



## DATABASE INSTRUCTIONS

### Therapies

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
Revenue Code	Payment codes for services or items.
HCPCS Code	The HCPCS Level I (CPT) or Level II code used to denote a service.
Modifier (Mod)	Completed when a modifier identifies a set fee screen. A blank will appear for services, other than those identified below, and designates a purchase. GN = OP speech language service GO = OP occupational therapy services GP = OP physical therapy services SZ = habilitative services
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 discontinue/deleted procedure or modifier code
Age	Age range in which coverage of the item is considered.
Prior Authorization (PA)	Indicates "Y" if code requires Prior Authorization.
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.
PA Requirements (for Nursing Facilities Only)	All requests for prior authorization must be submitted on form, MSA-115.
Approved Therapist (for Nursing Facilities Only)	Denotes whether the service is covered when provided by one of the following: OT = Occupational Therapist PT = Physical Therapist ST = Speech Therapist



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Maximum Fee (for Nursing Facilities Only)	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.
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"><li>• Documentation Required = Additional information required to process the claim (e.g. description of service, operative report)</li><li>• Revised = denotes revisions to HCPCS codes other than reflected by an action code since last published database, if applicable.</li></ul>

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