



## MDHHS WRAP AROUND CODE LIST INSTRUCTIONS

### Outpatient Hospital

This document contains information for interpreting the Michigan Medicaid Outpatient Hospital Outpatient Prospective Payment System (OPPS) Wrap Around Code List. Providers are instructed to refer to the Michigan Medicaid Provider Manual and/or MSA Bulletins for specific coverage, reimbursement policies, and required forms. To access this information via the Michigan Department of Health and Human Services (MDHHS) website: [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing & Reimbursement >> Provider Specific Information >> Outpatient Hospitals.

MDHHS follows as closely as possible the Centers for Medicare & Medicaid Services (CMS) Medicare current OPPS coverage policies as published in the CMS Addendum A and Addendum B. (<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Addendum-A-and-Addendum-B-Updates.html>). The Addenda include HCPCS codes and CMS Status Indicators (SI) which determine the CMS OPPS payment status.

Payments for Michigan Medicaid OPPS services are calculated utilizing the current Medicare conversion factors and rates with an MDHHS reduction factor (RF) applied. The RF is reviewed annually and revisions to the factor can be found on the MDHHS Provider website at [http://www.michigan.gov/documents/mdch/OPPS\\_reductionfactors\\_226414\\_7.pdf](http://www.michigan.gov/documents/mdch/OPPS_reductionfactors_226414_7.pdf).

#### **MDHHS OPPS Wrap Around Code List Database**

The MDHHS Wrap Around Code List includes CMS OPPS procedure codes that Michigan Medicaid pays or covers differently than Medicare. **OPPS codes that are paid differently than Medicare have a MDHHS Status Indicator Code.** The list of MDHHS Status Indicator Codes is located at the top of each page.

If appropriate there will be an assigned rate (not subject to the Michigan RF). For codes that do not have a rate, the unique MDHHS Status Indicator Code or CMS Status Indicator applies to the payment of that code. The database is available in two formats:

- PDF excel file is in numeric code order for viewing and/or printing a page
- An Excel file is in numeric code order for downloading data onto your computer

Data elements and descriptions for this database are as follows:

Data Element	Description
<b>Code</b>	The HCPCS (CPT-4) or Level II codes used to denote a service.
<b>Description</b>	The short description of the service associated with the HCPCS code.
<b>MDHHS Status Indicator</b>	Unique Michigan Medicaid assigned code to describe the coverage status for a HCPC code that is covered differently from Medicare.
<b>MDHHS Rate or CMS SI</b>	The Michigan Medicaid assigned reimbursement rate for the payment of a HCPCS code when it is paid differently than Medicare or it is not covered by Medicare. A status indicator of "M" indicates the code is manually priced. HCPCS codes that are covered by Medicare, but not by Michigan Medicaid, are identified by a status indicator of R1 = MDHHS Non-Covered Items.
<b>Code Range</b>	Codes in the range with a CMS Status Indicator A are MDHHS Status Code R1 unless listed as an exception. (If applicable, the codes with R1 status may be billed by an appropriately enrolled MDHHS provider, i.e. DME, Lab, Vision, Practitioner).

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