

Medicaid Fee-For-Service Program-Hospital Outpatient Report

(FY2018 Appropriation Act - Public Act 107 of 2017)

January 1, 2018

Sec. 1705. By January 1 of the current fiscal year, the department shall provide to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget office a report on the top 10 procedures by volume in the Medicaid fee-for-service program that were performed in hospital outpatient departments.



Michigan Department of
Health & Human Services

RICK SNYDER, GOVERNOR
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Top ten procedure codes by volume for Medicaid Fee-for-Service beneficiaries in Fiscal Year 2017
 Data Pulled 12/8/17

Procedure Code	Procedure Code Description	Number of Visits
G0463	Hospital outpatient clinic visit	295,093
85025	blood count; complete (CBC)	289,588
36415	Collection of venous blood by venipuncture	209,712
80053	Comprehensive metabolic panel	179,233
99284	Emergency department visit- Moderate Complexity	140,385
99283	Emergency department visit- Moderate-High Complexity	139,117
80048	Basic Metabolic Panel (Calcium, total)	125,801
81001	Urinalysis	125,369
99285	Emergency department visit- High Complexity	118,219
93005	Electrocardiogram	108,151