



DATABASE INSTRUCTIONS

Federally Qualified Health Centers (FQHC)

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

The database is available in two formats:

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

Data elements and descriptions for this database are as follows:

Data Element	Description
HCPCS Code	The HCPCS Level I (CPT) or Level II code used to denote a service.
Modifier	Completed when a modifier identifies a set fee screen. A blank will appear for services, other than those identified below, and designates a purchase. EP = Medicaid EPSDT program svcs TS = follow-up service
Short Description	The short description of the service associated with the HCPCS code.
HCPCS Action Code	Action code indicates the new action taken since last published database, if applicable. If cell is blank, no change has occurred. A = Add procedure or modifier code D = Discontinue procedure or modifier code P = Payment change R = Re-activate discontinued/deleted procedure or modifier code
Maximum Fee	Represents the maximum fee screen Medicaid will pay for the service. If there is an "M" in the fee field, the code is manually priced and requires additional information.
Age	Age range in which coverage of the item is considered. Age range includes the minimum age through the maximum age covered. A blank cell is indicative that all ages apply as clinically appropriate per policy,
Limits	Indicates the maximum quantity of a service that may be reimbursed within the time frame indicated unless an additional quantity has been prior authorized. This field may also indicate the maximum dollar amount that may be reimbursed within the time frame designated.
Comments	Indicates if additional pertinent data and/or documentation is required for claim submission (or) provides clarification of HCPCS code revisions. <ul style="list-style-type: none"> • Revised = denotes revisions to HCPCS codes other than reflected by an action code since last published database, if applicable.

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