



## DATABASE INSTRUCTIONS

### Maternal Infant Health Program

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 MDHHS 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.
Short Description	The short description of the service associated with the HCPCS 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.
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.