomic Nrv Parasym Inervj	26		\$25.55	0				
95921	Autonomic Nrv Parasym Inervj	TC		\$21.20	0				
95922	Autonomic Nrv Adrenrg Inervj			\$53.49	0				
95922	Autonomic Nrv Adrenrg Inervj	26		\$27.14	0				
95922	Autonomic Nrv Adrenrg Inervj	TC		\$26.35	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
95923	Autonomic Nrv Syst Funj Test			\$72.11	0				
95923	Autonomic Nrv Syst Funj Test	26		\$25.95	0				
95923	Autonomic Nrv Syst Funj Test	TC		\$46.16	0				
95924	Ans Parasymp & Symp W/Tilt			\$84.19	0				
95924	Ans Parasymp & Symp W/Tilt	26		\$50.32	0				
95924	Ans Parasymp & Symp W/Tilt	TC		\$33.88	0				
95925	Somatosensory Testing			\$73.89	0				
95925	Somatosensory Testing	26		\$15.65	0				
95925	Somatosensory Testing	TC		\$58.24	0				
95926	Somatosensory Testing			\$71.51	0				
95926	Somatosensory Testing	26		\$15.45	0				
95926	Somatosensory Testing	TC		\$56.06	0				
95927	Somatosensory Testing			\$74.09	0				
95927	Somatosensory Testing	26		\$15.45	0				
95927	Somatosensory Testing	TC		\$58.64	0				
95928	C Motor Evoked Uppr Limbs			\$122.82	0				
95928	C Motor Evoked Uppr Limbs	26		\$44.97	0				
95928	C Motor Evoked Uppr Limbs	TC		\$77.85	0				
95929	C Motor Evoked Lwr Limbs			\$125.79	0				
95929	C Motor Evoked Lwr Limbs	26		\$45.17	0				
95929	C Motor Evoked Lwr Limbs	TC		\$80.63	0				
95930	Visual Ep Test Cns W/I&R			\$38.43	0				
95930	Visual Ep Test Cns W/I&R	26		\$10.70	0				
95930	Visual Ep Test Cns W/I&R	TC		\$27.73	0				
95937	Neuromuscular Junction Test			\$49.13	0				
95937	Neuromuscular Junction Test	26		\$19.41	0				
95937	Neuromuscular Junction Test	TC		\$29.72	0				
95938	Somatosensory Testing			\$193.94	0				
95938	Somatosensory Testing	26		\$26.15	0				
95938	Somatosensory Testing	TC		\$167.79	0				
95939	C Motor Evoked Upr&Lwr Limbs			\$288.24	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
95939	C Motor Evoked Upr&Lwr Limbs	26		\$67.75	0				
95939	C Motor Evoked Upr&Lwr Limbs	TC		\$220.49	0				
95981	Io Anal Gast N-Stim Subsq			\$19.22	0				
95982	Io Ga N-Stim Subsq W/Reprog			\$30.71	0				
95990	Spin/Brain Pump Refil & Main			\$51.90	0				
95991	Spin/Brain Pump Refil & Main			\$65.37	0				
96110	Developmental Screen W/Score			\$9.20	1				
96112	Devel Tst Phys/Qhp 1st Hr			\$75.87	1				
96113	Devel Tst Phys/Qhp Ea Addl			\$33.88	0				
96116	Nubhvl Xm Phys/Qhp 1st Hr			\$53.49	1				
96121	Nubhvl Xm Phy/Qhp Ea Addl Hr			\$45.96	0				
96127	Brief Emotional/Behav Assmt			\$2.97	0				
96130	Psycl Tst Eval Phys/Qhp 1st			\$65.37	1				
96131	Psycl Tst Eval Phys/Qhp Ea			\$49.72	0				
96132	Nrpsyc Tst Eval Phys/Qhp 1st			\$73.50	1				
96133	Nrpsyc Tst Eval Phys/Qhp Ea			\$56.06	0				
96136	Psycl/Nrpsyc Tst Phy/Qhp 1st			\$26.35	1				
96137	Psycl/Nrpsyc Tst Phy/Qhp Ea			\$24.37	0				
96138	Psycl/Nrpsyc Tech 1st			\$21.39	1				
96139	Psycl/Nrpsyc Tst Tech Ea			\$21.39	0				
96146	Psycl/Nrpsyc Tst Auto Result			\$1.19	0				
96150	Assess Hlth/Behave Init			\$9.66	1				
96151	Assess Hlth/Behave Subseq			\$9.51	1				
96152	Intervene Hlth/Behave Indiv			\$8.77	1				
96153	Intervene Hlth/Behave Group			\$2.08	1				
96154	Interv Hlth/Behav Fam W/Pt			\$8.62	1				
96160	Pt-Focused Hlth Risk Assmt			\$1.78	0				
96161	Caregiver Health Risk Assmt			\$1.78	0				
96360	Hydration Iv Infusion Init			\$21.20	0				
96361	Hydrate Iv Infusion Add-On			\$7.53	0				
96365	Ther/Proph/Diag Iv Inf Init			\$40.02	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
96366	Ther/Proph/Diag Iv Inf Addon			\$12.08	0				
96367	Tx/Proph/Dg Addl Seq Iv Inf			\$17.43	0				
96368	Ther/Diag Concurrent Inf			\$11.69	0				
96372	Ther/Proph/Diag Inj Sc/Im			\$9.31	0				
96374	Ther/Proph/Diag Inj Iv Push			\$21.79	0				
96375	Tx/Pro/Dx Inj New Drug Addon			\$9.31	0				
96377	Applicaton On-Body Injector			\$11.29	0				
97012	Mechanical Traction Therapy			\$8.32	1				
97014	Electric Stimulation Therapy			\$8.32	1				
97016	Vasopneumatic Device Therapy			\$7.13	1				
97018	Paraffin Bath Therapy			\$3.96	1				
97022	Whirlpool Therapy			\$10.10	1				
97024	Diathermy Eg Microwave			\$3.96	1				
97026	Infrared Therapy			\$3.57	1				
97028	Ultraviolet Therapy			\$4.56	1				
97032	Electrical Stimulation			\$8.32	1				
97033	Electric Current Therapy			\$11.69	1				
97034	Contrast Bath Therapy			\$8.52	1				
97035	Ultrasound Therapy			\$7.73	1				
97036	Hydrotherapy			\$19.61	1				
97039	Physical Therapy Treatment			M	1				
97110	Therapeutic Exercises			\$17.23	1				
97112	Neuromuscular Reeducation			\$19.61	1				
97116	Gait Training Therapy			\$17.04	1				
97124	Massage Therapy			\$16.05	1				
97139	Physical Medicine Procedure			M	1				
97140	Manual Therapy 1/> Regions			\$15.65	1				
97161	Pt Eval Low Complex 20 Min			\$47.54	1				
97162	Pt Eval Mod Complex 30 Min			\$47.54	1				
97163	Pt Eval High Complex 45 Min			\$47.54	1				
97164	Pt Re-Eval Est Plan Care			\$32.29	1				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
97165	Ot Eval Low Complex 30 Min			\$51.11	1				
97166	Ot Eval Mod Complex 45 Min			\$51.11	1				
97167	Ot Eval High Complex 60 Min			\$51.11	1				
97168	Ot Re-Eval Est Plan Care			\$35.06	1				
97530	Therapeutic Activities			\$22.39	1				
97533	Sensory Integration			\$23.97	1				
97535	Self Care Mngmnt Training			\$19.22	1				
97542	Wheelchair Mngmnt Training			\$18.62	1				
97597	Rmvl Devital Tis 20 Cm/<			\$49.92	0				
97760	Orthotic Mgmt&Trainj 1st Enc			\$26.74	1				
97761	Prosthetic Trainj 1st Enc			\$22.98	1				
97763	Orthc/Prostc Mgmt Sbsq Enc			\$28.33	1				
97799	Physical Medicine Procedure			M	1				
98925	Osteopath Manj 1-2 Regions			\$17.63	1				
98926	Osteopath Manj 3-4 Regions			\$25.36	1				
98927	Osteopath Manj 5-6 Regions			\$33.28	1				
98928	Osteopath Manj 7-8 Regions			\$40.41	1				
98929	Osteopath Manj 9-10 Regions			\$48.34	1				
98940	Chiropract Manj 1-2 Regions			\$15.85	1				
98941	Chiropract Manj 3-4 Regions			\$22.98	1				
98942	Chiropractic Manj 5 Regions			\$29.72	1				
99151	Mod Sed Same Phys/Qhp <5 Yrs			\$42.00	0				
99152	Mod Sed Same Phys/Qhp 5/>Yrs			\$28.53	0				
99153	Mod Sed Same Phys/Qhp Ea			\$5.94	0				
99188	App Topical Fluoride Varnish			\$6.93	0				
99201	Office/Outpatient Visit New			\$25.55	1				
99202	Office/Outpatient Visit New			\$42.59	1				
99203	Office/Outpatient Visit New			\$60.42	1				
99204	Office/Outpatient Visit New			\$91.72	1				
99205	Office/Outpatient Visit New			\$115.29	1				
99211	Office/Outpatient Visit Est			\$12.68	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
99212	Office/Outpatient Visit Est			\$25.16	1				
99213	Office/Outpatient Visit Est			\$41.40	1				
99214	Office/Outpatient Visit Est			\$60.62	1				
99215	Office/Outpatient Visit Est			\$81.22	1				
99241	Office Consultation			\$26.55	1				
99242	Office Consultation			\$49.92	1				
99243	Office Consultation			\$68.34	1				
99244	Office Consultation			\$102.22	1				
99245	Office Consultation			\$124.60	1				
99304	Nursing Facility Care Init			\$50.32	1				
99305	Nursing Facility Care Init			\$72.70	1				
99306	Nursing Facility Care Init			\$93.11	1				
99307	Nursing Fac Care Subseq			\$24.56	1				
99308	Nursing Fac Care Subseq			\$38.43	1				
99309	Nursing Fac Care Subseq			\$51.11	1				
99310	Nursing Fac Care Subseq			\$75.67	1				
99315	Nursing Fac Discharge Day			\$41.01	1				
99316	Nursing Fac Discharge Day			\$59.03	1				
99318	Annual Nursing Fac Assessmnt			\$53.49	1				
99324	Domicil/R-Home Visit New Pat			\$30.90	1				
99325	Domicil/R-Home Visit New Pat			\$44.77	1				
99326	Domicil/R-Home Visit New Pat			\$77.66	1				
99327	Domicil/R-Home Visit New Pat			\$104.20	1				
99328	Domicil/R-Home Visit New Pat			\$122.62	1				
99334	Domicil/R-Home Visit Est Pat			\$33.68	1				
99335	Domicil/R-Home Visit Est Pat			\$53.09	1				
99336	Domicil/R-Home Visit Est Pat			\$75.67	1				
99337	Domicil/R-Home Visit Est Pat			\$108.36	1				
99341	Home Visit New Patient			\$30.90	1				
99342	Home Visit New Patient			\$44.57	1				
99343	Home Visit New Patient			\$72.70	1				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
99344	Home Visit New Patient			\$101.82	1				
99345	Home Visit New Patient			\$123.81	1				
99347	Home Visit Est Patient			\$30.90	1				
99348	Home Visit Est Patient			\$46.95	1				
99349	Home Visit Est Patient			\$72.11	1				
99350	Home Visit Est Patient			\$100.04	1				
99354	Prolong E&M/Psyctx Serv O/P			\$72.70	0				
99355	Prolong E&M/Psyctx Serv O/P			\$55.47	0				
99381	Init Pm E/M New Pat Infant			\$86.72	1				
99382	Init Pm E/M New Pat 1-4 Yrs			\$93.36	1				
99383	Prev Visit New Age 5-11			\$91.46	1				
99384	Prev Visit New Age 12-17			\$99.37	1				
99385	Prev Visit New Age 18-39			\$99.37	1				
99386	Prev Visit New Age 40-64			\$117.10	1				
99387	Init Pm E/M New Pat 65+ Yrs			\$126.92	1				
99391	Per Pm Reeval Est Pat Infant			\$65.83	1				
99392	Prev Visit Est Age 1-4			\$73.74	1				
99393	Prev Visit Est Age 5-11			\$72.79	1				
99394	Prev Visit Est Age 12-17			\$80.39	1				
99395	Prev Visit Est Age 18-39			\$81.34	1				
99396	Prev Visit Est Age 40-64			\$89.89	1				
99397	Per Pm Reeval Est Pat 65+ Yr			\$99.06	1				
99406	Behav Chng Smoking 3-10 Min			\$8.32	0				
99407	Behav Chng Smoking > 10 Min			\$15.85	0				
99408	Audit/Dast 15-30 Min			\$15.01	1				
99409	Audit/Dast Over 30 Min			\$28.98	1				
99415	Prolong Clincl Staff Svc			\$5.55	0				
99416	Prolong Clincl Staff Svc Add			\$2.38	0				
99446	Interprof Phone/Online 5-10			\$10.10	0				
99447	Interprof Phone/Online 11-20			\$20.01	0				
99448	Interprof Phone/Online 21-30			\$30.11	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
99449	Interprof Phone/Online 31/>			\$40.02	0				
99451	Ntrprof Ph1/Ntrnet/Ehr 5/>			\$20.60	0				
99452	Ntrprof Ph1/Ntrnet/Ehr Rfrl			\$20.60	0				
99453	Rem Mntr Physiol Param Setup			\$10.70	0				
99454	Rem Mntr Physiol Param Dev			\$35.26	0				
99457	Rem Physiol Mntr 20 Min Mo			\$28.33	1				
99461	Init Nb Em Per Day Non-Fac			\$51.11	1				
99483	Assmt & Care Pln Pt Cog Imp			\$145.01	1				
99495	Trans Care Mgmt 14 Day Disch			\$91.52	1				
99496	Trans Care Mgmt 7 Day Disch			\$129.16	1				
99497	Advncd Care Plan 30 Min			\$47.54	1				
99498	Advncd Care Plan Addl 30 Min			\$41.80	0				
99605	Mtms By Pharm Np 15 Min			\$50.00	1				
99606	Mtms By Pharm Est 15 Min			\$25.00	1				
99607	Mtms By Pharm Addl 15 Min			\$10.00	0				
A4561	Pessary Rubber, Any Type			\$16.98	0				
A4562	Pessary, Non Rubber,Any Type			\$42.18	0				
D0190	Screening Of A Patient			\$14.89	0				
G0008	Admin Influenza Virus Vac			\$7.00	0				
G0009	Admin Pneumococcal Vaccine			\$7.00	0				
G0010	Admin Hepatitis B Vaccine			\$7.00	0				
G0101	Ca Screen;Pelvic/Breast Exam			\$21.79	1				
G0102	Prostate Ca Screening; Dre			\$12.48	1				
G0103	Psa Screening			\$16.93	0				
G0104	Ca Screen;Flexi Sigmoidscope			\$96.67	0				
G0105	Colorectal Scrn; Hi Risk Ind			\$181.66	0				
G0105	Colorectal Scrn; Hi Risk Ind	53		\$90.73	0				
G0117	Glaucoma Scrn Hgh Risk Direc			\$31.30	1				
G0118	Glaucoma Scrn Hgh Risk Direc			\$23.38	1				
G0121	Colon Ca Scrn Not Hi Rsk Ind			\$181.86	0				
G0121	Colon Ca Scrn Not Hi Rsk Ind	53		\$90.93	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
G0130	Single Energy X-Ray Study			\$19.61	0				
G0130	Single Energy X-Ray Study	26		\$6.34	0				
G0130	Single Energy X-Ray Study	TC		\$13.27	0				
G0168	Wound Closure By Adhesive			\$53.49	0				
G0306	Cbc/Diffwbc W/O Platelet			\$7.15	0				
G0307	Cbc Without Platelet			\$5.94	0				
G0328	Fecal Blood Scrn Immunoassay			\$14.95	0				
G0396	Alcohol/subs Interv 15-30Mn			\$20.01	1				
G0397	Alcohol/subs Interv >30 Min			\$37.44	1				
G0432	Eia Hiv-1/Hiv-2 Screen			\$16.20	0				
G0433	Elisa Hiv-1/Hiv-2 Screen			\$15.14	0				
G0435	Oral Hiv-1/Hiv-2 Screen			\$11.03	0				
G0472	Hep C Screen High Risk/Other			\$38.38	0				
G0475	Hiv Combination Assay			\$22.15	0				
G0476	Hpv Combo Assay Ca Screen			\$32.28	0				
G0480	Drug Test Def 1-7 Classes			\$94.75	0				
G0481	Drug Test Def 8-14 Classes			\$129.66	0				
G0482	Drug Test Def 15-21 Classes			\$164.56	0				
G0483	Drug Test Def 22+ Classes			\$204.45	0				
G0490	Home Visit Rn, Lpn By Rhc/Fq			\$80.98	0				
G0499	Hepb Screen High Risk Indiv			\$26.01	0				
G0515	Cognitive Skills Development			\$18.03	1				
G0516	Insert Drug Implant,>=4			\$135.10	1				
G0517	Remove Drug Implant			\$145.80	1				
G0518	Remove W Insert Drug Implant			\$254.76	1				
G2011	Alcohol/sub Abuse Assess			\$9.31	1				
J0121	Inj., Omadacycline, 1 Mg			\$3.66	0				
J0171	Adrenalin Epinephrine Inject			\$0.83	0				
J0291	Inj., Plazomicin, 5 Mg			\$3.34	0				
J0520	Bethanechol Chloride Inject			M	0				
J0558	Peng Benzathine/Procaine Inj			\$10.89	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
J0561	Penicillin G Benzathine Inj			\$13.82	0				
J0565	Inj, Bezlotoxumab, 10 Mg			\$39.83	0				
J0570	Buprenorphine Implant 74.2mg			\$1,303.53	0				
J0583	Bivalirudin			\$0.62	0				
J0588	Incobotulinumtoxin A			\$5.05	0				
J0593	Inj., Lanadelumab-Flyo, 1 Mg			M	0				
J0600	Eddetate Calcium Disodium Inj			\$5,594.42	0				
J0606	Inj, Etelcalcetide, 0.1 Mg			\$3.47	0				
J0610	Calcium Gluconate Injection			\$2.70	0				
J0620	Calcium Glycer & Lact/10 MI			M	0				
J0630	Calcitonin Salmon Injection			\$2,661.05	0				
J0636	Inj Calcitriol Per 0.1 Mcg			\$0.61	0				
J0637	Caspofungin Acetate			\$6.85	0				
J0640	Leucovorin Calcium Injection			\$3.02	0				
J0690	Cefazolin Sodium Injection			\$0.77	0				
J0692	Cefepime Hcl For Injection			\$1.91	0				
J0694	Cefoxitin Sodium Injection			\$5.23	0				
J0695	Inj Ceftolozane Tazobactam			\$5.60	0				
J0696	Ceftriaxone Sodium Injection			\$0.54	0				
J0697	Sterile Cefuroxime Injection			\$2.03	0				
J0698	Cefotaxime Sodium Injection			\$2.33	0				
J0702	Betamethasone Acet&Sod Phosp			\$6.96	0				
J0710	Cephapirin Sodium Injection			M	0				
J0712	Ceftaroline Fosamil Inj			\$3.19	0				
J0713	Inj Ceftazidime Per 500 Mg			\$2.00	0				
J0714	Ceftazidime And Avibactam			\$92.05	0				
J0715	Ceftizoxime Sodium / 500 Mg			M	0				
J0735	Clonidine Hydrochloride			\$13.71	0				
J0743	Cilastatin Sodium Injection			\$6.14	0				
J0744	Ciprofloxacin Iv			\$1.24	0				
J0780	Prochlorperazine Injection			\$9.69	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
J0840	Crotalidae Poly Immune Fab			\$3,285.19	0				
J0875	Injection, Dalbavancin			\$14.95	0				
J0878	Daptomycin Injection			\$0.33	0				
J0881	Darbepoetin Alfa, Non-Esr			\$3.85	0				
J0882	Darbepoetin Alfa, Esrd Use			\$3.85	0				
J0885	Epoetin Alfa, Non-Esr			\$11.03	0				
J0887	Epoetin Beta Esrd Use			\$1.80	0				
J0888	Epoetin Beta Non Esrd			\$1.80	0				
J0895	Deferoxamine Mesylate Inj			\$8.52	0				
J1000	Depo-Estradiol Cypionate Inj			\$21.89	0				
J1020	Methylprednisolone 20 Mg Inj			\$3.70	0				
J1030	Methylprednisolone 40 Mg Inj			\$6.25	0				
J1040	Methylprednisolone 80 Mg Inj			\$11.93	0				
J1050	Medroxyprogesterone Acetate			\$0.56	0				
J1071	Inj Testosterone Cypionate			\$0.02	0				
J1094	Inj Dexamethasone Acetate			\$0.14	0				
J1100	Dexamethasone Sodium Phos			\$0.14	0				
J1130	Inj Diclofenac Sodium 0.5mg			M	0				
J1170	Hydromorphone Injection			\$2.68	0				
J1200	Diphenhydramine Hcl Injectio			\$0.91	0				
J1335	Ertapenem Injection			\$43.47	0				
J1364	Erythro Lactobionate /500 Mg			\$75.76	0				
J1380	Estradiol Valerate 10 Mg Inj			\$10.75	0				
J1410	Inj Estrogen Conjugate 25 Mg			\$308.93	0				
J1435	Injection Estrone Per 1 Mg			M	0				
J1438	Etanercept Injection			\$411.71	0				
J1439	Inj Ferric Carboxymaltos 1mg			\$1.10	0				
J1447	Inj Tbo Filgrastim 1 Microg			\$0.57	0				
J1450	Fluconazole			\$4.71	0				
J1455	Foscarnet Sodium Injection			M	0				
J1460	Gamma Globulin 1 Cc Inj			\$39.91	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
J1555	Inj Cuvitru, 100 Mg			\$13.79	0				
J1556	Inj, Imm Glob Bivigam, 500mg			\$70.52	0				
J1557	Gammplex Injection			\$45.82	0				
J1559	Hizentra Injection			\$10.44	0				
J1560	Gamma Globulin > 10 Cc Inj			\$399.09	0				
J1561	Gamunex-C/Gammaked			\$38.95	0				
J1562	Vivaglobin, Inj			M	0				
J1566	Immune Globulin, Powder			\$61.20	0				
J1568	Octagam Injection			\$35.68	0				
J1569	Gammagard Liquid Injection			\$37.47	0				
J1570	Ganciclovir Sodium Injection			\$48.41	0				
J1571	Hepagam B Im Injection			\$60.06	0				
J1572	Flebogamma Injection			\$35.48	0				
J1573	Hepagam B Intravenous, Inj			\$51.29	0				
J1575	Hyqvia 100mg Immunoglobulin			\$14.56	0				
J1580	Garamycin Gentamicin Inj			\$1.91	0				
J1599	Ivig Non-Lyophilized, Nos			M	0				
J1627	Inj, Granisetron, Xr, 0.1 Mg			\$2.74	0				
J1630	Haloperidol Injection			\$0.97	0				
J1631	Haloperidol Decanoate Inj			\$16.48	0				
J1670	Tetanus Immune Globulin Inj			\$432.66	0				
J1675	Histrelin Acetate			M	0				
J1700	Hydrocortisone Acetate Inj			M	0				
J1710	Hydrocortisone Sodium Ph Inj			M	0				
J1720	Hydrocortisone Sodium Succ I			\$12.90	0				
J1726	Makena, 10 Mg			\$32.40	0				
J1729	Inj Hydroxyprogst Capoat Nos			M	0				
J1741	Ibuprofen Injection			M	0				
J1750	Inj Iron Dextran			\$14.41	0				
J1756	Iron Sucrose Injection			\$0.23	0				
J1815	Insulin Injection			\$0.88	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
J1826	Interferon Beta-1a Inj			M	0				
J1830	Interferon Beta-1b / .25 Mg			M	0		YES		
J1833	Injection, Isavuconazonium			M	0				
J1840	Kanamycin Sulfate 500 Mg Inj			\$7.69	0				
J1850	Kanamycin Sulfate 75 Mg Inj			\$1.15	0				
J1885	Ketorolac Tromethamine Inj			\$0.50	0				
J1890	Cephalothin Sodium Injection			M	0				
J1940	Furosemide Injection			\$0.69	0				
J1943	Inj., Aristada Initio, 1 Mg			\$2.86	0				
J1944	Aripiprazole Lauroxil 1 Mg			\$2.78	0				
J1950	Leuprolide Acetate /3.75 Mg			\$1,269.23	0				
J1956	Levofloxacin Injection			\$0.22	0				
J2010	Lincomycin Injection			\$11.18	0				
J2020	Linezolid Injection			\$6.30	0				
J2062	Loxapine For Inhalation 1 Mg			M	0				
J2175	Meperidine Hydrochl /100 Mg			\$6.07	0				
J2180	Meperidine/Promethazine Inj			M	0				
J2182	Injection, Mepolizumab, 1mg			\$29.72	0				
J2185	Meropenem			\$0.90	0				
J2186	Inj., Meropenem, Vaborbactam			M	0				
J2265	Minocycline Hydrochloride			M	0				
J2270	Morphine Sulfate Injection			\$4.40	0				
J2278	Ziconotide Injection			\$7.91	0				
J2280	Inj, Moxifloxacin 100 Mg			\$8.79	0				
J2300	Inj Nalbuphine Hydrochloride			\$3.17	0				
J2310	Inj Naloxone Hydrochloride			\$15.28	0				
J2315	Naltrexone, Depot Form			\$3.25	0				
J2320	Nandrolone Decanoate 50 Mg			M	0				
J2360	Orphenadrine Injection			\$6.44	0				
J2405	Ondansetron Hcl Injection			\$0.11	0				
J2407	Injection, Oritavancin			\$23.78	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
J2410	Oxymorphone Hcl Injection			\$2.85	0				
J2426	Paliperidone Palmitate Inj			\$11.63	0				
J2430	Pamidronate Disodium /30 Mg			\$4,429.63	0				
J2505	Injection, Pegfilgrastim 6mg			\$12.06	0				
J2510	Penicillin G Procaine Inj			\$29.97	0				
J2540	Penicillin G Potassium Inj			\$1.02	0				
J2543	Piperacillin/Tazobactam			\$1.83	0				
J2547	Injection, Peramivir			M	0				
J2550	Promethazine Hcl Injection			\$2.02	0				
J2650	Prednisolone Acetate Inj			M	0				
J2675	Inj Progesterone Per 50 Mg			\$2.21	0				
J2680	Fluphenazine Decanoate 25 Mg			\$10.95	0				
J2700	Oxacillin Sodium Injeciton			\$1.37	0				
J2780	Ranitidine Hydrochloride Inj			\$4.10	0				
J2786	Injection, Reslizumab, 1mg			\$9.62	0				
J2788	Rho D Immune Globulin 50 Mcg			\$24.92	0				
J2790	Rho D Immune Globulin Inj			\$79.56	0				
J2791	Rhophylac Injection			\$4.76	0				
J2792	Rho(D) Immune Globulin H, Sd			\$29.78	0				
J2794	Inj Risperdal Consta, 0.5 Mg			\$10.04	0				
J2798	Inj., Perseris, 0.5 Mg			\$9.87	0				
J2840	Inj Sebelipase Alfa 1 Mg			M	0				
J2860	Injection, Siltuximab			\$103.06	0				
J2916	Na Ferric Gluconate Complex			\$1.62	0				
J2920	Methylprednisolone Injection			\$4.49	0				
J2930	Methylprednisolone Injection			\$6.12	0				
J3000	Streptomycin Injection			\$31.53	0				
J3030	Sumatriptan Succinate / 6 Mg			\$51.89	0				
J3031	Inj., Fremanezumab-Vfrm 1 Mg			M	0				
J3090	Inj Tedizolid Phosphate			\$1.49	0				
J3111	Inj. Romosozumab-Aqqg 1 Mg			\$8.95	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
J3250	Trimethobenzamide Hcl Inj			\$36.79	0				
J3260	Tobramycin Sulfate Injection			\$3.60	0				
J3265	Injection Torsemide 10 Mg/MI			M	0				
J3301	Triamcinolone Acet Inj Nos			\$1.57	0				
J3302	Triamcinolone Diacetate Inj			M	0				
J3303	Triamcinolone Hexacetonl Inj			\$3.61	0				
J3304	Inj Triamcinolone Ace Xr 1mg			\$18.88	0				
J3305	Inj Trimetrexate Glucoronate			M	0				
J3310	Perphenazine Injecton			M	0				
J3315	Triptorelin Pamoate			\$258.74	0				
J3316	Inj., Triptorelin Xr 3.75 Mg			M	0				
J3320	Spectinomycin Di-Hcl Inj			M	0				
J3358	Ustekinumab, Iv Inject, 1 Mg			\$12.04	0				
J3360	Diazepam Injection			\$11.09	0				
J3370	Vancomycin Hcl Injection			\$3.46	0				
J3380	Injection, Vedolizumab			\$19.86	0				
J3410	Hydroxyzine Hcl Injection			\$6.59	0				
J3411	Thiamine Hcl 100 Mg			\$1.91	0				
J3415	Pyridoxine Hcl 100 Mg			\$9.45	0				
J3420	Vitamin B12 Injection			\$1.89	0				
J3430	Vitamin K Phytonadione Inj			\$4.28	0				
J3465	Injection, Voriconazole			\$2.05	0				
J3471	Ovine, Up To 999 Usp Units			\$0.43	0				
J3472	Ovine, 1000 Usp Units			\$137.80	0				
J3473	Hyaluronidase Recombinant			\$0.36	0				
J3475	Inj Magnesium Sulfate			\$0.85	0				
J3480	Inj Potassium Chloride			\$0.14	0				
J3485	Zidovudine			\$1.51	0				
J3486	Ziprasidone Mesylate			\$17.71	0				
J3489	Zoledronic Acid 1mg			\$12.47	0				
J3591	EsrD On Dialysi Drug/Bio Noc			M	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services**Rural Health Clinic Reimbursement List****October 2019****Suggested MCO Reimbursement Rate: \$51.39****Revised: 03/31/2020**

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
J7030	Normal Saline Solution Infus			\$2.42	0				
J7040	Normal Saline Solution Infus			\$1.21	0				
J7042	5% Dextrose/Normal Saline			\$0.91	0				
J7050	Normal Saline Solution Infus			\$0.60	0				
J7060	5% Dextrose/Water			\$1.85	0				
J7070	D5w Infusion			\$3.63	0				
J7100	Dextran 40 Infusion			\$17.77	0				
J7110	Dextran 75 Infusion			M	0				
J7120	Ringers Lactate Infusion			\$2.32	0				
J7121	5% Dextrose In Lac Ringers			M	0				
J7175	Inj, Factor X, (Human), 1iu			\$7.51	0				
J7179	Vonvendi Inj 1 Iu Vwf:Rco			\$1.83	0				
J7180	Factor XIII Anti-Hem Factor			\$8.47	0				
J7181	Factor XIII Recomb A-Subunit			\$15.52	0				
J7182	Factor VIII Recomb Novoeight			\$1.31	0				
J7183	Wilate Injection			\$0.97	0				
J7185	Xyntha Inj			\$1.27	0				
J7187	Humate-P, Inj			\$1.16	0				
J7188	Factor VIII Recomb Obizur			\$3.18	0				
J7189	Factor VIIa			\$2.15	0				
J7190	Factor VIII			\$1.07	0				
J7191	Factor VIII (Porcine)			M	0				
J7192	Factor VIII Recombinant Nos			\$1.25	0				
J7193	Factor IX Non-Recombinant			\$1.15	0				
J7194	Factor IX Complex			\$1.47	0				
J7195	Factor IX Recombinant Nos			\$1.50	0				
J7196	Antithrombin Recombinant			M	0				
J7197	Antithrombin III Injection			\$3.32	0				
J7198	Anti-Inhibitor			\$1.90	0				
J7199	Hemophilia Clot Factor Noc			M	0				
J7200	Factor IX Recombinant Rixubis			\$1.32	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
J7201	Factor Ix Alprolix Recomb			\$3.11	0				
J7202	Factor Ix Idelvion Inj			\$4.29	0				
J7205	Factor VIII Fc Fusion Recomb			\$2.08	0				
J7207	Factor VIII Pegylated Recomb			\$1.74	0				
J7209	Factor VIII Nuwiq Recomb 1iu			\$1.24	0				
J7210	Inj, Afstyla, 1 I.U.			\$1.36	0				
J7211	Inj, Kovaltry, 1 I.U.			\$1.26	0				
J7296	Kyleena, 19.5 Mg			\$1,010.72	0				
J7297	Liletta, 52 Mg			\$794.36	0				
J7298	Mirena, 52 Mg			\$1,010.72	0				
J7300	Intrauterine Copper Contraceptive			\$937.57	0				
J7301	Skylla, 13.5 Mg			\$802.28	0				
J7303	Contraceptive Vaginal Ring			\$172.38	0				
J7304	Contraceptive Hormone Patch			\$43.15	0				
J7307	Etonogestrel Implant System			\$990.91	0				
J7308	Aminolevulinic Acid Hcl Top			\$390.98	0				
J7309	Methyl Aminolevulinate, Top			\$83.69	0				
J7315	Ophthalmic Mitomycin			M	0				
J7316	Inj, Ocriplasmin, 0.125 Mg			\$1,046.93	0				
J7318	Inj, Durolane 1 Mg			M	0				
J7320	Genvisc 850, Inj, 1mg			\$6.25	0				
J7321	Hyalgan Supartz Visco-3 Dose			\$81.57	0				
J7322	Hymovis Injection 1 Mg			M	0				
J7323	Euflexxa Inj Per Dose			\$145.08	0				
J7324	Orthovisc Inj Per Dose			\$143.40	0				
J7325	Synvisc Or Synvisc-One			\$11.41	0				
J7326	Gel-One			\$537.36	0				
J7327	Monovisc Inj Per Dose			\$769.51	0				
J7328	Gelsyn-3 Injection 0.1 Mg			M	0				
J7329	Inj, Trivisc 1 Mg			M	0				
J7331	Synojopty, Inj., 1 Mg			M	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
J7332	Inj., Triluron, 1 Mg			M	0				
J7336	Capsaicin 8% Patch			\$3.15	0				
J7501	Azathioprine Parenteral			\$217.30	0				
J7504	Lymphocyte Immune Globulin			\$2,066.02	0				
J7511	Antithymocyte Globuln Rabbit			\$768.56	0				
J7516	Cyclosporin Parenteral 250mg			\$49.25	0				
J7525	Tacrolimus Injection			\$211.84	0				
J7999	Compounded Drug, Noc			M	0				
J8655	Oral Netupitant, Palonosetron			\$245.74	0				
J9032	Injection, Belinostat, 10mg			\$40.07	0				
J9034	Inj., Bendeka 1 Mg			\$22.85	0				
J9039	Injection, Blinatumomab			\$113.40	0				
J9145	Injection, Daratumumab 10 Mg			\$53.95	0				
J9176	Injection, Elotuzumab, 1mg			\$6.50	0				
J9205	Inj Irinotecan Liposome 1 Mg			\$49.91	0				
J9212	Interferon Alfacon-1 Inj			M	0	YES			
J9213	Interferon Alfa-2a Inj			M	0	YES			
J9214	Interferon Alfa-2b Inj			\$34.24	0	YES			
J9215	Interferon Alfa-N3 Inj			\$31.80	0	YES			
J9216	Interferon Gamma 1-B Inj			M	0	YES			
J9217	Leuprolide Acetate Suspnsion			\$224.70	0				
J9219	Leuprolide Acetate Implant			M	0				
J9225	Vantas Implant			\$4,085.61	0				
J9226	Supprelin La Implant			\$36,647.60	0				
J9271	Inj Pembrolizumab			\$49.39	0				
J9295	Injection, Necitumumab, 1 Mg			\$5.74	0				
J9299	Injection, Nivolumab			\$27.81	0				
J9308	Injection, Ramucirumab			\$58.42	0				
J9352	Injection Trabectedin 0.1mg			\$312.91	0				
L4350	Ankle Control Ortho Pre Ots			\$73.80	0				
L4360	Pneumat Walking Boot Pre Cst			\$197.46	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services**Rural Health Clinic Reimbursement List****October 2019****Suggested MCO Reimbursement Rate: \$51.39****Revised: 03/31/2020**

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
L4361	Pneuma/Vac Walk Boot Pre Ots			\$176.50	0				
L4370	Pneum Full Leg Splint Pre Ots			\$179.50	0				
Q0091	Obtaining Screen Pap Smear			\$24.37	1				
Q0111	Wet Mounts/ W Preparations			\$12.41	0				
Q0112	Potassium Hydroxide Preps			\$4.83	0				
Q0113	Pinworm Examinations			\$3.94	0				
Q0114	Fern Test			\$8.07	0				
Q0138	Ferumoxytol, Non-EsrD			\$1.00	0				
Q0139	Ferumoxytol, Esrd Use			\$1.00	0				
Q0144	Azithromycin Dihydrate, Oral			\$15.05	0				
Q2034	Agriflu Vaccine			M	0				
Q2035	Afluria Vacc, 3 Yrs & >, Im			\$18.24	0				
Q2036	Flulaval Vacc, 3 Yrs & >, Im			\$8.58	0				
Q2037	Fluvirin Vacc, 3 Yrs & >, Im			\$17.69	0				
Q2038	Fluzone Vacc, 3 Yrs & >, Im			\$12.04	0				
Q2039	Influenza Virus Vaccine, Nos			M	0				
Q3027	Inj Beta Interferon Im 1 Mcg			\$53.58	0				
Q4001	Cast Sup Body Cast Plaster			\$35.89	0				
Q4002	Cast Sup Body Cast Fiberglas			\$135.65	0				
Q4003	Cast Sup Shoulder Cast Plstr			\$25.78	0				
Q4004	Cast Sup Shoulder Cast Fbrgl			\$89.25	0				
Q4005	Cast Sup Long Arm Adult Plst			\$9.50	0				
Q4006	Cast Sup Long Arm Adult Fbrg			\$21.42	0				
Q4007	Cast Sup Long Arm Ped Plster			\$4.76	0				
Q4008	Cast Sup Long Arm Ped Fbrgl			\$10.71	0				
Q4009	Cast Sup Sht Arm Adult Plstr			\$6.34	0				
Q4010	Cast Sup Sht Arm Adult Fbrgl			\$14.28	0				
Q4011	Cast Sup Sht Arm Ped Plaster			\$3.17	0				
Q4012	Cast Sup Sht Arm Ped Fbrgl			\$7.14	0				
Q4013	Cast Sup Gauntlet Plaster			\$11.54	0				
Q4014	Cast Sup Gauntlet Fiberglass			\$19.48	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
Q4015	Cast Sup Gauntlet Ped Plster			\$5.77	0				
Q4016	Cast Sup Gauntlet Ped Fbrgls			\$9.74	0				
Q4017	Cast Sup Lng Arm Splint Plst			\$6.68	0				
Q4018	Cast Sup Lng Arm Splint Fbrg			\$10.65	0				
Q4019	Cast Sup Lng Arm Splnt Ped P			\$3.34	0				
Q4020	Cast Sup Lng Arm Splnt Ped F			\$5.33	0				
Q4021	Cast Sup Sht Arm Splint Plst			\$4.94	0				
Q4022	Cast Sup Sht Arm Splint Fbrg			\$8.92	0				
Q4023	Cast Sup Sht Arm Splnt Ped P			\$2.48	0				
Q4024	Cast Sup Sht Arm Splnt Ped F			\$4.46	0				
Q4025	Cast Sup Hip Spica Plaster			\$27.72	0				
Q4026	Cast Sup Hip Spica Fiberglas			\$86.53	0				
Q4027	Cast Sup Hip Spica Ped Plstr			\$13.86	0				
Q4028	Cast Sup Hip Spica Ped Fbrgl			\$43.27	0				
Q4029	Cast Sup Long Leg Plaster			\$21.19	0				
Q4030	Cast Sup Long Leg Fiberglass			\$55.78	0				
Q4031	Cast Sup Lng Leg Ped Plaster			\$10.60	0				
Q4032	Cast Sup Lng Leg Ped Fbrgls			\$27.89	0				
Q4033	Cast Sup Lng Leg Cylinder Pl			\$19.76	0				
Q4034	Cast Sup Lng Leg Cylinder Fb			\$49.17	0				
Q4035	Cast Sup Lngleg Cylindr Ped P			\$9.89	0				
Q4036	Cast Sup Lngleg Cylindr Ped F			\$24.59	0				
Q4037	Cast Sup Shrt Leg Plaster			\$12.06	0				
Q4038	Cast Sup Shrt Leg Fiberglass			\$30.21	0				
Q4039	Cast Sup Shrt Leg Ped Plster			\$6.04	0				
Q4040	Cast Sup Shrt Leg Ped Fbrgls			\$15.11	0				
Q4041	Cast Sup Lng Leg Splnt Plstr			\$14.66	0				
Q4042	Cast Sup Lng Leg Splnt Fbrgl			\$25.03	0				
Q4043	Cast Sup Lng Leg Splnt Ped P			\$7.33	0				
Q4044	Cast Sup Lng Leg Splnt Ped F			\$12.52	0				
Q4045	Cast Sup Sht Leg Splnt Plstr			\$8.51	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services**Rural Health Clinic Reimbursement List****October 2019****Suggested MCO Reimbursement Rate: \$51.39****Revised: 03/31/2020**

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
Q4046	Cast Sup Sht Leg Splint Fbrgl			\$13.69	0				
Q4047	Cast Sup Sht Leg Splint Ped P			\$4.25	0				
Q4048	Cast Sup Sht Leg Splint Ped F			\$6.85	0				
Q4049	Finger Splint, Static			\$1.55	0				
Q4050	Cast Supplies Unlisted			M	0				
Q4051	Splint Supplies Misc			M	0				
Q4081	Epoetin Alfa, 100 Units Esrd			\$1.10	0				
Q4101	Apligraf			\$30.71	0				
Q4102	Oasis Wound Matrix			\$10.53	0				
Q4106	Dermagraft			\$33.00	0				
Q4107	Graftjacket			\$92.59	0				
Q4110	Primatrix			\$47.65	0				
Q4111	Gammagraft			\$6.97	0				
Q4113	Graftjacket Xpress			\$919.55	0				
Q4115	Alloskin			\$13.50	0				
Q4121	Theraskin			\$41.07	0				
Q4132	Grafix Core, Grafixpl Core			\$117.92	0				
Q4133	Grafix Stravix Prime PI Sqcm			\$140.56	0				
Q4137	Amnioexcel Biodexcel 1sq Cm			\$77.62	0				
Q4145	Epifix, Inj, 1mg			\$21.08	0				
Q4151	Amnioband, Guardian 1 Sq Cm			\$158.28	0				
Q4154	Biovance 1 Square Cm			\$113.98	0				
Q4159	Affinity1 Square Cm			\$644.48	0				
Q4160	Nushield 1 Square Cm			\$110.16	0				
Q4170	Cygnus, Per Sq Cm			\$132.78	0				
Q4186	Epifix 1 Sq Cm			\$159.86	0				
Q4187	Epicord 1 Sq Cm			M	0				
Q4195	Puraply 1 Sq Cm			\$89.70	0				
Q4196	Puraply Am 1 Sq Cm			\$104.83	0				
Q9951	Locm >= 400 Mg/Ml Iodine,1ml			M	0				
Q9965	Locm 100-199mg/Ml Iodine,1ml			\$1.01	0				

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.

Michigan Department of Health and Human Services

Rural Health Clinic Reimbursement List

October 2019

Suggested MCO Reimbursement Rate: \$51.39

Revised: 03/31/2020

Code	Short Description	Modifier	Age Range	Rate	Qualifying Visit Count	Excluded Technical Payments	Excluded Procedure Codes	PPS Visit Code	Effective Date**
Q9966	Locm 200-299mg/MI Iodine,1ml			\$0.31	0				
Q9967	Locm 300-399mg/MI Iodine,1ml			\$0.12	0				
Q9991	Buprenorph Xr 100 Mg Or Less			\$1,673.36	0				
Q9992	Buprenorphine Xr Over 100 Mg			\$1,673.36	0				
S0030	Injection, Metronidazole			\$0.05	0				
S0032	Injection, Nafcillin Sodium			M	0				
S0074	Injection, Cefotetan Disodiu			M	0				
S0077	Injection, Clindamycin Phosp			\$3.30	0				
S0080	Injection, Pentamidine Iseth			M	0				
S0145	Peg Interferon Alfa-2a/180			M	0				
S0148	Peg Interferon Alfa-2b/10			M	0				
S0164	Injection Pantoprazole			\$5.30	0				
S0166	Inj Olanzapine 2.5mg			\$11.37	0				
S0171	Bumetanide 0.5 Mg			M	0				
S0190	Mifepristone, Oral, 200 Mg			M	0				
S0191	Misoprostol, Oral, 200 Mcg			M	0				
S0199	Med Abortion Inc All Ex Drug			M	0				
S0592	Comp Cont Lens Eval			\$36.05	1				
S0620	Routine Ophthalmological Exa			\$46.95	1				
S0621	Routine Ophthalmological Exa			\$49.33	1				
S2083	Adjustment Gastric Band			\$33.48	0				
S9024	Paranasal Sinus Ultrasound			M	0				
S9152	Speech Therapy, Re-Eval			\$36.64	1				
S9443	Lactation Class			\$49.92	0				
T1015	Clinic Service			Clinic Specific Rate	0			YES	

**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, Letters & Forms web page. If there are discrepancies between the information on this page and the Medicaid Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Medicaid Provider Manual language.