

MDHHS
Ambulatory Surgical Centers
Wrap Around Codes
April 2019

Revised: 08/29/2019

MDHHS Status Indicators Key

AA1 = MDHHS Covered Services (Non-Medicare)

AA4 = State Plan Reimbursement

AA2 = Medicaid Covered Vaccines

RR1 = MDHHS non-covered items

AA3 = Vaccines for Children

Code	Description	MDHHS Status Indicator	MDHHS Rate or CMS SI
10011	Fna bx w/mr gdn 1st les	RR1	R2
10012	Fna bx w/mr gdn ea addl	RR1	N1
41899	Dental surgery procedure	AA1	\$67.93
55400	Repair of sperm duct	RR1	A2
58321	Artificial insemination	RR1	P3
58322	Artificial insemination	RR1	P3
58323	Sperm washing	RR1	P3
58672	Laparoscopy fimbrioplasty	RR1	A2
58970	Retrieval of oocyte	RR1	A2
58974	Transfer of embryo	RR1	A2
58976	Transfer of embryo	RR1	A2
62380	Ndsc dcprn 1 ntrspc lumbar	RR1	G2
76948	Echo Guide Ova Aspiration	RR1	N1
90460	Im Admin 1st/Only Component	AA4	\$7.00
90461	Im Admin Each Addl Component	AA4	\$7.00
90471	Immunization admin	AA4	\$7.00
90472	Immunization Admin Each Add	AA4	\$7.00
90473	Immune admin oral/nasal	AA4	\$3.00
90474	Immune admin oral/nasal addl	AA4	\$3.00
90620	Menb-4c Vacc 2 Dose Im	AA2	\$169.60
90620UC	Menb-4c vacc 2 dose im (10 to 19 years)	AA3	\$0.00
90621	Menb-fhbp vacc 2/3 dose im (19 to 26 years)	AA2	\$121.90
90621UC	Menb-fhbp vacc 2/3 dose im (10 to 19 years)	AA3	\$0.00
90633	Hepa Vacc Ped/Adol 2 Dose Im	AA3	\$0.00
90634	Hepa Vacc Ped/Adol 3 Dose	RR1	K2
90644	Hib-Mency Vacc 6wk-18m0 Im	AA2/AA3	\$0.00
90647	HIB VACCINE PRP-OMP IM (2 months-5 years)	AA3	\$0.00
90648	HIB VACCINE PRP-OMP IM (2 months-5 years)	AA3	\$0.00
90651	9vhpv vaccine 2/3 dose im (19-46* years)	AA2	\$216.36
90651UC	9vhpv vaccine 2/3 dose im (9 to 19 years)	AA3	\$0.00
90655	liv3 Vacc No Prsv 0.25 Ml Im	AA3	\$0.00
90656	Flu vaccine no preserv 3 & > (3 to 19 years)	AA3	\$0.00
90660	Laiv3 Vaccine Intranasal	RR1	L1
90670	Pneumococcal vacc, 13 val im (6 weeks to 19 years)	AA3	\$0.00
90674	Cciiv4 vac no prsv 0.5 ml im (4 to 19 years)	AA3	\$0.00
90680	Rotovirus vacc 3 dose oral (age 0 - 2 years)	AA3	\$0.00
90681	Rv1 Vacc 2 Dose Live Oral	AA3	\$0.00
90685	liv4 Vacc No Prsv 0.25 Ml Im	AA3	\$0.00

Codes with UC modifier removed and price changes in red

New codes highlighted in peach.

Codes added to RR1 list in green

Code with UC modifier VFC code/age

"M" in fee is manually priced

Subject to Change

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 web page. 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.

MDHHS
Ambulatory Surgical Centers
Wrap Around Codes
April 2019

Revised: 08/29/2019

MDHHS Status Indicators Key

AA1 = MDHHS Covered Services (Non-Medicare) **AA4** = State Plan Reimbursement
AA2 = Medicaid Covered Vaccines **RR1** = MDHHS non-covered items
AA3 = Vaccines for Children

Code	Description	MDHHS Status Indicator	MDHHS Rate or CMS SI
90686	FLU VAC NO PRSV 4 VAL 3 YRS+ (3 to 19 years)	AA3	\$0.00
90687	liv4 Vaccine Splt 0.25 MI Im	AA3	\$0.00
90688	Flu vacc 4 val 3 yrs plus im (3 to 19 years)	AA3	\$0.00
90690	Typhoid vaccine oral	RR1	N1
90696	Dtap-lpv Vaccine 4-6 Yrs Im	AA3	\$0.00
90698	Dtap-lpv/Hib Vaccine Im	AA3	\$0.00
90700	Dtap Vaccine < 7 Yrs Im	AA3	\$0.00
90702	Dt Vaccine Under 7 Yrs Im	AA3	\$0.00
90707	Measles, mumps & rubella virus vaccine (MMR), live, SC (1 to 19 years)	AA3	\$0.00
90710	MmrV Vaccine Sc	AA3	\$0.00
90713	POLIOVIRUS IPV SC/IM (6 weeks to 19 years)	AA3	\$0.00
90714	TD VACCINE NO PRSRV 7/> IM (7 to 19 years)	AA3	\$0.00
90715	TDAP VACCINE 7 YRS/> IM (7 to 19 years)	AA3	\$0.00
90716	Chicken pox vaccine, sc (19 years and older)	AA2	\$88.10
90716UC	Chicken pox vaccine, sc (1-19 years)	AA3	\$0.00
90723	Dtap-Hep B-lpv Vaccine Im	AA3	\$0.00
90732	Pneumococcal vaccine (2 to 19 years)	AA3	\$0.00
90734	Meningococcal vaccine, im age change * (19 to 56 years)	AA2	\$82.66
90734UC	Meningococcal vaccine, im age change * (2 months to 19 years)	AA3	\$0.00
90740	Hepb vacc, ill pat 3 dose im (19 years and older)	AA2	\$134.12
90740UC	Hepb vacc, ill pat 3 dose im (0 to 19 years)	AA3	\$0.00
90743	Hepb Vacc 2 Dose Adolesc Im	RR1	F4
90744	Hep B vacc ped/adol 3 dose im (19 to 20 years)	AA2	\$26.90
90744UC	Hep B vacc ped/adol 3 dose im (0 to 19 years)	AA3	\$0.00
90746	Hepb Vaccine 3 Dose Adult Im	AA2	\$67.06
90747	Hepb Vacc 4 Dose Immunsup Im	AA2	\$134.12
0100T	Prosth retina receive&gen	RR1	J8
0101T	Extracorp Shockwv Tx Hi Enrg	RR1	G2
0102T	Extracorp Shockwv Tx Anesth	RR1	G2
0263T	Im b1 mrw cel ther cmlpl	RR1	G2
0264T	Im B1 Mrw Cel Ther Xcl Hrvst	RR1	G2
0265T	Im b1 mrw cel ther hrvst onl	RR1	G2
0269T	Rev/remvl crtd sns dev total	RR1	G2
0270T	Rev/remvl crtd sns dev lead	RR1	G2
0271T	Rev/remvl crtd sns dev gen	RR1	G2
0274T	Perq lamot/lam crv/thrc	RR1	G2
0275T	Perq lamot/lam lumbar	RR1	G2
0278T	Tempr	RR1	N1

Codes with UC modifier removed and price changes in red

New codes highlighted in peach.

Codes added to RR1 list in green

Code with UC modifier VFC code/age

"M" in fee is manually priced

Subject to Change

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 web page. 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.

MDHHS
Ambulatory Surgical Centers
Wrap Around Codes
April 2019

Revised: 08/29/2019

MDHHS Status Indicators Key

AA1 = MDHHS Covered Services (Non-Medicare)

AA4 = State Plan Reimbursement

AA2 = Medicaid Covered Vaccines

RR1 = MDHHS non-covered items

AA3 = Vaccines for Children

Code	Description	MDHHS Status Indicator	MDHHS Rate or CMS SI
0290T	Laser inc for pkp/lkp recip	RR1	N1
0308T	Insj ocular telescope prosth	RR1	J8
0313T	Laps rmlv nstim array vagus	RR1	G2
0314T	Laps Rmvl Vgl Arry&Pls Gen	RR1	G2
0315T	Rmvl vagus nerve pls gen	RR1	G2
0316T	Replc vagus nerve pls gen	RR1	J8
0330T	Tear film img uni/bi w/i&r	RR1	N1
0331T	Heart Symp Image Plnr	RR1	Z2
0332T	Heart Symp Image Plnr Spect	RR1	Z2
0335T	Insj Sinus Tarsi Implant	RR1	J8
0338T	Trnscth Renal Symp Denrv Unl	RR1	G2
0339T	Trnscth Renal Symp Denrv Bil	RR1	G2
0341T	Quant Pupilometry W/ Rprt	RR1	N1
0342T	Thxp Apheresis W/Hdl Delip	RR1	G2
0347T	Ins bone device for rsa	RR1	N1
0348T	Rsa spine exam	RR1	N1
0349T	Rsa upper extr exam	RR1	N1
0350T	Rsa lower extr exam	RR1	N1
0351T	Intraop oct brst/node spec	RR1	N1
0353T	Intraop oct breast cavity	RR1	N1
0356T	Insrt drug device for iop	RR1	N1
0357T	Cryopreservation oocyte(s)	RR1	N1
0376T	Insert ant segment drain int	RR1	N1
0377T	Anoscpy inj agent for incont	RR1	R2
0379T	Vis field assmnt tech suppt	RR1	N1
0380T	Comp animat ret imag series	RR1	N1
0394T	Hdr elctrcn skn surf brchytX	RR1	Z2
0395T	Hdr elctr ntrst/ntrcv brchtx	RR1	Z2
0396T	Intraop kinetic balnce sensr	RR1	N1
0397T	Ercp w/optical endomicroscopy	RR1	N1
0399T	Myocardial strain imaging	RR1	N1
0400T	Mltispectrl digital les alys	RR1	N1
0401T	Mltispectrl digital les alys	RR1	N1
0402T	Collagen crosslinking cornea	RR1	R2
0408T	Insj/rplc cardiac modulj sys	RR1	J8
0409T	Insj/Rplc Car Modulj Pls Gn	RR1	J8
0410T	Insj/rplc car modulj atr elt	RR1	J8
0411T	Insj/rplc car modulj vnt elt	RR1	J8

Codes with UC modifier removed and price changes in red

New codes highlighted in peach.

Codes added to RR1 list in green

Code with UC modifier VFC code/age

"M" in fee is manually priced

Subject to Change

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 web page. 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.

MDHHS
Ambulatory Surgical Centers
Wrap Around Codes
April 2019

Revised: 08/29/2019

MDHHS Status Indicators Key

AA1 = MDHHS Covered Services (Non-Medicare) **AA4** = State Plan Reimbursement
AA2 = Medicaid Covered Vaccines **RR1** = MDHHS non-covered items
AA3 = Vaccines for Children

Code	Description	MDHHS Status Indicator	MDHHS Rate or CMS SI
0412T	Rmvl cardiac modulj pls gen	RR1	G2
0413T	Rmvl car modulj tranvns elt	RR1	G2
0414T	Rmvl & rpl car modulj pls gn	RR1	J8
0415T	Repos car modulj tranvns elt	RR1	G2
0416T	Reloc skin pocket pls gen	RR1	G2
0419T	Dstrj Neurofibroma Xtnsv	RR1	R2
0420T	Dstrj Neurofibroma Xtnsv	RR1	R2
0421T	Waterjet prostate abltj compl	RR1	G2
0422T	Tactile breast img uni/bi	RR1	Z2
0424T	Insj/rplc nstim apnea compl	RR1	J8
0425T	Insj/rplc nstim apnea sen ld	RR1	G2
0426T	Insj/rplc nstim apnea stm ld	RR1	G2
0427T	Insj/rplc nstim apnea pls gn	RR1	G2
0428T	Rmvl nstim apnea pls gen	RR1	G2
0429T	Rmvl nstim apnea sen ld	RR1	G2
0430T	Rmvl nstim apnea stimj ld	RR1	G2
0431T	Rmvl/rplc nstim apnea pls gn	RR1	G2
0432T	Repos nstim apnea stimj ld	RR1	G2
0433T	Repos nstim apnea sensing ld	RR1	G2
0434T	Interro Eval Npgs Apnea	RR1	G2
0437T	Impltj synth rnfcmtd abdl wal	RR1	N1
0439T	Myocrd contrast prfuj echo	RR1	N1
0440T	Abltj perc uxtr/perph nrv	RR1	G2
0441T	Abltj perc lxtr/perph nrv	RR1	G2
0442T	Abltj perc plex/trncl nrv	RR1	G2
0443T	R-t spctrl alys prst8 tiss	RR1	N1
0444T	1st plmt drug elut oc ins	RR1	N1
0445T	Sbsqt plmt drug elut oc ins	RR1	N1
0446T	Insj impltbl glucose sensor	RR1	G2
0447T	Rmvl impltbl glucose sensor	RR1	G2
0448T	Remvl insj impltbl gluc sens	RR1	G2
0449T	Insj aqueous drain dev 1st	RR1	J8
0450T	Insj aqueous drain dev each	RR1	N1
0465T	Supchrld njx rx w/o supply	RR1	R2
0466T	Insj ch wal respir eltrd/ra	RR1	N1
0467T	Revj/rplmnt ch respir eltrd	RR1	N1
0468T	Rmvl ch wal respir eltrd/ra	RR1	N1
0471T	Oct skn img acquisj i&r addl	RR1	N1

Codes with UC modifier removed and price changes in red

New codes highlighted in peach.

Codes added to RR1 list in green

Code with UC modifier VFC code/age

"M" in fee is manually priced

Subject to Change

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 web page. 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.

MDHHS
Ambulatory Surgical Centers
Wrap Around Codes
April 2019

Revised: 08/29/2019

MDHHS Status Indicators Key

AA1 = MDHHS Covered Services (Non-Medicare)

AA4 = State Plan Reimbursement

AA2 = Medicaid Covered Vaccines

RR1 = MDHHS non-covered items

AA3 = Vaccines for Children

Code	Description	MDHHS Status Indicator	MDHHS Rate or CMS SI
0479T	Fxjl abl lsr 1st 100 sq cm	RR1	G2
0480T	Fxjl abl lsr ea addl 100sqcm	RR1	N1
0482T	Absl quan myocrd bld flo pet	RR1	N1
0487T	Trvg biomchn mapg w/reprt	RR1	N1
0491T	Abl lsr opn wnd 1st 20 sqcm	RR1	G2
0492T	Abl lsr opn wnd addl 20 sqcm	RR1	N1
0493T	Near ifr spectrsc of wounds	RR1	N1
0502T	Cor ffr data prep & transmis	RR1	N1
0503T	Cor ffr alys gnrj ffr mdl	RR1	N1
0508T	Pls echo us b1 dns meas tib	RR1	Z2
0510T	Rmvl sinus tarsi implant	RR1	G2
0511T	Rmvl&rinsj sinus tarsi implt	RR1	J8
0512T	Esw integ wnd hlg 1st wnd	RR1	R2
0513T	Esw integ wnd hlg ea addl	RR1	N1
0514T	Intraop vis axis id pt fixj	RR1	N1
0523T	Ntrapx c ffr w/3d funcjl map	RR1	N1
0524T	Ev cath dir chem abltj w/img	RR1	G2
0525T	Insj/rplcmt compl iims	RR1	J8
0526T	Insj/rplcmt iims eltrd only	RR1	J8
0527T	Insj/rplcmt iims implt mntr	RR1	G2
0530T	Removal complete iims	RR1	G2
0531T	Removal iims electrode only	RR1	G2
0532T	Removal iims implt mntr only	RR1	G2
A9559	Co57 cyano	RR1	N1
A9586	Florbetapir f18	RR1	K2
C1841	Retinal prosth int/ext comp	RR1	J7
C1842	Retinal Prosth, Add-On	RR1	J7
G0008	Admin influenza virus vac	AA4	\$7.00
G0009	Admin pneumococcal vaccine	AA4	\$7.00
G0010	Admin hepatitis b vaccine	AA4	\$7.00
G0276	Pild/placebo control clin tr	RR1	G2
J1205	Chlorothiazide sodium inj	RR1	N1
J1430	Ethanolamine oleate 100 mg	RR1	K2
J2850	Inj secretin synthetic human	RR1	K2
J3350	Urea injection	RR1	N1
J7500	Azathioprine oral 50mg	RR1	N1
J7502	Cyclosporine oral 100 mg	RR1	N1
J7503	Tacrol envarsus ex rel oral	RR1	N1

Codes with UC modifier removed and price changes in red

New codes highlighted in peach.

Codes added to RR1 list in green

Code with UC modifier VFC code/age

"M" in fee is manually priced

Subject to Change

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 web page. 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.

MDHHS
Ambulatory Surgical Centers
Wrap Around Codes
April 2019

Revised: 08/29/2019

MDHHS Status Indicators Key

AA1 = MDHHS Covered Services (Non-Medicare) **AA4** = State Plan Reimbursement
AA2 = Medicaid Covered Vaccines **RR1** = MDHHS non-covered items
AA3 = Vaccines for Children

Code	Description	MDHHS Status Indicator	MDHHS Rate or CMS SI
J7505	Monoclonal antibodies	RR1	N1
J7507	Tacrolimus Imme Rel Oral 1mg	RR1	N1
J7508	Tacrol astagraf ex rel oral	RR1	N1
J7509	Methylprednisolone oral	RR1	N1
J7510	Prednisolone oral per 5 mg	RR1	N1
J7512	Prednisone ir or dr oral 1mg	RR1	N1
J7515	Cyclosporine oral 25 mg	RR1	N1
J7517	Mycophenolate mofetil oral	RR1	N1
J7518	Mycophenolic acid	RR1	N1
J7520	Sirolimus, oral	RR1	N1
J7527	Oral everolimus	RR1	N1
J8501	Oral aprepitant	RR1	N1
J8510	Oral busulfan	RR1	N1
J8520	Capecitabine, oral, 150 mg	RR1	N1
J8521	Capecitabine, oral, 500 mg	RR1	N1
J8530	Cyclophosphamide oral 25 mg	RR1	N1
J8540	Oral dexamethasone	RR1	N1
J8560	Etoposide oral 50 MG	RR1	K2
J8597	Antiemetic drug oral nos	RR1	N1
J8600	Melphalan oral 2 mg	RR1	K2
J8610	Methotrexate oral 2.5 mg	RR1	N1
J8670	Rolapitant, oral, 1mg	RR1	K2
J8700	Temozolomide	RR1	N1
J8705	Topotecan oral	RR1	N1
J9218	Leuprolide acetate injeciton	RR1	N1
J9270	Plicamycin (mithramycin) inj	RR1	K2
J9325	Inj talimogene laherparepvec	RR1	K2
L8679	Imp neurosti pls gn any type	RR1	N1
L9900	O&p supply/accessory/service	RR1	N1
Q0161	Chlorpromazine hcl 5mg oral	RR1	N1
Q0162	Ondansetron oral	RR1	N1
Q0163	Diphenhydramine hcl 50mg	RR1	N1
Q0164	Prochlorperazine maleate 5mg	RR1	N1
Q0166	Granisetron hcl 1 mg oral	RR1	N1
Q0167	Dronabinol 2.5mg oral	RR1	N1
Q0169	Promethazine hcl 12.5mg oral	RR1	N1
Q0173	Trimethobenzamide hcl 250mg	RR1	N1
Q0175	Perphenazine 4mg oral	RR1	N1

Codes with UC modifier removed and price changes in red

New codes highlighted in peach.

Codes added to RR1 list in green

Code with UC modifier VFC code/age

"M" in fee is manually priced

Subject to Change

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 web page. 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.

MDHHS
Ambulatory Surgical Centers
Wrap Around Codes
April 2019

Revised: 08/29/2019

MDHHS Status Indicators Key

AA1 = MDHHS Covered Services (Non-Medicare) **AA4** = State Plan Reimbursement
AA2 = Medicaid Covered Vaccines **RR1** = MDHHS non-covered items
AA3 = Vaccines for Children

Code	Description	MDHHS Status Indicator	MDHHS Rate or CMS SI
Q0177	Hydroxyzine pamoate 25mg	RR1	N1
Q0180	Dolasetron mesylate oral	RR1	N1
Q0181	Unspecified oral anti-emetic	RR1	N1
Q4176	Neopatch, per sq centimeter	RR1	N1
Q4177	Floweramnioflo, 0.1 cc	RR1	N1
Q4178	Floweramniopatch, per sq cm	RR1	N1
Q4179	Flowerderm, per sq cm	RR1	N1
Q4180	Revita, per sq cm	RR1	N1
Q4181	Amnio wound, per square cm	RR1	N1
Q4182	Transcyte, per sq centimeter	RR1	N1
Q4183	Surgigraft, 1 sq cm	RR1	N1
Q4184	Cellesta, 1 sq cm	RR1	N1
Q4185	Cellesta flowab amnion 0.5cc	RR1	N1
Q4188	Amnioarmor 1 sq cm	RR1	N1
Q4189	Artacent ac, 1 mg	RR1	N1
Q4190	Artacent ac 1 sq cm	RR1	N1
Q4191	Restorigin 1 sq cm	RR1	N1
Q4192	Restorigin, 1 cc	RR1	N1
Q4193	Coll-e-derm 1 sq cm	RR1	N1
Q4194	Novachor 1 sq cm	RR1	N1
Q4195	Puraply 1 sq cm	RR1	K2
Q4196	Puraply am 1 sq cm	RR1	K2
Q4197	Puraply xt 1 sq cm	RR1	N1
Q4198	Genesis amnio membrane 1sqcm	RR1	N1
Q4200	Skin te 1 sq cm	RR1	N1
Q4201	Matrion 1 sq cm	RR1	N1
Q4202	Keroxx (2.5g/cc), 1cc	RR1	N1
Q4203	Derma-gide, 1 sq cm	RR1	N1
Q4204	Xwrap 1 sq cm	RR1	N1
Q9954	Oral mr contrast, 100 ml	RR1	N1
Q9968	Visualization adjunct	RR1	K2
Q9982	flutemetamol f18 diagnostic	RR1	N1
Q9983	florbetaben f18 diagnostic	RR1	N1
V2785	Corneal tissue processing	AA1	\$2,000.00

* Age range is effective 10/05/2018.

Codes with UC modifier removed and price changes in red

New codes highlighted in peach.

Codes added to RR1 list in green

Code with UC modifier VFC code/age

"M" in fee is manually priced

Subject to Change

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 web page. 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.