HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
0054T		Bone surgery using computer		#	$78.63		
0055T		Bone surgery using computer		#	$78.63		
0073T		Delivery comp imrt		M	M		Documentation Required
0099T		Implant corneal ring		M	M		Documentation Required
0179T		64 lead ecg w tracing		M	M		Documentation Required
0180T		64 lead ecg w i&r only		M	M		Documentation Required
0181T		Corneal hysteresis		M	M		Documentation Required
0182T		Hdr elect brachytherapy		M	M		Documentation Required
0183T		Wound ultrasound		M	M		Documentation Required
0190T		Place intraoc radiation src		M	M		Documentation Required
0191T		Insert ant segment drain int		M	M		Documentation Required
0192T		Insert ant segment drain ext		M	M		Documentation Required
0195T		Prescrl fuse w/o instr L5/S1		M	M		Documentation Required
0196T		Prescrl fuse w/o instr L4/L5		M	M		Documentation Required
0197T		Intrafraction track motion		M	M		Documentation Required
0198T		Ocular blood flow measure		M	M		Documentation Required
01996		Hosp mgmt cont drug admin		#	$28.93		
0199T		Physiologic tremor record		M	M		Documentation Required
0200T		Perq sacral augmt unilat inj		#	$322.66		
0201T		Perq sacral augmt bilat inj		#	$484.00		
0202T		Post vert arthrplst 1 lumbar		#	$854.70		
0205T		Inirs each vessel add-on		$63.19	$63.19		
0206T		Cptr dbs alys car elec dta		$10.89	$10.89		
0207T		Clear eyelid gland w/heat		$136.47	$68.53		
0208T		Audiometry air only		$11.88	$11.88		
0209T		Audiometry air & bone		$15.25	$15.25		
0210T		Speech audiometry threshold		$8.52	$8.52		
0211T		Speech audiom thresh & recog		$13.07	$13.07		
0212T		Compre audiometry evaluation		$22.18	$20.60		
0213T		Njx paravert w/us cer/thor		$89.73	$59.03		
0214T		Njx paravert w/us cer/thor		$44.17	$33.87		
0215T		Njx paravert w/us cer/thor		$44.77	$34.47		
0216T		Njx paravert w/us lumb/sac		$81.21	$50.11		
0217T		Njx paravert w/us lumb/sac		$39.62	$28.92		
0218T		Njx paravert w/us lumb/sac		$40.21	$29.51		
0219T		Plmt post facet implt cerv		#	$410.61		
0220T		Plmt post facet implt thor		#	$410.61		
0221T		Plmt post facet implt lumb		#	$410.61		
0222T		Plmt post facet implt addl		#	$93.29		
0223T		Acoustic ecg w/i&r		M	M		Documentation Required
0224T		Acoustic ecg 1+ analysis		M	M		Documentation Required
0225T		Acoustic ecg analy & reprog		M	M		Documentation Required
0226T		Anoscopy hra w/spec collect		M	M		Documentation Required
0227T		Anoscopy hra w/biopsy		M	M		Documentation Required
0228T		Njx tfrml eprl w/us cer/thor		M	M		Documentation Required
0229T		Njx tfrml eprl w/us cer/thor		M	M		Documentation Required
0230T		Njx tfrml eprl w/us lumb/sac		M	M		Documentation Required
0231T		Njx tfrml eprl w/us lumb/sac		M	M		Documentation Required
0232T		Njx platelet plasma		M	M		Documentation Required
0233T		Skin glycation spectroscopy		M	M		Documentation Required
10021		Fna w/o image		$69.92	$37.83		
10022		Fna w/image		$77.25	$35.07		
10040		Acne surgery		$44.37	$40.01		
10060		Drainage of skin abscess		$49.52	$43.98		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
10061		Drainage of skin abscess		$88.93	$82.40		
10080		Drainage of pilonidal cyst		$86.96	$47.34		
10081		Drainage of pilonidal cyst		$134.10	$82.99		
10120		Remove foreign body		$69.73	$45.75		
10121		Remove foreign body		$129.55	$95.28		
10140		Drainage of hematoma/fluid		$69.34	$59.63		
10160		Puncture drainage of lesion		$58.24	$47.94		
10180		Complex drainage wound		$110.73	$90.92		
11000		Debride infected skin		$24.75	$17.62		
11001		Debride infected skin add-on		$11.29	$8.91		
11004		Debride genitalia & perineum		NA	$294.94		
11005		Debride abdom wall		NA	$401.90		
11006		Debride genit/per/abdom wall		NA	$371.39		
11008		Remove mesh from abd wall		NA	$151.33		
11010		Debride skin at fx site		$232.54	$148.16		
11011		Debride skin musc at fx site		$274.53	$159.05		
11012		Deb skin bone at fx site		$399.52	$235.32		
11042		Deb subq tissue 20 sq cm/<		$43.98	$33.47		
11043		Deb musc/fascia 20 sq cm/<		$120.63	$104.99		
11044		Deb bone 20 sq cm/<		$157.46	$143.61		
11045		Deb subq tissue add-on		$18.02	$10.50		
11046		Deb musc/fascia add-on		$31.30	$22.18		
11047		Deb bone add-on		$51.50	$38.62		
11055		Trim skin lesion		$20.59	$12.87		
11056		Trim skin lesions 2 to 4		$26.14	$18.03		
11057		Trim skin lesions over 4		$32.29	$23.57		
11100		Biopsy skin lesion		$41.40	$23.97		
11101		Biopsy skin add-on		$15.06	$12.29		
11200		Removal of skin tags		$36.65	$31.10		
11201		Remove skin tags add-on		$9.31	$8.52		
11300		Shave skin lesion 0.5 cm/<		$30.30	$14.85		
11301		Shave skin lesion 0.6-1.0 cm		$39.62	$25.16		
11302		Shave skin lesion 1.1-2.0 cm		$47.53	$30.91		
11303		Shave skin lesion >2.0 cm		$57.24	$36.24		
11305		Shave skin lesion 0.5 cm/<		$31.49	$20.01		
11306		Shave skin lesion 0.6-1.0 cm		$42.78	$29.32		
11307		Shave skin lesion 1.1-2.0 cm		$49.52	$33.68		
11308		Shave skin lesion >2.0 cm		$59.22	$42.20		
11310		Shave skin lesion 0.5 cm/<		$37.24	$21.59		
11311		Shave skin lesion 0.6-1.0 cm		$46.14	$31.49		
11312		Shave skin lesion 1.1-2.0 cm		$53.08	$35.85		
11313		Shave skin lesion >2.0 cm		$69.92	$48.33		
11400		Exc tr-ext b9+marg 0.5 cm<		$57.63	$35.46		
11401		Exc tr-ext b9+marg 0.6-1 cm		$67.15	$46.56		
11402		Exc tr-ext b9+marg 1.1-2 cm		$76.66	$53.88		
11403		Exc tr-ext b9+marg 2.1-3cm/<		$86.36	$64.97		
11404		Exc tr-ext b9+marg 3.1-4 cm		$98.64	$72.70		
11406		Exc tr-ext b9+marg >4.0 cm		$121.81	$93.70		
11420		Exc h-f-nk-sp b9+marg 0.5/<		$56.25	$39.62		
11421		Exc h-f-nk-sp b9+marg 0.6-1		$71.70	$52.69		
11422		Exc h-f-nk-sp b9+marg 1.1-2		$80.22	$61.79		
11423		Exc h-f-nk-sp b9+marg 2.1-3		$95.08	$72.50		
11424		Exc h-f-nk-sp b9+marg 3.1-4		$108.74	$84.77		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
11426		Exc h-f-nk-sp b9+marg >4 cm		$152.52	$125.19		
11440		Exc face-mm b9+marg 0.5 cm/<		$66.35	$48.53		
11441		Exc face-mm b9+marg 0.6-1 cm		$78.24	$61.40		
11442		Exc face-mm b9+marg 1.1-2 cm		$87.74	$68.34		
11443		Exc face-mm b9+marg 2.1-3 cm		$107.55	$85.76		
11444		Exc face-mm b9+marg 3.1-4 cm		$137.07	$111.51		
11446		Exc face-mm b9+marg >4 cm		$177.47	$152.33		
11450		Removal sweat gland lesion		$160.65	$101.02		
11451		Removal sweat gland lesion		$219.67	$139.04		
11462		Removal sweat gland lesion		$157.46	$96.06		
11463		Removal sweat gland lesion		$224.22	$142.02		
11470		Removal sweat gland lesion		$172.72	$117.26		
11471		Removal sweat gland lesion		$231.74	$153.52		
11600		Exc tr-ext mal+marg 0.5 cm/<		$80.22	$47.14		
11601		Exc tr-ext mal+marg 0.6-1 cm		$91.70	$62.20		
11602		Exc tr-ext mal+marg 1.1-2 cm		$97.06	$65.95		
11603		Exc tr-ext mal+marg 2.1-3 cm		$107.55	$72.89		
11604		Exc tr-ext mal+marg 3.1-4 cm		$118.45	$79.02		
11606		Exc tr-ext mal+marg >4 cm		$155.49	$109.35		
11620		Exc h-f-nk-sp mal+marg 0.5/<		$76.86	$44.17		
11621		Exc s/n/h/f/g mal+mrg 0.6-1		$90.92	$61.79		
11622		Exc s/n/h/f/g mal+mrg 1.1-2		$103.00	$71.70		
11623		Exc s/n/h/f/g mal+mrg 2.1-3		$121.81	$86.96		
11624		Exc s/n/h/f/g mal+mrg 3.1-4		$140.23	$101.22		
11626		Exc s/n/h/f/g mal+mrg >4 cm		$185.79	$141.42		
11640		Exc f/e/e/n/l mal+mrg 0.5cm<		$81.60	$50.91		
11641		Exc f/e/e/n/l mal+mrg 0.6-1		$105.97	$76.25		
11642		Exc f/e/e/n/l mal+mrg 1.1-2		$122.61	$88.93		
11643		Exc f/e/e/n/l mal+mrg 2.1-3		$142.02	$105.57		
11644		Exc f/e/e/n/l mal+mrg 3.1-4		$179.85	$135.68		
11646		Exc f/e/e/n/l mal+mrg >4 cm		$244.03	$198.67		
11720		Debride nail 1-5		$13.87	$9.51		
11721		Debride nail 6 or more		$20.81	$16.23		
11730		Removal of nail plate		$45.56	$33.68		
11732		Remove nail plate add-on		$21.39	$17.04		
11740		Drain blood from under nail		$19.01	$15.06		
11750		Removal of nail bed		$84.18	$76.06		
11752		Remove nail bed/finger tip		$119.25	$119.25		
11755		Biopsy nail unit		$59.82	$43.98		
11760		Repair of nail bed		$87.54	$70.92		
11762		Reconstruction of nail bed		$121.61	$110.93		
11770		Remove pilonidal cyst simple		$127.36	$87.95		
11771		Remove pilonidal cyst exten		$240.26	$193.92		
11772		Remove pilonidal cyst compl		$304.63	$256.32		
11900		Inject skin lesions		$23.57	$14.85		
11901		Inject skin lesions >7		$29.52	$23.37		
11920		Correct skin color 6.0 cm/<		$110.13	$58.24	Y	
11921		Corect skin color 6.1-20.0cm		$122.61	$69.12	Y	
11922		Correct skin color ea 20.0cm		$33.68	$16.04	Y	
11950		Tx contour defects 1 cc/<		$40.40	$25.55	Y	
11951		Tx contour defects 1.1-5.0cc		$55.27	$35.85	Y	
11952		Tx contour defects 5.1-10cc		$73.48	$50.11	Y	

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
11954		Tx contour defects >10.0 cc		$90.12	$59.43	Y	
11960		Insert tissue expander(s)		NA	$412.00	Y	
11970		Replace tissue expander		NA	$282.26	Y	
11971		Remove tissue expander(s)		$229.57	$123.80		
11976		Remove contraceptive capsule		$73.48	$52.89		
11980		Implant hormone pellet(s)		$53.28	$42.59		
11981		Insert drug implant device		$65.37	$45.17		
11982		Remove drug implant device		$77.25	$55.07		
11983		Remove/insert drug implant		$115.28	$99.03		
12001		Rpr s/n/ax/gen/trnk 2.5cm/<		$76.06	$51.89		
12002		Rpr s/n/ax/gen/trnk2.6-7.5cm		$80.82	$58.04		
12004		Rpr s/n/ax/gen/trk7.6-12.5cm		$94.67	$68.53		
12005		Rpr s/n/a/gen/trk12.6-20.0cm		$118.06	$85.76		
12006		Rpr s/n/a/gen/trk20.1-30.0cm		$146.78	$109.35		
12007		Rpr s/n/ax/gen/trnk >30.0 cm		$166.18	$126.38		
12011		Rpr f/e/e/n/l/m 2.5 cm/<		$80.41	$53.47		
12013		Rpr f/e/e/n/l/m 2.6-5.0 cm		$88.15	$61.40		
12014		Rpr f/e/e/n/l/m 5.1-7.5 cm		$104.38	$74.28		
12015		Rpr f/e/e/n/l/m 7.6-12.5 cm		$131.13	$93.70		
12016		Rpr fe/e/en/l/m 12.6-20.0 cm		$155.49	$115.09		
12017		Rpr fe/e/en/l/m 20.1-30.0 cm		NA	$140.04		
12018		Rpr f/e/e/n/l/m >30.0 cm		NA	$166.78		
12020		Closure of split wound		$133.71	$96.06		
12021		Closure of split wound		$77.44	$69.12		
12031		Intmd rpr s/a/t/ext 2.5 cm/<		$91.31	$64.97		
12032		Intmd rpr s/a/t/ext 2.6-7.5		$128.35	$87.74		
12034		Intmd rpr s/tr/ext 7.6-12.5		$126.17	$91.51		
12035		Intmd rpr s/a/t/ext 12.6-20		$178.66	$118.25		
12036		Intmd rpr s/a/t/ext 20.1-30		$201.24	$141.42		
12037		Intmd rpr s/tr/ext >30.0 cm		$226.41	$164.20		
12041		Intmd rpr n-hf/genit 2.5cm/<		$101.22	$73.09		
12042		Intmd rpr n-hf/genit2.6-7.5		$122.42	$86.57		
12044		Intmd rpr n-hf/genit7.6-12.5		$131.32	$99.24		
12045		Intmd rpr n-hf/genit12.6-20		$184.60	$125.38		
12046		Intmd rpr n-hf/genit20.1-30		$223.83	$149.36		
12047		Intmd rpr n-hf/genit >30.0cm		$229.38	$164.59		
12051		Intmd rpr face/mm 2.5 cm/<		$117.86	$81.60		
12052		Intmd rpr face/mm 2.6-5.0 cm		$122.22	$86.57		
12053		Intmd rpr face/mm 5.1-7.5 cm		$130.74	$96.67		
12054		Intmd rpr face/mm 7.6-12.5cm		$145.00	$106.57		
12055		Intmd rpr face/mm 12.6-20 cm		$185.40	$138.65		
12056		Intmd rpr face/mm 20.1-30.0		$249.38	$175.89		
12057		Intmd rpr face/mm >30.0 cm		$250.77	$203.43		
13100		Cmplx rpr trunk 1.1-2.5 cm		$147.36	$112.71		
13101		Cmplx rpr trunk 2.6-7.5 cm		$175.11	$135.88		
13102		Cmplx rpr trunk addl 5cm/<		$50.31	$38.43		
13120		Cmplx rpr s/a/l 1.1-2.5 cm		$152.72	$117.06		
13121		Cmplx rpr s/a/l 2.6-7.5 cm		$186.79	$145.98		
13122		Cmplx rpr s/a/l addl 5 cm/>		$61.40	$43.98		
13131		Cmplx rpr f/c/c/m/n/ax/g/h/f		$166.59	$133.30		
13132		Cmplx rpr f/c/c/m/n/ax/g/h/f		$241.26	$206.60		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
13133		Cmplx rpr f/c/c/m/n/ax/g/h/f		$79.83	$67.34		
13150		Cmplx rpr e/n/e/l 1.0 cm/<		$178.66	$136.87		
13151		Cmplx rpr e/n/e/l 1.1-2.5 cm		$189.37	$156.49		
13152		Cmplx rpr e/n/e/l 2.6-7.5 cm		$252.94	$213.32		
13153		Cmplx rpr e/n/e/l addl 5cm/<		$90.32	$74.47		
13160		Late closure of wound		NA	$379.91		
14000		Tis trnfr trunk 10 sq cm/<		$284.04	$236.70		
14001		Tis trnfr trunk 10.1-30sqcm		$370.80	$324.25		
14020		Tis trnfr s/a/l 10 sq cm/<		$313.95	$272.75		
14021		Tis trnfr s/a/l 10.1-30 sqcm		$413.19	$379.32		
14040		Tis trnfr f/c/c/m/n/a/g/h/f		$342.86	$310.98		
14041		Tis trnfr f/c/c/m/n/a/g/h/f		$452.01	$413.98		
14060		Tis trnfr e/n/e/l 10 sq cm/<		$356.15	$329.21		
14061		Tis trnfr e/n/e/l10.1-30sqcm		$488.45	$446.86		
14301		Tis trnfr any 30.1-60 sq cm		$564.91	$478.16		
14302		Tis trnfr addl 30 sq cm/<		$124.00	$124.00		
14350		Filleted finger/toe flap		NA	$358.51		
15002		Wound prep trk/arm/leg		$163.62	$114.68		
15003		Wound prep addl 100 cm		$36.24	$23.57		
15004		Wound prep f/n/hf/g		$197.47	$142.02		
15005		Wnd prep f/n/hf/g addl cm		$61.40	$47.14		
15040		Harvest cultured skin graft		$134.89	$66.76		
15050		Skin pinch graft		$233.54	$197.68		
15100		Skin splt grft trnk/arm/leg		$454.38	$359.70		
15101		Skin splt grft t/a/l add-on		$112.90	$61.99		
15110		Epidrm autogrft trnk/arm/leg		$426.07	$353.16		
15111		Epidrm autogrft t/a/l add-on		$67.34	$57.44		
15115		Epidrm a-grft face/nck/hf/g		$400.31	$363.06		
15116		Epidrm a-grft f/n/hf/g addl		$87.35	$78.24		
15120		Skn splt a-grft fac/nck/hf/g		$430.43	$371.99		
15121		Skn splt a-grft f/n/hf/g add		$149.36	$96.67		
15130		Derm autograft trnk/arm/leg		$353.77	$283.84		
15131		Derm autograft t/a/l add-on		$55.07	$46.56		
15135		Derm autograft face/nck/hf/g		$428.43	$393.78		
15136		Derm autograft f/n/hf/g add		$51.30	$46.95		
15150		Cult skin grft t/arm/leg		$353.96	$313.95		
15151		Cult skin grft t/a/l addl		$71.11	$61.99		
15152		Cult skin graft t/a/l +%		$87.35	$77.44		
15155		Cult skin graft f/n/hf/g		$354.35	$337.32		
15156		Cult skin grft f/n/hfg add		$92.51	$86.16		
15157		Cult epiderm grft f/n/hfg +%		$102.41	$93.89		
15200		Skin full graft trunk		$365.06	$301.47		
15201		Skin full graft trunk add-on		$80.82	$42.20		
15220		Skin full graft sclp/arm/leg		$354.76	$305.04		
15221		Skin full graft add-on		$72.89	$37.83		
15240		Skin full grft face/genit/hf		$399.72	$354.96		
15241		Skin full graft add-on		$89.93	$59.43		
15260		Skin full graft een & lips		$415.36	$382.87		
15261		Skin full graft add-on		$101.80	$76.06		
15271		Skin sub graft trnk/arm/leg		$83.98	$51.10		
15272		Skin sub graft t/a/l add-on		$15.85	$10.10		
15273		Skin sub grft t/arm/lg child		$172.52	$121.82		
15274		Skn sub grft t/a/l child add		$40.61	$25.75		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
15275		Skin sub graft face/nk/hf/g		$90.13	$59.23		
15276		Skin sub graft f/n/hf/g addl		$19.61	$14.46		
15277		Skn sub grft f/n/hf/g child		$173.52	$125.78		
15278		Skn sub grft f/n/hf/g ch add		$47.93	$31.89		
15570		Skin pedicle flap trunk		$433.20	$343.06		
15572		Skin pedicle flap arms/legs		$395.75	$335.34		
15574		Pedcle fh/ch/ch/m/n/ax/g/h/f		$431.40	$373.97		
15576		Pedicle e/n/e/l/ntroral		$382.87	$325.83		
15600		Delay flap trunk		$194.11	$103.99		
15610		Delay flap arms/legs		$147.97	$122.81		
15620		Delay flap f/c/c/n/ax/g/h/f		$219.67	$142.23		
15630		Delay flap eye/nos/ear/lip		$211.35	$153.91		
15650		Transfer skin pedicle flap		$228.58	$170.34		
15731		Forehead flap w/vasc pedicle		$545.30	$494.39		
15732		Muscle-skin graft head/neck		$750.51	$634.84		
15734		Muscle-skin graft trunk		$763.19	$649.29		
15736		Muscle-skin graft arm		$732.48	$593.24		
15738		Muscle-skin graft leg		$763.78	$639.58		
15740		Island pedicle flap graft		$416.36	$379.12		
15750		Neurovascular pedicle fl		NA	$433.40		
15756		Free myo/skin flap microvasc		NA	$1,196.57		
15757		Free skin flap microvasc		NA	$1,202.72		
15758		Free fascial flap microvasc		NA	$1,206.47		
15760		Composite skin graft		$388.81	$333.96		
15770		Derma-fat-fascia graft		NA	$302.27		
15775		Hair trnspl 1-15 punch grfts		$172.52	$114.29	Y	
15776		Hair trnspl >15 punch grafts		$230.16	$179.46	Y	
15777		Acellular derm matrix implt		$124.59	$124.59		
15780		Dermabrasion total face		$386.26	$321.28	Y	
15781		Dermabrasion segmental face		$239.87	$209.18	Y	
15782		Dermabrasion other than face		$287.81	$222.25	Y	
15786		Abrasion lesion single		$108.94	$68.53	Y	
15787		Abrasion lesions add-on		$28.91	$10.49	Y	
15788		Chemical peel face epiderm		$176.88	$104.77	Y	
15789		Chemical peel face dermal		$261.85	$196.50	Y	
15792		Chemical peel nonfacial		$180.24	$127.76	Y	
15793		Chemical peel nonfacial		$202.44	$164.59	Y	
15819		Plastic surgery neck		NA	$347.42	Y	
15820		Revision of lower eyelid		$248.19	$220.25	Y	
15821		Revision of lower eyelid		$268.00	$235.51	Y	
15822		Revision of upper eyelid		$211.15	$184.40	Y	
15823		Revision of upper eyelid		$305.24	$277.10	Y	
15824		Removal of forehead wrinkles		$297.54	$297.54	Y	
15825		Removal of neck wrinkles		M	M	Y	Documentation Required
15826		Removal of brow wrinkles		$237.89	$237.89	Y	
15828		Removal of face wrinkles		$890.61	$890.61	Y	
15829		Removal of skin wrinkles		M	M	Y	Documentation Required
15830		Exc skin abd		NA	$593.83	Y	
15832		Excise excessive skin thigh		NA	$427.65	Y	
15833		Excise excessive skin leg		NA	$402.88	Y	
15834		Excise excessive skin hip		NA	$399.13	Y	
15835		Excise excessive skin buttck		NA	$412.20	Y	

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
15836		Excise excessive skin arm		NA	$346.03	Y	
15837		Excise excess skin arm/hand		$359.90	$336.53	Y	
15838		Excise excess skin fat pad		NA	$272.94	Y	
15839		Excise excess skin & tissue		$385.06	$336.73	Y	
15840		Nerve palsy fascial graft		NA	$486.48		
15841		Nerve palsy muscle graft		NA	$808.14		
15842		Nerve palsy microsurg graft		NA	$1,303.53		
15845		Skin and muscle repair face		NA	$449.44		
15847		Exc skin abd add-on		#	M	Y	Documentation Required
15851		Remove sutures diff surgeon		$51.50	$24.36		
15852		Dressing change not for burn		NA	$25.36		
15860		Test for blood flow in graft		NA	$59.43		
15876		Suction lipectomy head&neck	P	$400.00	$400.00	Y	Rate revised per file review.
15920		Removal of tail bone ulcer		NA	$288.20		
15922		Removal of tail bone ulcer		NA	$367.23		
15931		Remove sacrum pressure sore		NA	$320.50		
15933		Remove sacrum pressure sore		NA	$400.52		
15934		Remove sacrum pressure sore		NA	$445.86		
15935		Remove sacrum pressure sore		NA	$534.61		
15936		Remove sacrum pressure sore		NA	$442.89		
15937		Remove sacrum pressure sore		NA	$516.97		
15940		Remove hip pressure sore		NA	$333.37		
15941		Remove hip pressure sore		NA	$446.66		
15944		Remove hip pressure sore		NA	$430.02		
15945		Remove hip pressure sore		NA	$478.96		
15946		Remove hip pressure sore		NA	$774.68		
15950		Remove thigh pressure sore		NA	$277.30		
15951		Remove thigh pressure sore		NA	$397.55		
15952		Remove thigh pressure sore		NA	$410.81		
15953		Remove thigh pressure sore		NA	$463.89		
15956		Remove thigh pressure sore		NA	$564.72		
15958		Remove thigh pressure sore		NA	$570.05		
15999		Removal of pressure sore		M	M		Documentation Required
16000		Initial treatment of burn(s)		$36.24	$24.36		
16020		Dress/debrid p-thick burn s		$42.98	$28.91		
16025		Dress/debrid p-thick burn m		$75.47	$59.43		
16030		Dress/debrid p-thick burn l		$89.12	$68.14		
16035		Incision of burn scab initi		NA	$114.48		
16036		Escharotomy addl incision		NA	$45.56		
17000		Destruct premalg lesion		$31.69	$23.17		
17003		Destruct premalg les 2-14		$5.35	$4.55		
17004		Destroy premal lesions 15/>		$103.19	$88.93		
17106		Destruction of skin lesions		$188.96	$163.81		
17107		Destruction of skin lesions		$336.73	$302.07		
17108		Destruction of skin lesions		$455.77	$423.88		
17110		Destruct B9 lesion 1-14		$45.95	$27.72		
17111		Destruct lesion 15 or more		$52.30	$35.26		
17250		Chemical Cautery Tissue		$35.26	$17.83		
17260		Destruction of skin lesions		$44.17	$32.08		
17261		Destruction of skin lesions		$56.05	$40.60		
17262		Destruction of skin lesions		$69.92	$52.69		
17263		Destruction of skin lesions		$77.64	$58.43		
17264		Destruction of skin lesions		$84.18	$62.20		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
17266		Destruction of skin lesions		$97.86	$72.30		
17270		Destruction of skin lesions		$60.82	$44.37		
17271		Destruction of skin lesions		$65.95	$50.11		
17272		Destruction of skin lesions		$76.06	$58.43		
17273		Destruction of skin lesions		$85.96	$66.15		
17274		Destruction of skin lesions		$104.19	$81.80		
17276		Destruction of skin lesions		$124.99	$99.83		
17280		Destruction of skin lesions		$56.05	$40.21		
17281		Destruction of skin lesions		$73.28	$57.05		
17282		Destruction of skin lesions		$84.77	$66.56		
17283		Destruction of skin lesions		$104.99	$83.99		
17284		Destruction of skin lesions		$124.19	$101.02		
17286		Destruction of skin lesions		$165.20	$140.84		
17311		Mohs 1 stage h/n/hf/g		$341.28	$190.15		
17312		Mohs addl stage		$205.02	$101.22		
17313		Mohs 1 stage t/a/l		$311.57	$170.54		
17314		Mohs addl stage t/a/l		$189.95	$93.70		
17315		Mohs surg addl block		$40.60	$26.55		
17340		Cryotherapy of skin		$23.37	$23.17		
17360		Skin peel therapy		$58.04	$46.75	Y	
17380		Hair removal by electrolysis		$12.19	$12.19	Y	
17999		Skin tissue procedure		M	M		Documentation Required
19000		Drainage of breast lesion		$57.63	$24.36		
19001		Drain breast lesion add-on		$14.07	$11.88		
19020		Incision of breast lesion		$205.21	$132.52		
19030		Injection for breast x-ray		$88.93	$41.98		
19100		Bx breast percut w/o image		$69.73	$36.65		
19101		Biopsy of breast open		$160.04	$108.74		
19102		Bx breast percut w/image		$118.45	$55.46		
19103		Bx breast percut w/device		$307.21	$103.39		
19105		Cryosurg ablate fa each		$988.80	$98.83		
19110		Nipple exploration		$211.35	$153.11		
19112		Excise breast duct fistula		$202.44	$135.29		
19120		Removal of breast lesion		$214.51	$185.21		
19125		Excision breast lesion		$230.57	$200.85		
19126		Excision addl breast lesion		NA	$85.37		
19260		Removal of chest wall lesion		NA	$569.08		
19271		Revision of chest wall		NA	$782.20		
19272		Extensive chest wall surgery		NA	$861.44		
19290		Place needle wire breast		$83.19	$34.85		
19291		Place needle wire breast		$37.24	$17.43		
19295		Place breast clip percut		$53.69	$53.69		
19296		Place po breast cath for rad		$2,569.84	$109.35		
19297		Place breast cath for rad		NA	$50.11		
19298		Place breast rad tube/caths		$964.83	$175.30		
19300		Removal of breast tissue		$262.06	$185.99		
19301		Partial mastectomy		NA	$203.82		
19302		P-mastectomy w/ln removal		NA	$435.17		
19303		Mast simple complete		NA	$443.09		
19304		Mast subq		NA	$270.36		
19305		Mast radical		NA	$538.17		
19306		Mast rad urban type		NA	$559.76		
19307		Mast mod rad		NA	$562.92		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
19316		Suspension of breast		NA	$392.98	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19318		Reduction of large breast		NA	$588.68	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19324		Enlarge breast		NA	$229.38	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19325		Enlarge breast with implant		NA	$323.05	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19328		Removal of breast implant		NA	$229.96	Y	
19330		Removal of implant material		NA	$294.94	Y	
19340		Immediate breast prosthesis		NA	$207.98	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19342		Delayed breast prosthesis		NA	$434.98	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19350		Breast reconstruction		$479.35	$346.83	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19355		Correct inverted nipple(s)		$371.59	$261.26	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19357		Breast reconstruction		NA	$727.34	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19361		Breast reconstr w/lat flap		NA	$685.74	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19364		Breast reconstruction		NA	$1,401.78	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19366		Breast reconstruction		NA	$715.05	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19367		Breast reconstruction		NA	$920.26	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19368		Breast reconstruction		NA	$1,126.26	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19369		Breast reconstruction		NA	$1,044.46	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19370		Surgery of breast capsule		NA	$321.88	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19371		Removal of breast capsule		NA	$372.38	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
19380		Revise breast reconstruction		NA	$362.28	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19396		Design custom breast implant		$70.32	$68.53	Y	Breast cancer reconstruction diagnosis codes are permitted to bypass PA requirements.
19499		Breast surgery procedure		M	M		Documentation Required
20005		I&D abscess subfascial		$145.98	$121.42		
20100		Explore wound neck		NA	$311.76		
20101		Explore wound chest		$190.15	$104.58		
20102		Explore wound abdomen		$235.71	$125.38		
20103		Explore wound extremity		$289.98	$186.98		
20150		Excise epiphyseal bar		NA	$450.63		
20200		Muscle biopsy		$93.70	$48.33		
20205		Deep muscle biopsy		$130.33	$76.66		
20206		Needle biopsy muscle		$150.14	$33.47		
20220		Bone biopsy trocar/needle		$117.26	$42.39		
20225		Bone biopsy trocar/needle		$527.07	$63.79		
20240		Bone biopsy excisional		NA	$123.39		
20245		Bone biopsy excisional		NA	$310.38		
20250		Open bone biopsy		NA	$189.17		
20251		Open bone biopsy		NA	$215.31		
20500		Injection of sinus tract		$71.70	$57.05		
20501		Inject sinus tract for x-ray		$73.69	$20.81		
20520		Removal of foreign body		$98.64	$75.86		
20525		Removal of foreign body		$260.87	$131.32		
20526		Ther injection carp tunnel		$40.40	$31.49		
20527		Inj dupuytren cord w/enzyme		$44.17	$34.66		
20550		Inj tendon sheath/ligament		$30.70	$21.20		
20551		Inj tendon origin/insertion		$29.91	$22.97		
20552		Inj trigger point 1/2 muscl		$28.33	$18.03		
20553		Inject trigger points 3/>		$31.88	$20.01		
20555		Place ndl musc/tis for rt		NA	$170.54		
20600		Drain/inject joint/bursa		$27.53	$21.59		
20605		Drain/inject joint/bursa		$30.11	$22.19		
20610		Drain/inject joint/bursa		$36.65	$26.14		
20612		Aspirate/inj ganglion cyst		$29.91	$22.97		
20615		Treatment of bone cyst		$118.84	$85.76		
20650		Insert and remove bone pin		$97.25	$81.02		
20660		Apply rem fixation device		NA	$93.29		
20661		Application of head brace		NA	$216.70		
20662		Application of pelvis brace		NA	$240.86		
20663		Application of thigh brace		NA	$221.84		
20664		Application of halo		NA	$333.76		
20665		Removal of fixation device		$72.50	$56.46		
20670		Removal of support implant		$269.19	$81.80		
20680		Removal of support implant		$251.75	$151.13		
20690		Apply bone fixation device		NA	$131.13		
20692		Apply bone fixation device		NA	$222.44		
20693		Adjust bone fixation device		NA	$243.44		
20694		Remove bone fixation device		$238.09	$176.49		
20696		Comp multiplane ext fixation		NA	$557.39		
20697		Comp ext fixate strut change	P	$655.43	NA		Rate revised per file review.
20802		Replantation arm complete		NA	$1,305.52		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
20805		Replant forearm complete		NA	$1,766.45		
20808		Replantation hand complete		NA	$2,193.88		
20816		Replantation digit complete		NA	$1,452.09		
20822		Replantation digit complete		NA	$1,276.00		
20824		Replantation thumb complete		NA	$1,429.11		
20827		Replantation thumb complete		NA	$1,319.38		
20838		Replantation foot complete		NA	$1,283.73		
20900		Removal of bone for graft		$296.33	$241.65		
20902		Removal of bone for graft		NA	$311.76		
20910		Remove cartilage for graft		NA	$222.64		
20912		Remove cartilage for graft		NA	$254.33		
20920		Removal of fascia for graft		NA	$201.83		
20922		Removal of fascia for graft		$294.34	$241.26		
20924		Removal of tendon for graft		NA	$265.62		
20926		Removal of tissue for graft		NA	$220.86		
20931		Sp bone algrft struct add-on		NA	$62.79		
20937		Sp bone agrft morsel add-on		NA	$94.67		
20938		Sp bone agrft struct add-on		NA	$103.39		
20955		Fibula bone graft microvasc		NA	$1,354.44		
20956		Iliac bone graft microvasc		NA	$1,406.94		
20957		Mt bone graft microvasc		NA	$1,319.78		
20962		Other bone graft microvasc		NA	$1,433.27		
20969		Bone/skin graft microvasc		NA	$1,492.51		
20970		Bone/skin graft iliac crest		NA	$1,486.57		
20972		Bone/skin graft metatarsal		NA	$1,364.15		
20973		Bone/skin graft great toe		NA	$1,514.48		
20975		Electrical bone stimulation		NA	$95.47		
20982		Ablate bone tumor(s) perq		$2,333.72	$216.70		
20985		Cptr-asst dir ms px		NA	$78.63		
20999		Musculoskeletal surgery		M	M		Documentation Required
21010		Incision of jaw joint		NA	$363.28		
21011		Exc face les sc < 2 cm		$168.17	$131.52		
21012		Exc face les sbq 2 cm/<		NA	$180.05		
21013		Exc face tum deep < 2 cm		$261.26	$211.94		
21014		Exc face tum deep 2 cm/>		NA	$278.10		
21015		Resect face tum < 2 cm		NA	$217.89		
21016		Resect face tum 2 cm/>		NA	$559.17		
21025		Excision of bone lower jaw		$468.25	$410.81		
21026		Excision of facial bone(s)		$263.84	$233.33		
21029		Contour of face bone lesion		$357.32	$310.38		
21030		Excise max/zygoma b9 tumor		$225.41	$199.47		
21031		Remove exostosis mandible		$176.29	$145.59		
21032		Remove exostosis maxilla		$179.66	$143.20		
21034		Excise max/zygoma mal tumor		$670.10	$605.32		
21040		Excise mandible lesion		$226.60	$193.31		
21044		Removal of jaw bone lesion		NA	$442.89		
21045		Extensive jaw surgery		NA	$595.41		
21046		Remove mandible cyst complex		NA	$530.04		
21047		Excise lwr jaw cyst w/repair		NA	$679.79		
21048		Remove maxilla cyst complex		NA	$542.92		
21049		Excis uppr jaw cyst w/repair		NA	$646.13		
21050		Removal of jaw joint		NA	$429.63		
21060		Remove jaw joint cartilage		NA	$400.52		
21070		Remove coronoid process		NA	$328.41		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
21073		Mnpj of tmj w/anesth		$183.42	$120.23		
21076		Prepare face/oral prosthesis		$550.26	$503.51		
21077		Prepare face/oral prosthesis		$1,380.00	$1,274.22	Y	
21079		Prepare face/oral prosthesis		$931.36	$844.99		
21080		Prepare face/oral prosthesis		$1,056.94	$955.12		
21081		Prepare face/oral prosthesis		$958.89	$863.41		
21082		Prepare face/oral prosthesis		$858.67	$786.95		
21083		Prepare face/oral prosthesis		$811.91	$725.35		
21084		Prepare face/oral prosthesis		$934.13	$840.05		
21085		Prepare face/oral prosthesis		$367.83	$337.92		
21086		Prepare face/oral prosthesis		$1,037.91	$952.34		
21087		Prepare face/oral prosthesis		$1,023.46	$942.24		
21088		Prepare face/oral prosthesis		M	M		Documentation Required
21089		Prepare face/oral prosthesis		M	M	Y	Documentation Required
21100		Maxillofacial fixation		$319.11	$184.21		
21116		Injection jaw joint x-ray		$103.20	$23.77		
21120		Reconstruction of chin		$319.50	$258.10	Y	
21121		Reconstruction of chin		$362.28	$324.25	Y	
21122		Reconstruction of chin		NA	$360.90	Y	
21123		Reconstruction of chin		NA	$462.90	Y	
21125		Augmentation lower jaw bone		$1,322.56	$390.81	Y	
21127		Augmentation lower jaw bone		$1,100.12	$437.75	Y	
21137		Reduction of forehead		NA	$373.97	Y	
21138		Reduction of forehead		NA	$464.89	Y	
21139		Reduction of forehead		NA	$532.04	Y	
21141		Lefort i-1 piece w/o graft		NA	$675.63		
21142		Lefort i-2 piece w/o graft		NA	$673.85		
21143		Lefort i-3/> piece w/o graft		NA	$704.37		
21145		Lefort i-1 piece w/ graft		NA	$726.74		
21146		Lefort i-2 piece w/ graft		NA	$775.26		
21147		Lefort i-3/> piece w/ graft		NA	$765.97		
21150		Lefort ii anterior intrusion		NA	$882.62		
21151		Lefort ii w/bone grafts		NA	$1,061.30		
21154		Lefort iii w/o lefort i		NA	$1,111.99		
21155		Lefort iii w/ lefort i		NA	$1,287.49		
21159		Lefort iii w/fhdw/o lefort i		NA	$1,577.88		
21160		Lefort iii w/fhd w/ lefort i		NA	$1,545.98		
21172		Reconstruct orbit/forehead		NA	$893.32		
21175		Reconstruct orbit/forehead		NA	$1,105.06		
21179		Reconstruct entire forehead		NA	$776.26		
21180		Reconstruct entire forehead		NA	$872.52		
21181		Contour cranial bone lesion		NA	$370.20		
21182		Reconstruct cranial bone		NA	$1,071.79		
21183		Reconstruct cranial bone		NA	$1,200.73		
21184		Reconstruct cranial bone		NA	$1,304.92		
21188		Reconstruction of midface		NA	$852.51	Y	
21193		Reconst lwr jaw w/o graft		NA	$634.64	Y	
21194		Reconst lwr jaw w/graft		NA	$705.54	Y	
21195		Reconst lwr jaw w/o fixation		NA	$667.72	Y	
21196		Reconst lwr jaw w/fixation		NA	$726.74	Y	
21198		Reconstr lwr jaw segment		NA	$560.95	Y	
21199		Reconstr lwr jaw w/advance		NA	$525.10	Y	
21206		Reconstruct upper jaw bone		NA	$556.20	Y	

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
21208		Augmentation of facial bones		$667.33	$414.17		
21209		Reduction of facial bones		$365.25	$310.98		
21210		Face bone graft		$721.99	$413.78		
21215		Lower jaw bone graft		$1,075.15	$429.24		
21230		Rib cartilage graft		NA	$398.13		
21235		Ear cartilage graft		$340.50	$272.36		
21240		Reconstruction of jaw joint		NA	$561.54		
21242		Reconstruction of jaw joint		NA	$519.94		
21243		Reconstruction of jaw joint		NA	$821.82		
21244		Reconstruction of lower jaw		NA	$499.55		
21245		Reconstruction of jaw		$544.11	$453.79		
21246		Reconstruction of jaw		NA	$452.99		
21247		Reconstruct lower jaw bone		NA	$848.35		
21248		Reconstruction of jaw		$498.75	$444.47	Y	
21249		Reconstruction of jaw		$727.73	$647.71	Y	
21255		Reconstruct lower jaw bone		NA	$698.21		
21256		Reconstruction of orbit		NA	$584.73		
21260		Revise eye sockets		NA	$599.57		
21261		Revise eye sockets		NA	$1,171.81		
21263		Revise eye sockets		NA	$992.96		
21267		Revise eye sockets		NA	$800.23		
21268		Revise eye sockets		NA	$957.89		
21270		Augmentation cheek bone		$447.85	$360.51	Y	
21275		Revision orbitofacial bones		NA	$409.82		
21280		Revision of eyelid		NA	$245.22	Y	
21282		Revision of eyelid		NA	$163.01	Y	
21295		Revision of jaw muscle/bone		NA	$83.79		
21296		Revision of jaw muscle/bone		NA	$188.18		
21299		Cranio/maxillofacial surgery		M	M		Documentation Required
21310		Closed tx nose fx w/o manj		$57.84	$15.45		
21315		Closed tx nose fx w/o stablj		$116.67	$70.12		
21320		Closed tx nose fx w/ stablj		$117.86	$72.30		
21325		Open tx nose fx uncomplicatd		NA	$251.75		
21330		Open tx nose fx w/skele fixj		NA	$310.18		
21335		Open tx nose & septal fx		NA	$376.15		
21336		Open tx septal fx w/wo stabj		NA	$314.95		
21337		Closed tx septal&nose fx		$180.65	$129.94		
21338		Open nasoethmoid fx w/o fixj		NA	$422.49		
21339		Open nasoethmoid fx w/ fixj		NA	$455.18		
21340		Perq tx nasoethmoid fx		NA	$402.49		
21343		Open tx dprsd front sinus fx		NA	$592.44		
21344		Open tx compl front sinus fx		NA	$765.97		
21345		Closed tx nose/jaw fx		$375.16	$322.08		
21346		Opn tx nasomax fx w/fixj		NA	$476.18		
21347		Opn tx nasomax fx multple		NA	$601.76		
21348		Opn tx nasomax fx w/graft		NA	$599.77		
21355		Perq tx malar fracture		$205.02	$150.33		
21356		Opn tx dprsd zygomatic arch		$232.54	$181.43		
21360		Opn tx dprsd malar fracture		NA	$260.26		
21365		Opn tx complx malar fx		NA	$544.30		
21366		Opn tx complx malar w/grft		NA	$625.71		
21385		Opn tx orbit fx transantral		NA	$364.86		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
21386		Opn tx orbit fx periorbital		NA	$340.89		
21387		Opn tx orbit fx combined		NA	$391.20		
21390		Opn tx orbit periorbtl implt		NA	$372.97		
21395		Opn tx orbit periorbt w/grft		NA	$458.54		
21400		Closed tx orbit w/o manipulj		$82.60	$67.95		
21401		Closed tx orbit w/ manipulj		$230.76	$141.42		
21406		Opn tx orbit fx w/o implant		NA	$273.94		
21407		Opn tx orbit fx w/implant		NA	$325.24		
21408		Opn tx orbit fx w/bone grft		NA	$449.83		
21421		Treat mouth roof fracture		$301.47	$281.07		
21422		Treat mouth roof fracture		NA	$344.65		
21423		Treat mouth roof fracture		NA	$415.95		
21431		Treat craniofacial fracture		NA	$342.47		
21432		Treat craniofacial fracture		NA	$346.44		
21433		Treat craniofacial fracture		NA	$882.23		
21435		Treat craniofacial fracture		NA	$632.65		
21436		Treat craniofacial fracture		NA	$977.70		
21440		Treat dental ridge fracture		$202.05	$183.42		
21445		Treat dental ridge fracture		$315.53	$288.01		
21450		Treat lower jaw fracture		$211.94	$201.83		
21451		Treat lower jaw fracture		$294.53	$275.52		
21452		Treat lower jaw fracture		$303.25	$136.07		
21453		Treat lower jaw fracture		$337.52	$337.32		
21454		Treat lower jaw fracture		NA	$268.39		
21461		Treat lower jaw fracture		$665.33	$431.01		
21462		Treat lower jaw fracture		$767.35	$471.41		
21465		Treat lower jaw fracture		NA	$460.12		
21470		Treat lower jaw fracture		NA	$580.95		
21480		Reset dislocated jaw		$48.53	$17.04		
21485		Reset dislocated jaw		$252.16	$241.06		
21490		Repair dislocated jaw		NA	$465.87		
21495		Treat hyoid bone fracture		NA	$288.79		
21499		Head surgery procedure		M	M		Documentation Required
21501		Drain neck/chest lesion		$211.35	$159.65		
21502		Drain chest lesion		NA	$271.97		
21510		Drainage of bone lesion		NA	$241.84		
21550		Biopsy of neck/chest		$115.09	$78.05		
21552		Exc neck les sc 3 cm/>		NA	$240.46		
21554		Exc neck tum deep 5 cm/>		NA	$394.96		
21555		Exc neck les sc < 3 cm		$206.60	$160.43		
21556		Exc neck tum deep < 5 cm		NA	$204.41		
21557		Resect neck tum < 5 cm		NA	$303.46		
21558		Resect neck tum 5 cm/>		NA	$741.40		
21600		Partial removal of rib		NA	$269.78		
21610		Partial removal of rib		NA	$525.89		
21615		Removal of rib		NA	$356.74		
21616		Removal of rib and nerves		NA	$434.18		
21620		Partial removal of sternum		NA	$272.36		
21627		Sternal debridement		NA	$280.07		
21630		Extensive sternum surgery		NA	$629.87		
21632		Extensive sternum surgery		NA	$631.87		
21685		Hyoid myotomy & suspension		NA	$476.18		
21700		Revision of neck muscle		NA	$216.89		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
21705		Revision of neck muscle/rib		NA	$329.21		
21720		Revision of neck muscle		NA	$179.27		
21725		Revision of neck muscle		NA	$270.36		
21740		Reconstruction of sternum		NA	$542.33		
21742		Repair stern/nuss w/o scope		M	M		Documentation Required
21743		Repair sternum/nuss w/scope		M	M		Documentation Required
21750		Repair of sternum separation		NA	$366.64		
21800		Treatment of rib fracture		$45.83	$45.83		
21805		Treatment of rib fracture		NA	$125.58		
21810		Treatment of rib fracture(s)		NA	$252.94		
21820		Treat sternum fracture		$64.76	$63.59		
21825		Treat sternum fracture		NA	$295.53		
21899		Neck/chest surgery procedure		M	M		Documentation Required
21920		Biopsy soft tissue of back		$108.74	$72.70		
21925		Biopsy soft tissue of back		$203.22	$165.00		
21930		Remove lesion, back or flank		$225.41	$179.46		
21931		Exc back les sc 3 cm/>		NA	$251.75		
21932		Exc back tum deep < 5 cm		NA	$361.88		
21933		Exc back tum deep 5 cm/>		NA	$399.12		
21935		Resect back tum < 5 cm		NA	$595.22		
21936		Resect back tum 5 cm/>		NA	$772.30		
22010		I&d p-spine c/t/cerv-thor		NA	$429.63		
22015		I&d abscess p-spine l/s/ls		NA	$425.86		
22100		Remove part of neck vertebra		NA	$384.26		
22101		Remove part thorax vertebra		NA	$385.65		
22102		Remove part lumbar vertebra		NA	$392.19		
22103		Remove extra spine segment		NA	$79.02		
22110		Remove part of neck vertebra		NA	$488.65		
22112		Remove part thorax vertebra		NA	$487.47		
22114		Remove part lumbar vertebra		NA	$489.25		
22116		Remove extra spine segment		NA	$79.02		
22206		Incis spine 3 column thorac		NA	$1,207.08		
22207		Incis spine 3 column lumbar		NA	$1,191.62		
22208		Incis spine 3 column adl seg		NA	$306.02		
22210		Incis 1 vertebral seg cerv		NA	$884.81		
22212		Incis 1 vertebral seg thorac		NA	$724.96		
22214		Incis 1 vertebral seg lumbar		NA	$736.45		
22216		Incis addl spine segment		NA	$207.18		
22220		Incis w/discectomy cervical		NA	$793.49		
22222		Incis w/discectomy thoracic		NA	$728.32		
22224		Incis w/discectomy lumbar		NA	$790.91		
22226		Revise extra spine segment		NA	$206.40		
22305		Closed tx spine process fx		$94.28	$86.57		
22310		Closed tx vert fx w/o manj		$117.26	$108.35		
22315		Closed tx vert fx w/manj		$403.88	$357.13		
22318		Treat odontoid fx w/o graft		NA	$795.68		
22319		Treat odontoid fx w/graft		NA	$886.19		
22325		Treat spine fracture		NA	$678.40		
22326		Treat neck spine fracture		NA	$727.34		
22327		Treat thorax spine fracture		NA	$704.15		
22328		Treat each add spine fx		NA	$154.69		
22505		Manipulation of spine		NA	$62.79		
22520		Percut vertebroplasty thor		$1,435.07	$311.37		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
22521		Percut vertebroplasty lumb		$1,308.49	$294.94		
22522		Percut vertebroplasty addl		NA	$134.68		
22523		Percut kyphoplasty thor		NA	$322.66		
22524		Percut kyphoplasty lumbar		NA	$309.20		
22525		Percut kyphoplasty add-on		NA	$147.97		
22526		Idet single level		$1,064.46	$184.40		
22527		Idet 1 or more levels		$861.64	$85.37		
22532		Lat thorax spine fusion		NA	$854.89		
22533		Lat lumbar spine fusion		NA	$789.72		
22534		Lat thor/lumb addl seg		NA	$203.63		
22548		Neck spine fusion		NA	$935.31		
22551		Neck spine fuse&remov bel c2		NA	$1,012.96		
22552		Addl neck spine fusion		NA	$236.11		
22554		Neck spine fusion		NA	$701.59		
22556		Thorax spine fusion		NA	$842.41		
22558		Lumbar spine fusion		NA	$767.16		
22585		Additional spinal fusion		NA	$189.56		
22586		Prescrl fuse w/ instr l5/s1		NA	$896.29		
22590		Spine & skull spinal fusion		NA	$764.97		
22595		Neck spinal fusion		NA	$725.54		
22600		Neck spine fusion		NA	$615.22		
22610		Thorax spine fusion		NA	$613.25		
22612		Lumbar spine fusion		NA	$785.78		
22614		Spine fusion extra segment		NA	$221.25		
22630		Lumbar spine fusion		NA	$775.87		
22632		Spine fusion extra segment		NA	$179.27		
22633		Lumbar spine fusion combined		NA	$1,084.66		
22634		Spine fusion extra segment		NA	$292.56		
22800		Post fusion		NA	$688.91		
22802		Post fusion 7-12 vert seg		NA	$1,121.70		
22804		Post fusion 13/> vert seg		NA	$1,306.51		
22808		Ant fusion 2-3 vert seg		NA	$940.86		
22810		Ant fusion 4-7 vert seg		NA	$1,064.85		
22812		Ant fusion 8/> vert seg		NA	$1,149.84		
22818		Kyphectomy 1-2 segments		NA	$1,132.00		
22819		Kyphectomy 3 or more		NA	$1,270.65		
22830		Exploration of spinal fusion		NA	$417.94		
22840		Insert spine fixation device		NA	$432.01		
22842		Insert spine fixation device		NA	$432.20		
22843		Insert spine fixation device		NA	$453.79		
22844		Insert spine fixation device		NA	$562.14		
22845		Insert spine fixation device		NA	$413.59		
22846		Insert spine fixation device		NA	$429.82		
22847		Insert spine fixation device		NA	$471.61		
22848		Insert pelv fixation device		NA	$204.60		
22849		Reinsert spinal fixation		NA	$676.04		
22850		Remove spine fixation device		NA	$367.64		
22851		Apply spine prosth device		NA	$228.97		
22852		Remove spine fixation device		NA	$350.60		
22855		Remove spine fixation device		NA	$560.75		
22856		Cerv artific diskectomy		NA	$854.70		
22857		Lumbar artif diskectomy		NA	$778.23		
22861		Revise cerv artific disc		NA	$1,034.75		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
22862		Revise lumbar artif disc		NA	$947.99		
22864		Remove cerv artif disc		NA	$960.86		
22865		Remove lumb artif disc		NA	$923.04		
22899		Spine surgery procedure		M	M		Documentation Required
22900		Exc abdl tum deep < 5 cm		NA	$193.72		
22901		Exc abdl tum deep 5 cm/>		NA	$356.14		
22902		Exc abd les sc < 3 cm		$224.62	$179.65		
22903		Exc abd les sc 3 cm/>		NA	$235.31		
22904		Resect abd tum < 5 cm		NA	$557.78		
22905		Resect abd tum 5 cm/>		NA	$722.98		
22999		Abdomen surgery procedure		M	M		Documentation Required
23000		Removal of calcium deposits		$268.98	$187.37		
23020		Release shoulder joint		NA	$357.32		
23030		Drain shoulder lesion		$225.80	$136.68		
23031		Drain shoulder bursa		$219.47	$117.45		
23035		Drain shoulder bone lesion		NA	$363.67		
23040		Exploratory shoulder surgery		NA	$369.81		
23044		Exploratory shoulder surgery		NA	$293.14		
23065		Biopsy shoulder tissues		$98.25	$81.02		
23066		Biopsy shoulder tissues		$247.00	$173.72		
23071		Exc shoulder les sc 3 cm/>		NA	$223.63		
23073		Exc shoulder tum deep 5 cm/>		NA	$370.80		
23075		Exc shoulder les sc < 3 cm		$126.77	$89.54		
23076		Exc shoulder tum deep < 5 cm		NA	$283.65		
23077		Resect shoulder tum < 5 cm		NA	$567.29		
23078		Resect shoulder tum 5 cm/>		NA	$752.29		
23100		Biopsy of shoulder joint		NA	$252.16		
23101		Shoulder joint surgery		NA	$235.32		
23105		Remove shoulder joint lining		NA	$332.37		
23106		Incision of collarbone joint		NA	$250.77		
23107		Explore treat shoulder joint		NA	$346.83		
23120		Partial removal collar bone		NA	$293.36		
23125		Removal of collar bone		NA	$368.03		
23130		Remove shoulder bone part		NA	$316.72		
23140		Removal of bone lesion		NA	$261.46		
23145		Removal of bone lesion		NA	$357.13		
23146		Removal of bone lesion		NA	$322.86		
23150		Removal of humerus lesion		NA	$331.38		
23155		Removal of humerus lesion		NA	$405.65		
23156		Removal of humerus lesion		NA	$348.02		
23170		Remove collar bone lesion		NA	$277.50		
23172		Remove shoulder blade lesion		NA	$281.27		
23174		Remove humerus lesion		NA	$386.84		
23180		Remove collar bone lesion		NA	$376.55		
23182		Remove shoulder blade lesion		NA	$358.12		
23184		Remove humerus lesion		NA	$402.88		
23190		Partial removal of scapula		NA	$288.99		
23195		Removal of head of humerus		NA	$381.29		
23200		Resect clavicle tumor		NA	$450.43		
23210		Resect scapula tumor		NA	$465.67		
23220		Resect prox humerus tumor		NA	$552.04		
23330		Remove shoulder foreign body		$114.48	$78.83		
23331		Remove shoulder foreign body		NA	$306.02		
23332		Remove shoulder foreign body		NA	$454.98		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
23350		Injection for shoulder x-ray		$89.73	$27.53		
23395		Muscle transfer shoulder/arm		NA	$646.71		
23397		Muscle transfers		NA	$598.99		
23400		Fixation of shoulder blade		NA	$513.22		
23405		Incision of tendon & muscle		NA	$331.77		
23406		Incise tendon(s) & muscle(s)		NA	$415.95		
23410		Repair rotator cuff acute		NA	$475.77		
23412		Repair rotator cuff chronic		NA	$505.49		
23415		Release of shoulder ligament		NA	$390.20		
23420		Repair of shoulder		NA	$524.10		
23430		Repair biceps tendon		NA	$392.58		
23440		Remove/transplant tendon		NA	$407.24		
23450		Repair shoulder capsule		NA	$506.48		
23455		Repair shoulder capsule		NA	$540.94		
23460		Repair shoulder capsule		NA	$582.54		
23462		Repair shoulder capsule		NA	$567.49		
23465		Repair shoulder capsule		NA	$590.27		
23466		Repair shoulder capsule		NA	$555.79		
23470		Reconstruct shoulder joint		NA	$641.58		
23472		Reconstruct shoulder joint		NA	$776.07		
23473		Revis reconst shoulder joint		NA	$956.11		
23474		Revis reconst shoulder joint		NA	$1,032.97		
23480		Revision of collar bone		NA	$433.79		
23485		Revision of collar bone		NA	$508.26		
23500		Treat clavicle fracture		$104.19	$97.25		
23505		Treat clavicle fracture		$172.53	$161.23		
23515		Treat clavicle fracture		NA	$302.07		
23520		Treat clavicle dislocation		$106.16	$103.99		
23525		Treat clavicle dislocation		$170.34	$158.46		
23530		Treat clavicle dislocation		NA	$286.23		
23532		Treat clavicle dislocation		NA	$324.25		
23540		Treat clavicle dislocation		$106.77	$96.86		
23545		Treat clavicle dislocation		$154.49	$138.06		
23550		Treat clavicle dislocation		NA	$294.53		
23552		Treat clavicle dislocation		NA	$341.48		
23570		Treat shoulder blade fx		$111.12	$108.74		
23575		Treat shoulder blade fx		$188.76	$177.47		
23585		Treat scapula fracture		NA	$359.51		
23600		Treat humerus fracture		$157.87	$138.06		
23605		Treat humerus fracture		$235.12	$214.31		
23615		Treat humerus fracture		NA	$392.58		
23616		Treat humerus fracture		NA	$774.68		
23620		Treat humerus fracture		$127.16	$114.68		
23625		Treat humerus fracture		$188.96	$175.89		
23630		Treat humerus fracture		NA	$302.27		
23650		Treat shoulder dislocation		$147.77	$127.76		
23655		Treat shoulder dislocation		NA	$186.79		
23660		Treat shoulder dislocation		NA	$300.49		
23665		Treat dislocation/fracture		$208.38	$196.09		
23670		Treat dislocation/fracture		NA	$318.89		
23675		Treat dislocation/fracture		$275.33	$255.52		
23680		Treat dislocation/fracture		NA	$394.56		
23700		Fixation of shoulder		NA	$101.80		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
23800		Fusion of shoulder joint		NA	$533.42		
23802		Fusion of shoulder joint		NA	$583.92		
23900		Amputation of arm & girdle		NA	$685.53		
23920		Amputation at shoulder joint		NA	$534.81		
23921		Amputation follow-up surgery		NA	$224.82		
23929		Shoulder surgery procedure		M	M		Documentation Required
23930		Drainage of arm lesion		$192.34	$112.71		
23931		Drainage of arm bursa		$158.46	$84.18		
23935		Drain arm/elbow bone lesion		NA	$258.68		
24000		Exploratory elbow surgery		NA	$241.84		
24006		Release elbow joint		NA	$367.83		
24065		Biopsy arm/elbow soft tissue		$108.35	$79.23		
24066		Biopsy arm/elbow soft tissue		$296.33	$200.85		
24071		Exc arm/elbow les sc 3 cm/>		NA	$217.09		
24073		Ex arm/elbow tum deep 5 cm/>		NA	$372.58		
24075		Exc arm/elbow les sc < 3 cm		$234.52	$156.08		
24076		Ex arm/elbow tum deep < 5 cm		NA	$239.87		
24077		Resect arm/elbow tum < 5 cm		NA	$420.32		
24079		Resect arm/elbow tum 5 cm/>		NA	$693.66		
24100		Biopsy elbow joint lining		NA	$204.02		
24101		Explore/treat elbow joint		NA	$259.48		
24102		Remove elbow joint lining		NA	$321.47		
24105		Removal of elbow bursa		NA	$170.54		
24110		Remove humerus lesion		NA	$303.85		
24115		Remove/graft bone lesion		NA	$366.84		
24116		Remove/graft bone lesion		NA	$454.38		
24120		Remove elbow lesion		NA	$270.97		
24125		Remove/graft bone lesion		NA	$299.49		
24126		Remove/graft bone lesion		NA	$326.82		
24130		Removal of head of radius		NA	$263.84		
24134		Removal of arm bone lesion		NA	$400.91		
24136		Remove radius bone lesion		NA	$328.80		
24138		Remove elbow bone lesion		NA	$340.29		
24140		Partial removal of arm bone		NA	$392.39		
24145		Partial removal of radius		NA	$334.76		
24147		Partial removal of elbow		NA	$345.64		
24149		Radical resection of elbow		NA	$557.98		
24150		Resect distal humerus tumor		NA	$506.87		
24152		Resect radius tumor		NA	$381.68		
24155		Removal of elbow joint		NA	$436.76		
24160		Remove elbow joint implant		NA	$317.51		
24164		Remove radius head implant		NA	$258.29		
24200		Removal of arm foreign body		$106.57	$71.11		
24201		Removal of arm foreign body		$299.30	$188.37		
24220		Injection for elbow x-ray		$99.64	$36.24		
24300		Manipulate elbow w/anesth		NA	$200.44		
24301		Muscle/tendon transfer		NA	$396.94		
24305		Arm tendon lengthening		NA	$303.46		
24310		Revision of arm tendon		NA	$248.19		
24320		Repair of arm tendon		NA	$392.58		
24330		Revision of arm muscles		NA	$378.13		
24331		Revision of arm muscles		NA	$417.94		
24332		Tenolysis triceps		NA	$306.23		
24340		Repair of biceps tendon		NA	$321.67		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
24341		Repair arm tendon/muscle		NA	$340.50		
24342		Repair of ruptured tendon		NA	$415.75		
24343		Repr elbow lat ligmnt w/tiss		NA	$361.29		
24344		Reconstruct elbow lat ligmnt		NA	$552.43		
24345		Repr elbw med ligmnt w/tissu		NA	$358.91		
24346		Reconstruct elbow med ligmnt		NA	$548.27		
24357		Repair elbow perc		NA	$224.61		
24358		Repair elbow w/deb open		NA	$264.23		
24359		Repair elbow deb/attch open		NA	$326.02		
24360		Reconstruct elbow joint		NA	$472.80		
24361		Reconstruct elbow joint		NA	$531.84		
24362		Reconstruct elbow joint		NA	$547.49		
24363		Replace elbow joint		NA	$697.63		
24365		Reconstruct head of radius		NA	$336.93		
24366		Reconstruct head of radius		NA	$360.51		
24370		Revise reconst elbow joint		NA	$903.62		
24371		Revise reconst elbow joint		NA	$1,041.09		
24400		Revision of humerus		NA	$432.60		
24410		Revision of humerus		NA	$548.88		
24420		Revision of humerus		NA	$518.16		
24430		Repair of humerus		NA	$490.64		
24435		Repair humerus with graft		NA	$521.52		
24470		Revision of elbow joint		NA	$355.54		
24495		Decompression of forearm		NA	$357.73		
24500		Treat humerus fracture		$169.75	$146.58		
24505		Treat humerus fracture		$250.97	$226.99		
24515		Treat humerus fracture		NA	$456.76		
24516		Treat humerus fracture		NA	$451.41		
24530		Treat humerus fracture		$183.82	$160.65		
24535		Treat humerus fracture		$314.95	$290.78		
24538		Treat humerus fracture		NA	$392.00		
24545		Treat humerus fracture		NA	$410.62		
24546		Treat humerus fracture		NA	$589.28		
24560		Treat humerus fracture		$153.11	$127.55		
24565		Treat humerus fracture		$259.68	$238.09		
24566		Treat humerus fracture		NA	$341.89		
24575		Treat humerus fracture		NA	$414.37		
24576		Treat humerus fracture		$160.24	$139.45		
24577		Treat humerus fracture		$270.97	$249.38		
24579		Treat humerus fracture		NA	$444.88		
24582		Treat humerus fracture		NA	$379.51		
24586		Treat elbow fracture		NA	$576.21		
24587		Treat elbow fracture		NA	$568.67		
24600		Treat elbow dislocation		$189.95	$163.01		
24605		Treat elbow dislocation		NA	$231.35		
24615		Treat elbow dislocation		NA	$373.38		
24620		Treat elbow fracture		NA	$283.45		
24635		Treat elbow fracture		NA	$585.12		
24640		Treat elbow dislocation		$62.79	$41.98		
24650		Treat radius fracture		$124.78	$104.38		
24655		Treat radius fracture		$219.07	$195.89		
24665		Treat radius fracture		NA	$338.12		
24666		Treat radius fracture		NA	$380.10		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
24670		Treat ulnar fracture		$140.04	$119.45		
24675		Treat ulnar fracture		$228.58	$207.98		
24685		Treat ulnar fracture		NA	$353.57		
24800		Fusion of elbow joint		NA	$427.45		
24802		Fusion/graft of elbow joint		NA	$523.91		
24900		Amputation of upper arm		NA	$360.51		
24920		Amputation of upper arm		NA	$358.51		
24925		Amputation follow-up surgery		NA	$283.24		
24930		Amputation follow-up surgery		NA	$379.51		
24931		Amputate upper arm & implant		NA	$402.68		
24935		Revision of amputation		NA	$509.26		
24940		Revision of upper arm		M	M		Documentation Required
24999		Upper arm/elbow surgery		M	M		Documentation Required
25000		Incision of tendon sheath		NA	$214.12		
25001		Incise flexor carpi radialis		NA	$161.62		
25020		Decompress forearm 1 space		NA	$325.44		
25023		Decompress forearm 1 space		NA	$593.24		
25024		Decompress forearm 2 spaces		NA	$363.28		
25025		Decompress forearm 2 spaces		NA	$561.34		
25028		Drainage of forearm lesion		NA	$281.86		
25031		Drainage of forearm bursa		NA	$251.55		
25035		Treat forearm bone lesion		NA	$440.12		
25040		Explore/treat wrist joint		NA	$309.79		
25065		Biopsy forearm soft tissues		$106.37	$80.22		
25066		Biopsy forearm soft tissues		NA	$234.52		
25071		Exc forearm les sc 3 cm/>		NA	$227.39		
25073		Exc forearm tum deep 3 cm/>		NA	$283.05		
25075		Exc forearm les sc < 3 cm	P	$201.83	$201.83		Rate revised per file review.
25076		Exc forearm tum deep < 3 cm		NA	$301.47		
25077		Resect forearm/wrist tum < 3 cm		NA	$461.31		
25078		Resect forarm/wrist tum 3cm>		NA	$605.72		
25085		Incision of wrist capsule		NA	$267.00		
25100		Biopsy of wrist joint		NA	$193.53		
25101		Explore/treat wrist joint		NA	$224.61		
25105		Remove wrist joint lining		NA	$278.88		
25107		Remove wrist joint cartilage		NA	$312.37		
25109		Excise tendon forearm/wrist		NA	$259.29		
25110		Remove wrist tendon lesion		NA	$229.77		
25111		Remove wrist tendon lesion		NA	$170.75		
25112		Reremove wrist tendon lesion		NA	$207.79		
25115		Remove wrist/forearm lesion		NA	$479.15		
25116		Remove wrist/forearm lesion		NA	$423.69		
25118		Excise wrist tendon sheath		NA	$213.92		
25119		Partial removal of ulna		NA	$289.39		
25120		Removal of forearm lesion		NA	$380.51		
25125		Remove/graft forearm lesion		NA	$424.08		
25126		Remove/graft forearm lesion		NA	$432.99		
25130		Removal of wrist lesion		NA	$247.39		
25135		Remove & graft wrist lesion		NA	$305.63		
25136		Remove & graft wrist lesion		NA	$269.39		
25145		Remove forearm bone lesion		NA	$385.45		
25150		Partial removal of ulna		NA	$325.83		
25151		Partial removal of radius		NA	$422.30		
25170		Resect radius/ulnar tumor		NA	$555.21		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
25210		Removal of wrist bone		NA	$269.97		
25215		Removal of wrist bones		NA	$353.57		
25230		Partial removal of radius		NA	$241.06		
25240		Partial removal of ulna		NA	$256.32		
25246		Injection for wrist x-ray		$98.83	$40.01		
25248		Remove forearm foreign body		NA	$285.04		
25250		Removal of wrist prosthesis		NA	$271.75		
25251		Removal of wrist prosthesis		NA	$371.58		
25259		Manipulate wrist w/anesthes		NA	$200.05		
25260		Repair forearm tendon/muscle		NA	$442.30		
25263		Repair forearm tendon/muscle		NA	$441.50		
25265		Repair forearm tendon/muscle		NA	$508.87		
25270		Repair forearm tendon/muscle		NA	$376.35		
25272		Repair forearm tendon/muscle		NA	$415.36		
25274		Repair forearm tendon/muscle		NA	$470.63		
25275		Repair forearm tendon sheath		NA	$344.65		
25280		Revise wrist/forearm tendon		NA	$415.17		
25290		Incise wrist/forearm tendon		NA	$418.53		
25295		Release wrist/forearm tendon		NA	$390.81		
25300		Fusion of tendons at wrist		NA	$366.84		
25301		Fusion of tendons at wrist		NA	$351.78		
25310		Transplant forearm tendon		NA	$443.89		
25312		Transplant forearm tendon		NA	$494.19		
25315		Revise palsy hand tendon(s)		NA	$518.97		
25316		Revise palsy hand tendon(s)		NA	$600.57		
25320		Repair/revise wrist joint		NA	$471.02		
25332		Revise wrist joint		NA	$444.08		
25335		Realignment of hand		NA	$522.91		
25337		Reconstruct ulna/radioulnar		NA	$452.99		
25350		Revision of radius		NA	$480.13		
25355		Revision of radius		NA	$525.49		
25360		Revision of ulna		NA	$470.23		
25365		Revise radius & ulna		NA	$598.58		
25370		Revise radius or ulna		NA	$628.70		
25375		Revise radius & ulna		NA	$628.90		
25390		Shorten radius or ulna		NA	$527.87		
25391		Lengthen radius or ulna		NA	$642.55		
25392		Shorten radius & ulna		NA	$634.64		
25393		Lengthen radius & ulna		NA	$717.83		
25394		Repair carpal bone shorten		NA	$397.14		
25400		Repair radius or ulna		NA	$553.62		
25405		Repair/graft radius or ulna		NA	$673.46		
25415		Repair radius & ulna		NA	$635.03		
25420		Repair/graft radius & ulna		NA	$737.64		
25425		Repair/graft radius or ulna		NA	$727.34		
25426		Repair/graft radius & ulna		NA	$692.08		
25430		Vasc graft into carpal bone		NA	$353.96		
25431		Repair nonunion carpal bone		NA	$410.81		
25440		Repair/graft wrist bone		NA	$425.46		
25441		Reconstruct wrist joint		NA	$494.80		
25442		Reconstruct wrist joint		NA	$421.30		
25443		Reconstruct wrist joint		NA	$406.85		
25444		Reconstruct wrist joint		NA	$433.79		
25445		Reconstruct wrist joint		NA	$381.10		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
25446		Wrist replacement		NA	$613.05		
25447		Repair wrist joints		NA	$408.82		
25449		Remove wrist joint implant		NA	$542.33		
25450		Revision of wrist joint		NA	$385.06		
25455		Revision of wrist joint		NA	$422.49		
25500		Treat fracture of radius		$126.38	$109.35		
25505		Treat fracture of radius		$250.77	$228.58		
25515		Treat fracture of radius		NA	$361.29		
25520		Treat fracture of radius		$281.46	$265.62		
25525		Treat fracture of radius		NA	$482.51		
25526		Treat fracture of radius		NA	$568.28		
25530		Treat fracture of ulna		$122.81	$104.99		
25535		Treat fracture of ulna		$238.68	$224.41		
25545		Treat fracture of ulna		NA	$358.51		
25560		Treat fracture radius & ulna		$128.55	$106.96		
25565		Treat fracture radius & ulna		$262.84	$237.48		
25574		Treat fracture radius & ulna		NA	$305.63		
25575		Treat fracture radius/ulna		NA	$431.40		
25600		Treat fracture radius/ulna		$141.62	$119.45		
25605		Treat fracture radius/ulna		$278.30	$258.29		
25606		Treat fx distal radial		NA	$351.99		
25607		Treat fx rad extra-articul		NA	$355.93		
25608		Treat fx rad intra-articul		NA	$407.65		
25609		Treat fx radial 3+ frag		NA	$520.35		
25622		Treat wrist bone fracture		$144.59	$121.42		
25624		Treat wrist bone fracture		$229.77	$205.21		
25628		Treat wrist bone fracture		NA	$349.21		
25630		Treat wrist bone fracture		$148.95	$124.39		
25635		Treat wrist bone fracture		$219.47	$178.86		
25645		Treat wrist bone fracture		NA	$298.89		
25650		Treat wrist bone fracture		$154.90	$132.32		
25651		Pin ulnar styloid fracture		NA	$231.95		
25652		Treat fracture ulnar styloid		NA	$313.36		
25660		Treat wrist dislocation		NA	$199.06		
25670		Treat wrist dislocation		NA	$320.89		
25671		Pin radioulnar dislocation		NA	$260.67		
25675		Treat wrist dislocation		$216.89	$196.89		
25676		Treat wrist dislocation		NA	$330.60		
25680		Treat wrist fracture		NA	$227.99		
25685		Treat wrist fracture		NA	$380.10		
25690		Treat wrist dislocation		NA	$235.51		
25695		Treat wrist dislocation		NA	$331.98		
25800		Fusion of wrist joint		NA	$404.87		
25805		Fusion/graft of wrist joint		NA	$462.31		
25810		Fusion/graft of wrist joint		NA	$438.73		
25820		Fusion of hand bones		NA	$327.41		
25825		Fuse hand bones with graft		NA	$394.77		
25830		Fusion radioulnar jnt/ulna		NA	$515.78		
25900		Amputation of forearm		NA	$453.60		
25905		Amputation of forearm		NA	$452.41		
25907		Amputation follow-up surgery		NA	$409.62		
25909		Amputation follow-up surgery		NA	$449.63		
25915		Amputation of forearm		NA	$770.71		
25920		Amputate hand at wrist		NA	$354.35		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
25922		Amputate hand at wrist		NA	$309.00		
25924		Amputation follow-up surgery		NA	$354.16		
25927		Amputation of hand		NA	$431.21		
25929		Amputation follow-up surgery		NA	$289.39		
25931		Amputation follow-up surgery		NA	$404.87		
25999		Forearm or wrist surgery		M	M		Documentation Required
26010		Drainage of finger abscess		$144.59	$66.35		
26011		Drainage of finger abscess		$225.02	$96.06		
26020		Drain hand tendon sheath		NA	$213.12		
26025		Drainage of palm bursa		NA	$211.94		
26030		Drainage of palm bursas		NA	$249.19		
26034		Treat hand bone lesion		NA	$269.39		
26035		Decompress fingers/hand		NA	$373.58		
26037		Decompress fingers/hand		NA	$291.37		
26040		Release palm contracture		NA	$156.88		
26045		Release palm contracture		NA	$240.46		
26055		Incise finger tendon sheath		$346.83	$140.04		
26060		Incision of finger tendon		NA	$134.29		
26070		Explore/treat hand joint		NA	$149.15		
26075		Explore/treat finger joint		NA	$160.43		
26080		Explore/treat finger joint		NA	$193.12		
26100		Biopsy hand joint lining		NA	$165.20		
26105		Biopsy finger joint lining		NA	$168.95		
26110		Biopsy finger joint lining		NA	$160.43		
26111		Exc hand les sc 1.5 cm/>		NA	$220.26		
26113		Exc hand tum deep 1.5 cm/>		NA	$289.79		
26115		Exc hand les sc < 1.5 cm		$348.02	$182.63		
26116		Exc hand tum deep < 1.5 cm		NA	$245.22		
26117		Exc hand tum ra < 3 cm		NA	$334.35		
26118		Exc hand tum ra 3 cm/>		NA	$569.07		
26121		Release palm contracture		NA	$310.59		
26123		Release palm contracture		NA	$388.03		
26125		Release palm contracture		NA	$153.52		
26130		Remove wrist joint lining		NA	$231.95		
26135		Revise finger joint each		NA	$287.20		
26140		Revise finger joint each		NA	$260.26		
26145		Tendon excision palm/finger		NA	$264.43		
26160		Remove tendon sheath lesion		$317.92	$153.91		
26170		Removal of palm tendon each		NA	$205.99		
26180		Removal of finger tendon		NA	$225.41		
26185		Remove finger bone		NA	$239.67		
26200		Remove hand bone lesion		NA	$232.74		
26205		Remove/graft bone lesion		NA	$312.95		
26210		Removal of finger lesion		NA	$225.22		
26215		Remove/graft finger lesion		NA	$285.23		
26230		Partial removal of hand bone		NA	$262.65		
26235		Partial removal finger bone		NA	$256.71		
26236		Partial removal finger bone		NA	$226.99		
26250		Extensive hand surgery		NA	$298.30		
26260		Resect prox finger tumor		NA	$281.86		
26262		Resect distal finger tumor		NA	$235.51		
26320		Removal of implant from hand		NA	$175.89		
26340		Manipulate finger w/anesth		NA	$154.10		
26341		Manipulat palm cord post inj		$57.44	$43.38		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
26350		Repair finger/hand tendon		NA	$427.05		
26352		Repair/graft hand tendon		NA	$479.35		
26356		Repair finger/hand tendon		NA	$548.47		
26357		Repair finger/hand tendon		NA	$506.68		
26358		Repair/graft hand tendon		NA	$538.77		
26370		Repair finger/hand tendon		NA	$462.90		
26372		Repair/graft hand tendon		NA	$529.46		
26373		Repair finger/hand tendon		NA	$504.50		
26390		Revise hand/finger tendon		NA	$473.41		
26392		Repair/graft hand tendon		NA	$566.11		
26410		Repair hand tendon		NA	$343.06		
26412		Repair/graft hand tendon		NA	$407.65		
26415		Excision hand/finger tendon		NA	$418.33		
26416		Graft hand or finger tendon		NA	$490.83		
26418		Repair finger tendon		NA	$342.08		
26420		Repair/graft finger tendon		NA	$425.86		
26426		Repair finger/hand tendon		NA	$401.90		
26428		Repair/graft finger tendon		NA	$439.53		
26432		Repair finger tendon		NA	$295.92		
26433		Repair finger tendon		NA	$318.70		
26434		Repair/graft finger tendon		NA	$368.03		
26437		Realignment of tendons		NA	$362.48		
26440		Release palm/finger tendon		NA	$380.90		
26442		Release palm & finger tendon		NA	$501.93		
26445		Release hand/finger tendon		NA	$359.12		
26449		Release forearm/hand tendon		NA	$472.80		
26450		Incision of palm tendon		NA	$229.77		
26455		Incision of finger tendon		NA	$227.99		
26460		Incise hand/finger tendon		NA	$221.05		
26471		Fusion of finger tendons		NA	$353.96		
26474		Fusion of finger tendons		NA	$346.44		
26476		Tendon lengthening		NA	$335.15		
26477		Tendon shortening		NA	$337.52		
26478		Lengthening of hand tendon		NA	$367.64		
26479		Shortening of hand tendon		NA	$361.29		
26480		Transplant hand tendon		NA	$451.21		
26483		Transplant/graft hand tendon		NA	$496.77		
26485		Transplant palm tendon		NA	$480.13		
26489		Transplant/graft palm tendon		NA	$453.40		
26490		Revise thumb tendon		NA	$445.08		
26492		Tendon transfer with graft		NA	$488.25		
26494		Hand tendon/muscle transfer		NA	$450.63		
26496		Revise thumb tendon		NA	$481.32		
26497		Finger tendon transfer		NA	$486.87		
26498		Finger tendon transfer		NA	$639.58		
26499		Revision of finger		NA	$463.50		
26500		Hand tendon reconstruction		NA	$362.87		
26502		Hand tendon reconstruction		NA	$402.29		
26508		Release thumb contracture		NA	$370.20		
26510		Thumb tendon transfer		NA	$348.22		
26516		Fusion of knuckle joint		NA	$406.26		
26517		Fusion of knuckle joints		NA	$470.83		
26518		Fusion of knuckle joints		NA	$471.22		
26520		Release knuckle contracture		NA	$396.55		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
26525		Release finger contracture		NA	$398.93		
26530		Revise knuckle joint		NA	$274.94		
26531		Revise knuckle with implant		NA	$321.08		
26535		Revise finger joint		NA	$191.93		
26536		Revise/implant finger joint		NA	$336.73		
26540		Repair hand joint		NA	$382.48		
26541		Repair hand joint with graft		NA	$461.92		
26542		Repair hand joint with graft		NA	$393.18		
26545		Reconstruct finger joint		NA	$398.72		
26546		Repair nonunion hand		NA	$503.51		
26548		Reconstruct finger joint		NA	$437.95		
26550		Construct thumb replacement		NA	$817.85		
26551		Great toe-hand transfer		NA	$1,723.26		
26553		Single transfer toe-hand		NA	$1,413.46		
26554		Double transfer toe-hand		NA	$2,018.80		
26555		Positional change of finger		NA	$739.22		
26556		Toe joint transfer		NA	$1,647.60		
26560		Repair of web finger		NA	$317.92		
26561		Repair of web finger		NA	$489.84		
26562		Repair of web finger		NA	$681.37		
26565		Correct metacarpal flaw		NA	$391.59		
26567		Correct finger deformity		NA	$392.78		
26568		Lengthen metacarpal/finger		NA	$515.59		
26580		Repair hand deformity		NA	$675.63		
26587		Reconstruct extra finger		NA	$491.22		
26590		Repair finger deformity		NA	$686.92		
26591		Repair muscles of hand		NA	$265.03		
26593		Release muscles of hand		NA	$341.48		
26596		Excision constricting tissue		NA	$380.71		
26600		Treat metacarpal fracture		$116.48	$97.45		
26605		Treat metacarpal fracture		$156.68	$138.65		
26607		Treat metacarpal fracture		NA	$247.80		
26608		Treat metacarpal fracture		NA	$247.59		
26615		Treat metacarpal fracture		NA	$227.80		
26641		Treat thumb dislocation		$176.29	$155.69		
26645		Treat thumb fracture		$203.02	$183.62		
26650		Treat thumb fracture		NA	$264.62		
26665		Treat thumb fracture		NA	$299.49		
26670		Treat hand dislocation		$165.20	$139.04		
26675		Treat hand dislocation		$215.70	$195.70		
26676		Pin hand dislocation		NA	$260.07		
26685		Treat hand dislocation		NA	$281.66		
26686		Treat hand dislocation		NA	$318.70		
26700		Treat knuckle dislocation		$154.49	$136.68		
26705		Treat knuckle dislocation		$201.83	$181.24		
26706		Pin knuckle dislocation		NA	$218.28		
26715		Treat knuckle dislocation		NA	$241.06		
26720		Treat finger fracture each		$92.90	$78.44		
26725		Treat finger fracture each		$171.14	$145.98		
26727		Treat finger fracture each		NA	$243.83		
26735		Treat finger fracture each		NA	$247.39		
26740		Treat finger fracture each		$106.77	$98.25		
26742		Treat finger fracture each		$186.59	$164.59		
26746		Treat finger fracture each		NA	$243.44		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
26750		Treat finger fracture each		$87.35	$78.05		
26755		Treat finger fracture each		$157.46	$129.35		
26756		Pin finger fracture each		NA	$214.51		
26765		Treat finger fracture each		NA	$182.63		
26770		Treat finger dislocation		$133.30	$113.10		
26775		Treat finger dislocation		$187.18	$159.65		
26776		Pin finger dislocation		NA	$229.38		
26785		Treat finger dislocation		NA	$186.59		
26820		Thumb fusion with graft		NA	$452.41		
26841		Fusion of thumb		NA	$427.24		
26842		Thumb fusion with graft		NA	$454.79		
26843		Fusion of hand joint		NA	$418.72		
26844		Fusion/graft of hand joint		NA	$464.48		
26850		Fusion of knuckle		NA	$401.30		
26852		Fusion of knuckle with graft		NA	$447.66		
26860		Fusion of finger joint		NA	$329.40		
26861		Fusion of finger jnt add-on		NA	$58.24		
26862		Fusion/graft of finger joint		NA	$412.79		
26863		Fuse/graft added joint		NA	$130.13		
26910		Amputate metacarpal bone		NA	$396.16		
26951		Amputation of finger/thumb		NA	$306.43		
26952		Amputation of finger/thumb		NA	$375.16		
26989		Hand/finger surgery		M	M		Documentation Required
26990		Drainage of pelvis lesion		NA	$315.34		
26991		Drainage of pelvis bursa		$375.74	$262.06		
26992		Drainage of bone lesion		NA	$506.48		
27000		Incision of hip tendon		NA	$235.51		
27001		Incision of hip tendon		NA	$282.85		
27003		Incision of hip tendon		NA	$296.12		
27005		Incision of hip tendon		NA	$380.51		
27006		Incision of hip tendons		NA	$383.48		
27025		Incision of hip/thigh fascia		NA	$426.85		
27027		Buttock fasciotomy		NA	$442.89		
27030		Drainage of hip joint		NA	$493.61		
27033		Exploration of hip joint		NA	$507.87		
27035		Denervation of hip joint		NA	$595.61		
27036		Excision of hip joint/muscle		NA	$498.16		
27040		Biopsy of soft tissues		$166.18	$102.21		
27041		Biopsy of soft tissues		NA	$354.35		
27043		Exc hip pelvis les sc 3 cm/>		NA	$251.36		
27045		Exc hip/pelv tum deep 5 cm/>		NA	$399.72		
27047		Exc hip/pelvis les sc < 3 cm		$309.00	$262.45		
27048		Exc hip/pelv tum deep < 5 cm		NA	$237.09		
27049		Resect hip/pelv tum < 5 cm		NA	$477.76		
27050		Biopsy of sacroiliac joint		NA	$185.79		
27052		Biopsy of hip joint		NA	$261.46		
27054		Removal of hip joint lining		NA	$343.86		
27057		Buttock fasciotomy w/dbrdmt		NA	$487.47		
27059		Resect hip/pelv tum 5 cm/>		NA	$979.88		
27060		Removal of ischial bursa		NA	$209.96		
27062		Remove femur lesion/bursa		NA	$227.80		
27065		Remove hip bone les super		NA	$244.83		
27066		Remove hip bone les deep		NA	$407.24		
27067		Remove/graft hip bone lesion		NA	$521.74		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
27070		Part remove hip bone super		NA	$427.85		
27071		Part removal hip bone deep		NA	$465.67		
27075		Resect hip tumor		NA	$1,185.49		
27076		Resect hip tum incl acetabul		NA	$799.04		
27077		Resect hip tum w/innom bone		NA	$1,362.57		
27078		Rsect hip tum incl femur		NA	$507.26		
27080		Removal of tail bone		NA	$240.67		
27086		Remove hip foreign body		$132.32	$78.24		
27087		Remove hip foreign body		NA	$328.02		
27090		Removal of hip prosthesis		NA	$433.40		
27091		Removal of hip prosthesis		NA	$791.91		
27093		Injection for hip x-ray		$116.87	$37.83		
27095		Injection for hip x-ray		$146.17	$42.78		
27096		Inject sacroiliac joint		$115.68	$35.85		
27097		Revision of hip tendon		NA	$332.57		
27098		Transfer tendon to pelvis		NA	$332.96		
27100		Transfer of abdominal muscle		NA	$427.85		
27105		Transfer of spinal muscle		NA	$448.84		
27110		Transfer of iliopsoas muscle		NA	$486.48		
27111		Transfer of iliopsoas muscle		NA	$460.12		
27120		Reconstruction of hip socket		NA	$652.26		
27122		Reconstruction of hip socket		NA	$567.29		
27125		Partial hip replacement		NA	$551.85		
27130		Total hip arthroplasty		NA	$731.50		
27132		Total hip arthroplasty		NA	$851.53		
27134		Revise hip joint replacement		NA	$1,015.33		
27137		Revise hip joint replacement		NA	$768.13		
27138		Revise hip joint replacement		NA	$800.43		
27140		Transplant femur ridge		NA	$470.83		
27146		Incision of hip bone		NA	$644.34		
27147		Revision of hip bone		NA	$741.00		
27151		Incision of hip bones		NA	$680.59		
27156		Revision of hip bones		NA	$889.55		
27158		Revision of pelvis		NA	$670.88		
27161		Incision of neck of femur		NA	$629.09		
27165		Incision/fixation of femur		NA	$672.07		
27170		Repair/graft femur head/neck		NA	$597.99		
27175		Treat slipped epiphysis		NA	$328.80		
27176		Treat slipped epiphysis		NA	$461.31		
27177		Treat slipped epiphysis		NA	$566.30		
27178		Treat slipped epiphysis		NA	$445.47		
27179		Revise head/neck of femur		NA	$499.74		
27181		Treat slipped epiphysis		NA	$524.10		
27185		Revision of femur epiphysis		NA	$378.32		
27193		Treat pelvic ring fracture		$229.96	$229.96		
27194		Treat pelvic ring fracture		NA	$375.55		
27200		Treat tail bone fracture		$86.16	$84.77		
27202		Treat tail bone fracture		NA	$495.19		
27215		Treat pelvic fracture(s)		NA	$378.32		
27216		Treat pelvic ring fracture		NA	$543.13		
27217		Treat pelvic ring fracture		NA	$528.27		
27218		Treat pelvic ring fracture		NA	$693.86		
27220		Treat hip socket fracture		$257.10	$255.32		
27222		Treat hip socket fracture		NA	$492.61		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
27226		Treat hip wall fracture		NA	$499.16		
27227		Treat hip fracture(s)		NA	$849.74		
27228		Treat hip fracture(s)		NA	$979.48		
27230		Treat thigh fracture		$237.09	$228.77		
27232		Treat thigh fracture		NA	$390.20		
27235		Treat thigh fracture		NA	$470.03		
27236		Treat thigh fracture		NA	$581.76		
27238		Treat thigh fracture		NA	$228.77		
27240		Treat thigh fracture		NA	$478.15		
27244		Treat thigh fracture		NA	$594.63		
27245		Treat thigh fracture		NA	$744.38		
27246		Treat thigh fracture		$197.68	$196.89		
27248		Treat thigh fracture		NA	$405.46		
27250		Treat hip dislocation		NA	$241.45		
27252		Treat hip dislocation		NA	$385.84		
27253		Treat hip dislocation		NA	$494.19		
27254		Treat hip dislocation		NA	$662.56		
27256		Treat hip dislocation		$160.43	$131.91		
27257		Treat hip dislocation		NA	$172.72		
27258		Treat hip dislocation		NA	$573.43		
27259		Treat hip dislocation		NA	$780.81		
27265		Treat hip dislocation		NA	$207.38		
27266		Treat hip dislocation		NA	$299.69		
27267		Cltx thigh fx		NA	$211.15		
27268		Cltx thigh fx w/mnpj		NA	$261.07		
27269		Optx thigh fx		NA	$625.13		
27275		Manipulation of hip joint		NA	$94.48		
27280		Fusion of sacroiliac joint		NA	$518.76		
27282		Fusion of pubic bones		NA	$419.92		
27284		Fusion of hip joint		NA	$834.50		
27286		Fusion of hip joint		NA	$839.25		
27290		Amputation of leg at hip		NA	$807.75		
27295		Amputation of leg at hip		NA	$651.87		
27299		Pelvis/hip joint surgery		M	M		Documentation Required
27301		Drain thigh/knee lesion		$349.02	$250.97		
27303		Drainage of bone lesion		NA	$330.79		
27305		Incise thigh tendon & fascia		NA	$240.06		
27306		Incision of thigh tendon		NA	$201.83		
27307		Incision of thigh tendons		NA	$242.25		
27310		Exploration of knee joint		NA	$365.84		
27323		Biopsy thigh soft tissues		$119.64	$87.35		
27324		Biopsy thigh soft tissues		NA	$194.70		
27325		Neurectomy hamstring		NA	$262.65		
27326		Neurectomy popliteal		NA	$248.39		
27327		Exc thigh/knee les sc < 3 cm		$220.06	$174.91		
27328		Exc thigh/knee tum deep < 5 cm		NA	$213.53		
27329		Resect thigh/knee tum < 5 cm		NA	$501.32		
27330		Biopsy knee joint lining		NA	$205.99		
27331		Explore/treat knee joint		NA	$246.21		
27332		Removal of knee cartilage		NA	$333.37		
27333		Removal of knee cartilage		NA	$301.87		
27334		Remove knee joint lining		NA	$349.21		
27335		Remove knee joint lining		NA	$395.55		
27337		Exc thigh/knee les sc 3 cm/>		NA	$224.22		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
27339		Exc thigh/knee tum dep 5cm/>		NA	$403.88		
27340		Removal of kneecap bursa		NA	$187.37		
27345		Removal of knee cyst		NA	$248.58		
27347		Remove knee cyst		NA	$241.45		
27350		Removal of kneecap		NA	$333.37		
27355		Remove femur lesion		NA	$311.98		
27356		Remove femur lesion/graft		NA	$376.15		
27357		Remove femur lesion/graft		NA	$419.72		
27358		Remove femur lesion/fixation		NA	$160.04		
27360		Partial removal leg bone(s)		NA	$433.59		
27364		Resect thigh/knee tum 5 cm/>		NA	$843.61		
27365		Resect femur/knee tumor		NA	$609.09		
27370		Injection for knee x-ray		$94.48	$26.94		
27372		Removal of foreign body		$316.53	$209.96		
27380		Repair of kneecap tendon		NA	$310.79		
27381		Repair/graft kneecap tendon		NA	$420.52		
27385		Repair of thigh muscle		NA	$331.98		
27386		Repair/graft of thigh muscle		NA	$434.37		
27390		Incision of thigh tendon		NA	$225.02		
27391		Incision of thigh tendons		NA	$297.11		
27392		Incision of thigh tendons		NA	$363.87		
27393		Lengthening of thigh tendon		NA	$264.03		
27394		Lengthening of thigh tendons		NA	$340.70		
27395		Lengthening of thigh tendons		NA	$457.56		
27396		Transplant of thigh tendon		NA	$321.08		
27397		Transplants of thigh tendons		NA	$438.73		
27400		Revise thigh muscles/tendons		NA	$348.41		
27403		Repair of knee cartilage		NA	$335.93		
27405		Repair of knee ligament		NA	$349.80		
27407		Repair of knee ligament		NA	$403.68		
27409		Repair of knee ligaments		NA	$497.16		
27412		Autochondrocyte implant knee		NA	$840.24		
27415		Osteochondral knee allograft		NA	$701.79		
27416		Osteochondral knee autograft		NA	$489.25		
27418		Repair degenerated kneecap		NA	$428.63		
27420		Revision of unstable kneecap		NA	$389.42		
27422		Revision of unstable kneecap		NA	$388.42		
27424		Revision/removal of kneecap		NA	$388.42		
27425		Lat retinacular release open		NA	$230.76		
27427		Reconstruction knee		NA	$372.38		
27428		Reconstruction knee		NA	$548.08		
27429		Reconstruction knee		NA	$607.09		
27430		Revision of thigh muscles		NA	$383.68		
27435		Incision of knee joint		NA	$389.62		
27437		Revise kneecap		NA	$340.70		
27438		Revise kneecap with implant		NA	$430.21		
27440		Revision of knee joint		NA	$361.09		
27441		Revision of knee joint		NA	$384.46		
27442		Revision of knee joint		NA	$453.60		
27443		Revision of knee joint		NA	$427.05		
27445		Revision of knee joint		NA	$656.03		
27446		Revision of knee joint		NA	$592.64		
27447		Total knee arthroplasty		NA	$789.93		
27448		Incision of thigh		NA	$427.85		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
27450		Incision of thigh		NA	$534.61		
27454		Realignment of thigh bone		NA	$657.42		
27455		Realignment of knee		NA	$494.19		
27457		Realignment of knee		NA	$509.45		
27465		Shortening of thigh bone		NA	$526.29		
27466		Lengthening of thigh bone		NA	$612.84		
27468		Shorten/lengthen thighs		NA	$685.94		
27470		Repair of thigh		NA	$607.31		
27472		Repair/graft of thigh		NA	$663.16		
27475		Surgery to stop leg growth		NA	$341.09		
27477		Surgery to stop leg growth		NA	$382.68		
27479		Surgery to stop leg growth		NA	$499.74		
27485		Surgery to stop leg growth		NA	$352.18		
27486		Revise/replace knee joint		NA	$715.64		
27487		Revise/replace knee joint		NA	$915.51		
27488		Removal of knee prosthesis		NA	$597.99		
27496		Decompression of thigh/knee		NA	$251.75		
27497		Decompression of thigh/knee		NA	$272.55		
27498		Decompression of thigh/knee		NA	$300.88		
27499		Decompression of thigh/knee		NA	$342.67		
27500		Treatment of thigh fracture		$258.88	$236.31		
27501		Treatment of thigh fracture		$252.55	$244.42		
27502		Treatment of thigh fracture		NA	$405.46		
27503		Treatment of thigh fracture		NA	$410.21		
27506		Treatment of thigh fracture		NA	$659.00		
27507		Treatment of thigh fracture		NA	$520.14		
27508		Treatment of thigh fracture		$262.84	$243.44		
27509		Treatment of thigh fracture		NA	$337.12		
27510		Treatment of thigh fracture		NA	$356.54		
27511		Treatment of thigh fracture		NA	$539.17		
27513		Treatment of thigh fracture		NA	$691.88		
27514		Treatment of thigh fracture		NA	$666.72		
27516		Treat thigh fx growth plate		$248.39	$231.74		
27517		Treat thigh fx growth plate		NA	$345.83		
27519		Treat thigh fx growth plate		NA	$577.79		
27520		Treat kneecap fracture		$156.08	$134.29		
27524		Treat kneecap fracture		NA	$395.75		
27530		Treat knee fracture		$193.12	$175.30		
27532		Treat knee fracture		$315.53	$297.50		
27535		Treat knee fracture		NA	$467.86		
27536		Treat knee fracture		NA	$594.22		
27538		Treat knee fracture(s)		$234.71	$216.09		
27540		Treat knee fracture		NA	$493.00		
27550		Treat knee dislocation		$248.39	$226.80		
27552		Treat knee dislocation		NA	$321.28		
27556		Treat knee dislocation		NA	$565.91		
27557		Treat knee dislocation		NA	$651.07		
27558		Treat knee dislocation		NA	$670.49		
27560		Treat kneecap dislocation		$179.46	$146.58		
27562		Treat kneecap dislocation		NA	$227.80		
27566		Treat kneecap dislocation		NA	$469.05		
27570		Fixation of knee joint		NA	$75.66		
27580		Fusion of knee		NA	$743.77		
27590		Amputate leg at thigh		NA	$404.87		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
27591		Amputate leg at thigh		NA	$462.51		
27592		Amputate leg at thigh		NA	$349.41		
27594		Amputation follow-up surgery		NA	$259.68		
27596		Amputation follow-up surgery		NA	$375.94		
27598		Amputate lower leg at knee		NA	$380.30		
27599		Leg surgery procedure		M	M		Documentation Required
27600		Decompression of lower leg		NA	$218.67		
27601		Decompression of lower leg		NA	$223.63		
27602		Decompression of lower leg		NA	$268.98		
27603		Drain lower leg lesion		$261.07	$194.92		
27604		Drain lower leg bursa		$222.83	$180.65		
27605		Incision of achilles tendon		$217.48	$111.12		
27606		Incision of achilles tendon		NA	$162.23		
27607		Treat lower leg bone lesion		NA	$306.23		
27610		Explore/treat ankle joint		NA	$331.77		
27612		Exploration of ankle joint		NA	$288.40		
27613		Biopsy lower leg soft tissue		$111.12	$82.80		
27614		Biopsy lower leg soft tissue		$268.98	$215.51		
27615		Resect leg/ankle tum < 5 cm		NA	$471.22		
27616		Resect leg/ankle tum 5 cm/>		NA	$688.51		
27618		Exc leg/ankle tum < 3 cm		$234.32	$194.11		
27619		Exc leg/ankle tum deep < 5 cm		NA	$309.20		
27620		Explore/treat ankle joint		NA	$246.00		
27625		Remove ankle joint lining		NA	$317.92		
27626		Remove ankle joint lining		NA	$343.06		
27630		Removal of tendon lesion		$259.68	$196.50		
27632		Exc leg/ankle les sc 3 cm/>		NA	$221.45		
27634		Exc leg/ankle tum dep 5 cm/>		NA	$360.89		
27635		Remove lower leg bone lesion		NA	$313.76		
27637		Remove/graft leg bone lesion		NA	$392.39		
27638		Remove/graft leg bone lesion		NA	$410.01		
27640		Partial removal of tibia		NA	$466.86		
27641		Partial removal of fibula		NA	$377.33		
27645		Resect tibia tumor		NA	$567.29		
27646		Resect fibula tumor		NA	$510.04		
27647		Resect talus/calcaneus tum		NA	$427.85		
27648		Injection for ankle x-ray		$90.51	$27.14		
27650		Repair achilles tendon		NA	$372.38		
27652		Repair/graft achilles tendon		NA	$397.55		
27654		Repair of achilles tendon		NA	$371.19		
27656		Repair leg fascia defect		$273.35	$178.86		
27658		Repair of leg tendon each		NA	$204.60		
27659		Repair of leg tendon each		NA	$268.39		
27664		Repair of leg tendon each		NA	$196.09		
27665		Repair of leg tendon each		NA	$223.03		
27675		Repair lower leg tendons		NA	$277.91		
27676		Repair lower leg tendons		NA	$327.82		
27680		Release of lower leg tendon		NA	$233.33		
27681		Release of lower leg tendons		NA	$275.13		
27685		Revision of lower leg tendon		$292.56	$256.32		
27686		Revise lower leg tendons		NA	$301.08		
27687		Revision of calf tendon		NA	$248.78		
27690		Revise lower leg tendon		NA	$324.85		
27691		Revise lower leg tendon		NA	$383.68		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
27692		Revise additional leg tendon		NA	$61.79		
27695		Repair of ankle ligament		NA	$266.22		
27696		Repair of ankle ligaments		NA	$316.72		
27698		Repair of ankle ligament		NA	$352.18		
27700		Revision of ankle joint		NA	$322.47		
27702		Reconstruct ankle joint		NA	$525.10		
27703		Reconstruction ankle joint		NA	$591.66		
27704		Removal of ankle implant		NA	$287.01		
27705		Incision of tibia		NA	$403.08		
27707		Incision of fibula		NA	$199.47		
27709		Incision of tibia & fibula		NA	$392.58		
27712		Realignment of lower leg		NA	$544.11		
27715		Revision of lower leg		NA	$547.88		
27720		Repair of tibia		NA	$460.34		
27722		Repair/graft of tibia		NA	$455.77		
27724		Repair/graft of tibia		NA	$668.11		
27725		Repair of lower leg		NA	$598.58		
27726		Repair fibula nonunion		NA	$461.51		
27727		Repair of lower leg		NA	$530.65		
27730		Repair of tibia epiphysis		NA	$308.21		
27732		Repair of fibula epiphysis		NA	$218.28		
27734		Repair lower leg epiphyses		NA	$319.30		
27740		Repair of leg epiphyses		NA	$374.77		
27742		Repair of leg epiphyses		NA	$349.60		
27750		Treatment of tibia fracture		$168.56	$150.53		
27752		Treatment of tibia fracture		$267.60	$248.19		
27756		Treatment of tibia fracture		NA	$285.62		
27758		Treatment of tibia fracture		NA	$453.40		
27759		Treatment of tibia fracture		NA	$524.10		
27760		Cltx medial ankle fx		$162.03	$140.43		
27762		Cltx med ankle fx w/mnpj		$246.41	$225.41		
27766		Optx medial ankle fx		NA	$337.32		
27767		Cltx post ankle fx		$127.76	$123.60		
27768		Cltx post ankle fx w/mnpj		NA	$199.66		
27769		Optx post ankle fx		NA	$347.03		
27780		Treatment of fibula fracture		$143.61	$124.39		
27781		Treatment of fibula fracture		$210.56	$193.53		
27784		Treatment of fibula fracture		NA	$293.55		
27786		Treatment of ankle fracture		$153.91	$131.52		
27788		Treatment of ankle fracture		$214.71	$194.92		
27792		Treatment of ankle fracture		NA	$315.92		
27808		Treatment of ankle fracture		$160.43	$138.65		
27810		Treatment of ankle fracture		$241.65	$219.86		
27814		Treatment of ankle fracture		NA	$417.75		
27816		Treatment of ankle fracture		$152.72	$133.51		
27818		Treatment of ankle fracture		$251.55	$227.58		
27822		Treatment of ankle fracture		NA	$466.86		
27823		Treatment of ankle fracture		NA	$529.46		
27824		Treat lower leg fracture		$146.78	$136.87		
27825		Treat lower leg fracture		$273.74	$249.58		
27826		Treat lower leg fracture		NA	$373.38		
27827		Treat lower leg fracture		NA	$579.76		
27828		Treat lower leg fracture		NA	$653.45		
27829		Treat lower leg joint		NA	$262.06		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
27830		Treat lower leg dislocation		$172.72	$162.03		
27831		Treat lower leg dislocation		NA	$193.12		
27832		Treat lower leg dislocation		NA	$271.36		
27840		Treat ankle dislocation		NA	$174.30		
27842		Treat ankle dislocation		NA	$244.22		
27846		Treat ankle dislocation		NA	$384.87		
27848		Treat ankle dislocation		NA	$452.80		
27860		Fixation of ankle joint		NA	$93.49		
27870		Fusion of ankle joint, open		NA	$530.84		
27871		Fusion of tibiofibular joint		NA	$363.48		
27880		Amputation of lower leg		NA	$410.62		
27881		Amputation of lower leg		NA	$458.95		
27882		Amputation of lower leg		NA	$331.18		
27884		Amputation follow-up surgery		NA	$300.88		
27886		Amputation follow-up surgery		NA	$341.48		
27888		Amputation of foot at ankle		NA	$370.20		
27889		Amputation of foot at ankle		NA	$354.96		
27892		Decompression of leg		NA	$279.10		
27893		Decompression of leg		NA	$275.72		
27894		Decompression of leg		NA	$394.36		
27899		Leg/ankle surgery procedure		M	M		Documentation Required
28001		Drainage of bursa of foot		$119.84	$99.44		
28002		Treatment of foot infection		$202.44	$178.27		
28003		Treatment of foot infection		$312.37	$292.36		
28005		Treat foot bone lesion		NA	$314.75		
28008		Incision of foot fascia		$189.56	$162.82		
28010		Incision of toe tendon		$110.52	$110.52		
28011		Incision of toe tendons		$156.31	$152.69		
28020		Exploration of foot joint		$232.74	$195.31		
28022		Exploration of foot joint		$207.79	$181.04		
28024		Exploration of toe joint		$201.64	$175.89		
28035		Decompression of tibia nerve		$230.76	$195.70		
28039		Exc foot/toe tum sc 1.5 cm/>		$254.53	$182.23		
28041		Exc foot/toe tum dep 1.5cm/>		NA	$239.47		
28043		Exc foot/toe tum sc < 1.5 cm		$154.69	$142.02		
28045		Exc foot/toe tum deep < 1.5 cm		$212.54	$177.27		
28046		Resect foot/toe tumor < 3 cm		NA	$356.74		
28047		Resect foot/toe tumor 3 cm/>		NA	$504.30		
28050		Biopsy of foot joint lining		$192.92	$167.17		
28052		Biopsy of foot joint lining		$185.79	$156.49		
28054		Biopsy of toe joint lining		$170.94	$141.42		
28055		Neurectomy foot		NA	$209.18		
28060		Partial removal foot fascia		$226.00	$194.11		
28062		Removal of foot fascia		$274.73	$225.02		
28070		Removal of foot joint lining		$218.87	$190.95		
28072		Removal of foot joint lining		$213.73	$189.37		
28080		Removal of foot lesion		$181.43	$153.11		
28086		Excise foot tendon sheath		$268.00	$202.44		
28088		Excise foot tendon sheath		$202.63	$165.59		
28090		Removal of foot lesion		$200.85	$167.37		
28092		Removal of toe lesions		$185.21	$151.52		
28100		Removal of ankle/heel lesion		$286.23	$221.25		
28102		Remove/graft foot lesion		NA	$293.55		
28103		Remove/graft foot lesion		NA	$238.09		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
28104		Removal of foot lesion		$224.02	$192.92		
28106		Remove/graft foot lesion		NA	$248.78		
28107		Remove/graft foot lesion		$254.13	$207.98		
28108		Removal of toe lesions		$183.82	$157.27		
28110		Part removal of metatarsal		$194.92	$155.30		
28111		Part removal of metatarsal		$236.90	$184.80		
28112		Part removal of metatarsal		$216.09	$171.73		
28113		Part removal of metatarsal		$227.38	$192.73		
28114		Removal of metatarsal heads		$452.60	$388.03		
28116		Revision of foot		$308.60	$276.32		
28118		Removal of heel bone		$258.49	$220.66		
28119		Removal of heel spur		$228.19	$194.31		
28120		Part removal of ankle/heel		$266.61	$209.57		
28122		Partial removal of foot bone		$299.30	$268.20		
28124		Partial removal of toe		$205.99	$179.46		
28126		Partial removal of toe		$162.03	$137.87		
28130		Removal of ankle bone		NA	$318.70		
28140		Removal of metatarsal		$298.30	$249.38		
28150		Removal of toe		$187.18	$156.49		
28153		Partial removal of toe		$167.17	$134.89		
28160		Partial removal of toe		$174.11	$149.75		
28171		Resect tarsal tumor		NA	$324.05		
28173		Resect metatarsal tumor		NA	$299.49		
28175		Resect phalanx of toe tumor		NA	$207.57		
28190		Removal of foot foreign body		$110.52	$72.50		
28192		Removal of foot foreign body		$212.54	$176.08		
28193		Removal of foot foreign body		$239.08	$205.60		
28200		Repair of foot tendon		$204.02	$173.52		
28202		Repair/graft of foot tendon		$296.52	$242.45		
28208		Repair of foot tendon		$193.31	$163.41		
28210		Repair/graft of foot tendon		$265.03	$221.45		
28220		Release of foot tendon		$193.53	$168.76		
28222		Release of foot tendons		$228.77	$206.60		
28225		Release of foot tendon		$166.39	$139.04		
28226		Release of foot tendons		$196.09	$175.30		
28230		Incision of foot tendon(s)		$187.37	$167.56		
28232		Incision of toe tendon		$165.40	$141.42		
28234		Incision of foot tendon		$167.97	$141.81		
28238		Revision of foot tendon		$317.72	$271.75		
28240		Release of big toe		$189.56	$166.78		
28250		Revision of foot fascia		$245.03	$215.31		
28260		Release of midfoot joint		$305.63	$279.10		
28261		Revision of foot tendon		$433.98	$408.04		
28262		Revision of foot and ankle		$633.64	$581.15		
28264		Release of midfoot joint		$388.62	$379.71		
28270		Release of foot contracture		$203.43	$180.44		
28272		Release of toe joint each		$167.17	$140.84		
28280		Fusion of toes		$241.06	$205.99		
28285		Repair of hammertoe		$198.86	$170.34		
28286		Repair of hammertoe		$196.50	$165.98		
28288		Partial removal of foot bone		$224.41	$203.43		
28289		Repair hallux rigidus		$317.92	$273.94		
28290		Correction of bunion		$252.35	$221.84		
28292		Correction of bunion		$305.43	$267.20		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
28293		Correction of bunion		$416.75	$324.64		
28294		Correction of bunion		$338.51	$284.43		
28296		Correction of bunion		$367.03	$312.76		
28297		Correction of bunion		$385.45	$331.98		
28298		Correction of bunion		$321.08	$277.10		
28299		Correction of bunion		$410.42	$356.74		
28300		Incision of heel bone		NA	$358.91		
28302		Incision of ankle bone		NA	$353.77		
28304		Incision of midfoot bones		$364.06	$320.28		
28305		Incise/graft midfoot bones		NA	$366.25		
28306		Incision of metatarsal		$268.20	$215.31		
28307		Incision of metatarsal		$361.89	$248.00		
28308		Incision of metatarsal		$232.54	$191.54		
28309		Incision of metatarsals		NA	$451.02		
28310		Revision of big toe		$235.32	$191.73		
28312		Revision of toe		$210.35	$174.50		
28315		Removal of sesamoid bone		$205.60	$174.69		
28320		Repair of foot bones		NA	$343.27		
28322		Repair of metatarsals		$372.38	$315.92		
28340		Resect enlarged toe tissue		$282.65	$238.87		
28341		Resect enlarged toe		$324.05	$281.86		
28344		Repair extra toe(s)		$208.38	$166.39		
28345		Repair webbed toe(s)		$255.91	$225.80		
28360		Reconstruct cleft foot		NA	$517.38		
28400		Treatment of heel fracture		$121.81	$110.32		
28405		Treatment of heel fracture		$200.66	$196.50		
28406		Treatment of heel fracture		NA	$281.66		
28415		Treat heel fracture		NA	$632.45		
28420		Treat/graft heel fracture		NA	$641.17		
28430		Treatment of ankle fracture		$114.88	$98.44		
28435		Treatment of ankle fracture		$155.10	$152.33		
28436		Treatment of ankle fracture		NA	$226.80		
28445		Treat ankle fracture		NA	$579.18		
28446		Osteochondral talus autogrft		NA	$599.96		
28450		Treat midfoot fracture each		$104.99	$92.31		
28455		Treat midfoot fracture each		$137.87	$137.87		
28456		Treat midfoot fracture		NA	$144.20		
28465		Treat midfoot fracture each		NA	$285.82		
28470		Treat metatarsal fracture		$107.35	$93.89		
28475		Treat metatarsal fracture		$133.71	$131.32		
28476		Treat metatarsal fracture		NA	$176.29		
28485		Treat metatarsal fracture		NA	$237.48		
28490		Treat big toe fracture		$64.37	$56.85		
28495		Treat big toe fracture		$78.44	$76.25		
28496		Treat big toe fracture		$217.09	$116.67		
28505		Treat big toe fracture		$247.19	$163.81		
28510		Treatment of toe fracture		$54.66	$54.66		
28515		Treatment of toe fracture		$70.12	$70.12		
28525		Treat toe fracture		$224.61	$143.61		
28530		Treat sesamoid bone fracture		$52.30	$52.30		
28531		Treat sesamoid bone fracture		$197.47	$94.28		
28540		Treat foot dislocation		$93.29	$93.29		
28545		Treat foot dislocation		$102.41	$102.41		
28546		Treat foot dislocation		$210.95	$160.65		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
28555		Repair foot dislocation		$341.89	$257.90		
28570		Treat foot dislocation		$85.57	$83.79		
28575		Treat foot dislocation		$150.53	$150.53		
28576		Treat foot dislocation		NA	$178.86		
28585		Repair foot dislocation		$328.21	$298.69		
28600		Treat foot dislocation		$98.64	$96.06		
28605		Treat foot dislocation		$118.66	$118.66		
28606		Treat foot dislocation		NA	$206.19		
28615		Repair foot dislocation		NA	$339.11		
28630		Treat toe dislocation		$68.73	$57.44		
28635		Treat toe dislocation		$83.19	$73.28		
28636		Treat toe dislocation		$140.23	$115.48		
28645		Repair toe dislocation		$192.92	$159.65		
28660		Treat toe dislocation		$51.89	$42.59		
28665		Treat toe dislocation		$71.12	$68.65		
28666		Treat toe dislocation		NA	$112.51		
28675		Repair of toe dislocation		$208.57	$133.30		
28705		Fusion of foot bones		NA	$679.79		
28715		Fusion of foot bones		NA	$495.58		
28725		Fusion of foot bones		NA	$430.02		
28730		Fusion of foot bones		NA	$414.78		
28735		Fusion of foot bones		NA	$403.08		
28737		Revision of foot bones		NA	$354.96		
28740		Fusion of foot bones		$398.52	$311.18		
28750		Fusion of big toe joint		$403.29	$299.10		
28755		Fusion of big toe joint		$227.80	$181.04		
28760		Fusion of big toe joint		$332.37	$283.65		
28800		Amputation of midfoot		NA	$300.27		
28805		Amputation thru metatarsal		NA	$301.47		
28810		Amputation toe & metatarsal		NA	$228.58		
28820		Amputation of toe		$249.19	$174.30		
28825		Partial amputation of toe		$219.67	$149.94		
28890		High energy eswt plantar f		$186.98	$114.88		
28899		Foot/toes surgery procedure		M	M		Documentation Required
29000		Application of body cast		$111.51	$87.15		
29010		Application of body cast		$114.88	$84.98		
29015		Application of body cast		$112.32	$84.98		
29020		Application of body cast		$110.52	$75.27		
29025		Application of body cast		$118.64	$93.09		
29035		Application of body cast		$112.32	$71.89		
29040		Application of body cast		$100.03	$81.02		
29044		Application of body cast		$127.76	$86.76		
29046		Application of body cast		$120.23	$97.64		
29049		Application of figure eight		$45.95	$30.70		
29055		Application of shoulder cast		$100.42	$70.31		
29058		Application of shoulder cast		$60.21	$43.58		
29065		Application of long arm cast		$46.56	$35.07		
29075		Application of forearm cast		$42.78	$31.30		
29085		Apply hand/wrist cast		$45.36	$32.49		
29086		Apply finger cast		$32.68	$23.37		
29105		Apply long arm splint		$43.98	$29.72		
29125		Apply forearm splint		$33.27	$20.81		
29126		Apply forearm splint		$40.60	$25.75		
29130		Application of finger splint		$20.40	$14.46		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
29131		Application of finger splint		$26.14	$16.23		
29200		Strapping of chest		$27.94	$20.40		
29240		Strapping of shoulder		$32.08	$22.39		
29260		Strapping of elbow or wrist		$26.55	$18.23		
29280		Strapping of hand or finger		$26.55	$17.04		
29305		Application of hip cast		$113.50	$82.21		
29325		Application of hip casts		$124.00	$92.70		
29345		Application of long leg cast		$67.54	$53.47		
29355		Application of long leg cast		$69.34	$57.63		
29358		Apply long leg cast brace		$74.28	$54.86		
29365		Application of long leg cast		$60.21	$46.14		
29405		Apply short leg cast		$43.98	$33.88		
29425		Apply short leg cast		$47.34	$37.63		
29435		Apply short leg cast		$58.24	$45.75		
29440		Addition of walker to cast		$26.55	$18.23		
29445		Apply rigid leg cast		$76.47	$59.63		
29450		Application of leg cast		$75.66	$68.14		
29505		Application long leg splint		$38.62	$24.17		
29515		Application lower leg splint		$33.47	$25.36		
29520		Strapping of hip		$28.13	$20.59		
29530		Strapping of knee		$27.94	$18.81		
29540		Strapping of ankle and/or ft		$19.61	$17.43		
29550		Strapping of toes		$18.81	$16.04		
29580		Application of paste boot		$25.55	$19.61		
29581		Apply multlay comprs lwr leg		$47.54	$17.63		
29582		Apply multlay comprs upr leg		$40.61	$8.91		
29583		Apply multlay comprs upr arm		$25.16	$6.54		
29584		Appl multlay comprs arm/hand		$40.61	$8.91		
29700		Removal/revision of cast		$30.50	$18.42		
29705		Removal/revision of cast		$33.88	$25.16		
29710		Removal/revision of cast		$60.82	$44.37		
29715		Removal/revision of cast		$43.58	$28.33		
29720		Repair of body cast		$38.82	$23.57		
29730		Windowing of cast		$33.27	$24.17		
29740		Wedging of cast		$48.53	$35.46		
29750		Wedging of clubfoot cast		$50.11	$40.60		
29799		Casting/strapping procedure		M	M		Documentation Required
29800		Jaw arthroscopy/surgery		NA	$285.23		
29805		Shoulder arthroscopy dx		NA	$249.38		
29806		Shoulder arthroscopy/surgery		NA	$555.21		
29807		Shoulder arthroscopy/surgery		NA	$540.94		
29819		Shoulder arthroscopy/surgery		NA	$311.76		
29820		Shoulder arthroscopy/surgery		NA	$287.61		
29821		Shoulder arthroscopy/surgery		NA	$314.15		
29822		Shoulder arthroscopy/surgery		NA	$305.24		
29823		Shoulder arthroscopy/surgery		NA	$332.96		
29824		Shoulder arthroscopy/surgery		NA	$340.89		
29825		Shoulder arthroscopy/surgery		NA	$311.18		
29826		Shoulder arthroscopy/surgery		NA	$103.79		
29827		Arthroscop rotator cuff repr		NA	$585.51		
29828		Arthroscopy biceps tenodesis		NA	$462.31		
29830		Elbow arthroscopy		NA	$239.67		
29834		Elbow arthroscopy/surgery		NA	$261.46		
29835		Elbow arthroscopy/surgery		NA	$267.40		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
29836		Elbow arthroscopy/surgery		NA	$308.40		
29837		Elbow arthroscopy/surgery		NA	$281.27		
29838		Elbow arthroscopy/surgery		NA	$315.14		
29840		Wrist arthroscopy		NA	$231.95		
29843		Wrist arthroscopy/surgery		NA	$248.78		
29844		Wrist arthroscopy/surgery		NA	$262.26		
29845		Wrist arthroscopy/surgery		NA	$296.91		
29846		Wrist arthroscopy/surgery		NA	$274.94		
29847		Wrist arthroscopy/surgery		NA	$284.43		
29848		Wrist endoscopy/surgery		NA	$235.90		
29850		Knee arthroscopy/surgery		NA	$286.81		
29851		Knee arthroscopy/surgery		NA	$499.94		
29855		Tibial arthroscopy/surgery		NA	$420.52		
29856		Tibial arthroscopy/surgery		NA	$538.97		
29860		Hip arthroscopy dx		NA	$324.25		
29861		Hip arthro w/fb removal		NA	$358.32		
29862		Hip arthro w/debridement		NA	$397.94		
29863		Hip arthro w/synovectomy		NA	$392.98		
29866		Autgrft implnt knee w/scope		NA	$547.68		
29867		Allgrft implnt knee w/scope		NA	$654.45		
29868		Meniscal trnspl knee w/scpe		NA	$886.99		
29870		Knee arthroscopy dx	P	$214.12	$214.12		Rate revised per file review.
29871		Knee arthroscopy/drainage		NA	$268.78		
29873		Knee arthroscopy/surgery		NA	$269.78		
29874		Knee arthroscopy/surgery		NA	$282.07		
29875		Knee arthroscopy/surgery		NA	$262.65		
29876		Knee arthroscopy/surgery		NA	$323.26		
29877		Knee arthroscopy/surgery		NA	$304.63		
29879		Knee arthroscopy/surgery		NA	$328.02		
29880		Knee arthroscopy/surgery		NA	$343.47		
29881		Knee arthroscopy/surgery		NA	$318.31		
29882		Knee arthroscopy/surgery		NA	$344.65		
29883		Knee arthroscopy/surgery		NA	$436.56		
29884		Knee arthroscopy/surgery		NA	$303.25		
29885		Knee arthroscopy/surgery		NA	$369.41		
29886		Knee arthroscopy/surgery		NA	$310.98		
29887		Knee arthroscopy/surgery		NA	$367.42		
29888		Knee arthroscopy/surgery		NA	$525.30		
29889		Knee arthroscopy/surgery		NA	$618.58		
29891		Ankle arthroscopy/surgery		NA	$342.86		
29892		Ankle arthroscopy/surgery		NA	$359.70		
29893		Scope plantar fasciotomy		$240.46	$194.92		
29894		Ankle arthroscopy/surgery		NA	$274.14		
29895		Ankle arthroscopy/surgery		NA	$268.98		
29897		Ankle arthroscopy/surgery		NA	$282.07		
29898		Ankle arthroscopy/surgery		NA	$312.95		
29899		Ankle arthroscopy/surgery		NA	$532.04		
29900		Mcp joint arthroscopy dx		NA	$242.25		
29901		Mcp joint arthroscopy surg		NA	$266.61		
29902		Mcp joint arthroscopy surg		NA	$284.63		
29904		Subtalar arthro w/fb rmvl		NA	$309.79		
29905		Subtalar arthro w/exc		NA	$333.37		
29906		Subtalar arthro w/deb		NA	$351.19		
29907		Subtalar arthro w/fusion		NA	$431.01		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
29914		Hip arthro w/ femoroplasty		NA	$600.57		
29915		Hip arthro acetabuloplasty		NA	$611.86		
29916		Hip arthro w/ labral repair		NA	$611.86		
29999		Arthroscopy of joint		M	M		Documentation Required
30000		Drainage of nose lesion		$111.51	$58.24		
30020		Drainage of nose lesion		$95.67	$59.82		
30100		Intranasal biopsy		$59.22	$36.24		
30110		Removal of nose polyp(s)		$99.44	$66.15		
30115		Removal of nose polyp(s)		NA	$208.57		
30117		Removal of intranasal lesion		$328.80	$159.65		
30118		Removal of intranasal lesion		NA	$389.81		
30120		Revision of nose		$243.44	$233.73		
30124		Removal of nose lesion		NA	$138.06		
30125		Removal of nose lesion		NA	$319.30		
30130		Excise inferior turbinate		NA	$184.01		
30140		Resect inferior turbinate		NA	$197.68		
30150		Partial removal of nose		NA	$417.94		
30160		Removal of nose		NA	$409.82		
30200		Injection treatment of nose		$48.72	$31.30		
30220		Insert nasal septal button		$116.87	$63.18		
30300		Remove nasal foreign body		$114.09	$60.21		
30310		Remove nasal foreign body		NA	$103.60		
30320		Remove nasal foreign body		NA	$236.90		
30400		Reconstruction of nose		NA	$522.72	Y	
30410		Reconstruction of nose		NA	$649.68	Y	
30420		Reconstruction of nose		NA	$698.82	Y	
30430		Revision of nose		NA	$475.98	Y	
30435		Revision of nose		NA	$640.19	Y	
30450		Revision of nose		NA	$842.41	Y	
30460		Revision of nose		NA	$414.97		
30462		Revision of nose		NA	$839.25		
30465		Repair nasal stenosis		NA	$488.86		
30520		Repair of nasal septum		NA	$254.13		
30540		Repair nasal defect		NA	$350.80		
30545		Repair nasal defect		NA	$494.99		
30560		Release of nasal adhesions		$121.61	$69.34		
30580		Repair upper jaw fistula		$304.24	$265.03		
30600		Repair mouth/nose fistula		$282.26	$232.54		
30620		Intranasal reconstruction		NA	$304.85		
30630		Repair nasal septum defect		NA	$310.79		
30801		Cauterization inner nose		$105.38	$61.60		
30802		Ablate inf turbinate submuc		$134.89	$90.32		
30901		Control of nosebleed		$53.08	$32.49		
30903		Control of nosebleed		$86.96	$42.98		
30905		Control of nosebleed		$112.12	$57.44		
30906		Repeat control of nosebleed		$129.74	$76.25		
30915		Ligation nasal sinus artery		NA	$286.81		
30920		Ligation upper jaw artery		NA	$388.62		
30930		Ther fx nasal inf turbinate		NA	$59.43		
30999		Nasal surgery procedure		M	M		Documentation Required
31000		Irrigation maxillary sinus		$81.02	$52.30		
31002		Irrigation sphenoid sinus		NA	$105.18		
31020		Exploration maxillary sinus		$233.33	$166.98		
31030		Exploration maxillary sinus		$357.32	$261.26		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
31032		Explore sinus remove polyps		NA	$285.23		
31040		Exploration behind upper jaw		NA	$398.72		
31050		Exploration sphenoid sinus		NA	$240.26		
31051		Sphenoid sinus surgery		NA	$316.53		
31070		Exploration of frontal sinus		NA	$209.96		
31075		Exploration of frontal sinus		NA	$389.42		
31080		Removal of frontal sinus		NA	$518.97		
31081		Removal of frontal sinus		NA	$578.98		
31084		Removal of frontal sinus		NA	$558.98		
31085		Removal of frontal sinus		NA	$592.25		
31086		Removal of frontal sinus		NA	$539.36		
31087		Removal of frontal sinus		NA	$536.59		
31090		Exploration of sinuses		NA	$456.57		
31200		Removal of ethmoid sinus		NA	$287.01		
31201		Removal of ethmoid sinus		NA	$364.06		
31205		Removal of ethmoid sinus		NA	$451.60		
31225		Removal of upper jaw		NA	$765.77		
31230		Removal of upper jaw		NA	$853.70		
31231		Nasal endoscopy dx		$90.73	$41.01		
31233		Nasal/sinus endoscopy dx		$132.52	$76.47		
31235		Nasal/sinus endoscopy dx		$154.90	$91.51		
31237		Nasal/sinus endoscopy surg		$167.78	$102.00		
31238		Nasal/sinus endoscopy surg		$173.91	$111.51		
31239		Nasal/sinus endoscopy surg		NA	$343.27		
31240		Nasal/sinus endoscopy surg		NA	$90.92		
31254		Revision of ethmoid sinus		NA	$157.46		
31255		Removal of ethmoid sinus		NA	$233.73		
31256		Exploration maxillary sinus		NA	$113.70		
31267		Endoscopy maxillary sinus		NA	$184.21		
31276		Sinus endoscopy surgical		NA	$294.94		
31287		Nasal/sinus endoscopy surg		NA	$133.90		
31288		Nasal/sinus endoscopy surg		NA	$155.49		
31290		Nasal/sinus endoscopy surg		NA	$607.90		
31291		Nasal/sinus endoscopy surg		NA	$640.78		
31292		Nasal/sinus endoscopy surg		NA	$526.68		
31293		Nasal/sinus endoscopy surg		NA	$572.05		
31294		Nasal/sinus endoscopy surg		NA	$662.97		
31295		Sinus endo w/ balloon dil		$1,185.09	$102.21		
31296		Sinus endo w/balloon dil		$2,218.85	$122.01		
31297		Sinus endo w/ balloon dil		$2,198.05	$100.03		
31299		Sinus surgery procedure		M	M		Documentation Required
31300		Removal of larynx lesion		NA	$603.34		
31320		Diagnostic incision larynx		NA	$317.72		
31360		Removal of larynx		NA	$697.24		
31365		Removal of larynx		NA	$921.26		
31367		Partial removal of larynx		NA	$902.43		
31368		Partial removal of larynx		NA	$1,085.66		
31370		Partial removal of larynx		NA	$899.46		
31375		Partial removal of larynx		NA	$836.86		
31380		Partial removal of larynx		NA	$842.61		
31382		Partial removal of larynx		NA	$868.16		
31390		Removal of larynx & pharynx		NA	$1,072.98		
31395		Reconstruct larynx & pharynx		NA	$1,226.09		
31400		Revision of larynx		NA	$493.80		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
31420		Removal of epiglottis		NA	$408.04		
31500		Insert emergency airway		NA	$60.41		
31502		Change of windpipe airway		NA	$19.42		
31505		Diagnostic laryngoscopy		$41.79	$25.16		
31515		Laryngoscopy for aspiration		$108.74	$59.43		
31520		Dx laryngoscopy newborn		NA	$85.57		
31525		Dx laryngoscopy excl nb		$128.55	$89.12		
31526		Dx laryngoscopy w/oper scope		NA	$89.12		
31527		Laryngoscopy for treatment		NA	$107.16		
31528		Laryngoscopy and dilation		NA	$79.63		
31529		Laryngoscopy and dilation		NA	$91.31		
31530		Laryngoscopy w/fb removal		NA	$111.51		
31531		Laryngoscopy w/fb & op scope		NA	$121.81		
31535		Laryngoscopy w/biopsy		NA	$107.35		
31536		Laryngoscopy w/bx & op scope		NA	$120.83		
31540		Laryngoscopy w/exc of tumor		NA	$138.65		
31541		Larynscop w/tumr exc + scope		NA	$152.13		
31545		Remove vc lesion w/scope		NA	$201.05		
31546		Remove vc lesion scope/graft		NA	$306.82		
31560		Laryngoscop w/arytenoidectom		NA	$179.05		
31561		Larynscop, remve cart + scop		NA	$195.31		
31570		Laryngoscope w/vc inj		$195.31	$129.94		
31571		Laryngoscop w/vc inj + scope		NA	$143.01		
31575		Diagnostic laryngoscopy		$61.40	$41.20		
31576		Laryngoscopy with biopsy		$114.48	$67.34		
31577		Remove foreign body larynx		$127.76	$83.38		
31578		Removal of larynx lesion		$145.78	$90.92		
31579		Diagnostic laryngoscopy		$123.39	$77.64		
31580		Revision of larynx		NA	$580.76		
31582		Revision of larynx		NA	$974.73		
31584		Treat larynx fracture		NA	$782.80		
31587		Revision of larynx		NA	$440.33		
31588		Revision of larynx		NA	$550.65		
31590		Reinnervate larynx		NA	$463.10		
31595		Larynx nerve surgery		NA	$388.03		
31599		Larynx surgery procedure		M	M		Documentation Required
31600		Incision of windpipe		NA	$221.25		
31601		Incision of windpipe		NA	$143.61		
31603		Incision of windpipe		NA	$124.58		
31605		Incision of windpipe		NA	$102.21		
31610		Incision of windpipe		NA	$352.96		
31611		Surgery/speech prosthesis		NA	$260.87		
31612		Puncture/clear windpipe		$41.40	$26.55		
31613		Repair windpipe opening		NA	$218.09		
31614		Repair windpipe opening		NA	$325.44		
31615		Visualization of windpipe		$96.06	$68.34		
31620		Endobronchial us add-on		$142.02	$40.81		
31622		Dx bronchoscope/wash		$170.94	$79.63		
31623		Dx bronchoscope/brush		$187.18	$80.41		
31624		Dx bronchoscope/lavage		$174.30	$80.41		
31625		Bronchoscopy w/biopsy(s)		$185.60	$94.09		
31626		Bronchoscopy w/markers		$232.15	$115.87		
31627		Navigational bronchoscopy		$639.59	$56.25		
31628		Bronchoscopy/lung bx each		$218.28	$104.58		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
31629		Bronchoscopy/needle bx each		NA	$111.90		
31630		Bronchoscopy dilate/fx repr		NA	$115.87		
31631		Bronchoscopy dilate w/stent		NA	$128.16		
31632		Bronchoscopy/lung bx addl		$40.01	$30.11		
31633		Bronchoscopy/needle bx addl		$47.53	$37.24		
31634		Bronch w/balloon occlusion		$1,051.59	$120.43		
31635		Bronchoscopy w/fb removal		NA	$105.77		
31636		Bronchoscopy bronch stents		NA	$126.38		
31637		Bronchoscopy stent add-on		NA	$44.96		
31638		Bronchoscopy revise stent		NA	$140.23		
31640		Bronchoscopy w/tumor excise		NA	$147.97		
31641		Bronchoscopy treat blockage		NA	$143.81		
31643		Diag bronchoscope/catheter		NA	$97.45		
31645		Bronchoscopy clear airways		NA	$87.95		
31646		Bronchoscopy reclear airway		NA	$76.47		
31647		Bronchial valve init insert		NA	$131.52		
31648		Bronchial valve remov init		NA	$137.46		
31649		Bronchial valve remov addl		$43.18	$43.18		
31651		Bronchial valve addl insert		$45.76	$45.76		
31660		Bronch thermoplsty 1 lobe		NA	$131.92		
31661		Bronch thermoplsty 2/> lobes		NA	$139.25		
31717		Bronchial brush biopsy		$208.57	$60.41		
31720		Clearance of airways		NA	$28.91		
31725		Clearance of airways		NA	$53.08		
31750		Repair of windpipe		NA	$626.90		
31755		Repair of windpipe		NA	$827.76		
31760		Repair of windpipe		NA	$713.08		
31766		Reconstruction of windpipe		NA	$962.44		
31770		Repair/graft of bronchus		NA	$704.76		
31775		Reconstruct bronchus		NA	$759.22		
31780		Reconstruct windpipe		NA	$602.54		
31781		Reconstruct windpipe		NA	$750.51		
31785		Remove windpipe lesion		NA	$574.42		
31786		Remove windpipe lesion		NA	$799.43		
31800		Repair of windpipe injury		NA	$346.24		
31805		Repair of windpipe injury		NA	$438.94		
31820		Closure of windpipe lesion		$208.77	$168.76		
31825		Repair of windpipe defect		$297.31	$251.96		
31830		Revise windpipe scar		$212.15	$176.69		
31899		Airways surgical procedure		M	M		Documentation Required
32035		Thoracostomy w/rib resection		NA	$312.76		
32036		Thoracostomy w/flap drainage		NA	$347.63		
32096		Open wedge/bx lung infiltr		NA	$480.33		
32097		Open wedge/bx lung nodule		NA	$480.33		
32098		Open biopsy of lung pleura		NA	$451.42		
32100		Exploration of chest		NA	$500.93		
32110		Explore/repair chest		NA	$731.70		
32120		Re-exploration of chest		NA	$400.91		
32124		Explore chest free adhesions		NA	$432.20		
32140		Removal of lung lesion(s)		NA	$466.86		
32141		Remove/treat lung lesions		NA	$466.47		
32150		Removal of lung lesion(s)		NA	$470.44		
32151		Remove lung foreign body		NA	$480.13		
32160		Open chest heart massage		NA	$314.54		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
32200		Drain open lung lesion		NA	$515.59		
32201		Drain percut lung lesion		NA	$109.54		
32215		Treat chest lining		NA	$394.36		
32220		Release of lung		NA	$802.40		
32225		Partial release of lung		NA	$468.85		
32310		Removal of chest lining		NA	$452.01		
32320		Free/remove chest lining		NA	$785.56		
32400		Needle biopsy chest lining		$79.02	$47.73		
32405		Percut bx lung/mediastinum		$53.69	$52.89		
32440		Remove lung pneumonectomy		NA	$823.40		
32442		Sleeve pneumonectomy		NA	$888.17		
32445		Removal of lung extrapleural		NA	$848.96		
32480		Partial removal of lung		NA	$778.23		
32482		Bilobectomy		NA	$823.40		
32484		Segmentectomy		NA	$695.24		
32486		Sleeve lobectomy		NA	$805.57		
32488		Completion pneumonectomy		NA	$857.47		
32491		Lung volume reduction		NA	$730.12		
32501		Repair bronchus add-on		NA	$136.07		
32503		Resect apical lung tumor		NA	$980.08		
32504		Resect apical lung tum/chest		NA	$1,120.90		
32505		Wedge resect of lung initial		NA	$554.22		
32506		Wedge resect of lung add-on		NA	$93.49		
32507		Wedge resect of lung diag		NA	$93.49		
32540		Removal of lung lesion		NA	$521.94		
32550		Insert pleural cath		$436.56	$122.22		
32551		Insertion of chest tube		NA	$96.67		
32552		Remove lung catheter		$99.24	$87.95		
32553		Ins mark thor for rt perq		$319.10	$113.50		
32554		Aspirate pleura w/o imaging		$329.80	$52.29		
32555		Aspirate pleura w/ imaging		$380.31	$65.37		
32556		Insert cath pleura w/o image		$347.62	$71.70		
32557		Insert cath pleura w/ image		$564.32	$96.66		
32560		Treat pleurodesis w/agent		$161.82	$60.60		
32561		Lyse chest fibrin init day		$51.70	$39.62		
32562		Lyse chest fibrin subq day		$45.95	$35.46		
32601		Thoracoscopy diagnostic		NA	$170.54		
32604		Thoracoscopy wbx sac		NA	$267.00		
32606		Thoracoscopy w/bx med space		NA	$256.51		
32607		Thoracoscopy w/bx infiltrate		NA	$184.01		
32608		Thoracoscopy w/bx nodule		NA	$226.01		
32609		Thoracoscopy w/bx pleura		NA	$156.28		
32650		Thoracoscopy w/pleurodesis		NA	$378.13		
32651		Thoracoscopy remove cortex		NA	$435.76		
32652		Thoracoscopy rem totl cortex		NA	$624.33		
32653		Thoracoscopy remov fb/fibrin		NA	$430.21		
32654		Thoracoscopy contrl bleeding		NA	$427.85		
32655		Thoracoscopy resect bullae		NA	$440.33		
32656		Thoracoscopy w/pleurectomy		NA	$450.43		
32658		Thoracoscopy w/sac fb remove		NA	$409.43		
32659		Thoracoscopy w/sac drainage		NA	$409.23		
32661		Thoracoscopy w/pericard exc		NA	$454.79		
32662		Thoracoscopy w/mediast exc		NA	$543.52		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
32663		Thoracoscopy w/lobectomy		NA	$632.84		
32664		Thoracoscopy w/ th nrv exc		NA	$478.35		
32665		Thoracoscop w/esoph musc exc		NA	$511.42		
32666		Thoracoscopy w/wedge resect		NA	$518.37		
32667		Thoracoscopy w/w resect addl		NA	$93.49		
32668		Thoracoscopy w/w resect diag		NA	$94.09		
32669		Thoracoscopy remove segment		NA	$798.25		
32670		Path rprt w/ pt pn cat et al		NA	$952.55		
32671		Thoracoscopy bilobectomy		NA	$1,057.73		
32672		Thoracoscopy pneumonectomy		NA	$904.61		
32673		Thoracoscopy for lvrs		NA	$712.88		
32674		Thoracoscopy w/thymus resect		NA	$128.18		
32701		Thorax stereo rad targetw/tx		NA	$129.74		
32800		Thoracoscopy lymph node exc		NA	$457.15		
32810		Close chest after drainage		NA	$445.66		
32815		Close bronchial fistula		NA	$740.61		
32820		Reconstruct injured chest		NA	$716.44		
32850		Donor pneumonectomy		M	M	Y	Documentation Required
32851		Lung transplant single		NA	$1,423.57	Y	
32852		Lung transplant with bypass		NA	$1,604.41	Y	
32853		Lung transplant double		NA	$1,715.92	Y	
32854		Lung transplant with bypass		NA	$1,840.72	Y	
32855		Prepare donor lung single		#	M	Y	Documentation Required
32856		Prepare donor lung double		#	M	Y	Documentation Required
32900		Removal of rib(s)		NA	$655.23		
32905		Revise & repair chest wall		NA	$674.05		
32906		Revise & repair chest wall		NA	$847.57		
32940		Revision of lung		NA	$629.48		
32960		Therapeutic pneumothorax		$74.08	$50.71		
32997		Total lung lavage		NA	$167.56		
32998		Perq rf ablate tx pul tumor		$1,479.23	$154.69		
32999		Chest surgery procedure		M	M		Documentation Required
33010		Drainage of heart sac		NA	$62.59		
33011		Repeat drainage of heart sac		NA	$63.38		
33015		Incision of heart sac		NA	$245.61		
33020		Incision of heart sac		NA	$419.53		
33025		Incision of heart sac		NA	$400.91		
33030		Partial removal of heart sac		NA	$615.22		
33031		Partial removal of heart sac		NA	$692.27		
33050		Resect heart sac lesion		NA	$482.12		
33120		Removal of heart lesion		NA	$788.74		
33130		Removal of heart lesion		NA	$683.36		
33140		Heart revascularize (tmr)		NA	$668.11		
33141		Heart tmr w/other procedure		NA	$140.64		
33202		Insert epicard eltrd open		NA	$417.55		
33203		Insert epicard eltrd endo		NA	$427.85		
33206		Insert heart pm atrial		NA	$230.76		
33207		Insert heart pm ventricular		NA	$263.23		
33208		Insrt heart pm atrial & vent		NA	$266.61		
33210		Insert electrd/pm cath sngl		NA	$93.70		
33211		Insert card electrodes dual		NA	$97.25		
33212		Insert pulse gen sngl lead		NA	$184.40		
33213		Insert pulse gen dual leads		NA	$208.77		
33214		Upgrade of pacemaker system		NA	$261.85		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
33215		Reposition pacing-defib lead		NA	$164.59		
33216		Insert 1 electrode pm-defib		NA	$204.81		
33217		Insert 2 electrode pm-defib		NA	$205.41		
33218		Repair lead pace-defib one		NA	$200.25		
33220		Repair lead pace-defib dual		NA	$201.24		
33221		Insert pulse gen mult leads		NA	$208.38		
33222		Revise pocket pacemaker		NA	$191.54		
33223		Revise pocket for defib		NA	$227.80		
33224		Insert pacing lead & connect		NA	$269.19		
33225		L ventric pacing lead add-on		NA	$238.48		
33226		Reposition l ventric lead		NA	$259.48		
33227		Remove&replace pm gen singl		NA	$198.87		
33228		Remv&replc pm gen dual lead		NA	$207.39		
33229		Remv&replc pm gen mult leads		NA	$215.90		
33230		Insrt pulse gen w/dual leads		NA	$224.22		
33231		Insrt pulse gen w/mult leads		NA	$232.74		
33233		Removal of pm generator		NA	$134.49		
33234		Removal of pacemaker system		NA	$263.23		
33235		Removal pacemaker electrode		NA	$335.73		
33236		Remove electrode/thoracotomy		NA	$430.02		
33237		Remove electrode/thoracotomy		NA	$457.15		
33238		Remove electrode/thoracotomy		NA	$503.90		
33240		Insrt pulse gen w/singl lead		NA	$249.38		
33241		Remove pulse generator		NA	$126.58		
33243		Remove eltrd/thoracotomy		NA	$716.83		
33244		Remove eltrd transven		NA	$468.44		
33249		Nsert pace-defib w/lead		NA	$462.70		
33250		Ablate heart dysrhythm focus		NA	$714.06		
33251		Ablate heart dysrhythm focus		NA	$794.68		
33254		Ablate atria lmtd		NA	$730.31		
33255		Ablate atria w/o bypass ext		NA	$879.86		
33256		Ablate atria w/bypass exten		NA	$1,051.59		
33257		Ablate atria lmtd add-on		NA	$316.53		
33258		Ablate atria x10sv add-on		NA	$357.93		
33259		Ablate atria w/bypass add-on		NA	$469.64		
33262		Remv&replc cvd gen sing lead		NA	$216.10		
33263		Remv&replc cvd gen dual lead		NA	$224.62		
33264		Remv&replc cvd gen mult lead		NA	$233.14		
33265		Ablate atria lmtd endo		NA	$730.31		
33266		Ablate atria x10sv endo		NA	$1,000.48		
33282		Implant pat-active ht record		NA	$166.78		
33284		Remove pat-active ht record		NA	$122.42		
33300		Repair of heart wound		NA	$590.27		
33305		Repair of heart wound		NA	$696.63		
33310		Exploratory heart surgery		NA	$607.51		
33315		Exploratory heart surgery		NA	$723.38		
33320		Repair major blood vessel(s)		NA	$536.20		
33321		Repair major vessel		NA	$651.27		
33322		Repair major blood vessel(s)		NA	$670.10		
33330		Insert major vessel graft		NA	$683.36		
33332		Insert major vessel graft		NA	$742.38		
33335		Insert major vessel graft		NA	$942.85		
33361		Replace aortic valve perq		NA	$787.35		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
33362		Replace aortic valve open		NA	$861.43		
33363		Replace aortic valve open		NA	$891.94		
33364		Replace aortic valve open		NA	$948.98		
33365		Replace aortic valve open		NA	$1,040.69		
33367		Replace aortic valve w/byp		NA	$365.45		
33368		Replace aortic valve w/byp		NA	$442.90		
33369		Replace aortic valve w/byp		NA	$584.72		
33400		Repair of aortic valve		NA	$956.11		
33401		Valvuloplasty open		NA	$811.52		
33403		Valvuloplasty w/cp bypass		NA	$846.38		
33404		Prepare heart-aorta conduit		NA	$938.88		
33405		Replacement of aortic valve		NA	$1,160.72		
33406		Replacement of aortic valve		NA	$1,229.06		
33410		Replacement of aortic valve		NA	$1,064.07		
33411		Replacement of aortic valve		NA	$1,197.37		
33412		Replacement of aortic valve		NA	$1,362.17		
33413		Replacement of aortic valve		NA	$1,402.58		
33414		Repair of aortic valve		NA	$971.17		
33415		Revision subvalvular tissue		NA	$857.47		
33416		Revise ventricle muscle		NA	$958.69		
33417		Repair of aortic valve		NA	$915.71		
33420		Revision of mitral valve		NA	$674.85		
33422		Revision of mitral valve		NA	$862.03		
33425		Repair of mitral valve		NA	$873.71		
33426		Repair of mitral valve		NA	$1,092.18		
33427		Repair of mitral valve		NA	$1,296.01		
33430		Replacement of mitral valve		NA	$1,106.64		
33460		Revision of tricuspid valve		NA	$759.22		
33463		Valvuloplasty tricuspid		NA	$839.64		
33464		Valvuloplasty tricuspid		NA	$891.13		
33465		Replace tricuspid valve		NA	$913.72		
33468		Revision of tricuspid valve		NA	$947.20		
33470		Revision of pulmonary valve		NA	$644.34		
33471		Valvotomy pulmonary valve		NA	$700.79		
33472		Revision of pulmonary valve		NA	$745.76		
33474		Revision of pulmonary valve		NA	$735.45		
33475		Replacement pulmonary valve		NA	$1,055.35		
33476		Revision of heart chamber		NA	$794.88		
33478		Revision of heart chamber		NA	$865.00		
33496		Repair prosth valve clot		NA	$873.71		
33500		Repair heart vessel fistula		NA	$809.34		
33501		Repair heart vessel fistula		NA	$553.62		
33502		Coronary artery correction		NA	$695.24		
33503		Coronary artery graft		NA	$659.20		
33504		Coronary artery graft		NA	$788.55		
33505		Repair artery w/tunnel		NA	$830.34		
33506		Repair artery translocation		NA	$1,083.47		
33507		Repair art intramural		NA	$945.41		
33508		Endoscopic vein harvest		NA	$8.91		
33510		CABG vein single		NA	$985.22		
33511		CABG vein two		NA	$1,022.67		
33512		CABG vein three		NA	$1,070.79		
33513		CABG vein four		NA	$1,082.49		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
33514		CABG vein five		NA	$1,100.51		
33516		Cabg vein six or more		NA	$1,166.87		
33517		CABG artery-vein single		NA	$75.27		
33518		CABG artery-vein two		NA	$141.62		
33519		CABG artery-vein three		NA	$207.57		
33521		CABG artery-vein four		NA	$274.14		
33522		CABG artery-vein five		NA	$341.48		
33523		Cabg art-vein six or more		NA	$407.84		
33530		Coronary artery bypass/reop		NA	$171.33		
33533		CABG arterial single		NA	$1,010.58		
33534		CABG arterial two		NA	$1,081.50		
33535		CABG arterial three		NA	$1,141.71		
33536		Cabg arterial four or more		NA	$1,212.22		
33542		Removal of heart lesion		NA	$915.30		
33545		Repair of heart damage		NA	$1,140.52		
33548		Restore/remodel ventricle		NA	$1,244.51		
33572		Open coronary endarterectomy		NA	$129.55		
33600		Closure of valve		NA	$919.66		
33602		Closure of valve		NA	$887.19		
33606		Anastomosis/artery-aorta		NA	$966.60		
33608		Repair anomaly w/conduit		NA	$988.60		
33610		Repair by enlargement		NA	$965.63		
33611		Repair double ventricle		NA	$1,039.49		
33612		Repair double ventricle		NA	$1,097.73		
33615		Repair modified fontan		NA	$1,018.90		
33617		Repair single ventricle		NA	$1,161.13		
33619		Repair single ventricle		NA	$1,430.70		
33620		Apply R & L pulm art bands		NA	$1,008.21		
33621		Transthor cath for stent		NA	$541.34		
33622		Redo compl cardiac anomaly		NA	$2,122.98		
33641		Repair heart septum defect		NA	$677.02		
33645		Revision of heart veins		NA	$799.43		
33647		Repair heart septum defects		NA	$907.39		
33660		Repair of heart defects		NA	$949.98		
33665		Repair of heart defects		NA	$919.46		
33670		Repair of heart chambers		NA	$1,045.84		
33675		Close mult vsd		NA	$1,161.52		
33676		Close mult vsd w/resection		NA	$1,197.95		
33677		Cl mult vsd w/rem pul band		NA	$1,245.31		
33681		Repair heart septum defect		NA	$984.83		
33684		Repair heart septum defect		NA	$924.02		
33688		Repair heart septum defect		NA	$907.00		
33690		Reinforce pulmonary artery		NA	$627.32		
33692		Repair of heart defects		NA	$975.12		
33694		Repair of heart defects		NA	$1,059.11		
33697		Repair of heart defects		NA	$1,088.24		
33702		Repair of heart defects		NA	$847.18		
33710		Repair of heart defects		NA	$952.54		
33720		Repair of heart defect		NA	$845.19		
33722		Repair of heart defect		NA	$862.83		
33724		Repair venous anomaly		NA	$834.09		
33726		Repair pul venous stenosis		NA	$1,099.92		
33730		Repair heart-vein defect(s)		NA	$1,057.14		
33732		Repair heart-vein defect		NA	$895.50		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
33735		Revision of heart chamber		NA	$638.80		
33736		Revision of heart chamber		NA	$761.41		
33737		Revision of heart chamber		NA	$711.69		
33750		Major vessel shunt		NA	$649.29		
33755		Major vessel shunt		NA	$670.30		
33762		Major vessel shunt		NA	$694.66		
33764		Major vessel shunt & graft		NA	$693.47		
33766		Major vessel shunt		NA	$755.06		
33767		Major vessel shunt		NA	$792.69		
33768		Cavopulmonary shunting		NA	$234.93		
33770		Repair great vessels defect		NA	$1,136.55		
33771		Repair great vessels defect		NA	$1,043.46		
33774		Repair great vessels defect		NA	$998.90		
33775		Repair great vessels defect		NA	$1,033.16		
33776		Repair great vessels defect		NA	$1,087.63		
33777		Repair great vessels defect		NA	$1,080.31		
33778		Repair great vessels defect		NA	$1,249.06		
33779		Repair great vessels defect		NA	$1,079.11		
33780		Repair great vessels defect		NA	$1,277.58		
33781		Repair great vessels defect		NA	$1,103.67		
33782		Nikaidoh proc		NA	$1,800.91		
33783		Nikaidoh proc w/ostia implt		NA	$1,946.69		
33786		Repair arterial trunk		NA	$1,215.99		
33788		Revision of pulmonary artery		NA	$843.41		
33800		Aortic suspension		NA	$530.84		
33802		Repair vessel defect		NA	$577.18		
33803		Repair vessel defect		NA	$644.74		
33813		Repair septal defect		NA	$686.92		
33814		Repair septal defect		NA	$836.86		
33820		Revise major vessel		NA	$534.61		
33822		Revise major vessel		NA	$573.24		
33824		Revise major vessel		NA	$641.36		
33840		Remove aorta constriction		NA	$655.04		
33845		Remove aorta constriction		NA	$726.54		
33851		Remove aorta constriction		NA	$695.63		
33852		Repair septal defect		NA	$737.03		
33853		Repair septal defect		NA	$1,010.19		
33860		Ascending aortic graft		NA	$1,192.02		
33863		Ascending aortic graft		NA	$1,391.29		
33864		Ascending aortic graft		NA	$1,719.69		
33870		Transverse aortic arch graft		NA	$1,365.93		
33875		Thoracic aortic graft		NA	$1,030.39		
33877		Thoracoabdominal graft		NA	$1,283.93		
33880		Endovasc taa repr incl subcl		NA	$975.53		
33881		Endovasc taa repr w/o subcl		NA	$838.05		
33883		Insert endovasc prosth taa		NA	$620.18		
33884		Endovasc prosth taa add-on		NA	$230.57		
33886		Endovasc prosth delayed		NA	$535.59		
33889		Artery transpose/endovas taa		NA	$461.12		
33891		Car-car bp grft/endovas taa		NA	$588.28		
33910		Remove lung artery emboli		NA	$786.36		
33915		Remove lung artery emboli		NA	$635.62		
33916		Surgery of great vessel		NA	$808.55		
33917		Repair pulmonary artery		NA	$799.63		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
33920		Repair pulmonary atresia		NA	$992.96		
33922		Transect pulmonary artery		NA	$742.78		
33924		Remove pulmonary shunt		NA	$161.62		
33925		Rpr pul art unifocal w/o cpb		NA	$966.60		
33926		Repr pul art unifocal w/cpb		NA	$1,305.91		
33933		Prepare donor heart/lung		#	M	Y	Documentation Required
33935		Transplantation heart/lung		NA	$1,956.01	Y	
33944		Prepare donor heart		#	M	Y	Documentation Required
33945		Transplantation of heart		NA	$1,381.19	Y	
33960		External circulation assist		NA	$533.02		
33961		External circulation assist		NA	$305.24		
33967		Insert ia percut device		NA	$139.45		
33968		Remove aortic assist device		NA	$18.62		
33970		Aortic circulation assist		NA	$195.11		
33971		Aortic circulation assist		NA	$335.73		
33973		Insert balloon device		NA	$283.84		
33974		Remove intra-aortic balloon		NA	$475.77		
33975		Implant ventricular device		NA	$600.76		
33976		Implant ventricular device		NA	$669.30		
33977		Remove ventricular device		NA	$656.81		
33978		Remove ventricular device		NA	$728.52		
33979		Insert intracorporeal device		NA	$1,343.76		
33980		Remove intracorporeal device		NA	$1,783.48		
33981		Replace vad pump ext		NA	$420.53		
33982		Replace vad intra w/o bp		NA	$940.63		
33983		Replace vad intra w/bp		NA	$1,593.59		
33990		Insert vad artery access		NA	$256.11		
33991		Insert vad art&vein access		NA	$373.18		
33992		Remove vad different session		NA	$121.82		
33993		Reposition vad diff session		NA	$106.96		
33999		Cardiac surgery procedure		M	M		Documentation Required
34001		Removal of artery clot		NA	$425.07		
34051		Removal of artery clot		NA	$498.96		
34101		Removal of artery clot		NA	$332.18		
34111		Removal of arm artery clot		NA	$331.98		
34151		Removal of artery clot		NA	$771.30		
34201		Removal of artery clot		NA	$334.54		
34203		Removal of leg artery clot		NA	$533.02		
34401		Removal of vein clot		NA	$767.35		
34421		Removal of vein clot		NA	$392.98		
34451		Removal of vein clot		NA	$837.08		
34471		Removal of vein clot		NA	$329.99		
34490		Removal of vein clot		NA	$330.79		
34501		Repair valve femoral vein		NA	$531.43		
34502		Reconstruct vena cava		NA	$848.96		
34510		Transposition of vein valve		NA	$607.70		
34520		Cross-over vein graft		NA	$567.89		
34530		Leg vein fusion		NA	$534.40		
34800		Endovas aaa repr w/sm tube		NA	$640.97		
34802		Endovas aaa repr w/2-p part		NA	$695.24		
34803		Endovas aaa repr w/3-p part		NA	$717.83		
34804		Endovas aaa repr w/1-p part		NA	$695.05		
34805		Endovas aaa repr w/long tube		NA	$663.95		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
34806		Aneurysm press sensor add-on		NA	$56.85		
34808		Endovas iliac a device addon		NA	$120.42		
34812		Xpose for endoprosth femorl		NA	$201.24		
34813		Femoral endovas graft add-on		NA	$139.26		
34820		Xpose for endoprosth iliac		NA	$286.81		
34825		Endovasc extend prosth init		NA	$384.67		
34826		Endovasc exten prosth addl		NA	$117.45		
34830		Open aortic tube prosth repr		NA	$1,006.42		
34831		Open aortoiliac prosth repr		NA	$1,028.61		
34832		Open aortofemor prosth repr		NA	$1,085.25		
34833		Xpose for endoprosth iliac		NA	$358.71		
34834		Xpose endoprosth brachial		NA	$164.40		
34900		Endovasc iliac repr w/graft		NA	$514.00		
35001		Repair defect of artery		NA	$633.64		
35002		Repair artery rupture neck		NA	$667.11		
35005		Repair defect of artery		NA	$568.88		
35011		Repair defect of artery		NA	$564.72		
35013		Repair artery rupture arm		NA	$688.50		
35021		Repair defect of artery		NA	$632.26		
35022		Repair artery rupture chest		NA	$716.83		
35045		Repair defect of arm artery		NA	$544.72		
35081		Repair defect of artery		NA	$860.83		
35082		Repair artery rupture aorta		NA	$1,172.42		
35091		Repair defect of artery		NA	$1,070.99		
35092		Repair artery rupture aorta		NA	$1,366.53		
35102		Repair defect of artery		NA	$942.24		
35103		Repair artery rupture groin		NA	$1,229.46		
35111		Repair defect of artery		NA	$770.71		
35112		Repair artery rupture spleen		NA	$911.55		
35121		Repair defect of artery		NA	$924.02		
35122		Repair artery rupture belly		NA	$1,060.30		
35131		Repair defect of artery		NA	$782.80		
35132		Repair artery rupture groin		NA	$924.23		
35141		Repair defect of artery		NA	$629.87		
35142		Repair artery rupture thigh		NA	$733.09		
35151		Repair defect of artery		NA	$710.11		
35152		Repair ruptd popliteal art		NA	$803.79		
35180		Repair blood vessel lesion		NA	$427.05		
35182		Repair blood vessel lesion		NA	$933.72		
35184		Repair blood vessel lesion		NA	$570.46		
35188		Repair blood vessel lesion		NA	$476.57		
35189		Repair blood vessel lesion		NA	$870.35		
35190		Repair blood vessel lesion		NA	$416.17		
35201		Repair blood vessel lesion		NA	$524.10		
35206		Repair blood vessel lesion		NA	$429.04		
35207		Repair blood vessel lesion		NA	$375.94		
35211		Repair blood vessel lesion		NA	$711.50		
35216		Repair blood vessel lesion		NA	$601.35		
35221		Repair blood vessel lesion		NA	$746.16		
35226		Repair blood vessel lesion		NA	$474.19		
35231		Repair blood vessel lesion		NA	$646.52		
35236		Repair blood vessel lesion		NA	$542.72		
35241		Repair blood vessel lesion		NA	$747.93		
35246		Repair blood vessel lesion		NA	$826.18		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
35251		Repair blood vessel lesion		NA	$912.94		
35256		Repair blood vessel lesion		NA	$580.76		
35261		Repair blood vessel lesion		NA	$562.53		
35266		Repair blood vessel lesion		NA	$475.38		
35271		Repair blood vessel lesion		NA	$708.72		
35276		Repair blood vessel lesion		NA	$770.91		
35281		Repair blood vessel lesion		NA	$864.60		
35286		Repair blood vessel lesion		NA	$525.89		
35301		Rechanneling of artery		NA	$590.06		
35302		Rechanneling of artery		NA	$621.77		
35303		Rechanneling of artery		NA	$683.37		
35304		Rechanneling of artery		NA	$711.09		
35305		Rechanneling of artery		NA	$683.37		
35306		Rechanneling of artery		NA	$256.90		
35311		Rechanneling of artery		NA	$834.69		
35321		Rechanneling of artery		NA	$507.48		
35331		Rechanneling of artery		NA	$816.86		
35341		Rechanneling of artery		NA	$786.95		
35351		Rechanneling of artery		NA	$711.69		
35355		Rechanneling of artery		NA	$578.98		
35361		Rechanneling of artery		NA	$872.13		
35363		Rechanneling of artery		NA	$932.75		
35371		Rechanneling of artery		NA	$471.41		
35372		Rechanneling of artery		NA	$567.49		
35390		Reoperation carotid add-on		NA	$93.29		
35400		Angioscopy		NA	$89.93		
35450		Repair arterial blockage		NA	$294.53		
35452		Repair arterial blockage		NA	$206.99		
35458		Repair arterial blockage		NA	$281.66		
35460		Repair venous blockage		NA	$181.04		
35471		Repair arterial blockage		$2,203.98	$290.78		
35472		Repair arterial blockage		$1,426.55	$202.63		
35475		Repair arterial blockage		$1,314.43	$270.78		
35476		Repair venous blockage		$1,014.74	$172.92		
35500		Harvest vein for bypass		NA	$186.18		
35501		Art byp grft ipsilat carotid		NA	$602.94		
35506		Art byp grft subclav-carotid		NA	$633.64		
35508		Art byp grft carotid-vertbrl		NA	$611.26		
35509		Art byp grft contral carotid		NA	$583.14		
35510		Art byp grft carotid-brchial		NA	$698.82		
35511		Art byp grft subclav-subclav		NA	$662.56		
35512		Art byp grft subclav-brchial		NA	$685.53		
35515		Art byp grft subclav-vertbrl		NA	$608.09		
35516		Art byp grft subclav-axilary		NA	$504.10		
35518		Art byp grft axillary-axilry		NA	$657.42		
35521		Art byp grft axill-femoral		NA	$696.24		
35522		Art byp grft axill-brachial		NA	$665.94		
35523		Art byp grft brchl-ulnr-rdl		NA	$700.00		
35525		Art byp grft brachial-brchl		NA	$636.03		
35526		Art byp grft aor/carot/innom		NA	$912.53		
35531		Art byp grft aorcel/aormesen		NA	$1,105.66		
35533		Art byp grft axill/fem/fem		NA	$862.61		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
35535		Art byp grft hepatorenal		NA	$1,125.27		
35536		Art byp grft splenorenal		NA	$975.32		
35537		Art byp grft aortoiliac		NA	$1,202.12		
35538		Art byp grft aortobi-iliac		NA	$1,343.15		
35539		Art byp grft aortofemoral		NA	$1,262.34		
35540		Art byp grft aortbifemoral		NA	$1,407.52		
35556		Art byp grft fem-popliteal		NA	$684.75		
35558		Art byp grft fem-femoral		NA	$668.11		
35560		Art byp grft aortorenal		NA	$991.18		
35563		Art byp grft ilioiliac		NA	$757.04		
35565		Art byp grft iliofemoral		NA	$725.35		
35566		Art byp fem-ant-post tib/prl		NA	$834.09		
35570		Art byp tibial-tib/peroneal		NA	$868.77		
35571		Art byp pop-tibl-prl-other		NA	$758.83		
35572		Harvest femoropopliteal vein		NA	$199.06		
35583		Vein byp grft fem-popliteal		NA	$706.73		
35585		Vein byp fem-tibial peroneal		NA	$883.61		
35587		Vein byp pop-tibl peroneal		NA	$786.36		
35600		Harvest art for cabg add-on		NA	$144.39		
35601		Art byp common ipsi carotid		NA	$566.50		
35606		Art byp carotid-subclavian		NA	$602.35		
35612		Art byp subclav-subclavian		NA	$509.45		
35616		Art byp subclav-axillary		NA	$514.80		
35621		Art byp axillary-femoral		NA	$625.52		
35623		Art byp axillary-pop-tibial		NA	$751.29		
35626		Art byp aorsubcl/carot/innom		NA	$867.18		
35631		Art byp aor-celiac-msn-renal		NA	$1,045.24		
35632		Art byp ilio-celiac		NA	$1,068.43		
35633		Art byp ilio-mesenteric		NA	$1,153.79		
35634		Art byp iliorenal		NA	$1,045.65		
35636		Art byp spenorenal		NA	$908.78		
35637		Art byp aortoiliac		NA	$956.31		
35638		Art byp aortobi-iliac		NA	$971.57		
35642		Art byp carotid-vertebral		NA	$573.04		
35645		Art byp subclav-vertebrl		NA	$558.98		
35646		Art byp aortobifemoral		NA	$961.06		
35647		Art byp aortofemoral		NA	$866.38		
35650		Art byp axillary-axillary		NA	$595.41		
35654		Art byp axill-fem-femoral		NA	$775.67		
35656		Art byp femoral-popliteal		NA	$612.25		
35661		Art byp femoral-femoral		NA	$606.70		
35663		Art byp ilioiliac		NA	$694.66		
35665		Art byp iliofemoral		NA	$662.36		
35666		Art byp fem-ant-post tib/prl		NA	$712.67		
35671		Art byp pop-tibl-prl-other		NA	$623.15		
35681		Composite byp grft pros&vein		NA	$46.75		
35682		Composite byp grft 2 veins		NA	$210.15		
35683		Composite byp grft 3/> segmt		NA	$248.00		
35685		Bypass graft patency/patch		NA	$118.25		
35686		Bypass graft/av fist patency		NA	$97.86		
35691		Art trnsposj vertbrl carotid		NA	$574.82		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
35693		Art trnsposj subclavian		NA	$500.93		
35694		Art trnsposj subclav carotid		NA	$602.94		
35695		Art trnsposj carotid subclav		NA	$602.74		
35697		Reimplant artery each		NA	$87.74		
35700		Reoperation bypass graft		NA	$89.93		
35701		Exploration carotid artery		NA	$292.56		
35721		Exploration femoral artery		NA	$250.36		
35741		Exploration popliteal artery		NA	$272.94		
35761		Exploration of artery/vein		NA	$200.66		
35800		Explore neck vessels		NA	$249.97		
35820		Explore chest vessels		NA	$436.17		
35840		Explore abdominal vessels		NA	$324.85		
35860		Explore limb vessels		NA	$205.21		
35870		Repair vessel graft defect		NA	$691.88		
35875		Removal of clot in graft		NA	$331.18		
35876		Removal of clot in graft		NA	$532.62		
35879		Revise graft w/vein		NA	$514.20		
35881		Revise graft w/vein		NA	$578.57		
35883		Revise graft w/nonauto graft		NA	$697.63		
35884		Revise graft w/vein		NA	$741.00		
35901		Excision graft neck		NA	$290.17		
35903		Excision graft extremity		NA	$333.76		
35905		Excision graft thorax		NA	$967.60		
35907		Excision graft abdomen		NA	$1,070.79		
36002		Pseudoaneurysm injection trt		$99.03	$61.40		
36005		Injection ext venography		$171.73	$25.94		
36010		Place catheter in vein		$435.56	$67.73		
36011		Place catheter in vein		$620.18	$88.54		
36012		Place catheter in vein		$450.43	$97.64		
36013		Place catheter in artery		$479.15	$68.53		
36014		Place catheter in artery		$463.31	$83.99		
36015		Place catheter in artery		$543.72	$97.25		
36100		Establish access to artery		$304.85	$86.96		
36120		Establish access to artery		$255.13	$55.46		
36140		Establish access to artery		$296.72	$55.66		
36147		Access av dial grft for eval		$421.51	$104.58		
36148		Access av dial grft for proc		$132.71	$27.93		
36160		Establish access to aorta		$322.86	$71.70		
36200		Place catheter in aorta		$392.58	$84.57		
36215		Place catheter in artery		$634.84	$129.74		
36216		Place catheter in artery		$688.11	$146.17		
36217		Place catheter in artery		$1,234.60	$176.49		
36218		Place catheter in artery		$122.42	$28.13		
36221		Place cath thoracic aorta		$678.81	$126.57		
36222		Place cath carotid/inom art		$840.63	$171.14		
36223		Place cath carotid/inom art		$919.67	$185.00		
36224		Place cath carotd art		$998.90	$201.44		
36225		Place cath subclavian art		$912.93	$184.21		
36226		Place cath vertebral art		$1,018.31	$201.84		
36227		Place cath xtrnl carotid		$146.58	$63.78		
36228		Place cath intracranial art		$699.01	$129.94		
36245		Ins cath abd/l-ext art 1st		$736.05	$131.91		
36246		Ins cath abd/l-ext art 2nd		$707.13	$148.16		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
36247		Ins cath abd/l-ext art 3rd		$1,117.35	$176.49		
36248		Ins cath abd/l-ext art addl		$101.61	$28.13		
36251		Ins cath ren art 1st unilat		$855.69	$164.40		
36252		Ins cath ren art 1st bilat		$939.28	$214.12		
36253		Ins cath ren art 2nd+ unilat		$1,309.08	$228.78		
36254		Ins cath ren art 2nd+ bilat		$1,361.97	$246.80		
36260		Insertion of infusion pump		NA	$314.54		
36261		Revision of infusion pump		NA	$194.31		
36262		Removal of infusion pump		NA	$144.78		
36299		Vessel injection procedure		M	M		Documentation Required
36400		Bl draw < 3 yrs fem/jugular		$13.68	$9.90		
36405		Bl draw < 3 yrs scalp vein		$11.88	$8.32		
36406		Bl draw < 3 yrs other vein		$9.31	$4.75		
36415		Routine venipuncture		$2.70	#		
36420		Vein access cutdown < 1 yr		NA	$26.75		
36425		Vein access cutdown > 1 yr		NA	$20.59		
36430		Blood transfusion service		$21.20	NA		
36440		Bl push transfuse 2 yr/<		NA	$28.13		
36450		Bl exchange/transfuse nb		NA	$62.40		
36455		Bl exchange/transfuse non-nb		NA	$71.11		
36460		Transfusion service fetal		NA	$190.55		
36468		Injection(s) spider veins		$14.46	#	Y	
36469		Injection(s) spider veins		$20.81	#	Y	
36470		Injection therapy of vein		$77.25	$38.43		
36471		Injection therapy of veins		$95.87	$53.88		
36475		Endovenous rf 1st vein		$1,161.32	$190.75		
36476		Endovenous rf vein add-on		$226.99	$93.09		
36478		Endovenous laser 1st vein		$1,069.61	$190.75		
36479		Endovenous laser vein addon		$229.18	$93.09		
36481		Insertion of catheter vein		$263.04	$200.66		
36500		Insertion of catheter vein		NA	$100.62		
36510		Insertion of catheter vein		$100.83	$35.65		
36511		Apheresis wbc		NA	$50.50		
36512		Apheresis rbc		NA	$50.71		
36513		Apheresis platelets		NA	$52.30		
36514		Apheresis plasma		NA	$50.11		
36515		Apheresis adsorp/reinfuse		NA	$49.11		
36516		Apheresis selective		NA	$35.26		
36522		Photopheresis		$678.61	$54.66		
36555		Insert non-tunnel cv cath		$169.56	$71.11		
36556		Insert non-tunnel cv cath		$165.00	$67.95		
36557		Insert tunneled cv cath		$532.04	$164.79		
36558		Insert tunneled cv cath		$524.10	$156.88		
36560		Insert tunneled cv cath		$724.37	$195.11		
36561		Insert tunneled cv cath		$717.63	$188.57		
36563		Insert tunneled cv cath		$670.49	$198.47		
36565		Insert tunneled cv cath		$620.57	$188.57		
36566		Insert tunneled cv cath		$646.32	$201.64		
36568		Insert picc cath		$189.76	$51.69		
36569		Insert picc cath		$185.60	$51.11		
36570		Insert picvad cath		$775.46	$170.54		
36571		Insert picvad cath		$776.46	$169.95		
36575		Repair tunneled cv cath		$97.64	$22.39		
36576		Repair tunneled cv cath		$204.81	$103.60		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
36578		Replace tunneled cv cath		$293.95	$118.64		
36580		Replace cvad cath		$167.56	$37.83		
36581		Replace tunneled cv cath		$458.95	$109.93		
36582		Replace tunneled cv cath		$623.35	$163.41		
36583		Replace tunneled cv cath		$624.74	$164.79		
36584		Replace picc cath		$165.98	$38.43		
36585		Replace picvad cath		$651.27	$152.91		
36589		Removal tunneled cv cath		$94.28	$77.25		
36590		Removal tunneled cv cath		$141.03	$108.15		
36591		Draw blood off venous device		$10.90	NA		
36592		Collect blood from picc		$13.46	NA		
36593		Declot vascular device		$19.20	NA		
36595		Mech remov tunneled cv cath		$417.94	$103.99		
36596		Mech remov tunneled cv cath		$89.12	$25.75		
36597		Reposition venous catheter		$73.09	$34.07		
36598		Inj w/fluor eval cv device		$68.14	$68.14		
36600		Withdrawal of arterial blood		$16.44	$8.52		
36620		Insertion catheter artery		NA	$28.72		
36625		Insertion catheter artery		NA	$57.44		
36640		Insertion catheter artery		NA	$66.35		
36660		Insertion catheter artery		NA	$39.21		
36680		Insert needle bone cavity		NA	$35.65		
36800		Insertion of cannula		NA	$88.93		
36810		Insertion of cannula		NA	$120.63		
36815		Insertion of cannula		NA	$81.99		
36818		Av fuse uppr arm cephalic		NA	$385.45		
36819		Av fuse uppr arm basilic		NA	$442.11		
36820		Av fusion/forearm vein		NA	$442.11		
36821		Av fusion direct any site		NA	$293.36		
36822		Insertion of cannula(s)		NA	$209.76		
36823		Insertion of cannula(s)		NA	$658.60		
36825		Artery-vein autograft		NA	$321.67		
36830		Artery-vein nonautograft		NA	$374.16		
36831		Open thrombect av fistula		NA	$258.10		
36832		Av fistula revision open		NA	$329.79		
36833		Av fistula revision		NA	$372.38		
36835		Artery to vein shunt		NA	$246.61		
36838		Dist revas ligation hemo		NA	$654.04		
36860		External cannula declotting		$77.25	$55.46		
36861		Cannula declotting		NA	$84.77		
36870		Percut thrombect av fistula		$1,161.13	$170.34		
37140		Revision of circulation		NA	$714.66		
37145		Revision of circulation		NA	$766.75		
37160		Revision of circulation		NA	$666.72		
37180		Revision of circulation		NA	$757.25		
37181		Splice spleen/kidney veins		NA	$813.50		
37182		Insert hepatic shunt (tips)		NA	$476.38		
37183		Remove hepatic shunt (tips)		$227.38	$227.38		
37184		Prim art mech thrombectomy		$1,606.60	$248.97		
37185		Prim art m-thrombect add-on		$523.71	$91.12		
37186		Sec art m-thrombect add-on		$1,084.86	$136.68		
37187		Venous mech thrombectomy		$1,563.21	$231.55		
37188		Venous m-thrombectomy add-on		$1,351.47	$167.37		
37191		Ins endovas vena cava filtr		$1,555.10	$140.04		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
37192		Redo endovas vena cava filtr		$1,043.27	$217.09		
37193		Rem endovas vena cava filter		$995.53	$216.89		
37195		Thrombolytic therapy stroke		$169.17	#		
37197		Remove intrvas foreign body		$922.44	$178.66		
37200		Transcatheter biopsy		NA	$125.19		
37202		Transcatheter therapy infuse		NA	$181.04		
37204		Transcatheter occlusion		NA	$505.29		
37205		Transcath iv stent, percut		$250.16	$250.16		
37206		Transcath iv stent/perc addl		$116.07	$116.07		
37207		Transcath iv stent, open		NA	$249.77		
37208		Transcath iv stent/open addl		NA	$120.63		
37210		Embolization uterine fibroid		$1,133.58	$283.84		
37211		Thrombolytic art therapy		NA	$236.70		
37212		Thrombolytic venous therapy		NA	$208.97		
37213		Thromblytic art/ven therapy		NA	$145.98		
37214		Cessj therapy cath removal		NA	$85.77		
37215		Transcath stent cca w/eps		NA	$572.83	Y	
37216		Transcath stent cca w/o eps		NA	$551.85	Y	
37220		Iliac revasc		$1,849.04	$254.33		
37221		Iliac revasc w/ stent		$2,732.06	$309.39		
37222		Iliac revasc add-on		$533.22	$115.48		
37223		Iliac revasc w/ stent add-on		$1,504.59	$131.13		
37224		Fem/popl revas w/ tla		$2,221.42	$280.08		
37225		Fem/popl revas w/ ather		$6,271.28	$377.33		
37226		Fem/popl revasc w/ stent		$5,249.21	$310.78		
37227		Fem/popl revasc stnt & ather		$8,478.25	$455.77		
37228		Tib/per revasc w/ tla		$3,162.09	$342.28		
37229		Tib/per revasc w/ ather		$6,217.80	$441.91		
37230		Tib/per revasc w/ stent		$4,885.15	$426.26		
37231		Tib/per revasc stent & ather		$7,838.26	$463.30		
37232		Tib/per revasc add-on		$710.30	$123.80		
37233		Tib/per revasc w/ ather add-on		$868.17	$203.42		
37234		Revsc opn/prq tib/pero stent		$2,261.43	$169.55		
37235		Tib/per revasc stnt & ather		$2,416.13	$240.66		
37250		Iv us first vessel add-on		NA	$60.60		
37251		Iv us each add vessel add-on		NA	$46.34		
37500		Endoscopy ligate perf veins		NA	$384.07		
37501		Vascular endoscopy procedure		M	M		Documentation Required
37565		Ligation of neck vein		NA	$353.16		
37600		Ligation of neck artery		NA	$382.09		
37605		Ligation of neck artery		NA	$435.56		
37606		Ligation of neck artery		NA	$239.08		
37607		Ligation of a-v fistula		NA	$209.37		
37609		Temporal artery procedure		$155.88	$105.57		
37615		Ligation of neck artery		NA	$208.38		
37616		Ligation of chest artery		NA	$532.62		
37617		Ligation of abdomen artery		NA	$677.43		
37618		Ligation of extremity artery		NA	$180.65		
37619		Ligation of inf vena cava		NA	$966.22		
37650		Revision of major vein		NA	$267.20		
37660		Revision of major vein		NA	$644.34		
37700		Revise leg vein		NA	$139.65		
37718		Ligate/strip short leg vein		NA	$217.28		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
37722		Ligate/strip long leg vein		NA	$258.88		
37735		Removal of leg veins/lesion		NA	$346.83		
37760		Ligate leg veins radical		NA	$341.67		
37761		Ligate leg veins open		NA	$315.14		
37765		Stab phleb veins xtr 10-20		$246.60	$246.60	Y	
37766		Phleb veins - extrem 20+		$299.29	$299.29	Y	
37780		Revision of leg vein		NA	$143.01		
37785		Ligate/divide/excise vein		$189.76	$140.64		
37788		Revascularization penis		NA	$660.39	Y	
37790		Penile venous occlusion		NA	$263.45	Y	
37799		Vascular surgery procedure		M	M		Documentation Required
38100		Removal of spleen total		NA	$447.25		
38101		Removal of spleen partial		NA	$472.80		
38102		Removal of spleen total		NA	$139.84		
38115		Repair of ruptured spleen		NA	$486.09		
38120		Laparoscopy splenectomy		NA	$527.07		
38129		Laparoscope proc spleen		M	M		Documentation Required
38200		Injection for spleen x-ray		NA	$72.70		
38205		Harvest allogeneic stem cell		NA	$44.37	Y	
38206		Harvest auto stem cells		NA	$44.37	Y	
38207		Cryopreserve stem cells		NA	M	Y	Documentation Required
38208		Thaw preserved stem cells		NA	M	Y	Documentation Required
38209		Wash harvest stem cells		NA	M	Y	Documentation Required
38210		T-cell depletion of harvest		NA	M	Y	Documentation Required
38211		Tumor cell deplete of harvst		NA	M	Y	Documentation Required
38212		Rbc depletion of harvest		NA	M	Y	Documentation Required
38213		Platelet deplete of harvest		NA	M	Y	Documentation Required
38214		Volume deplete of harvest		NA	M	Y	Documentation Required
38215		Harvest stem cell concentrte		NA	M	Y	Documentation Required
38220		Bone marrow aspiration		$96.26	$32.68		
38221		Bone marrow biopsy		$106.57	$41.40		
38230		Bone marrow harvest allogen		NA	$163.21	Y	
38232		Bone marrow harvest autolog		NA	$107.95	Y	
38240		Bn marrow/stm transplt allo		NA	$66.95	Y	
38241		Bn marrow/stm transplt auto		NA	$67.15	Y	
38242		Lymphocyte infuse transplant		NA	$50.91		
38243		Transplj hematopoietic boost		NA	$67.74		
38300		Drainage lymph node lesion		$129.74	$85.18		
38305		Drainage lymph node lesion		NA	$224.22		
38308		Incision of lymph channels		NA	$218.67		
38380		Thoracic duct procedure		NA	$275.13		
38381		Thoracic duct procedure		NA	$427.85		
38382		Thoracic duct procedure		NA	$340.70		
38500		Biopsy/removal lymph nodes		$157.07	$125.19		
38505		Needle biopsy lymph nodes		$65.17	$39.82		
38510		Biopsy/removal lymph nodes		$251.55	$210.56		
38520		Biopsy/removal lymph nodes		NA	$228.97		
38525		Biopsy/removal lymph nodes		NA	$201.24		
38530		Biopsy/removal lymph nodes		NA	$267.20		
38542		Explore deep node(s) neck		NA	$217.69		
38550		Removal neck/armpit lesion		NA	$231.95		
38555		Removal neck/armpit lesion		NA	$483.70		
38562		Removal pelvic lymph nodes		NA	$345.83		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
38564		Removal abdomen lymph nodes		NA	$344.45		
38570		Laparoscopy lymph node biop		NA	$284.24		
38571		Laparoscopy lymphadenectomy		NA	$425.27		
38572		Laparoscopy lymphadenectomy		NA	$506.29		
38589		Laparoscope proc lymphatic		M	M		Documentation Required
38700		Removal of lymph nodes neck		NA	$301.08		
38720		Removal of lymph nodes neck		NA	$478.74		
38724		Removal of lymph nodes neck		NA	$508.26		
38740		Remove armpit lymph nodes		NA	$322.47		
38745		Remove armpit lymph nodes		NA	$413.98		
38746		Remove thoracic lymph nodes		NA	$142.81		
38747		Remove abdominal lymph nodes		NA	$142.42		
38760		Remove groin lymph nodes		NA	$411.59		
38765		Remove groin lymph nodes		NA	$618.99		
38770		Remove pelvis lymph nodes		NA	$403.49		
38780		Remove abdomen lymph nodes		NA	$528.27		
38790		Inject for lymphatic x-ray		NA	$43.18		
38792		Ra tracer id of sentinl node		NA	$20.20		
38794		Access thoracic lymph duct		NA	$162.82		
38900		IO map of sent lymph node		$80.02	$80.02		
38999		Blood/lymph system procedure		M	M		Documentation Required
39000		Exploration of chest		NA	$230.57		
39010		Exploration of chest		NA	$417.55		
39200		Resect mediastinal cyst		NA	$458.95		
39220		Resect mediastinal tumor		NA	$578.98		
39400		Mediastinoscopy incl biopsy		NA	$223.44		
39499		Chest procedure		M	M		Documentation Required
39501		Repair diaphragm laceration		NA	$424.08		
39503		Repair of diaphragm hernia		NA	$2,758.80		
39540		Repair of diaphragm hernia		NA	$422.49		
39541		Repair of diaphragm hernia		NA	$453.79		
39545		Revision of diaphragm		NA	$450.43		
39560		Resect diaphragm simple		NA	$393.58		
39561		Resect diaphragm complex		NA	$579.76		
39599		Diaphragm surgery procedure		M	M		Documentation Required
40490		Biopsy of lip		$57.44	$37.24		
40500		Partial excision of lip		$228.97	$178.07		
40510		Partial excision of lip		$233.93	$182.24		
40520		Partial excision of lip		$252.35	$184.21		
40525		Reconstruct lip with flap		NA	$291.37		
40527		Reconstruct lip with flap		NA	$345.83		
40530		Partial removal of lip		$272.75	$208.57		
40650		Repair lip		$214.31	$144.78		
40652		Repair lip		$248.19	$179.05		
40654		Repair lip		$287.61	$214.71		
40700		Repair cleft lip/nasal		NA	$452.01		
40701		Repair cleft lip/nasal		NA	$571.25		
40702		Repair cleft lip/nasal		NA	$446.08		
40720		Repair cleft lip/nasal		NA	$499.94		
40761		Repair cleft lip/nasal		NA	$533.42		
40799		Lip surgery procedure		M	M		Documentation Required
40800		Drainage of mouth lesion		$84.57	$61.01		
40801		Drainage of mouth lesion		$136.07	$110.73		
40804		Removal foreign body mouth		$94.09	$63.59		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
40805		Removal foreign body mouth		$148.56	$115.48		
40806		Incision of lip fold		$43.37	$16.84		
40808		Biopsy of mouth lesion		$73.69	$50.31		
40810		Excision of mouth lesion		$85.76	$61.40		
40812		Excise/repair mouth lesion		$125.19	$99.03		
40814		Excise/repair mouth lesion		$173.72	$152.91		
40816		Excision of mouth lesion		$183.02	$159.85		
40818		Excise oral mucosa for graft		$154.49	$130.74		
40819		Excise lip or cheek fold		$134.49	$114.88		
40820		Treatment of mouth lesion		$105.57	$76.06		
40830		Repair mouth laceration		$112.51	$80.22		
40831		Repair mouth laceration		$147.17	$115.28		
40840		Reconstruction of mouth		$388.42	$332.57	Y	
40842		Reconstruction of mouth		$393.97	$328.80	Y	
40843		Reconstruction of mouth		$504.10	$421.91	Y	
40844		Reconstruction of mouth		$669.30	$585.70	Y	
40845		Reconstruction of mouth		$745.96	$669.49	Y	
40899		Mouth surgery procedure		M	M		Documentation Required
41000		Drainage of mouth lesion		$74.08	$56.05		
41005		Drainage of mouth lesion		$93.49	$61.40		
41006		Drainage of mouth lesion		$166.18	$134.10		
41007		Drainage of mouth lesion		$169.56	$127.55		
41008		Drainage of mouth lesion		$167.78	$138.45		
41009		Drainage of mouth lesion		$178.86	$151.13		
41010		Incision of tongue fold		$90.32	$54.08		
41015		Drainage of mouth lesion		$194.70	$169.56		
41016		Drainage of mouth lesion		$202.44	$174.69		
41017		Drainage of mouth lesion		$202.83	$176.29		
41018		Drainage of mouth lesion		$236.10	$205.02		
41019		Place needles h&n for rt		NA	$251.75		
41100		Biopsy of tongue		$83.38	$63.38		
41105		Biopsy of tongue		$76.47	$56.85		
41108		Biopsy of floor of mouth		$63.98	$45.17		
41110		Excision of tongue lesion		$91.70	$64.97		
41112		Excision of tongue lesion		$148.36	$123.61		
41113		Excision of tongue lesion		$164.01	$138.85		
41114		Excision of tongue lesion		NA	$326.82		
41115		Excision of tongue fold		$103.39	$74.86		
41116		Excision of mouth lesion		$139.26	$108.54		
41120		Partial removal of tongue		NA	$513.01		
41130		Partial removal of tongue		NA	$560.56		
41135		Tongue and neck surgery		NA	$955.31		
41140		Removal of tongue		NA	$1,078.92		
41145		Tongue removal neck surgery		NA	$1,251.45		
41150		Tongue mouth jaw surgery		NA	$985.03		
41153		Tongue mouth neck surgery		NA	$1,006.61		
41155		Tongue jaw & neck surgery		NA	$1,126.86		
41250		Repair tongue laceration		$95.87	$64.76		
41251		Repair tongue laceration		$114.29	$80.02		
41252		Repair tongue laceration		$141.81	$109.35		
41500		Fixation of tongue		NA	$227.19		
41510		Tongue to lip surgery		NA	$228.97		
41512		Tongue suspension		NA	$310.18		
41520		Reconstruction tongue fold		$151.13	$131.32		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
41530		Tongue base vol reduction		$1,541.23	$203.22		
41599		Tongue and mouth surgery		M	M		Documentation Required
41800		Drainage of gum lesion		$77.05	$50.91		
41805		Removal foreign body gum		$80.22	$71.11		
41806		Removal foreign body jawbone		$131.71	$120.83		
41820		Excision gum each quadrant		$47.96	#		
41821		Excision of gum flap		M	M		Documentation Required
41822		Excision of gum lesion		$129.14	$89.12		
41823		Excision of gum lesion		$185.21	$154.30		
41825		Excision of gum lesion		$89.73	$73.48		
41826		Excision of gum lesion		$100.03	$93.49		
41827		Excision of gum lesion		$184.01	$147.17		
41828		Excision of gum lesion		$145.39	$128.74		
41830		Removal of gum tissue		$173.31	$146.78	Y	
41850		Treatment of gum lesion		$17.00	#		
41870		Gum graft		M	M	Y	Documentation Required
41872		Repair gum		$156.88	$125.97		
41874		Repair tooth socket		$166.18	$133.10		
41899		Dental surgery procedure		M	M		Documentation Required
42000		Drainage mouth roof lesion		$77.64	$51.50		
42100		Biopsy roof of mouth		$69.92	$55.46		
42104		Excision lesion mouth roof		$86.16	$66.35		
42106		Excision lesion mouth roof		$110.52	$95.08		
42107		Excision lesion mouth roof		$209.96	$174.91		
42120		Remove palate/lesion		NA	$366.04		
42140		Excision of uvula		$108.54	$76.25		
42145		Repair palate pharynx/uvula		NA	$320.89		
42160		Treatment mouth roof lesion		$123.39	$84.57		
42180		Repair palate		$114.68	$95.47		
42182		Repair palate		$160.43	$143.81		
42200		Reconstruct cleft palate		NA	$465.28		
42205		Reconstruct cleft palate		NA	$494.19		
42210		Reconstruct cleft palate		NA	$557.18		
42215		Reconstruct cleft palate		NA	$380.71		
42220		Reconstruct cleft palate		NA	$288.01		
42225		Reconstruct cleft palate		NA	$544.72		
42226		Lengthening of palate		NA	$509.84		
42227		Lengthening of palate		NA	$516.58		
42235		Repair palate		NA	$405.46		
42260		Repair nose to lip fistula		$421.30	$359.12		
42280		Preparation palate mold		$73.28	$56.85		
42281		Insertion palate prosthesis		$93.89	$78.83		
42299		Palate/uvula surgery		M	M		Documentation Required
42300		Drainage of salivary gland		$97.45	$77.44		
42305		Drainage of salivary gland		NA	$223.83		
42310		Drainage of salivary gland		$78.44	$63.98		
42320		Drainage of salivary gland		$115.68	$92.31		
42330		Removal of salivary stone		$109.93	$84.18		
42335		Removal of salivary stone		$168.56	$133.71		
42340		Removal of salivary stone		$219.28	$177.27		
42400		Biopsy of salivary gland		$49.33	$30.91		
42405		Biopsy of salivary gland		$150.14	$119.45		
42408		Excision of salivary cyst		$216.09	$170.34		
42409		Drainage of salivary cyst		$150.74	$115.87		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
42410		Excise parotid gland/lesion		NA	$326.43		
42415		Excise parotid gland/lesion		NA	$577.99		
42420		Excise parotid gland/lesion		NA	$665.94		
42425		Excise parotid gland/lesion		NA	$449.24		
42426		Excise parotid gland/lesion		NA	$714.66		
42440		Excise submaxillary gland		NA	$244.62		
42450		Excise sublingual gland		$216.89	$184.01		
42500		Repair salivary duct		$205.99	$176.08		
42505		Repair salivary duct		$274.53	$239.67		
42507		Parotid duct diversion		NA	$260.26		
42508		Parotid duct diversion		NA	$366.25		
42509		Parotid duct diversion		NA	$449.05		
42510		Parotid duct diversion		NA	$329.01		
42550		Injection for salivary x-ray		$89.93	$34.27		
42600		Closure of salivary fistula		$234.52	$185.60		
42650		Dilation of salivary duct		$38.43	$30.70		
42660		Dilation of salivary duct		$50.91	$41.01		
42665		Ligation of salivary duct		$137.46	$106.16		
42699		Salivary surgery procedure		M	M		Documentation Required
42700		Drainage of tonsil abscess		$87.35	$68.34		
42720		Drainage of throat abscess		$211.74	$191.14		
42725		Drainage of throat abscess		NA	$393.18		
42800		Biopsy of throat		$73.09	$57.44		
42802		Biopsy of throat		$127.36	$73.89		
42804		Biopsy of upper nose/throat		$100.83	$61.01		
42806		Biopsy of upper nose/throat		$114.68	$72.30		
42808		Excise pharynx lesion		$110.73	$87.74		
42809		Remove pharynx foreign body		$85.37	$65.37		
42810		Excision of neck cyst		$183.62	$140.43		
42815		Excision of neck cyst		NA	$279.29		
42820		Remove tonsils and adenoids		NA	$148.75		
42821		Remove tonsils and adenoids		NA	$161.23		
42825		Removal of tonsils		NA	$135.49		
42826		Removal of tonsils		NA	$132.32		
42830		Removal of adenoids		NA	$105.77		
42831		Removal of adenoids		NA	$114.48		
42835		Removal of adenoids		NA	$98.64		
42836		Removal of adenoids		NA	$126.97		
42842		Extensive surgery of throat		NA	$405.65		
42844		Extensive surgery of throat		NA	$628.49		
42845		Extensive surgery of throat		NA	$980.08		
42860		Excision of tonsil tags		NA	$95.28		
42870		Excision of lingual tonsil		NA	$285.62		
42890		Partial removal of pharynx		NA	$557.78		
42892		Revision of pharyngeal walls		NA	$679.59		
42894		Revision of pharyngeal walls		NA	$926.79		
42900		Repair throat wound		NA	$186.40		
42950		Reconstruction of throat		NA	$410.21		
42953		Repair throat esophagus		NA	$538.97		
42955		Surgical opening of throat		NA	$373.97		
42960		Control throat bleeding		NA	$88.93		
42961		Control throat bleeding		NA	$217.89		
42962		Control throat bleeding		NA	$270.17		
42970		Control nose/throat bleeding		NA	$198.08		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
42971		Control nose/throat bleeding		NA	$234.52		
42972		Control nose/throat bleeding		NA	$268.00		
42999		Throat surgery procedure		M	M		Documentation Required
43020		Incision of esophagus		NA	$284.84		
43030		Throat muscle surgery		NA	$275.13		
43045		Incision of esophagus		NA	$661.58		
43100		Excision of esophagus lesion		NA	$323.86		
43101		Excision of esophagus lesion		NA	$523.52		
43107		Removal of esophagus		NA	$1,257.19		
43108		Removal of esophagus		NA	$1,039.10		
43112		Removal of esophagus		NA	$1,359.60		
43113		Removal of esophagus		NA	$1,085.25		
43116		Partial removal of esophagus		NA	$1,009.39		
43117		Partial removal of esophagus		NA	$1,236.59		
43118		Partial removal of esophagus		NA	$1,011.58		
43121		Partial removal of esophagus		NA	$926.20		
43122		Partial removal of esophagus		NA	$1,243.51		
43123		Partial removal of esophagus		NA	$1,018.90		
43124		Removal of esophagus		NA	$874.11		
43130		Removal of esophagus pouch		NA	$405.46		
43135		Removal of esophagus pouch		NA	$525.30		
43200		Esophagus endoscopy		$116.07	$55.27		
43201		Esoph scope w/submucous inj		$136.27	$66.15		
43202		Esophagus endoscopy biopsy		$150.53	$59.02		
43204		Esoph scope w/sclerosis inj		NA	$110.52		
43205		Esophagus endoscopy/ligation		NA	$110.52		
43206		Esoph optical endomicroscopy		M	M		Documentation Required
43215		Esophagus endoscopy		NA	$79.63		
43216		Esophagus endoscopy/lesion		$72.50	$72.50		
43217		Esophagus endoscopy		$200.66	$86.16		
43219		Esophagus endoscopy		NA	$86.96		
43220		Esoph endoscopy dilation		NA	$64.18		
43226		Esoph endoscopy dilation		NA	$70.51		
43227		Esoph endoscopy repair		NA	$105.38		
43228		Esoph endoscopy ablation		NA	$111.90		
43231		Esoph endoscopy w/us exam		NA	$93.70		
43232		Esoph endoscopy w/us fn bx		NA	$131.32		
43235		Uppr gi endoscopy diagnosis		$153.71	$71.31		
43236		Uppr gi scope w/submuc inj		$189.17	$86.16		
43237		Endoscopic us exam esoph		NA	$118.84		
43238		Uppr gi endoscopy w/us fn bx		NA	$146.97		
43239		Upper GI endoscopy biopsy		$174.69	$84.77		
43240		Esoph endoscope w/drain cyst		NA	$198.47		
43241		Upper GI endoscopy with tube		NA	$77.25		
43242		Uppr gi endoscopy w/us fn bx		NA	$209.37		
43243		Upper gi endoscopy & inject		NA	$132.52		
43244		Upper GI endoscopy/ligation		NA	$146.17		
43245		Uppr gi scope dilate strictr		NA	$93.89		
43246		Place gastrostomy tube		NA	$125.78		
43247		Operative upper GI endoscopy		NA	$99.44		
43248		Uppr gi endoscopy/guide wire		NA	$92.90		
43249		Esoph endoscopy dilation		NA	$85.76		
43250		Upper GI endoscopy/tumor		NA	$94.48		
43251		Operative upper GI endoscopy		NA	$108.15		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
43252		Uppr gi opticl endomicrscopy		M	M		Documentation Required
43255		Operative upper GI endoscopy		NA	$139.65		
43256		Uppr gi endoscopy w/stent		NA	$126.17		
43257		Uppr gi scope w/thrml txmnt		NA	$159.85		
43258		Operative upper GI endoscopy		NA	$131.91		
43259		Endoscopic ultrasound exam		NA	$149.36		
43260		Endo cholangiopancreatograph		NA	$171.73		
43261		Endo cholangiopancreatograph		NA	$180.65		
43262		Endo cholangiopancreatograph		NA	$212.15		
43263		Endo cholangiopancreatograph		NA	$209.76		
43264		Endo cholangiopancreatograph		NA	$254.72		
43265		Endo cholangiopancreatograph		NA	$285.82		
43267		Endo cholangiopancreatograph		NA	$212.15		
43268		Endo cholangiopancreatograph		NA	$214.12		
43269		Endo cholangiopancreatograph		NA	$235.32		
43271		Endo cholangiopancreatograph		NA	$212.15		
43272		Endo cholangiopancreatograph		NA	$212.15		
43273		Endoscopic pancreatoscopy		NA	$68.92		
43279		Lap myotomy heller		NA	$647.52		
43280		Laparoscopy fundoplasty		NA	$530.45		
43281		Lap paraesophag hern repair		NA	$845.98		
43282		Lap paraesoph her rpr w/mesh		NA	$951.56		
43283		Lap esoph lengthening		NA	$95.67		
43289		Laparoscope proc esoph		M	M		Documentation Required
43300		Repair of esophagus		NA	$329.60		
43305		Repair esophagus and fistula		NA	$586.70		
43310		Repair of esophagus		NA	$793.10		
43312		Repair esophagus and fistula		NA	$877.48		
43313		Esophagoplasty congenital		NA	$1,377.03		
43314		Tracheo-esophagoplasty cong		NA	$1,506.57		
43320		Fuse esophagus & stomach		NA	$631.07		
43325		Revise esophagus & stomach		NA	$622.55		
43327		Esoph fundoplasty lap		NA	$481.52		
43328		Esoph fundoplasty thor		NA	$707.33		
43330		Esophagomyotomy abdominal		NA	$612.25		
43331		Esophagomyotomy thoracic		NA	$650.49		
43332		Transab esoph hiat hernn rpr		NA	$689.70		
43333		Transab esoph hat hern rpr		NA	$748.93		
43334		Transthor diaphrag hern rpr		NA	$757.05		
43335		Transthor diaphrag hern rpr		NA	$815.68		
43336		Thorabd diaphr hern repair		NA	$893.72		
43337		Thorabd diaphr hern repair		NA	$975.52		
43338		Esoph lengthening		NA	$79.43		
43340		Fuse esophagus & intestine		NA	$614.44		
43341		Fuse esophagus & intestine		NA	$668.91		
43350		Surgical opening esophagus		NA	$507.87		
43351		Surgical opening esophagus		NA	$606.12		
43352		Surgical opening esophagus		NA	$508.87		
43360		Gastrointestinal repair		NA	$1,103.67		
43361		Gastrointestinal repair		NA	$1,225.31		
43400		Ligate esophagus veins		NA	$645.33		
43401		Esophagus surgery for veins		NA	$685.53		
43405		Ligate/staple esophagus		NA	$642.16		
43410		Repair esophagus wound		NA	$451.82		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
43415		Repair esophagus wound		NA	$797.26		
43420		Repair esophagus opening		NA	$459.15		
43425		Repair esophagus opening		NA	$673.85		
43450		Dilate esophagus		$81.80	$43.18		
43453		Dilate esophagus		$152.52	$46.56		
43456		Dilate esophagus		$327.82	$76.66		
43458		Dilate esophagus		$197.47	$90.73		
43460		Pressure treatment esophagus		NA	$110.73		
43496		Free jejunum flap microvasc		M	M		Documentation Required
43499		Esophagus surgery procedure		M	M		Documentation Required
43500		Surgical opening of stomach		NA	$345.83		
43501		Surgical repair of stomach		NA	$613.44		
43502		Surgical repair of stomach		NA	$706.54		
43510		Surgical opening of stomach		NA	$418.72		
43520		Incision of pyloric muscle		NA	$329.01		
43605		Biopsy of stomach		NA	$373.17		
43610		Excision of stomach lesion		NA	$449.05		
43611		Excision of stomach lesion		NA	$549.46		
43620		Removal of stomach		NA	$906.39		
43621		Removal of stomach		NA	$925.21		
43622		Removal of stomach		NA	$978.30		
43631		Removal of stomach partial		NA	$687.72		
43632		Removal of stomach partial		NA	$687.72		
43633		Removal of stomach partial		NA	$702.57		
43634		Removal of stomach partial		NA	$762.79		
43635		Removal of stomach partial		NA	$60.02		
43640		Vagotomy & pylorus repair		NA	$525.10		
43641		Vagotomy & pylorus repair		NA	$532.04		
43644		Lap gastric bypass/roux-en-y		NA	$836.28	Y	
43645		Lap gastr bypass incl smll i		NA	$901.84	Y	
43647		Lap impl electrode antrum		#	M	Y	Documentation Required
43648		Lap revise/remv eltrd antrum		#	M	Y	Documentation Required
43651		Laparoscopy vagus nerve		NA	$321.47		
43652		Laparoscopy vagus nerve		NA	$385.26		
43653		Laparoscopy gastrostomy		NA	$255.91		
43659		Laparoscope proc stom		M	M		Documentation Required
43752		Nasal/orogastric w/stent		NA	$21.59		
43753		Tx gastro intub w/ asp		NA	$12.08		
43754		Dx gastr intub w/ asp spec		$45.95	$18.42		
43755		Dx gastr intub w/ asp specs		$70.12	$33.67		
43756		Dx duod intub w/ asp spec		$127.16	$30.31		
43757		Dx duod intub w/ asp specs		$163.61	$43.77		
43760		Change gastrostomy tube		$64.97	$32.49		
43761		Reposition gastrostomy tube		$65.56	$55.46		
43770		Lap place gastr adj device		NA	$527.27	Y	
43771		Lap revise gastr adj device		NA	$607.09	Y	
43772		Lap rmvl gastr adj device		NA	$462.70	Y	
43773		Lap replace gastr adj device		NA	$607.31	Y	
43774		Lap rmvl gastr adj all parts		NA	$463.89	Y	
43775		Lap sleeve gastrectomy		NA	$710.30	Y	
43800		Reconstruction of pylorus		NA	$423.69		
43810		Fusion of stomach and bowel		NA	$450.63		
43820		Fusion of stomach and bowel		NA	$471.41		
43825		Fusion of stomach and bowel		NA	$589.28		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
43830		Place gastrostomy tube		NA	$309.40		
43831		Place gastrostomy tube		NA	$265.03		
43832		Place gastrostomy tube		NA	$483.51		
43840		Repair of stomach lesion		NA	$482.71		
43842		V-band gastroplasty		NA	$568.28	Y	
43843		Gastroplasty w/o v-band		NA	$571.44	Y	
43845		Gastroplasty duodenal switch		NA	$908.17	Y	
43846		Gastric bypass for obesity		NA	$737.64	Y	
43847		Gastric bypass incl small i		NA	$819.05	Y	
43848		Revision gastroplasty		NA	$892.52	Y	
43850		Revise stomach-bowel fusion		NA	$748.53		
43855		Revise stomach-bowel fusion		NA	$790.91		
43860		Revise stomach-bowel fusion		NA	$757.64		
43865		Revise stomach-bowel fusion		NA	$802.40		
43870		Repair stomach opening		NA	$306.43		
43880		Repair stomach-bowel fistula		NA	$748.53		
43881		Impl/redo electrd antrum		#	M	Y	Documentation Required
43882		Revise/remove elctrd antrum		#	M	Y	Documentation Required
43886		Revise gastric port open		NA	$146.39	Y	
43887		Remove gastric port open		NA	$143.40	Y	
43888		Change gastric port open		NA	$203.43	Y	
43999		Stomach surgery procedure		M	M		Documentation Required
44005		Freeing of bowel adhesion		NA	$496.77		
44010		Incision of small bowel		NA	$388.23		
44015		Insert needle cath bowel		NA	$76.25		
44020		Explore small intestine		NA	$431.21		
44021		Decompress small bowel		NA	$433.79		
44025		Incision of large bowel		NA	$439.53		
44050		Reduce bowel obstruction		NA	$432.40		
44055		Correct malrotation of bowel		NA	$665.94		
44100		Biopsy of bowel		NA	$57.24		
44110		Excise intestine lesion(s)		NA	$368.03		
44111		Excision of bowel lesion(s)		NA	$440.72		
44120		Removal of small intestine		NA	$520.94		
44121		Removal of small intestine		NA	$129.55		
44125		Removal of small intestine		NA	$535.59		
44126		Enterectomy w/o taper cong		NA	$1,075.15		
44127		Enterectomy w/taper cong		NA	$1,236.99		
44128		Enterectomy cong add-on		NA	$130.33		
44130		Bowel to bowel fusion		NA	$447.05		
44132		Enterectomy cadaver donor		M	M	Y	Documentation Required
44133		Enterectomy live donor		M	M	Y	Documentation Required
44135		Intestine transplnt cadaver		M	M	Y	Documentation Required
44136		Intestine transplant live		M	M	Y	Documentation Required
44137		Remove intestinal allograft		#	M	Y	Documentation Required
44139		Mobilization of colon		NA	$64.76		
44140		Partial removal of colon		NA	$640.58		
44141		Partial removal of colon		NA	$635.23		
44143		Partial removal of colon		NA	$727.14		
44144		Partial removal of colon		NA	$673.26		
44145		Partial removal of colon		NA	$802.01		
44146		Partial removal of colon		NA	$867.38		
44147		Partial removal of colon		NA	$632.65		
44150		Removal of colon		NA	$772.29		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
44151		Removal of colon/ileostomy		NA	$866.58		
44155		Removal of colon/ileostomy		NA	$880.06		
44156		Removal of colon/ileostomy		NA	$985.43		
44157		Colectomy w/ileoanal anast		NA	$1,091.21		
44158		Colectomy w/neo-rectum pouch		NA	$1,119.52		
44160		Removal of colon		NA	$568.67		
44180		Lap enterolysis		NA	$446.08		
44186		Lap jejunostomy		NA	$313.76		
44187		Lap ileo/jejuno-stomy		NA	$518.36		
44188		Lap colostomy		NA	$568.67		
44202		Lap enterectomy		NA	$669.49		
44203		Lap resect s/intestine addl		NA	$128.94		
44204		Laparo partial colectomy		NA	$755.06		
44205		Lap colectomy part w/ileum		NA	$669.69		
44206		Lap part colectomy w/stoma		NA	$825.79		
44207		L colectomy/coloproctostomy		NA	$893.91		
44208		L colectomy/coloproctostomy		NA	$970.37		
44210		Laparo total proctocolectomy		NA	$857.08		
44211		Lap colectomy w/proctectomy		NA	$1,066.04		
44212		Laparo total proctocolectomy		NA	$989.19		
44213		Lap mobil splenic fl add-on		NA	$102.21		
44227		Lap close enterostomy		NA	$802.60		
44238		Laparoscope proc intestine		M	M		Documentation Required
44300		Open bowel to skin		NA	$380.10		
44310		Ileostomy/jejunostomy		NA	$487.67		
44312		Revision of ileostomy		NA	$256.10		
44314		Revision of ileostomy		NA	$462.31		
44316		Devise bowel pouch		NA	$633.64		
44320		Colostomy		NA	$545.30		
44322		Colostomy with biopsies		NA	$437.56		
44340		Revision of colostomy		NA	$256.90		
44345		Revision of colostomy		NA	$480.73		
44346		Revision of colostomy		NA	$524.51		
44360		Small bowel endoscopy		NA	$76.86		
44361		Small bowel endoscopy/biopsy		NA	$84.77		
44363		Small bowel endoscopy		NA	$101.80		
44364		Small bowel endoscopy		NA	$108.74		
44365		Small bowel endoscopy		NA	$97.25		
44366		Small bowel endoscopy		NA	$127.96		
44369		Small bowel endoscopy		NA	$130.33		
44370		Small bowel endoscopy/stent		NA	$141.42		
44372		Small bowel endoscopy		NA	$128.55		
44373		Small bowel endoscopy		NA	$102.61		
44376		Small bowel endoscopy		NA	$152.52		
44377		Small bowel endoscopy/biopsy		NA	$159.65		
44378		Small bowel endoscopy		NA	$204.81		
44379		S bowel endoscope w/stent		NA	$217.89		
44380		Small bowel endoscopy		NA	$33.27		
44382		Small bowel endoscopy		NA	$40.01		
44383		Ileoscopy w/stent		NA	$87.54		
44385		Endoscopy of bowel pouch		$105.57	$53.88		
44386		Endoscopy bowel pouch/biop		$177.88	$63.38		
44388		Colonoscopy		$161.82	$83.79		
44389		Colonoscopy with biopsy		$198.86	$92.51		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
44390		Colonoscopy for foreign body		$223.22	$111.51		
44391		Colonoscopy for bleeding		$265.42	$125.58		
44392		Colonoscopy & polypectomy		$212.93	$111.71		
44393		Colonoscopy lesion removal		$241.06	$141.03		
44394		Colonoscopy w/snare		$250.16	$129.14		
44397		Colonoscopy w/stent		NA	$136.48		
44500		Intro gastrointestinal tube		NA	$13.46		
44602		Suture small intestine		NA	$485.87		
44603		Suture small intestine		NA	$561.14		
44604		Suture large intestine		NA	$487.06		
44605		Repair of bowel lesion		NA	$602.54		
44615		Intestinal stricturoplasty		NA	$488.45		
44620		Repair bowel opening		NA	$376.94		
44625		Repair bowel opening		NA	$459.54		
44626		Repair bowel opening		NA	$761.00		
44640		Repair bowel-skin fistula		NA	$653.26		
44650		Repair bowel fistula		NA	$680.79		
44660		Repair bowel-bladder fistula		NA	$630.28		
44661		Repair bowel-bladder fistula		NA	$735.86		
44680		Surgical revision intestine		NA	$472.02		
44700		Suspend bowel w/prosthesis		NA	$487.26		
44701		Intraop colon lavage add-on		NA	$89.73		
44705		Prepare fecal microbiota		$65.37	$30.50		
44715		Prepare donor intestine		#	M	Y	Documentation Required
44720		Prep donor intestine/venous		NA	$140.23	Y	
44721		Prep donor intestine/artery		NA	$205.41	Y	
44799		Unlisted procedure intestine		M	M		Documentation Required
44800		Excision of bowel pouch		NA	$358.12		
44820		Excision of mesentery lesion		NA	$379.51		
44850		Repair of mesentery		NA	$339.11		
44899		Bowel surgery procedure		M	M		Documentation Required
44900		Drain app abscess open		NA	$319.89		
44901		Drain app abscess percut		$625.13	$93.09		
44950		Appendectomy		NA	$309.40		
44955		Appendectomy add-on		NA	$44.96		
44960		Appendectomy		NA	$382.29		
44970		Laparoscopy appendectomy		NA	$275.72		
44979		Laparoscope proc app		M	M		Documentation Required
45000		Drainage of pelvic abscess		NA	$158.46		
45005		Drainage of rectal abscess		$124.78	$75.66		
45020		Drainage of rectal abscess		NA	$169.16		
45100		Biopsy of rectum		NA	$128.35		
45108		Removal of anorectal lesion		NA	$160.84		
45110		Removal of rectum		NA	$866.38		
45111		Partial removal of rectum		NA	$509.06		
45112		Removal of rectum		NA	$905.20		
45113		Partial proctectomy		NA	$923.82		
45114		Partial removal of rectum		NA	$822.60		
45116		Partial removal of rectum		NA	$741.99		
45119		Remove rectum w/reservoir		NA	$923.62		
45120		Removal of rectum		NA	$744.77		
45121		Removal of rectum and colon		NA	$819.44		
45123		Partial proctectomy		NA	$503.12		
45126		Pelvic exenteration		NA	$1,360.19		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
45130		Excision of rectal prolapse		NA	$494.99		
45135		Excision of rectal prolapse		NA	$594.83		
45136		Excise ileoanal reservior		NA	$844.21		
45150		Excision of rectal stricture		NA	$183.02		
45160		Excision of rectal lesion		NA	$468.05		
45171		Exc rect tum transanal part		NA	$318.70		
45172		Exc rect tum transanal full		NA	$437.95		
45190		Destruction rectal tumor		NA	$306.82		
45300		Proctosigmoidoscopy dx		$38.62	$13.87		
45303		Proctosigmoidoscopy dilate		$380.71	$16.23		
45305		Proctosigmoidoscopy w/bx		$74.47	$32.08		
45307		Proctosigmoidoscopy fb		$81.02	$30.30		
45308		Proctosigmoidoscopy removal		$57.84	$26.94		
45309		Proctosigmoidoscopy removal		$100.03	$60.82		
45315		Proctosigmoidoscopy removal		$87.54	$43.18		
45317		Proctosigmoidoscopy bleed		$81.02	$45.75		
45320		Proctosigmoidoscopy ablate		$92.31	$48.53		
45321		Proctosigmoidoscopy volvul		NA	$36.85		
45327		Proctosigmoidoscopy w/stent		NA	$49.52		
45330		Diagnostic sigmoidoscopy		$65.76	$30.50		
45331		Sigmoidoscopy and biopsy		$85.57	$36.24		
45332		Sigmoidoscopy w/fb removal		$137.87	$54.47		
45333		Sigmoidoscopy & polypectomy		$135.09	$54.27		
45334		Sigmoidoscopy for bleeding		NA	$80.61		
45335		Sigmoidoscopy w/submuc inj		$94.87	$44.76		
45337		Sigmoidoscopy & decompress		NA	$70.72		
45338		Sigmoidoscopy w/tumr remove		$153.71	$69.92		
45339		Sigmoidoscopy w/ablate tumr		$136.07	$92.70		
45340		Sig w/balloon dilation		$163.01	$56.85		
45341		Sigmoidoscopy w/ultrasound		NA	$76.47		
45342		Sigmoidoscopy w/us guide bx		NA	$116.67		
45345		Sigmoidoscopy w/stent		NA	$85.37		
45355		Surgical colonoscopy		NA	$103.99		
45378		Diagnostic colonoscopy		$201.05	$108.15		
45379		Colonoscopy w/fb removal		$252.55	$136.48		
45380		Colonoscopy and biopsy		$237.48	$129.14		
45381		Colonoscopy submucous inj		$230.16	$121.61		
45382		Colonoscopy/control bleeding		$318.11	$164.01		
45383		Lesion removal colonoscopy		$282.85	$169.75		
45384		Lesion remove colonoscopy		$235.51	$136.68		
45385		Lesion removal colonoscopy		$268.20	$153.71		
45386		Colonoscopy dilate stricture		$344.65	$133.71		
45387		Colonoscopy w/stent		NA	$172.72		
45391		Colonoscopy w/endoscope us		NA	$148.36		
45392		Colonoscopy w/endoscopic fnb		NA	$187.18		
45395		Lap removal of rectum		NA	$947.40		
45397		Lap remove rectum w/pouch		NA	$1,029.20		
45400		Laparoscopic proc		NA	$553.23		
45402		Lap proctopexy w/sig resect		NA	$749.91		
45499		Laparoscope proc rectum		M	M		Documentation Required
45500		Repair of rectum		NA	$229.18		
45505		Repair of rectum		NA	$243.44		
45520		Treatment of rectal prolapse		$44.37	$19.20		
45540		Correct rectal prolapse		NA	$493.22		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
45541		Correct rectal prolapse		NA	$413.78		
45550		Repair rectum/remove sigmoid		NA	$689.69		
45560		Repair of rectocele		NA	$331.77		
45562		Exploration/repair of rectum		NA	$479.15		
45563		Exploration/repair of rectum		NA	$734.27		
45800		Repair rect/bladder fistula		NA	$535.40		
45805		Repair fistula w/colostomy		NA	$639.78		
45820		Repair rectourethral fistula		NA	$548.08		
45825		Repair fistula w/colostomy		NA	$660.98		
45900		Reduction of rectal prolapse		NA	$87.35		
45905		Dilation of anal sphincter		NA	$79.23		
45910		Dilation of rectal narrowing		NA	$94.28		
45915		Remove rectal obstruction		$153.91	$109.74		
45990		Surg dx exam anorectal		NA	$54.66		
45999		Rectum surgery procedure		M	M		Documentation Required
46020		Placement of seton		$109.93	$100.42		
46040		Incision of rectal abscess		$219.47	$181.43		
46045		Incision of rectal abscess		NA	$153.52		
46050		Incision of anal abscess		$76.86	$42.98		
46060		Incision of rectal abscess		NA	$190.15		
46070		Incision of anal septum		NA	$97.25		
46080		Incision of anal sphincter		$102.21	$77.64		
46083		Incise external hemorrhoid		$80.82	$48.92		
46200		Removal of anal fissure		$151.72	$132.13		
46220		Removal of anal tag		$79.83	$53.08		
46221		Ligation of hemorrhoid(s)		$97.45	$79.63		
46230		Removal of anal tags		$117.86	$82.40		
46250		Remove ext hem groups 2+		$191.73	$138.26		
46255		Remove int/ext hem 1 group		$218.28	$158.66		
46257		Remove in/ex hem grp & fiss		NA	$176.49		
46258		Remove in/ex hem grp w/fistu		NA	$191.73		
46260		Remove in/ex hem groups 2+		NA	$204.21		
46261		Remove in/ex hem grps & fiss		NA	$227.19		
46262		Remove in/ex hem grps w/fist		NA	$238.87		
46270		Remove anal fist subq		$181.63	$138.85		
46275		Remove anal fist inter		$192.34	$159.46		
46280		Remove anal fist complex		NA	$195.89		
46285		Remove anal fist 2 stage		$164.20	$144.00		
46288		Repair anal fistula		NA	$229.57		
46320		Removal of hemorrhoid clot		$77.64	$52.30		
46500		Injection into hemorrhoid(s)		$77.05	$57.84		
46505		Chemodenervation anal musc		$119.84	$98.44		
46600		Diagnostic anoscopy		$41.79	$17.62		
46604		Anoscopy and dilation		$209.57	$40.60		
46606		Anoscopy and biopsy		$92.90	$26.33		
46608		Anoscopy remove for body		$120.42	$45.95		
46610		Anoscopy remove lesion		$109.13	$41.20		
46611		Anoscopy		$105.77	$55.07		
46612		Anoscopy remove lesions		$154.90	$71.31		
46614		Anoscopy control bleeding		$89.93	$60.41		
46615		Anoscopy		$108.94	$80.82		
46700		Repair of anal stricture		NA	$282.65		
46705		Repair of anal stricture		NA	$227.58		
46706		Repr of anal fistula w/glue		NA	$77.64		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
46707		Repair anorectal fist w/plug		NA	$243.83		
46710		Repr per/vag pouch sngl proc		NA	$498.16		
46712		Repr per/vag pouch dbl proc		NA	$1,044.65		
46715		Rep perf anoper fistu		NA	$231.55		
46716		Rep perf anoper/vestib fistu		NA	$487.67		
46730		Construction of absent anus		NA	$816.47		
46735		Construction of absent anus		NA	$968.60		
46740		Construction of absent anus		NA	$903.81		
46742		Repair of imperforated anus		NA	$1,116.55		
46744		Repair of cloacal anomaly		NA	$1,586.59		
46746		Repair of cloacal anomaly		NA	$1,802.88		
46748		Repair of cloacal anomaly		NA	$1,805.85		
46750		Repair of anal sphincter		NA	$324.64		
46751		Repair of anal sphincter		NA	$299.69		
46753		Reconstruction of anus		NA	$258.88		
46754		Removal of suture from anus		$118.64	$80.41		
46760		Repair of anal sphincter		NA	$457.56		
46761		Repair of anal sphincter		NA	$421.30		
46762		Implant artificial sphincter		NA	$385.45		
46910		Destruction anal lesion(s)		$98.25	$61.60		
46916		Cryosurgery anal lesion(s)		$101.61	$66.56		
46917		Laser surgery anal lesions		$222.25	$63.18		
46922		Excision of anal lesion(s)		$106.16	$62.40		
46924		Destruction anal lesion(s)		$232.35	$86.57		
46930		Destroy internal hemorrhoids		$104.19	$75.47		
46940		Treatment of anal fissure		$90.12	$72.10		
46942		Treatment of anal fissure		$80.61	$64.37		
46945		Remove by ligat int hem grp		$104.99	$89.34		
46946		Remove by ligat int hem grps		$130.33	$103.99		
46947		Hemorrhoidopexy by stapling		NA	$171.73		
46999		Anus surgery procedure		M	M		Documentation Required
47000		Needle biopsy of liver		$101.02	$52.49		
47001		Needle biopsy liver add-on		NA	$55.46		
47010		Open drainage liver lesion		NA	$518.97		
47011		Percut drain liver lesion		NA	$101.41		
47015		Inject/aspirate liver cyst		NA	$483.70		
47100		Wedge biopsy of liver		NA	$380.90		
47120		Partial removal of liver		NA	$1,094.96		
47122		Extensive removal of liver		NA	$1,658.68		
47125		Partial removal of liver		NA	$1,488.15		
47130		Partial removal of liver		NA	$1,608.96		
47133		Removal of donor liver		M	M	Y	Documentation Required
47135		Transplantation of liver		NA	$2,434.75	Y	
47136		Transplantation of liver		NA	$2,059.99	Y	
47140		Partial removal donor liver		NA	$1,632.54	Y	
47141		Partial removal donor liver		NA	$1,971.85	Y	
47142		Partial removal donor liver		NA	$2,171.10	Y	
47143		Prep donor liver whole		#	$237.30	Y	
47144		Prep donor liver 3-segment		#	$237.30	Y	
47145		Prep donor liver lobe split		#	$237.30	Y	
47146		Prep donor liver/venous		NA	$176.08	Y	
47147		Prep donor liver/arterial		NA	$205.41	Y	
47300		Surgery for liver lesion		NA	$480.93		
47350		Repair liver wound		NA	$614.03		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
47360		Repair liver wound		NA	$828.95		
47361		Repair liver wound		NA	$1,415.45		
47362		Repair liver wound		NA	$588.68		
47370		Laparo ablate liver tumor rf		NA	$601.35		
47371		Laparo ablate liver cryosurg		NA	$602.54		
47379		Laparoscope procedure liver		M	M		Documentation Required
47380		Open ablate liver tumor rf		NA	$697.43		
47381		Open ablate liver tumor cryo		NA	$706.93		
47382		Percut ablate liver rf		$440.12	$440.12		
47399		Liver surgery procedure		M	M		Documentation Required
47400		Incision of liver duct		NA	$970.18		
47420		Incision of bile duct		NA	$618.99		
47425		Incision of bile duct		NA	$618.80		
47460		Incise bile duct sphincter		NA	$566.30		
47480		Incision of gallbladder		NA	$359.31		
47490		Incision of gallbladder		NA	$262.06		
47500		Injection for liver x-rays		NA	$53.88		
47505		Injection for liver x-rays		NA	$20.81		
47510		Insert catheter bile duct		NA	$263.45		
47511		Insert bile duct drain		NA	$320.69		
47525		Change bile duct catheter		NA	$171.92		
47530		Revise/reinsert bile tube		$794.08	$196.69		
47550		Bile duct endoscopy add-on		NA	$87.95		
47552		Biliary endoscopy thru skin		NA	$174.91		
47553		Biliary endoscopy thru skin		NA	$173.91		
47554		Biliary endoscopy thru skin		NA	$264.84		
47555		Biliary endoscopy thru skin		NA	$207.38		
47556		Biliary endoscopy thru skin		NA	$234.52		
47560		Laparoscopy w/cholangio		NA	$142.62		
47561		Laparo w/cholangio/biopsy		NA	$153.52		
47562		Laparoscopic cholecystectomy		NA	$347.03		
47563		Laparo cholecystectomy/graph		NA	$372.58		
47564		Laparo cholecystectomy/explr		NA	$436.76		
47570		Laparo cholecystoenterostomy		NA	$388.03		
47579		Laparoscope proc biliary		M	M		Documentation Required
47600		Removal of gallbladder		NA	$425.66		
47605		Removal of gallbladder		NA	$457.95		
47610		Removal of gallbladder		NA	$578.57		
47612		Removal of gallbladder		NA	$576.60		
47620		Removal of gallbladder		NA	$631.26		
47630		Remove bile duct stone		NA	$289.98		
47700		Exploration of bile ducts		NA	$496.77		
47701		Bile duct revision		NA	$850.54		
47711		Excision of bile duct tumor		NA	$712.67		
47712		Excision of bile duct tumor		NA	$922.04		
47715		Excision of bile duct cyst		NA	$588.09		
47720		Fuse gallbladder & bowel		NA	$504.50		
47721		Fuse upper gi structures		NA	$597.80		
47740		Fuse gallbladder & bowel		NA	$579.18		
47741		Fuse gallbladder & bowel		NA	$662.17		
47760		Fuse bile ducts and bowel		NA	$793.88		
47765		Fuse liver ducts & bowel		NA	$771.30		
47780		Fuse bile ducts and bowel		NA	$815.47		
47785		Fuse bile ducts and bowel		NA	$953.73		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
47800		Reconstruction of bile ducts		NA	$721.19		
47801		Placement bile duct support		NA	$484.70		
47802		Fuse liver duct & intestine		NA	$674.46		
47900		Suture bile duct injury		NA	$621.77		
47999		Bile tract surgery procedure		M	M		Documentation Required
48000		Drainage of abdomen		NA	$852.12		
48001		Placement of drain pancreas		NA	$1,069.21		
48020		Removal of pancreatic stone		NA	$497.37		
48100		Biopsy of pancreas open		NA	$384.87		
48102		Needle biopsy pancreas		$255.91	$136.68		
48105		Resect/debride pancreas		NA	$1,406.74		
48120		Removal of pancreas lesion		NA	$490.83		
48140		Partial removal of pancreas		NA	$702.76		
48145		Partial removal of pancreas		NA	$732.67		
48146		Pancreatectomy		NA	$828.95		
48148		Removal of pancreatic duct		NA	$538.97		
48150		Partial removal of pancreas		NA	$1,461.21		
48152		Pancreatectomy		NA	$1,340.78		
48153		Pancreatectomy		NA	$1,459.63		
48154		Pancreatectomy		NA	$1,349.09		
48155		Removal of pancreas		NA	$783.20		
48160		Pancreas removal/transplant		M	M	Y	Documentation Required
48400		Injection intraop add-on		NA	$54.27		
48500		Surgery of pancreatic cyst		NA	$487.67		
48510		Drain pancreatic pseudocyst		NA	$466.67		
48511		Drain pancreatic pseudocyst		NA	$109.74		
48520		Fuse pancreas cyst and bowel		NA	$481.92		
48540		Fuse pancreas cyst and bowel		NA	$602.35		
48545		Pancreatorrhaphy		NA	$564.72		
48547		Duodenal exclusion		NA	$786.36		
48548		Fuse pancreas and bowel		NA	$818.65		
48550		Donor pancreatectomy		M	M	Y	Documentation Required
48551		Prep donor pancreas		#	M	Y	Documentation Required
48552		Prep donor pancreas/venous		NA	$120.23	Y	
48554		Transpl allograft pancreas		NA	$1,121.12	Y	
48556		Removal allograft pancreas		NA	$511.84	Y	
48999		Pancreas surgery procedure		M	M		Documentation Required
49000		Exploration of abdomen		NA	$367.83		
49002		Reopening of abdomen		NA	$333.96		
49010		Exploration behind abdomen		NA	$389.81		
49020		Drain abdominal abscess		NA	$710.31		
49021		Drain abdominal abscess		NA	$92.70		
49040		Drain open abdom abscess		NA	$428.24		
49041		Drain percut abdom abscess		NA	$109.74		
49060		Drain open retrop abscess		NA	$495.58		
49061		Drain percut retroper absc		NA	$101.41		
49062		Drain to peritoneal cavity		NA	$359.90		
49082		Abd paracentesis		$95.28	$40.61		
49083		Abd paracentesis w/imaging		$180.05	$62.60		
49084		Peritoneal lavage		NA	$57.24		
49180		Biopsy abdominal mass		$97.86	$47.53		
49203		Exc abd tum 5 cm or less		NA	$592.64		
49204		Exc abd tum over 5 cm		NA	$756.65		
49205		Exc abd tum over 10 cm		NA	$866.38		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
49215		Excise sacral spine tumor		NA	$1,028.01		
49220		Multiple surgery abdomen		NA	$463.10		
49250		Excision of umbilicus		NA	$271.17		
49255		Removal of omentum		NA	$359.90		
49320		Diag laparo separate proc		NA	$165.98		
49321		Laparoscopy biopsy		NA	$173.11		
49322		Laparoscopy aspiration		NA	$186.18		
49323		Laparo drain lymphocele		NA	$300.49		
49324		Lap insert tunnel ip cath		NA	$194.11		
49325		Lap revision perm ip cath		NA	$209.18		
49326		Lap w/omentopexy add-on		NA	$96.26		
49327		Lap ins device for rt		NA	$77.05		
49329		Laparo proc abdm/per/oment		M	M		Documentation Required
49400		Air injection into abdomen		NA	$52.49		
49402		Remove foreign body abdomen		NA	$418.72		
49411		Ins mark abd/pel for rt perq		$277.11	$108.94		
49412		Ins device for rt guide open		NA	$48.13		
49418		Insert tun ip cath perc		$885.60	$136.87		
49419		Insert tun ip cath w/port		NA	$218.28		
49421		Ins tun ip cath for dial opn		NA	$186.79		
49422		Remove tunneled ip cath		NA	$197.47		
49423		Exchange drainage catheter		NA	$41.01		
49424		Assess cyst contrast inject		NA	$21.59		
49425		Insert abdomen-venous drain		NA	$366.44		
49426		Revise abdomen-venous shunt		NA	$310.38		
49427		Injection abdominal shunt		NA	$24.95		
49428		Ligation of shunt		NA	$213.53		
49429		Removal of shunt		NA	$234.52		
49435		Insert subq exten to ip cath		NA	$61.99		
49436		Embedded ip cath exit-site		NA	$91.12		
49440		Place gastrostomy tube perc		$588.28	$128.35		
49441		Place duod/jej tube perc		$696.43	$139.84		
49442		Place cecostomy tube perc		$567.89	$116.26		
49446		Change g-tube to g-j perc		$578.98	$91.90		
49450		Replace g/c tube perc		$403.68	$37.24		
49451		Replace duod/jej tube perc		$428.63	$51.30		
49452		Replace g-j tube perc		$525.30	$80.02		
49460		Fix g/colon tube w/device		$427.24	$26.14		
49465		Fluoro exam of g/colon tube		$89.73	$17.23		
49491		Rpr hern preemie reduc		NA	$348.02		
49492		Rpr ing hern premie blocked		NA	$434.37		
49495		Rpr ing hernia baby reduc		NA	$189.76		
49496		Rpr ing hernia baby blocked		NA	$279.88		
49500		Rpr ing hernia init, reduce		NA	$184.21		
49501		Rpr ing hernia init blocked		NA	$281.27		
49505		Prp i/hern init reduc >5 yr		NA	$245.03		
49507		Prp i/hern init block >5 yr		NA	$302.85		
49520		Rerepair ing hernia reduce		NA	$303.85		
49521		Rerepair ing hernia blocked		NA	$372.19		
49525		Repair ing hernia sliding		NA	$272.75		
49540		Repair lumbar hernia		NA	$326.63		
49550		Rpr rem hernia init reduce		NA	$275.13		
49553		Rpr fem hernia init blocked		NA	$298.89		
49555		Rerepair fem hernia reduce		NA	$287.01		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
49557		Rerepair fem hernia blocked		NA	$348.41		
49560		Rpr ventral hern init reduc		NA	$360.90		
49561		Rpr ventral hern init block		NA	$439.34		
49565		Rerepair ventrl hern reduce		NA	$362.48		
49566		Rerepair ventrl hern block		NA	$444.08		
49568		Hernia repair w/mesh		NA	$142.42		
49570		Rpr epigastric hern reduce		NA	$190.15		
49572		Rpr epigastric hern blocked		NA	$219.28		
49580		Rpr umbil hern reduc < 5 yr		NA	$143.40		
49582		Rpr umbil hern block < 5 yr		NA	$217.69		
49585		Rpr umbil hern reduc > 5 yr		NA	$204.81		
49587		Rpr umbil hern block > 5 yr		NA	$243.23		
49590		Repair spigelian hernia		NA	$272.36		
49600		Repair umbilical lesion		NA	$348.61		
49605		Repair umbilical lesion		NA	$2,254.70		
49606		Repair umbilical lesion		NA	$568.88		
49610		Repair umbilical lesion		NA	$331.98		
49611		Repair umbilical lesion		NA	$330.39		
49650		Lap ing hernia repair init		NA	$205.80		
49651		Lap ing hernia repair recur		NA	$265.81		
49652		Lap vent/abd hernia repair		NA	$393.58		
49653		Lap vent/abd hern proc comp		NA	$491.22		
49654		Lap inc hernia repair		NA	$451.60		
49655		Lap inc hern repair comp		NA	$543.72		
49656		Lap inc hernia repair recur		NA	$453.40		
49657		Lap inc hern recur comp		NA	$654.65		
49659		Laparo proc hernia repair		M	M		Documentation Required
49900		Repair of abdominal wall		NA	$398.52		
49904		Omental flap extra-abdom		NA	$750.90		
49905		Omental flap intra-abdom		NA	$189.95		
49906		Free omental flap microvasc		M	M		Documentation Required
49999		Abdomen surgery procedure		M	M		Documentation Required
50010		Exploration of kidney		NA	$339.11		
50020		Renal abscess open drain		NA	$470.23		
50021		Renal abscess percut drain		NA	$92.51		
50040		Drainage of kidney		NA	$451.02		
50045		Exploration of kidney		NA	$461.31		
50060		Removal of kidney stone		NA	$563.92		
50065		Incision of kidney		NA	$563.33		
50070		Incision of kidney		NA	$593.44		
50075		Removal of kidney stone		NA	$733.28		
50080		Removal of kidney stone		NA	$436.17		
50081		Removal of kidney stone		NA	$635.62		
50100		Revise kidney blood vessels		NA	$513.61		
50120		Exploration of kidney		NA	$473.00		
50125		Explore and drain kidney		NA	$493.41		
50130		Removal of kidney stone		NA	$508.26		
50135		Exploration of kidney		NA	$559.95		
50200		Renal biopsy perq		$80.82	$80.82		
50205		Renal biopsy open		NA	$348.80		
50220		Remove kidney open		NA	$509.45		
50225		Removal kidney open complex		NA	$591.45		
50230		Removal kidney open radical		NA	$637.42		
50234		Removal of kidney & ureter		NA	$649.88		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
50236		Removal of kidney & ureter		NA	$729.90		
50240		Partial removal of kidney		NA	$644.74		
50250		Cryoablate renal mass open		NA	$604.93		
50280		Removal of kidney lesion		NA	$466.28		
50290		Removal of kidney lesion		NA	$447.46		
50300		Remove cadaver donor kidney		$338.91	$338.91		
50320		Remove kidney living donor		NA	$697.43		
50323		Prep cadaver renal allograft		#	$129.43		
50325		Prep donor renal graft		#	$76.16		
50327		Prep renal graft/venous		NA	$111.71		
50328		Prep renal graft/arterial		NA	$97.86		
50329		Prep renal graft/ureteral		NA	$93.49		
50340		Removal of kidney		NA	$401.90		
50360		Transplantation of kidney		NA	$1,006.22		
50365		Transplantation of kidney		NA	$1,176.78		
50370		Remove transplanted kidney		NA	$446.27		
50380		Reimplantation of kidney		NA	$698.82		
50382		Change ureter stent percut		$833.11	$152.72		
50384		Remove ureter stent percut		$804.78	$139.04		
50385		Change stent via transureth		$699.60	$133.90		
50386		Remove stent via transureth		$452.80	$101.02		
50387		Change ext/int ureter stent		$403.68	$55.27		
50389		Remove renal tube w/fluoro		$276.32	$30.50		
50390		Drainage of kidney lesion		NA	$53.88		
50391		Instll rx agnt into rnal tub		$72.89	$54.08		
50392		Insert kidney drain		NA	$100.83		
50393		Insert ureteral tube		NA	$122.61		
50394		Injection for kidney x-ray		$69.34	$29.11		
50395		Create passage to kidney		NA	$100.62		
50396		Measure kidney pressure		NA	$65.37		
50398		Change kidney tube		$354.76	$41.01		
50400		Revision of kidney/ureter		NA	$569.27		
50405		Revision of kidney/ureter		NA	$687.72		
50500		Repair of kidney wound		NA	$593.24		
50520		Close kidney-skin fistula		NA	$517.58		
50525		Repair renal-abdomen fistula		NA	$655.43		
50526		Repair renal-abdomen fistula		NA	$709.50		
50540		Revision of horseshoe kidney		NA	$586.31		
50541		Laparo ablate renal cyst		NA	$467.66		
50542		Laparo ablate renal mass		NA	$584.53		
50543		Laparo partial nephrectomy		NA	$742.38		
50544		Laparoscopy pyeloplasty		NA	$643.55		
50545		Laparo radical nephrectomy		NA	$690.69		
50546		Laparoscopic nephrectomy		NA	$602.15		
50547		Laparo removal donor kidney		NA	$779.43		
50548		Laparo remove w/ureter		NA	$698.82		
50549		Laparoscope proc renal		M	M		Documentation Required
50551		Kidney endoscopy		$200.85	$157.87		
50553		Kidney endoscopy		$212.73	$169.36		
50555		Kidney endoscopy & biopsy		$233.54	$184.40		
50557		Kidney endoscopy & treatment		$231.16	$185.79		
50561		Kidney endoscopy & treatment		$261.65	$213.32		
50562		Renal scope w/tumor resect		NA	$315.92		
50570		Kidney endoscopy		NA	$266.01		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
50572		Kidney endoscopy		NA	$290.98		
50574		Kidney endoscopy & biopsy		NA	$307.41		
50575		Kidney endoscopy		NA	$388.03		
50576		Kidney endoscopy & treatment		NA	$305.43		
50580		Kidney endoscopy & treatment		NA	$329.60		
50590		Fragmenting of kidney stone		$438.94	$274.33		
50592		Perc rf ablate renal tumor		$3,102.46	$201.44		
50593		Perc cryo ablate renal tum		$2,458.91	$259.48		
50600		Exploration of ureter		NA	$468.05		
50605		Insert ureteral support		NA	$468.25		
50610		Removal of ureter stone		NA	$481.51		
50620		Removal of ureter stone		NA	$446.86		
50630		Removal of ureter stone		NA	$441.71		
50650		Removal of ureter		NA	$512.03		
50660		Removal of ureter		NA	$571.85		
50684		Injection for ureter x-ray		$114.68	$25.36		
50686		Measure ureter pressure		$100.42	$48.33		
50688		Change of ureter tube/stent		NA	$45.56		
50690		Injection for ureter x-ray		$60.60	$38.62		
50700		Revision of ureter		NA	$467.25		
50715		Release of ureter		NA	$589.47		
50722		Release of ureter		NA	$516.00		
50725		Release/revise ureter		NA	$555.40		
50727		Revise ureter		NA	$258.68		
50728		Revise ureter		NA	$367.83		
50740		Fusion of ureter & kidney		NA	$556.59		
50750		Fusion of ureter & kidney		NA	$571.66		
50760		Fusion of ureters		NA	$547.28		
50770		Splicing of ureters		NA	$572.83		
50780		Reimplant ureter in bladder		NA	$543.52		
50782		Reimplant ureter in bladder		NA	$592.44		
50783		Reimplant ureter in bladder		NA	$608.69		
50785		Reimplant ureter in bladder		NA	$599.18		
50800		Implant ureter in bowel		NA	$439.14		
50810		Fusion of ureter & bowel		NA	$622.74		
50815		Urine shunt to intestine		NA	$592.25		
50820		Construct bowel bladder		NA	$641.97		
50825		Construct bowel bladder		NA	$819.24		
50830		Revise urine flow		NA	$907.19		
50840		Replace ureter by bowel		NA	$591.86		
50845		Appendico-vesicostomy		NA	$620.97		
50860		Transplant ureter to skin		NA	$460.73		
50900		Repair of ureter		NA	$413.78		
50920		Closure ureter/skin fistula		NA	$433.79		
50930		Closure ureter/bowel fistula		NA	$553.62		
50940		Release of ureter		NA	$438.94		
50945		Laparoscopy ureterolithotomy		NA	$502.71		
50947		Laparo new ureter/bladder		NA	$719.60		
50948		Laparo new ureter/bladder		NA	$651.27		
50949		Laparoscope proc, ureter		M	M		Documentation Required
50951		Endoscopy of ureter		$208.77	$164.40		
50953		Endoscopy of ureter		$219.28	$178.86		
50955		Ureter endoscopy & biopsy		$270.36	$196.30		
50957		Ureter endoscopy & treatment		$234.32	$190.95		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
50961		Ureter endoscopy & treatment		$214.31	$171.14		
50970		Ureter endoscopy		NA	$200.44		
50972		Ureter endoscopy & catheter		NA	$194.92		
50974		Ureter endoscopy & biopsy		NA	$255.71		
50976		Ureter endoscopy & treatment		NA	$252.74		
50980		Ureter endoscopy & treatment		NA	$192.14		
51020		Incise & treat bladder		NA	$218.48		
51030		Incise & treat bladder		NA	$224.22		
51040		Incise & drain bladder		NA	$147.97		
51045		Incise bladder/drain ureter		NA	$222.05		
51050		Removal of bladder stone		NA	$218.87		
51060		Removal of ureter stone		NA	$276.71		
51065		Remove ureter calculus		NA	$273.94		
51080		Drainage of bladder abscess		NA	$196.69		
51100		Drain bladder by needle		$34.66	$21.78		
51101		Drain bladder by trocar/cath		$69.73	$28.91		
51102		Drain bl w/cath insertion		$184.01	$136.87		
51500		Removal of bladder cyst		NA	$320.08		
51520		Removal of bladder lesion		NA	$290.17		
51525		Removal of bladder lesion		NA	$417.55		
51530		Removal of bladder lesion		NA	$379.71		
51535		Repair of ureter lesion		NA	$394.17		
51550		Partial removal of bladder		NA	$469.25		
51555		Partial removal of bladder		NA	$625.32		
51565		Revise bladder & ureter(s)		NA	$637.81		
51570		Removal of bladder		NA	$706.54		
51575		Removal of bladder & nodes		NA	$883.61		
51580		Remove bladder/revise tract		NA	$907.00		
51585		Removal of bladder & nodes		NA	$1,017.91		
51590		Remove bladder/revise tract		NA	$941.27		
51595		Remove bladder/revise tract		NA	$1,066.24		
51596		Remove bladder/create pouch		NA	$1,138.74		
51597		Removal of pelvic structures		NA	$1,108.44		
51600		Injection for bladder x-ray		$118.84	$24.36		
51605		Preparation for bladder xray		NA	$20.40		
51610		Injection for bladder x-ray		$67.54	$34.07		
51700		Irrigation of bladder		$50.31	$24.17		
51701		Insert bladder catheter		$41.98	$14.46		
51702		Insert temp bladder cath		$52.09	$15.45		
51703		Insert bladder cath complex		$85.37	$42.20		
51705		Change of bladder tube		$66.76	$33.68		
51710		Change of bladder tube		$97.86	$46.95		
51715		Endoscopic injection/implant		$157.07	$106.37		
51720		Treatment of bladder lesion		$76.25	$55.27		
51725	26	Simple cystometrogram		$41.98	$41.98		
51725		Simple cystometrogram		$144.00	NA		
51725	TC	Simple cystometrogram		$102.01	NA		
51726	26	Complex cystometrogram		$47.53	$47.53		
51726		Complex cystometrogram		$186.40	NA		
51726	TC	Complex cystometrogram		$138.86	NA		
51727	26	Cystometrogram w/up		$59.42	$59.42		
51727		Cystometrogram w/up		$159.85	NA		
51727	TC	Cystometrogram w/up		$100.42	NA		
51728	26	Cystometrogram w/vp		$58.63	$58.63		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
51728		Cystometrogram w/vp		$159.65	NA		
51728	TC	Cystometrogram w/vp		$101.02	NA		
51729	26	Cystometrogram w/vp&up		$69.72	$69.72		
51729		Cystometrogram w/vp&up		$171.93	NA		
51729	TC	Cystometrogram w/vp&up		$102.21	NA		
51736	26	Urine flow measurement		$17.04	$17.04		
51736		Urine flow measurement		$24.75	NA		
51736	TC	Urine flow measurement		$7.72	NA		
51741	26	Electro-uroflowmetry first		$31.69	$31.69		
51741		Electro-uroflowmetry first		$40.40	NA		
51741	TC	Electro-uroflowmetry first		$8.71	NA		
51784	26	Anal/urinary muscle study		$42.59	$42.59		
51784		Anal/urinary muscle study		$112.51	NA		
51784	TC	Anal/urinary muscle study		$69.92	NA		
51785	26	Anal/urinary muscle study		$42.39	$42.39		
51785		Anal/urinary muscle study		$121.42	NA		
51785	TC	Anal/urinary muscle study		$79.04	NA		
51792	26	Urinary reflex study		$31.30	$31.30		
51792		Urinary reflex study		$144.78	NA		
51792	TC	Urinary reflex study		$113.49	NA		
51797	26	Intraabdominal pressure test		$44.56	$44.56		
51797		Intraabdominal pressure test		$149.94	NA		
51797	TC	Intraabdominal pressure test		$105.38	NA		
51798		Us urine capacity measure		$8.32	NA		
51800		Revision of bladder/urethra		NA	$520.74		
51820		Revision of urinary tract		NA	$552.63		
51840		Attach bladder/urethra		NA	$343.27		
51841		Attach bladder/urethra		NA	$408.82		
51845		Repair bladder neck		NA	$302.27		
51860		Repair of bladder wound		NA	$374.96		
51865		Repair of bladder wound		NA	$454.38		
51880		Repair of bladder opening		NA	$244.22		
51900		Repair bladder/vagina lesion		NA	$400.91		
51920		Close bladder-uterus fistula		NA	$368.81		
51925		Hysterectomy/bladder repair		NA	$519.36		Documentation Required
51940		Correction of bladder defect		NA	$844.60		
51960		Revision of bladder & bowel		NA	$678.81		
51980		Construct bladder opening		NA	$348.41		
51990		Laparo urethral suspension		NA	$396.75		
51992		Laparo sling operation		NA	$428.24		
51999		Laparoscope proc bla		M	M		Documentation Required
52000		Cystoscopy		$108.15	$57.63		
52001		Cystoscopy removal of clots		$216.09	$152.52		
52005		Cystoscopy & ureter catheter		$160.84	$67.95		
52007		Cystoscopy and biopsy		NA	$86.96		
52010		Cystoscopy & duct catheter		NA	$86.76		
52204		Cystoscopy w/biopsy(s)		$338.51	$68.14		
52214		Cystoscopy and treatment		$835.28	$104.77		
52224		Cystoscopy and treatment		$790.72	$89.34		
52234		Cystoscopy and treatment		NA	$130.93		
52235		Cystoscopy and treatment		NA	$153.91		
52240		Cystoscopy and treatment		NA	$271.56		
52250		Cystoscopy and radiotracer		NA	$127.96		
52260		Cystoscopy and treatment		NA	$111.12		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
52265		Cystoscopy and treatment		$327.63	$84.57		
52270		Cystoscopy & revise urethra		$290.37	$95.87		
52275		Cystoscopy & revise urethra		$408.43	$132.32		
52276		Cystoscopy and treatment		NA	$141.23		
52277		Cystoscopy and treatment		NA	$174.91		
52281		Cystoscopy and treatment		$200.25	$80.82		
52282		Cystoscopy implant stent		NA	$179.85		
52283		Cystoscopy and treatment		$157.27	$106.37		
52285		Cystoscopy and treatment		$156.08	$102.80		
52287		Cystoscopy chemodenervation		$180.05	$96.66		
52290		Cystoscopy and treatment		NA	$129.74		
52300		Cystoscopy and treatment		NA	$150.33		
52301		Cystoscopy and treatment		NA	$157.46		
52305		Cystoscopy and treatment		NA	$149.36		
52310		Cystoscopy and treatment		$152.72	$80.02		
52315		Cystoscopy and treatment		$282.46	$146.78		
52317		Remove bladder stone		$717.24	$187.78		
52318		Remove bladder stone		NA	$256.10		
52320		Cystoscopy and treatment		NA	$131.71		
52325		Cystoscopy stone removal		NA	$172.53		
52327		Cystoscopy inject material		NA	$145.98	Y	
52330		Cystoscopy and treatment		$877.87	$141.62		
52332		Cystoscopy and treatment		$174.30	$81.02		
52334		Create passage to kidney		NA	$136.87		
52341		Cysto w/ureter stricture tx		NA	$171.14		
52342		Cysto w/up stricture tx		NA	$184.21		
52343		Cysto w/renal stricture tx		NA	$203.82		
52344		Cysto/uretero stricture tx		NA	$218.67		
52345		Cysto/uretero w/up stricture		NA	$232.35		
52346		Cystouretero w/renal strict		NA	$260.67		
52351		Cystouretero & or pyeloscope		NA	$166.59		
52352		Cystouretero w/stone remove		NA	$195.50		
52353		Cystouretero w/lithotripsy		NA	$225.61		
52354		Cystouretero w/biopsy		NA	$208.57		
52355		Cystouretero w/excise tumor		NA	$249.38		
52400		Cystouretero w/congen repr		NA	$279.10		
52402		Cystourethro cut ejacul duct		NA	$145.98		
52500		Revision of bladder neck		NA	$257.29		
52601		Prostatectomy (TURP)		NA	$363.06		
52630		Remove prostate regrowth		NA	$217.09		
52640		Relieve bladder contracture		NA	$199.06		
52647		Laser surgery of prostate		$1,688.01	$309.20		
52648		Laser surgery of prostate		NA	$332.37		
52649		Prostate laser enucleation		NA	$546.30		
52700		Drainage of prostate abscess		NA	$207.18		
53000		Incision of urethra		NA	$78.83		
53010		Incision of urethra		NA	$134.49		
53020		Incision of urethra		NA	$50.91		
53025		Incision of urethra		NA	$34.07		
53040		Drainage of urethra abscess		NA	$203.63		
53060		Drainage of urethra abscess		$99.03	$84.77		
53080		Drainage of urinary leakage		NA	$252.94		
53085		Drainage of urinary leakage		NA	$368.22		
53200		Biopsy of urethra		$81.41	$74.67		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
53210		Removal of urethra		NA	$382.09		
53215		Removal of urethra		NA	$461.51		
53220		Treatment of urethra lesion		NA	$221.84		
53230		Removal of urethra lesion		NA	$297.50		
53235		Removal of urethra lesion		NA	$311.98		
53240		Surgery for urethra pouch		NA	$207.79		
53250		Removal of urethra gland		NA	$191.54		
53260		Treatment of urethra lesion		$108.54	$92.11		
53265		Treatment of urethra lesion		$120.42	$94.67		
53270		Removal of urethra gland		$110.93	$97.64		
53275		Repair of urethra defect		NA	$140.64		
53400		Revise urethra stage 1		NA	$391.59		
53405		Revise urethra stage 2		NA	$433.59		
53410		Reconstruction of urethra		NA	$488.25		
53415		Reconstruction of urethra		NA	$556.59		
53420		Reconstruct urethra stage 1		NA	$422.30		
53425		Reconstruct urethra stage 2		NA	$475.18		
53430		Reconstruction of urethra		NA	$484.89		
53431		Reconstruct urethra/bladder		NA	$581.15		
53440		Male sling procedure		NA	$407.04		
53442		Remove/revise male sling		NA	$352.96		
53444		Insert tandem cuff		NA	$400.31		
53445		Insert uro/ves nck sphincter		NA	$438.34		
53446		Remove uro sphincter		NA	$320.08		
53447		Remove/replace ur sphincter		NA	$413.19		
53448		Remov/replc ur sphinctr comp		NA	$627.71		
53449		Repair uro sphincter		NA	$299.10		
53450		Revision of urethra		NA	$195.31		
53460		Revision of urethra		NA	$224.02		
53500		Urethrlys transvag w/ scope		NA	$382.48		
53502		Repair of urethra injury		NA	$242.25		
53505		Repair of urethra injury		NA	$238.29		
53510		Repair of urethra injury		NA	$316.92		
53515		Repair of urethra injury		NA	$401.69		
53520		Repair of urethra defect		NA	$272.55		
53600		Dilate urethra stricture		$48.33	$34.27		
53601		Dilate urethra stricture		$45.95	$28.13		
53605		Dilate urethra stricture		NA	$35.26		
53620		Dilate urethra stricture		$73.89	$45.95		
53621		Dilate urethra stricture		$69.92	$38.43		
53660		Dilation of urethra		$41.01	$21.20		
53661		Dilation of urethra		$41.01	$21.00		
53665		Dilation of urethra		NA	$21.20		
53850		Prostatic microwave thermotx		$2,068.71	$278.49		
53852		Prostatic rf thermotx		$1,972.83	$296.12		
53855		Insert prost urethral stent		$357.73	$45.36		
53860		Transurethral rf treatment		$851.13	$136.28		
53899		Urology surgery procedure		M	M		Documentation Required
54000		Slitting of prepuce		$90.51	$51.11		
54001		Slitting of prepuce		$109.54	$68.34		
54015		Drain penis lesion		NA	$163.41		
54050		Destruction penis lesion(s)		$59.02	$46.56		
54055		Destruction penis lesion(s)		$56.85	$41.59		
54056		Cryosurgery penis lesion(s)		$59.22	$48.14		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
54057		Laser surg penis lesion(s)		$70.31	$42.78		
54060		Excision of penis lesion(s)		$102.41	$61.79		
54065		Destruction penis lesion(s)		$102.80	$74.86		
54100		Biopsy of penis		$95.28	$55.85		
54105		Biopsy of penis		$159.05	$112.51		
54110		Treatment of penis lesion		NA	$308.79		
54111		Treat penis lesion graft		NA	$401.90		
54112		Treat penis lesion graft		NA	$470.63		
54115		Treatment of penis lesion		$216.89	$198.67		
54120		Partial removal of penis		NA	$303.46		
54125		Removal of penis		NA	$402.10		
54130		Remove penis & nodes		NA	$590.66		
54135		Remove penis & nodes		NA	$760.22		
54150		Circumcision w/regionl block		$125.38	$52.89		
54160		Circumcision neonate		$135.09	$74.47		
54161		Circum 28 days or older		NA	$100.22		
54162		Lysis penil circumic lesion		$155.88	$92.11		
54163		Repair of circumcision		NA	$103.39		
54164		Frenulotomy of penis		NA	$89.54		
54200		Treatment of penis lesion		$58.24	$41.79		
54205		Treatment of penis lesion		NA	$260.87		
54220		Treatment of penis lesion		$127.55	$70.12		
54230		Prepare penis study		$49.72	$40.81		
54231		Dynamic cavernosometry		$70.72	$60.82		
54235		Penile injection		$44.17	$36.65		
54240	26	Penis study		$36.65	$36.65		
54240		Penis study		$49.72	NA		
54240	TC	Penis study		$13.07	NA		
54300		Revision of penis		NA	$331.38		
54304		Revision of penis		NA	$390.01		
54308		Reconstruction of urethra		NA	$368.81		
54312		Reconstruction of urethra		NA	$431.60		
54316		Reconstruction of urethra		NA	$514.20		
54318		Reconstruction of urethra		NA	$364.86		
54322		Reconstruction of urethra		NA	$403.68		
54324		Reconstruction of urethra		NA	$503.12		
54326		Reconstruction of urethra		NA	$487.26		
54328		Revise penis/urethra		NA	$472.80		
54332		Revise penis/urethra		NA	$515.00		
54336		Revise penis/urethra		NA	$644.14		
54340		Secondary urethral surgery		NA	$288.59		
54344		Secondary urethral surgery		NA	$499.55		
54348		Secondary urethral surgery		NA	$529.07		
54352		Reconstruct urethra/penis		NA	$755.45		
54360		Penis plastic surgery		NA	$372.19	Y	
54380		Repair penis		NA	$410.21		
54385		Repair penis		NA	$485.28		
54390		Repair penis and bladder		NA	$644.74		
54400		Insert semi-rigid prosthesis		NA	$276.71	Y	
54401		Insert self-contd prosthesis		NA	$331.38	Y	
54405		Insert multi-comp penis pros		NA	$401.90	Y	
54406		Remove muti-comp penis pros		NA	$363.87		
54408		Repair multi-comp penis pros		NA	$383.68		
54410		Remove/replace penis prosth		NA	$459.73		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
54411		Remov/replc penis pros comp		NA	$478.54		
54415		Remove self-contd penis pros		NA	$256.90		
54416		Remv/repl penis contain pros		NA	$336.73		
54417		Remv/replc penis pros compl		NA	$422.89		
54420		Revision of penis		NA	$352.38		
54430		Revision of penis		NA	$316.13		
54435		Revision of penis		NA	$201.24		
54440		Repair of penis		M	M		Documentation Required
54450		Preputial stretching		$42.59	$32.49		
54500		Biopsy of testis		NA	$39.01		
54505		Biopsy of testis		NA	$111.71		
54512		Excise lesion testis		NA	$264.84		
54520		Removal of testis		NA	$168.56		
54522		Orchiectomy partial		NA	$302.07		
54530		Removal of testis		NA	$266.81		
54535		Extensive testis surgery		NA	$369.22		
54550		Exploration for testis		NA	$241.06		
54560		Exploration for testis		NA	$340.09		
54600		Reduce testis torsion		NA	$219.07		
54620		Suspension of testis		NA	$152.52		
54640		Suspension of testis		NA	$222.83		
54650		Orchiopexy (Fowler-Stephens)		NA	$356.54		
54660		Revision of testis		NA	$169.16		
54670		Repair testis injury		NA	$206.19		
54680		Relocation of testis(es)		NA	$395.16		
54690		Laparoscopy orchiectomy		NA	$334.76		
54692		Laparoscopy orchiopexy		NA	$388.23		
54699		Laparoscope proc testis		M	M		Documentation Required
54700		Drainage of scrotum		NA	$111.71		
54800		Biopsy of epididymis		NA	$68.53		
54830		Remove epididymis lesion		NA	$174.30		
54840		Remove epididymis lesion		NA	$165.20		
54860		Removal of epididymis		NA	$199.47		
54861		Removal of epididymis		NA	$273.94		
54865		Explore epididymis		NA	$185.40		
54900		Fusion of spermatic ducts		NA	$394.36		
54901		Fusion of spermatic ducts		NA	$539.95		
55000		Drainage of hydrocele		$71.50	$43.37		
55040		Removal of hydrocele		NA	$171.92		
55041		Removal of hydroceles		NA	$243.64		
55060		Repair of hydrocele		NA	$179.27		
55100		Drainage of scrotum abscess		$118.45	$76.47		
55110		Explore scrotum		NA	$183.21		
55120		Removal of scrotum lesion		NA	$166.78		
55150		Removal of scrotum		NA	$229.96		
55175		Revision of scrotum		NA	$170.54		
55180		Revision of scrotum		NA	$336.14		
55200		Incision of sperm duct		$334.95	$137.46		
55250		Removal of sperm duct(s)		$297.91	$114.09		Consent/Cert. Form Required
55300		Prepare sperm duct x-ray		NA	$100.22		
55450		Ligation of sperm duct		$226.00	$124.19		Consent/Cert. Form Required
55500		Removal of hydrocele		NA	$182.63		
55520		Removal of sperm cord lesion		NA	$198.47		
55530		Revise spermatic cord veins		NA	$180.44		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
55535		Revise spermatic cord veins		NA	$206.40		
55540		Revise hernia & sperm veins		NA	$245.61		
55550		Laparo ligate spermatic vein		NA	$206.60		
55559		Laparo proc spermatic cord		M	M		Documentation Required
55600		Incise sperm duct pouch		NA	$204.41		
55605		Incise sperm duct pouch		NA	$255.13		
55650		Remove sperm duct pouch		NA	$356.15		
55680		Remove sperm pouch lesion		NA	$170.75		
55700		Biopsy of prostate		$116.48	$45.95		
55705		Biopsy of prostate		NA	$142.23		
55706		Prostate saturation sampling		NA	$216.50		
55720		Drainage of prostate abscess		NA	$245.61		
55725		Drainage of prostate abscess		NA	$274.53		
55801		Removal of prostate		NA	$529.46		
55810		Extensive prostate surgery		NA	$655.62		
55812		Extensive prostate surgery		NA	$802.20		
55815		Extensive prostate surgery		NA	$880.84		
55821		Removal of prostate		NA	$424.88		
55831		Removal of prostate		NA	$462.70		
55840		Extensive prostate surgery		NA	$664.75		
55842		Extensive prostate surgery		NA	$711.28		
55845		Extensive prostate surgery		NA	$821.43		
55860		Surgical exposure prostate		NA	$432.99		
55862		Extensive prostate surgery		NA	$548.66		
55865		Extensive prostate surgery		NA	$668.30		
55866		Laparo radical prostatectomy		NA	$883.03		
55870		Electroejaculation		$84.57	$75.66		
55873		Cryoablate prostate		$589.86	$589.86		
55875		Transperi needle place pros		NA	$407.65		
55876		Place rt device/marker, pros		$80.22	$60.21		
55899		Genital surgery procedure		M	M		Documentation Required
55920		Place needles pelvic for rt		NA	$238.09		
56405		I & D of vulva/perineum		$58.24	$54.47		
56420		Drainage of gland abscess		$75.86	$51.30		
56440		Surgery for vulva lesion		NA	$96.86		
56441		Lysis of labial lesion(s)		$79.02	$70.92		
56442		Hymenotomy		NA	$25.16		
56501		Destroy vulva lesions sim		$69.34	$58.43		
56515		Destroy vulva lesion/s compl		$111.71	$97.25		
56605		Biopsy of vulva/perineum		$45.56	$33.47		
56606		Biopsy of vulva/perineum		$21.98	$16.65		
56620		Partial removal of vulva		NA	$260.67		
56625		Complete removal of vulva		NA	$291.97		
56630		Extensive vulva surgery		NA	$409.62		
56631		Extensive vulva surgery		NA	$534.01		
56632		Extensive vulva surgery		NA	$637.42		
56633		Extensive vulva surgery		NA	$535.40		
56634		Extensive vulva surgery		NA	$583.53		
56637		Extensive vulva surgery		NA	$705.75		
56640		Extensive vulva surgery		NA	$706.34		
56700		Partial removal of hymen		NA	$92.31		
56740		Remove vagina gland lesion		NA	$152.33		
56800		Repair of vagina		NA	$129.14		
56805		Repair clitoris		NA	$602.35		Documentation Required

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
56810		Repair of perineum		NA	$136.87		
56820		Exam of vulva w/scope		$59.22	$46.14		
56821		Exam/biopsy of vulva w/scope		$80.41	$63.59		
57000		Exploration of vagina		NA	$99.03		
57010		Drainage of pelvic abscess		NA	$208.77		
57020		Drainage of pelvic fluid		$51.89	$44.96		
57022		I & d vaginal hematoma pp		NA	$85.37		
57023		I & d vag hematoma non-ob		NA	$156.49		
57061		Destroy vag lesions simple		$60.41	$49.92		
57065		Destroy vag lesions complex		$103.39	$90.92		
57100		Biopsy of vagina		$47.94	$36.04		
57105		Biopsy of vagina		$73.09	$65.56		
57106		Remove vagina wall partial		NA	$223.22		
57107		Remove vagina tissue part		NA	$716.44		
57109		Vaginectomy partial w/nodes		NA	$820.82		
57110		Remove vagina wall complete		NA	$461.31		
57111		Remove vagina tissue compl		NA	$847.37		
57112		Vaginectomy w/nodes compl		NA	$874.70		
57120		Closure of vagina		NA	$255.52		
57130		Remove vagina lesion		$96.67	$84.38		
57135		Remove vagina lesion		$103.99	$91.70		
57155		Insert uteri tandem/ovoids		$223.03	$223.03		
57156		Ins vag brachytx device		$87.35	$59.82		
57160		Insert pessary/other device		$39.62	$26.33		
57170		Fitting of diaphragm/cap		$49.52	$26.75		
57180		Treat vaginal bleeding		$78.05	$60.02		
57200		Repair of vagina		NA	$144.39		
57210		Repair vagina/perineum		NA	$182.63		
57220		Revision of urethra		NA	$156.88		
57230		Repair of urethral lesion		NA	$189.76		
57240		Repair bladder & vagina		NA	$207.98		
57250		Repair rectum & vagina		NA	$193.12		
57260		Repair of vagina		NA	$278.69		
57265		Extensive repair of vagina		NA	$370.20		
57267		Insert mesh/pelvic flr addon		NA	$148.56		
57268		Repair of bowel bulge		NA	$232.54		
57270		Repair of bowel pouch		NA	$391.59		
57280		Suspension of vagina		NA	$476.77		
57282		Colpopexy extraperitoneal		NA	$245.42		
57283		Colpopexy intraperitoneal		NA	$352.38		
57284		Repair paravag defect open		NA	$420.91		
57285		Repair paravag defect vag		NA	$342.86		
57287		Revise/remove sling repair		NA	$338.31		
57288		Repair bladder defect		NA	$396.94		
57289		Repair bladder & vagina		NA	$372.77		
57291		Construction of vagina		NA	$273.35		
57292		Construct vagina with graft		NA	$427.85		
57295		Revise vag graft via vagina		NA	$253.54		
57296		Revise vag graft open abd		NA	$493.00		
57300		Repair rectum-vagina fistula		NA	$252.74		
57305		Repair rectum-vagina fistula		NA	$430.82		
57307		Fistula repair & colostomy		NA	$493.80		
57308		Fistula repair transperine		NA	$320.28		
57310		Repair urethrovaginal lesion		NA	$220.86		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
57311		Repair urethrovaginal lesion		NA	$252.35		
57320		Repair bladder-vagina lesion		NA	$258.68		
57330		Repair bladder-vagina lesion		NA	$378.52		
57335		Repair vagina		NA	$587.50		Documentation Required
57400		Dilation of vagina		NA	$72.10		
57410		Pelvic examination		NA	$55.85		
57415		Remove vaginal foreign body		NA	$75.86		
57420		Exam of vagina w/scope		$62.20	$48.72		
57421		Exam/biopsy of vag w/scope		$85.57	$67.95		
57423		Repair paravag defect lap		NA	$478.54		
57425		Laparoscopy surg colpopexy		NA	$477.96		
57426		Revise prosth vag graft lap		NA	$468.45		
57452		Exam of cervix w/scope		$58.63	$48.33		
57454		Bx/curett of cervix w/scope		$84.18	$74.47		
57455		Biopsy of cervix w/scope		$78.24	$61.40		
57456		Endocerv curettage w/scope		$73.69	$57.24		
57460		Bx of cervix w/scope leep		$178.86	$90.12		
57461		Conz of cervix w/scope leep		$197.28	$105.18		
57500		Biopsy of cervix		$72.10	$34.07		
57505		Endocervical curettage		$54.27	$47.14		
57510		Cauterization of cervix		$73.09	$62.79		
57511		Cryocautery of cervix		$78.44	$69.34		
57513		Laser surgery of cervix		$76.25	$69.92		
57520		Conization of cervix		$167.56	$146.58		
57522		Conization of cervix		$137.07	$123.20		
57530		Removal of cervix		NA	$173.31		
57531		Removal of cervix radical		NA	$881.44		
57540		Removal of residual cervix		NA	$394.97		
57545		Remove cervix/repair pelvis		NA	$420.32		
57550		Removal of residual cervix		NA	$198.47		
57555		Remove cervix/repair vagina		NA	$299.49		
57556		Remove cervix repair bowel		NA	$280.07		
57558		D & C of cervical stump		$65.95	$59.63		
57700		Revision of cervix		NA	$139.84		
57720		Revision of cervix		NA	$152.91		
57800		Dilation of cervical canal		$32.08	$26.33		
58100		Biopsy of uterus lining		$60.02	$48.14		
58110		Bx done w/colposcopy add-on		$27.94	$23.17		
58120		Dilation and curettage		$118.25	$109.74		
58140		Myomectomy abdom method		NA	$465.67		
58145		Myomectomy vag method		NA	$273.35		
58146		Myomectomy abdom complex		NA	$600.57		
58150		Total hysterectomy		NA	$486.48		Consent/Cert. Form Required
58152		Total hysterectomy		NA	$652.07		Consent/Cert. Form Required
58180		Partial hysterectomy		NA	$482.90		Consent/Cert. Form Required
58200		Extensive hysterectomy		NA	$675.84		Consent/Cert. Form Required
58210		Extensive hysterectomy		NA	$899.46		Consent/Cert. Form Required
58240		Removal of pelvis contents		NA	$1,192.62		Consent/Cert. Form Required
58260		Vaginal hysterectomy		NA	$420.72		Consent/Cert. Form Required
58262		Vag hyst including t/o		NA	$474.19		Consent/Cert. Form Required
58263		Vag hyst w/t/o & vag repair		NA	$512.62		Consent/Cert. Form Required
58267		Vag hyst w/urinary repair		NA	$543.91		Consent/Cert. Form Required
58270		Vag hyst w/enterocele repair		NA	$456.57		Consent/Cert. Form Required
58275		Hysterectomy/revise vagina		NA	$503.90		Consent/Cert. Form Required

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
58280		Hysterectomy/revise vagina		NA	$540.94		Consent/Cert. Form Required
58285		Extensive hysterectomy		NA	$691.28		Consent/Cert. Form Required
58290		Vag hyst complex		NA	$602.35		Consent/Cert. Form Required
58291		Vag hyst incl t/o complex		NA	$657.22		Consent/Cert. Form Required
58292		Vag hyst t/o & repair compl		NA	$695.44		Consent/Cert. Form Required
58293		Vag hyst w/ uro repair compl		NA	$722.77		Consent/Cert. Form Required
58294		Vag hyst w/ enterocele compl		NA	$638.20		Consent/Cert. Form Required
58300		Insert intrauterine device		$50.50	$29.91		
58301		Remove intrauterine device		$54.27	$37.63		
58340		Catheter for hysterography		$81.99	$32.08		
58345		Reopen fallopian tube		NA	$148.56		
58346		Insert heyman uteri capsule		NA	$222.44		
58350		Reopen fallopian tube		$51.89	$40.60		
58353		Endometr ablate thermal		$787.16	$119.64		
58356		Endometrial cryoablation		$1,362.57	$195.70		
58400		Suspension of uterus		NA	$218.67		
58410		Suspension of uterus		NA	$408.23		
58520		Repair of ruptured uterus		NA	$384.67		
58540		Revision of uterus		NA	$462.90		
58541		Lsh uterus 250 g or less		NA	$443.50		Consent/Cert. Form Required
58542		Lsh w/t/o ut 250 g or less		NA	$490.83		Consent/Cert. Form Required
58543		Lsh uterus above 250 g		NA	$499.16		Consent/Cert. Form Required
58544		Lsh w/t/o uterus above 250 g		NA	$540.55		Consent/Cert. Form Required
58545		Laparoscopic myomectomy		NA	$466.47		
58546		Laparo-myomectomy complex		NA	$598.38		
58548		Lap radical hyst		NA	$945.02		Consent/Cert. Form Required
58550		Laparo-asst vag hysterectomy		NA	$459.54		Consent/Cert. Form Required
58552		Laparo-vag hyst incl t/o		NA	$509.65		Consent/Cert. Form Required
58553		Laparo-vag hyst complex		NA	$598.38		Consent/Cert. Form Required
58554		Laparo-vag hyst w/t/o compl		NA	$686.53		Consent/Cert. Form Required
58555		Hysteroscopy dx sep proc		$117.45	$104.58		
58558		Hysteroscopy biopsy		$148.36	$148.36		
58559		Hysteroscopy lysis		NA	$190.95		
58560		Hysteroscopy resect septum		NA	$216.31		
58561		Hysteroscopy remove myoma		NA	$306.82		
58562		Hysteroscopy remove fb		$162.23	$162.23		
58563		Hysteroscopy ablation		$1,252.83	$191.34		
58565		Hysteroscopy sterilization		$1,725.00	$240.06		Consent/Cert. Form Required
58570		Tlh uterus 250 g or less		NA	$475.77		Consent/Cert. Form Required
58571		Tlh w/t/o 250 g or less		NA	$521.13		Consent/Cert. Form Required
58572		Tlh uterus over 250 g		NA	$591.45		Consent/Cert. Form Required
58573		Tlh w/t/o uterus over 250 g		NA	$666.92		Consent/Cert. Form Required
58578		Laparo proc uterus		M	M		Documentation Required
58579		Hysteroscope procedure		M	M		Documentation Required
58600		Division of fallopian tube		NA	$189.95		Consent/Cert. Form Required
58605		Division of fallopian tube		NA	$172.33		Consent/Cert. Form Required
58611		Ligate oviduct(s) add-on		NA	$43.58		Consent/Cert. Form Required
58615		Occlude fallopian tube(s)		NA	$140.04		Consent/Cert. Form Required
58660		Laparoscopy lysis		NA	$355.35		
58661		Laparoscopy remove adnexa		NA	$346.64		
58662		Laparoscopy excise lesions		NA	$376.35		
58670		Laparoscopy tubal cautery		NA	$188.96		Consent/Cert. Form Required
58671		Laparoscopy tubal block		NA	$189.17		Consent/Cert. Form Required
58673		Laparoscopy salpingostomy		NA	$435.76		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
58679		Laparo proc oviduct-ovary		M	M		Documentation Required
58700		Removal of fallopian tube		NA	$387.04		Documentation Required
58720		Removal of ovary/tube(s)		NA	$366.84		Documentation Required
58740		Adhesiolysis tube ovary		NA	$452.41		
58770		Create new tubal opening		NA	$447.66		
58800		Drainage of ovarian cyst(s)		$162.62	$147.97		
58805		Drainage of ovarian cyst(s)		NA	$199.47		
58820		Drain ovary abscess open		NA	$159.05		
58822		Drain ovary abscess percut		NA	$326.82		
58823		Drain pelvic abscess percut		NA	$93.70		
58825		Transposition ovary(s)		NA	$358.32		
58900		Biopsy of ovary(s)		NA	$203.02		
58920		Partial removal of ovary(s)		NA	$363.67		
58925		Removal of ovarian cyst(s)		NA	$365.45		
58940		Removal of ovary(s)		NA	$243.64		
58943		Removal of ovary(s)		NA	$580.17		
58950		Resect ovarian malignancy		NA	$541.94		
58951		Resect ovarian malignancy		NA	$702.18		
58952		Resect ovarian malignancy		NA	$787.75		
58953		Tah rad dissect for debulk		NA	$997.51		
58954		Tah rad debulk/lymph remove		NA	$1,086.85		
58956		Bso omentectomy w/tah		NA	$695.63		
58957		Resect recurrent gyn mal		NA	$765.36		
58958		Resect recur gyn mal w/lym		NA	$847.57		
58960		Exploration of abdomen		NA	$471.22		
58999		Genital surgery procedure		M	M		Documentation Required
59000		Amniocentesis diagnostic		$73.09	$45.17		
59001		Amniocentesis therapeutic		NA	$101.41		
59012		Fetal cord puncture prenatal		NA	$114.88		
59015		Chorion biopsy		$84.57	$74.47		
59020	26	Fetal contract stress test		$21.39	$21.39		
59020		Fetal contract stress test		$33.68	NA		
59020	TC	Fetal contract stress test		$12.28	NA		
59025	26	Fetal non-stress test		$17.23	$17.23		
59025		Fetal non-stress test		$22.19	NA		
59025	TC	Fetal non-stress test		$4.95	NA		
59030		Fetal scalp blood sample		NA	$63.98		
59050		Fetal monitor w/report		NA	$28.72		
59051		Fetal monitor/interpret only		NA	$23.78		
59070		Transabdom amnioinfus w/us		$211.54	$155.30		
59072		Umbilical cord occlud w/us		NA	$243.23		
59074		Fetal fluid drainage w/us		$200.05	$155.30		
59076		Fetal shunt placement w/us		NA	$243.23		
59100		Remove uterus lesion		NA	$430.62		
59120		Treat ectopic pregnancy		NA	$405.07		
59121		Treat ectopic pregnancy		NA	$411.40		
59130		Treat ectopic pregnancy		NA	$443.30		
59135		Treat ectopic pregnancy		NA	$483.31		Consent/Cert. Form Required
59136		Treat ectopic pregnancy		NA	$453.79		
59140		Treat ectopic pregnancy		NA	$177.47		
59150		Treat ectopic pregnancy		NA	$404.87		
59151		Treat ectopic pregnancy		NA	$401.49		
59160		D & c after delivery		$131.71	$108.74		
59300		Episiotomy or vaginal repair		$102.21	$78.05		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
59320		Revision of cervix		NA	$85.37		
59325		Revision of cervix		NA	$135.49		
59350		Repair of uterus		NA	$158.26		
59400		Obstetrical care		NA	$1,416.89		
59409		Obstetrical care		NA	$760.27		
59410		Obstetrical care		NA	$833.86		
59412		Antepartum manipulation		NA	$83.28		
59414		Deliver placenta		NA	$75.00		
59425		Antepartum care only		$322.63	$255.60		
59426		Antepartum care only		$540.82	$417.32		
59430		Care after delivery		$110.10	$101.82		
59510		Cesarean delivery		NA	$1,583.76		
59514		Cesarean delivery only		NA	$873.22		
59515		Cesarean delivery		NA	$968.48		
59525		Remove uterus after cesarean		NA	$272.94		Consent/Cert. Form Required
59610		Vbac delivery		NA	$1,487.35		
59612		Vbac delivery only		NA	$836.71		
59614		Vbac care after delivery		NA	$906.88		
59618		Attempted vbac delivery		NA	$1,666.19		
59620		Attempted vbac delivery only		NA	$943.67		
59622		Attempted vbac after care		NA	$1,046.65		
59812		Treatment of miscarriage		$148.56	$148.56		
59820		Care of miscarriage		$185.79	$168.76		
59821		Treatment of miscarriage		$194.11	$176.88		
59830		Treat uterus infection		NA	$228.38		
59840		Abortion		$115.87	$115.87		Consent/Cert. Form Required
59841		Abortion		$197.47	$187.18		Consent/Cert. Form Required
59850		Abortion		NA	$206.79		Consent/Cert. Form Required
59851		Abortion		NA	$216.89		Consent/Cert. Form Required
59852		Abortion		NA	$298.69		Consent/Cert. Form Required
59855		Abortion		NA	$220.06		Consent/Cert. Form Required
59856		Abortion		NA	$263.84		Consent/Cert. Form Required
59857		Abortion		NA	$317.12		Consent/Cert. Form Required
59866		Abortion (mpr)		NA	$133.90		Consent/Cert. Form Required
59870		Evacuate mole of uterus		NA	$235.90		
59871		Remove cerclage suture		NA	$74.47		
59897		Fetal invas px w/us		M	M		Documentation Required
59898		Laparo proc ob care/deliver		M	M		Documentation Required
59899		Maternity care procedure		M	M		Documentation Required
60000		Drain thyroid/tongue cyst		$76.06	$71.70		
60100		Biopsy of thyroid		$60.60	$43.37		
60200		Remove thyroid lesion		NA	$327.82		
60210		Partial thyroid excision		NA	$351.38		
60212		Partial thyroid excision		NA	$507.87		
60220		Partial removal of thyroid		NA	$383.48		
60225		Partial removal of thyroid		NA	$460.12		
60240		Removal of thyroid		NA	$504.90		
60252		Removal of thyroid		NA	$652.65		
60254		Extensive thyroid surgery		NA	$866.19		
60260		Repeat thyroid surgery		NA	$555.40		
60270		Removal of thyroid		NA	$654.45		
60271		Removal of thyroid		NA	$537.58		
60280		Remove thyroid duct lesion		NA	$219.28		
60281		Remove thyroid duct lesion		NA	$299.10		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
60300		Aspir/inj thyroid cyst		$53.69	$26.75		
60500		Explore parathyroid glands		NA	$507.67		
60502		Re-explore parathyroids		NA	$638.39		
60505		Explore parathyroid glands		NA	$694.25		
60520		Removal of thymus gland		NA	$540.36		
60521		Removal of thymus gland		NA	$618.39		
60522		Removal of thymus gland		NA	$744.96		
60540		Explore adrenal gland		NA	$521.74		
60545		Explore adrenal gland		NA	$603.54		
60600		Remove carotid body lesion		NA	$615.61		
60605		Remove carotid body lesion		NA	$693.07		
60650		Laparoscopy adrenalectomy		NA	$599.18		
60659		Laparo proc endocrine		M	M		Documentation Required
60699		Endocrine surgery procedure		M	M		Documentation Required
61000		Remove cranial cavity fluid		NA	$52.69		
61001		Remove cranial cavity fluid		NA	$53.69		
61020		Remove brain cavity fluid		NA	$63.18		
61026		Injection into brain canal		NA	$67.54		
61050		Remove brain canal fluid		NA	$57.24		
61055		Injection into brain canal		NA	$73.09		
61070		Brain canal shunt procedure		NA	$41.01		
61105		Twist drill hole		NA	$205.80		
61107		Drill skull for implantation		NA	$174.69		
61108		Drill skull for drainage		NA	$395.36		
61120		Burr hole for puncture		NA	$333.76		
61140		Pierce skull for biopsy		NA	$592.25		
61150		Pierce skull for drainage		NA	$638.80		
61151		Pierce skull for drainage		NA	$460.12		
61154		Pierce skull & remove clot		NA	$568.08		
61156		Pierce skull for drainage		NA	$601.76		
61210		Pierce skull implant device		NA	$203.02		
61215		Insert brain-fluid device		NA	$201.05		
61250		Pierce skull & explore		NA	$396.75		
61253		Pierce skull & explore		NA	$449.44		
61304		Open skull for exploration		NA	$800.43		
61305		Open skull for exploration		NA	$950.56		
61312		Open skull for drainage		NA	$910.16		
61313		Open skull for drainage		NA	$914.32		
61314		Open skull for drainage		NA	$862.03		
61315		Open skull for drainage		NA	$1,007.03		
61316		Implt cran bone flap to abdo		NA	$46.34		
61320		Open skull for drainage		NA	$930.36		
61321		Open skull for drainage		NA	$1,025.04		
61322		Decompressive craniotomy		NA	$1,045.45		
61323		Decompressive lobectomy		NA	$1,091.21		
61330		Decompress eye socket		NA	$779.62		
61332		Explore/biopsy eye socket		NA	$944.82		
61333		Explore orbit/remove lesion		NA	$939.66		
61334		Explore orbit/remove object		NA	$606.90		
61340		Subtemporal decompression		NA	$685.53		
61343		Incise skull (press relief)		NA	$1,073.57		
61345		Relieve cranial pressure		NA	$982.66		
61440		Incise skull for surgery		NA	$945.02		
61450		Incise skull for surgery		NA	$911.14		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
61458		Incise skull for brain wound		NA	$986.61		
61460		Incise skull for surgery		NA	$1,006.82		
61470		Incise skull for surgery		NA	$907.00		
61480		Incise skull for surgery		NA	$960.08		
61490		Incise skull for surgery		NA	$928.59		
61500		Removal of skull lesion		NA	$650.09		
61501		Remove infected skull bone		NA	$539.95		
61510		Removal of brain lesion		NA	$1,039.49		
61512		Remove brain lining lesion		NA	$1,264.12		
61514		Removal of brain abscess		NA	$915.30		
61516		Removal of brain lesion		NA	$895.30		
61517		Implt brain chemotx add-on		NA	$46.95		
61518		Removal of brain lesion		NA	$1,347.51		
61519		Remove brain lining lesion		NA	$1,478.44		
61520		Removal of brain lesion		NA	$1,908.46		
61521		Removal of brain lesion		NA	$1,585.60		
61522		Removal of brain abscess		NA	$1,059.11		
61524		Removal of brain lesion		NA	$1,003.65		
61526		Removal of brain lesion		NA	$1,757.13		
61530		Removal of brain lesion		NA	$1,486.36		
61531		Implant brain electrodes		NA	$545.50		
61533		Implant brain electrodes		NA	$719.80		
61534		Removal of brain lesion		NA	$762.19		
61535		Remove brain electrodes		NA	$436.95		
61536		Removal of brain lesion		NA	$1,277.39		
61537		Removal of brain tissue		NA	$924.23		
61538		Removal of brain tissue		NA	$971.37		
61539		Removal of brain tissue		NA	$1,151.61		
61540		Removal of brain tissue		NA	$1,100.31		
61541		Incision of brain tissue		NA	$1,022.87		
61542		Removal of brain tissue		NA	$1,126.06		
61543		Removal of brain tissue		NA	$1,052.78		
61544		Remove & treat brain lesion		NA	$896.68		
61545		Excision of brain tumor		NA	$1,557.07		
61546		Removal of pituitary gland		NA	$1,117.93		
61548		Removal of pituitary gland		NA	$747.54		
61550		Release of skull seams		NA	$446.86		
61552		Release of skull seams		NA	$588.89		
61556		Incise skull/sutures		NA	$757.84		
61557		Incise skull/sutures		NA	$827.76		
61558		Excision of skull/sutures		NA	$814.69		
61559		Excision of skull/sutures		NA	$1,200.14		
61563		Excision of skull tumor		NA	$935.31		
61564		Excision of skull tumor		NA	$1,205.50		
61566		Removal of brain tissue		NA	$1,103.09		
61567		Incision of brain tissue		NA	$1,241.93		
61570		Remove foreign body brain		NA	$878.87		
61571		Incise skull for brain wound		NA	$956.70		
61575		Skull base/brainstem surgery		NA	$1,174.98		
61576		Skull base/brainstem surgery		NA	$1,836.95		
61580		Craniofacial approach skull		NA	$1,174.78		
61581		Craniofacial approach skull		NA	$1,227.47		
61582		Craniofacial approach skull		NA	$1,310.87		
61583		Craniofacial approach skull		NA	$1,396.84		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
61584		Orbitocranial approach/skull		NA	$1,334.05		
61585		Orbitocranial approach/skull		NA	$1,428.72		
61586		Resect nasopharynx skull		NA	$1,031.39		
61590		Infratemporal approach/skull		NA	$1,499.64		
61591		Infratemporal approach/skull		NA	$1,562.03		
61592		Orbitocranial approach/skull		NA	$1,509.35		
61595		Transtemporal approach/skull		NA	$1,107.44		
61596		Transcochlear approach/skull		NA	$1,257.38		
61597		Transcondylar approach/skull		NA	$1,381.97		
61598		Transpetrosal approach/skull		NA	$1,234.80		
61600		Resect/excise cranial lesion		NA	$978.89		
61601		Resect/excise cranial lesion		NA	$1,089.62		
61605		Resect/excise cranial lesion		NA	$1,072.78		
61606		Resect/excise cranial lesion		NA	$1,444.56		
61607		Resect/excise cranial lesion		NA	$1,326.11		
61608		Resect/excise cranial lesion		NA	$1,573.11		
61609		Transect artery sinus		NA	$342.47		
61610		Transect artery sinus		NA	$999.69		
61611		Transect artery sinus		NA	$259.87		
61612		Transect artery sinus		NA	$901.04		
61613		Remove aneurysm sinus		NA	$1,496.67		
61615		Resect/excise lesion skull		NA	$1,179.14		
61616		Resect/excise lesion skull		NA	$1,589.37		
61618		Repair dura		NA	$616.80		
61619		Repair dura		NA	$730.90		
61623		Endovasc tempory vessel occl		NA	$298.89		
61624		Transcath occlusion cns		NA	$574.02		
61626		Transcath occlusion non-cns		NA	$462.90		
61680		Intracranial vessel surgery		NA	$1,110.61		
61682		Intracranial vessel surgery		NA	$2,171.51		
61684		Intracranial vessel surgery		NA	$1,427.94		
61686		Intracranial vessel surgery		NA	$2,295.10		
61690		Intracranial vessel surgery		NA	$1,049.01		
61692		Intracranial vessel surgery		NA	$1,836.76		
61697		Brain aneurysm repr complx		NA	$1,809.23		
61698		Brain aneurysm repr complx		NA	$1,735.34		
61700		Brain aneurysm repr simple		NA	$1,808.43		
61702		Inner skull vessel surgery		NA	$1,687.81		
61703		Clamp neck artery		NA	$633.45		
61705		Revise circulation to head		NA	$1,273.62		
61708		Revise circulation to head		NA	$1,048.62		
61710		Revise circulation to head		NA	$947.20		
61711		Fusion of skull arteries		NA	$1,297.99		
61720		Incise skull/brain surgery		NA	$584.73		
61735		Incise skull/brain surgery		NA	$699.60		
61750		Incise skull/brain biopsy		NA	$663.95		
61751		Brain biopsy w/ct/mr guide		NA	$653.45		
61760		Implant brain electrodes		NA	$720.60		
61770		Incise skull for treatment		NA	$737.64		
61781		Scan proc cranial intra		NA	$141.23		
61782		Scan proc cranial extra		NA	$115.87		
61783		Scan proc spinal		NA	$141.23		
61790		Treat trigeminal nerve		NA	$387.84		
61791		Treat trigeminal tract		NA	$533.23		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
61796		Srs cranial lesion simple		NA	$401.69		
61797		Srs cran les simple addl		NA	$109.74		
61798		Srs cranial lesion complex		NA	$401.69		
61799		Srs cran les complex addl		NA	$151.72		
61800		Apply srs headframe add-on		NA	$77.85		
61850		Implant neuroelectrodes		NA	$460.92		
61860		Implant neuroelectrodes		NA	$750.12		
61863		Implant neuroelectrode		NA	$716.64		
61864		Implant neuroelectrde addl		NA	$241.45		
61867		Implant neuroelectrode		NA	$1,084.86		
61868		Implant neuroelectrde addl		NA	$343.47		
61870		Implant neuroelectrodes		NA	$564.72		
61875		Implant neuroelectrodes		NA	$526.29		
61880		Revise/remove neuroelectrode		NA	$248.00		
61885		Insrt/redo neurostim 1 array		NA	$252.55		
61886		Implant neurostim arrays		NA	$323.26		
61888		Revise/remove neuroreceiver		NA	$199.47		
62000		Treat skull fracture		NA	$378.32		
62005		Treat skull fracture		NA	$571.05		
62010		Treatment of head injury		NA	$725.76		
62100		Repair brain fluid leakage		NA	$785.36		
62115		Reduction of skull defect		NA	$768.33		
62116		Reduction of skull defect		NA	$852.51		
62117		Reduction of skull defect		NA	$920.85		
62120		Repair skull cavity lesion		NA	$887.97		
62121		Incise skull repair		NA	$816.08		
62140		Repair of skull defect		NA	$500.93		
62141		Repair of skull defect		NA	$548.88		
62142		Remove skull plate/flap		NA	$406.06		
62143		Replace skull plate/flap		NA	$484.29		
62145		Repair of skull & brain		NA	$677.43		
62146		Repair of skull with graft		NA	$581.76		
62147		Repair of skull with graft		NA	$692.27		
62148		Retr bone flap to fix skull		NA	$66.15		
62160		Neuroendoscopy add-on		NA	$104.99		
62161		Dissect brain w/scope		NA	$738.22		
62162		Remove colloid cyst w/scope		NA	$910.94		
62163		Zneuroendoscopy w/fb removal		NA	$582.93		
62164		Remove brain tumor w/scope		NA	$947.01		
62165		Remove pituit tumor w/scope		NA	$760.42		
62180		Establish brain cavity shunt		NA	$759.03		
62190		Establish brain cavity shunt		NA	$414.78		
62192		Establish brain cavity shunt		NA	$453.21		
62194		Replace/irrigate catheter		NA	$165.98		
62200		Establish brain cavity shunt		NA	$669.49		
62201		Brain cavity shunt w/scope		NA	$554.21		
62220		Establish brain cavity shunt		NA	$481.73		
62223		Establish brain cavity shunt		NA	$480.13		
62225		Replace/irrigate catheter		NA	$215.70		
62230		Replace/revise brain shunt		NA	$390.61		
62252	26	Csf shunt reprogram		$25.75	$25.75		
62252		Csf shunt reprogram		$47.94	NA		
62252	TC	Csf shunt reprogram		$22.18	NA		
62256		Remove brain cavity shunt		NA	$257.49		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
62258		Replace brain cavity shunt		NA	$534.61		
62263		Epidural lysis mult sessions		$381.68	$192.92		
62264		Epidural lysis on single day		$246.41	$121.03		
62267		Interdiscal perq aspir dx		$130.93	$86.76		
62268		Drain spinal cord cyst		$331.18	$144.78		
62269		Needle biopsy spinal cord		$398.13	$145.78		
62270		Spinal fluid tap diagnostic		$83.38	$35.07		
62272		Drain cerebro spinal fluid		$102.00	$44.37		
62273		Inject epidural patch		$99.03	$59.22		
62280		Treat spinal cord lesion		$195.70	$78.05		
62281		Treat spinal cord lesion		$168.76	$74.08		
62282		Treat spinal canal lesion		$215.51	$67.73		
62284		Injection for myelogram		$131.52	$46.56		
62287		Percutaneous diskectomy		NA	$331.18		
62290		Inject for spine disk x-ray		$205.60	$91.31		
62291		Inject for spine disk x-ray		$180.65	$87.15		
62292		Injection into disk lesion		NA	$260.47		
62294		Injection into spinal artery		NA	$369.41		
62310		Inject spine cerv/thoracic		$135.68	$53.08		
62311		Inject spine lumbar/sacral		$129.94	$43.98		
62318		Inject spine w/cath crv/thrc		$156.49	$55.66		
62319		Inject spine w/cath lmb/scrl		$138.06	$51.30		
62350		Implant spinal canal cath		NA	$234.32		
62351		Implant spinal canal cath		NA	$383.68		
62355		Remove spinal canal catheter		NA	$184.60		
62360		Insert spine infusion device		NA	$111.90		
62361		Implant spine infusion pump		NA	$200.85		
62362		Implant spine infusion pump		NA	$249.19		
62365		Remove spine infusion device		NA	$195.31		
62367		Analyze spine infus pump		$22.19	$12.07		
62368		Analyze sp inf pump w/reprog		$29.72	$19.42		
62369		Anal sp inf pmp w/reprg&fill		$72.50	$20.40		
62370		Anl sp inf pmp w/mdreprg&fil		$75.86	$27.34		
63001		Remove spine lamina 1/2 crvl		NA	$576.40		
63003		Remove spine lamina 1/2 thrc		NA	$585.12		
63005		Remove spine lamina 1/2 lmbr		NA	$559.37		
63011		Remove spine lamina 1/2 scrl		NA	$518.16		
63012		Remove lamina/facets lumbar		NA	$574.63		
63015		Remove spine lamina >2 crvcl		NA	$712.47		
63016		Remove spine lamina >2 thrc		NA	$704.37		
63017		Remove spine lamina >2 lmbr		NA	$593.63		
63020		Neck spine disk surgery		NA	$558.57		
63030		Low back disk surgery		NA	$463.89		
63035		Spinal disk surgery add-on		NA	$109.54		
63040		Laminotomy single cervical		NA	$692.87		
63042		Laminotomy single lumbar		NA	$654.84		
63043		Laminotomy addl cervical		#	$154.32		
63044		Laminotomy addl lumbar		#	$145.28		
63045		Remove spine lamina 1 crvl		NA	$610.87		
63046		Remove spine lamina 1 thrc		NA	$585.12		
63047		Remove spine lamina 1 lmbr		NA	$549.46		
63048		Remove spinal lamina add-on		NA	$111.71		
63050		Cervical laminoplsty 2/> seg		NA	$738.42		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
63051		C-laminoplasty w/graft/plate		NA	$840.24		
63055		Decompress spinal cord thrc		NA	$800.23		
63056		Decompress spinal cord lmbr		NA	$746.35		
63057		Decompress spine cord add-on		NA	$180.44		
63064		Decompress spinal cord thrc		NA	$885.80		
63066		Decompress spine cord add-on		NA	$111.12		
63075		Neck spine disk surgery		NA	$715.44		
63076		Neck spine disk surgery		NA	$139.84		
63077		Spine disk surgery thorax		NA	$757.04		
63078		Spine disk surgery thorax		NA	$110.52		
63081		Remove vert body dcmprn crvl		NA	$863.41		
63082		Remove vertebral body add-on		NA	$150.74		
63085		Remove vert body dcmprn thrc		NA	$928.39		
63086		Remove vertebral body add-on		NA	$106.37		
63087		Remov vertbr dcmprn thrclmbr		NA	$1,212.82		
63088		Remove vertebral body add-on		NA	$145.00		
63090		Remove vert body dcmprn lmbr		NA	$958.89		
63091		Remove vertebral body add-on		NA	$98.44		
63101		Remove vert body dcmprn thrc		NA	$1,128.44		
63102		Remove vert body dcmprn lmbr		NA	$1,128.44		
63103		Remove vertebral body add-on		NA	$158.85		
63170		Incise spinal cord tract(s)		NA	$723.96		
63172		Drainage of spinal cyst		NA	$649.29		
63173		Drainage of spinal cyst		NA	$801.81		
63180		Revise spinal cord ligaments		NA	$657.62		
63182		Revise spinal cord ligaments		NA	$727.93		
63185		Incise spine nrv half segmnt		NA	$513.42		
63190		Incise spine nrv >2 segmnts		NA	$610.47		
63191		Incise spine accessory nerve		NA	$680.40		
63194		Incise spine & cord cervical		NA	$676.62		
63195		Incise spine & cord thoracic		NA	$688.31		
63196		Incise spine&cord 2 trx crvl		NA	$821.02		
63197		Incise spine&cord 2 trx thrc		NA	$766.16		
63198		Incise spin&cord 2 stgs crvl		NA	$796.66		
63199		Incise spin&cord 2 stgs thrc		NA	$858.06		
63200		Release spinal cord lumbar		NA	$701.79		
63250		Revise spinal cord vsls crvl		NA	$1,380.39		
63251		Revise spinal cord vsls thrc		NA	$1,469.73		
63252		Revise spine cord vsl thrlmb		NA	$1,466.95		
63265		Excise intraspinl lesion crv		NA	$787.55		
63266		Excise intrspinl lesion thrc		NA	$812.50		
63267		Excise intrspinl lesion lmbr		NA	$661.37		
63268		Excise intrspinl lesion scrl		NA	$645.13		
63270		Excise intrspinl lesion crvl		NA	$972.15		
63271		Excise intrspinl lesion thrc		NA	$978.30		
63272		Excise intrspinl lesion lmbr		NA	$914.72		
63273		Excise intrspinl lesion scrl		NA	$878.67		
63275		Bx/exc xdrl spine lesn crvl		NA	$856.48		
63276		Bx/exc xdrl spine lesn thrc		NA	$850.73		
63277		Bx/exc xdrl spine lesn lmbr		NA	$759.81		
63278		Bx/exc xdrl spine lesn scrl		NA	$742.78		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
63280		Bx/exc idrl spine lesn crvl		NA	$1,028.61		
63281		Bx/exc idrl spine lesn thrc		NA	$1,017.91		
63282		Bx/exc idrl spine lesn lmbr		NA	$960.08		
63283		Bx/exc idrl spine lesn scrl		NA	$909.36		
63285		Bx/exc idrl imed lesn cervl		NA	$1,289.87		
63286		Bx/exc idrl imed lesn thrc		NA	$1,282.35		
63287		Bx/exc idrl imed lesn thrlmb		NA	$1,317.20		
63290		Bx/exc xdrl/idrl lsn any lvl		NA	$1,326.72		
63295		Repair laminectomy defect		NA	$166.98		
63300		Remove vert xdrl body crvcl		NA	$885.20		
63301		Remove vert xdrl body thrc		NA	$961.47		
63302		Remove vert xdrl body thrlmb		NA	$974.34		
63303		Remov vert xdrl bdy lmbr/sac		NA	$1,031.58		
63304		Remove vert idrl body crvcl		NA	$1,069.61		
63305		Remove vert idrl body thrc		NA	$1,104.86		
63306		Remov vert idrl bdy thrclmbr		NA	$1,155.58		
63307		Remov vert idrl bdy lmbr/sac		NA	$1,047.62		
63308		Remove vertebral body add-on		NA	$181.04		
63600		Remove spinal cord lesion		NA	$414.57		
63610		Stimulation of spinal cord		$1,375.25	$234.52		
63615		Remove lesion of spinal cord		NA	$562.34		
63620		Srs spinal lesion		NA	$401.69		
63621		Srs spinal lesion addl		NA	$126.17		
63650		Implant neuroelectrodes		NA	$206.79	Y	
63655		Implant neuroelectrodes		NA	$388.42	Y	
63661		Remove spine eltrd perq aray		$293.55	$164.01		
63662		Remove spine eltrd plate		NA	$377.14		
63663		Revise spine eltrd perq aray		$434.97	$253.54		
63664		Revise spine eltrd plate		NA	$392.59		
63685		Insrt/redo spine n generator		NA	$242.25	Y	
63688		Revise/remove neuroreceiver		NA	$194.70		
63700		Repair of spinal herniation		NA	$601.35		
63702		Repair of spinal herniation		NA	$666.13		
63704		Repair of spinal herniation		NA	$765.97		
63706		Repair of spinal herniation		NA	$869.74		
63707		Repair spinal fluid leakage		NA	$425.27		
63709		Repair spinal fluid leakage		NA	$531.04		
63710		Graft repair of spine defect		NA	$525.10		
63740		Install spinal shunt		NA	$428.43		
63741		Install spinal shunt		NA	$290.37		
63744		Revision of spinal shunt		NA	$302.07		
63746		Removal of spinal shunt		NA	$232.35		
64400		N block inj trigeminal		$61.01	$31.88		
64402		N block inj facial		$58.43	$38.43		
64405		N block inj occipital		$56.66	$36.85		
64408		N block inj vagus		$61.21	$46.75		
64410		N block inj phrenic		$79.83	$39.21		
64412		N block inj spinal accessor		$77.64	$33.47		
64413		N block inj cervical plexus		$65.95	$39.21		
64415		N block inj brachial plexus		$86.76	$40.21		
64416		N block cont infuse b plex		NA	$90.92		
64417		N block inj axillary		$90.92	$40.40		
64418		N block inj suprascapular		$79.63	$36.24		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
64420		N block inj intercost sng		$102.00	$33.27		
64421		N block inj intercost mlt		$156.28	$45.75		
64425		N block inj ilio-ing/hypogi		$69.92	$47.94		
64430		N block inj pudendal		$80.82	$41.79		
64435		N block inj paracervical		$81.99	$45.56		
64445		N block inj sciatic sng		$84.38	$41.20		
64446		N blk inj sciatic cont inf		NA	$88.15		
64447		N block inj fem single		$40.01	$40.01		
64448		N block inj fem cont inf		NA	$79.02		
64449		N block inj lumbar plexus		NA	$81.41		
64450		N block other peripheral		$52.30	$37.24		
64455		N block inj plantar digit		$26.94	$21.39		
64479		Inj foramen epidural c/t		$194.70	$63.59		
64480		Inj foramen epidural add-on		$88.93	$41.79		
64483		Inj foramen epidural l/s		$196.50	$56.25		
64484		Inj foramen epidural add-on		$93.09	$35.26		
64490		Inj paravert f jnt c/t 1 lev		$89.73	$59.04		
64491		Inj paravert f jnt c/t 2 lev		$44.17	$33.87		
64492		Inj paravert f jnt c/t 3 lev		$44.77	$34.47		
64493		Inj paravert f jnt l/s 1 lev		$81.21	$50.11		
64494		Inj paravert f jnt l/s 2 lev		$39.62	$28.92		
64495		Inj paravert f jnt l/s 3 lev		$40.21	$29.51		
64505		N block spenopalatine gangl		$53.47	$41.98		
64508		N block carotid sinus s/p		$89.54	$38.23		
64510		N block stellate ganglion		$94.09	$35.65		
64517		N block inj hypogas plxs		$99.83	$62.99		
64520		N block lumbar/thoracic		$130.33	$39.21		
64530		N block inj celiac pelus		$121.61	$46.14		
64555		Implant neuroelectrodes		$110.32	$72.30	Y	
64561		Implant neuroelectrodes		$740.41	$198.47		
64565		Implant neuroelectrodes		$102.61	$62.40	Y	
64566		Neuroeltrd stim post tibial		$75.27	$17.43		
64568		Inc for vagus n elect impl		NA	$374.17		
64569		Revise/repl vagus n eltrd		NA	$369.41		
64570		Remove vagus n eltrd		NA	$325.24		
64575		Implant neuroelectrodes		NA	$151.13	Y	
64580		Implant neuroelectrodes		NA	$159.05	Y	
64581		Implant neuroelectrodes		NA	$394.56		
64585		Revise/remove neuroelectrode		$268.78	$87.15	Y	
64590		Insrt/redo pn/gastr stimul		$193.12	$96.67	Y	
64595		Revise/rmv pn/gastr stimul		$244.42	$76.25	Y	
64600		Injection treatment of nerve		$260.67	$107.55		
64605		Injection treatment of nerve		$316.33	$169.95		
64610		Injection treatment of nerve		$349.02	$246.61		
64611		Chemodenerv saliv glands		$58.43	$52.89		
64612		Destroy nerve face muscle		$90.32	$67.15		
64613		Destroy nerve spine muscle		$99.24	$65.17		
64614		Destroy nerve extrem musc		$109.54	$71.50		
64615		Chemodenerv musc migraine		$83.79	$75.47		
64620		Injection treatment of nerve		$160.65	$86.57		
64630		Injection treatment of nerve		$118.06	$91.70		
64632		N block inj common digit		$43.58	$37.24		
64633		Destroy cerv/thor facet jnt		$263.24	$137.07		
64634		Destroy c/th facet jnt addl		$120.63	$41.00		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
64635		Destroy lumb/sac facet jnt		$258.69	$134.30		
64636		Destroy l/s facet jnt addl		$108.55	$35.65		
64640		Injection treatment of nerve		$143.40	$97.06		
64650		Chemodenerv eccrine glands		$32.29	$21.00		
64653		Chemodenerv eccrine glands		$37.24	$26.55		
64680		Injection treatment of nerve		$188.76	$83.79		
64681		Injection treatment of nerve		$260.26	$116.67		
64702		Revise finger/toe nerve		NA	$172.33		
64704		Revise hand/foot nerve		NA	$168.17		
64708		Revise arm/leg nerve		NA	$236.51		
64712		Revision of sciatic nerve		NA	$270.58		
64713		Revision of arm nerve(s)		NA	$370.20		
64714		Revise low back nerve(s)		NA	$311.18		Documentation Required
64716		Revision of cranial nerve		NA	$255.91		
64718		Revise ulnar nerve at elbow		NA	$258.29		
64719		Revise ulnar nerve at wrist		NA	$200.85		
64721		Carpal tunnel surgery		$205.80	$205.80		
64722		Relieve pressure on nerve(s)		NA	$162.82		
64726		Release foot/toe nerve		NA	$148.75		
64727		Internal nerve revision		NA	$100.62		
64732		Incision of brow nerve		NA	$176.08		
64734		Incision of cheek nerve		NA	$195.31		
64736		Incision of chin nerve		NA	$181.04		
64738		Incision of jaw nerve		NA	$226.20		
64740		Incision of tongue nerve		NA	$225.80		
64742		Incision of facial nerve		NA	$230.76		
64744		Incise nerve back of head		NA	$201.44		
64746		Incise diaphragm nerve		NA	$222.83		
64752		Incision of vagus nerve		NA	$243.03		
64755		Incision of stomach nerves		NA	$415.56		
64760		Incision of vagus nerve		NA	$222.25		
64761		Incision of pelvis nerve		NA	$207.18		
64763		Incise hip/thigh nerve		NA	$258.88		
64766		Incise hip/thigh nerve		NA	$296.72		
64771		Sever cranial nerve		NA	$280.07		
64772		Incision of spinal nerve		NA	$268.00		
64774		Remove skin nerve lesion		NA	$192.92		
64776		Remove digit nerve lesion		NA	$189.37		
64778		Digit nerve surgery add-on		NA	$100.42		
64782		Remove limb nerve lesion		NA	$215.12		
64783		Limb nerve surgery add-on		NA	$120.03		
64784		Remove nerve lesion		NA	$352.57		
64786		Remove sciatic nerve lesion		NA	$552.63		
64787		Implant nerve end		NA	$138.65		
64788		Remove skin nerve lesion		NA	$174.30		
64790		Removal of nerve lesion		NA	$408.23		
64792		Removal of nerve lesion		NA	$519.55		
64795		Biopsy of nerve		NA	$100.83		
64802		Sympathectomy cervical		NA	$308.40		
64804		Remove sympathetic nerves		NA	$474.19		
64809		Remove sympathetic nerves		NA	$414.57		
64818		Remove sympathetic nerves		NA	$334.95		
64820		Sympathectomy digital artery		NA	$375.94		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
64821		Remove sympathetic nerves		NA	$343.47		
64822		Remove sympathetic nerves		NA	$342.47		
64823		Sympathectomy supfc palmar		NA	$397.55		
64831		Repair of digit nerve		NA	$355.15		
64832		Repair nerve add-on		NA	$186.98		
64834		Repair of hand or foot nerve		NA	$372.77		
64835		Repair of hand or foot nerve		NA	$403.29		
64836		Repair of hand or foot nerve		NA	$401.49		
64837		Repair nerve add-on		NA	$207.18		
64840		Repair of leg nerve		NA	$448.44		
64856		Repair/transpose nerve		NA	$497.37		
64857		Repair arm/leg nerve		NA	$521.74		
64858		Repair sciatic nerve		NA	$606.12		
64859		Nerve surgery		NA	$141.03		
64861		Repair of arm nerves		NA	$695.05		
64862		Repair of low back nerves		NA	$706.73		
64864		Repair of facial nerve		NA	$447.25		
64865		Repair of facial nerve		NA	$599.77		
64866		Fusion of facial/other nerve		NA	$613.25		
64868		Fusion of facial/other nerve		NA	$533.02		
64870		Fusion of facial/other nerve		NA	$515.39		
64872		Subsequent repair of nerve		NA	$66.56		
64874		Repair & revise nerve add-on		NA	$97.64		
64876		Repair nerve/shorten bone		NA	$110.73		
64885		Nerve graft head/neck		NA	$609.28		
64886		Nerve graft head/neck >4 cm		NA	$720.60		
64890		Nerve graft hand/foot		NA	$543.52		
64891		Nerve graft hand/foot >4 cm		NA	$502.13		
64892		Nerve graft arm/leg <4 cm		NA	$514.80		
64893		Nerve graft arm/leg >4 cm		NA	$556.20		
64895		Nerve graft hand/foot		NA	$623.35		
64896		Nerve graft hand/foot >4 cm		NA	$685.94		
64897		Nerve graft arm/leg		NA	$623.35		
64898		Nerve graft arm/leg >4 cm		NA	$674.65		
64901		Nerve graft add-on		NA	$333.76		
64902		Nerve graft add-on		NA	$383.07		
64905		Nerve pedicle transfer		NA	$485.48		
64907		Nerve pedicle transfer		NA	$683.76		
64910		Nerve repair w/allograft		NA	$359.70		
64911		Nerve repair w/vein autograft		NA	$437.56		
64999		Nervous system surgery		M	M		Documentation Required
65091		Revise eye		NA	$299.88		
65093		Revise eye with implant		NA	$315.73		
65101		Removal of eye		NA	$335.15		
65103		Remove eye/insert implant		NA	$350.40		
65105		Remove eye/attach implant		NA	$384.07		
65110		Removal of eye		NA	$563.53		
65112		Remove eye/revise socket		NA	$670.30		
65114		Remove eye/revise socket		NA	$691.49		
65125		Revise ocular implant		$240.46	$137.07		
65130		Insert ocular implant		NA	$330.39		
65135		Insert ocular implant		NA	$337.12		
65140		Attach ocular implant		NA	$362.67		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
65150		Revise ocular implant		NA	$288.20		
65155		Reinsert ocular implant		NA	$389.42		
65175		Removal of ocular implant		NA	$298.69		
65205		Remove foreign body from eye		$27.33	$20.40		
65210		Remove foreign body from eye		$33.47	$24.95		
65220		Remove foreign body from eye		$27.72	$20.59		
65222		Remove foreign body from eye		$36.85	$26.75		
65235		Remove foreign body from eye		NA	$290.98		
65260		Remove foreign body from eye		NA	$419.72		
65265		Remove foreign body from eye		NA	$472.22		
65270		Repair of eye wound		$143.20	$66.95		
65272		Repair of eye wound		$232.35	$144.59		
65273		Repair of eye wound		NA	$161.62		
65275		Repair of eye wound		$236.10	$188.96		
65280		Repair of eye wound		NA	$282.85		
65285		Repair of eye wound		NA	$450.82		
65286		Repair of eye wound		$335.54	$205.99		
65290		Repair of eye socket wound		NA	$207.18		
65400		Removal of eye lesion		$291.17	$247.39		
65410		Biopsy of cornea		$72.50	$49.72		
65420		Removal of eye lesion		$262.45	$174.69		
65426		Removal of eye lesion		$310.79	$206.40		
65430		Corneal smear		$56.05	$49.92		
65435		Curette/treat cornea		$38.82	$33.08		
65436		Curette/treat cornea		$168.17	$159.85		
65450		Treatment of corneal lesion		$148.75	$146.17		
65600		Revision of cornea		$169.95	$137.07		
65710		Corneal transplant		NA	$478.74		
65730		Corneal transplant		NA	$534.40		
65750		Corneal transplant		NA	$549.07		
65755		Corneal transplant		NA	$545.11		
65756		Corneal trnspl endothelial		NA	$544.30		
65757		Prep corneal endo allograft		M	M		Documentation Required
65770		Revise cornea with implant		NA	$626.71		
65772		Correction of astigmatism		$198.87	$170.94		
65775		Correction of astigmatism		NA	$238.29		
65778		Cover eye w/ membrane		$731.49	$43.77		
65779		Cover eye w/membrane suture		$661.77	$169.35		
65780		Ocular reconst transplant		NA	$415.75		
65781		Ocular reconst transplant		NA	$629.68		
65782		Ocular reconst transplant		NA	$543.52		
65800		Drainage of eye		$75.27	$62.99		
65810		Drainage of eye		NA	$194.31		
65815		Drainage of eye		$303.46	$200.25		
65820		Relieve inner eye pressure		NA	$348.61		
65850		Incision of eye		NA	$385.84		
65855		Laser surgery of eye		$165.40	$141.42		
65860		Incise inner eye adhesions		$153.91	$123.39		
65865		Incise inner eye adhesions		NA	$227.99		
65870		Incise inner eye adhesions		NA	$257.49		
65875		Incise inner eye adhesions		NA	$270.58		
65880		Incise inner eye adhesions		NA	$286.81		
65900		Remove eye lesion		NA	$430.43		
65920		Remove implant of eye		NA	$336.53		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
65930		Remove blood clot from eye		NA	$290.17		
66020		Injection treatment of eye		$95.08	$61.60		
66030		Injection treatment of eye		$84.77	$51.30		
66130		Remove eye lesion		$350.80	$271.17		
66150		Glaucoma surgery		NA	$360.10		
66155		Glaucoma surgery		NA	$357.93		
66160		Glaucoma surgery		NA	$413.39		
66165		Glaucoma surgery		NA	$350.00		
66170		Glaucoma surgery		NA	$495.19		
66172		Incision of eye		NA	$614.03		
66174		Translum dil eye canal		NA	$572.64		
66175		Trnslum dil eye canal w/ stnt		NA	$649.29		
66180		Implant eye shunt		NA	$515.59		
66185		Revise eye shunt		NA	$315.53		
66220		Repair eye lesion		NA	$302.66		
66225		Repair/graft eye lesion		NA	$402.88		
66250		Follow-up surgery of eye		$356.34	$233.13		
66500		Incision of iris		NA	$168.95		
66505		Incision of iris		NA	$183.62		
66600		Remove iris and lesion		NA	$343.47		
66605		Removal of iris		NA	$467.25		
66625		Removal of iris		NA	$200.44		
66630		Removal of iris		NA	$241.45		
66635		Removal of iris		NA	$243.83		
66680		Repair iris & ciliary body		NA	$217.69		
66682		Repair iris & ciliary body		NA	$260.26		
66700		Destruction ciliary body		$203.43	$177.27		
66710		Ciliary transsleral therapy		$201.64	$175.30		
66711		Ciliary endoscopic ablation		NA	$265.23		
66720		Destruction ciliary body		$214.71	$193.31		
66740		Destruction ciliary body		$200.05	$177.88		
66761		Revision of iris		$195.50	$169.95		
66762		Revision of iris		$207.38	$180.24		
66770		Removal of inner eye lesion		$228.38	$202.83		
66820		Incision secondary cataract		NA	$196.09		
66821		After cataract laser surgery		$129.94	$120.63		
66825		Reposition intraocular lens		NA	$350.80		
66830		Removal of lens lesion		NA	$307.41		
66840		Removal of lens material		NA	$300.49		
66850		Removal of lens material		NA	$340.89		
66852		Removal of lens material		NA	$367.83		
66920		Extraction of lens		NA	$329.01		
66930		Extraction of lens		NA	$372.58		
66940		Extraction of lens		NA	$336.14		
66982		Cataract surgery complex		NA	$475.38		
66983		Cataract surg w/iol 1 stage		NA	$302.07		
66984		Cataract surg w/iol 1 stage		NA	$357.32		
66985		Insert lens prosthesis		NA	$321.08		
66986		Exchange lens prosthesis		NA	$436.95		
66990		Ophthalmic endoscope add-on		NA	$44.96		
66999		Eye surgery procedure		M	M		Documentation Required
67005		Partial removal of eye fluid		NA	$214.71		
67010		Partial removal of eye fluid		NA	$250.16		
67015		Release of eye fluid		NA	$271.75		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
67025		Replace eye fluid		$325.24	$265.62		
67027		Implant eye drug system		NA	$384.07		
67028		Injection eye drug		$105.97	$81.21		
67030		Incise inner eye strands		NA	$216.70		
67031		Laser surgery eye strands		$167.37	$148.36		
67036		Removal of inner eye fluid		NA	$427.85		
67039		Laser treatment of retina		NA	$543.33		
67040		Laser treatment of retina		NA	$629.29		
67041		Vit for macular pucker		NA	$598.58		
67042		Vit for macular hole		NA	$685.53		
67043		Vit for membrane dissect		NA	$719.41		
67101		Repair detached retina		$337.52	$286.01		
67105		Repair detached retina		$314.34	$276.11		
67107		Repair detached retina		NA	$532.43		
67108		Repair detached retina		NA	$718.41		
67110		Repair detached retina		$386.26	$329.79		
67112		Rerepair detached retina		NA	$584.32		
67113		Repair retinal detach cplx		NA	$720.41		
67115		Release encircling material		NA	$204.41		
67120		Remove eye implant material		$294.34	$233.93		
67121		Remove eye implant material		NA	$390.81		
67141		Treatment of retina		$224.22	$204.41		
67145		Treatment of retina		$225.22	$209.37		
67208		Treatment of retinal lesion		$260.67	$248.58		
67210		Treatment of retinal lesion		$313.76	$300.08		
67218		Treatment of retinal lesion		NA	$626.12		
67220		Treatment of choroid lesion		$479.54	$451.60		
67221		Ocular photodynamic ther		$169.16	$119.04		
67225		Eye photodynamic ther add-on		$14.65	$13.87		
67227		Treatment of retinal lesion		$267.40	$246.41		
67228		Treatment of retinal lesion		$492.42	$433.98		
67229		Tr retinal les preterm inf		NA	$519.36		
67250		Reinforce eye wall		NA	$362.87		
67255		Reinforce/graft eye wall		NA	$381.29		
67299		Eye surgery procedure		M	M		Documentation Required
67311		Revise eye muscle		NA	$258.49		
67312		Revise two eye muscles		NA	$311.57		
67314		Revise eye muscle		NA	$286.62		
67316		Revise two eye muscles		NA	$349.80		
67318		Revise eye muscle(s)		NA	$301.08		
67320		Revise eye muscle(s) add-on		NA	$128.74		
67331		Eye surgery follow-up add-on		NA	$120.83		
67332		Rerevise eye muscles add-on		NA	$133.51		
67334		Revise eye muscle w/suture		NA	$118.25		
67335		Eye suture during surgery		NA	$74.08		
67340		Revise eye muscle add-on		NA	$146.17		
67343		Release eye tissue		NA	$282.07		
67345		Destroy nerve of eye muscle		$113.29	$102.00		
67346		Biopsy eye muscle		NA	$96.06		
67399		Eye muscle surgery procedure		M	M		Documentation Required
67400		Explore/biopsy eye socket		NA	$427.85		
67405		Explore/drain eye socket		NA	$359.70		
67412		Explore/treat eye socket		NA	$414.57		
67413		Explore/treat eye socket		NA	$421.70		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
67414		Explr/decompress eye socket		NA	$472.02		
67415		Aspiration orbital contents		NA	$51.69		
67420		Explore/treat eye socket		NA	$764.97		
67430		Explore/treat eye socket		NA	$577.59		
67440		Explore/drain eye socket		NA	$556.01		
67445		Explr/decompress eye socket		NA	$579.37		
67450		Explore/biopsy eye socket		NA	$572.44		
67500		Inject/treat eye socket		$29.91	$22.39		
67505		Inject/treat eye socket		$30.91	$23.37		
67515		Inject/treat eye socket		$24.36	$20.20		
67550		Insert eye socket implant		NA	$440.12		
67560		Revise eye socket implant		NA	$447.25		
67570		Decompress optic nerve		NA	$551.85		
67599		Orbit surgery procedure		M	M		Documentation Required
67700		Drainage of eyelid abscess		$147.77	$53.28		
67710		Incision of eyelid		$127.96	$45.17		
67715		Incision of eyelid fold		$132.13	$50.91		
67800		Remove eyelid lesion		$60.82	$49.33		
67801		Remove eyelid lesions		$78.05	$63.98		
67805		Remove eyelid lesions		$96.26	$78.83		
67808		Remove eyelid lesion(s)		NA	$153.71		
67810		Biopsy of eyelid		$96.67	$43.98		
67820		Revise eyelashes		$30.30	$29.52		
67825		Revise eyelashes		$63.18	$56.66		
67830		Revise eyelashes		$145.19	$64.97		
67835		Revise eyelashes		NA	$207.18		
67840		Remove eyelid lesion		$151.13	$75.08		
67850		Treat eyelid lesion		$101.80	$63.98		
67880		Revision of eyelid		$210.15	$154.30		
67882		Revision of eyelid		$256.71	$200.66		
67900		Repair brow defect		$309.00	$233.33	Y	
67901		Repair eyelid defect		$264.43	$264.43	Y	
67902		Repair eyelid defect		NA	$305.63	Y	
67903		Repair eyelid defect		$325.24	$244.83	Y	
67904		Repair eyelid defect		$323.26	$235.90	Y	
67906		Repair eyelid defect		NA	$243.23	Y	
67908		Repair eyelid defect		$238.68	$213.12	Y	
67909		Revise eyelid defect		$272.36	$211.15		
67911		Revise eyelid defect		NA	$205.21		
67912		Correction eyelid w/implant		$493.80	$227.80	Y	
67914		Repair eyelid defect		$202.44	$137.07		
67915		Repair eyelid defect		$185.01	$121.81		
67916		Repair eyelid defect		$270.36	$205.02		
67917		Repair eyelid defect		$294.14	$226.80		
67921		Repair eyelid defect		$193.53	$127.96		
67922		Repair eyelid defect		$181.04	$118.25		
67923		Repair eyelid defect		$283.45	$220.86		
67924		Repair eyelid defect		$297.72	$213.32		
67930		Repair eyelid wound		$188.57	$118.25		
67935		Repair eyelid wound		$299.88	$218.28		
67938		Remove eyelid foreign body		$134.49	$52.49		
67950		Revision of eyelid		$293.75	$225.80	Y	
67961		Revision of eyelid		$291.56	$218.87		
67966		Revision of eyelid		$318.70	$247.80		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
67971		Reconstruction of eyelid		NA	$348.80		
67973		Reconstruction of eyelid		NA	$454.38		
67974		Reconstruction of eyelid		NA	$452.21		
67975		Reconstruction of eyelid		NA	$328.60		
67999		Revision of eyelid		M	M		Documentation Required
68020		Incise/drain eyelid lining		$56.25	$52.30		
68040		Treatment of eyelid lesions		$31.69	$26.14		
68100		Biopsy of eyelid lining		$92.70	$46.95		
68110		Remove eyelid lining lesion		$118.25	$69.53		
68115		Remove eyelid lining lesion		$167.56	$87.15		
68130		Remove eyelid lining lesion		$275.33	$193.53		
68135		Remove eyelid lining lesion		$74.28	$70.92		
68200		Treat eyelid by injection		$20.81	$16.65		
68320		Revise/graft eyelid lining		$335.54	$221.25		
68325		Revise/graft eyelid lining		NA	$284.24		
68326		Revise/graft eyelid lining		NA	$275.72		
68328		Revise/graft eyelid lining		NA	$317.31		
68330		Revise eyelid lining		$287.20	$193.92		
68335		Revise/graft eyelid lining		NA	$276.11		
68340		Separate eyelid adhesions		$262.84	$167.97		
68360		Revise eyelid lining		$250.36	$173.72		
68362		Revise eyelid lining		NA	$279.49		
68371		Harvest eye tissue alograft		NA	$199.47	Y	
68399		Eyelid lining surgery		M	M		Documentation Required
68400		Incise/drain tear gland		$152.33	$71.31		
68420		Incise/drain tear sac		$170.75	$89.54		
68440		Incise tear duct opening		$61.01	$44.76		
68500		Removal of tear gland		NA	$422.10		
68505		Partial removal tear gland		NA	$438.73		
68510		Biopsy of tear gland		$241.26	$137.26		
68520		Removal of tear sac		NA	$303.25		
68525		Biopsy of tear sac		NA	$132.13		
68530		Clearance of tear duct		$238.09	$128.35		
68540		Remove tear gland lesion		NA	$406.46		
68550		Remove tear gland lesion		NA	$503.51		
68700		Repair tear ducts		NA	$255.71		
68705		Revise tear duct opening		$125.58	$78.44		
68720		Create tear sac drain		NA	$342.08		
68745		Create tear duct drain		NA	$337.12		
68750		Create tear duct drain		NA	$344.06		
68760		Close tear duct opening		$106.37	$68.34		
68761		Close tear duct opening		$73.28	$54.27		
68770		Close tear system fistula		NA	$208.96		
68801		Dilate tear duct opening		$58.24	$48.92		
68810		Probe nasolacrimal duct		$112.32	$92.70		
68811		Probe nasolacrimal duct		NA	$97.06		
68815		Probe nasolacrimal duct		$230.35	$122.61		
68816		Probe nl duct w/balloon		$314.75	$112.32		
68840		Explore/irrigate tear ducts		$57.63	$48.14		
68850		Injection for tear sac x-ray		$34.07	$30.11		
68899		Tear duct system surgery		M	M		Documentation Required
69000		Drain external ear lesion		$88.34	$58.04		
69005		Drain external ear lesion		$103.39	$81.60		
69020		Drain outer ear canal lesion		$110.93	$72.70		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
69100		Biopsy of external ear		$50.50	$24.36		
69105		Biopsy of external ear canal		$64.76	$33.47		
69110		Remove external ear partial		$207.79	$162.62		
69120		Removal of external ear		NA	$210.35		
69140		Remove ear canal lesion(s)		NA	$434.37		
69145		Remove ear canal lesion(s)		$170.94	$121.61		
69150		Extensive ear canal surgery		NA	$556.01		
69155		Extensive ear/neck surgery		NA	$837.66		
69200		Clear outer ear canal		$63.79	$27.33		
69205		Clear outer ear canal		NA	$52.69		
69210		Remove impacted ear wax		$25.55	$17.63		Covered eff. 7/1/12013
69222		Clean out mastoid cavity		$106.57	$71.11		
69300		Revise external ear		$223.83	$223.83	Y	
69310		Rebuild outer ear canal		NA	$553.62		
69320		Rebuild outer ear canal		NA	$796.27		
69399		Outer ear surgery procedure		M	M		Documentation Required
69400		Inflate middle ear canal		$60.82	$31.10		
69401		Inflate middle ear canal		$38.04	$26.33		
69405		Catheterize middle ear canal		$125.78	$102.21		
69420		Incision of eardrum		$91.12	$60.02		
69421		Incision of eardrum		NA	$80.22		
69424		Remove ventilating tube		$61.60	$31.69		
69433		Create eardrum opening		$94.09	$65.17		
69436		Create eardrum opening		NA	$88.15		
69440		Exploration of middle ear		NA	$336.14		
69450		Eardrum revision		NA	$258.68		
69501		Mastoidectomy		NA	$372.77		
69502		Mastoidectomy		NA	$494.80		
69505		Remove mastoid structures		NA	$619.19		
69511		Extensive mastoid surgery		NA	$636.03		
69530		Extensive mastoid surgery		NA	$839.64		
69535		Remove part of temporal bone		NA	$1,407.52		
69540		Remove ear lesion		$100.03	$64.97		
69550		Remove ear lesion		NA	$530.04		
69552		Remove ear lesion		NA	$826.96		
69554		Remove ear lesion		NA	$1,316.01		
69601		Mastoid surgery revision		NA	$534.81		
69602		Mastoid surgery revision		NA	$553.23		
69603		Mastoid surgery revision		NA	$664.55		
69604		Mastoid surgery revision		NA	$571.85		
69605		Mastoid surgery revision		NA	$811.52		
69610		Repair of eardrum		$205.02	$159.65		
69620		Repair of eardrum		$346.83	$250.97		
69631		Repair eardrum structures		NA	$433.40		
69632		Rebuild eardrum structures		NA	$540.15		
69633		Rebuild eardrum structures		NA	$517.97		
69635		Repair eardrum structures		NA	$617.61		
69636		Rebuild eardrum structures		NA	$708.92		
69637		Rebuild eardrum structures		NA	$704.95		
69641		Revise middle ear & mastoid		NA	$525.69		
69642		Revise middle ear & mastoid		NA	$683.36		
69643		Revise middle ear & mastoid		NA	$621.96		
69644		Revise middle ear & mastoid		NA	$767.94		
69645		Revise middle ear & mastoid		NA	$748.13		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
69646		Revise middle ear & mastoid		NA	$797.06		
69650		Release middle ear bone		NA	$403.49		
69660		Revise middle ear bone		NA	$476.38		
69661		Revise middle ear bone		NA	$628.49		
69662		Revise middle ear bone		NA	$603.34		
69666		Repair middle ear structures		NA	$406.65		
69667		Repair middle ear structures		NA	$407.04		
69670		Remove mastoid air cells		NA	$478.54		
69676		Remove middle ear nerve		NA	$417.94		
69700		Close mastoid fistula		NA	$359.70		
69710		Implant/replace hearing aid		M	M	Y	Documentation Required
69711		Remove/repair hearing aid		NA	$437.15		
69714		Implant temple bone w/stimul		NA	$550.85		
69715		Temple bne implnt w/stimulat		NA	$688.72		
69717		Temple bone implant revision		NA	$601.56		
69718		Revise temple bone implant		NA	$733.28		
69720		Release facial nerve		NA	$595.81		
69725		Release facial nerve		NA	$950.17		
69740		Repair facial nerve		NA	$607.31		
69745		Repair facial nerve		NA	$649.88		
69799		Middle ear surgery procedure		M	M		Documentation Required
69801		Incise inner ear		$371.00	$371.00		
69805		Explore inner ear		NA	$531.43		
69806		Explore inner ear		NA	$483.31		
69820		Establish inner ear window		NA	$445.08		
69840		Revise inner ear window		NA	$480.13		
69905		Remove inner ear		NA	$462.70		
69910		Remove inner ear & mastoid		NA	$527.48		
69915		Incise inner ear nerve		NA	$780.42		
69930		Implant cochlear device		NA	$652.26	Y	
69949		Inner ear surgery procedure		M	M		Documentation Required
69950		Incise inner ear nerve		NA	$927.59		
69955		Release facial nerve		NA	$1,008.61		
69960		Release inner ear canal		NA	$976.12		
69970		Remove inner ear lesion		NA	$1,104.08		
69979		Temporal bone surgery		M	M		Documentation Required
69990		Microsurgery add-on		NA	$121.81		
70010		Contrast x-ray of brain		NA	$42.59		
70015	26	Contrast x-ray of brain		$32.88	$32.88		
70015		Contrast x-ray of brain		$61.21	NA		
70015	TC	Contrast x-ray of brain		$28.33	NA		
70030	26	X-ray eye for foreign body		$4.75	$4.75		
70030		X-ray eye for foreign body		$13.46	NA		
70030	TC	X-ray eye for foreign body		$8.71	NA		
70100	26	X-ray exam of jaw <4views		$4.94	$4.94		
70100		X-ray exam of jaw <4views		$15.65	NA		
70100	TC	X-ray exam of jaw <4views		$10.70	NA		
70110	26	X-ray exam of jaw 4/> views		$6.74	$6.74		
70110		X-ray exam of jaw 4/> views		$19.81	NA		
70110	TC	X-ray exam of jaw 4/> views		$13.07	NA		
70120	26	X-ray exam of mastoids		$4.94	$4.94		
70120		X-ray exam of mastoids		$18.03	NA		
70120	TC	X-ray exam of mastoids		$13.07	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
70130	26	X-ray exam of mastoids		$9.31	$9.31		
70130		X-ray exam of mastoids		$25.75	NA		
70130	TC	X-ray exam of mastoids		$16.44	NA		
70134	26	X-ray exam of middle ear		$9.31	$9.31		
70134		X-ray exam of middle ear		$24.75	NA		
70134	TC	X-ray exam of middle ear		$15.45	NA		
70140	26	X-ray exam of facial bones		$5.16	$5.16		
70140		X-ray exam of facial bones		$18.23	NA		
70140	TC	X-ray exam of facial bones		$13.07	NA		
70150	26	X-ray exam of facial bones		$6.94	$6.94		
70150		X-ray exam of facial bones		$23.37	NA		
70150	TC	X-ray exam of facial bones		$16.44	NA		
70160	26	X-ray exam of nasal bones		$4.75	$4.75		
70160		X-ray exam of nasal bones		$15.45	NA		
70160	TC	X-ray exam of nasal bones		$10.69	NA		
70170	26	X-ray exam of tear duct		$8.13	$8.13		
70170		X-ray exam of tear duct		$28.13	NA		
70170	TC	X-ray exam of tear duct		$20.00	NA		
70190	26	X-ray exam of eye sockets		$5.74	$5.74		
70190		X-ray exam of eye sockets		$18.81	NA		
70190	TC	X-ray exam of eye sockets		$13.07	NA		
70200	26	X-ray exam of eye sockets		$7.52	$7.52		
70200		X-ray exam of eye sockets		$23.97	NA		
70200	TC	X-ray exam of eye sockets		$16.44	NA		
70210	26	X-ray exam of sinuses		$4.75	$4.75		
70210		X-ray exam of sinuses		$17.82	NA		
70210	TC	X-ray exam of sinuses		$13.07	NA		
70220	26	X-ray exam of sinuses		$6.74	$6.74		
70220		X-ray exam of sinuses		$23.17	NA		
70220	TC	X-ray exam of sinuses		$16.44	NA		
70240	26	X-ray exam pituitary saddle		$5.16	$5.16		
70240		X-ray exam pituitary saddle		$13.87	NA		
70240	TC	X-ray exam pituitary saddle		$8.71	NA		
70250	26	X-ray exam of skull		$6.54	$6.54		
70250		X-ray exam of skull		$19.61	NA		
70250	TC	X-ray exam of skull		$13.07	NA		
70260	26	X-ray exam of skull		$9.31	$9.31		
70260		X-ray exam of skull		$28.13	NA		
70260	TC	X-ray exam of skull		$18.81	NA		
70300	26	X-ray exam of teeth		$3.16	$3.16		
70300		X-ray exam of teeth		$8.71	NA		
70300	TC	X-ray exam of teeth		$5.55	NA		
70310	26	X-ray exam of teeth		$4.94	$4.94		
70310		X-ray exam of teeth		$13.68	NA		
70310	TC	X-ray exam of teeth		$8.72	NA		
70320	26	Full mouth x-ray of teeth		$6.13	$6.13		
70320		Full mouth x-ray of teeth		$22.58	NA		
70320	TC	Full mouth x-ray of teeth		$16.44	NA		
70328	26	X-ray exam of jaw joint		$4.94	$4.94		
70328		X-ray exam of jaw joint		$15.06	NA		
70328	TC	X-ray exam of jaw joint		$10.10	NA		
70330	26	X-ray exam of jaw joints		$6.54	$6.54		
70330		X-ray exam of jaw joints		$24.17	NA		
70330	TC	X-ray exam of jaw joints		$17.64	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
70332	26	X-ray exam of jaw joint		$15.05	$15.05		
70332		X-ray exam of jaw joint		$44.17	NA		
70332	TC	X-ray exam of jaw joint		$29.12	NA		
70336	26	Magnetic image jaw joint		$40.40	$40.40		
70336		Magnetic image jaw joint		$274.53	NA		
70336	TC	Magnetic image jaw joint		$234.13	NA		
70350	26	X-ray head for orthodontia		$4.94	$4.94		
70350		X-ray head for orthodontia		$12.87	NA		
70350	TC	X-ray head for orthodontia		$7.92	NA		
70355	26	Panoramic x-ray of jaws		$5.55	$5.55		
70355		Panoramic x-ray of jaws		$17.62	NA		
70355	TC	Panoramic x-ray of jaws		$12.08	NA		
70360	26	X-ray exam of neck		$4.75	$4.75		
70360		X-ray exam of neck		$13.46	NA		
70360	TC	X-ray exam of neck		$8.71	NA		
70370	26	Throat x-ray & fluoroscopy		$8.52	$8.52		
70370		Throat x-ray & fluoroscopy		$35.85	NA		
70370	TC	Throat x-ray & fluoroscopy		$27.33	NA		
70371	26	Speech evaluation complex		$22.97	$22.97		
70371		Speech evaluation complex		$67.15	NA		
70371	TC	Speech evaluation complex		$44.18	NA		
70373	26	Contrast x-ray of larynx		$11.88	$11.88		
70373		Contrast x-ray of larynx		$49.52	NA		
70373	TC	Contrast x-ray of larynx		$37.63	NA		
70380	26	X-ray exam of salivary gland		$4.75	$4.75		
70380		X-ray exam of salivary gland		$18.81	NA		
70380	TC	X-ray exam of salivary gland		$14.06	NA		
70390	26	X-ray exam of salivary duct		$10.30	$10.30		
70390		X-ray exam of salivary duct		$47.94	NA		
70390	TC	X-ray exam of salivary duct		$37.63	NA		
70450	26	Ct head/brain w/o dye		$23.17	$23.17		
70450		Ct head/brain w/o dye		$121.81	NA		
70450	TC	Ct head/brain w/o dye		$98.64	NA		
70460	26	Ct head/brain w/dye		$30.70	$30.70		
70460		Ct head/brain w/dye		$149.15	NA		
70460	TC	Ct head/brain w/dye		$118.45	NA		
70470	26	Ct head/brain w/o & w/dye		$34.66	$34.66		
70470		Ct head/brain w/o & w/dye		$182.43	NA		
70470	TC	Ct head/brain w/o & w/dye		$147.76	NA		
70480	26	Ct orbit/ear/fossa w/o dye		$34.85	$34.85		
70480		Ct orbit/ear/fossa w/o dye		$133.51	NA		
70480	TC	Ct orbit/ear/fossa w/o dye		$98.64	NA		
70481	26	Ct orbit/ear/fossa w/dye		$37.43	$37.43		
70481		Ct orbit/ear/fossa w/dye		$155.88	NA		
70481	TC	Ct orbit/ear/fossa w/dye		$118.45	NA		
70482	26	Ct orbit/ear/fossa w/o&w/dye		$39.42	$39.42		
70482		Ct orbit/ear/fossa w/o&w/dye		$187.18	NA		
70482	TC	Ct orbit/ear/fossa w/o&w/dye		$147.77	NA		
70486	26	Ct maxillofacial w/o dye		$30.91	$30.91		
70486		Ct maxillofacial w/o dye		$129.55	NA		
70486	TC	Ct maxillofacial w/o dye		$98.64	NA		
70487	26	Ct maxillofacial w/dye		$35.46	$35.46		
70487		Ct maxillofacial w/dye		$153.91	NA		
70487	TC	Ct maxillofacial w/dye		$118.45	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
70488	26	Ct maxillofacial w/o & w/dye		$38.43	$38.43		
70488		Ct maxillofacial w/o & w/dye		$186.18	NA		
70488	TC	Ct maxillofacial w/o & w/dye		$147.76	NA		
70490	26	Ct soft tissue neck w/o dye		$34.85	$34.85		
70490		Ct soft tissue neck w/o dye		$133.51	NA		
70490	TC	Ct soft tissue neck w/o dye		$98.64	NA		
70491	26	Ct soft tissue neck w/dye		$37.43	$37.43		
70491		Ct soft tissue neck w/dye		$155.88	NA		
70491	TC	Ct soft tissue neck w/dye		$118.45	NA		
70492	26	Ct sft tsue nck w/o & w/dye		$39.21	$39.21		
70492		Ct sft tsue nck w/o & w/dye		$186.98	NA		
70492	TC	Ct sft tsue nck w/o & w/dye		$147.76	NA		
70496	26	Ct angiography head		$47.53	$47.53		
70496		Ct angiography head		$269.58	NA		
70496	TC	Ct angiography head		$222.04	NA		
70498	26	Ct angiography neck		$47.53	$47.53		
70498		Ct angiography neck		$269.58	NA		
70498	TC	Ct angiography neck		$222.04	NA		
70540	26	Mri orbit/face/neck w/o dye		$36.65	$36.65		
70540		Mri orbit/face/neck w/o dye		$266.81	NA		
70540	TC	Mri orbit/face/neck w/o dye		$230.17	NA		
70542	26	Mri orbit/face/neck w/dye		$43.98	$43.98		
70542		Mri orbit/face/neck w/dye		$320.28	NA		
70542	TC	Mri orbit/face/neck w/dye		$276.31	NA		
70543	26	Mri orbt/fac/nck w/o & w/dye		$58.63	$58.63		
70543		Mri orbt/fac/nck w/o & w/dye		$569.47	NA		
70543	TC	Mri orbt/fac/nck w/o & w/dye		$510.84	NA		
70544	26	Mr angiography head w/o dye		$32.68	$32.68		
70544		Mr angiography head w/o dye		$266.81	NA		
70544	TC	Mr angiography head w/o dye		$234.13	NA		
70545	26	Mr angiography head w/dye		$32.49	$32.49		
70545		Mr angiography head w/dye		$266.61	NA		
70545	TC	Mr angiography head w/dye		$234.12	NA		
70546	26	Mr angiograph head w/o&w/dye		$48.92	$48.92		
70546		Mr angiograph head w/o&w/dye		$505.68	NA		
70546	TC	Mr angiograph head w/o&w/dye		$456.76	NA		
70547	26	Mr angiography neck w/o dye		$32.49	$32.49		
70547		Mr angiography neck w/o dye		$266.61	NA		
70547	TC	Mr angiography neck w/o dye		$234.12	NA		
70548	26	Mr angiography neck w/dye		$32.49	$32.49		
70548		Mr angiography neck w/dye		$266.61	NA		
70548	TC	Mr angiography neck w/dye		$234.12	NA		
70549	26	Mr angiograph neck w/o&w/dye		$48.92	$48.92		
70549		Mr angiograph neck w/o&w/dye		$505.68	NA		
70549	TC	Mr angiograph neck w/o&w/dye		$456.76	NA		
70551	26	Mri brain stem w/o dye		$40.40	$40.40		
70551		Mri brain stem w/o dye		$274.53	NA		
70551	TC	Mri brain stem w/o dye		$234.13	NA		
70552	26	Mri brain stem w/dye		$48.53	$48.53		
70552		Mri brain stem w/dye		$329.40	NA		
70552	TC	Mri brain stem w/dye		$280.87	NA		
70553	26	Mri brain stem w/o & w/dye		$64.18	$64.18		
70553		Mri brain stem w/o & w/dye		$584.32	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
70553	TC	Mri brain stem w/o & w/dye		$520.15	NA		
70554	26	Functional MRI brain by tech		$55.66	$55.66		
70554		Functional MRI brain by tech		$327.22	NA		
70554	TC	Functional MRI brain by tech		$271.57	NA		
70555	26	Func MRI brain by phys/psych		$66.76	$66.76		
70555		Func MRI brain by phys/psych		M	NA		Documentation Required
70555	TC	Func MRI brain by phys/psych		M	NA		Documentation Required
70557	26	Mri brain w/o dye		$81.41	$81.41		
70557		Mri brain w/o dye		M	NA		Documentation Required
70557	TC	Mri brain w/o dye		M	NA		Documentation Required
70558	26	Mri brain w/dye		$89.93	$89.93		
70558		Mri brain w/dye		M	NA		Documentation Required
70558	TC	Mri brain w/dye		M	NA		Documentation Required
70559	26	Mri brain w/o & w/dye		$90.32	$90.32		
70559		Mri brain w/o & w/dye		M	NA		Documentation Required
70559	TC	Mri brain w/o & w/dye		M	NA		Documentation Required
71010	26	Chest x-ray 1 view frontal		$4.94	$4.94		
71010		Chest x-ray 1 view frontal		$14.65	NA		
71010	TC	Chest x-ray 1 view frontal		$9.71	NA		
71015	26	Chest x-ray stereo frontal		$5.74	$5.74		
71015		Chest x-ray stereo frontal		$16.44	NA		
71015	TC	Chest x-ray stereo frontal		$10.70	NA		
71020	26	Chest x-ray 2vw frontal&latl		$5.94	$5.94		
71020		Chest x-ray 2vw frontal&latl		$19.01	NA		
71020	TC	Chest x-ray 2vw frontal&latl		$13.07	NA		
71021	26	Chest x-ray frnt lat lordotc		$7.33	$7.33		
71021		Chest x-ray frnt lat lordotc		$22.78	NA		
71021	TC	Chest x-ray frnt lat lordotc		$15.45	NA		
71022	26	Chest x-ray frnt lat oblique		$8.32	$8.32		
71022		Chest x-ray frnt lat oblique		$23.78	NA		
71022	TC	Chest x-ray frnt lat oblique		$15.46	NA		
71023	26	Chest x-ray and fluoroscopy		$10.30	$10.30		
71023		Chest x-ray and fluoroscopy		$26.75	NA		
71023	TC	Chest x-ray and fluoroscopy		$16.44	NA		
71030	26	Chest x-ray 4/> views		$8.32	$8.32		
71030		Chest x-ray 4/> views		$24.75	NA		
71030	TC	Chest x-ray 4/> views		$16.44	NA		
71034	26	Chest x-ray&fluoro 4/> views		$12.68	$12.68		
71034		Chest x-ray&fluoro 4/> views		$42.78	NA		
71034	TC	Chest x-ray&fluoro 4/> views		$30.10	NA		
71035	26	Chest x-ray special views		$4.94	$4.94		
71035		Chest x-ray special views		$15.65	NA		
71035	TC	Chest x-ray special views		$10.70	NA		
71100	26	X-ray exam ribs uni 2 views		$5.94	$5.94		
71100		X-ray exam ribs uni 2 views		$18.03	NA		
71100	TC	X-ray exam ribs uni 2 views		$12.08	NA		
71101	26	X-ray exam unilat ribs/chest		$7.33	$7.33		
71101		X-ray exam unilat ribs/chest		$21.39	NA		
71101	TC	X-ray exam unilat ribs/chest		$14.06	NA		
71110	26	X-ray exam ribs bil 3 views		$7.33	$7.33		
71110		X-ray exam ribs bil 3 views		$23.78	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
71110	TC	X-ray exam ribs bil 3 views		$16.44	NA		
71111	26	X-ray exam ribs/chest4/> vws		$8.52	$8.52		
71111		X-ray exam ribs/chest4/> vws		$27.33	NA		
71111	TC	X-ray exam ribs/chest4/> vws		$18.81	NA		
71120	26	X-ray exam breastbone 2/>vws		$5.55	$5.55		
71120		X-ray exam breastbone 2/>vws		$19.20	NA		
71120	TC	X-ray exam breastbone 2/>vws		$13.66	NA		
71130	26	X-ray strenoclavic jt 3/>vws		$5.94	$5.94		
71130		X-ray strenoclavic jt 3/>vws		$20.81	NA		
71130	TC	X-ray strenoclavic jt 3/>vws		$14.86	NA		
71250	26	Ct thorax w/o dye		$31.49	$31.49		
71250		Ct thorax w/o dye		$155.10	NA		
71250	TC	Ct thorax w/o dye		$123.60	NA		
71260	26	Ct thorax w/dye		$33.68	$33.68		
71260		Ct thorax w/dye		$181.43	NA		
71260	TC	Ct thorax w/dye		$147.76	NA		
71270	26	Ct thorax w/o & w/dye		$37.43	$37.43		
71270		Ct thorax w/o & w/dye		$222.44	NA		
71270	TC	Ct thorax w/o & w/dye		$185.00	NA		
71275	26	Ct angiography chest		$52.30	$52.30		
71275		Ct angiography chest		$306.02	NA		
71275	TC	Ct angiography chest		$253.74	NA		
71550	26	Mri chest w/o dye		$39.62	$39.62		
71550		Mri chest w/o dye		$270.97	NA		
71550	TC	Mri chest w/o dye		$231.35	NA		
71551	26	Mri chest w/dye		$47.14	$47.14		
71551		Mri chest w/dye		$324.44	NA		
71551	TC	Mri chest w/dye		$277.31	NA		
71552	26	Mri chest w/o & w/dye		$61.40	$61.40		
71552		Mri chest w/o & w/dye		$569.08	NA		
71552	TC	Mri chest w/o & w/dye		$507.67	NA		
71555	26	Mri angio chest w or w/o dye		$49.33	$49.33		
71555		Mri angio chest w or w/o dye		$283.45	NA		
71555	TC	Mri angio chest w or w/o dye		$234.12	NA		
72010	26	X-ray exam spine ap&lat		$12.29	$12.29		
72010		X-ray exam spine ap&lat		$33.68	NA		
72010	TC	X-ray exam spine ap&lat		$21.39	NA		
72020	26	X-ray exam of spine 1 view		$4.16	$4.16		
72020		X-ray exam of spine 1 view		$12.87	NA		
72020	TC	X-ray exam of spine 1 view		$8.71	NA		
72040	26	X-ray exam of neck spine		$5.94	$5.94		
72040		X-ray exam of neck spine		$18.62	NA		
72040	TC	X-ray exam of neck spine		$12.68	NA		
72050	26	X-ray exam of neck spine		$8.32	$8.32		
72050		X-ray exam of neck spine		$27.14	NA		
72050	TC	X-ray exam of neck spine		$18.82	NA		
72052	26	X-ray exam of neck spine		$9.90	$9.90		
72052		X-ray exam of neck spine		$33.47	NA		
72052	TC	X-ray exam of neck spine		$23.58	NA		
72069	26	X-ray exam trunk spine stand		$6.13	$6.13		
72069		X-ray exam trunk spine stand		$16.23	NA		
72069	TC	X-ray exam trunk spine stand		$10.10	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
72070	26	X-ray exam thorac spine 2vws		$5.94	$5.94		
72070		X-ray exam thorac spine 2vws		$19.61	NA		
72070	TC	X-ray exam thorac spine 2vws		$13.66	NA		
72072	26	X-ray exam thorac spine 3vws		$5.94	$5.94		
72072		X-ray exam thorac spine 3vws		$21.39	NA		
72072	TC	X-ray exam thorac spine 3vws		$15.45	NA		
72074	26	X-ray exam thorac spine4/>vw		$5.94	$5.94		
72074		X-ray exam thorac spine4/>vw		$25.16	NA		
72074	TC	X-ray exam thorac spine4/>vw		$19.21	NA		
72080	26	X-ray exam trunk spine 2 vws		$5.94	$5.94		
72080		X-ray exam trunk spine 2 vws		$20.01	NA		
72080	TC	X-ray exam trunk spine 2 vws		$14.07	NA		
72090	26	X-ray exam scloiosis erect		$7.52	$7.52		
72090		X-ray exam scloiosis erect		$21.59	NA		
72090	TC	X-ray exam scloiosis erect		$14.07	NA		
72100	26	X-ray exam l-s spine 2/3 vws		$5.94	$5.94		
72100		X-ray exam l-s spine 2/3 vws		$20.01	NA		
72100	TC	X-ray exam l-s spine 2/3 vws		$14.07	NA		
72110	26	X-ray exam l-2 spine 4/>vws		$8.32	$8.32		
72110		X-ray exam l-2 spine 4/>vws		$27.53	NA		
72110	TC	X-ray exam l-2 spine 4/>vws		$19.22	NA		
72114	26	X-ray exam l-s spine bending		$9.90	$9.90		
72114		X-ray exam l-s spine bending		$34.66	NA		
72114	TC	X-ray exam l-s spine bending		$24.77	NA		
72120	26	X-ray bend only l-s spine		$5.94	$5.94		
72120		X-ray bend only l-s spine		$24.75	NA		
72120	TC	X-ray bend only l-s spine		$18.81	NA		
72125	26	Ct neck spine w/o dye		$31.49	$31.49		
72125		Ct neck spine w/o dye		$155.10	NA		
72125	TC	Ct neck spine w/o dye		$123.60	NA		
72126	26	Ct neck spine w/dye		$33.08	$33.08		
72126		Ct neck spine w/dye		$180.85	NA		
72126	TC	Ct neck spine w/dye		$147.76	NA		
72127	26	Ct neck spine w/o & w/dye		$34.66	$34.66		
72127		Ct neck spine w/o & w/dye		$219.67	NA		
72127	TC	Ct neck spine w/o & w/dye		$185.00	NA		
72128	26	Ct chest spine w/o dye		$31.49	$31.49		
72128		Ct chest spine w/o dye		$155.10	NA		
72128	TC	Ct chest spine w/o dye		$123.60	NA		
72129	26	Ct chest spine w/dye		$33.08	$33.08		
72129		Ct chest spine w/dye		$180.85	NA		
72129	TC	Ct chest spine w/dye		$147.76	NA		
72130	26	Ct chest spine w/o & w/dye		$34.66	$34.66		
72130		Ct chest spine w/o & w/dye		$219.67	NA		
72130	TC	Ct chest spine w/o & w/dye		$185.00	NA		
72131	26	Ct lumbar spine w/o dye		$31.49	$31.49		
72131		Ct lumbar spine w/o dye		$155.10	NA		
72131	TC	Ct lumbar spine w/o dye		$123.60	NA		
72132	26	Ct lumbar spine w/dye		$33.08	$33.08		
72132		Ct lumbar spine w/dye		$180.85	NA		
72132	TC	Ct lumbar spine w/dye		$147.76	NA		
72133	26	Ct lumbar spine w/o & w/dye		$34.66	$34.66		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
72133		Ct lumbar spine w/o & w/dye		$219.67	NA		
72133	TC	Ct lumbar spine w/o & w/dye		$185.00	NA		
72141	26	Mri neck spine w/o dye		$43.58	$43.58		
72141		Mri neck spine w/o dye		$277.71	NA		
72141	TC	Mri neck spine w/o dye		$234.12	NA		
72142	26	Mri neck spine w/dye		$52.49	$52.49		
72142		Mri neck spine w/dye		$333.37	NA		
72142	TC	Mri neck spine w/dye		$280.88	NA		
72146	26	Mri chest spine w/o dye		$43.58	$43.58		
72146		Mri chest spine w/o dye		$303.46	NA		
72146	TC	Mri chest spine w/o dye		$259.87	NA		
72147	26	Mri chest spine w/dye		$52.30	$52.30		
72147		Mri chest spine w/dye		$333.15	NA		
72147	TC	Mri chest spine w/dye		$280.87	NA		
72148	26	Mri lumbar spine w/o dye		$40.40	$40.40		
72148		Mri lumbar spine w/o dye		$300.27	NA		
72148	TC	Mri lumbar spine w/o dye		$259.87	NA		
72149	26	Mri lumbar spine w/dye		$48.72	$48.72		
72149		Mri lumbar spine w/dye		$329.60	NA		
72149	TC	Mri lumbar spine w/dye		$280.88	NA		
72156	26	Mri neck spine w/o & w/dye		$69.92	$69.92		
72156		Mri neck spine w/o & w/dye		$590.06	NA		
72156	TC	Mri neck spine w/o & w/dye		$520.15	NA		
72157	26	Mri chest spine w/o & w/dye		$69.73	$69.73		
72157		Mri chest spine w/o & w/dye		$589.86	NA		
72157	TC	Mri chest spine w/o & w/dye		$520.14	NA		
72158	26	Mri lumbar spine w/o & w/dye		$64.18	$64.18		
72158		Mri lumbar spine w/o & w/dye		$584.32	NA		
72158	TC	Mri lumbar spine w/o & w/dye		$520.15	NA		
72159	26	Mr angio spine w/o&w/dye		$51.30	$51.30		
72159		Mr angio spine w/o&w/dye		$307.02	NA		
72159	TC	Mr angio spine w/o&w/dye		$255.72	NA		
72170	26	X-ray exam of pelvis		$4.75	$4.75		
72170		X-ray exam of pelvis		$15.45	NA		
72170	TC	X-ray exam of pelvis		$10.69	NA		
72190	26	X-ray exam of pelvis		$5.74	$5.74		
72190		X-ray exam of pelvis		$19.81	NA		
72190	TC	X-ray exam of pelvis		$14.07	NA		
72191	26	Ct angiograph pelv w/o&w/dye		$49.33	$49.33		
72191		Ct angiograph pelv w/o&w/dye		$295.92	NA		
72191	TC	Ct angiograph pelv w/o&w/dye		$246.61	NA		
72192	26	Ct pelvis w/o dye		$29.72	$29.72		
72192		Ct pelvis w/o dye		$153.30	NA		
72192	TC	Ct pelvis w/o dye		$123.59	NA		
72193	26	Ct pelvis w/dye		$31.49	$31.49		
72193		Ct pelvis w/dye		$174.50	NA		
72193	TC	Ct pelvis w/dye		$143.01	NA		
72194	26	Ct pelvis w/o & w/dye		$33.08	$33.08		
72194		Ct pelvis w/o & w/dye		$210.15	NA		
72194	TC	Ct pelvis w/o & w/dye		$177.07	NA		
72195	26	Mri pelvis w/o dye		$39.62	$39.62		
72195		Mri pelvis w/o dye		$270.97	NA		
72195	TC	Mri pelvis w/o dye		$231.35	NA		
72196	26	Mri pelvis w/dye		$47.14	$47.14		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
72196		Mri pelvis w/dye		$324.44	NA		
72196	TC	Mri pelvis w/dye		$277.31	NA		
72197	26	Mri pelvis w/o & w/dye		$61.40	$61.40		
72197		Mri pelvis w/o & w/dye		$573.82	NA		
72197	TC	Mri pelvis w/o & w/dye		$512.42	NA		
72198	26	Mr angio pelvis w/o & w/dye		$48.92	$48.92		
72198		Mr angio pelvis w/o & w/dye		$283.04	NA		
72198	TC	Mr angio pelvis w/o & w/dye		$234.12	NA		
72200	26	X-ray exam si joints		$4.75	$4.75		
72200		X-ray exam si joints		$15.45	NA		
72200	TC	X-ray exam si joints		$10.69	NA		
72202	26	X-ray exam si joints 3/> vws		$5.16	$5.16		
72202		X-ray exam si joints 3/> vws		$18.23	NA		
72202	TC	X-ray exam si joints 3/> vws		$13.07	NA		
72220	26	X-ray exam sacrum tailbone		$4.75	$4.75		
72220		X-ray exam sacrum tailbone		$16.84	NA		
72220	TC	X-ray exam sacrum tailbone		$12.08	NA		
72240	26	Myelography neck spine		$24.56	$24.56		
72240		Myelography neck spine		$123.80	NA		
72240	TC	Myelography neck spine		$99.23	NA		
72255	26	Myelography thoracic spine		$24.17	$24.17		
72255		Myelography thoracic spine		$114.48	NA		
72255	TC	Myelography thoracic spine		$90.32	NA		
72265	26	Myelography l-s spine		$22.19	$22.19		
72265		Myelography l-s spine		$107.35	NA		
72265	TC	Myelography l-s spine		$85.17	NA		
72270	26	Myelogphy 2/> spine regions		$35.85	$35.85		
72270		Myelogphy 2/> spine regions		$163.62	NA		
72270	TC	Myelogphy 2/> spine regions		$127.76	NA		
72275	26	Epidurography		$19.81	$19.81		
72275		Epidurography		$65.95	NA		
72275	TC	Epidurography		$46.15	NA		
72285	26	Discography cerv/thor spine		$31.49	$31.49		
72285		Discography cerv/thor spine		$206.40	NA		
72285	TC	Discography cerv/thor spine		$174.90	NA		
72291	26	Perq verte/sacroplsty fluor		$37.04	$37.04		
72291		Perq verte/sacroplsty fluor		M	NA		Documentation Required
72291	TC	Perq verte/sacroplsty fluor		M	NA		Documentation Required
72292	26	Perq verte/sacroplsty ct		$37.83	$37.83		
72292		Perq verte/sacroplsty ct		M	NA		Documentation Required
72292	TC	Perq verte/sacroplsty ct		M	NA		Documentation Required
72295	26	X-ray of lower spine disk		$22.97	$22.97		
72295		X-ray of lower spine disk		$186.98	NA		
72295	TC	X-ray of lower spine disk		$164.01	NA		
73000	26	X-ray exam of collar bone		$4.36	$4.36		
73000		X-ray exam of collar bone		$15.06	NA		
73000	TC	X-ray exam of collar bone		$10.69	NA		
73010	26	X-ray exam of shoulder blade		$4.75	$4.75		
73010		X-ray exam of shoulder blade		$15.45	NA		
73010	TC	X-ray exam of shoulder blade		$10.69	NA		
73020	26	X-ray exam of shoulder		$4.16	$4.16		
73020		X-ray exam of shoulder		$13.87	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
73020	TC	X-ray exam of shoulder		$9.71	NA		
73030	26	X-ray exam of shoulder		$4.94	$4.94		
73030		X-ray exam of shoulder		$17.04	NA		
73030	TC	X-ray exam of shoulder		$12.09	NA		
73040	26	Contrast x-ray of shoulder		$14.65	$14.65		
73040		Contrast x-ray of shoulder		$58.82	NA		
73040	TC	Contrast x-ray of shoulder		$44.17	NA		
73050	26	X-ray exam of shoulders		$5.55	$5.55		
73050		X-ray exam of shoulders		$19.61	NA		
73050	TC	X-ray exam of shoulders		$14.06	NA		
73060	26	X-ray exam of humerus		$4.75	$4.75		
73060		X-ray exam of humerus		$16.84	NA		
73060	TC	X-ray exam of humerus		$12.08	NA		
73070	26	X-ray exam of elbow		$4.16	$4.16		
73070		X-ray exam of elbow		$14.85	NA		
73070	TC	X-ray exam of elbow		$10.70	NA		
73080	26	X-ray exam of elbow		$4.75	$4.75		
73080		X-ray exam of elbow		$16.84	NA		
73080	TC	X-ray exam of elbow		$12.08	NA		
73085	26	Contrast x-ray of elbow		$14.85	$14.85		
73085		Contrast x-ray of elbow		$59.02	NA		
73085	TC	Contrast x-ray of elbow		$44.17	NA		
73090	26	X-ray exam of forearm		$4.36	$4.36		
73090		X-ray exam of forearm		$15.06	NA		
73090	TC	X-ray exam of forearm		$10.69	NA		
73092	26	X-ray exam of arm infant		$4.36	$4.36		
73092		X-ray exam of arm infant		$14.46	NA		
73092	TC	X-ray exam of arm infant		$10.10	NA		
73100	26	X-ray exam of wrist		$4.36	$4.36		
73100		X-ray exam of wrist		$14.46	NA		
73100	TC	X-ray exam of wrist		$10.10	NA		
73110	26	X-ray exam of wrist		$4.75	$4.75		
73110		X-ray exam of wrist		$15.65	NA		
73110	TC	X-ray exam of wrist		$10.89	NA		
73115	26	Contrast x-ray of wrist		$14.65	$14.65		
73115		Contrast x-ray of wrist		$47.94	NA		
73115	TC	Contrast x-ray of wrist		$33.28	NA		
73120	26	X-ray exam of hand		$4.36	$4.36		
73120		X-ray exam of hand		$14.46	NA		
73120	TC	X-ray exam of hand		$10.10	NA		
73130	26	X-ray exam of hand		$4.75	$4.75		
73130		X-ray exam of hand		$15.65	NA		
73130	TC	X-ray exam of hand		$10.89	NA		
73140	26	X-ray exam of finger(s)		$3.56	$3.56		
73140		X-ray exam of finger(s)		$12.29	NA		
73140	TC	X-ray exam of finger(s)		$8.71	NA		
73200	26	Ct upper extremity w/o dye		$29.72	$29.72		
73200		Ct upper extremity w/o dye		$133.10	NA		
73200	TC	Ct upper extremity w/o dye		$103.39	NA		
73201	26	Ct upper extremity w/dye		$31.49	$31.49		
73201		Ct upper extremity w/dye		$155.10	NA		
73201	TC	Ct upper extremity w/dye		$123.60	NA		
73202	26	Ct uppr extremity w/o&w/dye		$33.08	$33.08		
73202		Ct uppr extremity w/o&w/dye		$188.18	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
73202	TC	Ct uppr extremity w/o&w/dye		$155.09	NA		
73206	26	Ct angio upr extrm w/o&w/dye		$49.11	$49.11		
73206		Ct angio upr extrm w/o&w/dye		$274.53	NA		
73206	TC	Ct angio upr extrm w/o&w/dye		$225.42	NA		
73218	26	Mri upper extremity w/o dye		$36.65	$36.65		
73218		Mri upper extremity w/o dye		$266.81	NA		
73218	TC	Mri upper extremity w/o dye		$230.17	NA		
73219	26	Mri upper extremity w/dye		$44.17	$44.17		
73219		Mri upper extremity w/dye		$320.50	NA		
73219	TC	Mri upper extremity w/dye		$276.32	NA		
73220	26	Mri uppr extremity w/o&w/dye		$58.63	$58.63		
73220		Mri uppr extremity w/o&w/dye		$569.47	NA		
73220	TC	Mri uppr extremity w/o&w/dye		$510.84	NA		
73221	26	Mri joint upr extrem w/o dye		$36.65	$36.65		
73221		Mri joint upr extrem w/o dye		$266.81	NA		
73221	TC	Mri joint upr extrem w/o dye		$230.17	NA		
73222	26	Mri joint upr extrem w/dye		$43.98	$43.98		
73222		Mri joint upr extrem w/dye		$320.28	NA		
73222	TC	Mri joint upr extrem w/dye		$276.31	NA		
73223	26	Mri joint upr extr w/o&w/dye		$58.63	$58.63		
73223		Mri joint upr extr w/o&w/dye		$569.47	NA		
73223	TC	Mri joint upr extr w/o&w/dye		$510.84	NA		
73225	26	Mr angio upr extr w/o&w/dye		$49.52	$49.52		
73225		Mr angio upr extr w/o&w/dye		$279.88	NA		
73225	TC	Mr angio upr extr w/o&w/dye		$230.37	NA		
73500	26	X-ray exam of hip		$4.75	$4.75		
73500		X-ray exam of hip		$14.46	NA		
73500	TC	X-ray exam of hip		$9.71	NA		
73510	26	X-ray exam of hip		$5.74	$5.74		
73510		X-ray exam of hip		$17.82	NA		
73510	TC	X-ray exam of hip		$12.09	NA		
73520	26	X-ray exam of hips		$7.13	$7.13		
73520		X-ray exam of hips		$21.20	NA		
73520	TC	X-ray exam of hips		$14.07	NA		
73525	26	Contrast x-ray of hip		$14.85	$14.85		
73525		Contrast x-ray of hip		$59.02	NA		
73525	TC	Contrast x-ray of hip		$44.17	NA		
73530	26	X-ray exam of hip		$7.93	$7.93		
73530		X-ray exam of hip		$18.62	NA		
73530	TC	X-ray exam of hip		$10.70	NA		
73540	26	X-ray exam of pelvis & hips		$5.55	$5.55		
73540		X-ray exam of pelvis & hips		$17.62	NA		
73540	TC	X-ray exam of pelvis & hips		$12.08	NA		
73550	26	X-ray exam of thigh		$4.75	$4.75		
73550		X-ray exam of thigh		$16.84	NA		
73550	TC	X-ray exam of thigh		$12.08	NA		
73560	26	X-ray exam of knee 1 or 2		$4.75	$4.75		
73560		X-ray exam of knee 1 or 2		$15.45	NA		
73560	TC	X-ray exam of knee 1 or 2		$10.69	NA		
73562	26	X-ray exam of knee 3		$4.94	$4.94		
73562		X-ray exam of knee, 3		$17.04	NA		
73562	TC	X-ray exam of knee 3		$12.09	NA		
73564	26	X-ray exam knee 4 or more		$5.94	$5.94		
73564		X-ray exam knee 4 or more		$19.01	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
73564	TC	X-ray exam knee 4 or more		$13.07	NA		
73565	26	X-ray exam of knees		$4.75	$4.75		
73565		X-ray exam of knees		$14.85	NA		
73565	TC	X-ray exam of knees		$10.10	NA		
73580	26	Contrast x-ray of knee joint		$14.65	$14.65		
73580		Contrast x-ray of knee joint		$69.53	NA		
73580	TC	Contrast x-ray of knee joint		$54.87	NA		
73590	26	X-ray exam of lower leg		$4.75	$4.75		
73590		X-ray exam of lower leg		$15.45	NA		
73590	TC	X-ray exam of lower leg		$10.69	NA		
73592	26	X-ray exam of leg infant		$4.36	$4.36		
73592		X-ray exam of leg infant		$14.46	NA		
73592	TC	X-ray exam of leg infant		$10.10	NA		
73600	26	X-ray exam of ankle		$4.36	$4.36		
73600		X-ray exam of ankle		$14.46	NA		
73600	TC	X-ray exam of ankle		$10.10	NA		
73610	26	X-ray exam of ankle		$4.75	$4.75		
73610		X-ray exam of ankle		$15.65	NA		
73610	TC	X-ray exam of ankle		$10.89	NA		
73615	26	Contrast x-ray of ankle		$14.85	$14.85		
73615		Contrast x-ray of ankle		$59.02	NA		
73615	TC	Contrast x-ray of ankle		$44.17	NA		
73620	26	X-ray exam of foot		$4.36	$4.36		
73620		X-ray exam of foot		$14.46	NA		
73620	TC	X-ray exam of foot		$10.10	NA		
73630	26	X-ray exam of foot		$4.75	$4.75		
73630		X-ray exam of foot		$15.65	NA		
73630	TC	X-ray exam of foot		$10.89	NA		
73650	26	X-ray exam of heel		$4.36	$4.36		
73650		X-ray exam of heel		$14.07	NA		
73650	TC	X-ray exam of heel		$9.71	NA		
73660	26	X-ray exam of toe(s)		$3.56	$3.56		
73660		X-ray exam of toe(s)		$12.29	NA		
73660	TC	X-ray exam of toe(s)		$8.71	NA		
73700	26	Ct lower extremity w/o dye		$29.72	$29.72		
73700		Ct lower extremity w/o dye		$133.10	NA		
73700	TC	Ct lower extremity w/o dye		$103.39	NA		
73701	26	Ct lower extremity w/dye		$31.49	$31.49		
73701		Ct lower extremity w/dye		$155.10	NA		
73701	TC	Ct lower extremity w/dye		$123.60	NA		
73702	26	Ct lwr extremity w/o&w/dye		$33.08	$33.08		
73702		Ct lwr extremity w/o&w/dye		$188.18	NA		
73702	TC	Ct lwr extremity w/o&w/dye		$155.09	NA		
73706	26	Ct angio lwr extr w/o&w/dye		$51.50	$51.50		
73706		Ct angio lwr extr w/o&w/dye		$276.91	NA		
73706	TC	Ct angio lwr extr w/o&w/dye		$225.41	NA		
73718	26	Mri lower extremity w/o dye		$36.65	$36.65		
73718		Mri lower extremity w/o dye		$266.81	NA		
73718	TC	Mri lower extremity w/o dye		$230.17	NA		
73719	26	Mri lower extremity w/dye		$43.98	$43.98		
73719		Mri lower extremity w/dye		$320.28	NA		
73719	TC	Mri lower extremity w/dye		$276.31	NA		
73720	26	Mri lwr extremity w/o&w/dye		$58.43	$58.43		
73720		Mri lwr extremity w/o&w/dye		$569.27	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
73720	TC	Mri lwr extremity w/o&w/dye		$510.84	NA		
73721	26	Mri jnt of lwr extre w/o dye		$36.65	$36.65		
73721		Mri jnt of lwr extre w/o dye		$266.81	NA		
73721	TC	Mri jnt of lwr extre w/o dye		$230.17	NA		
73722	26	Mri joint of lwr extr w/dye		$43.98	$43.98		
73722		Mri joint of lwr extr w/dye		$320.28	NA		
73722	TC	Mri joint of lwr extr w/dye		$276.31	NA		
73723	26	Mri joint lwr extr w/o&w/dye		$58.63	$58.63		
73723		Mri joint lwr extr w/o&w/dye		$569.47	NA		
73723	TC	Mri joint lwr extr w/o&w/dye		$510.84	NA		
73725	26	Mr ang lwr ext w or w/o dye		$49.52	$49.52		
73725		Mr ang lwr ext w or w/o dye		$283.65	NA		
73725	TC	Mr ang lwr ext w or w/o dye		$234.13	NA		
74000	26	X-ray exam of abdomen		$4.94	$4.94		
74000		X-ray exam of abdomen		$15.65	NA		
74000	TC	X-ray exam of abdomen		$10.70	NA		
74010	26	X-ray exam of abdomen		$6.33	$6.33		
74010		X-ray exam of abdomen		$18.42	NA		
74010	TC	X-ray exam of abdomen		$12.08	NA		
74020	26	X-ray exam of abdomen		$7.33	$7.33		
74020		X-ray exam of abdomen		$20.40	NA		
74020	TC	X-ray exam of abdomen		$13.07	NA		
74022	26	X-ray exam series abdomen		$8.52	$8.52		
74022		X-ray exam series abdomen		$23.97	NA		
74022	TC	X-ray exam series abdomen		$15.45	NA		
74150	26	Ct abdomen w/o dye		$32.29	$32.29		
74150		Ct abdomen w/o dye		$150.74	NA		
74150	TC	Ct abdomen w/o dye		$118.45	NA		
74160	26	Ct abdomen w/dye		$34.66	$34.66		
74160		Ct abdomen w/dye		$177.67	NA		
74160	TC	Ct abdomen w/dye		$143.00	NA		
74170	26	Ct abdomen w/o & w/dye		$38.04	$38.04		
74170		Ct abdomen w/o & w/dye		$215.12	NA		
74170	TC	Ct abdomen w/o & w/dye		$177.08	NA		
74174	26	Ct angio abd&pelv w/o&w/dye		$61.40	$61.40		
74174		Ct angio abd&pelv w/o&w/dye		$327.02	NA		
74174	TC	Ct angio abd&pelv w/o&w/dye		$265.62	NA		
74175	26	Ct angio abdom w/o & w/dye		$51.50	$51.50		
74175		Ct angio abdom w/o & w/dye		$298.11	NA		
74175	TC	Ct angio abdom w/o & w/dye		$246.61	NA		
74176	26	Ct abd & pelvis		$49.32	$49.32		
74176		Ct abd & pelvis		$126.17	NA		
74176	TC	Ct abd & pelvis		$76.85	NA		
74177	26	Ct abd & pelv w/contrast		$51.70	$51.70		
74177		Ct abd & pelv w/contrast		$198.27	NA		
74177	TC	Ct abd & pelv w/contrast		$146.58	NA		
74178	26	Ct abd & pelv 1/> regns		$57.24	$57.24		
74178		Ct abd & pelv 1/> regns		$250.96	NA		
74178	TC	Ct abd & pelv 1/> regns		$193.72	NA		
74181	26	Mri abdomen w/o dye		$39.62	$39.62		
74181		Mri abdomen w/o dye		$270.97	NA		
74181	TC	Mri abdomen w/o dye		$231.35	NA		
74182	26	Mri abdomen w/dye		$47.14	$47.14		
74182		Mri abdomen w/dye		$324.44	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
74182	TC	Mri abdomen w/dye		$277.31	NA		
74183	26	Mri abdomen w/o & w/dye		$61.40	$61.40		
74183		Mri abdomen w/o & w/dye		$573.82	NA		
74183	TC	Mri abdomen w/o & w/dye		$512.42	NA		
74185	26	Mri angio abdom w or w/o dye		$48.92	$48.92		
74185		Mri angio abdom w or w/o dye		$283.04	NA		
74185	TC	Mri angio abdom w or w/o dye		$234.12	NA		
74190	26	X-ray exam of peritoneum		$13.07	$13.07		
74190		X-ray exam of peritoneum		$40.40	NA		
74190	TC	X-ray exam of peritoneum		$27.33	NA		
74210	26	Contrst x-ray exam of throat		$9.90	$9.90		
74210		Contrst x-ray exam of throat		$34.66	NA		
74210	TC	Contrst x-ray exam of throat		$24.77	NA		
74220	26	Contrast x-ray esophagus		$12.48	$12.48		
74220		Contrast x-ray esophagus		$37.24	NA		
74220	TC	Contrast x-ray esophagus		$24.77	NA		
74230	26	Cine/vid x-ray throat/esoph		$14.26	$14.26		
74230		Cine/vid x-ray throat/esoph		$41.59	NA		
74230	TC	Cine/vid x-ray throat/esoph		$27.33	NA		
74235	26	Remove esophagus obstruction		$32.29	$32.29		
74235		Remove esophagus obstruction		$87.15	NA		
74235	TC	Remove esophagus obstruction		$54.87	NA		
74240	26	X-ray upper gi delay w/o kub		$18.81	$18.81		
74240		X-ray upper gi delay w/o kub		$49.33	NA		
74240	TC	X-ray upper gi delay w/o kub		$30.51	NA		
74241	26	X-rayupper gi delay w/kub		$18.81	$18.81		
74241		X-rayupper gi delay w/kub		$49.92	NA		
74241	TC	X-rayupper gi delay w/kub		$31.11	NA		
74245	26	X-ray upper gi&small intest		$24.75	$24.75		
74245		X-ray upper gi&small intest		$74.67	NA		
74245	TC	X-ray upper gi&small intest		$49.92	NA		
74246	26	Contrst x-ray uppr gi tract		$18.81	$18.81		
74246		Contrst x-ray uppr gi tract		$53.28	NA		
74246	TC	Contrst x-ray uppr gi tract		$34.47	NA		
74247	26	Contrst x-ray uppr gi tract		$18.81	$18.81		
74247		Contrst x-ray uppr gi tract		$54.27	NA		
74247	TC	Contrst x-ray uppr gi tract		$35.46	NA		
74249	26	Contrst x-ray uppr gi tract		$24.75	$24.75		
74249		Contrst x-ray uppr gi tract		$78.63	NA		
74249	TC	Contrst x-ray uppr gi tract		$53.88	NA		
74250	26	X-ray exam of small bowel		$12.68	$12.68		
74250		X-ray exam of small bowel		$40.01	NA		
74250	TC	X-ray exam of small bowel		$27.33	NA		
74251	26	X-ray exam of small bowel		$18.81	$18.81		
74251		X-ray exam of small bowel		$46.14	NA		
74251	TC	X-ray exam of small bowel		$27.33	NA		
74260	26	X-ray exam of small bowel		$13.46	$13.46		
74260		X-ray exam of small bowel		$44.56	NA		
74260	TC	X-ray exam of small bowel		$31.10	NA		
74261	26	Ct colonography dx		$60.61	$60.61		
74261		Ct colonography dx		$224.42	NA		
74261	TC	Ct colonography dx		$163.81	NA		
74262	26	Ct colonography dx w/dye		$66.55	$66.55		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
74262		Ct colonography dx w/dye		$252.15	NA		
74262	TC	Ct colonography dx w/dye		$185.60	NA		
74270	26	Contrast x-ray exam of colon		$18.81	$18.81		
74270		Contrast x-ray exam of colon		$54.66	NA		
74270	TC	Contrast x-ray exam of colon		$35.85	NA		
74280	26	Contrast x-ray exam of colon		$26.75	$26.75		
74280		Contrast x-ray exam of colon		$73.69	NA		
74280	TC	Contrast x-ray exam of colon		$46.94	NA		
74283	26	Contrast x-ray exam of colon		$54.86	$54.86		
74283		Contrast x-ray exam of colon		$108.54	NA		
74283	TC	Contrast x-ray exam of colon		$53.67	NA		
74290	26	Contrast x-ray gallbladder		$8.52	$8.52		
74290		Contrast x-ray gallbladder		$23.97	NA		
74290	TC	Contrast x-ray gallbladder		$15.45	NA		
74291	26	Contrast x-rays gallbladder		$5.55	$5.55		
74291		Contrast x-rays gallbladder		$14.26	NA		
74291	TC	Contrast x-rays gallbladder		$8.71	NA		
74300	26	X-ray bile ducts/pancreas		$9.90	$9.90		
74300		X-ray bile ducts/pancreas		$29.00	NA		
74300	TC	X-ray bile ducts/pancreas		$19.10	NA		
74301	26	X-rays at surgery add-on		$5.74	$5.74		
74301		X-rays at surgery add-on		$28.55	NA		
74301	TC	X-rays at surgery add-on		$22.81	NA		
74305	26	X-ray bile ducts/pancreas		$11.49	$11.49		
74305		X-ray bile ducts/pancreas		$27.94	NA		
74305	TC	X-ray bile ducts/pancreas		$16.44	NA		
74320	26	Contrast x-ray of bile ducts		$14.65	$14.65		
74320		Contrast x-ray of bile ducts		$80.61	NA		
74320	TC	Contrast x-ray of bile ducts		$65.96	NA		
74327	26	X-ray bile stone removal		$19.01	$19.01		
74327		X-ray bile stone removal		$56.25	NA		
74327	TC	X-ray bile stone removal		$37.24	NA		
74328	26	X-ray bile duct endoscopy		$19.01	$19.01		
74328		X-ray bile duct endoscopy		$84.98	NA		
74328	TC	X-ray bile duct endoscopy		$65.95	NA		
74329	26	X-ray for pancreas endoscopy		$19.01	$19.01		
74329		X-ray for pancreas endoscopy		$84.77	NA		
74329	TC	X-ray for pancreas endoscopy		$65.76	NA		
74330	26	X-ray bile/panc endoscopy		$24.36	$24.36		
74330		X-ray bile/panc endoscopy		$90.32	NA		
74330	TC	X-ray bile/panc endoscopy		$65.96	NA		
74340	26	X-ray guide for GI tube		$14.65	$14.65		
74340		X-ray guide for GI tube		$69.53	NA		
74340	TC	X-ray guide for GI tube		$54.87	NA		
74355	26	X-ray guide intestinal tube		$20.59	$20.59		
74355		X-ray guide intestinal tube		$75.47	NA		
74355	TC	X-ray guide intestinal tube		$54.87	NA		
74360	26	X-ray guide GI dilation		$14.85	$14.85		
74360		X-ray guide GI dilation		$80.82	NA		
74360	TC	X-ray guide GI dilation		$65.95	NA		
74363	26	X-ray bile duct dilation		$23.97	$23.97		
74363		X-ray bile duct dilation		$151.33	NA		
74363	TC	X-ray bile duct dilation		$127.36	NA		
74400	26	Contrst x-ray urinary tract		$13.27	$13.27		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
74400		Contrst x-ray urinary tract		$48.72	NA		
74400	TC	Contrst x-ray urinary tract		$35.45	NA		
74410	26	Contrst x-ray urinary tract		$13.27	$13.27		
74410		Contrst x-ray urinary tract		$54.27	NA		
74410	TC	Contrst x-ray urinary tract		$41.00	NA		
74415	26	Contrst x-ray urinary tract		$13.27	$13.27		
74415		Contrst x-ray urinary tract		$57.84	NA		
74415	TC	Contrst x-ray urinary tract		$44.56	NA		
74420	26	Contrst x-ray,urinary tract		$9.90	$9.90		
74420		Contrst x-ray urinary tract		$64.76	NA		
74420	TC	Contrst x-ray urinary tract		$54.87	NA		
74425	26	Contrst x-ray urinary tract		$9.90	$9.90		
74425		Contrst x-ray urinary tract		$37.24	NA		
74425	TC	Contrst x-ray urinary tract		$27.34	NA		
74430	26	Contrast x-ray bladder		$8.71	$8.71		
74430		Contrast x-ray bladder		$30.70	NA		
74430	TC	Contrast x-ray bladder		$21.99	NA		
74440	26	X-ray male genital tract		$10.30	$10.30		
74440		X-ray male genital tract		$33.88	NA		
74440	TC	X-ray male genital tract		$23.57	NA		
74445	26	X-ray exam of penis		$31.30	$31.30		
74445		X-ray exam of penis		$54.86	NA		
74445	TC	X-ray exam of penis		$23.57	NA		
74450	26	X-ray urethra/bladder		$9.10	$9.10		
74450		X-ray urethra/bladder		$39.62	NA		
74450	TC	X-ray urethra/bladder		$30.51	NA		
74455	26	X-ray urethra/bladder		$9.10	$9.10		
74455		X-ray urethra/bladder		$42.39	NA		
74455	TC	X-ray urethra/bladder		$33.28	NA		
74470	26	X-ray exam of kidney lesion		$14.65	$14.65		
74470		X-ray exam of kidney lesion		$40.81	NA		
74470	TC	X-ray exam of kidney lesion		$26.15	NA		
74475	26	X-ray control cath insert		$14.65	$14.65		
74475		X-ray control cath insert		$99.83	NA		
74475	TC	X-ray control cath insert		$85.17	NA		
74480	26	X-ray control cath insert		$14.65	$14.65		
74480		X-ray control cath insert		$99.83	NA		
74480	TC	X-ray control cath insert		$85.17	NA		
74485	26	X-ray guide GU dilation		$14.65	$14.65		
74485		X-ray guide GU dilation		$80.61	NA		
74485	TC	X-ray guide GU dilation		$65.96	NA		
74710	26	X-ray measurement of pelvis		$9.31	$9.31		
74710		X-ray measurement of pelvis		$31.30	NA		
74710	TC	X-ray measurement of pelvis		$21.99	NA		
74740	26	X-ray female genital tract		$10.49	$10.49		
74740		X-ray female genital tract		$37.83	NA		
74740	TC	X-ray female genital tract		$27.33	NA		
74742	26	X-ray fallopian tube		$16.65	$16.65		
74742		X-ray fallopian tube		$82.40	NA		
74742	TC	X-ray fallopian tube		$65.75	NA		
74775	26	X-ray exam of perineum		$17.04	$17.04		
74775		X-ray exam of perineum		$47.53	NA		
74775	TC	X-ray exam of perineum		$30.50	NA		
75557	26	Cardiac mri for morph		$67.15	$67.15		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
75557		Cardiac mri for morph		$288.59	NA		
75557	TC	Cardiac mri for morph		$221.44	NA		
75559	26	Cardiac mri w/stress img		$85.57	$85.57		
75559		Cardiac mri w/stress img		$419.13	NA		
75559	TC	Cardiac mri w/stress img		$333.56	NA		
75561	26	Cardiac mri for morph w/dye		$74.08	$74.08		
75561		Cardiac mri for morph w/dye		$388.62	NA		
75561	TC	Cardiac mri for morph w/dye		$314.55	NA		
75563	26	Card mri w/stress img & dye		$88.93	$88.93		
75563		Card mri w/stress img & dye		$480.93	NA		
75563	TC	Card mri w/stress img & dye		$391.99	NA		
75565	26	Card mri veloc flow mapping		$6.93	$6.93		
75565		Card mri veloc flow mapping		$50.31	NA		
75565	TC	Card mri veloc flow mapping		$43.38	NA		
75571	26	Ct hrt w/o dye w/ca test		$15.25	$15.25		
75571		Ct hrt w/o dye w/ca test		$49.12	NA		
75571	TC	Ct hrt w/o dye w/ca test		$33.87	NA		
75572	26	Ct hrt w/3d image		$46.75	$46.75		
75572		Ct hrt w/3d image		$144.40	NA		
75572	TC	Ct hrt w/3d image		$97.65	NA		
75573	26	Ct hrt w/3d image congen		$66.95	$66.95		
75573		Ct hrt w/3d image congen		$205.21	NA		
75573	TC	Ct hrt w/3d image congen		$130.33	NA		
75574	26	Ct angio hrt w/3d image		$63.78	$63.78		
75574		Ct angio hrt w/3d image		$318.51	NA		
75574	TC	Ct angio hrt w/3d image		$254.73	NA		
75600	26	Contrast exam thoracic aorta		$13.87	$13.87		
75600		Contrast exam thoracic aorta		$277.10	NA		
75600	TC	Contrast exam thoracic aorta		$263.24	NA		
75605	26	Contrast exam thoracic aorta		$31.49	$31.49		
75605		Contrast exam thoracic aorta		$294.74	NA		
75605	TC	Contrast exam thoracic aorta		$263.25	NA		
75625	26	Contrast exam abdominl aorta		$31.30	$31.30		
75625		Contrast exam abdominl aorta		$294.53	NA		
75625	TC	Contrast exam abdominl aorta		$263.24	NA		
75630	26	X-ray aorta leg arteries		$49.72	$49.72		
75630		X-ray aorta leg arteries		$324.25	NA		
75630	TC	X-ray aorta leg arteries		$274.54	NA		
75635	26	Ct angio abdominal arteries		$65.37	$65.37		
75635		Ct angio abdominal arteries		$389.22	NA		
75635	TC	Ct angio abdominal arteries		$323.85	NA		
75658	26	Artery x-rays arm		$36.65	$36.65		
75658		Artery x-rays arm		$299.88	NA		
75658	TC	Artery x-rays arm		$263.24	NA		
75705	26	Artery x-rays spine		$60.21	$60.21		
75705		Artery x-rays spine		$323.46	NA		
75705	TC	Artery x-rays spine		$263.24	NA		
75710	26	Artery x-rays arm/leg		$31.69	$31.69		
75710		Artery x-rays arm/leg		$294.94	NA		
75710	TC	Artery x-rays arm/leg		$263.24	NA		
75716	26	Artery x-rays arms/legs		$35.85	$35.85		
75716		Artery x-rays arms/legs		$299.10	NA		
75716	TC	Artery x-rays arms/legs		$263.24	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
75726	26	Artery x-rays abdomen		$30.91	$30.91		
75726		Artery x-rays abdomen		$294.14	NA		
75726	TC	Artery x-rays abdomen		$263.24	NA		
75731	26	Artery x-rays adrenal gland		$31.10	$31.10		
75731		Artery x-rays adrenal gland		$294.34	NA		
75731	TC	Artery x-rays adrenal gland		$263.25	NA		
75733	26	Artery x-rays adrenals		$35.85	$35.85		
75733		Artery x-rays adrenals		$299.10	NA		
75733	TC	Artery x-rays adrenals		$263.24	NA		
75736	26	Artery x-rays pelvis		$31.30	$31.30		
75736		Artery x-rays pelvis		$294.53	NA		
75736	TC	Artery x-rays pelvis		$263.24	NA		
75741	26	Artery x-rays lung		$35.65	$35.65		
75741		Artery x-rays lung		$298.89	NA		
75741	TC	Artery x-rays lung		$263.25	NA		
75743	26	Artery x-rays lungs		$44.96	$44.96		
75743		Artery x-rays lungs		$308.21	NA		
75743	TC	Artery x-rays lungs		$263.25	NA		
75746	26	Artery x-rays lung		$31.10	$31.10		
75746		Artery x-rays lung		$294.34	NA		
75746	TC	Artery x-rays lung		$263.25	NA		
75756	26	Artery x-rays chest		$32.29	$32.29		
75756		Artery x-rays chest		$295.53	NA		
75756	TC	Artery x-rays chest		$263.25	NA		
75774	26	Artery x-ray each vessel		$9.90	$9.90		
75774		Artery x-ray each vessel		$273.14	NA		
75774	TC	Artery x-ray each vessel		$263.25	NA		
75791	26	Av dialysis shunt imaging		$45.76	$45.76		
75791		Av dialysis shunt imaging		$167.97	NA		
75791	TC	Av dialysis shunt imaging		$122.21	NA		
75801	26	Lymph vessel x-ray arm/leg		$22.97	$22.97		
75801		Lymph vessel x-ray arm/leg		$136.27	NA		
75801	TC	Lymph vessel x-ray arm/leg		$113.31	NA		
75803	26	Lymph vessel x-ray arms/legs		$31.69	$31.69		
75803		Lymph vessel x-ray arms/legs		$145.00	NA		
75803	TC	Lymph vessel x-ray arms/legs		$113.30	NA		
75805	26	Lymph vessel x-ray trunk		$22.39	$22.39		
75805		Lymph vessel x-ray trunk		$150.14	NA		
75805	TC	Lymph vessel x-ray trunk		$127.76	NA		
75807	26	Lymph vessel x-ray trunk		$31.69	$31.69		
75807		Lymph vessel x-ray trunk		$159.05	NA		
75807	TC	Lymph vessel x-ray trunk		$127.36	NA		
75809	26	Nonvascular shunt x-ray		$12.68	$12.68		
75809		Nonvascular shunt x-ray		$29.11	NA		
75809	TC	Nonvascular shunt x-ray		$16.44	NA		
75810	26	Vein x-ray spleen/liver		$30.91	$30.91		
75810		Vein x-ray spleen/liver		$294.14	NA		
75810	TC	Vein x-ray spleen/liver		$263.24	NA		
75820	26	Vein x-ray arm/leg		$19.01	$19.01		
75820		Vein x-ray arm/leg		$39.01	NA		
75820	TC	Vein x-ray arm/leg		$20.00	NA		
75822	26	Vein x-ray arms/legs		$28.91	$28.91		
75822		Vein x-ray arms/legs		$59.82	NA		
75822	TC	Vein x-ray arms/legs		$30.90	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
75825	26	Vein x-ray trunk		$31.30	$31.30		
75825		Vein x-ray trunk		$294.53	NA		
75825	TC	Vein x-ray trunk		$263.24	NA		
75827	26	Vein x-ray chest		$30.91	$30.91		
75827		Vein x-ray chest		$294.14	NA		
75827	TC	Vein x-ray chest		$263.24	NA		
75831	26	Vein x-ray kidney		$31.10	$31.10		
75831		Vein x-ray kidney		$294.34	NA		
75831	TC	Vein x-ray kidney		$263.25	NA		
75833	26	Vein x-ray kidneys		$41.01	$41.01		
75833		Vein x-ray kidneys		$304.24	NA		
75833	TC	Vein x-ray kidneys		$263.24	NA		
75840	26	Vein x-ray adrenal gland		$31.49	$31.49		
75840		Vein x-ray adrenal gland		$294.74	NA		
75840	TC	Vein x-ray adrenal gland		$263.25	NA		
75842	26	Vein x-ray adrenal glands		$40.40	$40.40		
75842		Vein x-ray adrenal glands		$303.65	NA		
75842	TC	Vein x-ray adrenal glands		$263.24	NA		
75860	26	Vein x-ray neck		$31.10	$31.10		
75860		Vein x-ray neck		$294.34	NA		
75860	TC	Vein x-ray neck		$263.25	NA		
75870	26	Vein x-ray skull		$31.30	$31.30		
75870		Vein x-ray skull		$294.53	NA		
75870	TC	Vein x-ray skull		$263.24	NA		
75872	26	Vein x-ray skull epidural		$32.68	$32.68		
75872		Vein x-ray skull epidural		$295.92	NA		
75872	TC	Vein x-ray skull epidural		$263.25	NA		
75880	26	Vein x-ray eye socket		$19.01	$19.01		
75880		Vein x-ray eye socket		$39.01	NA		
75880	TC	Vein x-ray eye socket		$20.00	NA		
75885	26	Vein x-ray liver w/hemodynam		$39.01	$39.01		
75885		Vein x-ray liver w/hemodynam		$302.27	NA		
75885	TC	Vein x-ray liver w/hemodynam		$263.25	NA		
75887	26	Vein x-ray liver w/o hemodyn		$39.01	$39.01		
75887		Vein x-ray liver w/o hemodyn		$302.27	NA		
75887	TC	Vein x-ray liver w/o hemodyn		$263.25	NA		
75889	26	Vein x-ray liver w/hemodynam		$30.91	$30.91		
75889		Vein x-ray liver w/hemodynam		$294.14	NA		
75889	TC	Vein x-ray liver w/hemodynam		$263.24	NA		
75891	26	Vein x-ray liver		$30.91	$30.91		
75891		Vein x-ray liver		$294.14	NA		
75891	TC	Vein x-ray liver		$263.24	NA		
75893	26	Venous sampling by catheter		$14.65	$14.65		
75893		Venous sampling by catheter		$277.91	NA		
75893	TC	Venous sampling by catheter		$263.25	NA		
75894	26	X-rays transcath therapy		$36.04	$36.04		
75894		X-rays transcath therapy		$540.55	NA		
75894	TC	X-rays transcath therapy		$504.50	NA		
75896	26	X-rays transcath therapy		$35.85	$35.85		
75896		X-rays transcath therapy		$474.60	NA		
75896	TC	X-rays transcath therapy		$438.74	NA		
75898	26	Follow-up angiography		$44.96	$44.96		
75898		Follow-up angiography		$66.95	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
75898	TC	Follow-up angiography		$21.99	NA		
75901	26	Remove cva device obstruct		$13.27	$13.27		
75901		Remove cva device obstruct		$55.66	NA		
75901	TC	Remove cva device obstruct		$42.38	NA		
75902	26	Remove cva lumen obstruct		$10.69	$10.69		
75902		Remove cva lumen obstruct		$53.08	NA		
75902	TC	Remove cva lumen obstruct		$42.38	NA		
75945	26	Intravascular us		$11.49	$11.49		
75945		Intravascular us		$106.77	NA		
75945	TC	Intravascular us		$95.28	NA		
75946	26	Intravascular us add-on		$11.68	$11.68		
75946		Intravascular us add-on		$59.63	NA		
75946	TC	Intravascular us add-on		$47.94	NA		
75952	26	Endovasc repair abdom aorta		$126.97	$126.97		
75952		Endovasc repair abdom aorta		M	NA		Documentation Required
75952	TC	Endovasc repair abdom aorta		M	NA		Documentation Required
75953	26	Abdom aneurysm endovas rpr		$38.43	$38.43		
75953		Abdom aneurysm endovas rpr		M	NA		Documentation Required
75953	TC	Abdom aneurysm endovas rpr		M	NA		Documentation Required
75954	26	Iliac aneurysm endovas rpr		$62.99	$62.99		
75954		Iliac aneurysm endovas rpr		M	NA		Documentation Required
75954	TC	Iliac aneurysm endovas rpr		M	NA		Documentation Required
75956	26	Xray endovasc thor ao repr		$205.99	$205.99		
75956		Xray endovasc thor ao repr		M	NA		Documentation Required
75956	TC	Xray endovasc thor ao repr		M	NA		Documentation Required
75957	26	Xray endovasc thor ao repr		$176.49	$176.49		
75957		Xray endovasc thor ao repr		M	NA		Documentation Required
75957	TC	Xray endovasc thor ao repr		M	NA		Documentation Required
75958	26	Xray place prox ext thor ao		$117.65	$117.65		
75958		Xray place prox ext thor ao		M	NA		Documentation Required
75958	TC	Xray place prox ext thor ao		M	NA		Documentation Required
75959	26	Xray place dist ext thor ao		$103.00	$103.00		
75959		Xray place dist ext thor ao		M	NA		Documentation Required
75959	TC	Xray place dist ext thor ao		M	NA		Documentation Required
75960	26	Transcath iv stent rs&i		$22.78	$22.78		
75960		Transcath iv stent rs&i		$333.96	NA		
75960	TC	Transcath iv stent rs&i		$311.18	NA		
75962	26	Repair arterial blockage		$14.85	$14.85		
75962		Repair arterial blockage		$344.06	NA		
75962	TC	Repair arterial blockage		$329.20	NA		
75964	26	Repair artery blockage each		$10.10	$10.10		
75964		Repair artery blockage each		$185.21	NA		
75964	TC	Repair artery blockage each		$175.10	NA		
75966	26	Repair arterial blockage		$36.24	$36.24		
75966		Repair arterial blockage		$365.45	NA		
75966	TC	Repair arterial blockage		$329.20	NA		
75968	26	Repair artery blockage each		$10.10	$10.10		
75968		Repair artery blockage each		$185.21	NA		
75968	TC	Repair artery blockage each		$175.10	NA		
75970	26	Vascular biopsy		$22.78	$22.78		
75970		Vascular biopsy		$263.84	NA		
75970	TC	Vascular biopsy		$241.06	NA		
75978	26	Repair venous blockage		$14.65	$14.65		
75978		Repair venous blockage		$343.86	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
75978	TC	Repair venous blockage		$329.20	NA		
75980	26	Contrast xray exam bile duct		$39.01	$39.01		
75980		Contrast xray exam bile duct		$152.33	NA		
75980	TC	Contrast xray exam bile duct		$113.31	NA		
75982	26	Contrast xray exam bile duct		$39.01	$39.01		
75982		Contrast xray exam bile duct		$166.39	NA		
75982	TC	Contrast xray exam bile duct		$127.36	NA		
75984	26	Xray control catheter change		$19.42	$19.42		
75984		Xray control catheter change		$60.41	NA		
75984	TC	Xray control catheter change		$41.00	NA		
75989	26	Abscess drainage under x-ray		$32.29	$32.29		
75989		Abscess drainage under x-ray		$98.25	NA		
75989	TC	Abscess drainage under x-ray		$65.96	NA		
76000	26	Fluoroscope examination		$4.55	$4.55		
76000		Fluoroscope examination		$31.88	NA		
76000	TC	Fluoroscope examination		$27.33	NA		
76001	26	Fluoroscope exam extensive		$19.61	$19.61		
76001		Fluoroscope exam extensive		$77.36	NA		
76001	TC	Fluoroscope exam extensive		$57.75	NA		
76010	26	X-ray nose to rectum		$4.94	$4.94		
76010		X-ray nose to rectum		$15.65	NA		
76010	TC	X-ray nose to rectum		$10.70	NA		
76080	26	X-ray exam of fistula		$14.65	$14.65		
76080		X-ray exam of fistula		$36.65	NA		
76080	TC	X-ray exam of fistula		$21.99	NA		
76098	26	X-ray exam breast specimen		$4.36	$4.36		
76098		X-ray exam breast specimen		$13.07	NA		
76098	TC	X-ray exam breast specimen		$8.71	NA		
76100	26	X-ray exam of body section		$15.84	$15.84		
76100		X-ray exam of body section		$41.98	NA		
76100	TC	X-ray exam of body section		$26.15	NA		
76101	26	Complex body section x-ray		$15.84	$15.84		
76101		Complex body section x-ray		$45.56	NA		
76101	TC	Complex body section x-ray		$29.72	NA		
76102	26	Complex body section x-rays		$15.84	$15.84		
76102		Complex body section x-rays		$52.49	NA		
76102	TC	Complex body section x-rays		$36.64	NA		
76120	26	Cine/video x-rays		$10.49	$10.49		
76120		Cine/video x-rays		$32.49	NA		
76120	TC	Cine/video x-rays		$21.99	NA		
76125	26	Cine/video x-rays add-on		$7.92	$7.92		
76125		Cine/video x-rays add-on		$24.64	NA		
76125	TC	Cine/video x-rays add-on		$16.72	NA		
76140		X-ray consultation		$33.92	$33.92		
76376	26	3d render w/o postprocess		$5.74	$5.74		
76376		3d render w/o postprocess		$75.27	NA		
76376	TC	3d render w/o postprocess		$69.52	NA		
76377	26	3d rendering w/postprocess		$22.58	$22.58		
76377		3d rendering w/postprocess		$96.67	NA		
76377	TC	3d rendering w/postprocess		$74.09	NA		
76380	26	CAT scan follow-up study		$26.55	$26.55		
76380		CAT scan follow-up study		$99.64	NA		
76380	TC	CAT scan follow-up study		$73.09	NA		
76390	26	Mr spectroscopy		$38.43	$38.43		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
76390		Mr spectroscopy		$268.78	NA		
76390	TC	Mr spectroscopy		$230.36	NA		
76496	26	Fluoroscopic procedure		M	M		Documentation Required
76496		Fluoroscopic procedure		M	NA		Documentation Required
76496	TC	Fluoroscopic procedure		M	NA		Documentation Required
76497	26	Ct procedure		M	M		Documentation Required
76497		Ct procedure		M	NA		Documentation Required
76497	TC	Ct procedure		M	NA		Documentation Required
76498	26	Mri procedure		M	M		Documentation Required
76498		Mri procedure		M	NA		Documentation Required
76498	TC	Mri procedure		M	NA		Documentation Required
76499	26	Radiographic procedure		M	M		Documentation Required
76499		Radiographic procedure		M	NA		Documentation Required
76499	TC	Radiographic procedure		M	NA		Documentation Required
76506	26	Echo exam of head		$18.42	$18.42		
76506		Echo exam of head		$48.14	NA		
76506	TC	Echo exam of head		$29.72	NA		
76510	26	Ophth us b & quant a		$44.76	$44.76		
76510		Ophth us b & quant a		$89.54	NA		
76510	TC	Ophth us b & quant a		$44.77	NA		
76511	26	Ophth us quant a only		$27.14	$27.14		
76511		Ophth us quant a only		$68.92	NA		
76511	TC	Ophth us quant a only		$41.79	NA		
76512	26	Ophth us b w/ non-quant a		$27.33	$27.33		
76512		Ophth us b w/ non-quant a		$65.37	NA		
76512	TC	Ophth us b w/ non-quant a		$38.03	NA		
76513	26	Echo exam of eye water bath		$19.20	$19.20		
76513		Echo exam of eye water bath		$51.30	NA		
76513	TC	Echo exam of eye water bath		$32.09	NA		
76514	26	Echo exam of eye thickness		$5.16	$5.16		
76514		Echo exam of eye thickness		$6.33	NA		
76514	TC	Echo exam of eye thickness		$1.19	NA		
76516	26	Echo exam of eye		$15.65	$15.65		
76516		Echo exam of eye		$41.20	NA		
76516	TC	Echo exam of eye		$25.55	NA		
76519	26	Echo exam of eye		$15.65	$15.65		
76519		Echo exam of eye		$42.98	NA		
76519	TC	Echo exam of eye		$27.33	NA		
76529	26	Echo exam of eye		$16.44	$16.44		
76529		Echo exam of eye		$40.40	NA		
76529	TC	Echo exam of eye		$23.97	NA		
76536	26	Us exam of head and neck		$15.06	$15.06		
76536		Us exam of head and neck		$44.76	NA		
76536	TC	Us exam of head and neck		$29.72	NA		
76604	26	Us exam chest		$14.85	$14.85		
76604		Us exam chest		$42.20	NA		
76604	TC	Us exam chest		$27.33	NA		
76645	26	Us exam breast(s)		$14.65	$14.65		
76645		Us exam breast(s)		$36.65	NA		
76645	TC	Us exam breast(s)		$21.99	NA		
76700	26	Us exam abdom complete		$22.19	$22.19		
76700		Us exam abdom complete		$63.59	NA		
76700	TC	Us exam abdom complete		$41.40	NA		
76705	26	Echo exam of abdomen		$16.04	$16.04		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
76705		Echo exam of abdomen		$45.75	NA		
76705	TC	Echo exam of abdomen		$29.71	NA		
76770	26	Us exam abdo back wall comp		$20.01	$20.01		
76770		Us exam abdo back wall comp		$61.40	NA		
76770	TC	Us exam abdo back wall comp		$41.39	NA		
76775	26	Us exam abdo back wall lim		$15.84	$15.84		
76775		Us exam abdo back wall lim		$45.56	NA		
76775	TC	Us exam abdo back wall lim		$29.72	NA		
76776	26	Us exam k transpl w/doppler		$20.20	$20.20		
76776		Us exam k transpl w/doppler		$66.35	NA		
76776	TC	Us exam k transpl w/doppler		$46.16	NA		
76800	26	Us exam spinal canal		$30.11	$30.11		
76800		Us exam spinal canal		$59.82	NA		
76800	TC	Us exam spinal canal		$29.71	NA		
76801	26	Ob us < 14 wks single fetus		$27.14	$27.14		
76801		Ob us < 14 wks single fetus		$71.31	NA		
76801	TC	Ob us < 14 wks single fetus		$44.17	NA		
76802	26	Ob us < 14 wks addl fetus		$22.97	$22.97		
76802		Ob us < 14 wks addl fetus		$46.14	NA		
76802	TC	Ob us < 14 wks addl fetus		$23.17	NA		
76805	26	Ob us >/= 14 wks sngl fetus		$27.14	$27.14		
76805		Ob us >/= 14 wks sngl fetus		$71.31	NA		
76805	TC	Ob us >/= 14 wks sngl fetus		$44.17	NA		
76810	26	Ob us >/= 14 wks addl fetus		$26.94	$26.94		
76810		Ob us >/= 14 wks addl fetus		$52.09	NA		
76810	TC	Ob us >/= 14 wks addl fetus		$25.15	NA		
76811	26	Ob us detailed sngl fetus		$53.47	$53.47		
76811		Ob us detailed sngl fetus		$132.13	NA		
76811	TC	Ob us detailed sngl fetus		$78.64	NA		
76812	26	Ob us detailed addl fetus		$49.92	$49.92		
76812		Ob us detailed addl fetus		$78.83	NA		
76812	TC	Ob us detailed addl fetus		$28.92	NA		
76813	26	Ob us nuchal meas 1 gest		$30.91	$30.91		
76813		Ob us nuchal meas 1 gest		$67.95	NA		
76813	TC	Ob us nuchal meas 1 gest		$37.04	NA		
76814	26	Ob us nuchal meas add-on		$25.94	$25.94		
76814		Ob us nuchal meas add-on		$45.36	NA		
76814	TC	Ob us nuchal meas add-on		$19.41	NA		
76815	26	Ob us limited fetus(s)		$18.03	$18.03		
76815		Ob us limited fetus(s)		$47.73	NA		
76815	TC	Ob us limited fetus(s)		$29.72	NA		
76816	26	Ob us follow-up per fetus		$23.97	$23.97		
76816		Ob us follow-up per fetus		$47.14	NA		
76816	TC	Ob us follow-up per fetus		$23.17	NA		
76817	26	Transvaginal us obstetric		$20.59	$20.59		
76817		Transvaginal us obstetric		$51.89	NA		
76817	TC	Transvaginal us obstetric		$31.30	NA		
76818	26	Fetal biophys profile w/nst		$29.52	$29.52		
76818		Fetal biophys profile w/nst		$63.38	NA		
76818	TC	Fetal biophys profile w/nst		$33.87	NA		
76819	26	Fetal biophys profil w/o nst		$21.39	$21.39		
76819		Fetal biophys profil w/o nst		$55.27	NA		
76819	TC	Fetal biophys profil w/o nst		$33.87	NA		
76820	26	Umbilical artery echo		$14.26	$14.26		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
76820		Umbilical artery echo		$48.53	NA		
76820	TC	Umbilical artery echo		$34.27	NA		
76821	26	Middle cerebral artery echo		$19.81	$19.81		
76821		Middle cerebral artery echo		$54.08	NA		
76821	TC	Middle cerebral artery echo		$34.27	NA		
76825	26	Echo exam of fetal heart		$46.34	$46.34		
76825		Echo exam of fetal heart		$87.74	NA		
76825	TC	Echo exam of fetal heart		$41.40	NA		
76826	26	Echo exam of fetal heart		$22.78	$22.78		
76826		Echo exam of fetal heart		$37.83	NA		
76826	TC	Echo exam of fetal heart		$15.05	NA		
76827	26	Echo exam of fetal heart		$16.04	$16.04		
76827		Echo exam of fetal heart		$52.49	NA		
76827	TC	Echo exam of fetal heart		$36.44	NA		
76828	26	Echo exam of fetal heart		$16.04	$16.04		
76828		Echo exam of fetal heart		$39.62	NA		
76828	TC	Echo exam of fetal heart		$23.57	NA		
76830	26	Transvaginal us non-ob		$18.81	$18.81		
76830		Transvaginal us non-ob		$50.91	NA		
76830	TC	Transvaginal us non-ob		$32.09	NA		
76831	26	Echo exam uterus		$19.81	$19.81		
76831		Echo exam uterus		$51.89	NA		
76831	TC	Echo exam uterus		$32.09	NA		
76856	26	Us exam pelvic complete		$18.81	$18.81		
76856		Us exam pelvic complete		$50.91	NA		
76856	TC	Us exam pelvic complete		$32.09	NA		
76857	26	Us exam pelvic limited		$10.30	$10.30		
76857		Us exam pelvic limited		$45.36	NA		
76857	TC	Us exam pelvic limited		$35.05	NA		
76870	26	Us exam scrotum		$17.43	$17.43		
76870		Us exam scrotum		$49.52	NA		
76870	TC	Us exam scrotum		$32.08	NA		
76872	26	Us transrectal		$18.81	$18.81		
76872		Us transrectal		$61.01	NA		
76872	TC	Us transrectal		$42.19	NA		
76873	26	Echograp trans r pros study		$42.39	$42.39		
76873		Echograp trans r pros study		$87.35	NA		
76873	TC	Echograp trans r pros study		$44.97	NA		
76881	26	Us xtr non-vasc complete		$16.84	$16.84		
76881		Us xtr non-vasc complete		$67.15	NA		
76881	TC	Us xtr non-vasc complete		$50.31	NA		
76882	26	Us xtr non-vasc lmtd		$11.69	$11.69		
76882		Us xtr non-vasc lmtd		$17.63	NA		
76882	TC	Us xtr non-vasc lmtd		$5.94	NA		
76885	26	Us exam infant hips dynamic		$20.01	$20.01		
76885		Us exam infant hips dynamic		$52.09	NA		
76885	TC	Us exam infant hips dynamic		$32.08	NA		
76886	26	Us exam infant hips static		$16.84	$16.84		
76886		Us exam infant hips static		$46.56	NA		
76886	TC	Us exam infant hips static		$29.72	NA		
76930	26	Echo guide cardiocentesis		$18.62	$18.62		
76930		Echo guide cardiocentesis		$50.71	NA		
76930	TC	Echo guide cardiocentesis		$32.09	NA		
76932	26	Echo guide for heart biopsy		$18.62	$18.62		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
76932		Echo guide for heart biopsy		$50.71	NA		
76932	TC	Echo guide for heart biopsy		$32.09	NA		
76936	26	Echo guide for artery repair		$55.07	$55.07		
76936		Echo guide for artery repair		$186.79	NA		
76936	TC	Echo guide for artery repair		$131.73	NA		
76937	26	Us guide vascular access		$8.52	$8.52		
76937		Us guide vascular access		$18.03	NA		
76937	TC	Us guide vascular access		$9.50	NA		
76940	26	Us guide tissue ablation		$58.63	$58.63		
76940		Us guide tissue ablation		$94.48	NA		
76940	TC	Us guide tissue ablation		$35.85	NA		
76941	26	Echo guide for transfusion		$37.24	$37.24		
76941		Echo guide for transfusion		$69.12	NA		
76941	TC	Echo guide for transfusion		$31.89	NA		
76942	26	Echo guide for biopsy		$18.23	$18.23		
76942		Echo guide for biopsy		$76.06	NA		
76942	TC	Echo guide for biopsy		$57.84	NA		
76945	26	Echo guide villus sampling		$18.23	$18.23		
76945		Echo guide villus sampling		$50.11	NA		
76945	TC	Echo guide villus sampling		$31.89	NA		
76946	26	Echo guide for amniocentesis		$10.69	$10.69		
76946		Echo guide for amniocentesis		$42.78	NA		
76946	TC	Echo guide for amniocentesis		$32.08	NA		
76950	26	Echo guidance radiotherapy		$15.84	$15.84		
76950		Echo guidance radiotherapy		$43.18	NA		
76950	TC	Echo guidance radiotherapy		$27.34	NA		
76965	26	Echo guidance radiotherapy		$36.65	$36.65		
76965		Echo guidance radiotherapy		$153.11	NA		
76965	TC	Echo guidance radiotherapy		$116.47	NA		
76970	26	Ultrasound exam follow-up		$10.90	$10.90		
76970		Ultrasound exam follow-up		$32.88	NA		
76970	TC	Ultrasound exam follow-up		$21.99	NA		
76975	26	GI endoscopic ultrasound		$22.39	$22.39		
76975		GI endoscopic ultrasound		$54.47	NA		
76975	TC	GI endoscopic ultrasound		$32.09	NA		
76977	26	Us bone density measure		$1.58	$1.58		
76977		Us bone density measure		$18.81	NA		
76977	TC	Us bone density measure		$17.23	NA		
76998	26	Us guide intraop		$34.07	$34.07		
76998		Us guide, intraop		$39.53	NA		
76998	TC	Us guide intraop		$5.46	NA		
76999	26	Echo examination procedure		M	M		Documentation Required
76999		Echo examination procedure		M	NA		Documentation Required
76999	TC	Echo examination procedure		M	NA		Documentation Required
77001	26	Fluoroguide for vein device		$10.30	$10.30		
77001		Fluoroguide for vein device		$43.98	NA		
77001	TC	Fluoroguide for vein device		$33.67	NA		
77002	26	Needle localization by xray		$14.26	$14.26		
77002		Needle localization by xray		$40.21	NA		
77002	TC	Needle localization by xray		$25.95	NA		
77003	26	Fluoroguide for spine inject		$15.45	$15.45		
77003		Fluoroguide for spine inject		$39.21	NA		
77003	TC	Fluoroguide for spine inject		$23.77	NA		
77011	26	Ct scan for localization		$32.68	$32.68		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
77011		Ct scan for localization		$258.68	NA		
77011	TC	Ct scan for localization		$226.01	NA		
77012	26	Ct scan for needle biopsy		$31.30	$31.30		
77012		Ct scan for needle biopsy		$171.33	NA		
77012	TC	Ct scan for needle biopsy		$140.03	NA		
77013	26	Ct guide for tissue ablation		$107.75	$107.75		
77013		Ct guide for tissue ablation		$263.86	NA		
77013	TC	Ct guide for tissue ablation		$156.11	NA		
77014	26	CT scan for therapy guide		$23.17	$23.17		
77014		CT scan for therapy guide		$90.73	NA		
77014	TC	CT scan for therapy guide		$67.55	NA		
77021	26	Mri guidance for needle place		$41.20	$41.20		
77021		Mri guidance for needle place		$261.85	NA		
77021	TC	Mri guidance for needle place		$220.66	NA		
77022	26	Mri for tissue ablation		$115.28	$115.28		
77022		Mri for tissue ablation		$259.60	NA		
77022	TC	Mri for tissue ablation		$144.32	NA		
77031	26	Stereotact guide for brst bx		$43.18	$43.18		
77031		Stereotact guide for brst bx		$163.21	NA		
77031	TC	Stereotact guide for brst bx		$120.03	NA		
77032	26	Guidance for needle breast		$15.06	$15.06		
77032		Guidance for needle breast		$37.83	NA		
77032	TC	Guidance for needle breast		$22.78	NA		
77051	26	Computer dx mammogram add-on		$1.78	$1.78		
77051		Computer dx mammogram add-on		$9.10	NA		
77051	TC	Computer dx mammogram add-on		$7.32	NA		
77052	26	Comp screen mammogram add-on		$1.78	$1.78		
77052		Comp screen mammogram add-on		$9.10	NA		
77052	TC	Comp screen mammogram add-on		$7.32	NA		
77053	26	X-ray of mammary duct		$9.91	$9.91		
77053		X-ray of mammary duct		$54.08	NA		
77053	TC	X-ray of mammary duct		$44.17	NA		
77054	26	X-ray of mammary ducts		$12.29	$12.29		
77054		X-ray of mammary ducts		$77.44	NA		
77054	TC	X-ray of mammary ducts		$65.16	NA		
77055	26	Mammogram one breast		$18.81	$18.81		
77055		Mammogram one breast		$42.20	NA		
77055	TC	Mammogram one breast		$23.38	NA		
77056	26	Mammogram both breasts		$23.37	$23.37		
77056		Mammogram both breasts		$52.69	NA		
77056	TC	Mammogram both breasts		$29.31	NA		
77057	26	Mammogram screening		$18.81	$18.81		
77057		Mammogram screening		$44.17	NA		
77057	TC	Mammogram screening		$25.36	NA		
77058	26	Mri one breast		$43.78	$43.78		
77058		Mri one breast		$423.49	NA		
77058	TC	Mri one breast		$379.71	NA		
77059	26	Mri both breasts		$43.78	$43.78		
77059		Mri both breasts		$522.91	NA		
77059	TC	Mri both breasts		$479.15	NA		
77071		X-ray stress view		$15.84	$15.84		
77072	26	X-rays for bone age		$4.94	$4.94		
77072		X-rays for bone age		$12.07	NA		
77072	TC	X-rays for bone age		$7.13	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
77073	26	X-rays bone length studies		$7.33	$7.33		
77073		X-rays bone length studies		$22.58	NA		
77073	TC	X-rays bone length studies		$15.24	NA		
77074	26	X-rays bone survey limited		$12.29	$12.29		
77074		X-rays bone survey limited		$34.27	NA		
77074	TC	X-rays bone survey limited		$21.99	NA		
77075	26	X-rays bone survey complete		$14.65	$14.65		
77075		X-rays bone survey complete		$47.53	NA		
77075	TC	X-rays bone survey complete		$32.88	NA		
77076	26	X-rays bone survey infant		$18.81	$18.81		
77076		X-rays bone survey infant		$39.21	NA		
77076	TC	X-rays bone survey infant		$20.41	NA		
77077	26	Joint survey single view		$8.52	$8.52		
77077		Joint survey single view		$28.91	NA		
77077	TC	Joint survey single view		$20.40	NA		
77078	26	Ct bone density axial		$6.74	$6.74		
77078		Ct bone density axial		$75.86	NA		
77078	TC	Ct bone density axial		$69.13	NA		
77080	26	Dxa bone density axial		$5.94	$5.94		
77080		Dxa bone density axial		$58.82	NA		
77080	TC	Dxa bone density axial		$52.88	NA		
77081	26	Dxa bone density/peripheral		$6.13	$6.13		
77081		Dxa bone density/peripheral		$21.39	NA		
77081	TC	Dxa bone density/peripheral		$15.25	NA		
77082	26	Dxa bone density vert fx		$4.75	$4.75		
77082		Dxa bone density vert fx		$18.62	NA		
77082	TC	Dxa bone density vert fx		$13.86	NA		
77084	26	Magnetic image bone marrow		$43.18	$43.18		
77084		Magnetic image bone marrow		$287.21	NA		
77084	TC	Magnetic image bone marrow		$244.03	NA		
77261		Radiation therapy planning		$39.01	$39.01		
77262		Radiation therapy planning		$58.82	$58.82		
77263		Radiation therapy planning		$87.35	$87.35		
77280	26	Set radiation therapy field		$19.01	$19.01		
77280		Set radiation therapy field		$91.51	NA		
77280	TC	Set radiation therapy field		$72.50	NA		
77285	26	Set radiation therapy field		$28.52	$28.52		
77285		Set radiation therapy field		$145.19	NA		
77285	TC	Set radiation therapy field		$116.67	NA		
77290	26	Set radiation therapy field		$42.39	$42.39		
77290		Set radiation therapy field		$178.66	NA		
77290	TC	Set radiation therapy field		$136.28	NA		
77295	26	Set radiation therapy field		$123.80	$123.80		
77295		Set radiation therapy field		$707.92	NA		
77295	TC	Set radiation therapy field		$584.13	NA		
77299	26	Radiation therapy planning		M	M		Documentation Required
77299		Radiation therapy planning		M	NA		Documentation Required
77299	TC	Radiation therapy planning		M	NA		Documentation Required
77300	26	Radiation therapy dose plan		$16.84	$16.84		
77300		Radiation therapy dose plan		$44.76	NA		
77300	TC	Radiation therapy dose plan		$27.93	NA		
77301	26	Radiotherapy dose plan imrt		$217.09	$217.09		
77301		Radiotherapy dose plan imrt		$801.21	NA		
77301	TC	Radiotherapy dose plan imrt		$584.13	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
77305	26	Teletx isodose plan simple		$19.20	$19.20		
77305		Teletx isodose plan simple		$58.43	NA		
77305	TC	Teletx isodose plan simple		$39.22	NA		
77310	26	Teletx isodose plan intermed		$28.52	$28.52		
77310		Teletx isodose plan intermed		$77.44	NA		
77310	TC	Teletx isodose plan intermed		$48.93	NA		
77315	26	Teletx isodose plan complex		$42.39	$42.39		
77315		Teletx isodose plan complex		$98.05	NA		
77315	TC	Teletx isodose plan complex		$55.66	NA		
77321	26	Special teletx port plan		$25.75	$25.75		
77321		Special teletx port plan		$110.13	NA		
77321	TC	Special teletx port plan		$84.38	NA		
77326	26	Brachytx isodose calc simp		$25.36	$25.36		
77326		Brachytx isodose calc simp		$74.86	NA		
77326	TC	Brachytx isodose calc simp		$49.51	NA		
77327	26	Brachytx isodose calc interm		$37.63	$37.63		
77327		Brachytx isodose calc interm		$110.13	NA		
77327	TC	Brachytx isodose calc interm		$72.50	NA		
77328	26	Brachytx isodose plan compl		$56.85	$56.85		
77328		Brachytx isodose plan compl		$160.24	NA		
77328	TC	Brachytx isodose plan compl		$103.40	NA		
77331	26	Special radiation dosimetry		$23.57	$23.57		
77331		Special radiation dosimetry		$33.88	NA		
77331	TC	Special radiation dosimetry		$10.30	NA		
77332	26	Radiation treatment aid(s)		$14.65	$14.65		
77332		Radiation treatment aid(s)		$42.59	NA		
77332	TC	Radiation treatment aid(s)		$27.93	NA		
77333	26	Radiation treatment aid(s)		$22.78	$22.78		
77333		Radiation treatment aid(s)		$62.59	NA		
77333	TC	Radiation treatment aid(s)		$39.81	NA		
77334	26	Radiation treatment aid(s)		$33.68	$33.68		
77334		Radiation treatment aid(s)		$101.61	NA		
77334	TC	Radiation treatment aid(s)		$67.94	NA		
77336		Radiation physics consult		$62.40	$62.40		
77338	26	Design mlc device for imrt		$123.60	$123.60		
77338		Design mlc device for imrt		$262.05	NA		
77338	TC	Design mlc device for imrt		$138.46	NA		
77370		Radiation physics consult		$72.89	$72.89		
77371		Srs multisource		$601.76	#		
77372		Srs linear based		$456.76	NA		
77373		Sbrt delivery		$851.73	NA		
77399	26	External radiation dosimetry		M	M		Documentation Required
77399		External radiation dosimetry		M	NA		Documentation Required
77399	TC	External radiation dosimetry		M	NA		Documentation Required
77401		Radiation treatment delivery		$37.43	$37.43		
77402		Radiation treatment delivery		$37.43	$37.43		
77403		Radiation treatment delivery		$37.43	$37.43		
77404		Radiation treatment delivery		$37.43	$37.43		
77406		Radiation treatment delivery		$37.43	$37.43		
77407		Radiation treatment delivery		$43.98	$43.98		
77408		Radiation treatment delivery		$43.98	$43.98		
77409		Radiation treatment delivery		$43.98	$43.98		
77411		Radiation treatment delivery		$43.98	$43.98		
77412		Radiation treatment delivery		$48.92	$48.92		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
77413		Radiation treatment delivery		$48.92	$48.92		
77414		Radiation treatment delivery		$48.92	$48.92		
77416		Radiation treatment delivery		$48.92	$48.92		
77417		Radiology port film(s)		$12.48	$12.48		
77418		Radiation tx delivery imrt		$360.51	NA		
77421	26	Stereoscopic x-ray guidance		$10.69	$10.69		
77421		Stereoscopic x-ray guidance		$79.23	NA		
77421	TC	Stereoscopic x-ray guidance		$68.53	NA		
77422		Neutron beam tx simple		$36.45	$36.45		
77423		Neutron beam tx complex		$47.34	$47.34		
77427		Radiation tx management x5		$89.93	$89.93		
77431		Radiation therapy management		$51.11	$51.11		
77432		Stereotactic radiation trmt		$222.64	$222.64		
77435		Sbrt management		$362.48	$362.48		
77469		Io radiation tx management		NA	$173.12		
77470	26	Special radiation treatment		$56.85	$56.85		
77470		Special radiation treatment		$289.98	NA		
77470	TC	Special radiation treatment		$233.14	NA		
77499	26	Radiation therapy management		M	M		Documentation Required
77499		Radiation therapy management		M	NA		Documentation Required
77499	TC	Radiation therapy management		M	NA		Documentation Required
77520		Proton trmt simple w/o comp		M	M		Documentation Required
77522		Proton trmt simple w/comp		M	M		Documentation Required
77523		Proton trmt intermediate		M	M		Documentation Required
77525		Proton treatment complex		M	M		Documentation Required
77600	26	Hyperthermia treatment		$42.39	$42.39		
77600		Hyperthermia treatment		$106.16	NA		
77600	TC	Hyperthermia treatment		$63.78	NA		
77605	26	Hyperthermia treatment		$57.64	$57.64		
77605		Hyperthermia treatment		$142.62	NA		
77605	TC	Hyperthermia treatment		$84.98	NA		
77610	26	Hyperthermia treatment		$42.59	$42.59		
77610		Hyperthermia treatment		$106.37	NA		
77610	TC	Hyperthermia treatment		$63.78	NA		
77615	26	Hyperthermia treatment		$56.66	$56.66		
77615		Hyperthermia treatment		$141.62	NA		
77615	TC	Hyperthermia treatment		$84.97	NA		
77620	26	Hyperthermia treatment		$41.40	$41.40		
77620		Hyperthermia treatment		$227.19	NA		
77620	TC	Hyperthermia treatment		$185.79	NA		
77750	26	Infuse radioactive materials		$133.30	$133.30		
77750		Infuse radioactive materials		$161.04	NA		
77750	TC	Infuse radioactive materials		$27.73	NA		
77761	26	Apply intrcav radiat simple		$100.62	$100.62		
77761		Apply intrcav radiat simple		$153.11	NA		
77761	TC	Apply intrcav radiat simple		$52.50	NA		
77762	26	Apply intrcav radiat interm		$155.30	$155.30		
77762		Apply intrcav radiat interm		$230.76	NA		
77762	TC	Apply intrcav radiat interm		$75.46	NA		
77763	26	Apply intrcav radiat compl		$232.54	$232.54		
77763		Apply intrcav radiat compl		$326.24	NA		
77763	TC	Apply intrcav radiat compl		$93.69	NA		
77776	26	Apply interstit radiat simpl		$119.64	$119.64		
77776		Apply interstit radiat simpl		$165.59	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
77776	TC	Apply interstit radiat simpl		$45.95	NA		
77777	26	Apply interstit radiat inter		$202.83	$202.83		
77777		Apply interstit radiat inter		$291.17	NA		
77777	TC	Apply interstit radiat inter		$88.34	NA		
77778	26	Apply interstit radiat compl		$303.46	$303.46		
77778		Apply interstit radiat compl		$410.62	NA		
77778	TC	Apply interstit radiat compl		$107.16	NA		
77785	26	Hdr brachytx 1 channel		$39.21	$39.21		
77785		Hdr brachytx 1 channel		$102.21	NA		
77785	TC	Hdr brachytx 1 channel		$62.99	NA		
77786	26	Hdr brachytx 2-12 channel		$88.34	$88.34		
77786		Hdr brachytx 2-12 channel		$306.43	NA		
77786	TC	Hdr brachytx 2-12 channel		$218.09	NA		
77787	26	Hdr brachytx over 12 chan		$135.68	$135.68		
77787		Hdr brachytx over 12 chan		$455.37	NA		
77787	TC	Hdr brachytx over 12 chan		$319.69	NA		
77789	26	Apply surface radiation		$30.70	$30.70		
77789		Apply surface radiation		$40.01	NA		
77789	TC	Apply surface radiation		$9.31	NA		
77790	26	Radiation handling		$28.52	$28.52		
77790		Radiation handling		$38.82	NA		
77790	TC	Radiation handling		$10.30	NA		
77799	26	Radium/radioisotope therapy		M	M		Documentation Required
77799		Radium/radioisotope therapy		M	NA		Documentation Required
77799	TC	Radium/radioisotope therapy		M	NA		Documentation Required
78012		Thyroid uptake measurement		$48.33	NA		
78012	TC	Thyroid uptake measurement		$42.98	NA		
78012	26	Thyroid uptake measurement		$5.35	5.35		
78013		Thyroid imaging w/blood flow		$122.21	NA		
78013	TC	Thyroid imaging w/blood flow		$111.91	NA		
78013	26	Thyroid imaging w/blood flow		$10.30	10.30		
78014		Thyroid imaging w/blood flow		$141.23	NA		
78014	TC	Thyroid imaging w/blood flow		$127.36	NA		
78014	26	Thyroid imaging w/blood flow		$13.87	13.87		
78015	26	Thyroid met imaging		$18.42	$18.42		
78015		Thyroid met imaging		$72.30	NA		
78015	TC	Thyroid met imaging		$53.88	NA		
78016	26	Thyroid met imaging/studies		$22.39	$22.39		
78016		Thyroid met imaging/studies		$95.08	NA		
78016	TC	Thyroid met imaging/studies		$72.69	NA		
78018	26	Thyroid met imaging body		$23.78	$23.78		
78018		Thyroid met imaging body		$137.26	NA		
78018	TC	Thyroid met imaging body		$113.49	NA		
78020	26	Thyroid met uptake		$16.44	$16.44		
78020		Thyroid met uptake		$45.17	NA		
78020	TC	Thyroid met uptake		$28.72	NA		
78070	26	Parathyroid nuclear imaging		$22.58	$22.58		
78070		Parathyroid nuclear imaging		$109.54	NA		
78070	TC	Parathyroid nuclear imaging		$86.96	NA		
78071		Parathyrd planar w/wo subtrj		$210.55	NA		
78071	TC	Parathyrd planar w/wo subtrj		$177.67	NA		
78071	26	Parathyrd planar w/wo subtrj		$32.88	32.88		
78072		Parathyrd planar w/spect&ct		M	NA		Documentation Required

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
78072	TC	Parathyrd planar w/spect&ct		M	NA		Documentation Required
78072	26	Parathyrd planar w/spect&ct		$45.56	45.56		
78075	26	Adrenal cortex & medulla img		$20.40	$20.40		
78075		Adrenal cortex & medulla img		$133.90	NA		
78075	TC	Adrenal cortex & medulla img		$113.49	NA		
78099	26	Endocrine nuclear procedure		M	M		Documentation Required
78099		Endocrine nuclear procedure		M	NA		Documentation Required
78099	TC	Endocrine nuclear procedure		M	NA		Documentation Required
78102	26	Bone marrow imaging ltd		$15.06	$15.06		
78102		Bone marrow imaging ltd		$58.04	NA		
78102	TC	Bone marrow imaging ltd		$42.98	NA		
78103	26	Bone marrow imaging mult		$20.59	$20.59		
78103		Bone marrow imaging mult		$86.96	NA		
78103	TC	Bone marrow imaging mult		$66.36	NA		
78104	26	Bone marrow imaging body		$21.78	$21.78		
78104		Bone marrow imaging body		$106.96	NA		
78104	TC	Bone marrow imaging body		$85.17	NA		
78110	26	Plasma volume single		$5.35	$5.35		
78110		Plasma volume single		$25.36	NA		
78110	TC	Plasma volume single		$20.01	NA		
78111	26	Plasma volume multiple		$6.14	$6.14		
78111		Plasma volume multiple		$60.02	NA		
78111	TC	Plasma volume multiple		$53.88	NA		
78120	26	Red cell mass single		$6.33	$6.33		
78120		Red cell mass single		$42.98	NA		
78120	TC	Red cell mass single		$36.64	NA		
78121	26	Red cell mass multiple		$8.71	$8.71		
78121		Red cell mass multiple		$69.34	NA		
78121	TC	Red cell mass multiple		$60.62	NA		
78122	26	Blood volume		$12.48	$12.48		
78122		Blood volume		$108.54	NA		
78122	TC	Blood volume		$96.07	NA		
78130	26	Red cell survival study		$16.84	$16.84		
78130		Red cell survival study		$76.25	NA		
78130	TC	Red cell survival study		$59.42	NA		
78135	26	Red cell survival kinetics		$17.62	$17.62		
78135		Red cell survival kinetics		$119.25	NA		
78135	TC	Red cell survival kinetics		$101.61	NA		
78140	26	Red cell sequestration		$16.65	$16.65		
78140		Red cell sequestration		$98.83	NA		
78140	TC	Red cell sequestration		$82.19	NA		
78185	26	Spleen imaging		$11.10	$11.10		
78185		Spleen imaging		$60.60	NA		
78185	TC	Spleen imaging		$49.51	NA		
78190	26	Platelet survival kinetics		$30.91	$30.91		
78190		Platelet survival kinetics		$150.33	NA		
78190	TC	Platelet survival kinetics		$119.43	NA		
78191	26	Platelet survival		$16.65	$16.65		
78191		Platelet survival		$169.75	NA		
78191	TC	Platelet survival		$153.11	NA		
78195	26	Lymph system imaging		$33.08	$33.08		
78195		Lymph system imaging		$118.25	NA		
78195	TC	Lymph system imaging		$85.16	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
78199	26	Blood/lymph nuclear exam		M	M		Documentation Required
78199		Blood/lymph nuclear exam		M	NA		Documentation Required
78199	TC	Blood/lymph nuclear exam		M	NA		Documentation Required
78201	26	Liver imaging		$12.07	$12.07		
78201		Liver imaging		$61.60	NA		
78201	TC	Liver imaging		$49.52	NA		
78202	26	Liver imaging with flow		$13.87	$13.87		
78202		Liver imaging with flow		$73.89	NA		
78202	TC	Liver imaging with flow		$60.02	NA		
78205	26	Liver imaging (3D)		$19.42	$19.42		
78205		Liver imaging (3D)		$143.01	NA		
78205	TC	Liver imaging (3D)		$123.60	NA		
78206	26	Liver image (3d) with flow		$26.33	$26.33		
78206		Liver image (3d) with flow		$145.98	NA		
78206	TC	Liver image (3d) with flow		$119.65	NA		
78215	26	Liver and spleen imaging		$13.27	$13.27		
78215		Liver and spleen imaging		$74.47	NA		
78215	TC	Liver and spleen imaging		$61.20	NA		
78216	26	Liver & spleen image/flow		$15.45	$15.45		
78216		Liver & spleen image/flow		$88.15	NA		
78216	TC	Liver & spleen image/flow		$72.70	NA		
78226	26	Hepatobiliary system imaging		$20.40	$20.40		
78226		Hepatobiliary system imaging		191.14	NA		
78226	TC	Hepatobiliary system imaging		170.74	NA		
78227	26	Hepatobil syst image w/drug		$24.56	$24.56		
78227		Hepatobil syst image w/drug		$261.66	NA		
78227	TC	Hepatobil syst image w/drug		$237.10	NA		
78230	26	Salivary gland imaging		$12.29	$12.29		
78230		Salivary gland imaging		$58.24	NA		
78230	TC	Salivary gland imaging		$45.95	NA		
78231	26	Serial salivary imaging		$14.26	$14.26		
78231		Serial salivary imaging		$80.61	NA		
78231	TC	Serial salivary imaging		$66.36	NA		
78232	26	Salivary gland function exam		$12.87	$12.87		
78232		Salivary gland function exam		$86.76	NA		
78232	TC	Salivary gland function exam		$73.89	NA		
78258	26	Esophageal motility study		$20.20	$20.20		
78258		Esophageal motility study		$80.22	NA		
78258	TC	Esophageal motility study		$60.02	NA		
78261	26	Gastric mucosa imaging		$19.01	$19.01		
78261		Gastric mucosa imaging		$104.77	NA		
78261	TC	Gastric mucosa imaging		$85.76	NA		
78262	26	Gastroesophageal reflux exam		$18.62	$18.62		
78262		Gastroesophageal reflux exam		$107.35	NA		
78262	TC	Gastroesophageal reflux exam		$88.73	NA		
78264	26	Gastric emptying study		$21.20	$21.20		
78264		Gastric emptying study		$107.55	NA		
78264	TC	Gastric emptying study		$86.36	NA		
78268		Breath test analysis c-14		$78.99	NA		
78270	26	Vit B-12 absorption exam		$5.55	$5.55		
78270		Vit B-12 absorption exam		$38.23	NA		
78270	TC	Vit B-12 absorption exam		$32.68	NA		
78271	26	Vit b-12 absrp exam int fac		$5.55	$5.55		
78271		Vit b-12 absrp exam int fac		$40.01	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
78271	TC	Vit b-12 absrp exam int fac		$34.46	NA		
78272	26	Vit B-12 absorp combined		$7.33	$7.33		
78272		Vit B-12 absorp combined		$56.05	NA		
78272	TC	Vit B-12 absorp combined		$48.72	NA		
78278	26	Acute GI blood loss imaging		$26.94	$26.94		
78278		Acute GI blood loss imaging		$128.55	NA		
78278	TC	Acute GI blood loss imaging		$101.61	NA		
78282	26	GI protein loss exam		$10.49	$10.49		
78282		GI protein loss exam		$51.53	NA		
78282	TC	GI protein loss exam		$41.03	NA		
78290	26	Meckels divert exam		$18.62	$18.62		
78290		Meckels divert exam		$82.40	NA		
78290	TC	Meckels divert exam		$63.77	NA		
78291	26	Leveen/shunt patency exam		$24.17	$24.17		
78291		Leveen/shunt patency exam		$88.15	NA		
78291	TC	Leveen/shunt patency exam		$63.98	NA		
78299	26	GI nuclear procedure		M	M		Documentation Required
78299		GI nuclear procedure		M	NA		Documentation Required
78299	TC	GI nuclear procedure		M	NA		Documentation Required
78300	26	Bone imaging limited area		$17.04	$17.04		
78300		Bone imaging limited area		$69.12	NA		
78300	TC	Bone imaging limited area		$52.09	NA		
78305	26	Bone imaging multiple areas		$22.78	$22.78		
78305		Bone imaging multiple areas		$99.24	NA		
78305	TC	Bone imaging multiple areas		$76.46	NA		
78306	26	Bone imaging whole body		$23.57	$23.57		
78306		Bone imaging whole body		$112.71	NA		
78306	TC	Bone imaging whole body		$89.14	NA		
78315	26	Bone imaging 3 phase		$27.72	$27.72		
78315		Bone imaging 3 phase		$127.55	NA		
78315	TC	Bone imaging 3 phase		$99.83	NA		
78320	26	Bone imaging (3D)		$28.52	$28.52		
78320		Bone imaging (3D)		$152.13	NA		
78320	TC	Bone imaging (3D)		$123.60	NA		
78350	26	Bone mineral single photon		$5.94	$5.94		
78350		Bone mineral single photon		$21.78	NA		
78350	TC	Bone mineral single photon		$15.84	NA		
78399	26	Musculoskeletal nuclear exam		M	M		Documentation Required
78399		Musculoskeletal nuclear exam		M	NA		Documentation Required
78399	TC	Musculoskeletal nuclear exam		M	NA		Documentation Required
78414	26	Non-imaging heart function		$12.48	$12.48		
78414		Non-imaging heart function		$68.56	NA		
78414	TC	Non-imaging heart function		$56.08	NA		
78428	26	Cardiac shunt imaging		$21.78	$21.78		
78428		Cardiac shunt imaging		$69.12	NA		
78428	TC	Cardiac shunt imaging		$47.34	NA		
78445	26	Vascular flow imaging		$13.46	$13.46		
78445		Vascular flow imaging		$52.69	NA		
78445	TC	Vascular flow imaging		$39.22	NA		
78451	26	Ht muscle image spect sing		$36.64	$36.64		
78451		Ht muscle image spect sing		$122.01	NA		
78451	TC	Ht muscle image spect sing		$85.37	NA		
78452	26	Ht muscle image spect mult		$43.38	$43.38		
78452		Ht muscle image spect mult		$208.38	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
78452	TC	Ht muscle image spect mult		$165.00	NA		
78453	26	Ht muscle image planar sing		$26.54	$26.54		
78453		Ht muscle image planar sing		$106.17	NA		
78453	TC	Ht muscle image planar sing		$79.63	NA		
78454	26	Ht musc image planar mult		$35.26	$35.26		
78454		Ht musc image planar mult		$102.21	NA		
78454	TC	Ht musc image planar mult		$66.95	NA		
78456	26	Acute venous thrombus image		$27.33	$27.33		
78456		Acute venous thrombus image		$112.12	NA		
78456	TC	Acute venous thrombus image		$84.78	NA		
78457	26	Venous thrombosis imaging		$21.00	$21.00		
78457		Venous thrombosis imaging		$76.66	NA		
78457	TC	Venous thrombosis imaging		$55.66	NA		
78458	26	Ven thrombosis images bilat		$24.95	$24.95		
78458		Ven thrombosis images bilat		$108.94	NA		
78458	TC	Ven thrombosis images bilat		$83.99	NA		
78459	26	Heart muscle imaging (PET)		$41.98	$41.98		
78459		Heart muscle imaging (PET)		$1,914.22	NA		
78459	TC	Heart muscle imaging (PET)		$1,872.24	NA		
78466	26	Heart infarct image		$19.01	$19.01		
78466		Heart infarct image		$73.89	NA		
78466	TC	Heart infarct image		$54.87	NA		
78468	26	Heart infarct image (ef)		$21.78	$21.78		
78468		Heart infarct image (ef)		$98.25	NA		
78468	TC	Heart infarct image (ef)		$76.46	NA		
78469	26	Heart infarct image (3D)		$24.95	$24.95		
78469		Heart infarct image (3D)		$134.29	NA		
78469	TC	Heart infarct image (3D)		$109.33	NA		
78472	26	Gated heart planar single		$26.94	$26.94		
78472		Gated heart planar single		$142.42	NA		
78472	TC	Gated heart planar single		$115.48	NA		
78473	26	Gated heart multiple		$40.40	$40.40		
78473		Gated heart multiple		$212.73	NA		
78473	TC	Gated heart multiple		$172.33	NA		
78481	26	Heart first pass single		$27.14	$27.14		
78481		Heart first pass single		$136.48	NA		
78481	TC	Heart first pass single		$109.33	NA		
78483	26	Heart first pass multiple		$40.81	$40.81		
78483		Heart first pass multiple		$205.21	NA		
78483	TC	Heart first pass multiple		$164.40	NA		
78491	26	Heart image (pet) single		$42.59	$42.59		
78491		Heart image (pet) single		$402.08	NA		
78491	TC	Heart image (pet) single		$359.49	NA		
78492	26	Heart image (pet) multiple		$53.08	$53.08		
78492		Heart image (pet) multiple		$643.10	NA		
78492	TC	Heart image (pet) multiple		$590.01	NA		
78494	26	Heart image spect		$32.88	$32.88		
78494		Heart image spect		$179.27	NA		
78494	TC	Heart image spect		$146.38	NA		
78496	26	Heart first pass add-on		$13.87	$13.87		
78496		Heart first pass add-on		$160.24	NA		
78496	TC	Heart first pass add-on		$146.38	NA		
78499	26	Cardiovascular nuclear exam		M	M		Documentation Required
78499		Cardiovascular nuclear exam		M	NA		Documentation Required

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
78499	TC	Cardiovascular nuclear exam		M	NA		Documentation Required
78579	26	Lung ventilation imaging		$13.47	$13.47		
78579		Lung ventilation imaging		$101.61	NA		
78579	TC	Lung ventilation imaging		$88.14	NA		
78580	26	Lung perfusion imaging		$20.20	$20.20		
78580		Lung perfusion imaging		$91.90	NA		
78580	TC	Lung perfusion imaging		$71.70	NA		
78582	26	Lung ventilat&perfus imaging		$29.12	$29.12		
78582		Lung ventilat&perfus imaging		$187.18	NA		
78582	TC	Lung ventilat&perfus imaging		$158.07	NA		
78597	26	Lung perfusion differential		$20.01	$20.01		
78597		Lung perfusion differential		$114.49	NA		
78597	TC	Lung perfusion differential		$94.48	NA		
78598	26	Lung perf&ventilat diferentl		$22.78	$22.78		
78598		Lung perf&ventilat diferentl		$175.89	NA		
78598	TC	Lung perf&ventilat diferentl		$153.11	NA		
78599	26	Respiratory nuclear exam		M	M		Documentation Required
78599		Respiratory nuclear exam		M	NA		Documentation Required
78599	TC	Respiratory nuclear exam		M	NA		Documentation Required
78600	26	Brain image < 4 views		$12.07	$12.07		
78600		Brain image < 4 views		$72.10	NA		
78600	TC	Brain image < 4 views		$60.02	NA		
78601	26	Brain image w/flow < 4 views		$13.87	$13.87		
78601		Brain image w/flow < 4 views		$84.98	NA		
78601	TC	Brain image w/flow < 4 views		$71.11	NA		
78605	26	Brain image 4+ views		$14.46	$14.46		
78605		Brain image 4+ views		$85.57	NA		
78605	TC	Brain image 4+ views		$71.11	NA		
78606	26	Brain image w/flow 4 + views		$17.43	$17.43		
78606		Brain image w/flow 4 + views		$98.44	NA		
78606	TC	Brain image w/flow 4 + views		$81.01	NA		
78607	26	Brain imaging (3D)		$33.88	$33.88		
78607		Brain imaging (3D)		$170.94	NA		
78607	TC	Brain imaging (3D)		$137.06	NA		
78608	26	Brain imaging (PET)		$41.01	$41.01		
78608		Brain imaging (PET)		$1,914.22	NA		
78608	TC	Brain imaging (PET)		$1,873.22	NA		
78609	26	Brain imaging (PET)		$41.01	$41.01		
78609		Brain imaging (PET)		$1,914.22	NA		
78609	TC	Brain imaging (PET)		$1,873.22	NA		
78610	26	Brain flow imaging only		$8.32	$8.32		
78610		Brain flow imaging only		$41.59	NA		
78610	TC	Brain flow imaging only		$33.28	NA		
78630	26	Cerebrospinal fluid scan		$18.62	$18.62		
78630		Cerebrospinal fluid scan		$124.00	NA		
78630	TC	Cerebrospinal fluid scan		$105.38	NA		
78635	26	CSF ventriculography		$17.04	$17.04		
78635		CSF ventriculography		$70.31	NA		
78635	TC	CSF ventriculography		$53.28	NA		
78645	26	CSF shunt evaluation		$15.45	$15.45		
78645		CSF shunt evaluation		$87.15	NA		
78645	TC	CSF shunt evaluation		$71.70	NA		
78647	26	Cerebrospinal fluid scan		$24.75	$24.75		
78647		Cerebrospinal fluid scan		$148.36	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
78647	TC	Cerebrospinal fluid scan		$123.60	NA		
78650	26	CSF leakage imaging		$16.84	$16.84		
78650		CSF leakage imaging		$113.70	NA		
78650	TC	CSF leakage imaging		$96.86	NA		
78660	26	Nuclear exam of tear flow		$14.46	$14.46		
78660		Nuclear exam of tear flow		$59.02	NA		
78660	TC	Nuclear exam of tear flow		$44.56	NA		
78699	26	Nervous system nuclear exam		M	M		Documentation Required
78699		Nervous system nuclear exam		M	NA		Documentation Required
78699	TC	Nervous system nuclear exam		M	NA		Documentation Required
78700	26	Kidney imaging morphol		$12.29	$12.29		
78700		Kidney imaging morphol		$76.06	NA		
78700	TC	Kidney imaging morphol		$63.78	NA		
78701	26	Kidney imaging with flow		$13.27	$13.27		
78701		Kidney imaging with flow		$87.54	NA		
78701	TC	Kidney imaging with flow		$74.27	NA		
78707	26	K flow/funct image w/o drug		$26.14	$26.14		
78707		K flow/funct image w/o drug		$119.45	NA		
78707	TC	K flow/funct image w/o drug		$93.30	NA		
78708	26	K flow/funct image w/drug		$33.08	$33.08		
78708		K flow/funct image w/drug		$126.38	NA		
78708	TC	K flow/funct image w/drug		$93.29	NA		
78709	26	K flow/funct image multiple		$38.43	$38.43		
78709		K flow/funct image multiple		$131.71	NA		
78709	TC	K flow/funct image multiple		$93.29	NA		
78710	26	Kidney imaging (3D)		$18.03	$18.03		
78710		Kidney imaging (3D)		$141.62	NA		
78710	TC	Kidney imaging (3D)		$123.60	NA		
78725	26	Kidney function study		$10.49	$10.49		
78725		Kidney function study		$48.14	NA		
78725	TC	Kidney function study		$37.64	NA		
78730	26	Urinary bladder retention		$9.90	$9.90		
78730		Urinary bladder retention		$40.40	NA		
78730	TC	Urinary bladder retention		$30.51	NA		
78740	26	Ureteral reflux study		$15.65	$15.65		
78740		Ureteral reflux study		$60.21	NA		
78740	TC	Ureteral reflux study		$44.56	NA		
78761	26	Testicular imaging w/flow		$19.42	$19.42		
78761		Testicular imaging w/flow		$86.36	NA		
78761	TC	Testicular imaging w/flow		$66.95	NA		
78799	26	Genitourinary nuclear exam		M	M		Documentation Required
78799		Genitourinary nuclear exam		M	NA		Documentation Required
78799	TC	Genitourinary nuclear exam		M	NA		Documentation Required
78800	26	Tumor imaging limited area		$18.23	$18.23		
78800		Tumor imaging limited area		$89.34	NA		
78800	TC	Tumor imaging limited area		$71.11	NA		
78801	26	Tumor imaging mult areas		$21.98	$21.98		
78801		Tumor imaging mult areas		$110.13	NA		
78801	TC	Tumor imaging mult areas		$88.15	NA		
78802	26	Tumor imaging whole body		$23.57	$23.57		
78802		Tumor imaging whole body		$139.45	NA		
78802	TC	Tumor imaging whole body		$115.87	NA		
78803	26	Tumor imaging (3D)		$30.11	$30.11		
78803		Tumor imaging (3D)		$167.17	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
78803	TC	Tumor imaging (3D)		$137.06	NA		
78804	26	Tumor imaging whole body		$29.32	$29.32		
78804		Tumor imaging whole body		$254.93	NA		
78804	TC	Tumor imaging whole body		$225.61	NA		
78805	26	Abscess imaging ltd area		$20.01	$20.01		
78805		Abscess imaging ltd area		$91.12	NA		
78805	TC	Abscess imaging ltd area		$71.11	NA		
78806	26	Abscess imaging whole body		$23.57	$23.57		
78806		Abscess imaging whole body		$158.26	NA		
78806	TC	Abscess imaging whole body		$134.69	NA		
78807	26	Nuclear localization/abscess		$30.11	$30.11		
78807		Nuclear localization/abscess		$167.17	NA		
78807	TC	Nuclear localization/abscess		$137.06	NA		
78808		Iv inj ra drug dx study		$24.36	NA		
78811	26	Pet image ltd area		$43.18	$43.18		
78811		Pet image ltd area		$1,914.22	NA		
78811	TC	Pet image ltd area		$1,871.04	NA		
78812	26	Pet image skull-thigh		$53.47	$53.47		
78812		Pet image skull-thigh		$1,914.22	NA		
78812	TC	Pet image skull-thigh		$1,860.75	NA		
78813	26	Pet image full body		$55.46	$55.46		
78813		Pet image full body		$1,914.22	NA		
78813	TC	Pet image full body		$1,858.77	NA		
78814	26	Pet image w/ct lmtd		$60.82	$60.82		
78814		Pet image w/ct lmtd		$1,914.22	NA		
78814	TC	Pet image w/ct lmtd		$1,853.41	NA		
78815	26	Pet image w/ct skull-thigh		$67.15	$67.15		
78815		Pet image w/ct skull-thigh		$1,914.22	NA		
78815	TC	Pet image w/ct skull-thigh		$1,847.07	NA		
78816	26	Pet image w/ct full body		$68.73	$68.73		
78816		Pet image w/ct full body		$1,914.22	NA		
78816	TC	Pet image w/ct full body		$1,845.49	NA		
78999	26	Nuclear diagnostic exam		M	M		Documentation Required
78999		Nuclear diagnostic exam		M	NA		Documentation Required
78999	TC	Nuclear diagnostic exam		M	NA		Documentation Required
79005	26	Nuclear rx oral admin		$49.11	$49.11		
79005		Nuclear rx oral admin		$103.99	NA		
79005	TC	Nuclear rx oral admin		$54.87	NA		
79101	26	Nuclear rx iv admin		$53.69	$53.69		
79101		Nuclear rx iv admin		$108.54	NA		
79101	TC	Nuclear rx iv admin		$54.86	NA		
79200	26	Nuclear rx intracav admin		$54.86	$54.86		
79200		Nuclear rx intracav admin		$109.74	NA		
79200	TC	Nuclear rx intracav admin		$54.87	NA		
79300	26	Nuclr rx interstit colloid		$45.36	$45.36		
79300		Nuclr rx interstit colloid		$171.64	NA		
79300	TC	Nuclr rx interstit colloid		$126.28	NA		
79403	26	Hematopoietic nuclear tx		$64.18	$64.18		
79403		Hematopoietic nuclear tx		$151.72	NA		
79403	TC	Hematopoietic nuclear tx		$87.55	NA		
79440	26	Nuclear rx intra-articular		$55.27	$55.27		
79440		Nuclear rx intra-articular		$110.13	NA		
79440	TC	Nuclear rx intra-articular		$54.87	NA		
79445	26	Nuclear rx intra-arterial		$66.15	$66.15		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
79445		Nuclear rx intra-arterial		$121.22	NA		
79445	TC	Nuclear rx intra-arterial		$55.06	NA		
79999	26	Nuclear medicine therapy		M	M		Documentation Required
79999		Nuclear medicine therapy		M	NA		Documentation Required
79999	TC	Nuclear medicine therapy		M	NA		Documentation Required
90785		Psytx complex interactive		$2.77	2.77		
90791		Psych diagnostic evaluation		$87.75	68.14		
90792		Psych diag eval w/med srvcs		$72.30	70.32		
90832		Psytx pt&/family 30 minutes		$36.45	$28.52		
90833		Psytx pt&/fam w/e&m 30 min		$24.17	$23.97		
90834		Psytx pt&/family 45 minutes		$46.94	$42.78		
90836		Psytx pt&/fam w/e&m 45 min		$39.22	$39.22		
90837		Psytx pt&/family 60 minutes		$68.73	$64.57		
90838		Psytx pt&/fam w/e&m 60 min		$63.38	$62.99		
90839		Psytx crisis initial 60 min		M	M		Documentation Required
90840		Psytx crisis ea addl 30 min		M	M		Documentation Required
90847		Family psytx w/patient		$61.01	$59.82		
90853		Group psychotherapy		$16.84	$16.84		
90870		Electroconvulsive therapy		$76.47	$49.72		
90887		Consultation with family		$46.34	$41.20		
90899		Psychiatric service/therapy		M	M		Documentation Required
90935		Hemodialysis one evaluation		NA	$38.23		
90937		Hemodialysis repeated eval		NA	$62.40		
90940		Hemodialysis access study		M	M		Documentation Required
90945		Dialysis one evaluation		NA	$39.82		
90947		Dialysis repeated eval		NA	$63.79		
90951		Esrd serv 4 visits p mo <2		$528.27	$528.27		
90952		Esrd serv 2-3 vsts p mo <2		$357.11	$357.11		
90953		Esrd serv 1 visit p mo <2		$233.50	$233.50		
90954		Esrd serv 4 vsts p mo 2-11		$432.79	$432.79		
90955		Esrd srv 2-3 vsts p mo 2-11		$245.42	$245.42		
90956		Esrd srv 1 visit p mo 2-11		$166.18	$166.18		
90957		Esrd srv 4 vsts p mo 12-19		$347.63	$347.63		
90958		Esrd srv 2-3 vsts p mo 12-19		$234.71	$234.71		
90959		Esrd serv 1 vst p mo 12-19		$153.91	$153.91		
90960		Esrd srv 4 visits p mo 20+		$154.69	$154.69		
90961		Esrd srv 2-3 vsts p mo 20+		$124.78	$124.78		
90962		Esrd serv 1 visit p mo 20+		$90.12	$90.12		
90963		Esrd home pt serv p mo <2yrs		$298.30	$298.30		
90964		Esrd home pt serv p mo 2-11		$248.58	$248.58		
90965		Esrd home pt serv p mo 12-19		$236.31	$236.31		
90966		Esrd home pt serv p mo 20+		$123.39	$123.39		
90967		Esrd home pt serv p day <2		$10.69	$10.69		
90968		Esrd home pt srv p day 2-11		$8.32	$8.32		
90969		Esrd home pt srv p day 12-19		$8.13	$8.13		
90970		Esrd home pt serv p day 20+		$4.36	$4.36		
90989		Dialysis training complete		$304.64	#		
90993		Dialysis training incompl		$20.31	#		
90999		Dialysis procedure		M	M		Documentation Required
91010	26	Esophagus motility study		$34.66	$34.66		
91010		Esophagus motility study		$114.68	NA		
91010	TC	Esophagus motility study		$80.02	NA		
91013	26	Esophgl motil w/ stim/perfus		$5.74	$5.74		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
91013		Esophgl motil w/ stim/perfus		$13.47	NA		
91013	TC	Esophgl motil w/ stim/perfus		$7.72	NA		
91020	26	Gastric motility studies		$39.62	$39.62		
91020		Gastric motility studies		$120.83	NA		
91020	TC	Gastric motility studies		$81.21	NA		
91022	26	Duodenal motility study		$40.01	$40.01		
91022		Duodenal motility study		$118.45	NA		
91022	TC	Duodenal motility study		$78.44	NA		
91030	26	Acid perfusion of esophagus		$25.16	$25.16		
91030		Acid perfusion of esophagus		$67.54	NA		
91030	TC	Acid perfusion of esophagus		$42.39	NA		
91034	26	Gastroesophageal reflux test		$27.14	$27.14		
91034		Gastroesophageal reflux test		$125.58	NA		
91034	TC	Gastroesophageal reflux test		$98.44	NA		
91035	26	G-esoph reflx tst w/electrod		$43.78	$43.78		
91035		G-esoph reflx tst w/electrod		$248.39	NA		
91035	TC	G-esoph reflx tst w/electrod		$204.62	NA		
91037	26	Esoph imped function test		$27.14	$27.14		
91037		Esoph imped function test		$79.83	NA		
91037	TC	Esoph imped function test		$52.69	NA		
91038	26	Esoph imped funct test > 1hr		$30.70	$30.70		
91038		Esoph imped funct test > 1hr		$68.34	NA		
91038	TC	Esoph imped funct test > 1hr		$37.64	NA		
91040	26	Esoph balloon distension tst		$27.14	$27.14		
91040		Esoph balloon distension tst		$242.64	NA		
91040	TC	Esoph balloon distension tst		$215.50	NA		
91065	26	Breath hydrogen test		$5.55	$5.55		
91065		Breath hydrogen test		$33.47	NA		
91065	TC	Breath hydrogen test		$27.93	NA		
91110	26	Gi tract capsule endoscopy		$99.24	$99.24	Y	
91110		Gi tract capsule endoscopy		$515.78	NA	Y	
91110	TC	Gi tract capsule endoscopy		$416.55	NA		
91111	26	Esophageal capsule endoscopy		$29.52	$29.52		
91111		Esophageal capsule endoscopy		$390.20	NA		
91111	TC	Esophageal capsule endoscopy		$360.70	NA		
91112		Gi wireless capsule measure		$691.09	NA	Y	
91112	TC	Gi wireless capsule measure		$625.92	NA	Y	
91112	26	Gi wireless capsule measure		$65.17	65.17	Y	
91117		Colon motility 6 hr study		$82.99	$88.34		
91120	26	Rectal sensation test		$27.14	$27.14		
91120		Rectal sensation test		$239.28	NA		
91120	TC	Rectal sensation test		$212.14	NA		
91122	26	Anal pressure record		$49.52	$49.52		
91122		Anal pressure record		$140.43	NA		
91122	TC	Anal pressure record		$90.92	NA		
91299	26	Gastroenterology procedure		M	M		Documentation Required
91299		Gastroenterology procedure		M	NA		Documentation Required
91299	TC	Gastroenterology procedure		M	NA		Documentation Required
92002		Eye exam new patient		$37.04	$24.56		
92004		Eye exam new patient		$67.54	$47.34		
92012		Eye exam establish patient		$34.07	$19.42		
92014		Eye exam&tx estab pt 1/>vst		$50.31	$31.69		
92015		Determine refractive state		$37.24	$10.69		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
92018		New eye exam & treatment		NA	$72.10		
92019		Eye exam & treatment		NA	$37.63		
92020		Special eye evaluation		$14.26	$10.69		
92025	26	Corneal topography		$9.51	$9.51		
92025		Corneal topography		$16.04	NA		
92025	TC	Corneal topography		$6.54	NA		
92060	26	Special eye evaluation		$19.81	$19.81		
92060		Special eye evaluation		$28.72	NA		
92060	TC	Special eye evaluation		$8.91	NA		
92065	26	Orthoptic/pleoptic training		$10.49	$10.49	Y	
92065		Orthoptic/pleoptic training		$18.23	NA	Y	
92065	TC	Orthoptic/pleoptic training		$7.73	NA	Y	
92071		Contact lens fitting for tx		$21.79	$19.41		
92072		Fit contac lens for managmnt		$69.53	$55.66		
92081	26	Visual field examination(s)		$10.30	$10.30		
92081		Visual field examination(s)		$26.14	NA		
92081	TC	Visual field examination(s)		$15.84	NA		
92082	26	Visual field examination(s)		$12.68	$12.68		
92082		Visual field examination(s)		$33.47	NA		
92082	TC	Visual field examination(s)		$20.80	NA		
92083	26	Visual field examination(s)		$14.46	$14.46		
92083		Visual field examination(s)		$38.62	NA		
92083	TC	Visual field examination(s)		$24.16	NA		
92100		Serial tonometry exam(s)		$45.36	$25.75		
92132	26	Cmptr ophth dx img ant segmt		$12.28	$12.28		
92132		Cmptr ophth dx img ant segmt		$21.19	NA		
92132	TC	Cmptr ophth dx img ant segmt		$8.91	NA		
92133	26	Cmptr ophth img optic nerve		$17.03	$17.03		
92133		Cmptr ophth img optic nerve		$25.95	NA		
92133	TC	Cmptr ophth img optic nerve		$8.91	NA		
92134	26	Cptr ophth dx img post segmt		$17.03	$17.03		
92134		Cptr ophth dx img post segmt		$25.95	NA		
92134	TC	Cptr ophth dx img post segmt		$8.91	NA		
92136	26	Ophthalmic biometry		$15.65	$15.65		
92136		Ophthalmic biometry		$44.96	NA		
92136	TC	Ophthalmic biometry		$29.31	NA		
92225		Special eye exam initial		$12.07	$10.90		
92226		Special eye exam subsequent		$10.90	$9.51		
92227		Remote dx retinal imaging		$6.73	NA		
92228	26	Remote retinal imaging mgmt		$10.10	$10.10		
92228		Remote retinal imaging mgmt		$17.43	NA		
92228	TC	Remote retinal imaging mgmt		$7.33	NA		
92230		Eye exam with photos		$42.59	$16.23		
92235	26	Eye exam with photos		$23.78	$23.78		
92235		Eye exam with photos		$69.53	NA		
92235	TC	Eye exam with photos		$45.75	NA		
92240	26	Icg angiography		$32.29	$32.29		
92240		Icg angiography		$144.78	NA		
92240	TC	Icg angiography		$112.51	NA		
92250	26	Eye exam with photos		$12.68	$12.68		
92250		Eye exam with photos		$39.42	NA		
92250	TC	Eye exam with photos		$26.74	NA		
92260		Ophthalmoscopy/dynamometry		$9.31	$5.94		
92265	26	Eye muscle evaluation		$22.39	$22.39		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
92265		Eye muscle evaluation		$46.75	NA		
92265	TC	Eye muscle evaluation		$24.36	NA		
92270	26	Electro-oculography		$23.17	$23.17		
92270		Electro-oculography		$47.34	NA		
92270	TC	Electro-oculography		$24.17	NA		
92275	26	Electroretinography		$29.11	$29.11		
92275		Electroretinography		$59.43	NA		
92275	TC	Electroretinography		$30.30	NA		
92283	26	Color vision examination		$4.94	$4.94		
92283		Color vision examination		$20.40	NA		
92283	TC	Color vision examination		$15.46	NA		
92284	26	Dark adaptation eye exam		$6.54	$6.54		
92284		Dark adaptation eye exam		$42.59	NA		
92284	TC	Dark adaptation eye exam		$36.05	NA		
92285	26	Eye photography		$5.74	$5.74		
92285		Eye photography		$21.00	NA		
92285	TC	Eye photography		$15.25	NA		
92286	26	Internal eye photography		$18.42	$18.42		
92286		Internal eye photography		$59.82	NA		
92286	TC	Internal eye photography		$41.40	NA		
92287		Internal eye photography		$56.66	$22.58		
92310		Contact lens fitting		$46.14	$32.88	Y	
92311		Contact lens fitting		$43.58	$28.91		
92312		Contact lens fitting		$46.95	$35.46		
92313		Contact lens fitting		$39.62	$24.36		
92499	26	Eye service or procedure		M	M		Documentation Required
92499		Eye service or procedure		M	NA		Documentation Required
92499	TC	Eye service or procedure		M	NA		Documentation Required
92502		Ear and throat examination		NA	$50.11		
92506		Speech/hearing evaluation		$69.12	$25.55		
92507		Speech/hearing therapy		$32.68	$15.26		
92508		Speech/hearing therapy		$15.45	$7.72		
92511		Nasopharyngoscopy		$82.99	$32.68		
92540	26	Basic vestibular evaluation		$42.98	$42.98		
92540		Basic vestibular evaluation		$52.09	NA		
92540	TC	Basic vestibular evaluation		$9.11	NA		
92541	26	Spontaneous nystagmus test		$12.07	$12.07		
92541		Spontaneous nystagmus test		$29.11	NA		
92541	TC	Spontaneous nystagmus test		$17.04	NA		
92542	26	Positional nystagmus test		$9.90	$9.90		
92542		Positional nystagmus test		$29.72	NA		
92542	TC	Positional nystagmus test		$19.82	NA		
92543	26	Caloric vestibular test		$3.16	$3.16		
92543		Caloric vestibular test		$13.68	NA		
92543	TC	Caloric vestibular test		$10.51	NA		
92544	26	Optokinetic nystagmus test		$7.72	$7.72		
92544		Optokinetic nystagmus test		$23.57	NA		
92544	TC	Optokinetic nystagmus test		$15.84	NA		
92545	26	Oscillating tracking test		$6.94	$6.94		
92545		Oscillating tracking test		$21.00	NA		
92545	TC	Oscillating tracking test		$14.06	NA		
92546	26	Sinusoidal rotational test		$8.52	$8.52		
92546		Sinusoidal rotational test		$45.75	NA		
92546	TC	Sinusoidal rotational test		$37.23	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
92547		Supplemental electrical test		$2.77	NA		
92548	26	Posturography		$15.45	$15.45		
92548		Posturography		$57.63	NA		
92548	TC	Posturography		$42.19	NA		
92550		Tympanometry & reflex thresh		$11.29	$11.29		
92551		Pure tone hearing test air		$9.51	NA		
92552		Pure tone audiometry air		$9.51	$9.51		
92553		Audiometry air & bone		$14.26	$14.26		
92555		Speech threshold audiometry		$8.32	$8.32		
92556		Speech audiometry complete		$12.48	$12.48		
92557		Comprehensive hearing test		$25.94	$25.94		
92561		Bekesy audiometry diagnosis		$15.45	$15.45		
92562		Loudness balance test		$8.91	$8.91		
92563		Tone decay hearing test		$8.32	$8.32		
92564		Sisi hearing test		$10.30	$10.30		
92565		Stenger test pure tone		$8.71	$8.71		
92567		Tympanometry		$11.49	$11.49		
92568		Acoustic refl threshold tst		$8.32	$8.32		
92570		Acoustic immitance testing		$17.23	$16.24		
92571		Filtered speech hearing test		$8.52	$8.52		
92575		Sensorineural acuity test		$6.33	$6.33		
92576		Synthetic sentence test		$9.71	$9.71		
92577		Stenger test speech		$15.65	$15.65		
92585	26	Auditor evoke potent compre		$14.65	$14.65		
92585		Auditor evoke potent compre		$54.27	NA		
92585	TC	Auditor evoke potent compre		$39.62	NA		
92587	26	Evoked auditory test limited		$3.97	$3.97		
92587		Evoked auditory test limited		$32.08	NA		
92587	TC	Evoked auditory test limited		$28.12	NA		
92588	26	Evoked auditory tst complete		$10.49	$10.49		
92588		Evoked auditory tst complete		$42.20	NA		
92588	TC	Evoked auditory tst complete		$31.69	NA		
92610		Evaluate swallowing function		$69.73	$69.73		
92611		Motion fluoroscopy/swallow		$69.73	$69.73		
92612		Endoscopy swallow tst (fees)		$80.41	$39.01		
92614		Laryngoscopic sensory test		$75.66	$39.01		
92616		Fees w/laryngeal sense test		$105.77	$58.04		
92625		Tinnitus assessment		$23.37	$23.37		
92626		Eval aud rehab status		$44.76	$44.76		
92627		Eval aud status rehab add-on		$11.29	$11.29		
92630		Aud rehab pre-ling hear loss		$32.68	$32.68		
92633		Aud rehab postling hear loss		$32.68	$32.68		
92700		Ent procedure/service		M	M	Y	Documentation Required
92920		Prq cardiac angioplast 1 art		NA	316.72		
92924		Prq card angio/athrect 1 art		NA	376.54		
92928		Prq card stent w/angio 1 vsl		NA	351.78		
92933		Prq card stent/ath/angio		NA	393.38		
92937		Prq revasc byp graft 1 vsl		NA	351.39		
92941		Prq card revasc mi 1 vsl		NA	394.17		
92943		Prq card revasc chronic 1vsl		NA	394.17		
92950		Heart/lung resuscitation cpr		$99.83	$99.83		
92953		Temporary external pacing		NA	$6.33		
92960		Cardioversion electric ext		$171.33	$69.12		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
92961		Cardioversion electric int		NA	$138.06		
92970		Cardioassist internal		NA	$93.70		
92971		Cardioassist external		NA	$53.08		
92973		Percut coronary thrombectomy		NA	$95.08		
92974		Cath place cardio brachytx		NA	$86.96		
92975		Dissolve clot heart vessel		NA	$209.18		
92977		Dissolve clot heart vessel		$168.95	$168.95		
92978	26	Intravasc us heart add-on		$50.91	$50.91		
92978		Intravasc us heart add-on		$146.17	NA		
92978	TC	Intravasc us heart add-on		$95.28	NA		
92979	26	Intravasc us heart add-on		$40.81	$40.81		
92979		Intravasc us heart add-on		$88.93	NA		
92979	TC	Intravasc us heart add-on		$48.13	NA		
92986		Revision of aortic valve		NA	$696.04		
92987		Revision of mitral valve		NA	$723.18		
92990		Revision of pulmonary valve		NA	$561.14		
92992		Revision of heart chamber		#	$723.29		
92993		Revision of heart chamber		#	$723.29		
92997		Pul art balloon repr percut		NA	$340.89		
92998		Pul art balloon repr percut		NA	$167.97		
93000		Electrocardiogram complete		$14.07	NA		
93005		Electrocardiogram tracing		$9.31	NA		
93010		Electrocardiogram report		$4.75	$4.75		
93015		Cardiovascular stress test		$56.46	NA		
93016		Cardiovascular stress test		$12.68	$12.68		
93018		Cardiovascular stress test		$8.32	$8.32		
93024	26	Cardiac drug stress test		$32.88	$32.88		
93024		Cardiac drug stress test		$56.66	NA		
93024	TC	Cardiac drug stress test		$23.77	NA		
93025	26	Microvolt t-wave assess		$21.20	$21.20		
93025		Microvolt t-wave assess		$168.36	NA		
93025	TC	Microvolt t-wave assess		$147.16	NA		
93040		Rhythm ECG with report		$7.52	NA		
93041		Rhythm ECG tracing		$3.16	NA		
93042		Rhythm ECG report		$4.36	$4.36		
93224		ECG monit/reprt up to 48 hrs		$86.76	NA		
93225		ECG monitor/record, 24 hrs		$26.14	NA		
93226		ECG monit/reprt up to 48 hrs		$46.14	NA		
93227		ECG monit/reprt up to 48 hrs		$14.46	$14.46		
93228		Remote 30 day ecg rev/report		$14.07	$14.07		
93229		Remote 30 day ecg tech supp		$32.73	NA		
93268		ECG record/review		$163.62	NA		
93270		Remove 30 day ecg rev/report		$26.14	NA		
93271		Ecg/monitoring and analysis		$123.00	NA		
93272		Ecg/review interpret only		$14.46	$14.46		
93278	26	ECG/signal-averaged		$7.13	$7.13		
93278		ECG/signal-averaged		$32.08	NA		
93278	TC	ECG/signal-averaged		$24.96	NA		
93279	26	Pm device progr eval sngl		$19.81	$19.81		
93279		Pm device progr eval sngl		$30.70	NA		
93279	TC	Pm device progr eval sngl		$10.89	NA		
93280	26	Pm device progr eval dual		$23.78	$23.78		
93280		Pm device progr eval dual		$36.24	NA		
93280	TC	Pm device progr eval dual		$12.48	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
93281	26	Pm device progr eval multi		$27.72	$27.72		
93281		Pm device progr eval multi		$42.39	NA		
93281	TC	Pm device progr eval multi		$14.66	NA		
93282	26	Icd device prog eval 1 sngl		$25.94	$25.94		
93282		Icd device prog eval 1 sngl		$39.21	NA		
93282	TC	Icd device prog eval 1 sngl		$13.28	NA		
93283	26	Icd device progr eval dual		$32.68	$32.68		
93283		Icd device progr eval dual		$47.73	NA		
93283	TC	Icd device progr eval dual		$15.05	NA		
93284	26	Icd device progr eval mult		$38.82	$38.82		
93284		Icd device progr eval mult		$55.85	NA		
93284	TC	Icd device progr eval mult		$17.04	NA		
93285	26	Ilr device eval progr		$16.23	$16.23		
93285		Ilr device eval progr		$26.55	NA		
93285	TC	Ilr device eval progr		$10.30	NA		
93286	26	Pre-op pm device eval		$8.32	$8.32		
93286		Pre-op pm device eval		$15.06	NA		
93286	TC	Pre-op pm device eval		$6.73	NA		
93287	26	Pre-op icd device eval		$12.07	$12.07		
93287		Pre-op icd device eval		$19.81	NA		
93287	TC	Pre-op icd device eval		$7.73	NA		
93288	26	Pm device eval in person		$13.27	$13.27		
93288		Pm device eval in person		$23.78	NA		
93288	TC	Pm device eval in person		$10.50	NA		
93289	26	Icd device interrogate		$23.97	$23.97		
93289		Icd device interrogate		$36.45	NA		
93289	TC	Icd device interrogate		$12.48	NA		
93290	26	Icm device eval		$11.68	$11.68		
93290		Icm device eval		$17.62	NA		
93290	TC	Icm device eval		$5.94	NA		
93291	26	Ilr device interrogate		$13.46	$13.46		
93291		Ilr device interrogate		$22.78	NA		
93291	TC	Ilr device interrogate		$9.31	NA		
93292	26	Wcd device interrogate		$13.27	$13.27		
93292		Wcd device interrogate		$20.59	NA		
93292	TC	Wcd device interrogate		$7.33	NA		
93293	26	Pm phone r-strip device eval		$9.31	$9.31		
93293		Pm phone r-strip device eval		$32.88	NA		
93293	TC	Pm phone r-strip device eval		$23.57	NA		
93294		Pm device interrogate remote		$20.20	$20.20		
93295		Icd device interrogat remote		$36.45	$36.45		
93296		Pm/icd remote tech serv		$20.01	NA		
93297		Icm device interrogat remote		$14.07	$14.07		
93298		Ilr device interrogat remote		$16.23	$16.23		
93299		Icm/ilr remote tech serv		$30.89	#		
93303	26	Echo transthoracic		$36.04	$36.04		
93303		Echo transthoracic		$117.26	NA		
93303	TC	Echo transthoracic		$81.22	NA		
93304	26	Echo transthoracic		$20.81	$20.81		
93304		Echo transthoracic		$61.99	NA		
93304	TC	Echo transthoracic		$41.20	NA		
93306	26	Tte w/doppler complete		$39.42	$39.42		
93306		Tte w/doppler complete		$146.97	NA		
93306	TC	Tte w/doppler complete		$107.56	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
93307	26	Tte w/o doppler complete		$25.75	$25.75		
93307		Tte w/o doppler complete		$106.96	NA		
93307	TC	Tte w/o doppler complete		$81.21	NA		
93308	26	Tte f-up or lmtd		$14.85	$14.85		
93308		Tte f-up or lmtd		$56.05	NA		
93308	TC	Tte f-up or lmtd		$41.20	NA		
93312	26	Echo transesophageal		$60.82	$60.82		
93312		Echo transesophageal		$141.62	NA		
93312	TC	Echo transesophageal		$80.81	NA		
93313		Echo transesophageal		NA	$24.17		
93314	26	Echo transesophageal		$34.85	$34.85		
93314		Echo transesophageal		$115.68	NA		
93314	TC	Echo transesophageal		$80.82	NA		
93315	26	Echo transesophageal		$76.86	$76.86		
93315		Echo transesophageal		$154.90	NA		
93315	TC	Echo transesophageal		$78.05	NA		
93316		Echo transesophageal		NA	$24.56		
93317	26	Echo transesophageal		$51.11	$51.11		
93317		Echo transesophageal		$127.57	NA		
93317	TC	Echo transesophageal		$76.47	NA		
93318	26	Echo transesophageal intraop		$55.85	$55.85		
93318		Echo transesophageal intraop		$206.53	NA		
93318	TC	Echo transesophageal intraop		$150.68	NA		
93320	26	Doppler echo exam heart		$10.69	$10.69		
93320		Doppler echo exam heart		$46.95	NA		
93320	TC	Doppler echo exam heart		$36.25	NA		
93321	26	Doppler echo exam heart		$4.36	$4.36		
93321		Doppler echo exam heart		$27.94	NA		
93321	TC	Doppler echo exam heart		$23.57	NA		
93325	26	Doppler color flow add-on		$2.18	$2.18		
93325		Doppler color flow add-on		$63.98	NA		
93325	TC	Doppler color flow add-on		$61.80	NA		
93350	26	Stress tte only		$41.59	$41.59		
93350		Stress tte only		$79.23	NA		
93350	TC	Stress tte only		$37.64	NA		
93351	26	Stress tte complete		$66.76	$66.76		
93351		Stress tte complete		$152.13	NA		
93351	TC	Stress tte complete		$85.37	NA		
93352		Admin ecg contrast agent		$21.20	NA		
93451	26	Right heart cath		$86.56	$86.56		
93451		Right heart cath		$445.08	NA		
93451	TC	Right heart cath		$358.52	NA		
93452	26	Left hrt cath w/ ventrclgrphy		$151.73	$151.73		
93452		Left hrt cath w/ ventrclgrphy		$494.20	NA		
93452	TC	Left hrt cath w/ ventrclgrphy		$342.47	NA		
93453	26	R & L hrt cath w/ ventriclgrphy		$198.87	$198.87		
93453		R & L hrt cath w/ ventriclgrphy		$646.72	NA		
93453	TC	R & L hrt cath w/ ventriclgrphy		$447.85	NA		
93454	26	Coronary artery angio S & I		$152.91	$152.91		
93454		Coronary artery angio S & I		$509.65	NA		
93454	TC	Coronary artery angio S & I		$356.73	NA		
93455	26	Coronary art/grft angio S & I		$176.49	$176.49		
93455		Coronary art/grft angio S & I		$594.62	NA		
93455	TC	Coronary art/grft angio S & I		$418.14	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
93456	26	R hrt coronary artery angio		$195.70	$195.70		
93456		R hrt coronary artery angio		$637.80	NA		
93456	TC	R hrt coronary artery angio		$442.11	NA		
93457	26	R hrt art/grft angio		$219.47	$219.47		
93457		R hrt art/grft angio		$722.78	NA		
93457	TC	R hrt art/grft angio		$503.31	NA		
93458	26	L hrt artery/ventricle angio		$186.59	$186.59		
93458		L hrt artery/ventricle angio		$615.03	NA		
93458	TC	L hrt artery/ventricle angio		$428.44	NA		
93459	26	L hrt art/grft angio		$209.26	$209.26		
93459		L hrt art/grft angio		$679.20	NA		
93459	TC	L hrt art/grft angio		$469.24	NA		
93460	26	R & L hrt art/ventricle angio		$233.93	$233.93		
93460		R & L hrt art/ventricle angio		$726.94	NA		
93460	TC	R & L hrt art/ventricle angio		$493.01	NA		
93461	26	R & L hrt art/ventricle angio		$258.09	$258.09		
93461		R & L hrt art/ventricle angio		$832.91	NA		
93461	TC	R & L hrt art/ventricle angio		$574.82	NA		
93462		L hrt cath trnsptl puncture		$118.85	$118.85		
93463		Drug admin & hemodynmic meas		$62.99	$62.99		
93464	26	Exercise w/ hemodynamic meas		$55.46	$55.46		
93464		Exercise w/ hemodynamic meas		$146.97	NA		
93464	TC	Exercise w/ hemodynamic meas		$91.51	NA		
93503		Insert/place heart catheter		NA	$75.08		
93505	26	Biopsy of heart lining		$125.78	$125.78		
93505		Biopsy of heart lining		$168.36	NA		
93505	TC	Biopsy of heart lining		$42.58	NA		
93530	26	Rt heart cath congenital		$127.76	$127.76		
93530	TC	Rt heart cath congenital		$356.54	NA		
93530		Rt heart cath congenital		$484.29	NA		
93531	26	R & l heart cath congenital		$247.80	$247.80		
93531	TC	R & l heart cath congenital		$1,019.50	NA		
93531		R & l heart cath congenital		$1,267.29	NA		
93532	26	R & l heart cath congenital		$295.92	$295.92		
93532	TC	R & l heart cath congenital		$988.80	NA		
93532		R & l heart cath congenital		$1,284.72	NA		
93533	26	R & l heart cath congenital		$197.28	$197.28		
93533	TC	R & l heart cath congenital		$988.60	NA		
93533		R & l heart cath congenital		$1,185.88	NA		
93561	TC	Cardiac output measurement		$11.49	NA		
93561	26	Cardiac output measurement		$13.46	$13.46		
93561		Cardiac output measurement		$24.95	NA		
93562	26	Card output measure subsq		$4.36	$4.36		
93562	TC	Card output measure subsq		$7.13	NA		
93562		Card output measure subsq		$11.49	NA		
93563		Inject congenital card cath		$32.68	$32.68		
93564		Inject hrt congntl art/grft		$33.28	$33.28		
93565		Inject l ventr/atrial angio		$25.16	$25.16		
93566		Inject r ventr/atrial angio		$98.64	$25.16		
93567		Inject suprvlv aortography		$81.41	$28.32		
93568		Inject pulm art hrt cath		$89.13	$25.75		
93571	26	Heart flow reserve measure		$50.31	$50.31		
93571	TC	Heart flow reserve measure		$95.28	NA		
93571		Heart flow reserve measure		$145.59	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
93572	26	Heart flow reserve measure		$39.21	$39.21		
93572	TC	Heart flow reserve measure		$48.13	NA		
93572		Heart flow reserve measure		$87.35	NA		
93580		Transcath closure of asd		NA	$527.27		
93581		Transcath closure of vsd		NA	$703.57		
93600	26	Bundle of His recording		$61.60	$61.60		
93600		Bundle of His recording		$103.00	NA		
93600	TC	Bundle of His recording		$41.40	NA		
93602	26	Intra-atrial recording		$61.60	$61.60		
93602		Intra-atrial recording		$84.98	NA		
93602	TC	Intra-atrial recording		$23.37	NA		
93603	26	Right ventricular recording		$61.60	$61.60		
93603		Right ventricular recording		$97.06	NA		
93603	TC	Right ventricular recording		$35.46	NA		
93609	26	Map tachycardia add-on		$144.59	$144.59		
93609		Map tachycardia add-on		$202.05	NA		
93609	TC	Map tachycardia add-on		$57.44	NA		
93610	26	Intra-atrial pacing		$87.54	$87.54		
93610		Intra-atrial pacing		$116.26	NA		
93610	TC	Intra-atrial pacing		$28.72	NA		
93612	26	Intraventricular pacing		$87.74	$87.74		
93612		Intraventricular pacing		$121.81	NA		
93612	TC	Intraventricular pacing		$34.07	NA		
93613		Electrophys map 3d add-on		NA	$203.02		
93615	26	Esophageal recording		$25.55	$25.55		
93615		Esophageal recording		$32.29	NA		
93615	TC	Esophageal recording		$6.73	NA		
93616	26	Esophageal recording		$39.82	$39.82		
93616		Esophageal recording		$46.56	NA		
93616	TC	Esophageal recording		$6.73	NA		
93618	26	Heart rhythm pacing		$123.20	$123.20		
93618		Heart rhythm pacing		$206.60	NA		
93618	TC	Heart rhythm pacing		$83.39	NA		
93619	26	Electrophysiology evaluation		$218.09	$218.09		
93619		Electrophysiology evaluation		$380.30	NA		
93619	TC	Electrophysiology evaluation		$162.22	NA		
93620	26	Electrophysiology evaluation		$341.09	$341.09		
93620		Electrophysiology evaluation		$514.27	NA		
93620	TC	Electrophysiology evaluation		$173.18	NA		
93621	26	Electrophysiology evaluation		$60.82	$60.82		
93621		Electrophysiology evaluation		$184.05	NA		
93621	TC	Electrophysiology evaluation		$123.23	NA		
93622	26	Electrophysiology evaluation		$89.73	$89.73		
93622		Electrophysiology evaluation		$270.37	NA		
93622	TC	Electrophysiology evaluation		$180.64	NA		
93623	26	Stimulation pacing heart		$82.40	$82.40		
93623		Stimulation pacing heart		$207.35	NA		
93623	TC	Stimulation pacing heart		$124.95	NA		
93624	26	Electrophysiologic study		$145.19	$145.19		
93624		Electrophysiologic study		$187.18	NA		
93624	TC	Electrophysiologic study		$42.00	NA		
93631	26	Heart pacing mapping		$224.61	$224.61		
93631		Heart pacing mapping		$356.54	NA		
93631	TC	Heart pacing mapping		$131.92	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
93640	26	Evaluation heart device		$101.22	$101.22		
93640		Evaluation heart device		$251.96	NA		
93640	TC	Evaluation heart device		$150.73	NA		
93641	26	Electrophysiology evaluation		$171.33	$171.33		
93641		Electrophysiology evaluation		$322.08	NA		
93641	TC	Electrophysiology evaluation		$150.74	NA		
93642	26	Electrophysiology evaluation		$143.61	$143.61		
93642		Electrophysiology evaluation		$294.34	NA		
93642	TC	Electrophysiology evaluation		$150.74	NA		
93650		Ablate heart dysrhythm focus		NA	$310.18		
93653		Ep & ablate supravent arrhyt		NA	$478.95		
93654		Ep & ablate ventric tachy		NA	$639.19		
93655		Ablate arrhythmia add on		NA	$239.47		
93656		Tx atrial fib pulm vein isol		NA	$639.39		
93657		Tx l/r atrial fib addl		NA	$239.67		
93660	26	Tilt table evaluation		$53.28	$53.28		
93660		Tilt table evaluation		$86.96	NA		
93660	TC	Tilt table evaluation		$33.67	NA		
93662	26	Intracardiac ecg (ice)		$79.23	$79.23		
93662		Intracardiac ecg (ice)		$162.25	NA		
93662	TC	Intracardiac ecg (ice)		$83.01	NA		
93701		Bioimpedance cv analysis		$23.17	NA		
93724	26	Analyze pacemaker system		$137.65	$137.65		
93724		Analyze pacemaker system		$221.05	NA		
93724	TC	Analyze pacemaker system		$83.39	NA		
93745	26	Set-up cardiovert-defibrill		M	M		Documentation Required
93745		Set-up cardiovert-defibrill		M	NA		Documentation Required
93745	TC	Set-up cardiovert-defibrill		M	NA		Documentation Required
93750		Interrogation vad in person		$28.72	$25.16		
93797		Cardiac rehab		$9.71	#		
93798		Cardiac rehab/monitor		$14.06	#		
93799	26	Cardiovascular procedure		M	M		Documentation Required
93799		Cardiovascular procedure		M	NA		Documentation Required
93799	TC	Cardiovascular procedure		M	NA		Documentation Required
93880	26	Extracranial bilat study		$16.65	$16.65		
93880		Extracranial bilat study		$129.94	NA		
93880	TC	Extracranial bilat study		$113.30	NA		
93882	26	Extracranial uni/ltd study		$11.49	$11.49		
93882		Extracranial uni/ltd study		$82.60	NA		
93882	TC	Extracranial uni/ltd study		$71.11	NA		
93886	26	Intracranial complete study		$27.14	$27.14		
93886		Intracranial complete study		$161.43	NA		
93886	TC	Intracranial complete study		$134.29	NA		
93888	26	Intracranial limited study		$17.82	$17.82		
93888		Intracranial limited study		$102.80	NA		
93888	TC	Intracranial limited study		$84.97	NA		
93890	26	Tcd vasoreactivity study		$28.91	$28.91		
93890		Tcd vasoreactivity study		$125.97	NA		
93890	TC	Tcd vasoreactivity study		$97.06	NA		
93892	26	Tcd emboli detect w/o inj		$33.08	$33.08		
93892		Tcd emboli detect w/o inj		$134.10	NA		
93892	TC	Tcd emboli detect w/o inj		$101.02	NA		
93893	26	Tcd emboli detect w/inj		$33.08	$33.08		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
93893		Tcd emboli detect w/inj		$131.52	NA		
93893	TC	Tcd emboli detect w/inj		$98.44	NA		
93922	26	Upr/l xtremity art 2 levels		$6.94	$6.94		
93922		Upr/l xtremity art 2 levels		$61.21	NA		
93922	TC	Upr/l xtremity art 2 levels		$54.27	NA		
93923	26	Upr/l xtr art stdy 3+ lvls		$12.68	$12.68		
93923		Upr/l xtr art stdy 3+ lvls		$94.09	NA		
93923	TC	Upr/l xtr art stdy 3+ lvls		$81.41	NA		
93924	26	Lwr xtr vasc stdy bilat		$14.26	$14.26		
93924		Lwr xtr vasc stdy bilat		$110.93	NA		
93924	TC	Lwr xtr vasc stdy bilat		$96.66	NA		
93925	26	Lower extremity study		$16.23	$16.23		
93925		Lower extremity study		$153.91	NA		
93925	TC	Lower extremity study		$137.67	NA		
93926	26	Lower extremity study		$11.10	$11.10		
93926		Lower extremity study		$93.49	NA		
93926	TC	Lower extremity study		$82.40	NA		
93930	26	Upper extremity study		$13.07	$13.07		
93930		Upper extremity study		$123.61	NA		
93930	TC	Upper extremity study		$110.53	NA		
93931	26	Upper extremity study		$8.71	$8.71		
93931		Upper extremity study		$80.61	NA		
93931	TC	Upper extremity study		$71.91	NA		
93965	26	Extremity study		$9.71	$9.71		
93965		Extremity study		$65.17	NA		
93965	TC	Extremity study		$55.46	NA		
93970	26	Extremity study		$19.20	$19.20		
93970		Extremity study		$126.77	NA		
93970	TC	Extremity study		$107.56	NA		
93971	26	Extremity study		$12.48	$12.48		
93971		Extremity study		$86.16	NA		
93971	TC	Extremity study		$73.69	NA		
93975	26	Vascular study		$50.11	$50.11		
93975		Vascular study		$198.28	NA		
93975	TC	Vascular study		$148.17	NA		
93976	26	Vascular study		$32.88	$32.88		
93976		Vascular study		$116.87	NA		
93976	TC	Vascular study		$83.99	NA		
93978	26	Vascular study		$18.42	$18.42		
93978		Vascular study		$110.93	NA		
93978	TC	Vascular study		$92.51	NA		
93979	26	Vascular study		$12.29	$12.29		
93979		Vascular study		$77.85	NA		
93979	TC	Vascular study		$65.56	NA		
93980	26	Penile vascular study		$34.46	$34.46		
93980		Penile vascular study		$89.73	NA		
93980	TC	Penile vascular study		$55.26	NA		
93981	26	Penile vascular study		$11.88	$11.88		
93981		Penile vascular study		$72.30	NA		
93981	TC	Penile vascular study		$60.41	NA		
93982		Aneurysm pressure sens study		$21.98	NA		
93990	26	Doppler flow testing		$7.33	$7.33		
93990		Doppler flow testing		$89.34	NA		
93990	TC	Doppler flow testing		$82.00	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
93998		Noninvas vasc dx study proc		M	M		Documentation Required
94002		Vent mgmt inpat init day		NA	$47.94		
94003		Vent mgmt inpat subq day		NA	$34.85		
94004		Vent mgmt nf per day		NA	$25.36		
94010	26	Breathing capacity test		$4.55	$4.55		
94010		Breathing capacity test		$17.23	NA		
94010	TC	Breathing capacity test		$12.68	NA		
94011		Spirometry up to 2 yrs old		NA	$52.89		
94012		Spirmtry w/brnchdil info-2 yr		NA	$81.41		
94013		Meas lung vol thru 2 yrs		NA	$17.23		
94060	26	Evaluation of wheezing		$8.13	$8.13		
94060		Evaluation of wheezing		$28.72	NA		
94060	TC	Evaluation of wheezing		$20.60	NA		
94070	26	Evaluation of wheezing		$16.04	$16.04		
94070		Evaluation of wheezing		$30.70	NA		
94070	TC	Evaluation of wheezing		$14.66	NA		
94150	26	Vital capacity test		$2.18	$2.18		
94150		Vital capacity test		$11.10	NA		
94150	TC	Vital capacity test		$8.91	NA		
94200	26	Lung function test (MBC/MVV)		$2.97	$2.97		
94200		Lung function test (MBC/MVV)		$11.49	NA		
94200	TC	Lung function test (MBC/MVV)		$8.52	NA		
94250	26	Expired gas collection		$2.97	$2.97		
94250		Expired gas collection		$15.26	NA		
94250	TC	Expired gas collection		$12.28	NA		
94375	26	Respiratory flow volume loop		$8.13	$8.13		
94375		Respiratory flow volume loop		$18.62	NA		
94375	TC	Respiratory flow volume loop		$10.50	NA		
94400	26	CO2 breathing response curve		$10.90	$10.90		
94400		CO2 breathing response curve		$26.33	NA		
94400	TC	CO2 breathing response curve		$15.45	NA		
94450	26	Hypoxia response curve		$10.69	$10.69		
94450		Hypoxia response curve		$25.55	NA		
94450	TC	Hypoxia response curve		$14.85	NA		
94610		Surfactant admin through tube		NA	$35.07		
94620	26	Pulmonary stress test/simple		$17.23	$17.23		
94620		Pulmonary stress test/simple		$64.76	NA		
94620	TC	Pulmonary stress test/simple		$47.54	NA		
94621	26	Pulm stress test/complex		$38.04	$38.04		
94621		Pulm stress test/complex		$75.08	NA		
94621	TC	Pulm stress test/complex		$37.04	NA		
94640		Airway inhalation treatment		$6.33	NA		
94642		Aerosol inhalation treatment		$17.13	#		
94644		Cbt 1st hour		$18.62	NA		
94645		Cbt each addl hour		$7.13	NA		
94660		Pos airway pressure CPAP		$28.72	$20.40		
94662		Neg press ventilation cnp		NA	$20.20		
94667		Chest wall manipulation		$11.29	NA		
94668		Chest wall manipulation		$9.31	NA		
94680	26	Exhaled air analysis o2		$6.94	$6.94		
94680		Exhaled air analysis o2		$43.58	NA		
94680	TC	Exhaled air analysis o2		$36.64	NA		
94681	26	Exhaled air analysis o2/co2		$5.35	$5.35		
94681		Exhaled air analysis o2/co2		$56.66	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
94681	TC	Exhaled air analysis o2/co2		$51.31	NA		
94690	26	Exhaled air analysis		$1.97	$1.97		
94690		Exhaled air analysis		$41.98	NA		
94690	TC	Exhaled air analysis		$40.01	NA		
94726	26	Pulm funct tst plethysmograp		$7.13	$7.13		
94726		Pulm funct tst plethysmograp		$31.30	NA		
94726	TC	Pulm funct tst plethysmograp		$24.17	NA		
94727	26	Pulm function test by gas		$7.13	$7.13		
94727		Pulm function test by gas		$24.56	NA		
94727	TC	Pulm function test by gas		$17.43	NA		
94728	26	Pulm funct test oscillometry		$7.13	$7.13		
94728		Pulm funct test oscillometry		$24.56	NA		
94728	TC	Pulm funct test oscillometry		$17.43	NA		
94729	26	Co/membane diffuse capacity		$4.75	$4.75		
94729		Co/membane diffuse capacity		$31.10	NA		
94729	TC	Co/membane diffuse capacity		$26.34	NA		
94750	26	Pulmonary compliance study		$6.13	$6.13		
94750		Pulmonary compliance study		$32.08	NA		
94750	TC	Pulmonary compliance study		$25.95	NA		
94770		Exhaled carbon dioxide test		$4.75	$4.75		
94772	26	Breath recording infant		$40.54	$40.54		
94772		Breath recording infant		M	NA		Documentation Required
94772	TC	Breath recording infant		M	NA		Documentation Required
94776		Ped home apnea rec downld		$93.03	$93.03		
94777		Ped home apnea rec report		$30.65	$30.65		
94799	26	Pulmonary service/procedure		M	M		Documentation Required
94799		Pulmonary service/procedure		M	NA		Documentation Required
94799	TC	Pulmonary service/procedure		M	NA		Documentation Required
95004		Percut allergy skin tests		$2.18	NA		
95012		Exhaled nitric oxide meas		$9.71	NA		
95017		Perq & icut allg test venoms		$5.15	$2.18		
95018		Perq&ic allg test drugs/biol		$12.68	$4.16		
95024		Id allergy test drug/bug		$3.16	$3.16		
95027		Id allergy titrate-airborne		$3.16	NA		
95028		Icut allergy test-delayed		$4.75	NA		
95044		Allergy patch tests		$4.16	NA		
95052		Photo patch test		$5.16	NA		
95056		Photosensitivity tests		$3.56	NA		
95060		Eye allergy tests		$7.33	$7.33		
95065		Nose allergy test		$4.16	$4.16		
95070		Bronchial allergy tests		$45.75	NA		
95071		Bronchial allergy tests		$58.43	NA		
95076		Ingest challenge ini 120 min		$68.14	$41.79		
95079		Ingest challenge addl 60 min		$47.93	$38.43		
95115		Immunotherapy one injection		$8.13	NA		
95117		Immunotherapy injections		$10.30	NA		
95145		Antigen therapy services		$7.72	$1.78		
95146		Antigen therapy services		$10.10	$1.97		
95147		Antigen therapy services		$9.71	$1.78		
95148		Antigen therapy services		$12.87	$1.97		
95149		Antigen therapy services		$17.23	$1.97		
95165		Antigen therapy services		$5.16	$1.78		
95180		Rapid desensitization		$81.02	$59.02		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
95199		Allergy immunology services		M	M		Documentation Required
95250		Glucose monitoring cont		$81.60	NA		
95251		Gluc monitor cont phys i&r		$14.46	$14.46		
95782		Polysom <6 yrs 4/> paramtrs		$608.49	NA		
95782	TC	Polysom <6 yrs 4/> paramtrs		$534.21	NA		
95782	26	Polysom <6 yrs 4/> paramtrs		$74.28	$74.28		
95783		Polysom <6 yrs cpap/bilvl		$649.49	NA		
95783	TC	Polysom <6 yrs cpap/bilvl		$568.28	NA		
95783	26	Polysom <6 yrs cpap/bilvl		$81.21	$81.21		
95800	26	Slp stdy unattended		$33.87	$33.87		
95800		Slp stdy unattended		$119.84	NA		
95800	TC	Slp stdy unattended		$85.96	NA		
95801	26	Slp stdy unatnd w/ anal		$29.91	$29.91		
95801		Slp stdy unatnd w/ anal		$56.45	NA		
95801	TC	Slp stdy unatnd w/ anal		$26.54	NA		
95803	26	Actigraphy testing		M	M		Documentation Required
95803		Actigraphy testing		M	NA		Documentation Required
95803	TC	Actigraphy testing		M	NA		Documentation Required
95805	26	Multiple sleep latency test		$52.09	$52.09		
95805		Multiple sleep latency test		$388.62	NA		
95805	TC	Multiple sleep latency test		$336.54	NA		
95807	26	Sleep study attended		$44.96	$44.96		
95807		Sleep study attended		$278.10	NA		
95807	TC	Sleep study attended		$233.14	NA		
95808	26	Polysomnography 1-3		$73.28	$73.28		
95808		Polysomnography 1-3		$325.44	NA		
95808	TC	Polysomnography 1-3		$252.15	NA		
95810	26	Polysomnography 4 or more		$96.47	$96.47		
95810		Polysomnography 4 or more		$428.83	NA		
95810	TC	Polysomnography 4 or more		$332.37	NA		
95811	26	Polysomnography w/cpap		$103.80	$103.80		
95811		Polysomnography w/cpap		$468.25	NA		
95811	TC	Polysomnography w/cpap		$364.46	NA		
95812	26	Eeg 41-60 minutes		$31.49	$31.49		
95812		Eeg 41-60 minutes		$104.77	NA		
95812	TC	Eeg 41-60 minutes		$73.29	NA		
95813	26	Eeg over 1 hour		$49.92	$49.92		
95813		Eeg over 1 hour		$137.87	NA		
95813	TC	Eeg over 1 hour		$87.94	NA		
95816	26	Eeg awake and drowsy		$31.69	$31.69		
95816		Eeg awake and drowsy		$98.25	NA		
95816	TC	Eeg awake and drowsy		$66.55	NA		
95819	26	Eeg awake and asleep		$31.69	$31.69		
95819		Eeg awake and asleep		$83.79	NA		
95819	TC	Eeg awake and asleep		$52.09	NA		
95822	26	Eeg coma or sleep only		$31.69	$31.69		
95822		Eeg coma or sleep only		$116.48	NA		
95822	TC	Eeg coma or sleep only		$84.78	NA		
95824	26	Eeg cerebral death only		$21.59	$21.59		
95824		Eeg cerebral death only		$22.98	NA		
95824	TC	Eeg cerebral death only		$1.39	NA		
95827	26	Eeg all night recording		$30.50	$30.50		
95827		Eeg all night recording		$78.83	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
95827	TC	Eeg all night recording		$48.33	NA		
95829	26	Surgery electrocorticogram		$178.27	$178.27		
95829		Surgery electrocorticogram		$748.53	NA		
95829	TC	Surgery electrocorticogram		$570.26	NA		
95830		Insert electrodes for EEG		$101.22	$50.31		
95851		Range of motion measurements		$10.49	$4.94		
95852		Range of motion measurements		$7.52	$3.36		
95857		Cholinesterase challenge		$22.78	$15.45		
95860	26	Muscle test one limb		$28.33	$28.33		
95860		Muscle test one limb		$48.53	NA		
95860	TC	Muscle test one limb		$20.20	NA		
95861	26	Muscle test 2 limbs		$45.36	$45.36		
95861		Muscle test 2 limbs		$61.01	NA		
95861	TC	Muscle test 2 limbs		$15.65	NA		
95863	26	Muscle test 3 limbs		$54.66	$54.66		
95863		Muscle test 3 limbs		$74.47	NA		
95863	TC	Muscle test 3 limbs		$19.81	NA		
95864	26	Muscle test 4 limbs		$58.43	$58.43		
95864		Muscle test 4 limbs		$96.26	NA		
95864	TC	Muscle test 4 limbs		$37.84	NA		
95865	26	Muscle test larynx		$47.94	$47.94		
95865		Muscle test larynx		$61.99	NA		
95865	TC	Muscle test larynx		$14.07	NA		
95866	26	Muscle test hemidiaphragm		$37.24	$37.24		
95866		Muscle test hemidiaphragm		$41.79	NA		
95866	TC	Muscle test hemidiaphragm		$4.55	NA		
95867	26	Muscle test cran nerv unilat		$23.17	$23.17		
95867		Muscle test cran nerv unilat		$35.46	NA		
95867	TC	Muscle test cran nerv unilat		$12.28	NA		
95868	26	Muscle test cran nerve bilat		$34.46	$34.46		
95868		Muscle test cran nerve bilat		$49.33	NA		
95868	TC	Muscle test cran nerve bilat		$14.86	NA		
95869	26	Muscle test thor paraspinal		$10.90	$10.90		
95869		Muscle test thor paraspinal		$15.45	NA		
95869	TC	Muscle test thor paraspinal		$4.55	NA		
95870	26	Muscle test nonparaspinal		$10.90	$10.90		
95870		Muscle test nonparaspinal		$15.45	NA		
95870	TC	Muscle test nonparaspinal		$4.55	NA		
95872	26	Muscle test one fiber		$43.78	$43.78		
95872		Muscle test one fiber		$56.66	NA		
95872	TC	Muscle test one fiber		$12.88	NA		
95873	26	Guide nerv destr elec stim		$10.90	$10.90		
95873		Guide nerv destr elec stim		$15.26	NA		
95873	TC	Guide nerv destr elec stim		$4.36	NA		
95874	26	Guide nerv destr needle emg		$11.10	$11.10		
95874		Guide nerv destr needle emg		$15.45	NA		
95874	TC	Guide nerv destr needle emg		$4.35	NA		
95875	26	Limb exercise test		$31.49	$31.49		
95875		Limb exercise test		$52.09	NA		
95875	TC	Limb exercise test		$20.60	NA		
95885	26	Musc tst done w/nerv tst lim		$10.30	$10.30		
95885		Musc tst done w/nerv tst lim		$32.49	NA		
95885	TC	Musc tst done w/nerv tst lim		$22.19	NA		
95886	26	Musc test done w/n test comp		$27.53	$27.53		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
95886		Musc test done w/n test comp		$50.91	NA		
95886	TC	Musc test done w/n test comp		$23.37	NA		
95887	26	Musc tst done w/n tst nonext		$21.59	$21.59		
95887		Musc tst done w/n tst nonext		$45.36	NA		
95887	TC	Musc tst done w/n tst nonext		$23.77	NA		
95905	26	Motor &/ sens nrve cndj test		$1.58	$1.58		
95905		Motor &/ sens nrve cndj test		$41.79	NA		
95905	TC	Motor &/ sens nrve cndj test		$40.21	NA		
95907		Nvr cndj tst 1-2 studies		$55.07	NA		
95907	TC	Nvr cndj tst 1-2 studies		$24.96	NA		
95907	26	Nvr cndj tst 1-2 studies		$30.11	30.11		
95908		Nrv cndj tst 3-4 studies		$67.94	NA		
95908	TC	Nrv cndj tst 3-4 studies		$30.11	NA		
95908	26	Nrv cndj tst 3-4 studies		$37.83	37.83		
95909		Nrv cndj tst 5-6 studies		$81.41	NA		
95909	TC	Nrv cndj tst 5-6 studies		$36.25	NA		
95909	26	Nrv cndj tst 5-6 studies		$45.16	45.16		
95910		Nrv cndj test 7-8 studies		$107.16	NA		
95910	TC	Nrv cndj test 7-8 studies		$46.75	NA		
95910	26	Nrv cndj test 7-8 studies		$60.41	60.41		
95911		Nrv cndj test 9-10 studies		$129.74	NA		
95911	TC	Nrv cndj test 9-10 studies		$54.27	NA		
95911	26	Nrv cndj test 9-10 studies		$75.47	75.47		
95912		Nrv cndj test 11-12 studies		$151.92	NA		
95912	TC	Nrv cndj test 11-12 studies		$61.40	NA		
95912	26	Nrv cndj test 11-12 studies		$90.52	90.52		
95913		Nrv cndj test 13/> studies		$176.09	NA		
95913	TC	Nrv cndj test 13/> studies		$68.73	NA		
95913	26	Nrv cndj test 13/> studies		$107.36	107.36		
95921	26	Autonomic nrv parasym inervj		$25.16	$25.16		
95921		Autonomic nrv parasym inervj		$33.08	NA		
95921	TC	Autonomic nrv parasym inervj		$7.93	NA		
95922	26	Autonomic nrv adrenrg inervj		$27.94	$27.94		
95922		Autonomic nrv adrenrg inervj		$35.85	NA		
95922	TC	Autonomic nrv adrenrg inervj		$7.92	NA		
95923	26	Autonomic nrv syst funj test		$26.33	$26.33		
95923		Autonomic nrv syst funj test		$57.63	NA		
95923	TC	Autonomic nrv syst funj test		$31.30	NA		
95924		Ans parasymp & symp w/tilt		$85.96	NA		
95924	TC	Ans parasymp & symp w/tilt		$35.46	NA		
95924	26	Ans parasymp & symp w/tilt		$50.51	50.51		
95925	26	Somatosensory testing		$15.84	$15.84		
95925		Somatosensory testing		$35.07	NA		
95925	TC	Somatosensory testing		$19.22	NA		
95926	26	Somatosensory testing		$15.84	$15.84		
95926		Somatosensory testing		$35.07	NA		
95926	TC	Somatosensory testing		$19.22	NA		
95927	26	Somatosensory testing		$16.44	$16.44		
95927		Somatosensory testing		$35.65	NA		
95927	TC	Somatosensory testing		$19.21	NA		
95928	26	C motor evoked uppr limbs		$43.78	$43.78		
95928		C motor evoked uppr limbs		$91.51	NA		
95928	TC	C motor evoked uppr limbs		$47.74	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
95929	26	C motor evoked lwr limbs		$43.78	$43.78		
95929		C motor evoked lwr limbs		$95.28	NA		
95929	TC	C motor evoked lwr limbs		$51.50	NA		
95930	26	Visual evoked potential test		$10.30	$10.30		
95930		Visual evoked potential test		$52.09	NA		
95930	TC	Visual evoked potential test		$41.79	NA		
95933	26	Blink reflex test		$16.24	$16.24		
95933		Blink reflex test		$36.25	NA		
95933	TC	Blink reflex test		$20.01	NA		
95937	26	Neuromuscular junction test		$19.81	$19.81		
95937		Neuromuscular junction test		$26.94	NA		
95937	TC	Neuromuscular junction test		$7.13	NA		
95938	26	Somatosensory testing		$25.35	$25.35		
95938		Somatosensory testing		$172.13	NA		
95938	TC	Somatosensory testing		$146.77	NA		
95939	26	C motor evoked upr&lwr limbs		$66.75	$66.75		
95939		C motor evoked upr&lwr limbs		$269.38	NA		
95939	TC	C motor evoked upr&lwr limbs		$202.63	NA		
95940		Ionm in operatng room 15 min		NA	18.62		
95943		Parasymp&symp hrt rate test		M	#		Documentation Required
95943	TC	Parasymp&symp hrt rate test		M	#		Documentation Required
95943	26	Parasymp&symp hrt rate test		M	M		Documentation Required
95950	26	Ambulatory eeg monitoring		$44.17	$44.17		
95950		Ambulatory eeg monitoring		$118.06	NA		
95950	TC	Ambulatory eeg monitoring		$73.89	NA		
95951	26	EEG monitoring/videorecord		$175.69	$175.69		
95951		EEG monitoring/videorecord		$917.21	NA		
95951	TC	EEG monitoring/videorecord		$741.52	NA		
95953	26	EEG monitoring/computer		$89.93	$89.93		
95953		EEG monitoring/computer		$224.22	NA		
95953	TC	EEG monitoring/computer		$134.29	NA		
95954	26	EEG monitoring/giving drugs		$61.80	$61.80		
95954		EEG monitoring/giving drugs		$143.81	NA		
95954	TC	EEG monitoring/giving drugs		$82.01	NA		
95955	26	EEG during surgery		$27.14	$27.14		
95955		EEG during surgery		$78.24	NA		
95955	TC	EEG during surgery		$51.11	NA		
95956	26	EEG monitor technol attended		$89.93	$89.93		
95956		EEG monitor technol attended		$378.71	NA		
95956	TC	EEG monitor technol attended		$288.79	NA		
95957	26	EEG digital analysis		$58.24	$58.24		
95957		EEG digital analysis		$94.28	NA		
95957	TC	EEG digital analysis		$36.05	NA		
95958	26	EEG monitoring/function test		$122.81	$122.81		
95958		EEG monitoring/function test		$160.04	NA		
95958	TC	EEG monitoring/function test		$37.23	NA		
95961	26	Electrode stimulation brain		$94.48	$94.48		
95961		Electrode stimulation brain		$121.81	NA		
95961	TC	Electrode stimulation brain		$27.33	NA		
95962	26	Electrode stim brain add-on		$97.45	$97.45		
95962		Electrode stim brain add-on		$124.78	NA		
95962	TC	Electrode stim brain add-on		$27.33	NA		
95965	26	Meg spontaneous		$235.32	$235.32		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
95965		Meg spontaneous		M	NA		Documentation Required
95965	TC	Meg spontaneous		M	NA		Documentation Required
95966	26	Meg evoked single		$116.67	$116.67		
95966		Meg evoked single		M	NA		Documentation Required
95966	TC	Meg evoked single		M	NA		Documentation Required
95967	26	Meg evoked each addl		$95.67	$95.67		
95967		Meg evoked each addl		M	NA		Documentation Required
95967	TC	Meg evoked each addl		M	NA		Documentation Required
95970		Analyze neurostim no prog		$26.33	$12.29		
95971		Analyze neurostim simple		$30.30	$21.20		
95972		Analyze neurostim complex		$56.46	$42.20		
95973		Analyze neurostim complex		$31.88	$26.33		
95974		Cranial neurostim complex		$96.26	$88.34		
95975		Cranial neurostim complex		$53.69	$50.50		
95978		Analyze neurostim brain/1h		$111.32	$98.64		
95979		Analyz neurostim brain addon		$51.30	$47.73		
95980		Io anal gast n-stim init		NA	$22.19		
95981		Io anal gast n-stim subsq		$15.06	$8.71		
95982		Io ga n-stim subsq w/reprog		$23.17	$17.43		
95990		Spin/brain pump refil & main		$30.91	NA		
95991		Spin/brain pump refil & main		$45.36	$19.81		
95999		Neurological procedure		M	M		Documentation Required
96000		Motion analysis video/3d		NA	$48.33		
96001		Motion test w/ft press meas		NA	$57.63		
96002		Dynamic surface emg		NA	$11.49		
96003		Dynamic fine wire emg		NA	$10.10		
96004		Phys review of motion tests		$63.18	$63.18		
96020	26	Functional brain mapping		$88.34	$88.34		
96020		Functional brain mapping		M	NA		Documentation Required
96020	TC	Functional brain mapping		M	NA		Documentation Required
96101		Psycho testing by psych/phys		$50.71	$50.31		
96102		Psycho testing by technician		$23.17	$13.46		
96103		Psycho testing admin by comp		$14.65	$13.87		
96110		Developmental screen		$9.20	$9.20		
96111		Developmental test extend		$75.86	$75.86		
96116		Neurobehavioral status exam		$56.85	$53.08		
96118		Neuropsych tst by psych/phys		$67.95	$52.89		
96119		Neuropsych testing by tec		$34.66	$18.23		
96120		Neuropsych tst admin w/comp		$25.16	$13.87		
96360		Hydration iv infusion init		$31.10	NA		
96361		Hydrate iv infusion add-on		$9.10	NA		
96365		Ther/proph/diag iv inf init		$37.52	NA		
96366		Ther/proph/diag iv inf addon		$12.07	NA		
96367		Tx/proph/dg addl seq iv inf		$19.01	NA		
96368		Ther/diag concurrent inf		$11.29	NA		
96369		Sc ther infusion up to 1 hr		$82.21	NA		
96370		Sc ther infusion addl hr		$8.71	NA		
96371		Sc ther infusion reset pump		$39.82	NA		
96372		Ther/proph/diag inj sc/im		$11.49	NA		
96373		Ther/proph/diag inj, ia		$9.91	NA		
96374		Ther/proph/diag inj iv push		$29.91	NA		
96375		Tx/pro/dx inj new drug addon		$13.07	NA		
96379		Ther/prop/diag inj/inf proc		M	M		Documentation Required
96401		Chemo anti-neopl sq/im		$27.53	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
96402		Chemo hormon antineopl sq/im		$23.97	NA		
96405		Chemo intralesional up to 7		$59.22	$15.65		
96406		Chemo intralesional over 7		$76.25	$22.19		
96409		Chemo iv push sngl drug		$63.98	NA		
96411		Chemo iv push addl drug		$37.04	NA		
96413		Chemo iv infusion 1 hr		$90.32	NA		
96415		Chemo iv infusion addl hr		$20.40	NA		
96416		Chemo prolong infuse w/pump		$97.06	NA		
96417		Chemo iv infus each addl seq		$44.17	NA		
96420		Chemo, ia, push tecnique		$57.84	NA		
96422		Chemo ia infusion up to 1 hr		$100.83	NA		
96423		Chemo ia infuse each addl hr		$41.20	NA		
96425		Chemotherapy infusion method		$93.70	NA		
96440		Chemotherapy intracavitary		$211.74	$74.67		
96446		Chemotx admn prtl cavity		$103.20	$12.48		
96450		Chemotherapy into CNS		$170.14	$57.63		
96521		Refill/maint portable pump		$80.02	NA		
96522		Refill/maint pump/resvr syst		$57.84	NA		
96523		Irrig drug delivery device		$14.65	NA		
96542		Chemotherapy injection		$100.62	$29.32		
96549		Chemotherapy unspecified		M	M		Documentation Required
96567		Photodynamic tx skin		$39.62	NA		
96570		Photodynmc tx 30 min add-on		$31.30	$31.30		
96571		Photodynamic tx addl 15 min		$15.26	$15.26		
96910		Photochemotherapy with UV-B		$20.40	NA		
96912		Photochemotherapy with UV-A		$25.94	NA		
96920		Laser tx skin < 250 sq cm		$73.48	$34.27		
96921		Laser tx skin 250-500 sq cm		$75.47	$35.07		
96922		Laser tx skin > 500 sq cm		$111.51	$54.66		
96999		Dermatological procedure		M	M		Documentation Required
97001		Pt evaluation		$39.62	$33.68		
97002		Pt re-evaluation		$21.00	$16.84		
97003		Ot evaluation		$42.39	$32.88		
97004		Ot re-evaluation		$25.55	$16.04		
97012		Mechanical traction therapy		$7.72	$7.72		
97014		Electric stimulation therapy		$7.52	$7.52		
97016		Vasopneumatic device therapy		$7.33	$7.33		
97018		Paraffin bath therapy		$3.36	$3.36		
97022		Whirlpool therapy		$7.72	$7.72		
97024		Diathermy eg microwave		$2.77	$2.77		
97026		Infrared therapy		$2.58	$2.58		
97028		Ultraviolet therapy		$3.16	$3.16		
97032		Electrical stimulation		$8.32	$8.32		
97033		Electric current therapy		$10.69	$10.69		
97034		Contrast bath therapy		$7.33	$7.33		
97035		Ultrasound therapy		$6.33	$6.33		
97036		Hydrotherapy		$12.07	$12.07		
97039		Physical therapy treatment		$6.13	$6.13		
97110		Therapeutic exercises		$14.65	$14.65		
97112		Neuromuscular reeducation		$15.26	$15.26		
97116		Gait training therapy		$12.87	$12.87		
97124		Massage therapy		$11.68	$11.68		
97139		Physical medicine procedure		$8.32	$8.32		
97140		Manual therapy 1/> regions		$13.68	$13.68		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
97530		Therapeutic activities		$15.26	$15.26		
97597		Rmvl devital tis 20 cm/<		$41.99	$14.06		
97598		Rmvl devital tis addl 20cm/<		$14.06	$6.73		
97605		Neg press wound tx		$18.02	$15.65		
97606		Neg press wound tx >50 cm		$19.41	$17.23		
97760		Orthotic mgmt and training		$16.23	$13.46		
97761		Prosthetic training		$14.85	$13.07		
97762		C/o for orthotic/prosth use		$13.68	$9.10		
97799		Physical medicine procedure		M	M		Documentation Required
98925		Osteopath manj 1-2 regions		$15.65	$12.07		
98926		Osteopath manj 3-4 regions		$21.59	$18.42		
98927		Osteopath manj 5-6 regions		$27.72	$23.57		
98928		Osteopath manj 7-8 regions		$32.88	$27.94		
98929		Osteopath manj 9-10 regions		$37.83	$31.88		
99170		Anogenital exam child		$71.31	$47.14		
99183		Hyperbaric oxygen therapy		$113.90	$63.79		
99195		Phlebotomy		$9.10	NA		
99199		Special service/proc/report		M	M		Documentation Required
99201		Office/outpatient visit new		$19.20	$12.48		
99202		Office/outpatient visit new		$34.07	$24.56		
99203		Office/outpatient visit new		$50.71	$37.83		
99204		Office/outpatient visit new		$71.70	$56.05		
99205		Office/outpatient visit new		$91.12	$74.67		
99211		Office/outpatient visit est		$11.29	$4.75		
99212		Office/outpatient visit est		$20.20	$12.68		
99213		Office/outpatient visit est		$28.19	$19.07		
99214		Office/outpatient visit est		$43.18	$30.91		
99215		Office/outpatient visit est		$62.79	$49.52		
99217		Observation care discharge		NA	$37.04		
99218		Initial observation care		NA	$35.26		
99219		Initial observation care		NA	$58.63		
99220		Initial observation care		NA	$82.40		
99221		Initial hospital care		NA	$35.65		
99222		Initial hospital care		NA	$59.02		
99223		Initial hospital care		NA	$82.21		
99231		Subsequent hospital care		NA	$17.82		
99232		Subsequent hospital care		NA	$29.11		
99233		Subsequent hospital care		NA	$41.40		
99234		Observ/hosp same date		NA	$70.92		
99235		Observ/hosp same date		NA	$93.49		
99236		Observ/hosp same date		NA	$116.67		
99238		Hospital discharge day		NA	$37.04		
99239		Hospital discharge day		NA	$50.50		
99241		Office consultation		$26.33	$18.03		
99242		Office consultation		$48.14	$36.65		
99243		Office consultation		$64.18	$49.11		
99244		Office consultation		$90.51	$72.50		
99245		Office consultation		$117.06	$96.47		
99251		Inpatient consultation		NA	$18.81		
99252		Inpatient consultation		NA	$37.83		
99253		Inpatient consultation		NA	$51.69		
99254		Inpatient consultation		NA	$74.28		
99255		Inpatient consultation		NA	$102.41		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
99281		Emergency dept visit		NA	$8.71		
99281	UD	Emergency dept visit		NA	$41.94		
99281	UA	Emergency dept visit		NA	$96.43		
99282		Emergency dept visit		NA	$14.46		
99282	UD	Emergency dept visit		NA	$41.94		
99282	UA	Emergency dept visit		NA	$96.43		
99283		Emergency dept visit		NA	$32.49		
99283	UD	Emergency dept visit		NA	$41.94		
99283	UA	Emergency dept visit		NA	$96.43		
99284	UD	Emergency dept visit		NA	$41.94		
99284		Emergency dept visit		NA	$50.71		
99284	UA	Emergency dept visit		NA	$96.43		
99285	UD	Emergency dept visit		NA	$41.94		
99285		Emergency dept visit		NA	$79.44		
99285	UA	Emergency dept visit		NA	$96.43		
99291		Critical care first hour		$134.29	$108.54		
99292		Critical care addl 30 min		$59.63	$54.47		
99304		Nursing facility care init		$34.46	$34.46		
99305		Nursing facility care init		$45.75	$45.75		
99306		Nursing facility care init		$56.46	$56.46		
99307		Nursing fac care subseq		$17.82	$17.82		
99308		Nursing fac care subseq		$29.52	$29.52		
99309		Nursing fac care subseq		$41.59	$41.59		
99310		Nursing fac care subseq		$52.09	$52.09		
99315		Nursing fac discharge day		$32.29	$32.29		
99316		Nursing fac discharge day		$42.59	$42.59		
99318		Annual nursing fac assessmnt		$34.46	$34.46		
99324		Domicil/r-home visit new pat		$30.70	NA		
99325		Domicil/r-home visit new pat		$44.96	NA		
99326		Domicil/r-home visit new pat		$65.17	NA		
99327		Domicil/r-home visit new pat		$85.76	NA		
99328		Domicil/r-home visit new pat		$106.16	NA		
99334		Domicil/r-home visit est pat		$23.78	NA		
99335		Domicil/r-home visit est pat		$37.63	NA		
99336		Domicil/r-home visit est pat		$58.04	NA		
99337		Domicil/r-home visit est pat		$85.37	NA		
99341		Home visit new patient		$30.50	NA		
99342		Home visit new patient		$44.96	NA		
99343		Home visit new patient		$65.56	NA		
99344		Home visit new patient		$85.96	NA		
99345		Home visit new patient		$106.37	NA		
99347		Home visit est patient		$23.78	NA		
99348		Home visit est patient		$37.63	NA		
99349		Home visit est patient		$58.24	NA		
99350		Home visit est patient		$85.96	NA		
99354		Prolonged service office		$51.89	$49.72		
99355		Prolonged service office		$51.30	$48.72		
99356		Prolonged service inpatient		NA	$47.53		
99357		Prolonged service inpatient		NA	$47.94		
99381		Init pm e/m new pat infant		$86.72	$53.49		
99382		Init pm e/m new pat 1-4 yrs		$93.36	$61.08		
99383		Prev visit new age 5-11		$91.46	$61.08		
99384		Prev visit new age 12-17		$99.37	$69.00		
99385		Prev visit new age 18-39		$99.37	$69.00		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
99386		Prev visit new age 40-64		$117.10	$84.51		
99387		Init pm e/m new pat 65+ yrs		$126.92	$92.42		
99391		Per pm reeval est pat infant		$65.83	$45.89		
99392		Prev visit est age 1-4		$73.74	$53.49		
99393		Prev visit est age 5-11		$72.79	$53.49		
99394		Prev visit est age 12-17		$80.39	$61.08		
99395		Prev visit est age 18-39		$81.34	$61.08		
99396		Prev visit est age 40-64		$89.89	$69.00		
99397		Per pm reeval est pat 65+ yr		$99.06	$76.91		
99406		Behav chng smoking 3-10 min		$6.94	$6.54		
99407		Behav chng smoking > 10 min		$13.68	$13.07		
99460		Init nb em per day hosp		NA	$50.64		
99461		Init nb em per day non-fac		$46.34	$34.66		
99462		Sbsq nb em per day hosp		NA	$26.59		
99463		Same day nb discharge		NA	$68.05		
99464		Attendance at delivery		NA	$64.25		
99465		Nb resuscitation		NA	$125.96		
99468		Neonate crit care initial		NA	$478.15		
99469		Neonate crit care subsq		NA	$208.38		
99471		Ped critical care initial		NA	$427.24		
99472		Ped critical care subsq		NA	$210.95		
99475		Ped crit care age 2-5 init		NA	$294.53		
99476		Ped crit care age 2-5 subsq		NA	$174.91		
99477		Init day hosp neonate care		NA	$184.21		
99478		Ic lbw inf < 1500 gm subsq		NA	$75.86		
99479		Ic lbw inf 1500-2500 g subsq		NA	$66.76		
99480		Ic inf pbw 2501-5000 g subsq		NA	$64.18		
99495		Trans care mgmt 14 day disch		$95.47	$78.44		
99496		Trans care mgmt 7 day disch		$134.49	$115.08		
99499		Unlisted e&m service		M	M		Documentation Required
A4561		Pessary rubber, any type		$18.35	#		
A4562		Pessary, non rubber,any type		$45.62	#		
D0190		Screening of a patient		$14.89	#		
D1206		Topical fluoride varnish		$9.00	#		Ages 0 thru 2 years of age
D1206		Topical fluoride varnish		$13.23	#		Ages 3 thru 15 years of age
G0101		CA screen;pelvic/breast exam		$19.61	$12.68		
G0102		Prostate ca screening; dre		$10.90	$4.75		Ages 50 thru 124 years of age
G0106	26	Colon CA screen;barium enema		$46.94	$46.94		
G0106		Colon CA screen;barium enema		$73.68	NA		
G0106	TC	Colon CA screen;barium enema		$26.74	NA		
G0117		Glaucoma scrn hgh risk direc		$23.37	$12.87		
G0118		Glaucoma scrn hgh risk direc		$14.07	$4.75		
G0120	26	Colon ca scrn; barium enema		$46.94	$46.94		
G0120		Colon ca scrn; barium enema		$73.68	NA		
G0120	TC	Colon ca scrn; barium enema		$26.74	NA		
G0130	26	Single energy x-ray study		$16.84	$16.84		
G0130		Single energy x-ray study		$22.78	NA		
G0130	TC	Single energy x-ray study		$5.94	NA		
G0168		Wound closure by adhesive		$47.94	$13.87		
G0186		Dstry eye lesn,fdr vssl tech		M	M		Documentation Required
G0202	26	Screeningmammographydigital		$19.01	$19.01		
G0202		Screeningmammographydigital		$70.92	NA		
G0202	TC	Screeningmammographydigital		$51.90	NA		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
G0204	26	Diagnosticmammographydigital		$23.57	$23.57		
G0204		Diagnosticmammographydigital		$74.67	NA		
G0204	TC	Diagnosticmammographydigital		$51.11	NA		
G0206	26	Diagnosticmammographydigital		$19.01	$19.01		
G0206		Diagnosticmammographydigital		$60.41	NA		
G0206	TC	Diagnosticmammographydigital		$41.40	NA		
G0235	26	PET not otherwise specified		M	M		Documentation Required
G0235		PET not otherwise specified		M	NA		Documentation Required
G0235	TC	PET not otherwise specified		M	NA		Documentation Required
G0341		Percutaneous islet celltrans		$261.65	$199.27	Y	
G0342		Laparoscopy islet cell trans		NA	$370.20	Y	
G0343		Laparotomy islet cell transp		NA	$607.90	Y	
G0364		Bone marrow aspirate &biopsy		$6.74	$5.16		
G0365	26	Vessel mapping hemo access		$7.13	$7.13		
G0365		Vessel mapping hemo access		$89.12	NA		
G0365	TC	Vessel mapping hemo access		$82.00	NA		
G0406		Inpt/tele follow up 15		NA	$20.40		
G0407		Inpt/tele follow up 25		NA	$36.65		
G0408		Inpt/tele follow up 35		NA	$52.49		
G0412		Open tx iliac spine uni/bil		NA	$379.12		
G0413		Pelvic ring fracture uni/bil		NA	$552.63		
G0414		Pelvic ring fx treat int fix		NA	$522.52		
G0415		Open tx post pelvic fxcture		NA	$715.05		
G0416	26	Sat biopsy prostate 1-20 spc		$102.00	$102.00		
G0416		Sat biopsy prostate 1-20 spc		$348.41	NA		
G0416	TC	Sat biopsy prostate 1-20 spc		$246.40	NA		
G0417	26	Sat biopsy prostate 21-40		$195.50	$195.50		
G0417		Sat biopsy prostate 21-40		$677.02	NA		
G0417	TC	Sat biopsy prostate 21-40		$481.52	NA		
G0418	26	Sat biopsy prostate 41-60		$339.31	$339.31		
G0418		Sat biopsy prostate 41-60		$1,161.91	NA		
G0418	TC	Sat biopsy prostate 41-60		$822.61	NA		
G0419	26	Sat biopsy prostate: >60		$392.19	$392.19		
G0419		Sat biopsy prostate: >60		$1,379.19	NA		
G0419	TC	Sat biopsy prostate: >60		$987.01	NA		
G0420		Ed svc CKD ind per session		$58.79	NA		Only Covered for Diagnosis Code 585.4
G0421		Ed svc CKD grp per session		$13.76	NA		Only Covered for Diagnosis Code 585.4
G0422		Intens cardiac rehab w/exerc		$26.94	$26.94		Restricted Quantity and Diagnoses
G0423		Intens cardiac rehab no exer		$26.94	$26.94		Restricted Quantity and Diagnoses
G0424		Pulmonary rehab w exer		$12.87	$5.15		Restricted Quantity and Diagnoses
G0425		Inpt/ed teleconsult30		NA	$54.67		
G0426		Inpt/ed teleconsult50		NA	$74.28		
G0427		Inpt/ed teleconsult70		NA	$109.14		
G0429		Dermal filler injection(s)		$51.90	$39.42		
G0436		Tobacco-use counsel 3-10 min		$8.12	$6.93		
G0437		Tobacco-use counsel >10 min		$16.44	$15.25		
G0455		Fecal microbiota prep instil		$65.37	$30.50		
G3001		Admin + supply, tositumomab		$2,139.56	#		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
L4350		Ankle control orthosi prefab		$73.91	#		
L4360		Pneumati walking boot prefab		$81.12	#		
L4370		Pneumatic full leg splint		$97.34	#		
M0064		Visit for drug monitoring		$14.26	$9.90		
Q0091		Obtaining screen pap smear		$21.78	$10.10		
Q0111		Wet mounts/ w preparations		$1.54	#		
Q0112		Potassium hydroxide preps		$1.54	#		
Q0113		Pinworm examinations		$1.54	#		
Q0114		Fern test		$1.54	#		
Q0115		Post-coital mucous exam		$1.54	#		
Q4001		Cast sup body cast plaster		$35.89	#		
Q4002		Cast sup body cast fiberglas		$135.65	#		
Q4003		Cast sup shoulder cast plstr		$25.78	#		
Q4004		Cast sup shoulder cast fbrgl		$89.25	#		
Q4005		Cast sup long arm adult plst		$9.50	#		
Q4006		Cast sup long arm adult fbrg		$21.42	#		
Q4007		Cast sup long arm ped plster		$4.76	#		
Q4008		Cast sup long arm ped fbrgls		$10.71	#		
Q4009		Cast sup sht arm adult plstr		$6.34	#		
Q4010		Cast sup sht arm adult fbrgl		$14.28	#		
Q4011		Cast sup sht arm ped plaster		$3.17	#		
Q4012		Cast sup sht arm ped fbrglas		$7.14	#		
Q4013		Cast sup gauntlet plaster		$11.54	#		
Q4014		Cast sup gauntlet fiberglass		$19.48	#		
Q4015		Cast sup gauntlet ped plster		$5.77	#		
Q4016		Cast sup gauntlet ped fbrgls		$9.74	#		
Q4017		Cast sup lng arm splint plst		$6.68	#		
Q4018		Cast sup lng arm splint fbrg		$10.65	#		
Q4019		Cast sup lng arm splnt ped p		$3.34	#		
Q4020		Cast sup lng arm splnt ped f		$5.33	#		
Q4021		Cast sup sht arm splint plst		$4.94	#		
Q4022		Cast sup sht arm splint fbrg		$8.92	#		
Q4023		Cast sup sht arm splnt ped p		$2.48	#		
Q4024		Cast sup sht arm splnt ped f		$4.46	#		
Q4025		Cast sup hip spica plaster		$27.72	#		
Q4026		Cast sup hip spica fiberglas		$86.53	#		
Q4027		Cast sup hip spica ped plstr		$13.86	#		
Q4028		Cast sup hip spica ped fbrgl		$43.27	#		
Q4029		Cast sup long leg plaster		$21.19	#		
Q4030		Cast sup long leg fiberglass		$55.78	#		
Q4031		Cast sup lng leg ped plaster		$10.60	#		
Q4032		Cast sup lng leg ped fbrgls		$27.89	#		
Q4033		Cast sup lng leg cylinder pl		$19.76	#		
Q4034		Cast sup lng leg cylinder fb		$49.17	#		
Q4035		Cast sup lngleg cylndr ped p		$9.89	#		
Q4036		Cast sup lngleg cylndr ped f		$24.59	#		
Q4037		Cast sup shrt leg plaster		$12.06	#		
Q4038		Cast sup shrt leg fiberglass		$30.21	#		
Q4039		Cast sup shrt leg ped plster		$6.04	#		
Q4040		Cast sup shrt leg ped fbrgls		$15.11	#		
Q4041		Cast sup lng leg splnt plstr		$14.66	#		
Q4042		Cast sup lng leg splnt fbrgl		$25.03	#		
Q4043		Cast sup lng leg splnt ped p		$7.33	#		

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

HCPCS Code	Mod	Short Description	HCPCS Action Code	Non Fac Fee	Fac Fee	PA	Comments
Q4044		Cast sup lng leg splnt ped f		$12.52	#		
Q4045		Cast sup sht leg splnt plstr		$8.51	#		
Q4046		Cast sup sht leg splnt fbrgl		$13.69	#		
Q4047		Cast sup sht leg splnt ped p		$4.25	#		
Q4048		Cast sup sht leg splnt ped f		$6.85	#		
Q4049		Finger splint, static		$1.55	#		
Q4050		Cast supplies unlisted		M	#		Documentation Required
Q4051		Splint supplies misc		M	#		Documentation Required
R0075		Transport port x-ray multipl		$4.30	#		
S0199		Med abortion inc all ex drug		M	#		Consent/Cert. Form Required
S0592		Comp cont lens eval		$28.72	#		
S0620		Routine ophthalmological exa		$33.00	$33.00		
S0621		Routine ophthalmological exa		$31.35	$31.35		
S2060		Lobar lung transplantation		#	M	Y	Documentation Required
S2061		Donor lobectomy (lung)		#	M	Y	Documentation Required
S2083		Adjustment gastric band		$32.68	$32.68		
S2095		Transcath emboliz microspher		#	$328.85		
S2102		Islet cell tissue transplant		#	M	Y	Documentation Required
S2103		Adrenal tissue transplant		#	M	Y	Documentation Required
S2152		Solid organ transpl pkg		#	M	Y	Documentation Required
S2202		Echosclerotherapy		M	M	Y	Documentation Required
S2348		Decompress disc RF lumbar		M	M		Documentation Required
S4989		Contracept IUD		$127.82	#		
S9024		Paranasal sinus ultrasound		M	M		Documentation Required

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