

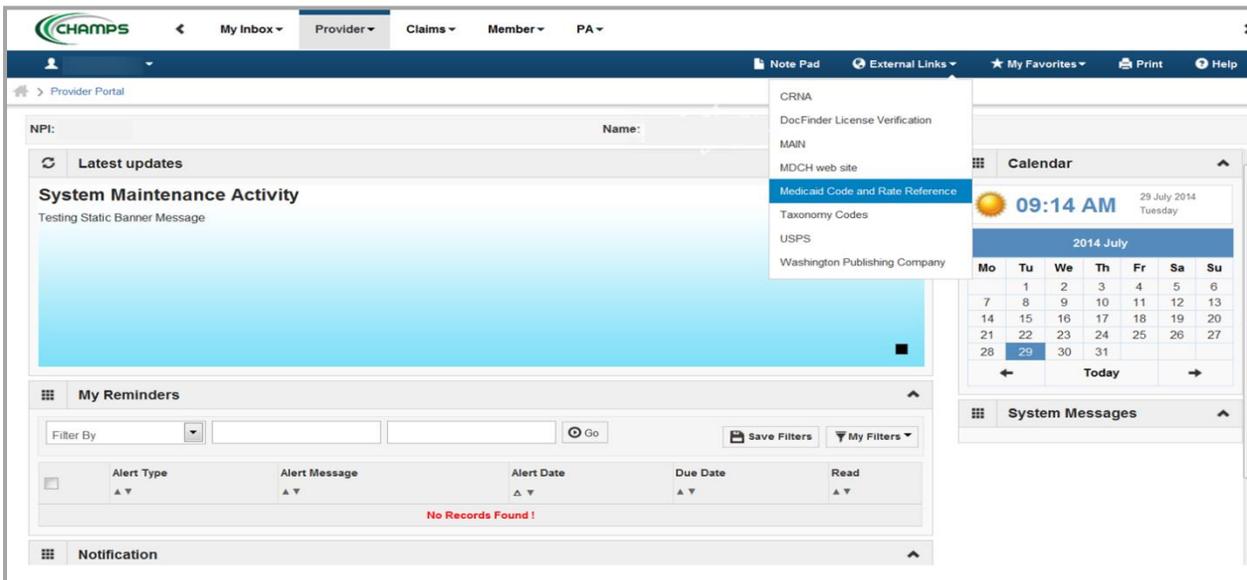
## Medicaid Code and Rate Reference

### Navigating through the Medicaid Code and Rate Reference tool

The Medicaid Code and Rate Reference tool is used for providers to view code details such as rates, limits, age restrictions, gender restrictions, modifier requirements, and prior authorization requirements. For outpatient hospitals the Medicare Addendum B, MDHHS wraparound list, and other resources must be utilized to accommodate pertinent information not loaded within the Medicaid Code and Rate Reference tool. **All Medicaid policy takes precedence over the Medicaid Code and Rate Reference tool.**

#### Accessing the Medicaid Code and Rate Reference tool:

1. First sign-in to Champs under the Billing NPI
2. Click on **External Links** tab
3. Select **Medicaid Code and Rate Reference**



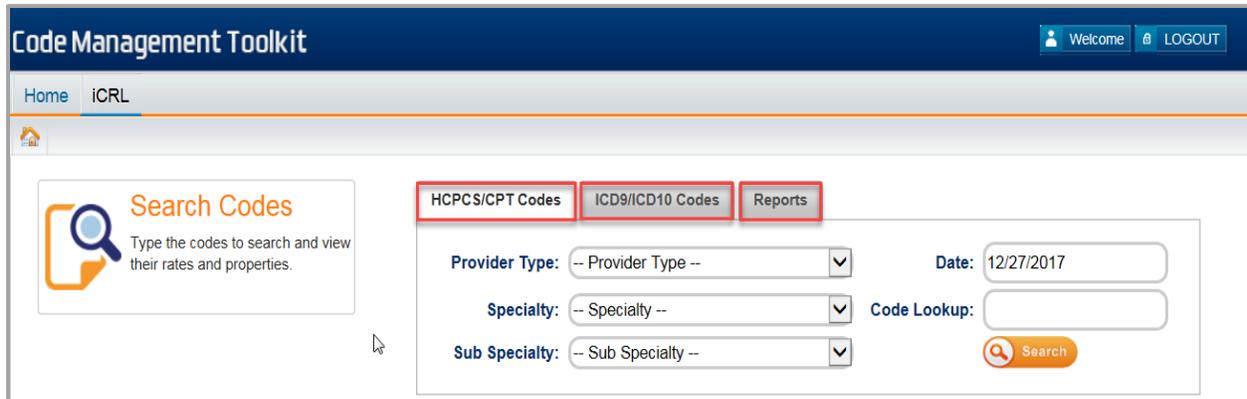
4. The user agreement screen will display, read through the **End User Point**:
  - If you **agree** to the terms, select **I ACCEPT**
  - If you **do not agree** to the terms, select **I DO NOT ACCEPT**. This will direct you back to the CHAMPS home page.



The license granted herein is expressly conditioned upon your acceptance of all terms and conditions contained in this agreement. If the foregoing terms and conditions are acceptable to you, please indicate your agreement by clicking below on the button labeled "I ACCEPT". If you do not agree to the terms and conditions, you may not access or use the software. Instead, you must click below on the button labeled "I DO NOT ACCEPT" and exit from this computer screen.

There are 3 ways to search within this tool:

1. [HCPCS/CPT Code](#): This function allows you to view code details when filtering by a specific Provider Type, Specialty, Sub Specialty, Date, and Code Lookup.
2. [ICD 9 or ICD 10 Codes](#): This function allows you to enter in an ICD9/ICD10 diagnosis code.
3. [Reports \(Generates an excel spreadsheet\)](#): This function provides data file reports that are extracted from the Medicaid Code and Rate Reference tool. Generates in an Excel spreadsheet.

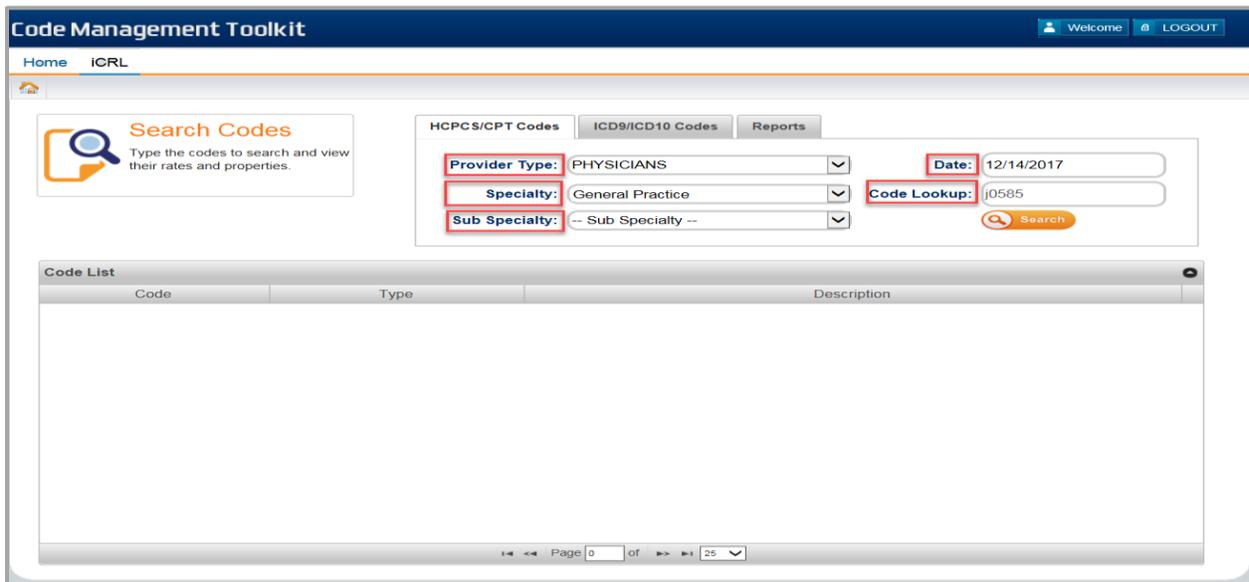


The screenshot shows the 'Code Management Toolkit' web application. At the top, there is a navigation bar with 'Home' and 'ICRL' links, and a user profile section with 'Welcome' and 'LOGOUT' options. Below the navigation bar, there is a 'Search Codes' section with a magnifying glass icon and the text 'Type the codes to search and view their rates and properties.' To the right of this section, there are three tabs: 'HCPCS/CPT Codes', 'ICD9/ICD10 Codes', and 'Reports'. The 'HCPCS/CPT Codes' tab is selected. Below the tabs, there are three dropdown menus for 'Provider Type', 'Specialty', and 'Sub Specialty', each with a placeholder '-- --'. To the right of these dropdowns, there is a 'Date' field with the value '12/27/2017' and a 'Code Lookup' field. A 'Search' button with a magnifying glass icon is located at the bottom right of the search area.

## Searching by Individual HCPCS/CPT:

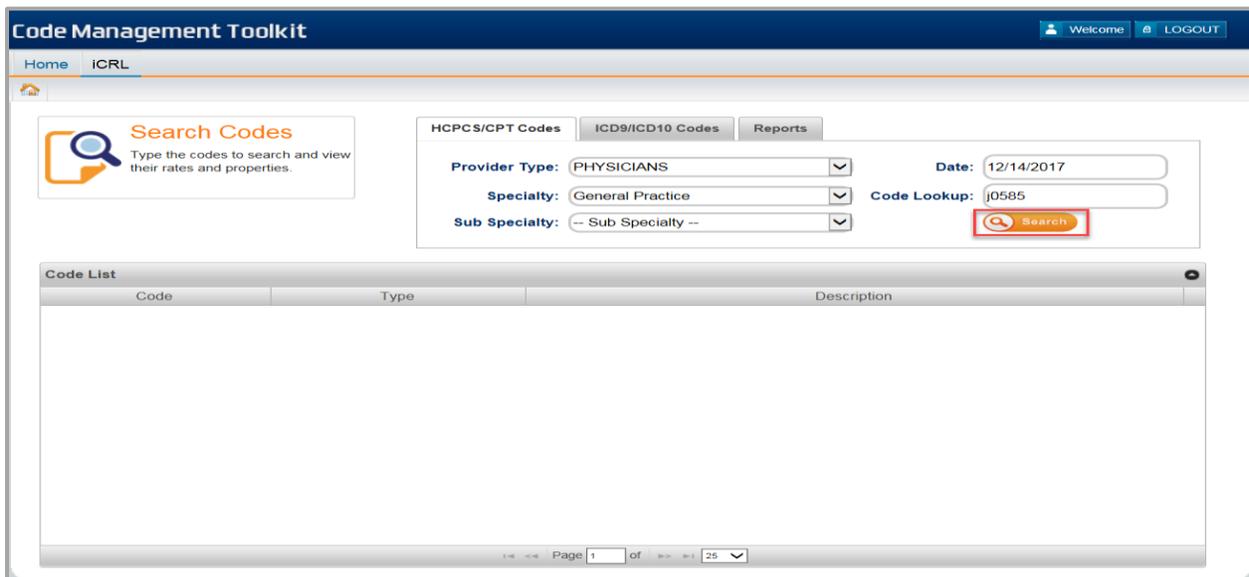
This function allows you to view code details when filtering by a specific Provider Type, Specialty, Sub Specialty, Date and Code Lookup.

1. **Provider Type:** Select the appropriate **Provider Type** from the drop-down
2. **Specialty:** Select the appropriate **Specialty** from the drop-down
3. **Sub Specialty:** Select the appropriate **Sub Specialty** if applicable (This will provide further detailed information).
4. **Date:** Auto populates to the current date
  - o Change the date to reflect the DOS
  - o Cannot search for future dates
  - o Can only go back 3 years prior to the current date
5. **Code Lookup:** Enter the specific code



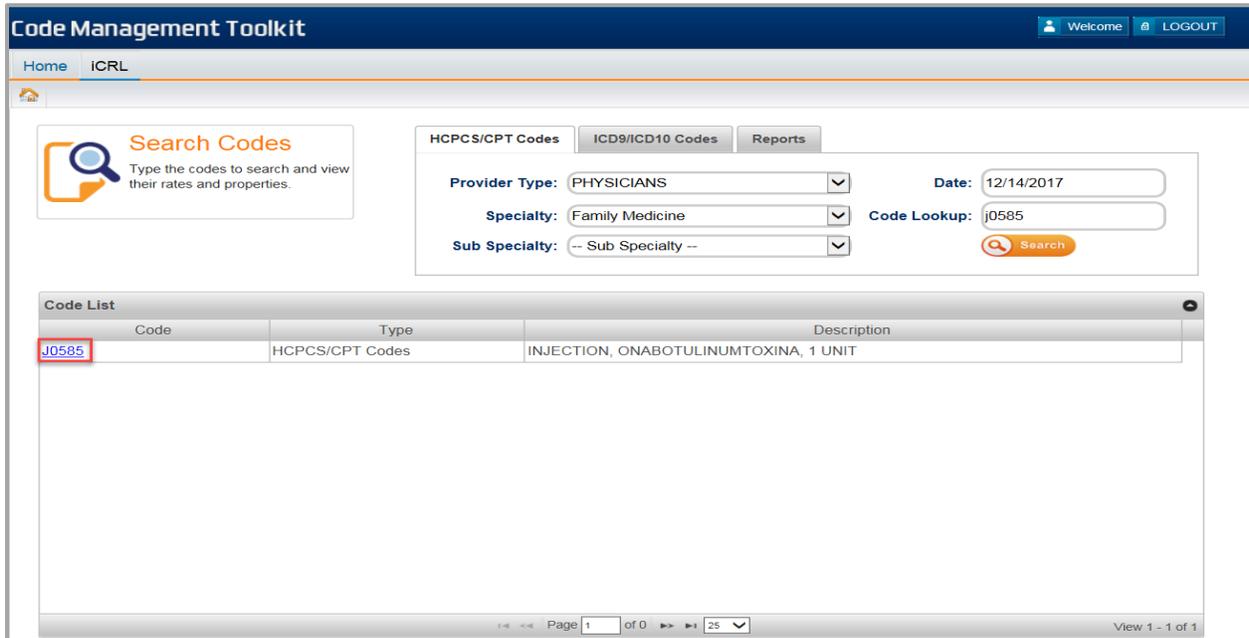
The screenshot shows the 'Code Management Toolkit' interface. At the top, there are navigation links for 'Home' and 'ICRL', and user information 'Welcome' and 'LOGOUT'. Below this is a 'Search Codes' section with a magnifying glass icon and the text 'Type the codes to search and view their rates and properties.' To the right, there are three tabs: 'HCPCS/CPT Codes', 'ICD9/ICD10 Codes', and 'Reports'. Under the 'HCPCS/CPT Codes' tab, there are four search criteria: 'Provider Type' (dropdown menu set to 'PHYSICIANS'), 'Specialty' (dropdown menu set to 'General Practice'), 'Sub Specialty' (dropdown menu set to '-- Sub Specialty --'), and 'Date' (text input set to '12/14/2017'). Below these is a 'Code Lookup' text input set to 'j0585' and a 'Search' button with a magnifying glass icon. The search button is highlighted with a red box. Below the search criteria is a 'Code List' table with columns for 'Code', 'Type', and 'Description'. The table is currently empty. At the bottom of the table, there is a pagination control showing 'Page 0 of 25'.

6. Click on **Search** once information is entered



This screenshot is identical to the previous one, showing the search criteria: 'Provider Type: PHYSICIANS', 'Specialty: General Practice', 'Sub Specialty: -- Sub Specialty --', 'Date: 12/14/2017', and 'Code Lookup: j0585'. The 'Search' button is highlighted with a red box. The 'Code List' table remains empty. The pagination control at the bottom now shows 'Page 1 of 25', indicating that the search results are being displayed on the first page of results.

7. To view code details, click the hyperlinked code



The screenshot shows the 'Code Management Toolkit' interface. At the top, there are navigation links for 'Home' and 'ICRL', and user information including 'Welcome' and 'LOGOUT'. Below this, there are three tabs: 'HCPCS/CPT Codes', 'ICD9/ICD10 Codes', and 'Reports'. A search section on the left contains a magnifying glass icon and the text 'Search Codes' with a sub-instruction: 'Type the codes to search and view their rates and properties.' To the right of the search section are filter fields: 'Provider Type' (set to 'PHYSICIANS'), 'Specialty' (set to 'Family Medicine'), 'Sub Specialty' (set to '-- Sub Specialty --'), and 'Date' (set to '12/14/2017'). A 'Code Lookup' field contains 'j0585' and a 'Search' button. Below the filters is a 'Code List' table with the following data:

Code	Type	Description
J0585	HCPCS/CPT Codes	INJECTION, ONABOTULINUMTOXINA, 1 UNIT

At the bottom of the table, there is a pagination control showing 'Page 1 of 0' and 'View 1 - 1 of 1'.

Please Note: If a code is entered that is incorrect or not a Medicaid covered benefit for the provider type **No Records to View** will display as a result.



This screenshot shows the 'Code List' table with a red box highlighting the text 'No Records to View' in the center of the table area.

Please Note: When there is a magnifying glass within a section, providers are encouraged to click on it, as this may house additional information.



8. After clicking into the code the following screen will display, providing detailed information for;

- [Code Details](#)
- [Indicators](#)
- [Age Range](#)
- [Code Rates/Specialty Rates](#)
- [Provider Type/Specialty/Subspecialty](#)
- [Associated Diagnosis](#)
- [Limit Groups](#)
- [NDC Details](#)
- [Additional Code Detail](#)

Code Management Toolkit
Welcome LOGOUT

Home ICRL

**MDHHS Disclaimer** : The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA Bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms webpage. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in the favor of the Provider Manual language.

Code Details

<b>Code</b> : J0585	<b>Date Searched</b> : 12/14/2017
<b>Category</b> : HCPCS/CPT Codes	<b>Date Printed</b> : 12/27/2017 09:38:27
<b>Gender</b> : Both	
<b>Long Description</b> : INJECTION, ONABOTULINUMTOXINA, 1 UNIT	

<div style="background-color: #e0e0e0; padding: 5px; margin-bottom: 5px;">Indicators</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Claim Type</th> <th>Indicator Name</th> <th>Indicator Value</th> <th>Age Range</th> <th>Exempt</th> </tr> </thead> <tbody> <tr> <td></td> <td>Bypass PA with Diagnosis</td> <td>Y-By Pass PA with diagnosis</td> <td>All Ages</td> <td></td> </tr> <tr> <td></td> <td>Prior Authorization</td> <td>Y-Yes</td> <td>All Ages</td> <td></td> </tr> <tr> <td></td> <td>Medicaid Covered</td> <td>Y-Yes</td> <td></td> <td></td> </tr> </tbody> </table>	Claim Type	Indicator Name	Indicator Value	Age Range	Exempt		Bypass PA with Diagnosis	Y-By Pass PA with diagnosis	All Ages			Prior Authorization	Y-Yes	All Ages			Medicaid Covered	Y-Yes			<div style="background-color: #e0e0e0; padding: 5px; margin-bottom: 5px;">Age Ranges</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 40px;"></td> </tr> </table>	
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00023392102	BOTOX 200 UNITS VIAL	BOTOX	ONABOTULINUMTOXINA																			
58281056301	LIORESAL IT 40 MG/20 ML KIT	LIORESAL INTRATHECAL	BACLOFEN																			

## 9. Code Details:

Provides information that is associated to that code based on the date of service searched.

Code Details			
<b>Code :</b> J0585	<b>Start Date :</b> 04/01/2016	<b>Date Searched :</b> 12/14/2017	12/27/2017
<b>Category :</b> HCPCS/CPT Codes	<b>End Date :</b> 12/31/2999	<b>Date Printed :</b> 12/27/2017	10:01:47
<b>Gender :</b> Both			
<b>Long Description :</b>	INJECTION, ONABOTULINUMTOXINA, 1 UNIT		

## 10. Indicators:

There are a wide array of indicators as seen below;

Indicators						
Claim Type	Spl/Sub Spl	Modifier	Indicator Name	Indicator Value	Age Range	Exempt
			Bypass PA with Diagnosis	Y-By Pass PA with diagnosis	All Ages	
			Prior Authorization	Y-Yes	All Ages	
			Medicaid Covered	Y-Yes		

### Indicator Definitions:

- **Ambulance** - Identifies diagnoses that are recognized for emergency transport purposes.
- **Bypass PA with DX** - If "Y" is indicated, the prior authorization requirement is bypassed for specific medical conditions. For additional information, see the associated diagnosis codes representing these medical conditions.
- **CSHCS Qualifying** - Indicates diagnoses recognized by CSHCS that requires care by a medical or surgical subspecialist. Diagnosis alone does not guarantee medical eligibility for CSHCS. The individual must also meet the evaluation criteria regarding the level of severity, chronicity, and the need for annual medical care and treatment by a physician subspecialist. This is outlined within the CSHCS Chapter of Medicaid Provider Manual. Please refer to CSHCS, Section 8.1 Medical Renewal Period.
- **Documentation Required** - Additional information is required to process the claim (e.g., description of service, operative report, or consent form).
- **Hospital Discharge-Bypass PA** - If "Y" is indicated, then the prior authorization requirement may be bypassed for durable medical equipment if the date of service (DOS) of the claim is within 3 months of the hospital discharge date. See the Medicaid Provider Manual for additional policy details.
- **Manual Price** - A rate has not been established and the procedure code/service is priced manually.
- **Medicaid Covered** - The procedure code/service is recognized by the program; however, additional coverage restrictions (e.g., provider type or benefit plan) may apply. See the Medicaid Provider Manual for additional policy details.
- **Modifier Required** - The identified modifier must be reported on the claim.
- **Prior Authorization** - The procedure/service requires a prior authorization.
- **Supplies/DME - Per Diem** - If "Y" is indicated, then the medical supplier should not bill for the item; it is considered as part of the Nursing Facility per diem rate.
- **Tooth # Required** - The procedure code/service requires the specific number of the tooth to be reported on the claim.
- **Tooth Surface Required** - The procedure code/service requires the specific tooth surface to be reported on the claim.

### 11. Age Range:

Will list any age restrictions or parameters for the code

Age Ranges				
Claim Type	Spl/Sub Spl	Modifier	Age Range	Exempt
			3 to 124 years	

### 12. Code Rates/Specialty Rates:

**Code Rates:** Will show the reimbursement for the procedure based on the provider type selected. There could be multiple rates listed if there are things that effect the reimbursement i.e.: modifiers or place of service

**Specialty Rates:** Will show the reimbursement rates for things that may be paid differently. i.e.: primary care rate incentive, or county rates

Code Rates					
Claim Type	Modifier	Age Range	Place of Service	Rate Type	Rate
0-All				Rate	6.03

### 13. Provider Type/Specialty/Subspecialty:

The provider type that chosen for the procedure

Provider Type/Specialty/Subspecialty		
Provider Type	Specialty	Subspecialty
PHYSICIANS	General Practice	No Subspecialty

### 14. Associated Diagnosis:

If the "Bypass PA with DX" Indicator has yes, then the dx codes in this field will bypass the PA requirement. This should not be confused with dx that support medical necessity, those dx codes are not published.

Associated Diagnosis		
Code	Description	Age Range
R29898	OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM	All Ages
H5052	Exophoria	All Ages
I69132	MONOPLÉGIA OF UPPER LIMB FOLLOWING NONTRAUMATIC INTRACEREBRAL HEMORRHAGE AFFECTING LEFT DOMINANT SIDE	All Ages
G35	Multiple sclerosis	All Ages
I69251	HEMIPLEGIA AND HEMIPARESIS FOLLOWING OTHER NONTRAUMATIC INTRACRANIAL HEMORRHAGE AFFECTING RIGHT DOMINANT SIDE	All Ages
M62831	Muscle spasm of calf	All Ages
R498	Other voice and resonance disorders	All Ages
G360	NEUROMYELITIS OPTICA [DEVIC]	All Ages
I69853	HEMIPLEGIA AND HEMIPARESIS FOLLOWING OTHER CEREBROVASCULAR DISEASE AFFECTING RIGHT NON-DOMINANT SIDE	All Ages
I69062	OTHER PARALYTIC SYNDROME FOLLOWING NONTRAUMATIC SUBARACHNOID HEMORRHAGE AFFECTING LEFT DOMINANT SIDE	All Ages

**15. Limit Groups:**

Will show the CHAMPS limits for the code, does not include medically unlikely edits (MUE) which take precedence over MDHHS assigned limits

Limit Groups	
Description	
600 Per Day	

**16. NDC Details:**

Any NDC that are associated to the code will show. Because NDC shows here it does mean that the NDC is rebateable or active

NDC Details			
NDC	Label Name	Brand Name	Generic Name
00023114501	BOTOX 100 UNITS VIAL	BOTOX	ONABOTULINUMTOXINA
00023391950	BOTOX COSMETIC 50 UNITS VIAL	BOTOX COSMETIC	ONABOTULINUMTOXINA
00023392102	BOTOX 200 UNITS VIAL	BOTOX	ONABOTULINUMTOXINA
58281056301	LIORESAL IT 40 MG/20 ML KIT	LIORESAL INTRATHECAL	BACLOFEN
00023923201	BOTOX COSMETIC 100 UNITS VIAL	BOTOX COSMETIC	ONABOTULINUMTOXINA
54868412300	BOTOX 100 UNITS VIAL	BOTOX	ONABOTULINUMTOXINA

**17. Additional Code Detail:**

Not currently used

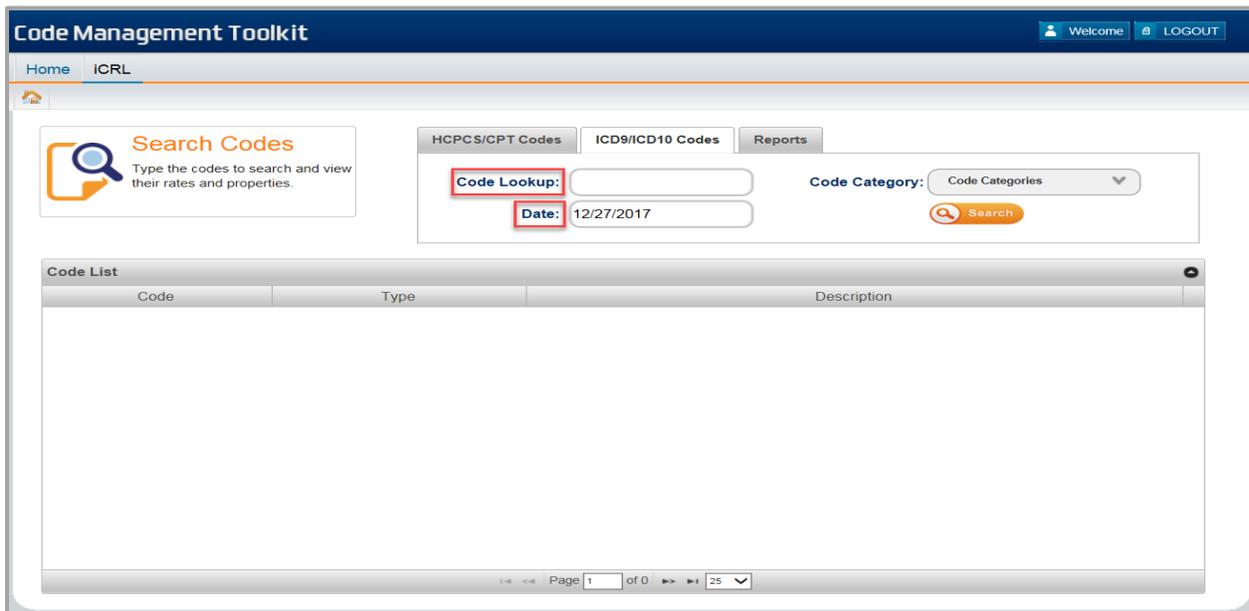
Additional Code Detail

To return to the **Search** screen select the  button in the top right corner.

## Searching by ICD 9 or ICD 10 Codes:

This function allows you to search diagnosis codes and surgical codes by entering in the following required fields:

1. **Code Lookup:** Enter code with no decimals
2. **Date:** Auto populates to the current date
  - o Change the date to reflect the DOS
  - o Cannot search for future dates
  - o Can only go back 3 years prior to the current date
3. **Code Category:** An optional field, but can limit the search results that populate
  - o For Surgical Codes select ICD 9 or ICD 10 Procedure Codes
  - o For Diagnosis codes select ICD 9 or ICD 10 Diagnosis Codes



**Code Management Toolkit** | Welcome | LOGOUT

Home | iCRL

**Search Codes**  
Type the codes to search and view their rates and properties.

HCPCS/CPT Codes | **ICD9/ICD10 Codes** | Reports

**Code Lookup:**

**Date:** 12/27/2017

**Code Category:** Code Categories

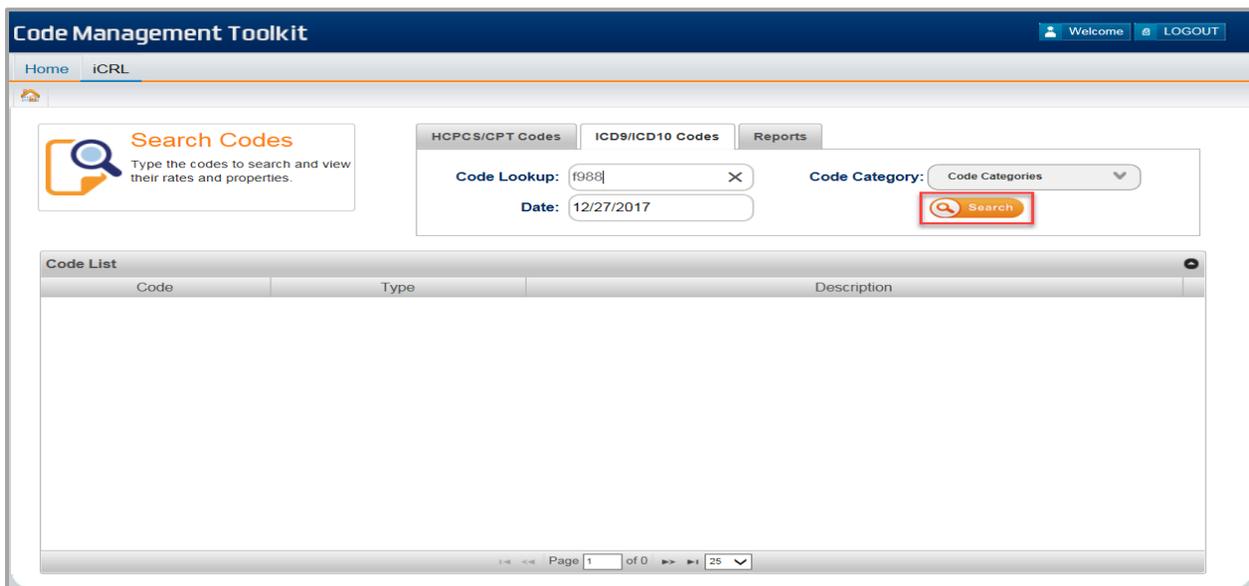
Search

**Code List**

Code	Type	Description
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Page 1 of 0

4. Click on **Search** once information is entered



**Code Management Toolkit** | Welcome | LOGOUT

Home | iCRL

**Search Codes**  
Type the codes to search and view their rates and properties.

HCPCS/CPT Codes | **ICD9/ICD10 Codes** | Reports

**Code Lookup:** 1988

**Date:** 12/27/2017

**Code Category:** Code Categories

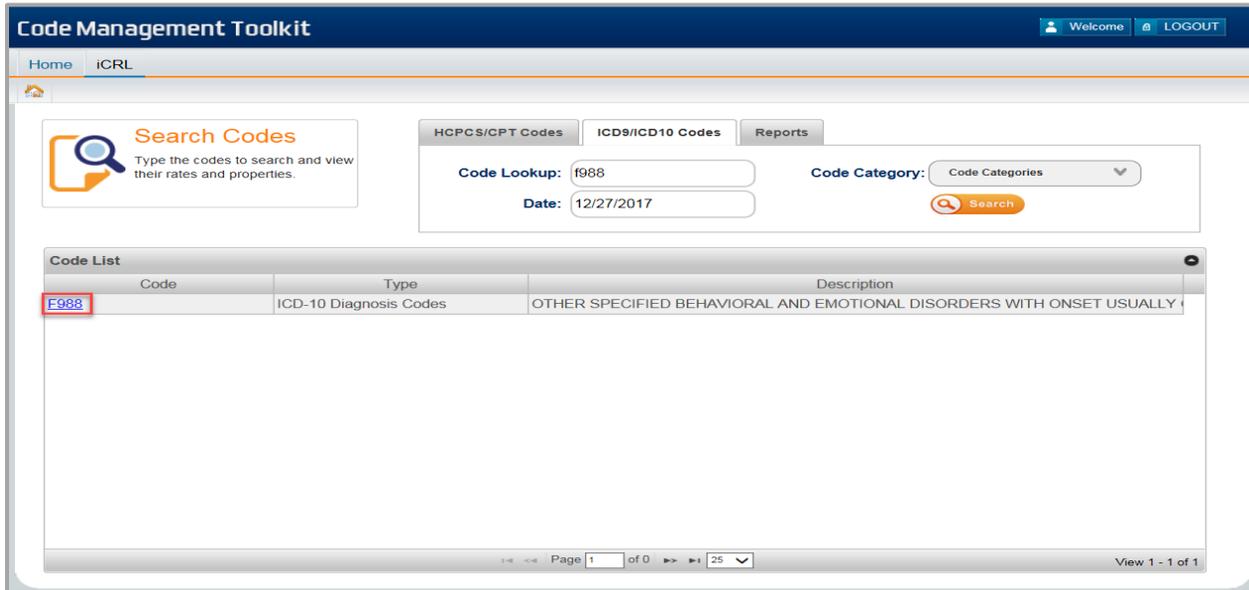
Search

**Code List**

Code	Type	Description
------	------	-------------

Page 1 of 0

5. To view code details, click the hyperlinked code

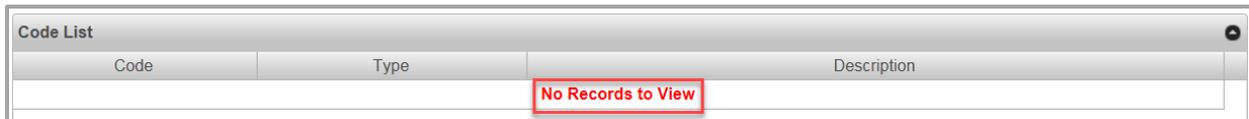


The screenshot shows the 'Code Management Toolkit' interface. At the top, there are tabs for 'Home' and 'iCRL'. Below this, there are three main sections: 'Search Codes' with a magnifying glass icon and instructions to 'Type the codes to search and view their rates and properties.', 'HCPCS/CPT Codes', and 'ICD9/ICD10 Codes'. The 'ICD9/ICD10 Codes' section contains a 'Code Lookup' field with 'f988' entered, a 'Date' field with '12/27/2017', and a 'Code Category' dropdown menu set to 'Code Categories'. A 'Search' button is located to the right of the dropdown. Below these fields is a 'Code List' table with the following structure:

Code	Type	Description
<a href="#">F988</a>	ICD-10 Diagnosis Codes	OTHER SPECIFIED BEHAVIORAL AND EMOTIONAL DISORDERS WITH ONSET USUALLY

At the bottom of the table, there is a pagination control showing 'Page 1 of 0' and a 'View 1 - 1 of 1' indicator.

Please Note: If a code is entered that is incorrect or not a Medicaid covered benefit **No Records to View** will display as a result.



This screenshot shows the 'Code List' table with the following structure:

Code	Type	Description
<b>No Records to View</b>		

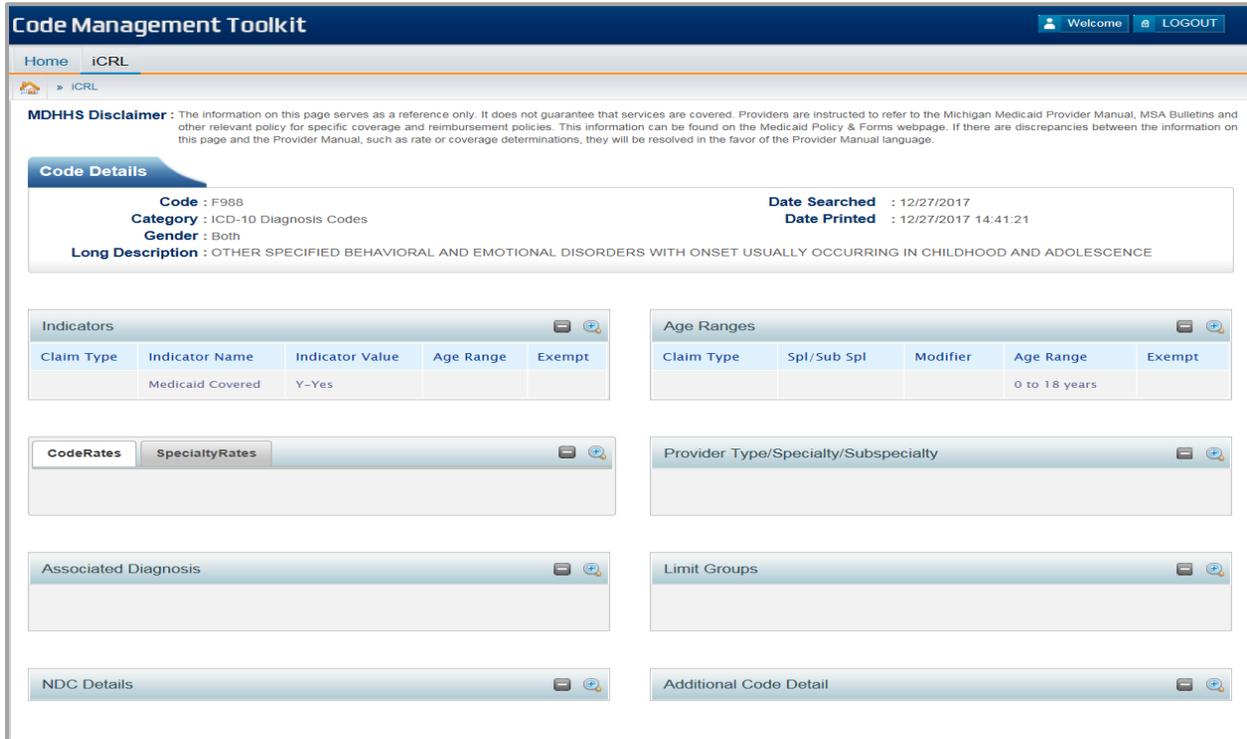
Please Note: When there is a magnifying glass within a section, providers are encouraged to click on it, as this may house additional information.



6. After clicking into the code the following screen will display, providing detailed information for:

7. **Code Detail:**

This will show the information that is associated to that code based on the date of service searched.



**Code Management Toolkit** Welcome LOGOUT

Home [iCRL](#)

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**Code Details**

**Code :** F988 **Date Searched :** 12/27/2017  
**Category :** ICD-10 Diagnosis Codes **Date Printed :** 12/27/2017 14:41:21  
**Gender :** Both  
**Long Description :** OTHER SPECIFIED BEHAVIORAL AND EMOTIONAL DISORDERS WITH ONSET USUALLY OCCURRING IN CHILDHOOD AND ADOLESCENCE

Claim Type	Indicator Name	Indicator Value	Age Range	Exempt
	Medicaid Covered	Y-Yes		

Claim Type	Spl/Sub Spl	Modifier	Age Range	Exempt
			0 to 18 years	

**CodeRates** **SpecialtyRates**

**Provider Type/Specialty/Subspecialty**

**Associated Diagnosis**

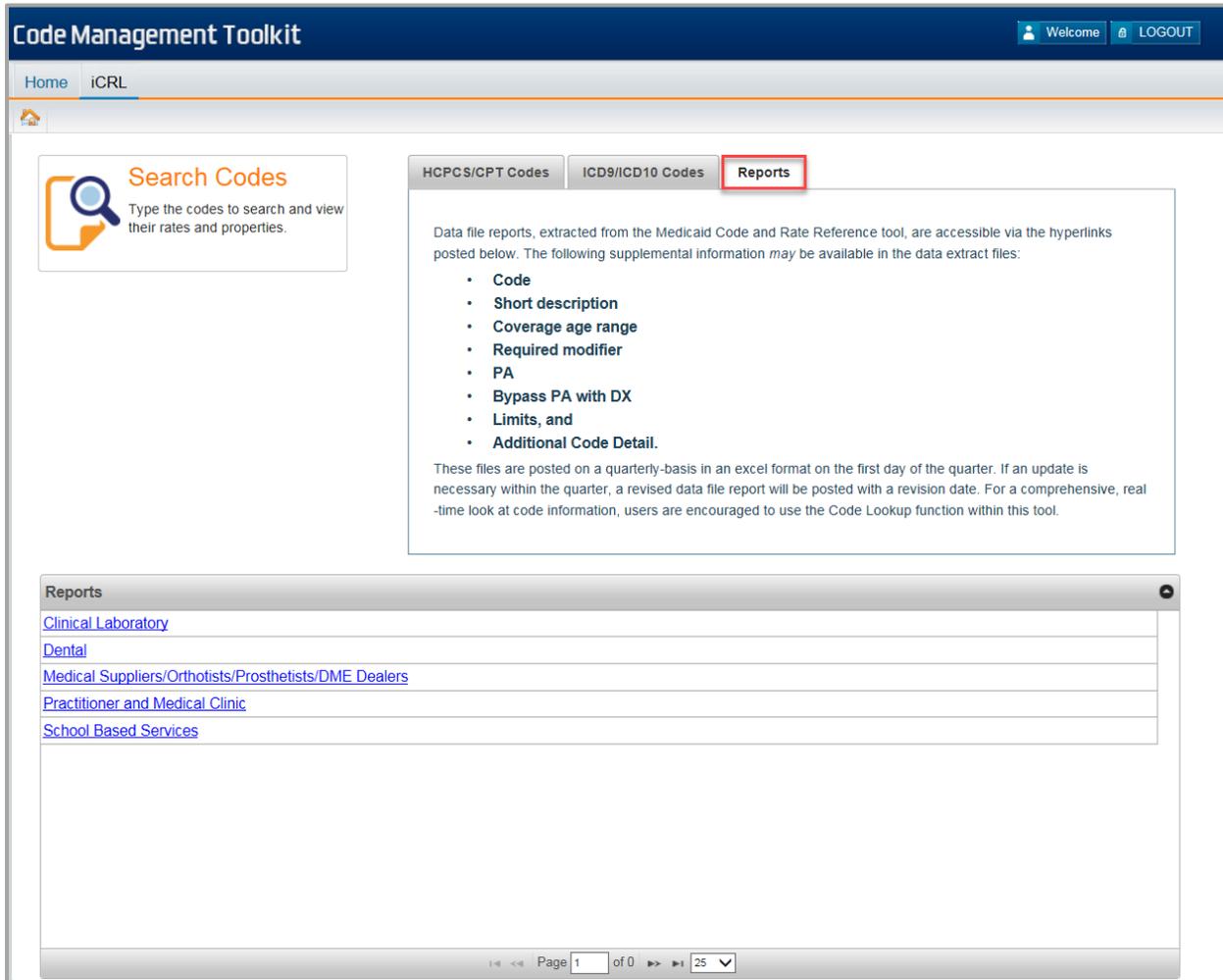
**Limit Groups**

**NDC Details** **Additional Code Detail**

To return to the “Search” screen select the  button in the top right corner.

## Reports:

There is no search option under Reports. There are 5 different reports available based on provider type. The information available may vary in each report. The reports are updated on a quarterly basis, and as needed if there are code changes within the quarter. There is no historical log available to providers; therefore, providers are encouraged to save information or use the other code look-up functions.



The screenshot shows the 'Code Management Toolkit' interface. At the top, there is a navigation bar with 'Home' and 'iCRL' tabs. Below this, there are three tabs: 'HCPCS/CPT Codes', 'ICD9/ICD10 Codes', and 'Reports' (which is highlighted with a red box). On the left side, there is a 'Search Codes' section with a magnifying glass icon and the text 'Type the codes to search and view their rates and properties.' The main content area under the 'Reports' tab contains the following text:

Data file reports, extracted from the Medicaid Code and Rate Reference tool, are accessible via the hyperlinks posted below. The following supplemental information *may* be available in the data extract files:

- Code
- Short description
- Coverage age range
- Required modifier
- PA
- Bypass PA with DX
- Limits, and
- Additional Code Detail.

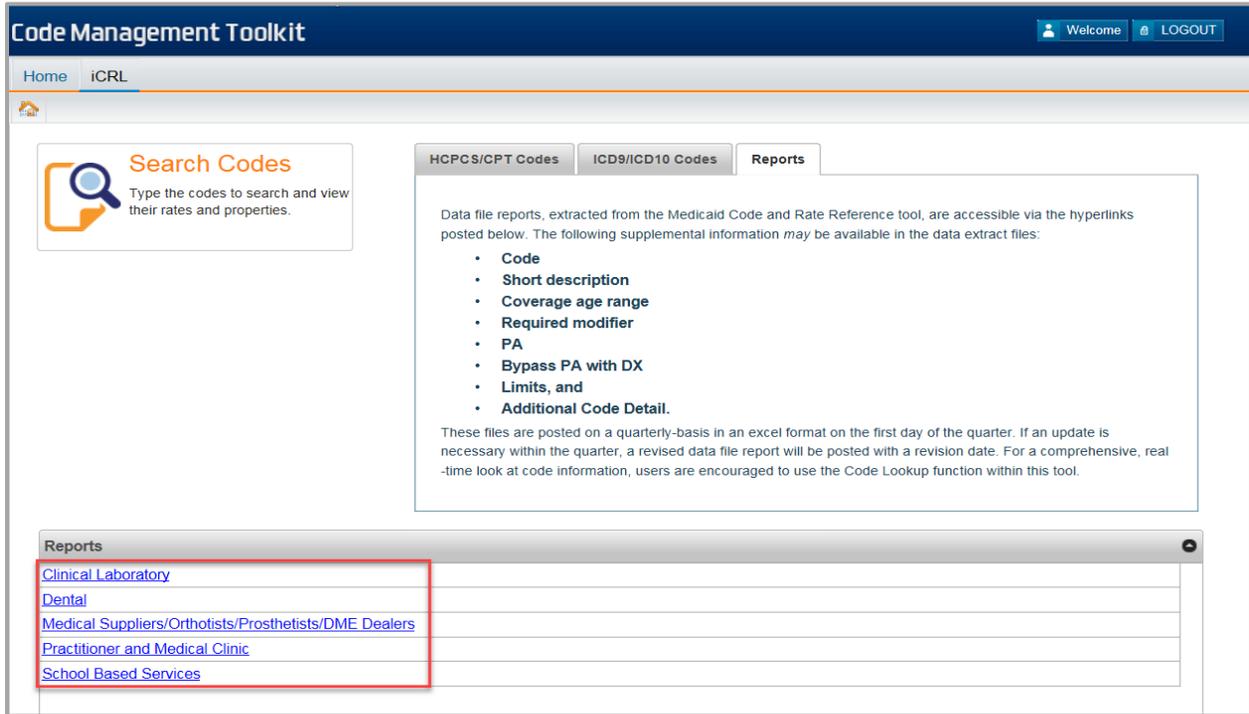
These files are posted on a quarterly-basis in an excel format on the first day of the quarter. If an update is necessary within the quarter, a revised data file report will be posted with a revision date. For a comprehensive, real-time look at code information, users are encouraged to use the Code Lookup function within this tool.

Below this text is a 'Reports' section with a scrollable list of links:

- [Clinical Laboratory](#)
- [Dental](#)
- [Medical Suppliers/Orthotists/Prosthetists/DME Dealers](#)
- [Practitioner and Medical Clinic](#)
- [School Based Services](#)

At the bottom of the page, there is a pagination control showing 'Page 1 of 0' and a dropdown menu set to '25'.

1. Select the hyperlink of the report to open



2. A pop-up will appear with 3 options:
  - **Open:** Will open and download an excel spreadsheet to view
  - **Save:** Will download, and give the options to; Open, Open Folder, or View Downloads
  - **Save as:** Will allow user to save the file to the destination of their choice

