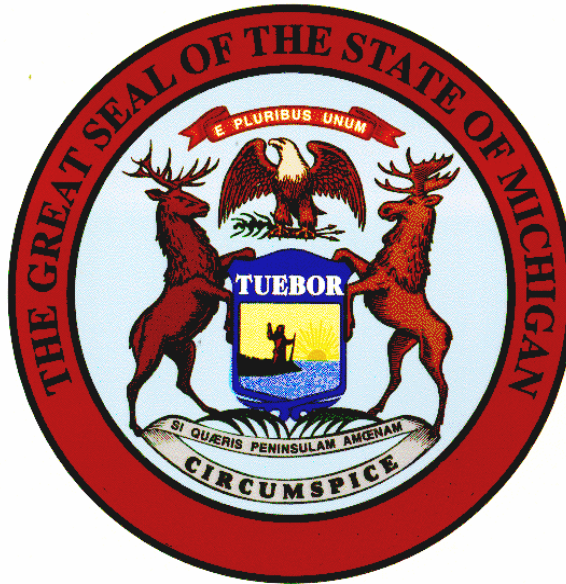


Billing Toolkit Appendix 1:

**See pages 17-53 for a listing of codes suppressed from
the Explanation of Benefits**

State of Michigan
Department of Community Health



BV-250 Explanation of Benefits
Requirements Document
Revision Date: November 16, 2015



MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

Table of Contents

1	DOCUMENT SIGN-OFF -----	5
	1.1 REQUIREMENT SIGN-OFF -----	5
	1.2 DESIGN SIGN-OFF -----	5
	1.3 FINAL REPORT APPROVAL -----	5
2	REQUIREMENTS -----	6
	2.1 GENERAL OVERVIEW – EXPLANATION OF BENEFITS (EOB) -----	6
	2.1.1 <i>Version and Description</i> -----	6
	2.1.2 <i>Report Purpose</i> -----	6
	2.1.3 <i>Assumptions</i> -----	6
	2.2 TECHNICAL REQUIREMENTS-----	6
	2.2.1 <i>On-Demand Parameters</i> -----	6
	2.2.2 <i>Report Selection Criteria</i> -----	6
	2.2.3 <i>Retention Requirements</i> -----	7
	2.2.4 <i>Notification Requirements</i> -----	7
	2.2.5 <i>Special Processes</i> -----	8
3	REPORT DESIGN -----	9
	3.1 SORT SEQUENCE -----	9
	3.2 PAGING CRITERIA -----	9
	3.3 REPORT LAYOUT (PORTRAIT) -----	9
	3.4 REPORT TEMPLATE (PORTRAIT) -----	10
	3.5 REPORT FIELD DEFINITIONS-----	11
4	TECHNICAL SPECIFICATIONS -----	12
	4.1 FIELD CROSSWALK -----	12
5	REPORT FACSIMILE-----	13
	5.1 CHANGES MADE TO EOB LAYOUT -----	14
6	APPENDIX A – CRITERIA FOR IDENTIFYING MEDICAID GRANTEEES TO BE SENT AN EXPLANATION OF BENEFITS STATEMENT -----	14
7	APPENDIX B – NARRATIVE OF QUERIES TO CREATE THE EOB EXTRACT TABLE-----	15
8	APPENDIX C – HCPCS/REVENUE CODES, DIAGNOSIS CODES, DRG CODES, SURGICAL PROCEDURE CODES AND PHARMACY CLASSES CURRENTLY EXCLUDED FROM REPORTING ON THE EXPLANATION OF BENEFITS STATEMENT-----	17
	8.1 EOB SUPPRESS -----	17
	8.2 PHARMACY DATA EXCLUSION-----	36

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

8.3 DIAGNOSIS CODES TO SUPPRESS ----- 37
8.4 DRG CODES TO SUPPRESS ----- 43
8.5 SURGICAL PROCEDURE CODES TO SUPPRESS ----- 44
8.5.1 Surgical Procedure Codes to Suppress: ----- 44
9 APPENDIX D – SELECTION CRITERIA USED TO ASSIGN EOB CAPTION ----- 49
10 APPENDIX E – REPORTING CODES TO SUPPRESS ----- 52

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

1 Document Sign-off

1.1 Requirement Sign-off

This section of the sign-off applies only to Section 2 – Requirements of this document.

Name / Title	Signature	Date

1.2 Design Sign-off

This section of the sign-off applies only to Section 3 – Report Design of this document.

Name / Title	Signature	Date

1.3 Final Report Approval

This section of the sign-off represents acceptance of the report for production deployment.

Name / Title	Signature	Date

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

2 Requirements

2.1 General Overview – Explanation of Benefits (EOB)

2.1.1 Version and Description

Version 02 contains all payments made by CHAMPS on behalf of a Medicaid Case during the reporting month in Beneficiary sequence. The process will run on the 15th of every month and contain payment information from the prior month. Payments deemed sensitive in nature will not be reported – see section 2.2 and Appendix C for more detailed information.

Version 02.1 contains changes to Appendixes C and D for Sensitive Diagnosis and Surgical Procedure Codes, HCPCS Code descriptions, and changes to the EOB Caption Selection Criteria.

Version 03 updates the report layout to match the requirements that were signed off. Also contains changes to Appendixes C and D for Sensitive Diagnosis and Surgical Procedure Codes, HCPCS Code descriptions, and changes to the EOB Caption Selection Criteria. Created Appendix E for the suppressed Reporting codes.

2.1.2 Report Purpose

This report is Federally mandated to ensure that Medicaid Recipients review and give feedback when needed on claims and payments made on their behalf by the Michigan Medicaid Program. It is used by the Beneficiary and Medicaid Integrity Sections.

2.1.3 Assumptions

The report will contain all original paid Medicaid-funded Claims residing on the Data Warehouse Fee-for-Service Database for Selected Cases on a given month based on the selection criteria defined in Section 2.2 below.

2.2 Technical Requirements

2.2.1 On-Demand Parameters

The report will calculate the reporting period based on inputting either ‘current’ which will report on payments made the prior month or, if a special monthly reporting period is requested, an optional four-digit year and two-digit month can be input instead.

2.2.2 Report Selection Criteria

The report contains a 5% case sampling of all Medicaid payments identified by Benefit Plan for a given month by the State of Michigan with a maximum of 15,000 cases. The Benefit Plans reported include ABW, ABW-ESO, MA, MA-ESO, MA-HMP, MA-HMP-ESO, BMP, MA-MICHILD, MICHILDES and NH.

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

Payments that will not be reported include:

- Pended, Rejected or Adjusted Payments (bsns_status_CID not = 71).
- Cases with deceased Beneficiaries (date of death is not null).
- Capitated/Managed Care Payments
- Gross Adjustments (Claim Type CID = 67)
- Payments identified by Policy staff as Sensitive. These include:
 - Payments related to Family Planning, Mental Health and Substance Abuse. These are identified by Diagnosis, Procedure, Surgical Procedure, Revenue and DRG codes and Pharmacy Classes.
 - These codes need to be reviewed by DCH Policy staff every January and the required updates performed to the EOB tables and queries - see code matrixes in Appendix C.
 - Look up tables will be developed to maintain all sensitive codes required for exclusion in the EOB Process. Tables to be maintained by Policy Staff.
 - ICF/MR - Claim Type CID = 46
 - State Psych Facilities – Claim Type CID = 69
 - Family Planning Clinics (LHD) - Claim Type CID = 70
 - Pharmacy Claims (Claim Type CID = 24) classified as Contraceptives, Antivirals for possible treatment of STD and HIV, Psychotropic Drugs (18 and over) and those used for Substance Abuse treatment (all).

In order to obtain the correct Mailing Name and Address information for the EOB, the selection logic is outlined in Appendix A, “Criteria for Identifying MEDICAID Grantees to be sent an Explanation of Benefits Statement”.

Due to privacy and sensitivity issues, the “Services Provided” caption on the EOB is a generalized description based on claim type, procedure, revenue, DRG, provider specialty code or a combination of these. The logic is based on the matrix in Appendix D – “Selection Criteria used to assign EOB Caption”.

2.2.3 Retention Requirements

The Medical Services staff has requested 10 years retention for auditing purposes.

2.2.4 Notification Requirements

Selected members from the Office of Inspector General and the Enrollment Services staff receive success/failure notification when the BV250 reports are run in Business Objects.

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

2.2.5 Special Processes

Medical Services Administration staff needs to be informed of the number of letters sent and the number of pages produced for each monthly run, so a statistical report – BV-251 will be created within the same process that the EOB is created. It will be available to the manager and staff of the Eligibility Services, Policy and Medicaid Integrity Section to view. Below is a facsimile of this report:

REPORT DATE: 07/20/2015 03:10PM

EXPLANATION OF BENEFITS STATISTICS



PAGE: 1

Envelope Count

12,314

Beneficiary Count

13,542

Total Number of Pages

12,531

PRINTED: 07/20/2015

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

(DW) REPORT: BV251

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

3 Report Design


3.1 Sort Sequence

The EOB report is sorted by ascending zip code, case ID, beneficiary ID, and date of service.

3.2 Paging Criteria

Due to Printing and Mailing Handling constraints, the Explanation of Benefits is limited to producing a maximum of 20 data lines per page, 6 pages per envelope and a maximum of 15,000 envelopes. In order to accommodate this process, cases exceeding 105 claims will not be reported.


3.3 Report Layout (Portrait)

Michigan Department of Health and Human Services PO Box 30752 Lansing MI 48909				
		03/02/2010		
MCPHAIL DEBORAH K Apt. 321 2225 E GRASS LAKE RD CLARE MI 48617				
Dear Beneficiary:				
The Michigan Department of Health and Human Services Medicaid Program has paid the services listed below for you or a family member.				
BENEFICIARY ID	BENEFICIARY NAME/ SERVICE PROVIDED BY	SERVICE DATE	SERVICE DESCRIPTION	AMOUNT PAID
1234567890	MCPHAIL MAISY KAYE PUNCHES PHARMACY PLUS	11/16/2007	Prescription	51.78
1234567891	MCPHAIL SHANNA RAE PUNCHES PHARMACY PLUS	11/16/2007	Prescription	52.03
	MEIJER PHARMACY	11/19/2007	Prescription	14.81
	J & B MEDICAL SUPPLY CO INC	11/20/2007	Medical Supplies	10.00
1234567892	MCPHAIL ELIZABETH CHIPPEWA CO WAR MEM HOSP INC	11/01/2007	Medical Supplies	52.26
	ARFSTROM PHARMACY	11/01/2007	Prescription	71.60
Printed 03/02/2010 10:32 AM Michigan Department of Health and Human Services (DW) Report: <Rept # Vers #>				

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

3.4 Report Template (Portrait)

Michigan Department of Health and Human Services
 PO Box 30752
 Lansing MI 48909



H1

H2
H3
H4
H5

Dear Beneficiary:

The Michigan Department of Health and Human Services Medicaid Program has paid the services listed below for you or a family member.

BENEFICIARY ID	BENEFICIARY NAME/ SERVICE PROVIDED BY	SERVICE DATE	SERVICE DESCRIPTION	AMOUNT PAID
D1	D2			
C 1	D2	D4	D5	D6
D1	D3	D4	D5	D6
D1	D3	D4	D5	D6
D1	D3	D4	D5	D6
D1	D2			
	D3	D4	D5	D6
	D3	D4	D5	D6

Printed 03/02/2010 10:32 AM
Michigan Department of Health and Human Services
(DW) Report: <Rept #||Vers #>

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

3.5 Report Field Definitions

Ref #	Report Field Name	Field Category	Description
H1	Report Date	Heading	The date the report is printed. Uses the current system date.
H2	EOB Mailing Address Name	Heading	Uses dch_ee_views.ee_member_detail_h.Case_Name or dch_ee_views.ee_contact_info_h.First and Last Name based on the logic in Appendix A – Criteria for Identifying Medicaid Grantees to be sent an EOB.
H3	EOB Mailing Address Attention Line	Heading	If available, includes.attention line.
H4	EOB Mailing Street Address	Heading	Uses address based on the Beneficiary number of the selected CIS Case and the Address Type Code
H5	EOB Mailing City, State, Zip	Heading	Uses address.city, state and zip based on the Case number of the selected CIS Case and the Address Type Code..
D1	Beneficiary ID	Detail 1	The 10-digit Beneficiary ID for which the Claim was paid..
D2	Beneficiary Name	Detail 1	The Name of the Beneficiary for which the Claim was paid.
D3	Service Provided By	Detail 2	The Name of the Provider in which the Service was provided by.
D4	Service Date	Detail 2	The Service Begin Date residing on the Claim.
D5	Service Description	Detail 2	Short Description of service obtained by either Claim Type CID, Procedure Code, Place of Service of a combination of any of the three. See Appendix D - “Selection Criteria used to assign EOB Caption” for more information.
D6	Amount Paid	Detail 2	The non-zero amount paid by MDCH. (Will now display claims paid \$0.00)

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

4 Technical Specifications

4.1 Field Crosswalk

Ref #	Database Name	Database Table Name	Database Field Name	Description / Comments
	DCH_EE_VIEWS DCH_EE_VIEWS	EE_MEMBER_DETAIL_H EE_CONTACT_INFO_H	Case Name/ First and Last Names,	45 Character field used as the EOB mailing name. First and last names are concatenated
	DCH_EE_VIEWS DCH_EE_VIEWS DCH_EE_VIEWS DCH_EE_VIEWS DCH_EE_VIEWS DCH_CE_VIEWS DCH_EE_VIEWS DCH_PE_VIEWS DCH_CE_VIEWS DCH_CE_VIEWS	EE_ADDRESS_H EE_ADDRESS_H EE_ADDRESS_H EE_ADDRESS_H EE_ADDRESS_H CEP_CLM_HDR_INFORMATION_H EE_MEMBER_DEMOGRAPHICS PE_PROVIDER_DETAILS_H CEP_CLM_HDR_INFORMATION_H CEP_CLM_LINE_DERIVED_ELEMENT_H CEP_CLM_HDR_DERIVED_ELEMENT_H	Street 2 Street 1 City_Town_Name State_Prvc_Code Postal_Code MBR_IDENTIFIER First,Middle,Last Name and Suffix Org_Bsns_Name/Legal Name/First MI Last Name Suffix_Lkpcd, From_Service_Date Paid_Amount	30 Character field used in EOB mailing address when available. 30 Character field used in EOB mailing address. 30 Character field used in EOB mailing address. 2 Character field used in EOB mailing address. 5 Character field used in EOB mailing address. 10 digit field used as "Beneficiary ID" on EOB. Concatenated 45 digit field used as "Beneficiary Name" on EOB. 41 Character field used as "Service Provided By" on EOB. Takes next selection if previous is null, First, MI,Last and Suffix are concatenated. Date format field used as "Service Date" on EOB. 9- Decimal field used as "Amount Paid" on EOB. For Institutional Claims uses HDR_DERIVED (Clm_Type_CID = 2). LINE_DERIVED for all other Claim Type CIDs. .

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

5 Report Facsimile

Michigan Department of Health and Human Services
PO Box 30752
Lansing, MI 48909



07/17/2015

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al telefono, 1-800-642-3195 or TTY 1-866-501-5656

Arabic: TTY 1-866-501-5656

إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم المجاني 1-800-642-3195 أو تTY 1-866-501-5656

Dear Beneficiary:

THIS IS NOT A BILL OR A REQUEST FOR PAYMENT

The Michigan Department of Health and Human Services Medicaid Program has paid the services listed below for you or a family member.

BENEFICIARY ID	BENEFICIARY NAME/ SERVICE PROVIDED BY	ON DATE	SERVICE PROVIDED	MDHHS PA ID
----------------	--	---------	------------------	-------------

If you or the family member listed on this form did not receive these services, please tell us. We need to know if these services were not provided or if the services listed are different from what were actually received. Please use the back of this form to tell us what you disagree with. If you are willing to provide a telephone number, we may wish to call you to discuss your concerns. If you do provide a phone number, please let us know if we can leave a message. Send the form to the following address:

Michigan Department of Health and Human Services Office of Inspector General P.O. Box 30062 Lansing, Michigan 48909-7979	call: 1-855-MI-FRAUD (1-855-643-7283) or visit: www.michigan.gov/fraud
---	--

Use of this statement of services to obtain payment from another insurance company is a violation of federal law. Any attempt to use it for such purposes should be reported to: Medicaid Financial Management and Administrative Services, Health Insurance Liability Section, P.O. Box 30435, Lansing, Michigan 48909-9634.

The Michigan Department of Health and Human Services is an equal opportunity employer, services and programs provider. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to the Michigan Department of Health and Human Services office in your area.

COMPLETION: Is voluntary.

AUTHORITY: Title XIX of the Social Security Act.

MISA-110-BOB (07/15) This edition obsoletes previous editions.

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

5.1 Changes made to EOB layout

Once testing of the form began, the report was reviewed and approved, but there were problems with the MDCH logo clarity. Several tests were shared with us before a clear logo was produced. We reviewed the logo and approved the final test without reviewing the entire report because we did not realize changes were made to the entire report. RFS CSR-2013-000056 was submitted because we have determined that required language was removed from the approved report. Upon reviewing the test, we now realize that there were also typos and spacing errors made that are not consistent with the approved report.

Changed the Logo because of new director and updated the revision date to be 02/14.

6 Appendix A – Criteria for Identifying MEDICAID Grantees to be sent an Explanation of Benefits Statement

EOB Pull: Bypass individual Beneficiary EOB record if DOD on file.			
Table	Attribute to Qualify	Qualify Value	Attribute to Select
Member Demographics	Operational Flag	Equal: A (Active)	
Member Demographics	Calc quality flag	Equal: 1 (Active)	
Member Demographics	End date	Equal: 12/31/2999	
Member Demographics	Mortality date	Equal: Null	
MA - Address Query			
MA - Guardian Address Query: Pull if Third Party Correspondence code = 0,3,5; else Case address.			
Table	Attribute to Qualify	Qualify Value	Attribute to Select
Member Details	Third Party Correspondence	Equal: 0, 3, 5	N/A
Member Contact	Address Type CID	Equal: 21 (Guardian Address)	
Member Contact	Data Source	Equal: MA	
Member Contact	Operational Flag	Equal: A (Active)	
Member Contact	Calc quality flag	Equal: 1 (Active)	
Member Contact	End date	Equal: 12/31/2999	First Name, Last Name
Member Address	Address Type CID	Equal: 21 (Guardian Address)	
Member Address	Data Source	Equal: MA	
Member Address	Operational Flag	Equal: A (Active)	
Member Address	Calc quality flag	Equal: 1 (Active)	

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

Member Address	End date	Equal: 12/31/2999	address line 2, address line 1, City, State, Zip code, Zip Plus Four
MA - Case Address Query			
Table	Attribute to Qualify	Qualify Value	Attribute to Select
Member Details	Third Party Correspondence	Not Equal: 0, 3, 5,	N/A
Member Details	Data Source	Equal: MA	
Member Details	Calc quality flag	Equal: 1 (Active)	
Member Details	End date	Equal: 12/31/2999	Case name
Member Address	Address Type CID	Equal: 20 (Case Address)	
Member Address	Operational Flag	Equal: A (Active)	
Member Address	Calc quality flag	Equal: 1 (Active)	
Member Address	End date	Equal: 12/31/2999	address line 2, address line 1, City, State, Zip code, Zip Plus Four

7 Appendix B – Narrative of Queries to Create the EOB Extract Table

The Explanation of Benefits Extract table is the final input into creating the monthly Explanation of Benefits mailings. The following describes what is performed in order to create the final table results.

Determination of the Case Population

Creation of a 5% Case Sample

Creation of EOB Beneficiary Table

Creation of EOB Extract Table

Identifying and Removing Sensitive data from the EOB table

Policy staff will annually review the EOB Suppress table and the conditionals in the queries to identify what procedures/CPT codes need to be excluded from EOB reporting. These codes include those related to but not limited to Family Planning, HIV/STD treatment/diagnosis, Mental Health and Substance Abuse treatment. These items are denoted by setting an age factor flag in the EOB Suppress table to a '0' when the suppression applies to all ages; to a '1' for beneficiaries over 13 years; to a '2' for those that should be suppressed when beneficiaries are under 18 years of age and to a '3' for those that apply to beneficiaries over 17 years of age. For a list of the current

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

CPT/Revenue codes being suppressed and the contents of the EOB Suppress Table, see Appendix C.

There are other sensitive conditions that do not allow for claims with certain drugs, DRGs, Diagnosis and Procedure Codes to be reported on the EOB. These currently include:

1. Contraceptive claims, Antivirals for possible STD and HIV treatment, Psychotropic Drugs and Substance Abuse Treatment Drugs – see Appendix C, Section 8.2 “Pharmacy Data Exclusion”.
2. Sensitive DRG Claims – see Appendix C, Section 8.4 “DRG Codes to Suppress”.
3. Sensitive Diagnosis_Codes – see Appendix C, Section 8.3 “Diagnosis Codes to Suppress”.

Deletion of Cases with over 105 Claims

After editing claims for sensitivity, a count is taken of the number of claims per case and if there are more than 105 claims, the case is eliminated from the EOB reporting process. This is to accommodate the 6 page print limit per envelope.

Creation of a 15,000 maximum Case Sample

With the final outcome of the previous queries and by using the SQL SAMPLE function once again, a 15,000 case sample is extracted, giving a final EOB Extract table. This extract table now either contains 15,000 cases or less.

Assigning Procedure Code Descriptions

The Procedure code descriptions are assigned based on a combination of Provider Type, Procedure code, Revenue code, DRG code or Place of Service. Appendix D in Section 15 lists all the Descriptions and the selection criteria used to assign the descriptions.

Obtain Mailing Name and Address Information

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

At this point we have the basic claim information for the EOB report and need to obtain the mailing information. This will be obtained based on the business rules defined in Appendix A Criteria for Identifying MEDICAID Grantees to be sent an Explanation of Benefits Statement

8 Appendix C – HCPCS/Revenue Codes, Diagnosis Codes, DRG Codes, Surgical Procedure Codes and Pharmacy Classes Currently Excluded from Reporting on the Explanation of Benefits Statement

Following are the matrixes of all the codes identifying sensitive claims. All of these codes need to be reviewed periodically by Policy staff and updated as needed.

8.1 EOB Suppress

Following is the list of HCPCS/Revenue codes currently on the CRCHAMPSTABLES.T_BV250_EOBCodeSuppress Table:

HCPCS Or Revenue Code	Short Description	0=Suppress all ages 1=Suppress over 13 (SA/DMH) 2=Suppress under 18 3=Suppress over 17	Procedure Code Indicator R=Revenue H=HCPCS
0112	Room & Board - Private (Medical or General) - OB	2	R
0114	Room & Board - Private (Medical or General) – Psychiatric	3	R
0116	Room & Board - Private (Medical or General) – Detoxification	1	R
0122	Room & Board - Semi-Private Two Bed (Medical or General) - OB	2	R
0124	Room & Board - Semi-Private Two Bed (Medical or General) – Psychiatric	3	R
0126	Room & Board - Semi-Private Two Bed (Medical or General) - Detoxification	1	R
0132	Room & Board - Semi-Private - Three and Four Beds - OB	2	R
0134	Room & Board - Semi-Private - Three and Four Beds - Psychiatric	3	R
0136	Room & Board - Semi-Private - Three and Four Beds - Detoxification	1	R
0142	Room & Board - Private (Deluxe) - OB	2	R
0144	Room & Board - Private (Deluxe) - Psychiatric	3	R

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

0146	Room & Board - Private (Deluxe) - Detoxification	1	R
0152	Room & Board - Ward (Medical or General) - OB	2	R
0154	Room & Board - Ward (Medical or General) - Psychiatric	3	R
0156	Room & Board - Ward (Medical or General) - Detoxification	1	R
0204	Intensive Care - Psychiatric	3	R
0023T	Phenotype drug test, hiv 1	0	H
0513	Clinic - Psychiatric Clinic	3	R
0514	Clinic - OB-GYN Clinic	2	R
0720	Labor Room/Delivery - General Classification	2	R
0721	Labor Room/Delivery – Labor	2	R
0722	Labor Room/Delivery – Delivery	2	R
0723	Labor Room/Delivery – Circumcision	2	R
0724	Labor Room/Delivery - Birthing Center	2	R
0729	Labor Room/Delivery - Other Labor Room/Delivery	2	R
00842	Anesth amniocentesis	2	H
00846	Anesth hysterectomy	0	H
00851	Anesth, tubal ligation	0	H
0900	Psychiatric/Psychological Treatments - General Classification	3	R
0901	Psychiatric/Psychological Treatments - Electroshock Treatment	3	R
0902	Psychiatric/Psychological Treatments - Milieu Therapy	3	R
0903	Psychiatric/Psychological Treatments - Play Therapy	3	R
0904	Psychiatric/Psychological Treatments - Activity Therapy	3	R
0905	Psychiatric/Psychological Treatments - Intens OP Services – Psychiatric	3	R
0906	Psychiatric/Psychological Treatments - Intens OP Services – Chemical Dependence	3	R
0907	Psychiatric/Psychological Treatments - Community Behavioral Health Program	3	R
0909	Psychiatric/Psychological Treatments - Other Psychiatric/Psychological Treatment	3	R
0910	Psychiatric/Psychological Services - General Classification	3	R
0911	Psychiatric/Psychological Services - Rehabilitation	3	R
0912	Psychiatric/Psychological Services - Partial Hosp	3	R
0913	Psychiatric/Psychological Svcs - Partial Intensive	3	R
0914	Psychiatric/Psychological Services - Individual Therapy	3	R
0915	Psychiatric/Psychological Services - Group Therapy	3	R
0916	Psychiatric/Psychological Services - Family Therapy	3	R
0917	Psychiatric/Psychological Services - Bio Feedback	3	R
0918	Psychiatric/Psychological Services – Testing	3	R
0919	Psychiatric/Psychological Services - Other Psychiatric/Psychological Service	3	R
00921	Anesth, vasectomy	0	H
00922	Anesth sperm duct surgery	0	H
0925	Other Diagnostic Services - Pregnancy Test	2	R
00926	Anesth removal of testis	0	H
00928	Anesth removal on testis	0	H
00930	Anesth testis suspension	0	H
00932	Anesth amputation of penis	0	H
00938	Anesth, insert penis device	0	H
00944	Anesth, vaginal hysterectomy	0	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

0944	Other Therapeutic Services (Also see 095X, an extension of 094X) - Drug Rehabilitation	1	R
0945	Other Therapeutic Services (Also see 095X, an extension of 094X) - Alcohol Rehabilitation	1	R
0961	Professional Fees (also see 097X and 098X) - Psychiatric	3	R
01996	Hosp manage cont drug admin	1	H
1000	BEHAVIORAL HEALTH ACCOMMODATIONS GENERAL CLASSIFICATION	3	R
1001	BEHAVIORAL HEALTH ACCOMMODATIONS RESIDENTIAL TREATMENT PSYCHIATRIC	3	R
1002	BEHAVIORAL HEALTH ACCOMMODATIONS RESIDENTIAL TREATMENT CHEMICAL DEPENDENCY	3	R
1003	BEHAVIORAL HEALTH ACCOMMODATIONS SUPERVISED LIVING	3	R
1004	BEHAVIORAL HEALTH ACCOMMODATIONS HALFWAY HOUSE	3	R
1005	BEHAVIORAL HEALTH ACCOMMODATIONS GROUP HOME	3	R
11975	Insert contraceptive cap	0	H
11976	Removal of contraceptive cap	0	H
11980	Implant hormone pellet(s)	0	H
36460	Transfusion service, fetal	2	H
38207	Cryopreserve stem cells	0	H
45126	Pelvic exenteration	0	H
54120	Partial removal of penis	0	H
54125	Removal of penis	0	H
54130	Remove penis & nodes	0	H
54135	Remove penis & nodes	0	H
54400	Insert semi-rigid prosthesis	0	H
54401	Insert self-contd prosthesis	0	H
54402	Remove penis prosthesis	0	H
54405	Insert multi-comp penis pros	0	H
54406	Remove muti-comp penis pros	0	H
54407	Remove multi-comp prosthesis	0	H
54408	Repair multi-comp penis pros	0	H
54409	Revise penis prosthesis	0	H
54410	Remove/replace penis prosth	0	H
54411	REMOV/REPLC PENIS PROS COMP	0	H
54415	Remove self-contd penis pros	0	H
54416	Remv/repl penis contain pros	0	H
54417	REMV/REPLC PENIS PROS COMPL	0	H
54438	Replantation of penis	0	H
54520	Removal of testis	0	H
54522	ORCHIECTOMY PARTIAL	0	H
54530	Removal of testis	0	H
54690	LAPAROSCOPY ORCHIECTOMY	0	H
55150	Removal of scrotum	0	H
55200	Incision of sperm duct	0	H
55400	Repair of sperm duct	0	H
55600	Incise sperm duct pouch	0	H
55605	Incise sperm duct pouch	0	H
55650	Remove sperm duct pouch	0	H
54900	Fusion of spermatic ducts	0	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

54901	Fusion of spermatic ducts	0	H
55250	Removal of sperm duct(s)	0	H
55450	Ligation of sperm duct	0	H
55870	Electroejaculation	0	H
55970	SEX TRANSFORMATION M TO F	0	H
55980	SEX TRANSFORMATION F TO M	0	H
57170	Fitting of diaphragm/cap	0	H
58150	Total hysterectomy	0	H
58152	Total hysterectomy	0	H
58180	Partial hysterectomy	0	H
58200	Extensive hysterectomy	0	H
58210	Extensive hysterectomy	0	H
58240	Removal of pelvis contents	0	H
58260	Vaginal hysterectomy	0	H
58262	Vag hyst including t/o	0	H
58263	Vag hyst w/t/o & vag repair	0	H
58267	Vag hyst w/urinary repair	0	H
58270	Vag hyst w/enterocele repair	0	H
58275	Hysterectomy/revise vagina	0	H
58280	Hysterectomy/revise vagina	0	H
58285	Extensive hysterectomy	0	H
58290	Vag hyst complex	0	H
58291	Vag hyst incl t/o, complex	0	H
58292	Vag hyst t/o & repair, compl	0	H
58293	Vag hyst w/uro repair, compl	0	H
58294	Vag hyst w/enterocele, compl	0	H
58300	Insert intrauterine device	0	H
58301	Remove intrauterine device	0	H
58321	Artificial Insemination	0	H
58322	Artificial Insemination	0	H
58323	Sperm Washing	0	H
58345	Reopen fallopian tube	0	H
58350	Reopen fallopian tube	0	H
58541	Lsh, uterus 250 g or less	0	H
58542	Lsh w/t/o ut 250 g or less	0	H
58543	Lsh uterus above 250 g	0	H
58544	Lsh w/t/o uterus above 250 g	0	H
58548	Lap radical hyst	0	H
58550	Laparo-asst vag hysterectomy	0	H
58552	Laparo-vag hyst incl t/o	0	H
58553	Laparo-vag hyst, complex	0	H
58554	Laparo-vag hyst w/t/o, compl	0	H
58558	Hysteroscopy, biopsy	0	H
58565	Hysteroscopy, sterilization	0	H
58600	Division of fallopian tube	0	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

58605	Division of fallopian tube	0	H
58611	Ligate oviduct(s) add-on	0	H
58615	Occlude fallopian tube(s)	0	H
58670	Laparoscopy, tubal cautery	0	H
58671	Laparoscopy, tubal block	0	H
58700	Removal of fallopian tube	0	H
58720	Removal of ovary/tube(s)	0	H
58825	Transposition, ovary(s)	0	H
58920	Partial removal of ovary(s)	0	H
58940	Removal of ovary(s)	0	H
58943	Removal of ovary(s)	0	H
58950	Resect ovarian malignancy	0	H
58951	Resect ovarian malignancy	0	H
58952	Resect ovarian malignancy	0	H
58953	TAH RAD DISSECT FOR DEBULK	0	H
58954	Tah rad debulk/lymph remove	0	H
58956	BSO OMENTECTOMY W/TAH	0	H
58970	Retrieval of oocyte	0	H
58974	Transfer of embryo	0	H
58976	Transfer of embryo	0	H
59000	Amniocentesis, diagnostic	2	H
59001	Amniocentesis, therapeutic	2	H
59012	Fetal cord puncture,prenatal	2	H
59015	Chorion biopsy	2	H
59020	Fetal contract stress test	2	H
59025	Fetal non-stress test	2	H
59030	Fetal scalp blood sample	2	H
59050	Fetal monitor w/report	2	H
59051	Fetal monitor/interpret only	2	H
59070	Transabdom amnioinfus w/us	2	H
59072	Umbilical cord occlude w/us	2	H
59074	Fetal fluid drainage w/us	2	H
59076	Fetal shunt placement, w/us	2	H
59120	Treat ectopic pregnancy	0	H
59121	Treat ectopic pregnancy	0	H
59130	Treat ectopic pregnancy	0	H
59135	Treat ectopic pregnancy	0	H
59136	Treat ectopic pregnancy	0	H
59140	Treat ectopic pregnancy	0	H
59150	Treat ectopic pregnancy	0	H
59151	Treat ectopic pregnancy	0	H
59160	D & C after delivery	2	H
59200	Insert cervical dilator	2	H
59300	Episiotomy or vaginal repair	2	H
59320	Revision of cervix	2	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

59325	Revision of cervix	2	H
59350	Repair of uterus	2	H
59400	Obstetrical care	2	H
59409	Obstetrical care	2	H
59410	Obstetrical care	2	H
59412	Antepartum manipulation	2	H
59414	Deliver placenta	2	H
59425	Antepartum care only	2	H
59426	Antepartum care only	2	H
59430	Care after delivery	2	H
59510	Cesarean delivery	2	H
59514	Cesarean delivery only	2	H
59515	Cesarean delivery	2	H
59525	Remove uterus after cesarean	0	H
59610	Vbac delivery	2	H
59612	Vbac delivery only	2	H
59614	Vbac care after delivery	2	H
59618	Attempted vbac delivery	2	H
59620	Attempted vbac delivery only	2	H
59622	Attempted vbac after care	2	H
59812	Treatment of miscarriage	0	H
59820	Care of miscarriage	0	H
59821	Treatment of miscarriage	0	H
59830	Treat uterus infection	0	H
59840	Abortion	0	H
59841	Abortion	0	H
59850	Abortion	0	H
59851	Abortion	0	H
59852	Abortion	0	H
59855	Abortion	0	H
59856	Abortion	0	H
59857	Abortion	0	H
59866	Abortion (mpr)	0	H
59871	Remove cerclage suture	2	H
59897	Fetal invas px w/us	2	H
59898	Laparo proc, ob care/deliver	2	H
59899	Maternity care procedure	2	H
70555	Fmri brain by phys/psych	3	H
74710	X-ray measurement of pelvis	0	H
74712	Mri fetal sngl/1st gestation	2	H
74713	Mri fetal ea addl gestation	2	H
74740	X-ray, female genital tract	0	H
74742	X-ray, fallopian tube	0	H
74775	X-ray exam of perineum	0	H
76801	Ob us < 14 wks, single fetus	2	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

76802	Ob us < 14 wks, addl fetus	2	H
76805	Ob us >= 14 wks, snl fetus	2	H
76810	Ob us >= 14 wks, addl fetus	2	H
76811	Ob us, detailed, snl fetus	2	H
76812	Ob us, detailed, addl fetus	2	H
76813	Ob us nuchal meas, 1 gest	2	H
76814	Ob us nuchal meas, add-on	2	H
76815	Ob us, limited, fetus(s)	2	H
76816	Ob us, follow-up, per fetus	2	H
76817	Transvaginal us, obstetric	2	H
76818	Fetal biophys profile w/nst	2	H
76819	Fetal biophys profil w/o nst	2	H
76820	Umbilical artery echo	2	H
76821	Middle cerebral artery echo	2	H
76825	Echo exam of fetal heart	2	H
76826	Echo exam of fetal heart	2	H
76827	Echo exam of fetal heart	2	H
76828	Echo exam of fetal heart	2	H
80055	Obstetric panel	2	H
80081	Obstetric panel	2	H
80100	Drug screen, qualitate/multi	1	H
80101	Drug screen, single	1	H
80102	Drug confirmation	1	H
80103	Drug analysis, tissue prep	1	H
80154	Assay of benzodiazepines	1	H
80173	Assay of haloperidol	1	H
80299	Quantitative assay, drug	1	H
80300	Drug screen non tlc devices	1	H
80301	Drug screen class list a	1	H
80302	Drug screen prsmptv 1 class	1	H
80303	Drug screen one/mult class	1	H
80304	Drug screen one/mult class	1	H
80320	Drug screen quantalcohols	1	H
80321	Alcohols biomarkers 1or 2	1	H
80322	Alcohols biomarkers 3/more	1	H
80323	Alkaloids nos	1	H
80324	Drug screen amphetamines 1/2	1	H
80325	Amphetamines 3or 4	1	H
80326	Amphetamines 5 or more	1	H
80327	Anabolic steroid 1 or 2	1	H
80328	Anabolic steroid 3 or more	1	H
80329	Analgesics non-opioid 1 or 2	1	H
80330	Analgesics non-opioid 3-5	1	H
80331	Analgesics non-opioid 6/more	1	H
80332	Antidepressants class 1 or 2	3	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

80333	Antidepressants class 3-5	3	H
80334	Antidepressants class 6/more	3	H
80335	Antidepressant tricyclic 1/2	3	H
80336	Antidepressant tricyclic 3-5	3	H
80337	Tricyclic & cyclicals 6/more	3	H
80338	Antidepressant not specified	3	H
80342	Antipsychotics nos 1-3	3	H
80343	Antipsychotics nos 4-6	3	H
80344	Antipsychotics nos 7/more	3	H
80345	Drug screening barbiturates	1	H
80346	Benzodiazepines 1-12	3	H
80347	Benzodiazepines 13 or more	3	H
80348	Drug screening buprenorphine	1	H
80349	Cannabinoids natural	1	H
80350	Cannabinoids synthetic 1-3	1	H
80351	Cannabinoids synthetic 4-6	1	H
80352	Cannabinoid synthetic 7/more	1	H
80353	Drug screening cocaine	1	H
80354	Drug screening fentanyl	1	H
80356	Heroin metabolite	1	H
80357	Ketamine and norketamine	1	H
80358	Drug screening methadone	1	H
80359	Methylenedioxyamphetamines	1	H
80360	Methylphenidate	3	H
80361	Opiates 1 or more	1	H
80362	Opioids & opiate analogs 1/2	1	H
80363	Opioids & opiate analogs 3/4	1	H
80364	Opioid & opiate analog 5/more	1	H
80365	Drug screening oxycodone	1	H
80367	Drug screening propoxyphene	1	H
80368	Sedative hypnotics	1	H
80369	Skeletal muscle relaxant 1/2	1	H
80370	Skel musc relaxant 3 or more	1	H
80371	Stimulants synthetic	1	H
80372	Drug screening tapentadol	1	H
80373	Drug screening tramadol	1	H
80375	Drug/substance nos 1-3	1	H
80376	Drug/substance nos 4-6	1	H
80377	Drug/substance nos 7/more	1	H
81025	Urine pregnancy test	0	H
81507	Fetal aneuploidy trisom risk	2	H
82055	Assay of ethanol	1	H
82075	Assay of breath ethanol	1	H
82205	Assay of barbiturates	1	H
82731	Assay of fetal fibronectin	2	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

83001	Gonadotropin (FSH)	0	H
83002	Gonadotropin (LH)	2	H
83030	FETAL HEMOGLOBIN CHEMICAL	2	H
83033	Fetal hemoglobin assay, qual	2	H
83661	L/S RATIO FETAL LUNG	2	H
83662	Foam stability, fetal lung	2	H
83663	Fluoro polarize, fetal lung	2	H
83664	LAMELLAR BDY FETAL LUNG	2	H
83840	Assay of methadone	1	H
84702	Chorionic gonadotropin test	0	H
84703	Chorionic gonadotropin assay	0	H
85460	HEMOGLOBIN FETAL	2	H
85461	HEMOGLOBIN FETAL	2	H
86485	Skin test, candida	0	H
86628	Candida antibody	0	H
86631	Chlamydia antibody	0	H
86674	Giardia lamblia antibody	0	H
86687	Htlv-i antibody	0	H
86688	Htlv-ii antibody	0	H
86689	HTLV/HIV confirmatory test	0	H
86692	Hepatitis, delta agent	0	H
86694	Herpes simplex test	0	H
86695	Herpes simplex test	0	H
86696	Herpes simplex type 2	0	H
86701	HIV-1	0	H
86702	HIV-2	0	H
86703	HIV-1/HIV-2, single result	0	H
86704	Hep b core antibody, total	0	H
86705	Hep b core antibody igm	0	H
86706	Hep b surface antibody	0	H
86707	Hep be antibody	0	H
86708	Hep a antibody, total	0	H
86709	Hep a antibody, igm	0	H
86803	Hepatitis c ab test	0	H
86804	Hep c ab test, confirm	0	H
87106	Fungi identification, yeast	0	H
87110	Chlamydia culture	0	H
87207	Smear, special stain	0	H
87255	Genet virus isolate, hsv	0	H
87269	Giardia ag, if	0	H
87270	Chlamydia trachomatis ag, if	0	H
87273	Herpes simplex 2, ag, if	0	H
87274	Herpes simplex 1, ag, if	0	H
87320	Chylmd trach ag, eia	0	H
87329	Giardia ag, eia	0	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

87340	Hepatitis b surface ag, eia	0	H
87341	Hepatitis b surface, ag, eia	0	H
87350	Hepatitis be ag, eia	0	H
87380	Hepatitis delta ag, eia	0	H
87389	Hiv-1 ag w/hiv-1 & hiv-2 ab	0	H
87390	Hiv-1 ag, eia	0	H
87391	Hiv-2 ag, eia	0	H
87480	Candida, dna, dir probe	0	H
87481	Candida, dna, amp probe	0	H
87482	Candida, dna, quant	0	H
87485	Chylmd pneum, dna, dir probe	0	H
87486	Chylmd pneum, dna, amp probe	0	H
87487	Chylmd pneum, dna, quant	0	H
87490	Chylmd trach, dna, dir probe	0	H
87491	Chylmd trach, dna, amp probe	0	H
87492	Chylmd trach, dna, quant	0	H
87515	Hepatitis b, dna, dir probe	0	H
87516	Hepatitis b, dna, amp probe	0	H
87517	Hepatitis b, dna, quant	0	H
87520	Hepatitis c, rna, dir probe	0	H
87521	Hepatitis c, rna, amp probe	0	H
87522	Hepatitis c, rna, quant	0	H
87525	Hepatitis g, dna, dir probe	0	H
87526	Hepatitis g, dna, amp probe	0	H
87527	Hepatitis g, dna, quant	0	H
87528	Hsv, dna, dir probe	0	H
87529	Hsv, dna, amp probe	0	H
87530	Hsv, dna, quant	0	H
87531	Hhv-6, dna, dir probe	0	H
87532	Hhv-6, dna, amp probe	0	H
87533	Hhv-6, dna, quant	0	H
87534	Hiv-1, dna, dir probe	0	H
87535	Hiv-1, dna, amp probe	0	H
87536	Hiv-1, dna, quant	0	H
87537	Hiv-2, dna, dir probe	0	H
87538	Hiv-2, dna, amp probe	0	H
87539	Hiv-2, dna, quant	0	H
87590	N.gonorrhoeae, dna, dir prob	0	H
87591	N.gonorrhoeae, dna, amp prob	0	H
87592	N.gonorrhoeae, dna, quant	0	H
87620	Hpv, dna, dir probe	0	H
87621	Hpv, dna, amp probe	0	H
87622	Hpv, dna, quant	0	H
87623	Hpv low-risk types	0	H
87624	Hpv high-risk types	0	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

87625	Hpv types 16 & 18 only	0	H
87660	Trichomonas vagin, dir probe	0	H
87661	Trichomonas vaginalis amplif	0	H
87806	Hiv antigen w/hiv antibodies	0	H
87808	Trichomonas assay w/optic	0	H
87810	Chylmd trach assay w/optic	0	H
87850	N. gonorrhoeae assay w/optic	0	H
87900	Phenotype, infect agent drug	0	H
87901	Genotype, dna, hiv reverse t	0	H
87902	Genotype, dna, hepatitis C	0	H
87903	Phenotype, dna hiv w/culture	0	H
87904	Phenotype, dna hiv w/clt add	0	H
88141	Cytopath c/v interpret	0	H
88142	Cytopath c/v thin layer	0	H
88143	Cytopath c/v thin layer redo	0	H
88147	Cytopath c/v automated	0	H
88148	Cytopath c/v auto rescreen	0	H
88150	Cytopath c/v manual	0	H
88152	Cytopath c/v auto redo	0	H
88153	Cytopath c/v redo	0	H
88154	Cytopath c/v select	0	H
88155	Cytopath c/v index add-on	0	H
88160	Cytopath smear other source	0	H
88161	Cytopath smear other source	0	H
88162	Cytopath smear other source	0	H
88164	Cytopath tbs c/v manual	0	H
88165	Cytopath tbs c/v redo	0	H
88166	Cytopath tbs c/v auto redo	0	H
88167	Cytopath tbs c/v select	0	H
88172	Cytp dx eval fna 1st ea site	0	H
88173	Cytopath eval fna report	0	H
88174	Cytopath c/v auto in fluid	0	H
88175	Cytopath c/v auto fluid redo	0	H
88177	Cytp fna eval ea addl	0	H
89250	Cultr oocyte/embryo <4 days	0	H
89251	Cultr oocyte/embryo <4 days	0	H
89252	Assist oocyte fertilization	0	H
89253	Embryo hatching	0	H
89254	Oocyte identification	0	H
89255	Prepare embryo for transfer	0	H
89256	Prepare cryopreserved embryo	0	H
89257	Sperm identification	0	H
89258	CRYOPRESERVATION EMBRYO(S)	0	H
89259	CRYOPRESERVATION SPERM	0	H
89260	SPERM ISOLATION SIMPLE	0	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

89261	Sperm isolation, complex	0	H
89264	Identify sperm tissue	0	H
89268	Insemination of oocytes	0	H
89272	Extended culture of oocytes	0	H
89280	Assist oocyte fertilization	0	H
89281	Assist oocyte fertilization	0	H
89290	Biopsy, oocyte polar body	0	H
89291	BIOPSY OOCYTE POLAR BODY	0	H
89300	Semen analysis w/huhner	0	H
89310	Semen analysis w/count	0	H
89320	Semen anal vol/count/mot	0	H
89321	Semen anal, sperm detection	0	H
89322	Semen anal, strict criteria	0	H
89325	Sperm antibody test	0	H
89329	Sperm evaluation test	0	H
89330	Evaluation, cervical mucus	0	H
89331	Retrograde ejaculation anal	0	H
89335	Cryopreserve testicular tiss	0	H
89337	Cryopreservation oocyte(s)	0	H
89342	STORAGE/YEAR EMBRYO(S)	0	H
89343	STORAGE/YEAR SPERM/SEMEN	0	H
89344	STORAGE/YEAR REPROD TISSUE	0	H
89346	Storage/year; oocyte(s)	0	H
89350	Sputum specimen collection	0	H
89352	THAWING CRYOPRESERVED EMBRYO	0	H
89353	THAWING CRYOPRESERVED SPERM	0	H
89354	Thaw cryoprsvrd; reprod tiss	0	H
89355	Exam feces for starch	0	H
89356	THAWING CRYOPRESERVED OOCYTE	0	H
90651	Hpv vaccine non valent im	0	H
90785	PSYTX COMPLEX INTERACTIVE	3	H
90791	PSYCH DIAGNOSTIC EVALUATION	3	H
90792	PSYCH DIAG EVAL W/MED SRVCS	3	H
90801	Psy dx interview	3	H
90802	Intac psy dx interview	3	H
90804	Psytx, office, 20-30 min	3	H
90805	Psytx, off, 20-30 min w/e&m	3	H
90806	Psytx, off, 45-50 min	3	H
90807	Psytx, off, 45-50 min w/e&m	3	H
90808	Psytx, office, 75-80 min	3	H
90809	Psytx, off, 75-80, w/e&m	3	H
90810	Intac psytx, off, 20-30 min	3	H
90811	Intac psytx, 20-30, w/e&m	3	H
90812	Intac psytx, off, 45-50 min	3	H
90813	Intac psytx, 45-50 min w/e&m	3	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

90814	Intac psytx, off, 75-80 min	3	H
90815	Intac psytx, 75-80 w/e&m	3	H
90816	Psytx, hosp, 20-30 min	3	H
90817	Psytx, hosp, 20-30 min w/e&m	3	H
90818	Psytx, hosp, 45-50 min	3	H
90819	Psytx, hosp, 45-50 min w/e&m	3	H
90821	Psytx, hosp, 75-80 min	3	H
90822	Psytx, hosp, 75-80 min w/e&m	3	H
90823	Intac psytx, hosp, 20-30 min	3	H
90824	Intac psytx, hsp 20-30 w/e&m	3	H
90826	Intac psytx, hosp, 45-50 min	3	H
90827	Intac psytx, hsp 45-50 w/e&m	3	H
90828	Intac psytx, hosp, 75-80 min	3	H
90829	Intac psytx, hsp 75-80 w/e&m	3	H
90832	PSYTX PT&/FAMILY 30 MINUTES	3	H
90833	PSYTX PT&/FAM W/E&M 30 MIN	3	H
90834	PSYTX PT&/FAMILY 45 MINUTES	3	H
90836	PSYTX PT&/FAM W/E&M 45 MIN	3	H
90837	PSYTX PT&/FAMILY 60 MINUTES	3	H
90838	PSYTX PT&/FAM W/E&M 60 MIN	3	H
90839	PSYTX CRISIS INITIAL 60 MIN	3	H
90840	PSYTX CRISIS EA ADDL 30 MIN	3	H
90845	Psychoanalysis	3	H
90846	Family psytx w/o patient	3	H
90847	Family psytx w/patient	3	H
90849	Multiple family group psytx	3	H
90853	Group psychotherapy	3	H
90857	Intac group psytx	3	H
90862	Medication management	3	H
90863	PHARMACOLOGIC MGMT W/PSYTX	3	H
90865	Narcosynthesis	3	H
90870	Electroconvulsive therapy	3	H
90875	Psychophysiological therapy	3	H
90876	Psychophysiological therapy	3	H
90880	Hypnotherapy	3	H
90885	Psy evaluation of records	3	H
90887	Consultation with family	3	H
90899	Psychiatric service/therapy	3	H
90901	Biofeedback train, any meth	3	H
90911	Biofeedback peri/uro/rectal	3	H
96100	Psychological testing	3	H
96101	Psycho testing by psych/phys	3	H
96102	Psycho testing by technician	3	H
96103	Psycho testing admin by comp	3	H
96117	Neuropsych test battery	3	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

96118	Neuropsych tst by psych/phys	3	H
96119	Neuropsych testing by tec	3	H
96120	Neuropsych tst admin w/comp	3	H
96150	Assess hlth/behave, init	3	H
96151	Assess hlth/behave, subseq	3	H
96152	Intervene hlth/behave, indiv	3	H
96153	Intervene hlth/behave, group	3	H
96154	Interv hlth/behav, fam w/pt	3	H
97150	Group therapeutic procedures	3	H
99406	Behav chng smoking 3-10 min	1	H
99407	Behav chng smoking > 10 min	1	H
99408	Audit/dast, 15-30 min	1	H
99409	AUDIT/DAST OVER 30 MIN	1	H
99500	HOME VISIT PRENATAL	2	H
99501	HOME VISIT POSTNATAL	2	H
99502	HOME VISIT NB CARE	2	H
A0130	Noner transport wheelch van	3	H
A4260	Levonorgestrel implant	0	H
A4261	Cervical cap contraceptive	0	H
A4264	Intratubal occlusion device	0	H
A4266	Diaphragm	0	H
A4267	Male condom	0	H
A4268	Female condom	0	H
A4269	Spermicide	0	H
A4281	Replacement breastpump tube	2	H
A4282	Replacement breastpump adpt	2	H
A4283	Replacement breastpump cap	2	H
A4284	Replcmnt breast pump shield	2	H
A4285	Replcmnt breast pump bottle	2	H
A4286	Replcmnt breastpump lok ring	2	H
A4561	Pessary rubber, any type	0	H
A4562	Pessary, non rubber,any type	0	H
E0602	Manual breast pump	2	H
E0603	Electric breast pump	2	H
E0604	Hosp grade elec breast pump	2	H
G0027	Semen analysis	0	H
G0141	Scr c/v cyto,autosys and md	0	H
G0143	Scr c/v cyto,thinlayer,rescr	0	H
G0144	Scr c/v cyto,thinlayer,rescr	0	H
G0145	Scr c/v cyto,thinlayer,rescr	0	H
G0147	Scr c/v cyto, automated sys	0	H
G0148	Scr c/v cyto, autosys, rescr	0	H
G0298	Hiv combination assay	0	H
G0375	Smoke/tobacco counselng 3-10	1	H
G0376	Smoke/tobacco counseling >10	1	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

G0396	Alcohol/subs interv 15-30 min	1	H
G0397	Alcohol/subs interv > 30 min	1	H
G0409	CORF related serv 15 mins ea	3	H
G0410	Grp psych partial hosp 45-50	3	H
G0411	Inter active grp psych parti	3	H
G0430	DRUG SCREEN MULTI CLASS	1	H
G0431	DRUG SCREEN MULTIPLE CLASS	1	H
G0432	EIA HIV-1/HIV-2 screen	0	H
G0433	ELISA HIV-1/HIV-2 screen	0	H
G0434	DRUG SCREEN MULTI DRUG CLASS	1	H
G0435	Oral HIV-1/HIV-2 screen	0	H
G0436	TOBACCO-USE COUNSEL 3-10 MIN	1	H
G0437	TOBACCO-USE COUNSEL>10MIN	1	H
G0442	ANNUAL ALCOHOL SCREEN 15 MIN	1	H
G0443	BRIEF ALCOHOL MISUSE COUNSEL	1	H
G0444	DEPRESSION SCREEN ANNUAL	3	H
G0445	HIGH INTEN BEH COUNS STD 30M	3	H
G0459	Telehealth int pharm mgmt.	3	H
G0472	Hep c screen high risk/other	0	H
G0475	Hiv combination assay	0	H
G0476	Hpv combo assay ca screen	0	H
G0477	Drug test presump optical	1	H
G0478	Drug test presump opt inst	1	H
G0479	Drug test presump not opt	1	H
G0480	Drug test def 1-7 classes	1	H
G0481	Drug test def 8-14 classes	1	H
G0482	Drug test def 15-21 classes	1	H
G0483	Drug test def 22+ classes	1	H
G6030	Assay of amitriptyline	3	H
G6031	Assay of benzodiazepines	1	H
G6032	Assay of desipramine	3	H
G6034	Assay of doxepin	3	H
G6036	Assay of imipramine	3	H
G6037	Assay of nortriptyline	3	H
G6039	Assay of acetaminophen	1	H
G6040	Assay of ethanol	1	H
G6041	Assay of urine alkaloids	1	H
G6042	Assay of amphetamines	3	H
G6043	Assay of barbiturates	1	H
G6044	Assay of cocaine	1	H
G6045	Assay of dihydrocodeinone	1	H
G6046	Assay of dihydromorphinone	1	H
G6047	Assay of dihydrotestosterone	1	H
G6048	Assay of dimethadione	1	H
G6050	Assay of ethchlorvynol	1	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

G6051	Assay of flurazepam	3	H
G6052	Assay of meprobamate	3	H
G6053	Assay of methadone	1	H
G6055	Assay of nicotine	1	H
G6056	Assay of opiates	1	H
G6057	Assay of phenothiazine	3	H
G6058	Drug confirmation	1	H
H0001	Alcohol and/or drug assess	1	H
H0002	Alcohol and/or drug screenin	1	H
H0003	Alcohol and/or drug screenin	1	H
H0004	Alcohol and/or drug services	1	H
H0005	Alcohol and/or drug services	1	H
H0006	Alcohol and/or drug services	1	H
H0007	Alcohol and/or drug services	1	H
H0008	Alcohol and/or drug services	1	H
H0009	Alcohol and/or drug services	1	H
H0010	Alcohol and/or drug services	1	H
H0011	Alcohol and/or drug services	1	H
H0012	Alcohol and/or drug services	1	H
H0013	Alcohol and/or drug services	1	H
H0014	Alcohol and/or drug services	1	H
H0015	Alcohol and/or drug services	1	H
H0016	Alcohol and/or drug services	1	H
H0017	Alcohol and/or drug services	1	H
H0018	Alcohol and/or drug services	1	H
H0019	Alcohol and/or drug services	1	H
H0020	Alcohol and/or drug services	1	H
H0021	Alcohol and/or drug training	1	H
H0022	Alcohol and/or drug intervene	1	H
H0023	Alcohol and/or drug outreach	1	H
H0024	Alcohol and/or drug preventi	1	H
H0025	Alcohol and/or drug preventi	1	H
H0026	Alcohol and/or drug preventi	1	H
H0027	Alcohol and/or drug preventi	1	H
H0028	Alcohol and/or drug preventi	1	H
H0029	Alcohol and/or drug preventi	1	H
H0030	Alcohol and/or drug hotline	1	H
H0031	MH health assess by non-md	3	H
H0032	MH svc plan dev by non-md	3	H
H0033	Oral med adm direct observe	3	H
H0034	Med trng & support per 15min	3	H
H0035	MH partial hosp tx under 24h	3	H
H0036	Comm psy face-face per 15min	3	H
H0037	Comm psy sup tx pgm per diem	3	H
H0038	Self-help/peer svc per 15min	3	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

H0039	Asser com tx face-face/15min	3	H
H0040	Assert comm tx pgm per diem	3	H
H0041	Fos c chld non-ther per diem	3	H
H0042	Fos c chld non-ther per mon	3	H
H0043	Supported housing, per diem	3	H
H0044	Supported housing, per month	3	H
H0045	Respite not-in-home per diem	3	H
H0046	Mental health service, nos	3	H
H0047	Alcohol/drug abuse svc nos	1	H
H0048	Spec coll non-blood a/d test	1	H
H0049	Alcohol/drug screening	1	H
H0050	Alcohol/drug service 15 min	1	H
H1000	Prenatal care atrisk assessm	2	H
H1001	Antepartum management	2	H
H1002	Carecoordination prenatal	2	H
H1003	Prenatal at risk education	2	H
H1004	Follow up home visit/prental	2	H
H1005	Prenatalcare enhanced srv pk	2	H
H1010	Nonmed family planning ed	0	H
H1011	Family assessment	3	H
H2000	Comp multidisipln evaluation	0	H
H2001	Rehabilitation program 1/2 d	1	H
H2010	Comprehensive med svc 15 min	1	H
H2011	Crisis interven svc, 15 min	3	H
H2012	Behav hlth day treat, per hr	3	H
H2013	Psych hlth fac svc, per diem	3	H
H2014	Skills train and dev, 15 min	3	H
H2015	Comp comm. supp svc, 15 min	3	H
H2016	Comp comm. supp svc, per diem	3	H
H2017	Psysoc rehab svc, per 15 min	3	H
H2018	Psysoc rehab svc, per diem	3	H
H2019	Ther behav svc, per 15 min	3	H
H2020	Ther behav svc, per diem	3	H
H2021	Com wrap-around sv, 15 min	3	H
H2022	Com wrap-around sv, per diem	3	H
H2023	Supported employ, per 15 min	3	H
H2024	Supported employ, per diem	3	H
H2025	Supp maint employ, 15 min	3	H
H2026	Supp maint employ, per diem	3	H
H2027	Psychoed svc, per 15 min	3	H
H2028	Sex offend tx svc, 15 min	3	H
H2029	Sex offend tx svc, per diem	3	H
H2030	MH clubhouse svc, per 15 min	3	H
H2031	MH clubhouse svc, per diem	3	H
H2032	Activity therapy, per 15 min	3	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

H2033	Multisys ther/juvenile 15min	3	H
H2034	A/D halfway house, per diem	1	H
H2035	A/D tx program, per hour	1	H
H2036	A/D tx program, per diem	1	H
H2037	Dev delay prev dp ch, 15 min	3	H
J0400	ARIPIRAZOLE INJECTION	3	H
J0401	Inj Aripiprazole Ext Rel 1mg	3	H
J0515	Inj benztropine mesylate	3	H
J0571	Buprenorphine oral 1mg	1	H
J0572	Buprenorphin/nalox up to 3mg	1	H
J0573	Buprenorph/nalox 3.1 to 6mg	1	H
J0574	Buprenorph/nalox 6.1 to 10mg	1	H
J0575	Buprenorph/nalox over 10mg	1	H
J0696	Ceftriaxone sodium injection	0	H
J1050	Medroxyprogesterone acetate	0	H
J1055	Medrxyprogester acetate inj	0	H
J1056	MA/EC contraceptiveinjection	0	H
J1324	ENFUVIRTIDE injection	0	H
J1630	Haloperidol injection	3	H
J1631	Haloperidol decanoate inj	3	H
J2060	Lorazepam injection	3	H
J2680	Fluphenazine decanoate 25 MG	3	H
J2794	Risperidone, long acting	3	H
J3485	ZIDOVUDINE	0	H
J3486	Ziprasidone mesylate	3	H
J7297	Levonorgestrel iu 52mg 3 yr	0	H
J7298	Levonorgestrel iu 52mg 5 yr	0	H
J7300	Intraut copper contraceptive	0	H
J7301	Skyla 13.5mg	0	H
J7302	Levonorgestrel iu contracept	0	H
J7303	Contraceptive vaginal ring	0	H
J7304	Contraceptive hormone patch	0	H
J7306	Levonorgestrel implant sys	0	H
J7307	Etonogestrel implant system	0	H
J7310	Ganciclovir long act implant	0	H
M0064	Visit for drug monitoring	3	H
Q0090	Skyla 13.5mg	0	H
Q5008	Hospice in inpatient psych	3	H
S0163	Injection risperidoneLA	3	H
S0166	Inj olanzapine 2.5mg	3	H
S0180	Etonogestrel implant system	0	H
S0190	Mifepristone, oral, 200 mg	0	H
S0191	Misoprostol, oral, 200 mcg	0	H
S0199	Med abortion inc all ex drug	0	H
S0610	Annual gynecological examina	0	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

S0612	Annual gynecological examina	0	H
S2255	Hysterosc oviduct occlus	0	H
S2260	Induced abortion 17-24 weeks	0	H
S2262	Abortion maternal indic>=25w	0	H
S2265	Induced abortion 25-28 wks	0	H
S2266	Induced abortion 29-31 wks	0	H
S2267	Abortion >=32wks fetal indic	0	H
S2400	Fetal surg congen hernia	2	H
S2401	Fetal surg urin trac obstr	2	H
S2402	Fetal surg cong cyst malf	2	H
S2403	Fetal surg pulmon sequest	2	H
S2404	Fetal surg myelomeningo	2	H
S2405	Fetal surg sacrococ teratoma	2	H
S2409	Fetal surg noc	2	H
S4011	IVF package	0	H
S4013	Compl GIFT case rate	0	H
S4014	Compl ZIFT case rate	0	H
S4015	Complete IVF nos case rate	0	H
S4016	Frozen IVF case rate	0	H
S4017	IVF canc a stim case rate	0	H
S4018	F EMB trns canc case rate	0	H
S4020	IVF canc a aspir case rate	0	H
S4021	IVF canc p aspir case rate	0	H
S4022	Asst oocyte fert case rate	0	H
S4023	Incompl donor egg case rate	0	H
S4025	Donor serv IVF case rate	0	H
S4026	Procure donor sperm	0	H
S4027	Store prev froz embryos	0	H
S4028	Microsurg epi sperm asp	0	H
S4030	Sperm procure init visit	0	H
S4031	Sperm procure subs visit	0	H
S4035	Stimulated IUI case rate	0	H
S4036	Intravag cult case rate	0	H
S4037	Cryo embryo transf case rate	0	H
S4040	Monit store cryo embryo 30 d	0	H
S4042	Ovulation essi per cycle	0	H
S4980	Levonorgestrel ius	0	H
S4981	Insert levonorgestrel ius	0	H
S4989	Contracept IUD	0	H
S4993	Contraceptive pills for bc	0	H
S9442	Birthing class	2	H
S9484	Crisis intervention per hour	0	H
S9485	Crisis intervention mental h	3	H
T1011	Alcohol/Substance Abuse NOC	1	H
T1012	Alcohol/Substance Abuse Skil	1	H

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

T2034	Crisis interven waiver/diem	3	H
T2101	Breast milk proc/store/dist	2	H

8.2 Pharmacy Data Exclusion

EOB EXCLUSION CRITERIA for Pharmacy claims (CHAMPS Clm_Type_CID = 24)

- Family Planning** (Contraceptives): (All ages)
msauserview.GCNSEQNO.THER_CLASS_CODE_GENERIC = '47' (Contraceptives)
- Antivirals that may possibly be used in treatment of **STDs**: (All ages)
msauserview.GCNSEQNO.HIC3_SPECIFIC_THER_CODE= 'W5A, W5D, W5H, W5S, Q6V, Q5V'
- Antivirals for **HIV**: (All ages)
msauserview.GCNSEQNO.HIC3_SPECIFIC_THER_CODE= 'W5B, W5C, W5I, W5J, W5K, W5L, W5M, W5N, W5O, W5P, W5Q, W5T, W5U, W5X'
- Psychotropic** drug products (**beneficiaries 18 years of age or older**):
msauserview.GCNSEQNO.HIC3_SPECIFIC_THER_CODE= 'H2A, H2D, H2E, H2F, H2G, H2H, H2I, H2J, H2K, H2L, H2M, H2N, H2O, H2P, H2Q, H2S, H2U, H2V, H2W, H2X, H2Y, H4B, H4C, H6B, H7A, H7B, H7C, H7D, H7E, H7J, H7K, H7L, H7M, H7O, H7P, H7Q, H7R, H7S, H7T, H7U, H7V, H7X, H7Y, H7Z, H8B, J5B'
- Substance Abuse** treatment drug products (**all ages**):
msauserview.GCNSEQNO.HIC_INGRED_CODE_SEQ_NUM = '529, 1745, 1762, 1875, 10731, 24846'

Please note: New pharmaceutical products are continually being developed. As new products are approved by the FDA, additional drug classes may be added, so the coding for antivirals (STD and HIV treatments) and Psychotropics and Substance Abuse should be reviewed annually to be certain new classes are also excluded in EOBs.

Further note: These rules are contained as conditionals in the query and not contained in the EOB Suppress table.

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

8.3 Diagnosis Codes to Suppress

Following is a matrix of the Diagnosis codes identified as Sensitive and should not be included on the Explanation of Benefits statement. These codes reside on a table under CRCHAMPSTABLES.T_BV250_DXSuppress and need to be reviewed periodically by policy staff for any changes or updates.

Dx From	Dx To	Description	Age Factor Flag	ICD Flag
		<i>Sensitive Dx codes Under 18</i>		
V22	V24.2	PREGNANCY/DELIVERY	2	9
V270	V39.99	PREGNANCY/DELIVERY	2	9
760	779.99	COMPLICATIONS OF THE PERINATAL PERIOD	2	9
640	677	PREGNANCY COMPLICATIONS/DELIVERY	2	9
678	679.14	MATERNAL AND FETAL COMPLICATIONS	2	9
V72.3	V72.49	GYN EXAMS	2	9
O09.00	O09.93	SUPERVISION OF HIGH RISK PREGNANCY	2	10
O10.011	O29.93	PREGNANCY COMPLICATIONS/MATERNAL DISORDERS PREDOMINANTLY RELATED TO PREGNANCY	2	10
O30.001	O3103X9	MATERNAL CARE RELATED TO FETUS/AMNIOTIC CAVITY AND POSSIBLE DELIVERY PROBLEMS	2	10
O318X10	O3493	OTHER COMPLICATIONS SPECIFIC TO MULTIPLE GESTATION, MATERNAL CARE FOR MALPRESENTATION OF FETUS DISPROPORTION OF REPRODUCTIVE ORGANS	2	10
O360110	O3623X9	MATERNAL CARE FOR ISOIMMUNIZATIONS	2	10
O365110	048.1	MATERNAL CARE FOR FETAL PROBLEMS, POLYHYDRAMNIOS, INFECTIONS,AS WELL AS FALSE AND LATE PREGNANCIES	2	10
O60.00	O77.9	COMPLICATIONS OF LABOR/DELIVERY	2	10
O80	O82	ENCOUNTER FOR DELIVERY	2	10
O85	O92.79	PUERPERIUM COMPLICATIONS	2	10
O94	O94	OTHER OBSTETRIC CONDITIONS NEC	2	10
O98411	O9863	MATERNAL VIRAL AND PROTOZOAL DISEASES	2	10
O98811	O99285	OTHER MATERNAL INFECTIOUS AND PARASITIC DISEASES COMPLICATING PREGNANCY, AND/OR CHILDBIRTH AND THE PUERPERIUM	2	10
O99350	O9A.53	DISEASES OF THE BODY SYSTEMS AND OTHER DISEAES AND CONDITIONSS COMPLICATING PREGNANCY,AND/OR CHILD BIRTH AND THE PUERPERIUM	2	10
P00.0	P01.5	CERTAIN CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	2	10
P01.7	P04.0	NEWBORN (SUSPECTED TO BE) AFFECTED BY COMPLICATIONS OF MATERNAL, PLACENTA, CORD, MEMBRANES, LABOR AND DELIVERY	2	10
P05.00	P35.1	NEWBORN DISORDERS, ABNORMALFINDINGS, DISEASES AND INFECTIONS	2	10

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

P35.3	P36.9	PERINATAL CONGENITAL VIRAL DISEASES AND BACTERIAL SEPSIS	2	10
P37.1	P92.9	PERINATAL OTHER CONGENITAL INFECTIOUS AND PARASITIC DISEASES, AND DISORDERS	2	10
P94.0	P94.9	DISORDERS OF MUCLE TONE IN NEWBORN	2	10
P96.0	P96.0	CONGENITAL RENAL FAILURE ORIGINATING IN THE PERINATAL PERIOD	2	10
P96.3	P96.9	OTHER CONDITIONS ORIGINATING IN THE PERINATAL PERIOD	2	10
T8030XA	T8049XS	INCOMPATIBILITY OF ABO AND RH	2	10
T80A0XA	T80A9XS	INCOMPATIBILITY OF ABO AND RH	2	10
Z01.411	Z01.42	GYN EXAM	2	10
Z32.00	Z33.1	PREGNANCY	2	10
Z34.00	Z37.0	ENCOUNTER FOR SUPERVISION OF PREGNANCY AND OUTCOME OF DELIVERY	2	10
Z37.2	Z37.2	OUTCOME OF DELIVERY TWINS, BOTH LIVEBORN	2	10
Z37.50	Z3759	OTHER MULTIPLE BIRTHS, ALL LIVEBORN	2	10
Z37.9	Z37.9	OUTCOME OF DELIVERY, UNSPECIFIED	2	10
Z38.00	Z38.8	LIVEBORN INFANT, UNSPECIFIED AS TO PLACE OF BIRTH	2	10
Z39.0	Z39.2	ENCOUNTER FOR MATERNAL POSTPARTUM CARE AND EXAMINATION	2	10
Z3A00	Z3A.49	WEEKS OF GESTATION, AND OTHER LIVEBORN INFANT, UNSPECIFIED AS TO PLACE OF BIRTH	2	10
Z87.51	Z87.59	PERSONAL HX OF PREGNANCY/DELIVERY/POSTPARTUM COMPLICATIONS	2	10
		Sensitive Dx codes Over 13		
290	319.99	MENTAL DISORDERS	1	9
V40	V40.99	MENTAL/BEHAVIORAL PROB	1	9
V61	V63.99	COUNSELING	1	9
V65.42	V65.42	Counsling sbstn use abuse	1	9
V66.30	V66.30	PALLATIVE CARE FOLLOWING PSYCHOTHERAPY	1	9
V70.1	V70.79	UNSPECIFIED MENTAL CONDITIONS	1	9
V79	V79.99	SCREENING-MENTAL DISORDERS	1	9
F01.50	F99	MENTAL, BEHAVIORAL, AND NEURODEVELOPMENTAL DISORDERS	1	10
R41.0	R41.9	SYMPTOMS/SIGNS INVOLVING COGNITIVE	1	10

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

		FUNCTIONS/AWARENESS		
R45.0	R45.89	SYMPTOMS/SIGNS INVOLVING EMOTIONAL STATE	1	10
R78.0	R78.6	FINDINGS OF DRUGS IN BLOOD	1	10
Z02.0	Z02.9	ADMINISTRATIVE EXAMS	1	10
Z04.6	Z04.6	GENERAL PSYCHIATRIC EXAMINATION	1	10
Z55.0	Z56.9	PROBLEMS RELATED TO EDUCATION/EMPLOYMENT	1	10
Z59.0	Z65.9	PROBLEMS RELATED TO SOCIOECONOMIC/PSYCHOSOCIAL CIRCUMSTANCES	1	10
Z69.010	Z71.6	ENCOUNTER FOR MENTAL HEALTH SERVICES/COUNSELING	1	10
Z73.0	Z73.9	PROBLEMS RELATED TO LIFE MANAGEMENT DIFFICULTY	1	10
Z74.01	Z74.9	PROBLEMS RELATED TO CARE PROVIDER DEPENDENCY	1	10
Z75.0	Z75.9	PROBLEMS RELATED TO MED FACILITIES/OTHER HEALTHCARE	1	10
Z81.0	Z81.8	FAMILY HX OF MENTAL/BEHAVIORAL DISORDERS	1	10
Z86.51	Z86.59	PERSONAL HX OF MENTAL/BEHAVIORAL DISORDERS	1	10
Z91.83	Z91.83	WANDERING IN DISEASES CLASSIFIED ELSEWHERE	1	10
		Sensitive Dx codes All ages		
131	139.99	TRICHOMONIASIS/PARASITES	0	9
357.5	357.99	ALCOHOLIC POLYNEUROPATHY	0	9
425.5	425.59	ALCOHOLIC CARDIOMYOPATHY	0	9
535.3	535.39	ALCOHOLIC GASTRITIS	0	9
630	639.99	ABORTION AND ECTOPIC PREGNANCY	0	9
797	799.99	ILL-DEFINED CAUSES OF MORBIDITY/MORTALITY/COMPLICATIONS	0	9
909	909.99	LATE EFFECTS OF EXTERNAL CAUSES	0	9
960	999.9	POISONING/TOXIC EFFECTS	0	9
010	018.99	TB	0	9
042	042.99	HIV	0	9
054	054.99	HERPES SIMPLEX	0	9
090	099.99	SYPHILIS AND OTHER VENEREAL DISEASES	0	9
606.0	606.9	MALE INFERTILITY	0	9
628.0	628.99	INFERTILITY-FEMALE	0	9
648.30	648.49	DRUG DEPENDENCE	0	9
651.30	651.69	FETAL DEATH	0	9
655.30	655.99	DAMAGE TO FETUS	0	9
656.40	656.49	FETAL DEATH	0	9
760.70	761.9	COMPLICATIONS OF THE PERINATAL PERIOD	0	9
779.4	779.6	COMPLICATIONS OF THE PERINATAL PERIOD	0	9
780.10	780.19	SYMPTOMS CONVULSIONS, HALLUCINATIONS	0	9
79.4	79.499	HPV	0	9
79.50	79.52	HTLV	0	9
79.53	79.539	HIV	0	9

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

795.00	795.19	ABNORMAL PAP	0	9
795.6	795.6	FALSE POSITIVE FOR SYPHILIS	0	9
795.71	795.71	HIV	0	9
796.70	796.79	HPV	0	9
E950	E959.9	SUICIDE AND SELF-INFLICTED INJURY	0	9
E960.1	E960.1	RAPE	0	9
E980	E989	INJURY UNDERTERMINED CIRCUMNSTANCES	0	9
V01.1	V01.1	TUBERCULOSIS CONTACT	0	9
V01.6	V01.6	VENEREAL DIS CONTACT	0	9
V01.79	V01.79	VIRAL DIS CONTACT NEC	0	9
V02.60	V02.8	CARRIER OR SUSPECTED CARRIER OF INFECTIOUS DISEASES	0	9
V03.2	V03.2	VACCIN FOR TUBERCULOSIS	0	9
V08	V08.9	HIV	0	9
V11.3	V11.39	ALCOHOLISM	0	9
V25.0	V26.99	FAMILY PLANNING	0	9
V27.1	V27.1	STILLBORN	0	9
V27.3	V27.4	STILLBORN	0	9
V27.6	V27.7	STILLBORN	0	9
V32.00	V32.2	STILLBORN	0	9
V35.00	V36.2	STILLBORN	0	9
V65.44	V65.45	HIV/STD COUNSELING	0	9
V66.70	V66.79	PALLATIVE CARE	0	9
V69.2	V69.39	PROBLEMS RELATED TO LIFESTYLES	0	9
V71.01	V71.99	OBSERVATION	0	9
V73.80	V73.99	SCREENING HPV	0	9
V74.50	V74.59	VENEREAL DISEASE	0	9
A15.0	A19.9	TB	0	10
A50.01	A64	INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION	0	10
B00.0	B00.9	HERPESVIRAL (HERPES SIMPLEX) INFECTIONS	0	10
B20	B20	HIV	0	10
B33.3	B33.3	RETROVIRUS	0	10
B90.0	B90.9	SEQUEALAE OF TB	0	10
B97.30	B97.39	RETROVIRUS	0	10
B97.7	B97.7	HPV AS CAUSE OF DISEASES CLASSIFIED ELSEWHERE	0	10
G62.1	G62.1	ALCOHOLIC POLYNEUROPATHY	0	10
I42.6	I42.6	ALCOHOLIC CARDIOMYOPATHY	0	10
J65	J65	PNEUMOCONIOSIS ASSOCIATED WITH TB	0	10
K29.20	K29.21	ALCOHOLIC GASTRITIS	0	10
N46.01	N46.9	MALE INFERTILITY	0	10
N97.0	N97.9	FEMALE INFERTILITY	0	10

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

O00.0	O08.9	PREGNANCY WITH ABORTIVE OUTCOME	0	10
O31.10X0	O31.33X9	CONTINUING PREGNANCY AFTER SPONTANEOUS ABORTION/INTRAUTERINE DEATH/ELECTIVE REDUCTION	0	10
O35.0XX0	O35.9XX9	MATERNAL CARE FOR KNOWN/SUSPECTED FETAL ABNORMALITY/DAMAGE	0	10
O36.4XX0	O36.4XX9	MATERNAL CARE FOR INTRAUTERINE DEATH	0	10
O98.011	O98.03	TB COMPLICATING PREGNANCY	0	10
O98.111	O98.33	INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION COMPLICATING PREGNANCY	0	10
O98.711	O98.73	HIV COMPLICATING PREGNANCY	0	10
O99.310	O99.345	SUBSTANCE USE AND MENTAL DISORDERS COMPLICATING PREGNANCY	0	10
P01.6	P01.6	NEWBORN AFFECTED BY MATERNAL CONDITIONS AND COMPLICATIONS OF PREGNANCY	0	10
P04.1	P04.9	NEWBORN AFFECTED BY NOXIOUS SUBSTANCE	0	10
P35.2	P35.2	CONGENITAL HERPESVIRAL (HERPES SIMPLEX) INFECTION	0	10
P37.0	P37.0	CONGENITAL TB	0	10
P93.0	P93.8	REACTIONS AND INTOXICATION DUE TO DRUGS ADMINISTERED TO NEWBORN	0	10
P95	P95	STILLBIRTH	0	10
P96.1	P96.2	WITHDRAWAL SYMPTOMS FROM MATERNAL USE OF DRUGS AND THERAPEUTIC USE OF DRUGS IN NEWBORN	0	10
Q86.0	Q86.8	CONGENITAL MALFORMATION SYNDROMES OF EXOGENOUS CAUSES	0	10
R09.01	R09.2	SYMPTOMS/SIGNS OF RESPIRATORY SYSTEM	0	10
R44.0	R44.3	HALLUCINATIONS	0	10
R64	R64	CACHEXIA	0	10
R68.0	R68.0	HYPOTHERMIA	0	10
R68.13	R68.13	APPARENT LIFE THREATENING EVENT IN INFANT	0	10
R68.82	R68.82	DECREASED LIBIDO	0	10
R75	R75	INCONCLUSIVE LAB EVIDENCE OF HIV	0	10
R85.81	R85.82	ANAL HPV DNA TEST POSITIVE	0	10
R87.810	R87.821	HPV DNA TEST POSITIVE FROM FEMALE GENITAL ORGANS	0	10
R99	R99	ILL-DEFINED/UNKNOWN CAUSE OF MORTALITY	0	10
T360X2A	T7692XS	POISONING/ADVERSE EFFECT/UNDERDOSING OF DRUGS/MEDICAMENTS/BIOLOGICAL SUBSTANCES	0	10
X71.0XXA	X83.8XXS	INTENTIONAL SELF-HARM	0	10
Z00.5	Z00.6	GENERAL EXAMS OTHER THAN ROUTINE	1	10
Z03.6	Z04.3	OBSERVATION/SUSPECTED CONDITIONS NOT FOUND	0	10
Z04.41	Z04.42	EXAM FOLLOWING ALLEGED RAPE	0	10
Z04.71	Z04.72	EXAM FOLLOWING ALLEGED PHYSICAL ABUSE	0	10
Z11.1	Z11.1	ENCOUNTER SCREENING FOR RESPIRATORY TUBERCULOSIS	0	10

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

Z11.3	Z11.3	ENCOUNTER FOR SCREENING OF INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION	0	10
Z11.4	Z11.4	ENCOUNTER FOR SCREENING FOR HIV	0	10
Z11.51	Z11.51	ENCOUNTER FOR SCREENING HPV	0	10
Z13.4	Z13.4	SCREENING FOR DEVELOPMENTAL DISORDERS	0	10
Z14.01	Z15.89	GENETIC CARRIER/SUSCEPTIBILITY	0	10
Z20.1	Z20.1	CONTACT/SUSPECTED EXPOSURE TO TUBERCULOSIS	0	10
Z20.2	Z20.2	EXPOSURE TO INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION	0	10
Z20.5	Z20.5	CONTACT/SUSPECTED EXPOSURE TO VIRAL HEPATITIS	0	10
Z20.6	Z20.6	CONTACT/SUSPECTED EXPOSURE TO HIV	0	10
Z20.828	Z20.828	CONTACT/SUSPECTED EXPOSURE TO OTHER VIRAL COMMUNICABLE DISEASES	0	10
Z21	Z21	ASYMPTOMATIC HIV	0	10
Z22.4	Z22.4	CARRIER OF INFECTIONS WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION	0	10
Z22.50	Z22.59	CARRIER OF VIRAL HEPATITIS	0	10
Z30.011	Z31.9	ENCOUNTER FOR PROCREATIVE MANAGEMENT	0	10
Z33.2	Z33.2	ELECTIVE TERMINATION OF PREGNANCY	0	10
Z37.1	Z37.1	SINGLE STILLBIRTH	0	10
Z37.3	Z37.4	TWINS, ONE LIVEBORN AND ONE STILLBORN	0	10
Z37.60	Z37.7	OTHER MULTIPLE BIRTHS, SOME LIVEBORN AND STILLBORN	0	10
Z51.5	Z51.5	PALLIATIVE CARE	0	10
Z71.7	Z71.7	HUMAN IMMUNODEFICIENCY VIRUS COUNSELING	0	10
Z72.51	Z72.811	PROBLEMS RELATED TO LIFESTYLE	0	10
Z79.01	Z79.899	LONG TERM (CURRENT) DRUG THERAPY	0	10
Z83.0	Z83.0	FAMILY HX OF HIV	0	10
Z86.11	Z86.11	PERSONAL HX OF TB	0	10
Z87.710	Z87.79	PERSONAL HX OF (CORRECTED) CONGENITAL MALFORMATION	0	10
Z98.51	Z98.52	STERILIZATION STATUS	0	10

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

8.4 DRG Codes to Suppress

Following is a list of DRG codes that are to be suppressed for all Beneficiaries from printing on the Explanation of Benefits Statement. Currently the DRG Codes are checked via a conditional in the query, and if the claim meets the criteria, it is deleted from being reported on the EOB Report.

DRG	Description	When to Suppress
744, 745 769, 770, 779	Tubal Ligation Abortions	All Ages All Ages
765 – 770 774 – 782	Pregnancy Related Pregnancy Related	Under 18 Under 18
789, 789.1	Pregnancy Related	Under 18
876 880 – 887	Mental Health Mental Health	Over 17 Over 17
894 – 897	Substance Abuse	Over 13
969, 970 974 – 977	HIV Related HIV Related	All Ages All Ages

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

8.5 Surgical Procedure Codes to Suppress

Following is a list of Surgical Procedure codes that are to be suppressed for all Beneficiaries from printing on the Explanation of Benefits Statement. Currently the codes are checked against the CRCHAMPSTABLES.T_BV250_SPSuppress table, and if the claim Surgical Procedure code falls into the range on the table, it is deleted from being reported on the EOB Report. The CRCHAMPSTABLES.T_BV250_SPSuppress table will need to be reviewed periodically by policy staff for any changes or updates.

8.5.1 Surgical Procedure Codes to Suppress:

SP CODE MIN	SP CODE MAX	SP_DESCRIPTION	AGE FACTOR	ICD 9/10
		<i>Sensitive SP codes All ages</i>		
6370	6370	Male Sterilization NOS	0	9
6371	6371	Ligation of Vas Diferens	0	9
6372	6372	Spermatic cord ligation	0	9
6373	6373	Vasectomy	0	9
6381	6381	Suture Vas & Epidid Lac	0	9
6382	6382	Postop vas reconstruct	0	9
6383	6383	Epididymovasostomy	0	9
6389	6389	Vas & Epididy Repair NEC	0	9
6392	6392	Epididymotomy	0	9
6399	6399	Cord/Epid/Vas/OPS NEC	0	9
6411	6411	Penile Biopsy	0	9
6531	6564	OOPHORECTOMY	0	9
6572	6572	Oth Reimplant of Ovary	0	9
6575	6575	Lap Reimplant of Ovary	0	9
6611	6611	Fallopian Tube Biopsy	0	9
6621	6621	Bilat Endosc Crush Tube	0	9
6622	6622	Bilat Endosc Divis Tube	0	9
6629	6629	Bilat Endos Occ Tube NEC	0	9
6631	6631	Bilat Tubal Crushing NEC	0	9
6632	6632	Bilat Tubal Division NEC	0	9
6639	6639	Bilat Tubal Desctruct NEC	0	9
664	664	TOTAL UNILATERAL SALPINGECTOMY	0	9
6651	6651	Removal both Fallopian tubes	0	9
6652	6652	Removal remaining Fallopian tube	0	9
6662	6662	Remov tube & ectop preg	0	9
6692	6694	OPERATION ON FALLOPIAN TUBE	0	9
6711	6711	Endocervical Biopsy	0	9
6712	6712	Cervical Biopsy NEC	0	9
0695	0697	Aspiration of uterus	0	9

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

6831	689	HYSTERECTOMY	0	9
6901	6902	D&C RELATED TO ABORTION OR DELIVERY	0	9
6951	6952	ASPIRATION CURETTAGE RELATED TO ABORTION	0	9
697	697	Insertion of iud	0	9
6992	6992	Artificial insemination	0	9
6993	6993	INSERTION OF LAMINARIA	0	9
6991	6991	Insert Uterine Device	0	9
7491	7491	HYSTEROTOMY TO TERMINATE PREGNANCY	0	9
750	750	INTRA-AMNIOTIC INJECTION FOR ABORTION	0	9
9617	9617	Vag Diaphragm Insertion	0	9
9649	9649	OTHER GENITOURINARY INSTILLATION	0	9
9724	9724	Replace Vag Diaphragm	0	9
9771	9771	Removal iud	0	9
9773	9773	Remov Vaginal Diaphragm	0	9
9996	9996	Sperm Collection	0	9
0JH60HZ	0JH60HZ	INSERTION CNTRACPT DEV CHEST SUBQ TISS & FASC OP	0	10
0JH63HZ	0JH63HZ	INSERT CNTRACPT DEV CHEST SUBQ TISS & FASC PERQ	0	10
0JH80HZ	0JH80HZ	INSERT CNTRACPT DEVC ABDOMEN SUBQ TISS & FASC OP	0	10
0JH83HZ	0JH83HZ	INSERT CNTRACPT DEV ABDOMEN SUBQ TISS FASC PERQ	0	10
0JHD0HZ	0JHD0HZ	INSERT CONTRACPT DEV RT UP ARM SQ TISS FASC OPN	0	10
0JHD3HZ	0JHD3HZ	INSERT CONTRACPT DEV RT UP ARM SQ TISS FASC PERQ	0	10
0JHF0HZ	0JHF0HZ	INSERT CNTRACPT DEV LT UP ARM SUBQ TISS FASC OPN	0	10
0JHF3HZ	0JHF3HZ	INSERT CNTRACPT DEVC LT UP ARM SQ TISS FASC PERQ	0	10
0JHG0HZ	0JHG0HZ	INSERT CNTRACPT DEV RT LOW ARM SUBQ TISS FASC OP	0	10
0JHG3HZ	0JHG3HZ	INSERTION CNTRACPT DEV RT LOW ARM SUBQ TISS PERQ	0	10
0JHH0HZ	0JHH0HZ	INSERT CNTRACPT DEVC LT LW ARM SUBQ TISS FASC OP	0	10
0JHH3HZ	0JHH3HZ	INSERTION CNTRACPT DEV LT LOW ARM SUBQ TISS PERQ	0	10
0JHL0HZ	0JHL0HZ	INSERT CNTRACPT DEV RT UP LEG SUBQ TISS FASC OPN	0	10
0JHL3HZ	0JHL3HZ	INSERT CNTRACPT DEVC RT UP LEG SQ TISS FASC PERQ	0	10
0JHM0HZ	0JHM0HZ	INSERT CNTRACPT DEV LT UP LEG SUBQ TISS FASC OPN	0	10
0JHM3HZ	0JHM3HZ	INSERT CNTRACPT DEVC LT UP LEG SQ TISS FASC PERQ	0	10

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

0JHN0HZ	0JHN0HZ	INSERTION CONTRACPT DEV RL LEG SQ TISS & FASC OP	0	10
0JHN3HZ	0JHN3HZ	INSERTION CONTRACPT DEV RL LEG SQ TISS & FASC PERQ	0	10
0JHP0HZ	0JHP0HZ	INSERT CNTRACPT DEV LT LW LEG SUBQ TISS FASC OP	0	10
0JHP3HZ	0JHP3HZ	INSERTION CNTRACPT DEV LL LEG SQ TISS FASC PERQ	0	10
0U2DXHZ	0U2DXHZ	CHANGE/CONTRACEPTIVE DEVICE/UTERUS/CERVIX	0	10
0U550ZZ	0U568ZZ	DESTRUCTION/UNILATERAL FALLOPIAN TUBE	0	10
0U570ZZ	0U578ZZ	DESTRUCTION/BILATERAL FALLOPIAN TUBES	0	10
0U9500Z	0U978ZZ	DRAINAGE/FALLOPIAN TUBE	0	10
0U9C00Z	0U9C8ZZ	DRAINAGE/CERVIX	0	10
0UB50ZX	0UB78ZZ	EXCISION/FALLOPIAN TUBE	0	10
0UB90ZX	0UB98ZZ	EXCISION UTERUS	0	10
0UBC0ZX	0UBC8ZZ	EXCISION/CERVIX	0	10
0UDB7ZX	0UDB8ZZ	EXCTRACTION/ENDOMETRIUM	0	10
0UH97HZ	0UH98HZ	INSERTION/CONTRACEPTIVE DEVICE/UTERUS	0	10
0UHC7HZ	0UHC8HZ	INSERTION/CONTRACEPTIVE DEVICE/CERVIX	0	10
0UHD03Z	0UHD83Z	INSERTION/INFUSION DEVICE/UTERUS/CERVIX	0	10
0UL50CZ	0UL68ZZ	OCCLUSION/UNILATERAL FALLOPIAN TUBE	0	10
0UL70CZ	0UL78ZZ	OCCLUSION/BILATERAL FALLOPIAN TUBES	0	10
0UM00ZZ	0UM24ZZ	REATTACHMENT/OVARY	0	10
0UPD7HZ	0UPD8HZ	REMOVAL/CONTRACEPTIVE DEVICE/UTERUS/CERVIX	0	10
0UQ20ZZ	0UQ78ZZ	REPAIR FEMALE REPRODUCTIVE SYSTEM	0	10
0US00ZZ	0US24ZZ	REPOSITION/OVARY	0	10
0UT50ZZ	0UT6FZZ	RESECTION/UNILATERAL FALLOPIAN TUBE	0	10
0UT70ZZ	0UT7FZZ	RESECTION/BILATERAL FALLOPIAN TUBES	0	10
0UT90ZZ	0UT9FZZ	RESECTION UTERUS	0	10
0V1N07J	0V1Q4ZP	BYPASS/VAS DEFERENS	0	10
0V510ZZ	0V534ZZ	DESTRUCTION/SEMINAL VESICLE	0	10
0V5F0ZZ	0V5H4ZZ	DESTRUCTION/SPERMATIC CORD	0	10
0V5N0ZZ	0V5Q4ZZ	DESTRUCTION/VAS DEFERENS	0	10
0V9100Z	0V9Q4ZZ	DRAINAGE/VESICLE/CORD/EPID/VAS DEFERENS	0	10
0V9S00Z	0V9TXZZ	DRAINAGE/PENIS/PREPUCE	0	10
0VB10ZX	0VB34ZZ	EXCISION/SEMINAL VESICLE	0	10
0VBC0ZX	0VBC4ZZ	EXCISION OF BILATERAL TESTES	0	10
0VBF0ZX	0VBH4ZZ	EXCISION/SPERMATIC CORD	0	10
0VBL0ZX	0VBL4ZZ	EXCISION OF BILATERAL EPIDIDYMIS	0	10
0VBN0ZX	0VBQ4ZZ	EXCISION/VAS DEFERENS	0	10
0VBS0ZX	0VBTXZZ	EXCISION/PENIS/PREPUCE	0	10
0VC10ZZ	0VCQ4ZZ	EXTIRPATION/VESICLE/CORD/EPID/VAS DEFERENS	0	10

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

0VLF0CZ	0VLQ4ZZ	OCCLUSION SPERMATIC CORD/VAS DEFERENS	0	10
0VN10ZZ	0VNQ4ZZ	RELEASE/VESICLE/CORD/EPID/VAS DEFERENS	0	10
0VP400Z	0VPRXDZ	DEVICE REMOVAL/SEMINAL VESICLE/SPERMATIC CORD/VAS DEFERENS	0	10
0VQ10ZZ	0VQ34ZZ	REPAIR/SEMINAL VESICLE	0	10
0VQF0ZZ	0VQH4ZZ	REPAIR/SPERMATIC CORD	0	10
0VQJ0ZZ	0VQL4ZZ	REPAIR OF EPIDIDYMIS	0	10
0VQN0ZZ	0VQQ4ZZ	REPAIR/VAS DEFERENS	0	10
0VT10ZZ	0VT34ZZ	RESECTION/SEMINAL VESICLE	0	10
0VTF0ZZ	0VTH4ZZ	RESECTION/SPERMATIC CORD	0	10
0VTN0ZZ	0VTQ4ZZ	RESECTION/VAS DEFERENS	0	10
0VU107Z	0VUQ4KZ	SUPPLEMENT/VESICLE/CORD/EPID/VAS DEFERENS	0	10
0VW400Z	0VWRXKZ	REVISION/VESICLE/CORD/EPID/VAS DEFERENS	0	10
10A00ZZ	10A08ZZ	ABORTION	0	10
10D17ZZ	10D28ZZ	EXTRACTION/RETAINED PRODUCTS OF CONCEPTION	0	10
10J20ZZ	10J2XZZ	INSPECTION ECTOPIC PRODUCTS OF CONCEPTION	0	10
10S20ZZ	10T28ZZ	REPO/RESECTION ECTOPIC PRODUCTS OF CONCEPTION	0	10
3E0P7LZ	3E0P7LZ	INTRO SPERM FEMALE REPROD VIA NAT/ART OPENING	0	10
8E0VX63	8E0VX63	SPERM COLLECTION	0	10
		Sensitive SP codes for ages over 13 (SA/DMH)		
9402	9402	Psychologic Test Admins	1	9
9408	9408	Psych Eval & Test NEC	1	9
9409	9409	Psychol Mental Stat NOS	1	9
9411	9411	Psychiat Mental Determin	1	9
9412	9412	Routine Psychiat Visit	1	9
9413	9413	Psychia Commitment Eval	1	9
9419	9419	Psychia Interv/Eval NEC	1	9
9425	9425	Psychiat Drug Therap NEC	1	9
9429	9429	Psychiatr Somatother NEC	1	9
9431	9431	Psychoanalysis	1	9
9434	9434	Ind Therap Psychsex Dysf	1	9
9436	9436	Play Psychotherapy	1	9
9437	9437	Explor Verbal Psychother	1	9
9438	9438	Suppor Verbal Psychother	1	9
9439	9439	Individ Psychotherap NEC	1	9
9441	9441	GRP THERAP PSYCHSEX SYSF	1	9
9443	9443	Psychodrama	1	9
9445	9445	Drug Addict Counselling	1	9
9446	9446	Alcoholism Counselling	1	9
9449	9449	Other Counselling	1	9

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

9451	9451	Referral for Psychother	1	9
9452	9452	Referral Psych Aftercare	1	9
9453	9453	Referral alcohol rehab	1	9
9454	9454	Referral for Drug Rehab	1	9
9455	9455	Referral vocation rehab	1	9
9459	9459	Referral Psych Rehab NEC	1	9
9461	9461	Alcohol Rehabilitation	1	9
9462	9462	Alcohol Detoxification	1	9
9463	9463	Alcohol Rehab/Detox	1	9
9464	9464	Drug Rehabilitation	1	9
9465	9465	Drug Rehabilitation	1	9
9466	9466	Drug Rehab/Detox	1	9
9467	9467	Comb Alcohol/Drug Rehab	1	9
9468	9468	Comb Alcohol/Drug Detox	1	9
9469	9469	Comb Alco/Drug Reha/Deto	1	9
9536	9536	Ophth Counsel & Instruct	1	9
GZ10ZZZ	GZJZZZZ	MENTAL HEALTH SERVICES	1	10
HZ2ZZZZ	HZ99ZZZ	SUBSTANCE ABUSE TREATMENT	1	10
		<i>Sensitive SP codes for ages under 18</i>		
720	7599	Delivery Codes	2	9
9998	9998	Milk extraction	2	9
102073Z	10908ZU	OBSTETRICS	2	10
10D00Z0	10D07Z8	PRODUCTS OF CONCEPTION EXTRACTION	2	10
10E0XZZ	10J1XZZ	OBSTETRICS	2	10
10P003Z	10S0XZZ	OBSTETRICS	2	10
10Y03ZE	10Y07ZY	OBSTETRICS	2	10

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

9 Appendix D – Selection Criteria used to assign EOB Caption

Service Caption	Procedure Codes	Claim Type	Other Criteria
TRANSPORTATION/ AMBULANCE	PC=A0021-A0999, S0209- S0215, T2001-T2007		Caption based on Procedure Code.
ANESTHESIA SERVICE	PC=00100-01999, 99100- 99150		Caption based on Procedure Code.
CHIROPRACTIC SERVICE	PrvSpclty Code = B376 and PrvSubspclty code = C999		Caption based on PrvSpclty/Subspclty.
DIALYSIS	PC=90918-90999, G0257,G0308-G0327		Caption based on Procedure Code.
HEARING AID SERVICE	PC=V5010-V5267, V5275, V5298		Caption based on Procedure Code.
HEARING/SPEECH SERVICE	PC=V5008, V5268-V5274, V5281-V5290,V5299-V5364		Caption based on Procedure Code.
HOME HEALTH		23	Caption based on Claim Type.
HOSPITAL STAY		2	Caption based on Claim Type.
IMMUNIZATIONS/INJECTION	PC= 90281-90784, 95100- 95199, 96300- 96549, G0008-G0010, G0332, G0345-G0362, G0377, J0120--J7399, J7501, J7504- J7505, J7511, J7513, J7516, J7525, J7608, J7648-J7649, J7658-J7659, J7674, J9000- J9999, Q0034, Q0138- Q0139, Q0515, Q2009- Q3011, Q3021-Q3030, Q4074--Q4199, Q5101, Q9970 - Q9980, S0010- S0191		Caption based on Procedure Code.

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

Service Caption	Procedure Codes	Claim Type	Other Criteria
LABORATORY SERVICE	PC=80047-89399, G0306-G0307, G0328, G0461 – G0462, G0464, G0471-G0472, G0477-G0483, G6030-G6058, Q0111-Q0115, Q3031, P2028-P9615, S3854 or PC has 8 in 1st position.		Caption based on Procedure Code.
LONG TERM CARE FACILITY		12	Caption based on Claim Type.
MATERNAL INFANT HEALTH	PrvSpclty/SubSpclty = B356-C999		Caption based on Provider Spclty/SubSpclty.
MEDICAL SUPPLIES	PC= A4206-A4640, A4648-A9300, A9900-A9999, B4034-B9999, C0000-C9999, G0333, E0100-E8002, J7500, J7503, J7512, J7506-J7510, J7515, J7517-J7520, J7527-J7607, J7609-J7647, J7650-J7657, J7660-J7672, J7675-J8999, K0001-K0902, L0100-L9900, Q0144-Q0514, Q1003-Q2004, Q4001-Q4051, S1001-S1090, S5000-S5001, S5199-S8490, S8999-S9007, S9325-S9381, S9490-S9504, S9537, T2048-T5999		Caption based on Procedure Code.
DENTAL SERVICES	PC=D0000-D9999		Caption based on Procedure Code beginning with D

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

Service Caption	Procedure Codes	Claim Type	Other Criteria
MISC SERVICES	PC= 98960-99091, 99172, 99605-99607, 0001M-0010M, G9008, H0001-H0017, H0019-H0033, H0035, H0037-H2014, H2016-H2021, H2023-H2037, S0194-S0208, S0220-S0316, S0320-S0400, S0601-S0618, S0622-S0830, S2900-S3853, S3855-S4995, S5002-S5036, S8930-S8990, S9015-S9310, S9395-S9444, S9447-S9465, S9472-S9485, S9524-S9535, S9538-S9999		Caption based on Procedure Code
OUTPATIENT VISIT		3	Caption based on Claim Type and Revenue Code exclusions: 051X, 0451, and 0456.
OUTPATIENT CLINIC VISIT		3	Caption based on Claim Type and Revenue Code Combination, 051x.
OUTPATIENT NON-EMERGENCY SERVICE		3	Caption based on Claim Type and Revenue Code Combination, 0451 or 0456.
PHYSICIAN SERVICES	PC=01996,10021-69990, 97810-98943, 99170, 99175-99199, 0001T-9999T,G0101-G0129, G0166-G0178, G0186, G0237-G0256, G0258-G0305, G0329, G0339-G0343, G6018-G6028, Q0035-Q0092, Q3014, G0363-G0376, G0389-G0460,G0473, G3001, M0075-M0301, S0317, S2050-S2411, 91000-91299, 92015-92072, 92100-95079, 95250-96155, 96567-97799		Caption based on Procedure Code.

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

Service Caption	Procedure Codes	Claim Type	Other Criteria
PHYSICIAN VISIT/EXAM	PC= 90785-90911, 92002-92014, 92081-92083, 99201-99499, G0378-G0384,G0463, G0466-G0470, M0064, S0592, S0620-S0621		Caption based on Procedure Code.
PODIATRIST SERVICE/VISIT	PrvSpclty-Code = B426		Caption based on Provider Specialty Code.
PRESCRIPTION		24	Caption based on Claim Type.
PRIVATE DUTY NURSING		52	Caption based on Claim Type.
SCHOOL BASED SERVICES		54	Caption based on Claim Type
VISION CARE	PrvSpclty/SubSpclty = B285-C999, B286-C999, B401-C551, B401-C999		Caption based on Provider Spclty/SubSpclty.
HOME AND COMMUNITY SERVICES	PC=97802-98704, 99506, 99510, H0018, H0034, H0036, H2015, H2022, S0209, S5100-S5199, S8990, S9445-S9446, S9470 T1001-T1999, T2010-T2041		Caption based on Procedure code.
RADIOLOGY PROCEDURE	PC= 70010-79999, A4641-A4647, A9500-A9700, G0130-G0132, G0202-G0235, G0330-G0331, G6001-G6017, Q9949-Q9969, R0070-R0076		Caption based on Procedure Code.
HOSPICE		22, 59	Caption based on Claim Type.
EXCLUDED CAPTION CLAIM TYPE		67, 69	These Claim Types are excluded from the EOB Process.

10 Appendix E – Reporting Codes to Suppress

0001F-9999F

MDCH Crystal Reports Requirements Document		Request No.:	Date:
		CSR-2015-000207	11/16/2015
Report #:	Report Name:		
BV-250	CHAMPS Explanation of Benefits		

G0908-G0922

G8006- G9007

G9009-G9999