

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 1 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 1. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used for HMP work requirements.

Diagnosis Code	Short Description
A17.0	Tuberculous meningitis
A17.1	Meningeal tuberculoma
A17.81	Tuberculoma of brain and spinal cord
A17.82	Tuberculous meningoencephalitis
A19.0	Acute miliary tuberculosis of a single specified site
A19.1	Acute miliary tuberculosis of multiple sites
A19.2	Acute miliary tuberculosis, unspecified
A19.8	Other miliary tuberculosis
A19.9	Miliary tuberculosis, unspecified
B15.0	Hepatitis A with hepatic coma
B16.0	Acute hepatitis B with delta-agent with hepatic coma
B16.2	Acute hepatitis B without delta-agent with hepatic coma
B17.11	Acute hepatitis C with hepatic coma
B19.11	Unspecified viral hepatitis B with hepatic coma
B19.21	Unspecified viral hepatitis C with hepatic coma
B20	Human immunodeficiency virus [HIV] disease
D57.00	Hb-SS disease with crisis, unspecified
D57.01	Hb-SS disease with acute chest syndrome
D57.02	Hb-SS disease with splenic sequestration
D57.03	Hb-SS disease with cerebral vascular involvement
D57.04	Hb-SS disease with dactylitis
D57.09	Hb-SS disease with crisis with other specified complication
D57.211	Sickle-cell/Hb-C disease with acute chest syndrome
D57.212	Sickle-cell/Hb-C disease with splenic sequestration
D57.213	Sickle-cell/Hb-C disease with cerebral vascular involvement
D57.214	Sickle-cell/Hb-C disease with dactylitis
D57.218	Sickle-cell/Hb-C disease with crisis with other specified complication
D57.219	Sickle-cell/Hb-C disease with crisis, unspecified
D57.411	Sickle-cell thalassemia, unspecified, with acute chest syndrome
D57.412	Sickle-cell thalassemia, unspecified, with splenic sequestration
D57.413	Sickle-cell thalassemia, unspecified, with cerebral vascular involvement
D57.414	Sickle-cell thalassemia, unspecified, with dactylitis
D57.418	Sickle-cell thalassemia, unspecified, with crisis with other specified complication
D57.419	Sickle-cell thalassemia, unspecified, with crisis
D57.431	Sickle-cell thalassemia beta zero with acute chest syndrome
D57.432	Sickle-cell thalassemia beta zero with splenic sequestration
D57.433	Sickle-cell thalassemia beta zero with cerebral vascular involvement
D57.434	Sickle-cell thalassemia beta zero with dactylitis
D57.438	Sickle-cell thalassemia beta zero with crisis with other specified complication
D57.439	Sickle-cell thalassemia beta zero with crisis, unspecified
D57.451	Sickle-cell thalassemia beta plus with acute chest syndrome
D57.452	Sickle-cell thalassemia beta plus with splenic sequestration
D57.453	Sickle-cell thalassemia beta plus with cerebral vascular involvement
D57.454	Sickle-cell thalassemia beta plus with dactylitis
D57.458	Sickle-cell thalassemia beta plus with crisis with other specified complication

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 1 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 1. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used for HMP work requirements.

Diagnosis Code	Short Description
D57.459	Sickle-cell thalassemia beta plus with crisis, unspecified
D57.811	Other sickle-cell disorders with acute chest syndrome
D57.812	Other sickle-cell disorders with splenic sequestration
D57.813	Other sickle-cell disorders with cerebral vascular involvement
D57.814	Other sickle-cell disorders with dactylitis
D57.818	Other sickle-cell disorders with crisis with other specified complication
D57.819	Other sickle-cell disorders with crisis, unspecified
D60.0	Chronic acquired pure red cell aplasia
D60.8	Other acquired pure red cell aplasias
D61.01	Constitutional (pure) red blood cell aplasia
D61.03	Fanconi anemia
D61.09	Other constitutional aplastic anemia
D61.3	Idiopathic aplastic anemia
D61.810	Antineoplastic chemotherapy induced pancytopenia
D61.811	Other drug-induced pancytopenia
D61.818	Other pancytopenia
D61.82	Myelophthisis
D61.89	Other specified aplastic anemias and other bone marrow failure syndromes
D61.9	Aplastic anemia, unspecified
D65	Disseminated intravascular coagulation [defibrination syndrome]
D66	Hereditary factor VIII deficiency
D67	Hereditary factor IX deficiency
D68.1	Hereditary factor XI deficiency
D68.2	Hereditary deficiency of other clotting factors
D68.311	Acquired hemophilia
D68.312	Antiphospholipid antibody with hemorrhagic disorder
D68.318	Other hemorrhagic disorder due to intrinsic circulating anticoagulants, antibodies, or inhibitors
D68.32	Hemorrhagic disorder due to extrinsic circulating anticoagulants
D68.4	Acquired coagulation factor deficiency
D69.8	Other specified hemorrhagic conditions
D69.9	Hemorrhagic condition, unspecified
D70.0	Congenital agranulocytosis
D70.1	Agranulocytosis secondary to cancer chemotherapy
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.31	Severe combined immunodeficiency due to adenosine deaminase deficiency
E75.23	Krabbe disease
E75.25	Metachromatic leukodystrophy
E84.0	Cystic fibrosis with pulmonary manifestations
E84.19	Cystic fibrosis with other intestinal manifestations
E84.8	Cystic fibrosis with other manifestations
F01.50	Vascular dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F01.51	Vascular dementia, unspecified severity, with behavioral disturbance

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 1 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 1. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used for HMP work requirements.

Diagnosis Code	Short Description
F01.511	Vascular dementia, unspecified severity, with agitation
F01.518	Vascular dementia, unspecified severity, with other behavioral disturbance
F01.52	Vascular dementia, unspecified severity, with psychotic disturbance
F01.53	Vascular dementia, unspecified severity, with mood disturbance
F01.54	Vascular dementia, unspecified severity, with anxiety
F01.A0	Vascular dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F01.A11	Vascular dementia, mild, with agitation
F01.A18	Vascular dementia, mild, with other behavioral disturbance
F01.A2	Vascular dementia, mild, with psychotic disturbance
F01.A3	Vascular dementia, mild, with mood disturbance
F01.A4	Vascular dementia, mild, with anxiety
F01.B0	Vascular dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F01.B11	Vascular dementia, moderate, with agitation
F01.B18	Vascular dementia, moderate, with other behavioral disturbance
F01.B2	Vascular dementia, moderate, with psychotic disturbance
F01.B3	Vascular dementia, moderate, with mood disturbance
F01.B4	Vascular dementia, moderate, with anxiety
F01.C0	Vascular dementia, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F01.C11	Vascular dementia, severe, with agitation
F01.C18	Vascular dementia, severe, with other behavioral disturbance
F01.C2	Vascular dementia, severe, with psychotic disturbance
F01.C3	Vascular dementia, severe, with mood disturbance
F01.C4	Vascular dementia, severe, with anxiety
F02.80	Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F02.81	Dementia in other diseases classified elsewhere, unspecified severity, with behavioral disturbance
F02.811	Dementia in other diseases classified elsewhere, unspecified severity, with agitation
F02.818	Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance
F02.82	Dementia in other diseases classified elsewhere, unspecified severity, with psychotic disturbance
F02.83	Dementia in other diseases classified elsewhere, unspecified severity, with mood disturbance
F02.84	Dementia in other diseases classified elsewhere, unspecified severity, with anxiety
F02.A0	Dementia in other diseases classified elsewhere, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F02.A11	Dementia in other diseases classified elsewhere, mild, with agitation
F02.A18	Dementia in other diseases classified elsewhere, mild, with other behavioral disturbance
F02.A2	Dementia in other diseases classified elsewhere, mild, with psychotic disturbance
F02.A3	Dementia in other diseases classified elsewhere, mild, with mood disturbance
F02.A4	Dementia in other diseases classified elsewhere, mild, with anxiety
F02.B0	Dementia in other diseases classified elsewhere, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F02.B11	Dementia in other diseases classified elsewhere, moderate, with agitation

Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 1 Diagnosis Code List
Effective January 2027

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 1. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used for HMP work requirements.

Diagnosis Code	Short Description
F02.B18	Dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance
F02.B2	Dementia in other diseases classified elsewhere, moderate, with psychotic disturbance
F02.B3	Dementia in other diseases classified elsewhere, moderate, with mood disturbance
F02.B4	Dementia in other diseases classified elsewhere, moderate, with anxiety
F02.C0	Dementia in other diseases classified elsewhere, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F02.C11	Dementia in other diseases classified elsewhere, severe, with agitation
F02.C18	Dementia in other diseases classified elsewhere, severe, with other behavioral disturbance
F02.C2	Dementia in other diseases classified elsewhere, severe, with psychotic disturbance
F02.C3	Dementia in other diseases classified elsewhere, severe, with mood disturbance
F02.C4	Dementia in other diseases classified elsewhere, severe, with anxiety
F03.90	Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03.91	Unspecified dementia, unspecified severity, with behavioral disturbance
F03.911	Unspecified dementia, unspecified severity, with agitation
F03.918	Unspecified dementia, unspecified severity, with other behavioral disturbance
F03.92	Unspecified dementia, unspecified severity, with psychotic disturbance
F03.93	Unspecified dementia, unspecified severity, with mood disturbance
F03.94	Unspecified dementia, unspecified severity, with anxiety
F03.A0	Unspecified dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03.A11	Unspecified dementia, mild, with agitation
F03.A18	Unspecified dementia, mild, with other behavioral disturbance
F03.A2	Unspecified dementia, mild, with psychotic disturbance
F03.A3	Unspecified dementia, mild, with mood disturbance
F03.A4	Unspecified dementia, mild, with anxiety
F03.B0	Unspecified dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03.B11	Unspecified dementia, moderate, with agitation
F03.B18	Unspecified dementia, moderate, with other behavioral disturbance
F03.B2	Unspecified dementia, moderate, with psychotic disturbance
F03.B3	Unspecified dementia, moderate, with mood disturbance
F03.B4	Unspecified dementia, moderate, with anxiety
F03.C0	Unspecified dementia, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03.C11	Unspecified dementia, severe, with agitation
F03.C18	Unspecified dementia, severe, with other behavioral disturbance
F03.C2	Unspecified dementia, severe, with psychotic disturbance
F03.C3	Unspecified dementia, severe, with mood disturbance
F03.C4	Unspecified dementia, severe, with anxiety
F04	Amnesic disorder due to known physiological condition
F06.1	Catatonic disorder due to known physiological condition
F44.0	Dissociative amnesia
F44.1	Dissociative fugue
F44.81	Dissociative identity disorder

Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 1 Diagnosis Code List
Effective January 2027

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 1. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used for HMP work requirements.

Diagnosis Code	Short Description
G12.0	Infantile spinal muscular atrophy, type I [Werdnig-Hoffman]
G12.21	Amyotrophic lateral sclerosis
G12.25	Progressive spinal muscle atrophy
G20	Parkinson's disease
G20.A1	Parkinson's disease without dyskinesia, without mention of fluctuations
G20.A2	Parkinson's disease without dyskinesia, with fluctuations
G20.B1	Parkinson's disease with dyskinesia, without mention of fluctuations
G20.B2	Parkinson's disease with dyskinesia, with fluctuations
G20.C	Parkinsonism, unspecified
G21.11	Neuroleptic induced parkinsonism
G21.19	Other drug induced secondary parkinsonism
G21.3	Postencephalitic parkinsonism
G21.4	Vascular parkinsonism
G21.8	Other secondary parkinsonism
G21.9	Secondary parkinsonism, unspecified
G30.0	Alzheimer's disease with early onset
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified
G31.09	Other frontotemporal neurocognitive disorder
G31.1	Senile degeneration of brain, not elsewhere classified
G31.2	Degeneration of nervous system due to alcohol
G31.83	Neurocognitive disorder with Lewy bodies
G35.A	Relapsing-remitting multiple sclerosis
G35.B0	Primary progressive multiple sclerosis, unspecified
G35.B1	Active primary progressive multiple sclerosis
G35.B2	Non-active primary progressive multiple sclerosis
G35.C0	Secondary progressive multiple sclerosis, unspecified
G35.C1	Active secondary progressive multiple sclerosis
G35.C2	Non-active secondary progressive multiple sclerosis
G36.1	Acute and subacute hemorrhagic leukoencephalitis [Hurst]
G36.8	Other specified acute disseminated demyelination
G36.9	Acute disseminated demyelination, unspecified
G37.2	Central pontine myelinolysis
G37.3	Acute transverse myelitis in demyelinating disease of central nervous system
G37.4	Subacute necrotizing myelitis of central nervous system
G37.8	Other specified demyelinating diseases of central nervous system
G37.89	Other specified demyelinating diseases of central nervous system
G37.9	Demyelinating disease of central nervous system, unspecified
G40.011	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, with status epilepticus
G40.019	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, intractable, without status epilepticus
G40.111	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, with status epilepticus

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 1 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 1. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used for HMP work requirements.

Diagnosis Code	Short Description
G40.119	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, intractable, without status epilepticus
G40.211	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, with status epilepticus
G40.219	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, intractable, without status epilepticus
G40.311	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.319	Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.411	Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus
G40.419	Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.803	Other epilepsy, intractable, with status epilepticus
G40.804	Other epilepsy, intractable, without status epilepticus
G40.813	Lennox-Gastaut syndrome, intractable, with status epilepticus
G40.814	Lennox-Gastaut syndrome, intractable, without status epilepticus
G40.823	Epileptic spasms, intractable, with status epilepticus
G40.824	Epileptic spasms, intractable, without status epilepticus
G40.833	Dravet syndrome, intractable, with status epilepticus
G40.834	Dravet syndrome, intractable, without status epilepticus
G40.843	KCNQ2-related epilepsy, intractable, with status epilepticus
G40.844	KCNQ2-related epilepsy, intractable, without status epilepticus
G40.911	Epilepsy, unspecified, intractable, with status epilepticus
G40.919	Epilepsy, unspecified, intractable, without status epilepticus
G40.A11	Absence epileptic syndrome, intractable, with status epilepticus
G40.A19	Absence epileptic syndrome, intractable, without status epilepticus
G40.B11	Juvenile myoclonic epilepsy, intractable, with status epilepticus
G40.B19	Juvenile myoclonic epilepsy, intractable, without status epilepticus
G40.C11	Lafora progressive myoclonus epilepsy, intractable, with status epilepticus
G40.C19	Lafora progressive myoclonus epilepsy, intractable, without status epilepticus
G71.01	Duchenne or Becker muscular dystrophy
G80.0	Spastic quadriplegic cerebral palsy
G80.1	Spastic diplegic cerebral palsy
G80.2	Spastic hemiplegic cerebral palsy
G80.3	Athetoid cerebral palsy
G80.4	Ataxic cerebral palsy
G81.00	Flaccid hemiplegia affecting unspecified side
G81.01	Flaccid hemiplegia affecting right dominant side
G81.02	Flaccid hemiplegia affecting left dominant side
G81.03	Flaccid hemiplegia affecting right nondominant side
G81.04	Flaccid hemiplegia affecting left nondominant side
G81.10	Spastic hemiplegia affecting unspecified side
G81.11	Spastic hemiplegia affecting right dominant side
G81.12	Spastic hemiplegia affecting left dominant side
G81.13	Spastic hemiplegia affecting right nondominant side
G81.14	Spastic hemiplegia affecting left nondominant side
G81.90	Hemiplegia, unspecified affecting unspecified side

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 1 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 1. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used for HMP work requirements.

Diagnosis Code	Short Description
G81.91	Hemiplegia, unspecified affecting right dominant side
G81.92	Hemiplegia, unspecified affecting left dominant side
G81.93	Hemiplegia, unspecified affecting right nondominant side
G81.94	Hemiplegia, unspecified affecting left nondominant side
G82.20	Paraplegia, unspecified
G82.21	Paraplegia, complete
G82.22	Paraplegia, incomplete
G82.50	Quadriplegia, unspecified
G82.51	Quadriplegia, C1-C4 complete
G82.52	Quadriplegia, C1-C4 incomplete
G82.53	Quadriplegia, C5-C7 complete
G82.54	Quadriplegia, C5-C7 incomplete
G83.0	Diplegia of upper limbs
G83.5	Locked-in state
G93.45	Developmental and epileptic encephalopathy
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.751	Atherosclerosis of native coronary artery of transplanted heart with angina pectoris with documented spasm
I25.752	Atherosclerosis of native coronary artery of transplanted heart with refractory angina pectoris
I25.758	Atherosclerosis of native coronary artery of transplanted heart with other forms of angina pectoris
I25.759	Atherosclerosis of native coronary artery of transplanted heart with unspecified angina pectoris
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.761	Atherosclerosis of bypass graft of coronary artery of transplanted heart with angina pectoris with documented spasm
I25.762	Atherosclerosis of bypass graft of coronary artery of transplanted heart with refractory angina pectoris
I25.768	Atherosclerosis of bypass graft of coronary artery of transplanted heart with other forms of angina pectoris
I25.769	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unspecified angina pectoris
I25.811	Atherosclerosis of native coronary artery of transplanted heart without angina pectoris
I25.812	Atherosclerosis of bypass graft of coronary artery of transplanted heart without angina pectoris
I25.82	Chronic total occlusion of coronary artery
I67.4	Hypertensive encephalopathy
I69.051	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.052	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.053	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.054	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.059	Hemiplegia and hemiparesis following nontraumatic subarachnoid hemorrhage affecting unspecified side

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 1 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 1. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used for HMP work requirements.

Diagnosis Code	Short Description
169.061	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right dominant side
169.062	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left dominant side
169.063	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
169.064	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
169.065	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage, bilateral
169.069	Other paralytic syndrome following nontraumatic subarachnoid hemorrhage affecting unspecified side
169.151	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right dominant side
169.152	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left dominant side
169.153	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting right non-dominant side
169.154	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting left non-dominant side
169.159	Hemiplegia and hemiparesis following nontraumatic intracerebral hemorrhage affecting unspecified side
169.161	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right dominant side
169.162	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left dominant side
169.163	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting right non-dominant side
169.164	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting left non-dominant side
169.165	Other paralytic syndrome following nontraumatic intracerebral hemorrhage, bilateral
169.169	Other paralytic syndrome following nontraumatic intracerebral hemorrhage affecting unspecified side
169.251	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right dominant side
169.252	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left dominant side
169.253	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting right non-dominant side
169.254	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting left non-dominant side
169.259	Hemiplegia and hemiparesis following other nontraumatic intracranial hemorrhage affecting unspecified side
169.261	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right dominant side

Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 1 Diagnosis Code List
Effective January 2027

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 1. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used for HMP work requirements.

Diagnosis Code	Short Description
169.262	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left dominant side
169.263	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting right non-dominant side
169.264	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting left non-dominant side
169.265	Other paralytic syndrome following other nontraumatic intracranial hemorrhage, bilateral
169.269	Other paralytic syndrome following other nontraumatic intracranial hemorrhage affecting unspecified side
169.351	Hemiplegia and hemiparesis following cerebral infarction affecting right dominant side
169.352	Hemiplegia and hemiparesis following cerebral infarction affecting left dominant side
169.353	Hemiplegia and hemiparesis following cerebral infarction affecting right non-dominant side
169.354	Hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side
169.359	Hemiplegia and hemiparesis following cerebral infarction affecting unspecified side
169.361	Other paralytic syndrome following cerebral infarction affecting right dominant side
169.362	Other paralytic syndrome following cerebral infarction affecting left dominant side
169.363	Other paralytic syndrome following cerebral infarction affecting right non-dominant side
169.364	Other paralytic syndrome following cerebral infarction affecting left non-dominant side
169.365	Other paralytic syndrome following cerebral infarction, bilateral
169.369	Other paralytic syndrome following cerebral infarction affecting unspecified side
169.851	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right dominant side
169.852	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left dominant side
169.853	Hemiplegia and hemiparesis following other cerebrovascular disease affecting right non-dominant side
169.854	Hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side
169.859	Hemiplegia and hemiparesis following other cerebrovascular disease affecting unspecified side
169.861	Other paralytic syndrome following other cerebrovascular disease affecting right dominant side
169.862	Other paralytic syndrome following other cerebrovascular disease affecting left dominant side
169.863	Other paralytic syndrome following other cerebrovascular disease affecting right non-dominant side
169.864	Other paralytic syndrome following other cerebrovascular disease affecting left non-dominant side
169.865	Other paralytic syndrome following other cerebrovascular disease, bilateral
169.869	Other paralytic syndrome following other cerebrovascular disease affecting unspecified side
169.951	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right dominant side
169.952	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left dominant side
169.953	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting right non-dominant side
169.954	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side
169.959	Hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting unspecified side

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 1 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 1. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used for HMP work requirements.

Diagnosis Code	Short Description
I69.961	Other paralytic syndrome following unspecified cerebrovascular disease affecting right dominant side
I69.962	Other paralytic syndrome following unspecified cerebrovascular disease affecting left dominant side
I69.963	Other paralytic syndrome following unspecified cerebrovascular disease affecting right non-dominant side
I69.964	Other paralytic syndrome following unspecified cerebrovascular disease affecting left non-dominant side
I69.965	Other paralytic syndrome following unspecified cerebrovascular disease, bilateral
I69.969	Other paralytic syndrome following unspecified cerebrovascular disease affecting unspecified side
J4A.0	Restrictive allograft syndrome
J4A.8	Other chronic lung allograft dysfunction
J4A.9	Chronic lung allograft dysfunction, unspecified
K70.41	Alcoholic hepatic failure with coma
K71.11	Toxic liver disease with hepatic necrosis, with coma
K72.00	Acute and subacute hepatic failure without coma
K72.01	Acute and subacute hepatic failure with coma
K72.10	Chronic hepatic failure without coma
K72.11	Chronic hepatic failure with coma
K72.90	Hepatic failure, unspecified without coma
K72.91	Hepatic failure, unspecified with coma
M62.3	Immobility syndrome (paraplegic)
N18.6	End stage renal disease
Q00.0	Anencephaly
Q00.1	Craniorachischisis
Q00.2	Iniencephaly
Q87.84	Laurence-Moon syndrome
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
Q91.0	Trisomy 18, nonmosaicism (meiotic nondisjunction)
Q91.1	Trisomy 18, mosaicism (mitotic nondisjunction)
Q91.2	Trisomy 18, translocation
Q91.3	Trisomy 18, unspecified
Q91.4	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q91.5	Trisomy 13, mosaicism (mitotic nondisjunction)
Q91.6	Trisomy 13, translocation
Q91.7	Trisomy 13, unspecified
R18.0	Malignant ascites
R53.2	Functional quadriplegia
S06.0X6S	Concussion with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.0X7S	Concussion with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 1 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 1. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used for HMP work requirements.

Diagnosis Code	Short Description
S06.0X8S	Concussion with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.1X7S	Traumatic cerebral edema with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.1X8S	Traumatic cerebral edema with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.306S	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.307S	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.308S	Unspecified focal traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.316S	Contusion and laceration of right cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.317S	Contusion and laceration of right cerebrum with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.318S	Contusion and laceration of right cerebrum with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.326S	Contusion and laceration of left cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.336S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.337S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.338S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.346S	Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.347S	Traumatic hemorrhage of right cerebrum with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.348S	Traumatic hemorrhage of right cerebrum with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.356S	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.357S	Traumatic hemorrhage of left cerebrum with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.358S	Traumatic hemorrhage of left cerebrum with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.366S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.367S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.368S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 1 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 1. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used for HMP work requirements.

Diagnosis Code	Short Description
S06.376S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.377S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.378S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.386S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.387S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.388S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.4X6S	Epidural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.4X7S	Epidural hemorrhage with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.4X8S	Epidural hemorrhage with loss of consciousness of any duration with death due to other causes prior to regaining consciousness, sequela
S06.5X6S	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.5X7S	Traumatic subdural hemorrhage with loss of consciousness of any duration with death due to brain injury before regaining consciousness, sequela
S06.5X8S	Traumatic subdural hemorrhage with loss of consciousness of any duration with death due to other cause before regaining consciousness, sequela
S06.6X6S	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.6X7S	Traumatic subarachnoid hemorrhage with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.6X8S	Traumatic subarachnoid hemorrhage with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.816S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.817S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.818S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.826S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 1 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 1. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used for HMP work requirements.

Diagnosis Code	Short Description
S06.827S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.828S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.896S	Other specified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.897S	Other specified intracranial injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.898S	Other specified intracranial injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.8A6S	Primary blast injury of brain, not elsewhere classified with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.9X6S	Unspecified intracranial injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.9X7S	Unspecified intracranial injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.9X8S	Unspecified intracranial injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
T86.00	Unspecified complication of bone marrow transplant
T86.01	Bone marrow transplant rejection
T86.02	Bone marrow transplant failure
T86.03	Bone marrow transplant infection
T86.09	Other complications of bone marrow transplant
Z48.23	Encounter for aftercare following liver transplant
Z51.5	Encounter for palliative care
Z74.01	Bed confinement status
Z74.1	Need for assistance with personal care
Z74.3	Need for continuous supervision
Z76.82	Awaiting organ transplant status
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.5	Skin transplant status
Z94.6	Bone transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status
Z94.89	Other transplanted organ and tissue status
Z94.9	Transplanted organ and tissue status, unspecified
Z99.11	Dependence on respirator [ventilator] status

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 1 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 1. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used for HMP work requirements.

Diagnosis Code	Short Description
Z99.12	Encounter for respirator [ventilator] dependence during power failure

DRAFT

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
A15.0	Tuberculosis of lung
A15.4	Tuberculosis of intrathoracic lymph nodes
A15.5	Tuberculosis of larynx, trachea and bronchus
A15.6	Tuberculous pleurisy
A15.7	Primary respiratory tuberculosis
A15.8	Other respiratory tuberculosis
A15.9	Respiratory tuberculosis unspecified
A17.83	Tuberculous neuritis
A17.89	Other tuberculosis of nervous system
A17.9	Tuberculosis of nervous system, unspecified
A18.01	Tuberculosis of spine
A18.02	Tuberculous arthritis of other joints
A18.03	Tuberculosis of other bones
A18.09	Other musculoskeletal tuberculosis
A18.10	Tuberculosis of genitourinary system, unspecified
A18.11	Tuberculosis of kidney and ureter
A18.12	Tuberculosis of bladder
A18.13	Tuberculosis of other urinary organs
A18.14	Tuberculosis of prostate
A18.15	Tuberculosis of other male genital organs
A18.16	Tuberculosis of cervix
A18.17	Tuberculous female pelvic inflammatory disease
A18.18	Tuberculosis of other female genital organs
A18.2	Tuberculous peripheral lymphadenopathy
A18.31	Tuberculous peritonitis
A18.32	Tuberculous enteritis
A18.39	Retroperitoneal tuberculosis
A18.4	Tuberculosis of skin and subcutaneous tissue
A18.50	Tuberculosis of eye, unspecified
A18.51	Tuberculous episcleritis
A18.52	Tuberculous keratitis
A18.53	Tuberculous chorioretinitis
A18.54	Tuberculous iridocyclitis
A18.59	Other tuberculosis of eye
A18.6	Tuberculosis of (inner) (middle) ear
A18.7	Tuberculosis of adrenal glands
A18.81	Tuberculosis of thyroid gland
A18.82	Tuberculosis of other endocrine glands
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A18.84	Tuberculosis of heart
A18.85	Tuberculosis of spleen
A18.89	Tuberculosis of other sites
A31.0	Pulmonary mycobacterial infection
A50.04	Early congenital syphilitic pneumonia
A52.75	Syphilis of kidney and ureter

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
B02.22	Postherpetic trigeminal neuralgia
B02.23	Postherpetic polyneuropathy
B17.9	Acute viral hepatitis, unspecified
B18.0	Chronic viral hepatitis B with delta-agent
B18.1	Chronic viral hepatitis B without delta-agent
B18.2	Chronic viral hepatitis C
B18.8	Other chronic viral hepatitis
B18.9	Chronic viral hepatitis, unspecified
B52.0	Plasmodium malariae malaria with nephropathy
B59	Pneumocystosis
B90.0	Sequelae of central nervous system tuberculosis
B97.35	Human immunodeficiency virus, type 2 [HIV 2] as the cause of diseases classified elsewhere
C01	Malignant neoplasm of base of tongue
C02.0	Malignant neoplasm of dorsal surface of tongue
C02.1	Malignant neoplasm of border of tongue
C02.2	Malignant neoplasm of ventral surface of tongue
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
C02.4	Malignant neoplasm of lingual tonsil
C02.8	Malignant neoplasm of overlapping sites of tongue
C02.9	Malignant neoplasm of tongue, unspecified
C03.0	Malignant neoplasm of upper gum
C03.1	Malignant neoplasm of lower gum
C03.9	Malignant neoplasm of gum, unspecified
C04.0	Malignant neoplasm of anterior floor of mouth
C04.1	Malignant neoplasm of lateral floor of mouth
C04.8	Malignant neoplasm of overlapping sites of floor of mouth
C04.9	Malignant neoplasm of floor of mouth, unspecified
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C05.2	Malignant neoplasm of uvula
C05.8	Malignant neoplasm of overlapping sites of palate
C05.9	Malignant neoplasm of palate, unspecified
C06.0	Malignant neoplasm of cheek mucosa
C06.1	Malignant neoplasm of vestibule of mouth
C06.2	Malignant neoplasm of retromolar area
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C06.9	Malignant neoplasm of mouth, unspecified
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C08.9	Malignant neoplasm of major salivary gland, unspecified
C09.0	Malignant neoplasm of tonsillar fossa
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8	Malignant neoplasm of overlapping sites of tonsil

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C09.9	Malignant neoplasm of tonsil, unspecified
C10.0	Malignant neoplasm of vallecula
C10.1	Malignant neoplasm of anterior surface of epiglottis
C10.2	Malignant neoplasm of lateral wall of oropharynx
C10.3	Malignant neoplasm of posterior wall of oropharynx
C10.4	Malignant neoplasm of branchial cleft
C10.8	Malignant neoplasm of overlapping sites of oropharynx
C10.9	Malignant neoplasm of oropharynx, unspecified
C11.0	Malignant neoplasm of superior wall of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C11.9	Malignant neoplasm of nasopharynx, unspecified
C12	Malignant neoplasm of pyriform sinus
C13.0	Malignant neoplasm of postcricoid region
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
C13.2	Malignant neoplasm of posterior wall of hypopharynx
C13.8	Malignant neoplasm of overlapping sites of hypopharynx
C13.9	Malignant neoplasm of hypopharynx, unspecified
C14.0	Malignant neoplasm of pharynx, unspecified
C14.2	Malignant neoplasm of Waldeyer's ring
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	Malignant neoplasm of gallbladder
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of ampulla of Vater
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C26.0	Malignant neoplasm of intestinal tract, part unspecified
C26.1	Malignant neoplasm of spleen
C26.9	Malignant neoplasm of ill-defined sites within the digestive system
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C31.2	Malignant neoplasm of frontal sinus
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses

Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C31.9	Malignant neoplasm of accessory sinus, unspecified
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C32.9	Malignant neoplasm of larynx, unspecified
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C37	Malignant neoplasm of thymus
C38.0	Malignant neoplasm of heart
C38.1	Malignant neoplasm of anterior mediastinum
C38.2	Malignant neoplasm of posterior mediastinum
C38.3	Malignant neoplasm of mediastinum, part unspecified
C38.4	Malignant neoplasm of pleura
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C40.10	Malignant neoplasm of short bones of unspecified upper limb
C40.11	Malignant neoplasm of short bones of right upper limb
C40.12	Malignant neoplasm of short bones of left upper limb
C40.20	Malignant neoplasm of long bones of unspecified lower limb
C40.21	Malignant neoplasm of long bones of right lower limb
C40.22	Malignant neoplasm of long bones of left lower limb
C40.30	Malignant neoplasm of short bones of unspecified lower limb
C40.31	Malignant neoplasm of short bones of right lower limb
C40.32	Malignant neoplasm of short bones of left lower limb

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41.0	Malignant neoplasm of bones of skull and face
C41.1	Malignant neoplasm of mandible
C41.2	Malignant neoplasm of vertebral column
C41.3	Malignant neoplasm of ribs, sternum and clavicle
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C45.9	Mesothelioma, unspecified
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3	Malignant neoplasm of peripheral nerves of thorax
C47.4	Malignant neoplasm of peripheral nerves of abdomen
C47.5	Malignant neoplasm of peripheral nerves of pelvis
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
C48.0	Malignant neoplasm of retroperitoneum
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C49.A0	Gastrointestinal stromal tumor, unspecified site
C49.A1	Gastrointestinal stromal tumor of esophagus
C49.A2	Gastrointestinal stromal tumor of stomach
C49.A3	Gastrointestinal stromal tumor of small intestine
C49.A4	Gastrointestinal stromal tumor of large intestine
C49.A5	Gastrointestinal stromal tumor of rectum
C49.A9	Gastrointestinal stromal tumor of other sites
C4A.0	Merkel cell carcinoma of lip
C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal
C4A.21	Merkel cell carcinoma of right ear and external auricular canal
C4A.22	Merkel cell carcinoma of left ear and external auricular canal
C4A.30	Merkel cell carcinoma of unspecified part of face
C4A.31	Merkel cell carcinoma of nose
C4A.39	Merkel cell carcinoma of other parts of face
C4A.4	Merkel cell carcinoma of scalp and neck
C4A.51	Merkel cell carcinoma of anal skin
C4A.52	Merkel cell carcinoma of skin of breast
C4A.59	Merkel cell carcinoma of other part of trunk
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip
C4A.71	Merkel cell carcinoma of right lower limb, including hip
C4A.72	Merkel cell carcinoma of left lower limb, including hip
C4A.8	Merkel cell carcinoma of overlapping sites
C4A.9	Merkel cell carcinoma, unspecified
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast Cancer, Breast

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast Cancer, Breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C50.A0	Malignant inflammatory neoplasm of unspecified breast
C50.A1	Malignant inflammatory neoplasm of right breast
C50.A2	Malignant inflammatory neoplasm of left breast
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of overlapping sites of vulva
C51.9	Malignant neoplasm of vulva, unspecified
C52	Malignant neoplasm of vagina
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C54.0	Malignant neoplasm of isthmus uteri

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	Malignant neoplasm of uterus, part unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.3	Malignant neoplasm of bilateral ovaries
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C58	Malignant neoplasm of placenta
C60.0	Malignant neoplasm of prepuce
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C60.9	Malignant neoplasm of penis, unspecified
C61	Malignant neoplasm of prostate
C62.00	Malignant neoplasm of unspecified undescended testis
C62.01	Malignant neoplasm of undescended right testis
C62.02	Malignant neoplasm of undescended left testis
C62.10	Malignant neoplasm of unspecified descended testis
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended
C63.00	Malignant neoplasm of unspecified epididymis
C63.01	Malignant neoplasm of right epididymis
C63.02	Malignant neoplasm of left epididymis
C63.10	Malignant neoplasm of unspecified spermatic cord
C63.11	Malignant neoplasm of right spermatic cord

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C63.12	Malignant neoplasm of left spermatic cord
C63.2	Malignant neoplasm of scrotum
C63.7	Malignant neoplasm of other specified male genital organs
C63.8	Malignant neoplasm of overlapping sites of male genital organs
C63.9	Malignant neoplasm of male genital organ, unspecified
C64.1	Malignant neoplasm of right kidney, except renal pelvis
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C66.9	Malignant neoplasm of unspecified ureter
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
C68.0	Malignant neoplasm of urethra
C68.1	Malignant neoplasm of paraurethral glands
C68.8	Malignant neoplasm of overlapping sites of urinary organs
C68.9	Malignant neoplasm of urinary organ, unspecified
C69.00	Malignant neoplasm of unspecified conjunctiva
C69.01	Malignant neoplasm of right conjunctiva
C69.02	Malignant neoplasm of left conjunctiva
C69.10	Malignant neoplasm of unspecified cornea
C69.11	Malignant neoplasm of right cornea
C69.12	Malignant neoplasm of left cornea
C69.20	Malignant neoplasm of unspecified retina
C69.21	Malignant neoplasm of right retina
C69.22	Malignant neoplasm of left retina
C69.30	Malignant neoplasm of unspecified choroid
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C69.40	Malignant neoplasm of unspecified ciliary body
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct
C69.51	Malignant neoplasm of right lacrimal gland and duct

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C69.52	Malignant neoplasm of left lacrimal gland and duct
C69.60	Malignant neoplasm of unspecified orbit
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit
C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa
C69.90	Malignant neoplasm of unspecified site of unspecified eye
C69.91	Malignant neoplasm of unspecified site of right eye
C69.92	Malignant neoplasm of unspecified site of left eye
C70.0	Malignant neoplasm of cerebral meninges
C70.1	Malignant neoplasm of spinal meninges
C70.9	Malignant neoplasm of meninges, unspecified
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C72.20	Malignant neoplasm of unspecified olfactory nerve
C72.21	Malignant neoplasm of right olfactory nerve
C72.22	Malignant neoplasm of left olfactory nerve
C72.30	Malignant neoplasm of unspecified optic nerve
C72.31	Malignant neoplasm of right optic nerve
C72.32	Malignant neoplasm of left optic nerve
C72.40	Malignant neoplasm of unspecified acoustic nerve
C72.41	Malignant neoplasm of right acoustic nerve
C72.42	Malignant neoplasm of left acoustic nerve
C72.50	Malignant neoplasm of unspecified cranial nerve
C72.59	Malignant neoplasm of other cranial nerves
C72.9	Malignant neoplasm of central nervous system, unspecified
C73	Malignant neoplasm of thyroid gland
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland
C74.01	Malignant neoplasm of cortex of right adrenal gland
C74.02	Malignant neoplasm of cortex of left adrenal gland
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C75.0	Malignant neoplasm of parathyroid gland
C75.1	Malignant neoplasm of pituitary gland
C75.2	Malignant neoplasm of craniopharyngeal duct
C75.3	Malignant neoplasm of pineal gland
C75.4	Malignant neoplasm of carotid body
C75.5	Malignant neoplasm of aortic body and other paraganglia
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified
C75.9	Malignant neoplasm of endocrine gland, unspecified
C76.1	Malignant neoplasm of thorax
C76.2	Malignant neoplasm of abdomen
C76.3	Malignant neoplasm of pelvis
C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.30	Secondary malignant neoplasm of unspecified respiratory organ
C78.39	Secondary malignant neoplasm of other respiratory organs
C78.4	Secondary malignant neoplasm of small intestine
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.80	Secondary malignant neoplasm of unspecified digestive organ
C78.89	Secondary malignant neoplasm of other digestive organs
C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
C79.10	Secondary malignant neoplasm of unspecified urinary organs
C79.11	Secondary malignant neoplasm of bladder
C79.19	Secondary malignant neoplasm of other urinary organs
C79.31	Secondary malignant neoplasm of brain
C79.32	Secondary malignant neoplasm of cerebral meninges
C79.40	Secondary malignant neoplasm of unspecified part of nervous system
C79.49	Secondary malignant neoplasm of other parts of nervous system
C79.51	Secondary malignant neoplasm of bone

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C79.52	Secondary malignant neoplasm of bone marrow
C79.60	Secondary malignant neoplasm of unspecified ovary
C79.61	Secondary malignant neoplasm of right ovary
C79.62	Secondary malignant neoplasm of left ovary
C79.63	Secondary malignant neoplasm of bilateral ovaries
C79.70	Secondary malignant neoplasm of unspecified adrenal gland
C79.71	Secondary malignant neoplasm of right adrenal gland
C79.72	Secondary malignant neoplasm of left adrenal gland
C79.81	Secondary malignant neoplasm of breast
C79.82	Secondary malignant neoplasm of genital organs
C7A.00	Malignant carcinoid tumor of unspecified site
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of the thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.093	Malignant carcinoid tumor of the kidney
C7A.094	Malignant carcinoid tumor of the foregut, unspecified
C7A.095	Malignant carcinoid tumor of the midgut, unspecified
C7A.096	Malignant carcinoid tumor of the hindgut, unspecified
C7A.098	Malignant carcinoid tumors of other sites
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7A.8	Other malignant neuroendocrine tumors
C7B.00	Secondary carcinoid tumors, unspecified site
C7B.01	Secondary carcinoid tumors of distant lymph nodes
C7B.02	Secondary carcinoid tumors of liver
C7B.03	Secondary carcinoid tumors of bone
C7B.04	Secondary carcinoid tumors of peritoneum
C7B.09	Secondary carcinoid tumors of other sites
C7B.1	Secondary Merkel cell carcinoma
C7B.8	Other secondary neuroendocrine tumors
C80.0	Disseminated malignant neoplasm, unspecified
C80.2	Malignant neoplasm associated with transplanted organ
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck

Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.0A	Nodular lymphocyte predominant Hodgkin lymphoma, in remission
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.1A	Nodular sclerosis Hodgkin lymphoma, in remission
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.2A	Mixed cellularity Hodgkin lymphoma, in remission
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.3A	Lymphocyte depleted Hodgkin lymphoma, in remission
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.4A	Lymphocyte-rich Hodgkin lymphoma, in remission
C81.70	Other Hodgkin lymphoma, unspecified site
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma, spleen
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites
C81.7A	Other Hodgkin lymphoma, in remission
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes Leukemias And Lymphomas
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites Leukemias And Lymphomas
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C81.9A	Hodgkin lymphoma, unspecified, in remission
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.0A	Follicular lymphoma grade I, in remission
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.1A	Follicular lymphoma grade II, in remission
C82.20	Follicular lymphoma grade III, unspecified, unspecified site
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.2A	Follicular lymphoma grade III, unspecified, in remission
C82.30	Follicular lymphoma grade IIIa, unspecified site
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites Leukemias And Lymphomas
C82.3A	Follicular lymphoma grade IIIa, in remission
C82.40	Follicular lymphoma grade IIIb, unspecified site
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.4A	Follicular lymphoma grade IIIb, in remission
C82.50	Diffuse follicle center lymphoma, unspecified site
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites Leukemias And Lymphomas
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.5A	Diffuse follicle center lymphoma, in remission
C82.60	Cutaneous follicle center lymphoma, unspecified site
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.6A	Cutaneous follicle center lymphoma, in remission
C82.80	Other types of follicular lymphoma, unspecified site
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.8A	Other types of follicular lymphoma, in remission
C82.90	Follicular lymphoma, unspecified, unspecified site
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C82.9A	Follicular lymphoma, unspecified, in remission
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.0A	Small cell B-cell lymphoma, in remission
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.1A	Mantle cell lymphoma, in remission
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites Leukemias And Lymphomas
C83.390	Primary central nervous system lymphoma
C83.398	Diffuse large B-cell lymphoma of other extranodal and solid organ sites
C83.3A	Diffuse large B-cell lymphoma, in remission
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.5A	Lymphoblastic (diffuse) lymphoma, in remission
C83.70	Burkitt lymphoma, unspecified site
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.7A	Burkitt lymphoma, in remission
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.8A	Other non-follicular lymphoma, in remission
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C83.9A	Non-follicular (diffuse) lymphoma, unspecified, in remission
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.0A	Mycosis fungoides, in remission
C84.10	Sezary disease, unspecified site
C84.11	Sezary disease, lymph nodes of head, face, and neck
C84.12	Sezary disease, intrathoracic lymph nodes
C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen
C84.18	Sezary disease, lymph nodes of multiple sites
C84.19	Sezary disease, extranodal and solid organ sites
C84.1A	Sezary disease, in remission
C84.40	Peripheral T-cell lymphoma, not elsewhere classified, unspecified site
C84.41	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not elsewhere classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not elsewhere classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not elsewhere classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not elsewhere classified, spleen
C84.48	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not elsewhere classified, extranodal and solid organ sites
C84.4A	Peripheral T-cell lymphoma, not elsewhere classified, in remission
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.6A	Anaplastic large cell lymphoma, ALK-positive, in remission
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast
C84.7B	Anaplastic large cell lymphoma, ALK-negative, in remission
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.9A	Mature T/NK-cell lymphomas, unspecified, in remission
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.AA	Cutaneous T-cell lymphoma, unspecified, in remission
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes Leukemias And Lymphomas
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C84.ZA	Other mature T/NK-cell lymphomas, in remission
C85.10	Unspecified B-cell lymphoma, unspecified site
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.1A	Unspecified B-cell lymphoma, in remission
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.2A	Mediastinal (thymic) large B-cell lymphoma, in remission
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.8A	Other specified types of non-Hodgkin lymphoma, in remission
C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site
C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C85.97	Non-Hodgkin lymphoma, unspecified, spleen
C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C85.9A	Non-Hodgkin lymphoma, unspecified, in remission
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.00	Extranodal NK/T-cell lymphoma, nasal type not having achieved remission
C86.01	Extranodal NK/T-cell lymphoma, nasal type, in remission
C86.1	Hepatosplenic T-cell lymphoma
C86.10	Hepatosplenic T-cell lymphoma not having achieved remission
C86.11	Hepatosplenic T-cell lymphoma, in remission
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.20	Enteropathy-type (intestinal) T-cell lymphoma not having achieved remission
C86.21	Enteropathy-type (intestinal) T-cell lymphoma, in remission
C86.3	Subcutaneous panniculitis-like T-cell lymphoma
C86.30	Subcutaneous panniculitis-like T-cell lymphoma not having achieved remission
C86.31	Subcutaneous panniculitis-like T-cell lymphoma, in remission
C86.4	Blastic NK-cell lymphoma
C86.40	Blastic NK-cell lymphoma not having achieved remission
C86.41	Blastic NK-cell lymphoma, in remission
C86.5	Angioimmunoblastic T-cell lymphoma
C86.50	Angioimmunoblastic T-cell lymphoma not having achieved remission

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C86.51	Angioimmunoblastic T-cell lymphoma, in remission
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C86.60	Primary cutaneous CD30-positive T-cell proliferations not having achieved remission
C86.61	Primary cutaneous CD30-positive T-cell proliferations, in remission
C88.00	Waldenstrom macroglobulinemia not having achieved remission
C88.01	Waldenstrom macroglobulinemia, in remission
C88.20	Heavy chain disease not having achieved remission
C88.21	Heavy chain disease, in remission
C88.30	Immunoproliferative small intestinal disease not having achieved remission
C88.31	Immunoproliferative small intestinal disease, in remission
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C88.40	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma] not having achieved remission
C88.41	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma], in remission
C88.80	Other malignant immunoproliferative diseases not having achieved remission
C88.81	Other malignant immunoproliferative diseases, in remission
C88.90	Malignant immunoproliferative disease, unspecified not having achieved remission
C88.91	Malignant immunoproliferative disease, unspecified, in remission
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.32	Prolymphocytic leukemia of B-cell type, in relapse
C91.40	Hairy cell leukemia not having achieved remission
C91.41	Hairy cell leukemia, in remission
C91.42	Hairy cell leukemia, in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission
C91.61	Prolymphocytic leukemia of T-cell type, in remission
C91.62	Prolymphocytic leukemia of T-cell type, in relapse
C91.90	Lymphoid leukemia, unspecified not having achieved remission
C91.91	Lymphoid leukemia, unspecified, in remission
C91.92	Lymphoid leukemia, unspecified, in relapse
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission
C91.A1	Mature B-cell leukemia Burkitt-type, in remission
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse
C91.Z0	Other lymphoid leukemia not having achieved remission
C91.Z1	Other lymphoid leukemia, in remission
C91.Z2	Other lymphoid leukemia, in relapse
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.01	Acute myeloblastic leukemia, in remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.30	Myeloid sarcoma, not having achieved remission
C92.31	Myeloid sarcoma, in remission
C92.32	Myeloid sarcoma, in relapse
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C92.51	Acute myelomonocytic leukemia, in remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.90	Myeloid leukemia, unspecified, not having achieved remission
C92.91	Myeloid leukemia, unspecified in remission
C92.92	Myeloid leukemia, unspecified in relapse
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z1	Other myeloid leukemia, in remission
C92.Z2	Other myeloid leukemia, in relapse
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.11	Chronic myelomonocytic leukemia, in remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission
C93.31	Juvenile myelomonocytic leukemia, in remission
C93.32	Juvenile myelomonocytic leukemia, in relapse
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.91	Monocytic leukemia, unspecified in remission
C93.92	Monocytic leukemia, unspecified in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z1	Other monocytic leukemia, in remission
C93.Z2	Other monocytic leukemia, in relapse
C94.00	Acute erythroid leukemia, not having achieved remission
C94.01	Acute erythroid leukemia, in remission
C94.02	Acute erythroid leukemia, in relapse
C94.20	Acute megakaryoblastic leukemia not having achieved remission
C94.21	Acute megakaryoblastic leukemia, in remission
C94.22	Acute megakaryoblastic leukemia, in relapse
C94.30	Mast cell leukemia not having achieved remission
C94.31	Mast cell leukemia, in remission
C94.32	Mast cell leukemia, in relapse
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not elsewhere classified
C94.80	Other specified leukemias not having achieved remission
C94.81	Other specified leukemias, in remission
C94.82	Other specified leukemias, in relapse
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.02	Acute leukemia of unspecified cell type, in relapse
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C95.90	Leukemia, unspecified not having achieved remission
C95.91	Leukemia, unspecified, in remission
C95.92	Leukemia, unspecified, in relapse
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.20	Malignant mast cell neoplasm, unspecified
C96.21	Aggressive systemic mastocytosis
C96.22	Mast cell sarcoma
C96.29	Other malignant mast cell neoplasm
C96.4	Sarcoma of dendritic cells (accessory cells)
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
C96.6	Unifocal Langerhans-cell histiocytosis
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D01.0	Carcinoma in situ of colon
D01.1	Carcinoma in situ of rectosigmoid junction
D01.2	Carcinoma in situ of rectum
D02.20	Carcinoma in situ of unspecified bronchus and lung
D02.21	Carcinoma in situ of right bronchus and lung
D02.22	Carcinoma in situ of left bronchus and lung
D05.00	Lobular carcinoma in situ of unspecified breast
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.10	Intraductal carcinoma in situ of unspecified breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.80	Other specified type of carcinoma in situ of unspecified breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
D07.0	Carcinoma in situ of endometrium
D07.5	Carcinoma in situ of prostate
D09.10	Carcinoma in situ of unspecified urinary organ
D09.19	Carcinoma in situ of other urinary organs
D45	Polycythemia vera
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.22	Refractory anemia with excess of blasts 2
D46.4	Refractory anemia, unspecified
D46.9	Myelodysplastic syndrome, unspecified
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D47.4	Osteomyelofibrosis
D53.0	Protein deficiency anemia
D56.0	Alpha thalassemia
D56.1	Beta thalassemia
D56.2	Delta-beta thalassemia
D57.1	Sickle-cell disease without crisis
D57.20	Sickle-cell/Hb-C disease without crisis
D57.40	Sickle-cell thalassemia without crisis

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
D57.42	Sickle-cell thalassemia beta zero without crisis
D57.44	Sickle-cell thalassemia beta plus without crisis
D57.80	Other sickle-cell disorders without crisis
D58.8	Other specified hereditary hemolytic anemias
D58.9	Hereditary hemolytic anemia, unspecified
D59.3	Hemolytic-uremic syndrome
D59.30	Hemolytic-uremic syndrome, unspecified
D59.31	Infection-associated hemolytic-uremic syndrome
D59.32	Hereditary hemolytic-uremic syndrome
D59.39	Other hemolytic-uremic syndrome
D61.02	Shwachman-Diamond syndrome
D63.0	Anemia in neoplastic disease
D63.1	Anemia in chronic kidney disease
D64.1	Secondary sideroblastic anemia due to disease
D64.81	Anemia due to antineoplastic chemotherapy
D68.00	Von Willebrand disease, unspecified
D68.01	Von Willebrand disease, type 1
D68.020	Von Willebrand disease, type 2A
D68.021	Von Willebrand disease, type 2B
D68.022	Von Willebrand disease, type 2M
D68.023	Von Willebrand disease, type 2N
D68.029	Von Willebrand disease, type 2, unspecified
D68.03	Von Willebrand disease, type 3
D68.04	Acquired von Willebrand disease
D68.09	Other von Willebrand disease
D68.51	Activated protein C resistance
D68.52	Prothrombin gene mutation
D68.59	Other primary thrombophilia
D68.61	Antiphospholipid syndrome
D68.62	Lupus anticoagulant syndrome
D68.69	Other thrombophilia
D68.8	Other specified coagulation defects
D68.9	Coagulation defect, unspecified
D69.0	Allergic purpura
D69.1	Qualitative platelet defects
D69.2	Other nonthrombocytopenic purpura
D69.3	Immune thrombocytopenic purpura
D69.41	Evans syndrome
D69.42	Congenital and hereditary thrombocytopenia purpura
D69.49	Other primary thrombocytopenia
D69.51	Posttransfusion purpura
D69.59	Other secondary thrombocytopenia
D69.6	Thrombocytopenia, unspecified
D70.4	Cyclic neutropenia
D75.81	Myelofibrosis

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia
D80.7	Transient hypogammaglobulinemia of infancy
D80.8	Other immunodeficiencies with predominantly antibody defects
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
D81.30	Adenosine deaminase deficiency, unspecified
D81.32	Adenosine deaminase 2 deficiency
D81.39	Other adenosine deaminase deficiency
D81.4	Nezelof's syndrome
D81.5	Purine nucleoside phosphorylase [PNP] deficiency
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.810	Biotinidase deficiency
D81.818	Other biotin-dependent carboxylase deficiency
D81.819	Biotin-dependent carboxylase deficiency, unspecified
D81.82	Activated Phosphoinositide 3-kinase Delta Syndrome [APDS]
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott-Aldrich syndrome
D82.1	Di George's syndrome
D82.2	Immunodeficiency with short-limbed stature
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus
D82.4	Hyperimmunoglobulin E [IgE] syndrome
D82.8	Immunodeficiency associated with other specified major defects
D82.9	Immunodeficiency associated with major defect, unspecified
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1	Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
D83.2	Common variable immunodeficiency with autoantibodies to B-or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
D84.0	Lymphocyte function antigen-1 [LFA-1] defect
D84.1	Defects in the complement system
E00.0	Congenital iodine-deficiency syndrome, neurological type
E00.1	Congenital iodine-deficiency syndrome, myxedematous type
E00.2	Congenital iodine-deficiency syndrome, mixed type
E00.9	Congenital iodine-deficiency syndrome, unspecified
E03.0	Congenital hypothyroidism with diffuse goiter
E03.1	Congenital hypothyroidism without goiter
E08.01	Diabetes mellitus due to underlying condition with hyperosmolarity with coma
E08.10	Diabetes mellitus due to underlying condition with ketoacidosis without coma

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
E08.11	Diabetes mellitus due to underlying condition with ketoacidosis with coma
E08.21	Diabetes mellitus due to underlying condition with diabetic nephropathy
E08.22	Diabetes mellitus due to underlying condition with diabetic chronic kidney disease
E08.29	Diabetes mellitus due to underlying condition with other diabetic kidney complication
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.319	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy without macular edema
E08.321	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema
E08.3211	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, right Higher-acuity diabetes with complications and related condition eye
E08.3212	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, left eye
E08.3213	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.329	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema
E08.3291	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, right eye
E08.3292	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, left eye
E08.3293	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3299	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E08.331	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema
E08.3311	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, right Higher-acuity diabetes with complications and related condition eye
E08.3312	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E08.3313	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.339	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema
E08.3391	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E08.3392	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, left eye

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
E08.3393	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3399	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E08.341	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema
E08.3411	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, right Higher-acuity diabetes with complications and related condition eye
E08.3412	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, left eye
E08.3413	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E08.349	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema
E08.3491	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, right eye
E08.3492	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, left eye
E08.3493	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E08.3499	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E08.351	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema
E08.3511	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, right eye
E08.3512	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, left eye
E08.3513	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, bilateral
E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema, unspecified eye
E08.3521	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E08.3522	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E08.3523	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E08.3529	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E08.3531	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
E08.3532	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E08.3533	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E08.3539	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E08.3541	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E08.3542	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E08.3543	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E08.3549	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E08.3551	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, right eye
E08.3552	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, left eye
E08.3553	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, bilateral
E08.3559	Diabetes mellitus due to underlying condition with stable proliferative diabetic retinopathy, unspecified eye
E08.359	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema
E08.3591	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, right eye
E08.3592	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, left eye
E08.3593	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, bilateral
E08.3599	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy without macular edema, unspecified eye
E08.37X1	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, right eye
E08.37X2	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, left eye
E08.37X3	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, bilateral
E08.37X9	Diabetes mellitus due to underlying condition with diabetic macular edema, resolved following treatment, unspecified eye
E08.39	Diabetes mellitus due to underlying condition with other diabetic ophthalmic complication
E08.40	Diabetes mellitus due to underlying condition with diabetic neuropathy, unspecified
E08.41	Diabetes mellitus due to underlying condition with diabetic mononeuropathy
E08.42	Diabetes mellitus due to underlying condition with diabetic polyneuropathy
E08.43	Diabetes mellitus due to underlying condition with diabetic autonomic (poly)neuropathy
E08.44	Diabetes mellitus due to underlying condition with diabetic amyotrophy
E08.49	Diabetes mellitus due to underlying condition with other diabetic neurological complication

Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
E08.51	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy without gangrene
E08.52	Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene
E08.59	Diabetes mellitus due to underlying condition with other circulatory complications
E08.610	Diabetes mellitus due to underlying condition with diabetic neuropathic arthropathy
E08.618	Diabetes mellitus due to underlying condition with other diabetic arthropathy
E08.621	Diabetes mellitus due to underlying condition with foot ulcer
E08.622	Diabetes mellitus due to underlying condition with other skin ulcer
E08.641	Diabetes mellitus due to underlying condition with hypoglycemia with coma
E08.69	Diabetes mellitus due to underlying condition with other specified complication
E08.8	Diabetes mellitus due to underlying condition with unspecified complications
E09.00	Drug or chemical induced diabetes mellitus with hyperosmolarity without nonketotic hyperglycemic-hyperosmolar coma (NKHHC)
E09.01	Drug or chemical induced diabetes mellitus with hyperosmolarity with coma
E09.10	Drug or chemical induced diabetes mellitus with ketoacidosis without coma
E09.11	Drug or chemical induced diabetes mellitus with ketoacidosis with coma
E09.21	Drug or chemical induced diabetes mellitus with diabetic nephropathy
E09.22	Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
E09.29	Drug or chemical induced diabetes mellitus with other diabetic kidney complication
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.319	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy without macular edema
E09.321	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E09.3211	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right Higher-acuity diabetes with complications and related condition eye
E09.3212	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E09.3213	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.329	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E09.3291	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E09.3292	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E09.3293	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3299	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.331	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
E09.3311	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right Higher-acuity diabetes with complications and related condition eye
E09.3312	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E09.3313	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.339	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E09.3391	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E09.3392	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E09.3393	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3399	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.341	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E09.3411	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right Higher-acuity diabetes with complications and related condition eye
E09.3412	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E09.3413	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E09.349	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E09.3491	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E09.3492	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E09.3493	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E09.3499	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E09.351	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema
E09.3511	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E09.3512	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
E09.3513	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E09.3521	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E09.3522	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E09.3523	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E09.3529	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E09.3531	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E09.3532	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E09.3533	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E09.3539	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E09.3541	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E09.3542	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E09.3543	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E09.3549	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E09.3551	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E09.3552	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E09.3553	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E09.3559	Drug or chemical induced diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E09.359	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema
E09.3591	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E09.3592	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E09.3593	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E09.3599	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E09.37X1	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, right eye

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
E09.37X2	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E09.37X3	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E09.37X9	Drug or chemical induced diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E09.39	Drug or chemical induced diabetes mellitus with other diabetic ophthalmic complication
E09.40	Drug or chemical induced diabetes mellitus with neurological complications with diabetic neuropathy, unspecified
E09.41	Drug or chemical induced diabetes mellitus with neurological complications with diabetic mononeuropathy
E09.42	Drug or chemical induced diabetes mellitus with neurological complications with diabetic polyneuropathy
E09.43	Drug or chemical induced diabetes mellitus with neurological complications with diabetic autonomic (poly)neuropathy
E09.44	Drug or chemical induced diabetes mellitus with neurological complications with diabetic amyotrophy
E09.49	Drug or chemical induced diabetes mellitus with neurological complications with other diabetic neurological complication
E09.51	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy without gangrene
E09.52	Drug or chemical induced diabetes mellitus with diabetic peripheral angiopathy with gangrene
E09.59	Drug or chemical induced diabetes mellitus with other circulatory complications
E09.610	Drug or chemical induced diabetes mellitus with diabetic neuropathic arthropathy
E09.618	Drug or chemical induced diabetes mellitus with other diabetic arthropathy
E09.621	Drug or chemical induced diabetes mellitus with foot ulcer
E09.622	Drug or chemical induced diabetes mellitus with other skin ulcer
E09.641	Drug or chemical induced diabetes mellitus with hypoglycemia with coma
E09.69	Drug or chemical induced diabetes mellitus with other specified complication
E09.8	Drug or chemical induced diabetes mellitus with unspecified complications
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
E10.21	Type 1 diabetes mellitus with diabetic nephropathy
E10.22	Type 1 diabetes mellitus with diabetic chronic kidney disease
E10.29	Type 1 diabetes mellitus with other diabetic kidney complication
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.319	Type 1 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E10.321	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E10.3211	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E10.3212	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E10.3213	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
E10.329	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E10.3291	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E10.3292	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E10.3293	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3299	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.331	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E10.3311	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E10.3312	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E10.3313	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.339	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E10.3391	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E10.3392	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E10.3393	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E10.3399	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.341	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E10.3411	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E10.3412	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E10.3413	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E10.349	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E10.3491	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E10.3492	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E10.3493	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
E10.3499	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E10.351	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E10.3511	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E10.3512	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E10.3513	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E10.3521	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E10.3522	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E10.3523	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E10.3529	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E10.3531	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E10.3532	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E10.3533	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E10.3539	Type 1 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E10.3541	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E10.3542	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E10.3543	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E10.3549	Type 1 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E10.3551	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E10.3552	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E10.3553	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E10.3559	Type 1 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E10.359	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E10.3591	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E10.3592	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E10.3593	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E10.3599	Type 1 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E10.37X1	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E10.37X2	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E10.37X3	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
E10.37X9	Type 1 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E10.39	Type 1 diabetes mellitus with other diabetic ophthalmic complication
E10.40	Type 1 diabetes mellitus with diabetic neuropathy, unspecified
E10.41	Type 1 diabetes mellitus with diabetic mononeuropathy
E10.42	Type 1 diabetes mellitus with diabetic polyneuropathy
E10.43	Type 1 diabetes mellitus with diabetic autonomic (poly)neuropathy
E10.44	Type 1 diabetes mellitus with diabetic amyotrophy
E10.49	Type 1 diabetes mellitus with other diabetic neurological complication
E10.51	Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
E10.52	Type 1 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E10.59	Type 1 diabetes mellitus with other circulatory complications
E10.610	Type 1 diabetes mellitus with diabetic neuropathic arthropathy
E10.618	Type 1 diabetes mellitus with other diabetic arthropathy
E10.621	Type 1 diabetes mellitus with foot ulcer
E10.622	Type 1 diabetes mellitus with other skin ulcer
E10.641	Type 1 diabetes mellitus with hypoglycemia with coma
E10.69	Type 1 diabetes mellitus with other specified complication
E10.8	Type 1 diabetes mellitus with unspecified complications
E11.01	Type 2 diabetes mellitus with hyperosmolarity with coma
E11.10	Type 2 diabetes mellitus with ketoacidosis without coma
E11.11	Type 2 diabetes mellitus with ketoacidosis with coma
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.29	Type 2 diabetes mellitus with other diabetic kidney complication
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.321	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E11.3211	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E11.3212	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E11.3213	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.329	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E11.3291	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E11.3292	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E11.3293	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3299	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
E11.331	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E11.3311	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right eye
E11.3312	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E11.3313	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.339	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E11.3391	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E11.3392	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E11.3393	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3399	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.341	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E11.3411	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E11.3412	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E11.3413	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E11.349	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E11.3491	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E11.3492	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E11.3493	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E11.3499	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E11.351	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E11.3511	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E11.3512	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E11.3513	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E11.3521	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
E11.3522	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye
E11.3523	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E11.3529	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E11.3531	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E11.3532	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E11.3533	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E11.3539	Type 2 diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E11.3541	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E11.3542	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E11.3543	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E11.3549	Type 2 diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E11.3551	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E11.3552	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E11.3553	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E11.3559	Type 2 diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E11.359	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema
E11.3591	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E11.3592	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E11.3593	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E11.3599	Type 2 diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E11.37X1	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, right eye
E11.37X2	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, left eye
E11.37X3	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, bilateral
E11.37X9	Type 2 diabetes mellitus with diabetic macular edema, resolved following treatment, unspecified eye
E11.39	Type 2 diabetes mellitus with other diabetic ophthalmic complication
E11.40	Type 2 diabetes mellitus with diabetic neuropathy, unspecified
E11.41	Type 2 diabetes mellitus with diabetic mononeuropathy
E11.42	Type 2 diabetes mellitus with diabetic polyneuropathy
E11.43	Type 2 diabetes mellitus with diabetic autonomic (poly)neuropathy
E11.44	Type 2 diabetes mellitus with diabetic amyotrophy
E11.49	Type 2 diabetes mellitus with other diabetic neurological complication
E11.51	Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
E11.52	Type 2 diabetes mellitus with diabetic peripheral angiopathy with gangrene
E11.59	Type 2 diabetes mellitus with other circulatory complications
E11.610	Type 2 diabetes mellitus with diabetic neuropathic arthropathy
E11.618	Type 2 diabetes mellitus with other diabetic arthropathy
E11.621	Type 2 diabetes mellitus with foot ulcer
E11.622	Type 2 diabetes mellitus with other skin ulcer
E11.641	Type 2 diabetes mellitus with hypoglycemia with coma
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E13.01	Other specified diabetes mellitus with hyperosmolarity with coma
E13.10	Other specified diabetes mellitus with ketoacidosis without coma
E13.11	Other specified diabetes mellitus with ketoacidosis with coma
E13.21	Other specified diabetes mellitus with diabetic nephropathy
E13.22	Other specified diabetes mellitus with diabetic chronic kidney disease
E13.29	Other specified diabetes mellitus with other diabetic kidney complication
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.319	Other specified diabetes mellitus with unspecified diabetic retinopathy without macular edema
E13.321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E13.3211	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, right eye
E13.3212	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, left eye
E13.3213	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.329	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema
E13.3291	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, right eye
E13.3292	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, left eye
E13.3293	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3299	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.331	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E13.3311	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, right Higher-acuity diabetes with complications and related condition eye
E13.3312	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, left eye
E13.3313	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, bilateral

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.339	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema
E13.3391	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, right eye
E13.3392	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, left eye
E13.3393	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3399	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.341	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E13.3411	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, right eye
E13.3412	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, left eye
E13.3413	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, bilateral
E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema, unspecified eye
E13.349	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema
E13.3491	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, right eye
E13.3492	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, left eye
E13.3493	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, bilateral
E13.3499	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy without macular edema, unspecified eye
E13.351	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E13.3512	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, left eye
E13.3513	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, bilateral
E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, unspecified eye
E13.3521	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, right eye
E13.3522	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, left eye

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
E13.3523	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, bilateral
E13.3529	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment involving the macula, unspecified eye
E13.3531	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, right eye
E13.3532	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, left eye
E13.3533	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, bilateral
E13.3539	Other specified diabetes mellitus with proliferative diabetic retinopathy with traction retinal detachment not involving the macula, unspecified eye
E13.3541	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, right eye
E13.3542	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, left eye
E13.3543	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, bilateral
E13.3549	Other specified diabetes mellitus with proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment, unspecified eye
E13.3551	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, right eye
E13.3552	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, left eye
E13.3553	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, bilateral
E13.3559	Other specified diabetes mellitus with stable proliferative diabetic retinopathy, unspecified eye
E13.359	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema
E13.3591	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, right eye
E13.3592	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, left eye
E13.3593	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, bilateral
E13.3599	Other specified diabetes mellitus with proliferative diabetic retinopathy without macular edema, unspecified eye
E13.39	Other specified diabetes mellitus with other diabetic ophthalmic complication
E13.40	Other specified diabetes mellitus with diabetic neuropathy, unspecified
E13.41	Other specified diabetes mellitus with diabetic mononeuropathy
E13.42	Other specified diabetes mellitus with diabetic polyneuropathy
E13.43	Other specified diabetes mellitus with diabetic autonomic (poly)neuropathy
E13.44	Other specified diabetes mellitus with diabetic amyotrophy
E13.49	Other specified diabetes mellitus with other diabetic neurological complication
E13.51	Other specified diabetes mellitus with diabetic peripheral angiopathy without gangrene
E13.52	Other specified diabetes mellitus with diabetic peripheral angiopathy with gangrene
E13.59	Other specified diabetes mellitus with other circulatory complications
E13.610	Other specified diabetes mellitus with diabetic neuropathic arthropathy
E13.618	Other specified diabetes mellitus with other diabetic arthropathy

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
E13.621	Other specified diabetes mellitus with foot ulcer
E13.622	Other specified diabetes mellitus with other skin ulcer
E13.641	Other specified diabetes mellitus with hypoglycemia with coma
E13.69	Other specified diabetes mellitus with other specified complication
E13.8	Other specified diabetes mellitus with unspecified complications
E25.0	Congenital adrenogenital disorders associated with enzyme deficiency
E25.8	Other adrenogenital disorders
E25.9	Adrenogenital disorder, unspecified
E70.0	Classical phenylketonuria
E70.1	Other hyperphenylalaninemias
E70.20	Disorder of tyrosine metabolism, unspecified
E70.21	Tyrosinemia
E70.29	Other disorders of tyrosine metabolism
E70.330	Chediak-Higashi syndrome
E70.331	Hermansky-Pudlak syndrome
E70.5	Disorders of tryptophan metabolism
E70.8	Other disorders of aromatic amino-acid metabolism
E70.81	Aromatic L-amino acid decarboxylase deficiency
E70.89	Other disorders of aromatic amino-acid metabolism
E70.9	Disorder of aromatic amino-acid metabolism, unspecified
E71.0	Maple-syrup-urine disease
E71.110	Isovaleric acidemia
E71.111	3-methylglutaconic aciduria
E71.118	Other branched-chain organic acidurias
E71.19	Other disorders of branched-chain amino-acid metabolism
E71.2	Disorder of branched-chain amino-acid metabolism, unspecified
E71.310	Long chain/very long chain acyl CoA dehydrogenase deficiency
E71.311	Medium chain acyl CoA dehydrogenase deficiency
E71.312	Short chain acyl CoA dehydrogenase deficiency
E71.313	Glutaric aciduria type II
E71.314	Muscle carnitine palmitoyltransferase deficiency
E71.318	Other disorders of fatty-acid oxidation
E71.32	Disorders of ketone metabolism
E71.41	Primary carnitine deficiency
E72.10	Disorders of sulfur-bearing amino-acid metabolism, unspecified
E72.11	Homocystinuria
E72.12	Methylenetetrahydrofolate reductase deficiency
E72.19	Other disorders of sulfur-bearing amino-acid metabolism
E72.20	Disorder of urea cycle metabolism, unspecified
E72.21	Argininemia
E72.22	Arginosuccinic aciduria
E72.23	Citrullinemia
E72.29	Other disorders of urea cycle metabolism
E72.3	Disorders of lysine and hydroxylysine metabolism
E72.4	Disorders of ornithine metabolism

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
E72.50	Disorder of glycine metabolism, unspecified
E72.51	Non-ketotic hyperglycinemia
E72.59	Other disorders of glycine metabolism
E72.8	Other specified disorders of amino-acid metabolism
E74.20	Disorders of galactose metabolism, unspecified
E74.21	Galactosemia
E74.29	Other disorders of galactose metabolism
E74.810	Glucose transporter protein type 1 deficiency
E74.818	Other disorders of glucose transport
E74.819	Disorders of glucose transport, unspecified
E74.820	SLC13A5 Citrate Transporter Disorder
E74.829	Other disorders of citrate metabolism
E74.89	Other specified disorders of carbohydrate metabolism
E75.02	Tay-Sachs disease
E75.21	Fabry (-Anderson) disease
E75.22	Gaucher disease
E75.240	Niemann-pick disease type a
E75.241	Niemann-pick disease type b
E75.242	Niemann-pick disease type c
E75.243	Niemann-pick disease type d
E75.248	Other niemann-pick disease
E75.249	Niemann-Pick disease, unspecified
E75.27	Pelizaeus-Merzbacher disease
E75.28	Canavan disease
E75.29	Other sphingolipidosis
E78.71	Barth syndrome
E78.72	Smith-Lemli-Opitz syndrome
E84.11	Meconium ileus in cystic fibrosis
E84.9	Cystic fibrosis, unspecified
E88.40	Mitochondrial metabolism disorder, unspecified
E88.82	Obesity due to disruption of MC4R pathway
F05	Delirium due to known physiological condition
F06.0	Psychotic disorder with hallucinations due to known physiological condition
F06.2	Psychotic disorder with delusions due to known physiological condition
F06.31	Mood disorder due to known physiological condition with depressive features
F06.32	Mood disorder due to known physiological condition with major depressive-like episode
F06.33	Mood disorder due to known physiological condition with manic features
F06.34	Mood disorder due to known physiological condition with mixed features
F07.0	Personality change due to known physiological condition
F07.81	Postconcussional syndrome
F07.89	Other personality and behavioral disorders due to known physiological condition
F10.10	Alcohol abuse, uncomplicated
F10.120	Alcohol abuse with intoxication, uncomplicated
F10.121	Alcohol abuse with intoxication delirium
F10.129	Alcohol abuse with intoxication, unspecified

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
F10.130	Alcohol abuse with withdrawal, uncomplicated
F10.131	Alcohol abuse with withdrawal delirium
F10.132	Alcohol abuse with withdrawal with perceptual disturbance
F10.139	Alcohol abuse with withdrawal, unspecified
F10.14	Alcohol abuse with alcohol-induced mood disorder
F10.150	Alcohol abuse with alcohol-induced psychotic disorder with delusions
F10.151	Alcohol abuse with alcohol-induced psychotic disorder with hallucinations
F10.159	Alcohol abuse with alcohol-induced psychotic disorder, unspecified
F10.180	Alcohol abuse with alcohol-induced anxiety disorder
F10.181	Alcohol abuse with alcohol-induced sexual dysfunction
F10.182	Alcohol abuse with alcohol-induced sleep disorder
F10.188	Alcohol abuse with other alcohol-induced disorder
F10.19	Alcohol abuse with unspecified alcohol-induced disorder
F10.20	Alcohol dependence, uncomplicated
F10.220	Alcohol dependence with intoxication, uncomplicated
F10.221	Alcohol dependence with intoxication delirium
F10.229	Alcohol dependence with intoxication, unspecified
F10.230	Alcohol dependence with withdrawal, uncomplicated
F10.231	Alcohol dependence with withdrawal delirium
F10.232	Alcohol dependence with withdrawal with perceptual disturbance
F10.239	Alcohol dependence with withdrawal, unspecified
F10.24	Alcohol dependence with alcohol-induced mood disorder
F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations
F10.259	Alcohol dependence with alcohol-induced psychotic disorder, unspecified
F10.26	Alcohol dependence with alcohol-induced persisting amnesic disorder
F10.27	Alcohol dependence with alcohol-induced persisting dementia
F10.280	Alcohol dependence with alcohol-induced anxiety disorder
F10.281	Alcohol dependence with alcohol-induced sexual dysfunction
F10.282	Alcohol dependence with alcohol-induced sleep disorder
F10.288	Alcohol dependence with other alcohol-induced disorder
F10.29	Alcohol dependence with unspecified alcohol-induced disorder
F10.920	Alcohol use, unspecified with intoxication, uncomplicated
F10.921	Alcohol use, unspecified with intoxication delirium
F10.929	Alcohol use, unspecified with intoxication, unspecified
F10.930	Alcohol use, unspecified with withdrawal, uncomplicated
F10.931	Alcohol use, unspecified with withdrawal delirium
F10.932	Alcohol use, unspecified with withdrawal with perceptual disturbance
F10.939	Alcohol use, unspecified with withdrawal, unspecified
F10.94	Alcohol use, unspecified with alcohol-induced mood disorder
F10.950	Alcohol use, unspecified with alcohol-induced psychotic disorder with delusions
F10.951	Alcohol use, unspecified with alcohol-induced psychotic disorder with hallucinations
F10.959	Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnesic disorder
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
F10.980	Alcohol use, unspecified with alcohol-induced anxiety disorder
F10.981	Alcohol use, unspecified with alcohol-induced sexual dysfunction
F10.982	Alcohol use, unspecified with alcohol-induced sleep disorder
F10.988	Alcohol use, unspecified with other alcohol-induced disorder
F10.99	Alcohol use, unspecified with unspecified alcohol-induced disorder
F11.10	Opioid abuse, uncomplicated
F11.120	Opioid abuse with intoxication, uncomplicated
F11.121	Opioid abuse with intoxication delirium
F11.122	Opioid abuse with intoxication with perceptual disturbance
F11.129	Opioid abuse with intoxication, unspecified
F11.13	Opioid abuse with withdrawal
F11.14	Opioid abuse with opioid-induced mood disorder
F11.150	Opioid abuse with opioid-induced psychotic disorder with delusions
F11.151	Opioid abuse with opioid-induced psychotic disorder with hallucinations
F11.159	Opioid abuse with opioid-induced psychotic disorder, unspecified
F11.181	Opioid abuse with opioid-induced sexual dysfunction
F11.182	Opioid abuse with opioid-induced sleep disorder
F11.188	Opioid abuse with other opioid-induced disorder
F11.19	Opioid abuse with unspecified opioid-induced disorder
F11.20	Opioid dependence, uncomplicated
F11.220	Opioid dependence with intoxication, uncomplicated
F11.221	Opioid dependence with intoxication delirium
F11.222	Opioid dependence with intoxication with perceptual disturbance
F11.229	Opioid dependence with intoxication, unspecified
F11.23	Opioid dependence with withdrawal
F11.24	Opioid dependence with opioid-induced mood disorder
F11.250	Opioid dependence with opioid-induced psychotic disorder with delusions
F11.251	Opioid dependence with opioid-induced psychotic disorder with hallucinations
F11.259	Opioid dependence with opioid-induced psychotic disorder, unspecified
F11.281	Opioid dependence with opioid-induced sexual dysfunction
F11.282	Opioid dependence with opioid-induced sleep disorder
F11.288	Opioid dependence with other opioid-induced disorder
F11.29	Opioid dependence with unspecified opioid-induced disorder
F11.90	Opioid use, unspecified, uncomplicated
F11.920	Opioid use, unspecified with intoxication, uncomplicated
F11.921	Opioid use, unspecified with intoxication delirium
F11.922	Opioid use, unspecified with intoxication with perceptual disturbance
F11.929	Opioid use, unspecified with intoxication, unspecified
F11.93	Opioid use, unspecified with withdrawal
F11.94	Opioid use, unspecified with opioid-induced mood disorder
F11.950	Opioid use, unspecified with opioid-induced psychotic disorder with delusions
F11.951	Opioid use, unspecified with opioid-induced psychotic disorder with hallucinations
F11.959	Opioid use, unspecified with opioid-induced psychotic disorder, unspecified
F11.981	Opioid use, unspecified with opioid-induced sexual dysfunction
F11.982	Opioid use, unspecified with opioid-induced sleep disorder

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
F11.988	Opioid use, unspecified with other opioid-induced disorder
F11.99	Opioid use, unspecified with unspecified opioid-induced disorder
F12.10	Cannabis abuse, uncomplicated
F12.120	Cannabis abuse with intoxication, uncomplicated
F12.121	Cannabis abuse with intoxication delirium
F12.122	Cannabis abuse with intoxication with perceptual disturbance
F12.129	Cannabis abuse with intoxication, unspecified
F12.13	Cannabis abuse with withdrawal
F12.150	Cannabis abuse with psychotic disorder with delusions
F12.151	Cannabis abuse with psychotic disorder with hallucinations
F12.159	Cannabis abuse with psychotic disorder, unspecified
F12.180	Cannabis abuse with cannabis-induced anxiety disorder
F12.188	Cannabis abuse with other cannabis-induced disorder
F12.19	Cannabis abuse with unspecified cannabis-induced disorder
F12.20	Cannabis dependence, uncomplicated
F12.220	Cannabis dependence with intoxication, uncomplicated
F12.221	Cannabis dependence with intoxication delirium
F12.222	Cannabis dependence with intoxication with perceptual disturbance
F12.229	Cannabis dependence with intoxication, unspecified
F12.250	Cannabis dependence with psychotic disorder with delusions
F12.251	Cannabis dependence with psychotic disorder with hallucinations
F12.259	Cannabis dependence with psychotic disorder, unspecified
F12.280	Cannabis dependence with cannabis-induced anxiety disorder
F12.288	Cannabis dependence with other cannabis-induced disorder
F12.29	Cannabis dependence with unspecified cannabis-induced disorder
F12.90	Cannabis use, unspecified, uncomplicated
F12.920	Cannabis use, unspecified with intoxication, uncomplicated
F12.921	Cannabis use, unspecified with intoxication delirium
F12.922	Cannabis use, unspecified with intoxication with perceptual disturbance
F12.929	Cannabis use, unspecified with intoxication, unspecified
F12.950	Cannabis use, unspecified with psychotic disorder with delusions
F12.951	Cannabis use, unspecified with psychotic disorder with hallucinations
F12.959	Cannabis use, unspecified with psychotic disorder, unspecified
F12.980	Cannabis use, unspecified with anxiety disorder
F12.988	Cannabis use, unspecified with other cannabis-induced disorder
F12.99	Cannabis use, unspecified with unspecified cannabis-induced disorder
F13.10	Sedative, hypnotic or anxiolytic abuse, uncomplicated
F13.120	Sedative, hypnotic or anxiolytic abuse with intoxication, uncomplicated
F13.121	Sedative, hypnotic or anxiolytic abuse with intoxication delirium
F13.129	Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified
F13.130	Sedative, hypnotic or anxiolytic abuse with withdrawal, uncomplicated
F13.131	Sedative, hypnotic or anxiolytic abuse with withdrawal delirium
F13.132	Sedative, hypnotic or anxiolytic abuse with withdrawal with perceptual disturbance
F13.139	Sedative, hypnotic or anxiolytic abuse with withdrawal, unspecified
F13.14	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced mood disorder

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
F13.150	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13.151	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13.159	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.180	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.181	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.182	Sedative, hypnotic or anxiolytic abuse with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.188	Sedative, hypnotic or anxiolytic abuse with other sedative, hypnotic or anxiolytic-induced disorder
F13.19	Sedative, hypnotic or anxiolytic abuse with unspecified sedative, hypnotic or anxiolytic-induced disorder
F13.20	Sedative, hypnotic or anxiolytic dependence, uncomplicated
F13.220	Sedative, hypnotic or anxiolytic dependence with intoxication, uncomplicated
F13.221	Sedative, hypnotic or anxiolytic dependence with intoxication delirium
F13.229	Sedative, hypnotic or anxiolytic dependence with intoxication, unspecified
F13.230	Sedative, hypnotic or anxiolytic dependence with withdrawal, uncomplicated
F13.231	Sedative, hypnotic or anxiolytic dependence with withdrawal delirium
F13.232	Sedative, hypnotic or anxiolytic dependence with withdrawal with perceptual disturbance
F13.239	Sedative, hypnotic or anxiolytic dependence with withdrawal, unspecified
F13.24	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced mood disorder
F13.250	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13.251	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13.259	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.26	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting amnesic disorder
F13.27	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced persisting dementia
F13.280	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.281	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.282	Sedative, hypnotic or anxiolytic dependence with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.288	Sedative, hypnotic or anxiolytic dependence with other sedative, hypnotic or anxiolytic-induced disorder
F13.29	Sedative, hypnotic or anxiolytic dependence with unspecified sedative, hypnotic or anxiolytic-induced disorder
F13.90	Sedative, hypnotic, or anxiolytic use, unspecified, uncomplicated

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
F13.920	Sedative, hypnotic or anxiolytic use, unspecified with intoxication, uncomplicated
F13.921	Sedative, hypnotic or anxiolytic use, unspecified with intoxication delirium
F13.929	Sedative, hypnotic or anxiolytic use, unspecified with intoxication, unspecified
F13.930	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, uncomplicated
F13.931	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal delirium
F13.932	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal with perceptual disturbances
F13.939	Sedative, hypnotic or anxiolytic use, unspecified with withdrawal, unspecified
F13.94	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced mood disorder
F13.950	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder with delusions
F13.951	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder with hallucinations
F13.959	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced psychotic disorder, unspecified
F13.96	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting amnesic disorder
F13.97	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced persisting dementia
F13.980	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced anxiety disorder
F13.981	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sexual dysfunction
F13.982	Sedative, hypnotic or anxiolytic use, unspecified with sedative, hypnotic or anxiolytic-induced sleep disorder
F13.988	Sedative, hypnotic or anxiolytic use, unspecified with other sedative, hypnotic or anxiolytic-induced disorder
F13.99	Sedative, hypnotic or anxiolytic use, unspecified with unspecified sedative, hypnotic or anxiolytic-induced disorder
F14.10	Cocaine abuse, uncomplicated
F14.120	Cocaine abuse with intoxication, uncomplicated
F14.121	Cocaine abuse with intoxication with delirium
F14.122	Cocaine abuse with intoxication with perceptual disturbance
F14.129	Cocaine abuse with intoxication, unspecified
F14.13	Cocaine abuse, unspecified with withdrawal
F14.14	Cocaine abuse with cocaine-induced mood disorder
F14.150	Cocaine abuse with cocaine-induced psychotic disorder with delusions
F14.151	Cocaine abuse with cocaine-induced psychotic disorder with hallucinations
F14.159	Cocaine abuse with cocaine-induced psychotic disorder, unspecified
F14.180	Cocaine abuse with cocaine-induced anxiety disorder
F14.181	Cocaine abuse with cocaine-induced sexual dysfunction
F14.182	Cocaine abuse with cocaine-induced sleep disorder
F14.188	Cocaine abuse with other cocaine-induced disorder
F14.19	Cocaine abuse with unspecified cocaine-induced disorder
F14.20	Cocaine dependence, uncomplicated

Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
F14.220	Cocaine dependence with intoxication, uncomplicated
F14.221	Cocaine dependence with intoxication delirium
F14.222	Cocaine dependence with intoxication with perceptual disturbance
F14.229	Cocaine dependence with intoxication, unspecified
F14.23	Cocaine dependence with withdrawal
F14.24	Cocaine dependence with cocaine-induced mood disorder
F14.250	Cocaine dependence with cocaine-induced psychotic disorder with delusions
F14.251	Cocaine dependence with cocaine-induced psychotic disorder with hallucinations
F14.259	Cocaine dependence with cocaine-induced psychotic disorder, unspecified
F14.280	Cocaine dependence with cocaine-induced anxiety disorder
F14.281	Cocaine dependence with cocaine-induced sexual dysfunction
F14.282	Cocaine dependence with cocaine-induced sleep disorder
F14.288	Cocaine dependence with other cocaine-induced disorder
F14.29	Cocaine dependence with unspecified cocaine-induced disorder
F14.90	Cocaine use, unspecified, uncomplicated
F14.920	Cocaine use, unspecified with intoxication, uncomplicated
F14.921	Cocaine use, unspecified with intoxication delirium
F14.922	Cocaine use, unspecified with intoxication with perceptual disturbance
F14.929	Cocaine use, unspecified with intoxication, unspecified
F14.93	Cocaine use, unspecified with withdrawal
F14.94	Cocaine use, unspecified with cocaine-induced mood disorder
F14.950	Cocaine use, unspecified with cocaine-induced psychotic disorder with delusions
F14.951	Cocaine use, unspecified with cocaine-induced psychotic disorder with hallucinations
F14.959	Cocaine use, unspecified with cocaine-induced psychotic disorder, unspecified
F14.980	Cocaine use, unspecified with cocaine-induced anxiety disorder
F14.981	Cocaine use, unspecified with cocaine-induced sexual dysfunction
F14.982	Cocaine use, unspecified with cocaine-induced sleep disorder
F14.988	Cocaine use, unspecified with other cocaine-induced disorder
F14.99	Cocaine use, unspecified with unspecified cocaine-induced disorder
F15.10	Other stimulant abuse, uncomplicated
F15.120	Other stimulant abuse with intoxication, uncomplicated
F15.121	Other stimulant abuse with intoxication delirium
F15.122	Other stimulant abuse with intoxication with perceptual disturbance
F15.129	Other stimulant abuse with intoxication, unspecified
F15.13	Other stimulant abuse with withdrawal
F15.14	Other stimulant abuse with stimulant-induced mood disorder
F15.150	Other stimulant abuse with stimulant-induced psychotic disorder with delusions
F15.151	Other stimulant abuse with stimulant-induced psychotic disorder with hallucinations
F15.159	Other stimulant abuse with stimulant-induced psychotic disorder, unspecified
F15.180	Other stimulant abuse with stimulant-induced anxiety disorder
F15.181	Other stimulant abuse with stimulant-induced sexual dysfunction
F15.182	Other stimulant abuse with stimulant-induced sleep disorder
F15.188	Other stimulant abuse with other stimulant-induced disorder
F15.19	Other stimulant abuse with unspecified stimulant-induced disorder
F15.20	Other stimulant dependence, uncomplicated

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
F15.220	Other stimulant dependence with intoxication, uncomplicated
F15.221	Other stimulant dependence with intoxication delirium
F15.222	Other stimulant dependence with intoxication with perceptual disturbance
F15.229	Other stimulant dependence with intoxication, unspecified
F15.23	Other stimulant dependence with withdrawal
F15.24	Other stimulant dependence with stimulant-induced mood disorder
F15.250	Other stimulant dependence with stimulant-induced psychotic disorder with delusions
F15.251	Other stimulant dependence with stimulant-induced psychotic disorder with hallucinations
F15.259	Other stimulant dependence with stimulant-induced psychotic disorder, unspecified
F15.280	Other stimulant dependence with stimulant-induced anxiety disorder
F15.281	Other stimulant dependence with stimulant-induced sexual dysfunction
F15.282	Other stimulant dependence with stimulant-induced sleep disorder
F15.288	Other stimulant dependence with other stimulant-induced disorder
F15.29	Other stimulant dependence with unspecified stimulant-induced disorder
F15.90	Other stimulant use, unspecified, uncomplicated
F15.920	Other stimulant use, unspecified with intoxication, uncomplicated
F15.921	Other stimulant use, unspecified with intoxication delirium
F15.922	Other stimulant use, unspecified with intoxication with perceptual disturbance
F15.929	Other stimulant use, unspecified with intoxication, unspecified
F15.93	Other stimulant use, unspecified with withdrawal
F15.94	Other stimulant use, unspecified with stimulant-induced mood disorder
F15.950	Other stimulant use, unspecified with stimulant-induced psychotic disorder with delusions
F15.951	Other stimulant use, unspecified with stimulant-induced psychotic disorder with hallucinations
F15.959	Other stimulant use, unspecified with stimulant-induced psychotic disorder, unspecified
F15.980	Other stimulant use, unspecified with stimulant-induced anxiety disorder
F15.981	Other stimulant use, unspecified with stimulant-induced sexual dysfunction
F15.982	Other stimulant use, unspecified with stimulant-induced sleep disorder
F15.988	Other stimulant use, unspecified with other stimulant-induced disorder
F15.99	Other stimulant use, unspecified with unspecified stimulant-induced disorder
F16.10	Hallucinogen abuse, uncomplicated
F16.120	Hallucinogen abuse with intoxication, uncomplicated
F16.121	Hallucinogen abuse with intoxication with delirium
F16.122	Hallucinogen abuse with intoxication with perceptual disturbance
F16.129	Hallucinogen abuse with intoxication, unspecified
F16.14	Hallucinogen abuse with hallucinogen-induced mood disorder
F16.150	Hallucinogen abuse with hallucinogen-induced psychotic disorder with delusions
F16.151	Hallucinogen abuse with hallucinogen-induced psychotic disorder with hallucinations
F16.159	Hallucinogen abuse with hallucinogen-induced psychotic disorder, unspecified
F16.180	Hallucinogen abuse with hallucinogen-induced anxiety disorder
F16.183	Hallucinogen abuse with hallucinogen persisting perception disorder (flashbacks)
F16.188	Hallucinogen abuse with other hallucinogen-induced disorder
F16.19	Hallucinogen abuse with unspecified hallucinogen-induced disorder
F16.20	Hallucinogen dependence, uncomplicated
F16.220	Hallucinogen dependence with intoxication, uncomplicated
F16.221	Hallucinogen dependence with intoxication with delirium

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
F16.229	Hallucinogen dependence with intoxication, unspecified
F16.24	Hallucinogen dependence with hallucinogen-induced mood disorder
F16.250	Hallucinogen dependence with hallucinogen-induced psychotic disorder with delusions
F16.251	Hallucinogen dependence with hallucinogen-induced psychotic disorder with hallucinations
F16.259	Hallucinogen dependence with hallucinogen-induced psychotic disorder, unspecified
F16.280	Hallucinogen dependence with hallucinogen-induced anxiety disorder
F16.283	Hallucinogen dependence with hallucinogen persisting perception disorder (flashbacks)
F16.288	Hallucinogen dependence with other hallucinogen-induced disorder
F16.29	Hallucinogen dependence with unspecified hallucinogen-induced disorder
F16.90	Hallucinogen use, unspecified, uncomplicated
F16.920	Hallucinogen use, unspecified with intoxication, uncomplicated
F16.921	Hallucinogen use, unspecified with intoxication with delirium
F16.929	Hallucinogen use, unspecified with intoxication, unspecified
F16.94	Hallucinogen use, unspecified with hallucinogen-induced mood disorder
F16.950	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with delusions
F16.951	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder with hallucinations
F16.959	Hallucinogen use, unspecified with hallucinogen-induced psychotic disorder, unspecified
F16.980	Hallucinogen use, unspecified with hallucinogen-induced anxiety disorder
F16.983	Hallucinogen use, unspecified with hallucinogen persisting perception disorder (flashbacks)
F16.988	Hallucinogen use, unspecified with other hallucinogen-induced disorder
F16.99	Hallucinogen use, unspecified with unspecified hallucinogen-induced disorder
F18.10	Inhalant abuse, uncomplicated
F18.120	Inhalant abuse with intoxication, uncomplicated
F18.121	Inhalant abuse with intoxication delirium
F18.129	Inhalant abuse with intoxication, unspecified
F18.14	Inhalant abuse with inhalant-induced mood disorder
F18.150	Inhalant abuse with inhalant-induced psychotic disorder with delusions
F18.151	Inhalant abuse with inhalant-induced psychotic disorder with hallucinations
F18.159	Inhalant abuse with inhalant-induced psychotic disorder, unspecified
F18.17	Inhalant abuse with inhalant-induced dementia
F18.180	Inhalant abuse with inhalant-induced anxiety disorder
F18.188	Inhalant abuse with other inhalant-induced disorder
F18.19	Inhalant abuse with unspecified inhalant-induced disorder
F18.20	Inhalant dependence, uncomplicated
F18.220	Inhalant dependence with intoxication, uncomplicated
F18.221	Inhalant dependence with intoxication delirium
F18.229	Inhalant dependence with intoxication, unspecified
F18.24	Inhalant dependence with inhalant-induced mood disorder
F18.250	Inhalant dependence with inhalant-induced psychotic disorder with delusions
F18.251	Inhalant dependence with inhalant-induced psychotic disorder with hallucinations
F18.259	Inhalant dependence with inhalant-induced psychotic disorder, unspecified
F18.27	Inhalant dependence with inhalant-induced dementia
F18.280	Inhalant dependence with inhalant-induced anxiety disorder
F18.288	Inhalant dependence with other inhalant-induced disorder
F18.29	Inhalant dependence with unspecified inhalant-induced disorder

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
F18.90	Inhalant use, unspecified, uncomplicated
F18.920	Inhalant use, unspecified with intoxication, uncomplicated
F18.921	Inhalant use, unspecified with intoxication with delirium
F18.929	Inhalant use, unspecified with intoxication, unspecified
F18.94	Inhalant use, unspecified with inhalant-induced mood disorder
F18.950	Inhalant use, unspecified with inhalant-induced psychotic disorder with delusions
F18.951	Inhalant use, unspecified with inhalant-induced psychotic disorder with hallucinations
F18.959	Inhalant use, unspecified with inhalant-induced psychotic disorder, unspecified
F18.97	Inhalant use, unspecified with inhalant-induced persisting dementia
F18.980	Inhalant use, unspecified with inhalant-induced anxiety disorder
F18.988	Inhalant use, unspecified with other inhalant-induced disorder
F18.99	Inhalant use, unspecified with unspecified inhalant-induced disorder
F19.10	Other psychoactive substance abuse, uncomplicated
F19.120	Other psychoactive substance abuse with intoxication, uncomplicated
F19.121	Other psychoactive substance abuse with intoxication delirium
F19.122	Other psychoactive substance abuse with intoxication with perceptual disturbances
F19.129	Other psychoactive substance abuse with intoxication, unspecified
F19.130	Other psychoactive substance abuse with withdrawal, uncomplicated
F19.131	Other psychoactive substance abuse with withdrawal delirium
F19.132	Other psychoactive substance abuse with withdrawal with perceptual disturbance
F19.139	Other psychoactive substance abuse with withdrawal, unspecified
F19.14	Other psychoactive substance abuse with psychoactive substance-induced mood disorder
F19.150	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with delusions
F19.151	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder with hallucinations
F19.159	Other psychoactive substance abuse with psychoactive substance-induced psychotic disorder, unspecified
F19.16	Other psychoactive substance abuse with psychoactive substance-induced persisting amnesic disorder
F19.17	Other psychoactive substance abuse with psychoactive substance-induced persisting dementia
F19.180	Other psychoactive substance abuse with psychoactive substance-induced anxiety disorder
F19.181	Other psychoactive substance abuse with psychoactive substance-induced sexual dysfunction
F19.182	Other psychoactive substance abuse with psychoactive substance-induced sleep disorder
F19.188	Other psychoactive substance abuse with other psychoactive substance-induced disorder
F19.19	Other psychoactive substance abuse with unspecified psychoactive substance-induced disorder
F19.20	Other psychoactive substance dependence, uncomplicated
F19.220	Other psychoactive substance dependence with intoxication, uncomplicated
F19.221	Other psychoactive substance dependence with intoxication delirium
F19.222	Other psychoactive substance dependence with intoxication with perceptual disturbance
F19.229	Other psychoactive substance dependence with intoxication, unspecified
F19.230	Other psychoactive substance dependence with withdrawal, uncomplicated
F19.231	Other psychoactive substance dependence with withdrawal delirium
F19.232	Other psychoactive substance dependence with withdrawal with perceptual disturbance
F19.239	Other psychoactive substance dependence with withdrawal, unspecified

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
F19.24	Other psychoactive substance dependence with psychoactive substance-induced mood disorder
F19.250	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with delusions
F19.251	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder with hallucinations
F19.259	Other psychoactive substance dependence with psychoactive substance-induced psychotic disorder, unspecified
F19.26	Other psychoactive substance dependence with psychoactive substance-induced persisting amnestic disorder
F19.27	Other psychoactive substance dependence with psychoactive substance-induced persisting dementia
F19.280	Other psychoactive substance dependence with psychoactive substance-induced anxiety disorder
F19.281	Other psychoactive substance dependence with psychoactive substance-induced sexual dysfunction
F19.282	Other psychoactive substance dependence with psychoactive substance-induced sleep disorder
F19.288	Other psychoactive substance dependence with other psychoactive substance-induced disorder
F19.29	Other psychoactive substance dependence with unspecified psychoactive substance-induced disorder
F19.90	Other psychoactive substance use, unspecified, uncomplicated
F19.920	Other psychoactive substance use, unspecified with intoxication, uncomplicated
F19.921	Other psychoactive substance use, unspecified with intoxication with delirium
F19.922	Other psychoactive substance use, unspecified with intoxication with perceptual disturbance
F19.929	Other psychoactive substance use, unspecified with intoxication, unspecified
F19.930	Other psychoactive substance use, unspecified with withdrawal, uncomplicated
F19.931	Other psychoactive substance use, unspecified with withdrawal delirium
F19.932	Other psychoactive substance use, unspecified with withdrawal with perceptual disturbance
F19.939	Other psychoactive substance use, unspecified with withdrawal, unspecified
F19.94	Other psychoactive substance use, unspecified with psychoactive substance-induced mood disorder
F19.950	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with delusions
F19.951	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder with hallucinations
F19.959	Other psychoactive substance use, unspecified with psychoactive substance-induced psychotic disorder, unspecified
F19.96	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting amnestic disorder
F19.97	Other psychoactive substance use, unspecified with psychoactive substance-induced persisting dementia
F19.980	Other psychoactive substance use, unspecified with psychoactive substance-induced anxiety disorder
F19.981	Other psychoactive substance use, unspecified with psychoactive substance-induced sexual dysfunction

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
F19.982	Other psychoactive substance use, unspecified with psychoactive substance-induced sleep disorder
F19.988	Other psychoactive substance use, unspecified with other psychoactive substance-induced disorder
F19.99	Other psychoactive substance use, unspecified with unspecified psychoactive substance-induced disorder
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.5	Residual schizophrenia
F20.81	Schizophreniform disorder
F20.89	Other schizophrenia
F20.9	Schizophrenia, unspecified
F21	Schizotypal disorder
F22	Delusional disorders
F23	Brief psychotic disorder
F24	Shared psychotic disorder
F25.0	Schizoaffective disorder, bipolar type
F25.1	Schizoaffective disorder, depressive type
F25.8	Other schizoaffective disorders
F25.9	Schizoaffective disorder, unspecified
F28	Other psychotic disorder not due to a substance or known physiological condition
F29	Unspecified psychosis not due to a substance or known physiological condition
F30.10	Manic episode without psychotic symptoms, unspecified
F30.11	Manic episode without psychotic symptoms, mild
F30.12	Manic episode without psychotic symptoms, moderate
F30.13	Manic episode, severe, without psychotic symptoms
F30.2	Manic episode, severe with psychotic symptoms
F30.3	Manic episode in partial remission
F30.4	Manic episode in full remission
F30.8	Other manic episodes
F30.9	Manic episode, unspecified
F31.0	Bipolar disorder, current episode hypomanic
F31.10	Bipolar disorder, current episode manic without psychotic features, unspecified
F31.11	Bipolar disorder, current episode manic without psychotic features, mild
F31.12	Bipolar disorder, current episode manic without psychotic features, moderate
F31.13	Bipolar disorder, current episode manic without psychotic features, severe
F31.2	Bipolar disorder, current episode manic severe with psychotic features
F31.30	Bipolar disorder, current episode depressed, mild or moderate severity, unspecified
F31.31	Bipolar disorder, current episode depressed, mild
F31.32	Bipolar disorder, current episode depressed, moderate
F31.4	Bipolar disorder, current episode depressed, severe, without psychotic features
F31.5	Bipolar disorder, current episode depressed, severe, with psychotic features
F31.60	Bipolar disorder, current episode mixed, unspecified

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
F31.61	Bipolar disorder, current episode mixed, mild
F31.62	Bipolar disorder, current episode mixed, moderate
F31.63	Bipolar disorder, current episode mixed, severe, without psychotic features
F31.64	Bipolar disorder, current episode mixed, severe, with psychotic features
F31.70	Bipolar disorder, currently in remission, most recent episode unspecified
F31.71	Bipolar disorder, in partial remission, most recent episode hypomanic
F31.72	Bipolar disorder, in full remission, most recent episode hypomanic
F31.73	Bipolar disorder, in partial remission, most recent episode manic
F31.74	Bipolar disorder, in full remission, most recent episode manic
F31.75	Bipolar disorder, in partial remission, most recent episode depressed
F31.76	Bipolar disorder, in full remission, most recent episode depressed
F31.77	Bipolar disorder, in partial remission, most recent episode mixed
F31.78	Bipolar disorder, in full remission, most recent episode mixed
F31.81	Bipolar II disorder
F31.89	Other bipolar disorder
F31.9	Bipolar disorder, unspecified
F32.1	Major depressive disorder, single episode, moderate
F32.2	Major depressive disorder, single episode, severe without psychotic features
F32.3	Major depressive disorder, single episode, severe with psychotic features
F33.0	Major depressive disorder, recurrent, mild
F33.1	Major depressive disorder, recurrent, moderate
F33.2	Major depressive disorder, recurrent severe without psychotic features
F33.3	Major depressive disorder, recurrent, severe with psychotic symptoms
F33.41	Major depressive disorder, recurrent, in partial remission
F33.8	Other recurrent depressive disorders
F33.9	Major depressive disorder, recurrent, unspecified
F34.0	Cyclothymic disorder
F34.81	Disruptive mood dysregulation disorder
F34.89	Other specified persistent mood disorders
F34.9	Persistent mood [affective] disorder, unspecified
F39	Unspecified mood [affective] disorder
F40.00	Agoraphobia, unspecified
F40.01	Agoraphobia with panic disorder
F40.02	Agoraphobia without panic disorder
F41.0	Panic disorder [episodic paroxysmal anxiety]
F41.1	Generalized anxiety disorder
F42	Obsessive-compulsive disorder
F42.2	Mixed obsessional thoughts and acts
F42.8	Other obsessive-compulsive disorder
F42.9	Obsessive-compulsive disorder, unspecified
F43.10	Post-traumatic stress disorder, unspecified
F43.11	Post-traumatic stress disorder, acute
F43.12	Post-traumatic stress disorder, chronic
F44.89	Other dissociative and conversion disorders
F44.9	Dissociative and conversion disorder, unspecified

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
F48.2	Pseudobulbar affect
F50.013	Anorexia nervosa, restricting type, extreme
F50.022	Anorexia nervosa, binge eating/purging type, severe
F50.812	Binge eating disorder, severe
F55.0	Abuse of antacids
F55.1	Abuse of herbal or folk remedies
F55.2	Abuse of laxatives
F55.3	Abuse of steroids or hormones
F55.4	Abuse of vitamins
F55.8	Abuse of other non-psychoactive substances
F60.0	Paranoid personality disorder
F60.1	Schizoid personality disorder
F60.2	Antisocial personality disorder
F60.3	Borderline personality disorder
F60.5	Obsessive-compulsive personality disorder
F70	Mild intellectual disabilities
F71	Moderate intellectual disabilities
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F78	Other intellectual disabilities
F78.A1	SYNGAP1-related intellectual disability
F78.A9	Other genetic related intellectual disability
F79	Unspecified intellectual disabilities
F84.0	Autistic disorder
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
G04.1	Tropical spastic paraplegia
G0533	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
G10	Huntington's disease
G11.4	Hereditary spastic paraplegia
G12.1	Other inherited spinal muscular atrophy
G12.20	Motor neuron disease, unspecified
G12.22	Progressive bulbar palsy
G12.23	Primary lateral sclerosis
G12.24	Familial motor neuron disease
G12.29	Other motor neuron disease
G12.8	Other spinal muscular atrophies and related syndromes
G12.9	Spinal muscular atrophy, unspecified
G13.0	Paraneoplastic neuromyopathy and neuropathy
G13.1	Other systemic atrophy primarily affecting central nervous system in neoplastic disease
G13.8	Systemic atrophy primarily affecting central nervous system in other diseases classified elsewhere

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
G2067	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
G2068	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
G2069	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
G2070	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
G2071	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
G2072	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
G2073	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
G2078	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
G2079	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
G23.1	Progressive supranuclear ophthalmoplegia
G31.01	Pick's disease
G35	Multiple sclerosis
G35.D	Multiple sclerosis, unspecified
G36.0	Neuromyelitis optica [Devic]
G37.1	Central demyelination of corpus callosum
G37.81	Myelin oligodendrocyte glycoprotein antibody disease
G40.001	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus
G40.009	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, without status epilepticus
G40.101	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, with status epilepticus
G40.109	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with simple partial seizures, not intractable, without status epilepticus
G40.201	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, with status epilepticus
G40.209	Localization-related (focal) (partial) symptomatic epilepsy and epileptic syndromes with complex partial seizures, not intractable, without status epilepticus
G40.301	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.309	Generalized idiopathic epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.401	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus
G40.409	Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus
G40.42	Cyclin-Dependent Kinase-Like 5 Deficiency Disorder
G40.501	Epileptic seizures related to external causes, not intractable, with status epilepticus
G40.509	Epileptic seizures related to external causes, not intractable, without status epilepticus

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
G40.801	Other epilepsy, not intractable, with status epilepticus
G40.802	Other epilepsy, not intractable, without status epilepticus
G40.811	Lennox-Gastaut syndrome, not intractable, with status epilepticus
G40.812	Lennox-Gastaut syndrome, not intractable, without status epilepticus
G40.821	Epileptic spasms, not intractable, with status epilepticus
G40.822	Epileptic spasms, not intractable, without status epilepticus
G40.841	KCNQ2-related epilepsy, not intractable, with status epilepticus
G40.842	KCNQ2-related epilepsy, not intractable, without status epilepticus
G40.89	Other seizures
G40.901	Epilepsy, unspecified, not intractable, with status epilepticus
G40.909	Epilepsy, unspecified, not intractable, without status epilepticus
G40.A01	Absence epileptic syndrome, not intractable, with status epilepticus
G40.A09	Absence epileptic syndrome, not intractable, without status epilepticus
G40.B01	Juvenile myoclonic epilepsy, not intractable, with status epilepticus
G40.B09	Juvenile myoclonic epilepsy, not intractable, without status epilepticus
G40.C01	Lafora progressive myoclonus epilepsy, not intractable, with status epilepticus
G40.C09	Lafora progressive myoclonus epilepsy, not intractable, without status epilepticus
G43.411	Hemiplegic migraine, intractable, with status migrainosus
G43.511	Persistent migraine aura without cerebral infarction, intractable, with status migrainosus
G43.611	Persistent migraine aura with cerebral infarction, intractable, with status migrainosus
G43.619	Persistent migraine aura with cerebral infarction, intractable, without status migrainosus
G43.A1	Cyclical vomiting, in migraine, intractable
G45.0	Vertebro-basilar artery syndrome
G45.1	Carotid artery syndrome (hemispheric)
G45.2	Multiple and bilateral precerebral artery syndromes
G45.3	Amaurosis fugax
G45.4	Transient global amnesia
G45.8	Other transient cerebral ischemic attacks and related syndromes
G45.9	Transient cerebral ischemic attack, unspecified
G46.0	Middle cerebral artery syndrome
G46.1	Anterior cerebral artery syndrome
G46.2	Posterior cerebral artery syndrome
G46.3	Brain stem stroke syndrome
G46.4	Cerebellar stroke syndrome
G46.5	Pure motor lacunar syndrome
G46.6	Pure sensory lacunar syndrome
G46.7	Other lacunar syndromes
G46.8	Other vascular syndromes of brain in cerebrovascular diseases Stroke/Transient Ischemic Attack
G50.0	Trigeminal neuralgia
G56.41	Causalgia of right upper limb
G56.42	Causalgia of left upper limb
G57.71	Causalgia of right lower limb
G57.72	Causalgia of left lower limb
G62.1	Alcoholic polyneuropathy
G62.9	Polyneuropathy, unspecified

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
G70.00	Myasthenia gravis without (acute) exacerbation
G70.01	Myasthenia gravis with (acute) exacerbation
G71.0	Muscular dystrophy
G71.00	Muscular dystrophy, unspecified
G71.02	Facioscapulohumeral muscular dystrophy
G71.031	Autosomal dominant limb girdle muscular dystrophy
G71.032	Autosomal recessive limb girdle muscular dystrophy due to calpain-3 dysfunction
G71.033	Limb girdle muscular dystrophy due to dysferlin dysfunction
G71.0340	Limb girdle muscular dystrophy due to sarcoglycan dysfunction, unspecified
G71.0341	Limb girdle muscular dystrophy due to alpha sarcoglycan dysfunction
G71.0342	Limb girdle muscular dystrophy due to beta sarcoglycan dysfunction
G71.0349	Limb girdle muscular dystrophy due to other sarcoglycan dysfunction
G71.035	Limb girdle muscular dystrophy due to anoctamin-5 dysfunction
G71.038	Other limb girdle muscular dystrophy
G71.039	Limb girdle muscular dystrophy, unspecified
G71.09	Other specified muscular dystrophies
G71.11	Myotonic muscular dystrophy
G71.2	Congenital myopathies
G71.20	Congenital myopathy, unspecified
G71.21	Nemaline myopathy
G71.220	X-linked myotubular myopathy
G71.228	Other centronuclear myopathy
G71.29	Other congenital myopathy
G73.1	Lambert-eaton syndrome in neoplastic disease
G80.8	Other cerebral palsy
G80.9	Cerebral palsy, unspecified
G83.10	Monoplegia of lower limb affecting unspecified side
G83.11	Monoplegia of lower limb affecting right dominant side
G83.12	Monoplegia of lower limb affecting left dominant side
G83.13	Monoplegia of lower limb affecting right nondominant side
G83.14	Monoplegia of lower limb affecting left nondominant side
G83.20	Monoplegia of upper limb affecting unspecified side
G83.21	Monoplegia of upper limb affecting right dominant side
G83.22	Monoplegia of upper limb affecting left dominant side
G83.23	Monoplegia of upper limb affecting right nondominant side
G83.24	Monoplegia of upper limb affecting left nondominant side
G83.30	Monoplegia, unspecified affecting unspecified side
G83.31	Monoplegia, unspecified affecting right dominant side
G83.32	Monoplegia, unspecified affecting left dominant side
G83.33	Monoplegia, unspecified affecting right nondominant side
G83.34	Monoplegia, unspecified affecting left nondominant side
G83.4	Cauda equina syndrome
G83.81	Brown-Sequard syndrome
G83.82	Anterior cord syndrome
G83.83	Posterior cord syndrome

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
G83.84	Todd's paralysis (postepileptic)
G83.89	Other specified paralytic syndromes
G83.9	Paralytic syndrome, unspecified
G89.22	Chronic post-thoracotomy pain
G89.3	Neoplasm related pain (acute) (chronic)
G90.09	Other idiopathic peripheral autonomic neuropathy
G90.1	Familial dysautonomia [Riley-Day]
G90.50	Complex regional pain syndrome I, unspecified
G90.511	Complex regional pain syndrome I of right upper limb
G90.512	Complex regional pain syndrome I of left upper limb
G90.513	Complex regional pain syndrome I of upper limb, bilateral
G90.519	Complex regional pain syndrome I of unspecified upper limb
G90.521	Complex regional pain syndrome I of right lower limb
G90.522	Complex regional pain syndrome I of left lower limb
G90.529	Complex regional pain syndrome I of unspecified lower limb
G94	Other disorders of brain in diseases classified elsewhere
G96.11	Dural tear
G97.31	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating a nervous system procedure
G97.32	Intraoperative hemorrhage and hematoma of a nervous system organ or structure complicating other procedure
H0020	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
H35.031	Hypertensive retinopathy, right eye
H35.032	Hypertensive retinopathy, left eye
H35.033	Hypertensive retinopathy, bilateral
H35.039	Hypertensive retinopathy, unspecified eye
H40.10X2	Unspecified open-angle glaucoma, moderate stage
H40.10X3	Unspecified open-angle glaucoma, severe stage
H40.1112	Primary open-angle glaucoma, right eye, moderate stage
H40.1113	Primary open-angle glaucoma, right eye, severe stage
H40.1122	Primary open-angle glaucoma, left eye, moderate stage
H40.1123	Primary open-angle glaucoma, left eye, severe stage
H40.1132	Primary open-angle glaucoma, bilateral, moderate stage
H40.1133	Primary open-angle glaucoma, bilateral, severe stage
H40.1192	Primary open-angle glaucoma, unspecified eye, moderate stage
H40.1193	Primary open-angle glaucoma, unspecified eye, severe stage
H40.11X2	Primary open-angle glaucoma, moderate stage
H40.11X3	Primary open-angle glaucoma, severe stage
H40.1212	Low-tension glaucoma, right eye, moderate stage
H40.1213	Low-tension glaucoma, right eye, severe stage
H40.1222	Low-tension glaucoma, left eye, moderate stage
H40.1223	Low-tension glaucoma, left eye, severe stage
H40.1232	Low-tension glaucoma, bilateral, moderate stage
H40.1233	Low-tension glaucoma, bilateral, severe stage

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
H40.1292	Low-tension glaucoma, unspecified eye, moderate stage
H40.1293	Low-tension glaucoma, unspecified eye, severe stage
H40.1312	Pigmentary glaucoma, right eye, moderate stage
H40.1313	Pigmentary glaucoma, right eye, severe stage
H40.1322	Pigmentary glaucoma, left eye, moderate stage
H40.1323	Pigmentary glaucoma, left eye, severe stage
H40.1332	Pigmentary glaucoma, bilateral, moderate stage
H40.1333	Pigmentary glaucoma, bilateral, severe stage
H40.1392	Pigmentary glaucoma, unspecified eye, moderate stage
H40.1393	Pigmentary glaucoma, unspecified eye, severe stage
H40.1412	Capsular glaucoma with pseudoexfoliation of lens, right eye, moderate stage
H40.1413	Capsular glaucoma with pseudoexfoliation of lens, right eye, severe stage
H40.1422	Capsular glaucoma with pseudoexfoliation of lens, left eye, moderate stage
H40.1423	Capsular glaucoma with pseudoexfoliation of lens, left eye, severe stage
H40.1432	Capsular glaucoma with pseudoexfoliation of lens, bilateral, moderate stage
H40.1433	Capsular glaucoma with pseudoexfoliation of lens, bilateral, severe stage
H40.1492	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, moderate stage
H40.1493	Capsular glaucoma with pseudoexfoliation of lens, unspecified eye, severe stage
H40.20X2	Unspecified primary angle-closure glaucoma, moderate stage
H40.20X3	Unspecified primary angle-closure glaucoma, severe stage
H40.20X4	Unspecified primary angle-closure glaucoma, indeterminate stage
H40.211	Acute angle-closure glaucoma, right eye
H40.212	Acute angle-closure glaucoma, left eye
H40.213	Acute angle-closure glaucoma, bilateral
H40.219	Acute angle-closure glaucoma, unspecified eye
H40.2212	Chronic angle-closure glaucoma, right eye, moderate stage
H40.2213	Chronic angle-closure glaucoma, right eye, severe stage
H40.2222	Chronic angle-closure glaucoma, left eye, moderate stage
H40.2223	Chronic angle-closure glaucoma, left eye, severe stage
H40.2232	Chronic angle-closure glaucoma, bilateral, moderate stage
H40.2233	Chronic angle-closure glaucoma, bilateral, severe stage
H40.2292	Chronic angle-closure glaucoma, unspecified eye, moderate stage
H40.2293	Chronic angle-closure glaucoma, unspecified eye, severe stage
H40.30X2	Glaucoma secondary to eye trauma, unspecified eye, moderate stage
H40.30X3	Glaucoma secondary to eye trauma, unspecified eye, severe stage
H40.31X2	Glaucoma secondary to eye trauma, right eye, moderate stage
H40.31X3	Glaucoma secondary to eye trauma, right eye, severe stage
H40.32X2	Glaucoma secondary to eye trauma, left eye, moderate stage
H40.32X3	Glaucoma secondary to eye trauma, left eye, severe stage
H40.33X2	Glaucoma secondary to eye trauma, bilateral, moderate stage
H40.33X3	Glaucoma secondary to eye trauma, bilateral, severe stage
H40.40X2	Glaucoma secondary to eye inflammation, unspecified eye, moderate stage
H40.40X3	Glaucoma secondary to eye inflammation, unspecified eye, severe stage
H40.41X2	Glaucoma secondary to eye inflammation, right eye, moderate stage
H40.41X3	Glaucoma secondary to eye inflammation, right eye, severe stage

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
H40.42X2	Glaucoma secondary to eye inflammation, left eye, moderate stage
H40.42X3	Glaucoma secondary to eye inflammation, left eye, severe stage
H40.43X2	Glaucoma secondary to eye inflammation, bilateral, moderate stage
H40.43X3	Glaucoma secondary to eye inflammation, bilateral, severe stage
H40.50X2	Glaucoma secondary to other eye disorders, unspecified eye, moderate stage
H40.50X3	Glaucoma secondary to other eye disorders, unspecified eye, severe stage
H40.50X4	Glaucoma secondary to other eye disorders, unspecified eye, indeterminate stage
H40.51X2	Glaucoma secondary to other eye disorders, right eye, moderate stage
H40.51X3	Glaucoma secondary to other eye disorders, right eye, severe stage
H40.52X2	Glaucoma secondary to other eye disorders, left eye, moderate stage
H40.52X3	Glaucoma secondary to other eye disorders, left eye, severe stage
H40.53X2	Glaucoma secondary to other eye disorders, bilateral, moderate stage
H40.53X3	Glaucoma secondary to other eye disorders, bilateral, severe stage
H40.60X2	Glaucoma secondary to drugs, unspecified eye, moderate stage
H40.60X3	Glaucoma secondary to drugs, unspecified eye, severe stage
H40.61X2	Glaucoma secondary to drugs, right eye, moderate stage
H40.61X3	Glaucoma secondary to drugs, right eye, severe stage
H40.62X2	Glaucoma secondary to drugs, left eye, moderate stage
H40.62X3	Glaucoma secondary to drugs, left eye, severe stage
H40.63X2	Glaucoma secondary to drugs, bilateral, moderate stage
H40.63X3	Glaucoma secondary to drugs, bilateral, severe stage
H44.511	Absolute glaucoma, right eye
H44.512	Absolute glaucoma, left eye
H44.513	Absolute glaucoma, bilateral
H44.519	Absolute glaucoma, unspecified eye
H47.231	Glaucomatous optic atrophy, right eye
H47.232	Glaucomatous optic atrophy, left eye
H47.233	Glaucomatous optic atrophy, bilateral
H47.239	Glaucomatous optic atrophy, unspecified eye
H49.30	Total (external) ophthalmoplegia, unspecified eye
H49.31	Total (external) ophthalmoplegia, right eye
H49.32	Total (external) ophthalmoplegia, left eye
H49.33	Total (external) ophthalmoplegia, bilateral
H49.40	Progressive external ophthalmoplegia, unspecified eye
H49.41	Progressive external ophthalmoplegia, right eye
H49.42	Progressive external ophthalmoplegia, left eye
H49.43	Progressive external ophthalmoplegia, bilateral
H51.20	Internuclear ophthalmoplegia, unspecified eye
H51.21	Internuclear ophthalmoplegia, right eye
H51.22	Internuclear ophthalmoplegia, left eye
H51.23	Internuclear ophthalmoplegia, bilateral
H52.511	Internal ophthalmoplegia (complete) (total), right eye
H52.512	Internal ophthalmoplegia (complete) (total), left eye
H52.513	Internal ophthalmoplegia (complete) (total), bilateral
H52.519	Internal ophthalmoplegia (complete) (total), unspecified eye

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
H54.0	Blindness, both eyes
H54.0X33	Blindness right eye category 3, blindness left eye category 3
H54.0X34	Blindness right eye category 3, blindness left eye category 4
H54.0X35	Blindness right eye category 3, blindness left eye category 5
H54.0X43	Blindness right eye category 4, blindness left eye category 3
H54.0X44	Blindness right eye category 4, blindness left eye category 4
H54.0X45	Blindness right eye category 4, blindness left eye category 5
H54.0X53	Blindness right eye category 5, blindness left eye category 3
H54.0X54	Blindness right eye category 5, blindness left eye category 4
H54.0X55	Blindness right eye category 5, blindness left eye category 5
H54.10	Blindness, one eye, low vision other eye, unspecified eyes
H54.11	Blindness, right eye, low vision left eye
H54.1131	Blindness right eye category 3, low vision left eye category 1
H54.1132	Blindness right eye category 3, low vision left eye category 2
H54.1141	Blindness right eye category 4, low vision left eye category 1
H54.1142	Blindness right eye category 4, low vision left eye category 2
H54.1151	Blindness right eye category 5, low vision left eye category 1
H54.1152	Blindness right eye category 5, low vision left eye category 2
H54.12	Blindness, left eye, low vision right eye
H54.1213	Low vision right eye category 1, blindness left eye category 3
H54.1214	Low vision right eye category 1, blindness left eye category 4
H54.1215	Low vision right eye category 1, blindness left eye category 5
H54.1223	Low vision right eye category 2, blindness left eye category 3
H54.1224	Low vision right eye category 2, blindness left eye category 4
H54.1225	Low vision right eye category 2, blindness left eye category 5
H54.2	Low vision, both eyes
H54.2X11	Low vision right eye category 1, low vision left eye category 1
H54.2X12	Low vision right eye category 1, low vision left eye category 2
H54.2X21	Low vision right eye category 2, low vision left eye category 1
H54.2X22	Low vision right eye category 2, low vision left eye category 2
H54.3	Unqualified visual loss, both eyes
H54.8	Legal blindness, as defined in USA
H90.3	Sensorineural hearing loss, bilateral
H90.6	Mixed conductive and sensorineural hearing loss, bilateral
H90.A21	Sensorineural hearing loss, unilateral, right ear, with restricted hearing on the contralateral side
H90.A22	Sensorineural hearing loss, unilateral, left ear, with restricted hearing on the contralateral side
H90.A31	Mixed conductive and sensorineural hearing loss, unilateral, right ear with restricted hearing on the contralateral side
H90.A32	Mixed conductive and sensorineural hearing loss, unilateral, left ear with restricted hearing on the contralateral side
H91.03	Ototoxic hearing loss, bilateral
H91.3	Deaf nonspeaking, not elsewhere classified
H91.8X3	Other specified hearing loss, bilateral
I09.81	Rheumatic heart failure
I11.0	Hypertensive heart disease with heart failure

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
I11.9	Hypertensive heart disease without heart failure
I12.0	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.10	Hypertensive heart and chronic kidney disease without heart failure, with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.11	Hypertensive heart and chronic kidney disease without heart failure, with stage 5 chronic kidney disease, or end stage renal disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I15.0	Renovascular hypertension
I15.1	Hypertension secondary to other renal disorders
I15.2	Hypertension secondary to endocrine disorders
I20.0	Unstable angina
I20.1	Angina pectoris with documented spasm
I20.2	Refractory angina pectoris
I20.8	Other forms of angina pectoris
I20.81	Angina pectoris with coronary microvascular dysfunction
I20.89	Other forms of angina pectoris
I20.9	Angina pectoris, unspecified
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.29	ST elevation (STEMI) myocardial infarction involving other sites
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I21.9	Acute myocardial infarction, unspecified
I21.A1	Myocardial infarction type 2
I21.A9	Other myocardial infarction type
I21.B	Myocardial infarction with coronary microvascular dysfunction
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site
I23.0	Hemopericardium as current complication following acute myocardial infarction
I23.1	Atrial septal defect as current complication following acute myocardial infarction
I23.2	Ventricular septal defect as current complication following acute myocardial infarction

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
I23.3	Rupture of cardiac wall without hemopericardium as current complication following acute myocardial infarction
I23.4	Rupture of chordae tendineae as current complication following acute myocardial infarction
I23.5	Rupture of papillary muscle as current complication following acute myocardial infarction
I23.6	Thrombosis of atrium, auricular appendage, and ventricle as current complications following acute myocardial infarction
I23.7	Postinfarction angina
I23.8	Other current complications following acute myocardial infarction
I24.0	Acute coronary thrombosis not resulting in myocardial infarction
I24.1	Dressler's syndrome
I24.8	Other forms of acute ischemic heart disease
I24.81	Acute coronary microvascular dysfunction
I24.89	Other forms of acute ischemic heart disease
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.111	Atherosclerotic heart disease of native coronary artery with angina pectoris with documented spasm
I25.112	Atherosclerotic heart disease of native coronary artery with refractory angina pectoris
I25.118	Atherosclerotic heart disease of native coronary artery with other forms of angina pectoris
I25.119	Atherosclerotic heart disease of native coronary artery with unspecified angina pectoris
I25.3	Aneurysm of heart
I25.41	Coronary artery aneurysm
I25.42	Coronary artery dissection
I25.5	Ischemic cardiomyopathy
I25.6	Silent myocardial ischemia
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.701	Atherosclerosis of coronary artery bypass graft(s), unspecified, with angina pectoris with documented spasm
I25.702	Atherosclerosis of coronary artery bypass graft(s), unspecified, with refractory angina pectoris
I25.708	Atherosclerosis of coronary artery bypass graft(s), unspecified, with other forms of angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.711	Atherosclerosis of autologous vein coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.712	Atherosclerosis of autologous vein coronary artery bypass graft(s) with refractory angina pectoris
I25.718	Atherosclerosis of autologous vein coronary artery bypass graft(s) with other forms of angina pectoris
I25.719	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unspecified angina pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.721	Atherosclerosis of autologous artery coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.722	Atherosclerosis of autologous artery coronary artery bypass graft(s) with refractory angina pectoris

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
I25.728	Atherosclerosis of autologous artery coronary artery bypass graft(s) with other forms of angina pectoris
I25.729	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unspecified angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.731	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.732	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with refractory angina pectoris
I25.738	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with other forms of angina pectoris
I25.739	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unspecified angina pectoris
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I25.791	Atherosclerosis of other coronary artery bypass graft(s) with angina pectoris with documented spasm
I25.792	Atherosclerosis of other coronary artery bypass graft(s) with refractory angina pectoris
I25.798	Atherosclerosis of other coronary artery bypass graft(s) with other forms of angina pectoris
I25.799	Atherosclerosis of other coronary artery bypass graft(s) with unspecified angina pectoris
I25.810	Atherosclerosis of coronary artery bypass graft(s) without angina pectoris
I25.83	Coronary atherosclerosis due to lipid rich plaque
I25.84	Coronary atherosclerosis due to calcified coronary lesion
I25.85	Chronic coronary microvascular dysfunction
I25.89	Other forms of chronic ischemic heart disease
I25.9	Chronic ischemic heart disease, unspecified
I42.0	Dilated cardiomyopathy
I42.1	Obstructive hypertrophic cardiomyopathy
I42.2	Other hypertrophic cardiomyopathy
I42.3	Endomyocardial (eosinophilic) disease
I42.4	Endocardial fibroelastosis
I42.5	Other restrictive cardiomyopathy
I42.6	Alcoholic cardiomyopathy
I42.7	Cardiomyopathy due to drug and external agent
I42.8	Other cardiomyopathies
I42.9	Cardiomyopathy, unspecified
I43	Cardiomyopathy in diseases classified elsewhere
I44.2	Atrioventricular block, complete
I48.0	Paroxysmal atrial fibrillation
I48.1	Persistent atrial fibrillation
I48.11	Longstanding persistent atrial fibrillation
I48.19	Other persistent atrial fibrillation
I48.2	Chronic atrial fibrillation
I48.20	Chronic atrial fibrillation, unspecified
I48.21	Permanent atrial fibrillation

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
I48.3	Typical atrial flutter
I48.4	Atypical atrial flutter
I48.91	Unspecified atrial fibrillation
I49.5	Sick sinus syndrome
I50.1	Left ventricular failure, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.810	Right heart failure, unspecified
I50.811	Acute right heart failure
I50.812	Chronic right heart failure
I50.813	Acute on chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure
I50.9	Heart failure, unspecified
I60.00	Nontraumatic subarachnoid hemorrhage from unspecified carotid siphon and bifurcation
I60.01	Nontraumatic subarachnoid hemorrhage from right carotid siphon and bifurcation
I60.02	Nontraumatic subarachnoid hemorrhage from left carotid siphon and bifurcation
I60.10	Nontraumatic subarachnoid hemorrhage from unspecified middle cerebral artery
I60.11	Nontraumatic subarachnoid hemorrhage from right middle cerebral artery
I60.12	Nontraumatic subarachnoid hemorrhage from left middle cerebral artery
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery
I60.20	Nontraumatic subarachnoid hemorrhage from unspecified anterior communicating artery
I60.21	Nontraumatic subarachnoid hemorrhage from right anterior communicating artery
I60.22	Nontraumatic subarachnoid hemorrhage from left anterior communicating artery
I60.30	Nontraumatic subarachnoid hemorrhage from unspecified posterior communicating artery
I60.31	Nontraumatic subarachnoid hemorrhage from right posterior communicating artery
I60.32	Nontraumatic subarachnoid hemorrhage from left posterior communicating artery
I60.4	Nontraumatic subarachnoid hemorrhage from basilar artery
I60.50	Nontraumatic subarachnoid hemorrhage from unspecified vertebral artery
I60.51	Nontraumatic subarachnoid hemorrhage from right vertebral artery
I60.52	Nontraumatic subarachnoid hemorrhage from left vertebral artery
I60.6	Nontraumatic subarachnoid hemorrhage from other intracranial arteries

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
I60.7	Nontraumatic subarachnoid hemorrhage from unspecified intracranial artery
I60.8	Other nontraumatic subarachnoid hemorrhage
I60.9	Nontraumatic subarachnoid hemorrhage, unspecified
I61.0	Nontraumatic intracerebral hemorrhage in hemisphere, subcortical
I61.1	Nontraumatic intracerebral hemorrhage in hemisphere, cortical
I61.2	Nontraumatic intracerebral hemorrhage in hemisphere, unspecified
I61.3	Nontraumatic intracerebral hemorrhage in brain stem
I61.4	Nontraumatic intracerebral hemorrhage in cerebellum
I61.5	Nontraumatic intracerebral hemorrhage, intraventricular
I61.6	Nontraumatic intracerebral hemorrhage, multiple localized
I61.8	Other nontraumatic intracerebral hemorrhage
I61.9	Nontraumatic intracerebral hemorrhage, unspecified
I62.00	Nontraumatic subdural hemorrhage, unspecified
I62.01	Nontraumatic acute subdural hemorrhage
I62.02	Nontraumatic subacute subdural hemorrhage
I62.9	Nontraumatic intracranial hemorrhage, unspecified
I63.00	Cerebral infarction due to thrombosis of unspecified precerebral artery
I63.011	Cerebral infarction due to thrombosis of right vertebral artery
I63.012	Cerebral infarction due to thrombosis of left vertebral artery
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries
I63.019	Cerebral infarction due to thrombosis of unspecified vertebral artery
I63.02	Cerebral infarction due to thrombosis of basilar artery
I63.031	Cerebral infarction due to thrombosis of right carotid artery
I63.032	Cerebral infarction due to thrombosis of left carotid artery
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries
I63.039	Cerebral infarction due to thrombosis of unspecified carotid artery
I63.09	Cerebral infarction due to thrombosis of other precerebral artery
I63.10	Cerebral infarction due to embolism of unspecified precerebral artery
I63.111	Cerebral infarction due to embolism of right vertebral artery
I63.112	Cerebral infarction due to embolism of left vertebral artery
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries
I63.119	Cerebral infarction due to embolism of unspecified vertebral artery
I63.12	Cerebral infarction due to embolism of basilar artery
I63.131	Cerebral infarction due to embolism of right carotid artery
I63.132	Cerebral infarction due to embolism of left carotid artery
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries Stroke/Transient Ischemic Attack
I63.139	Cerebral infarction due to embolism of unspecified carotid artery
I63.19	Cerebral infarction due to embolism of other precerebral artery
I63.20	Cerebral infarction due to unspecified occlusion or stenosis of unspecified precerebral arteries
I63.211	Cerebral infarction due to unspecified occlusion or stenosis of right vertebral artery
I63.212	Cerebral infarction due to unspecified occlusion or stenosis of left vertebral artery
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral arteries
I63.219	Cerebral infarction due to unspecified occlusion or stenosis of unspecified vertebral artery
I63.22	Cerebral infarction due to unspecified occlusion or stenosis of basilar artery
I63.231	Cerebral infarction due to unspecified occlusion or stenosis of right carotid arteries

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
I63.232	Cerebral infarction due to unspecified occlusion or stenosis of left carotid arteries
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries
I63.239	Cerebral infarction due to unspecified occlusion or stenosis of unspecified carotid artery
I63.29	Cerebral infarction due to unspecified occlusion or stenosis of other precerebral arteries
I63.30	Cerebral infarction due to thrombosis of unspecified cerebral artery
I63.311	Cerebral infarction due to thrombosis of right middle cerebral artery
I63.312	Cerebral infarction due to thrombosis of left middle cerebral artery
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries
I63.319	Cerebral infarction due to thrombosis of unspecified middle cerebral artery
I63.321	Cerebral infarction due to thrombosis of right anterior cerebral artery
I63.322	Cerebral infarction due to thrombosis of left anterior cerebral artery
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries
I63.329	Cerebral infarction due to thrombosis of unspecified anterior cerebral artery
I63.331	Cerebral infarction due to thrombosis of right posterior cerebral artery
I63.332	Cerebral infarction due to thrombosis of left posterior cerebral artery
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries
I63.339	Cerebral infarction due to thrombosis of unspecified posterior cerebral artery
I63.341	Cerebral infarction due to thrombosis of right cerebellar artery
I63.342	Cerebral infarction due to thrombosis of left cerebellar artery
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries
I63.349	Cerebral infarction due to thrombosis of unspecified cerebellar artery
I63.39	Cerebral infarction due to thrombosis of other cerebral artery
I63.40	Cerebral infarction due to embolism of unspecified cerebral artery
I63.411	Cerebral infarction due to embolism of right middle cerebral artery
I63.412	Cerebral infarction due to embolism of left middle cerebral artery
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries
I63.419	Cerebral infarction due to embolism of unspecified middle cerebral artery
I63.421	Cerebral infarction due to embolism of right anterior cerebral artery
I63.422	Cerebral infarction due to embolism of left anterior cerebral artery
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries
I63.429	Cerebral infarction due to embolism of unspecified anterior cerebral artery
I63.431	Cerebral infarction due to embolism of right posterior cerebral artery
I63.432	Cerebral infarction due to embolism of left posterior cerebral artery
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries
I63.439	Cerebral infarction due to embolism of unspecified posterior cerebral artery
I63.441	Cerebral infarction due to embolism of right cerebellar artery
I63.442	Cerebral infarction due to embolism of left cerebellar artery
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries
I63.449	Cerebral infarction due to embolism of unspecified cerebellar artery
I63.49	Cerebral infarction due to embolism of other cerebral artery
I63.50	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebral artery
I63.511	Cerebral infarction due to unspecified occlusion or stenosis of right middle cerebral artery
I63.512	Cerebral infarction due to unspecified occlusion or stenosis of left middle cerebral artery
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries
I63.519	Cerebral infarction due to unspecified occlusion or stenosis of unspecified middle cerebral artery

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
I63.521	Cerebral infarction due to unspecified occlusion or stenosis of right anterior cerebral artery
I63.522	Cerebral infarction due to unspecified occlusion or stenosis of left anterior cerebral artery
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries
I63.529	Cerebral infarction due to unspecified occlusion or stenosis of unspecified anterior cerebral artery
I63.531	Cerebral infarction due to unspecified occlusion or stenosis of right posterior cerebral artery
I63.532	Cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries
I63.539	Cerebral infarction due to unspecified occlusion or stenosis of unspecified posterior cerebral artery
I63.541	Cerebral infarction due to unspecified occlusion or stenosis of right cerebellar artery
I63.542	Cerebral infarction due to unspecified occlusion or stenosis of left cerebellar artery
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries
I63.549	Cerebral infarction due to unspecified occlusion or stenosis of unspecified cerebellar artery
I63.59	Cerebral infarction due to unspecified occlusion or stenosis of other cerebral artery
I63.6	Cerebral infarction due to cerebral venous thrombosis, nonpyogenic
I63.8	Other cerebral infarction
I63.81	Other cerebral infarction due to occlusion or stenosis of small artery
I63.89	Other cerebral infarction
I63.9	Cerebral infarction, unspecified
I67.841	Reversible cerebrovascular vasoconstriction syndrome
I67.848	Other cerebrovascular vasospasm and vasoconstriction
I67.89	Other cerebrovascular disease
I69.031	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.032	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.033	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.034	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.039	Monoplegia of upper limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.041	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right dominant side
I69.042	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left dominant side
I69.043	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting right non-dominant side
I69.044	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting left non-dominant side
I69.049	Monoplegia of lower limb following nontraumatic subarachnoid hemorrhage affecting unspecified side
I69.131	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right dominant side

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
I69.132	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.133	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.134	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.139	Monoplegia of upper limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.141	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right dominant side
I69.142	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left dominant side
I69.143	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting right non-dominant side
I69.144	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting left non-dominant side
I69.149	Monoplegia of lower limb following nontraumatic intracerebral hemorrhage affecting unspecified side
I69.231	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.232	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.233	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.234	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.239	Monoplegia of upper limb following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.241	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right dominant side
I69.242	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left dominant side
I69.243	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting right non-dominant side
I69.244	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting left non-dominant side
I69.249	Monoplegia of lower limb following other nontraumatic intracranial hemorrhage affecting unspecified side
I69.331	Monoplegia of upper limb following cerebral infarction affecting right dominant side
I69.332	Monoplegia of upper limb following cerebral infarction affecting left dominant side
I69.333	Monoplegia of upper limb following cerebral infarction affecting right non-dominant side
I69.334	Monoplegia of upper limb following cerebral infarction affecting left non-dominant side
I69.339	Monoplegia of upper limb following cerebral infarction affecting unspecified side
I69.341	Monoplegia of lower limb following cerebral infarction affecting right dominant side
I69.342	Monoplegia of lower limb following cerebral infarction affecting left dominant side

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
I69.343	Monoplegia of lower limb following cerebral infarction affecting right non-dominant side
I69.344	Monoplegia of lower limb following cerebral infarction affecting left non-dominant side
I69.349	Monoplegia of lower limb following cerebral infarction affecting unspecified side
I69.831	Monoplegia of upper limb following other cerebrovascular disease affecting right dominant side
I69.832	Monoplegia of upper limb following other cerebrovascular disease affecting left dominant side
I69.833	Monoplegia of upper limb following other cerebrovascular disease affecting right non-dominant side
I69.834	Monoplegia of upper limb following other cerebrovascular disease affecting left non-dominant side
I69.839	Monoplegia of upper limb following other cerebrovascular disease affecting unspecified side
I69.841	Monoplegia of lower limb following other cerebrovascular disease affecting right dominant side
I69.842	Monoplegia of lower limb following other cerebrovascular disease affecting left dominant side
I69.843	Monoplegia of lower limb following other cerebrovascular disease affecting right non-dominant side
I69.844	Monoplegia of lower limb following other cerebrovascular disease affecting left non-dominant side
I69.849	Monoplegia of lower limb following other cerebrovascular disease affecting unspecified side
I69.931	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right dominant side
I69.932	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left dominant side
I69.933	Monoplegia of upper limb following unspecified cerebrovascular disease affecting right non-dominant side
I69.934	Monoplegia of upper limb following unspecified cerebrovascular disease affecting left non-dominant side
I69.939	Monoplegia of upper limb following unspecified cerebrovascular disease affecting unspecified side
I69.941	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right dominant side
I69.942	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left dominant side
I69.943	Monoplegia of lower limb following unspecified cerebrovascular disease affecting right non-dominant side
I69.944	Monoplegia of lower limb following unspecified cerebrovascular disease affecting left non-dominant side
I69.949	Monoplegia of lower limb following unspecified cerebrovascular disease affecting unspecified side
I70.0	Atherosclerosis of aorta
I70.1	Atherosclerosis of renal artery
I70.201	Unspecified atherosclerosis of native arteries of extremities, right leg
I70.202	Unspecified atherosclerosis of native arteries of extremities, left leg
I70.203	Unspecified atherosclerosis of native arteries of extremities, bilateral legs
I70.208	Unspecified atherosclerosis of native arteries of extremities, other extremity
I70.209	Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
I70.211	Atherosclerosis of native arteries of extremities with intermittent claudication, right leg
I70.212	Atherosclerosis of native arteries of extremities with intermittent claudication, left leg
I70.213	Atherosclerosis of native arteries of extremities with intermittent claudication, bilateral legs
I70.218	Atherosclerosis of native arteries of extremities with intermittent claudication, other extremity
I70.219	Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
I70.221	Atherosclerosis of native arteries of extremities with rest pain, right leg
I70.222	Atherosclerosis of native arteries of extremities with rest pain, left leg
I70.223	Atherosclerosis of native arteries of extremities with rest pain, bilateral legs
I70.228	Atherosclerosis of native arteries of extremities with rest pain, other extremity
I70.229	Atherosclerosis of native arteries of extremities with rest pain, unspecified extremity
I70.231	Atherosclerosis of native arteries of right leg with ulceration of thigh
I70.232	Atherosclerosis of native arteries of right leg with ulceration of calf
I70.233	Atherosclerosis of native arteries of right leg with ulceration of ankle
I70.234	Atherosclerosis of native arteries of right leg with ulceration of heel and midfoot
I70.235	Atherosclerosis of native arteries of right leg with ulceration of other part of foot
I70.238	Atherosclerosis of native arteries of right leg with ulceration of other part of lower leg
I70.239	Atherosclerosis of native arteries of right leg with ulceration of unspecified site
I70.241	Atherosclerosis of native arteries of left leg with ulceration of thigh
I70.242	Atherosclerosis of native arteries of left leg with ulceration of calf
I70.243	Atherosclerosis of native arteries of left leg with ulceration of ankle
I70.244	Atherosclerosis of native arteries of left leg with ulceration of heel and midfoot
I70.245	Atherosclerosis of native arteries of left leg with ulceration of other part of foot
I70.248	Atherosclerosis of native arteries of left leg with ulceration of other part of lower leg
I70.249	Atherosclerosis of native arteries of left leg with ulceration of unspecified site
I70.25	Atherosclerosis of native arteries of other extremities with ulceration
I70.261	Atherosclerosis of native arteries of extremities with gangrene, right leg
I70.262	Atherosclerosis of native arteries of extremities with gangrene, left leg
I70.263	Atherosclerosis of native arteries of extremities with gangrene, bilateral legs
I70.268	Atherosclerosis of native arteries of extremities with gangrene, other extremity
I70.269	Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity
I70.291	Other atherosclerosis of native arteries of extremities, right leg
I70.292	Other atherosclerosis of native arteries of extremities, left leg
I70.293	Other atherosclerosis of native arteries of extremities, bilateral legs
I70.298	Other atherosclerosis of native arteries of extremities, other extremity
I70.299	Other atherosclerosis of native arteries of extremities, unspecified extremity
I70.301	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
I70.302	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
I70.303	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
I70.308	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity
I70.309	Unspecified atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
I70.311	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70.312	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70.313	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.318	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, other extremity

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
I70.319	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.321	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, right leg
I70.322	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, left leg
I70.323	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, bilateral legs
I70.328	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, other extremity
I70.329	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with rest pain, unspecified extremity
I70.331	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of thigh
I70.332	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of calf
I70.333	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of ankle
I70.334	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.335	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.338	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.339	Atherosclerosis of unspecified type of bypass graft(s) of the right leg with ulceration of unspecified site
I70.341	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of thigh
I70.342	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of calf
I70.343	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of ankle
I70.344	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.345	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.348	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.349	Atherosclerosis of unspecified type of bypass graft(s) of the left leg with ulceration of unspecified site
I70.35	Atherosclerosis of unspecified type of bypass graft(s) of other extremity with ulceration
I70.361	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, right leg
I70.362	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, left leg
I70.363	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, bilateral legs
I70.368	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, other extremity
I70.369	Atherosclerosis of unspecified type of bypass graft(s) of the extremities with gangrene, unspecified extremity
I70.391	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, right leg
I70.392	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, left leg
I70.393	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, bilateral legs
I70.398	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, other extremity

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
I70.399	Other atherosclerosis of unspecified type of bypass graft(s) of the extremities, unspecified extremity
I70.411	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, right leg
I70.412	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, left leg
I70.413	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.418	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.419	Atherosclerosis of autologous vein bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.431	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of thigh
I70.432	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of calf
I70.433	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of ankle
I70.434	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.435	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of foot
I70.438	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.439	Atherosclerosis of autologous vein bypass graft(s) of the right leg with ulceration of unspecified site
I70.441	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of thigh
I70.442	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of calf
I70.443	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of ankle
I70.444	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.445	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of foot
I70.448	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.449	Atherosclerosis of autologous vein bypass graft(s) of the left leg with ulceration of unspecified site
I70.45	Atherosclerosis of autologous vein bypass graft(s) of other extremity with ulceration
I70.511	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, right leg
I70.512	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, left leg
I70.513	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.518	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.519	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved. The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
I70.521	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, right leg
I70.522	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, left leg
I70.523	Atherosclerosis of nonautologous biological bypass graft(s) of the extremities with rest pain, bilateral legs
I70.531	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of thigh
I70.532	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of calf
I70.533	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of ankle
I70.534	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.535	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of foot
I70.538	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.539	Atherosclerosis of nonautologous biological bypass graft(s) of the right leg with ulceration of unspecified site
I70.541	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of thigh
I70.542	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of calf
I70.543	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of ankle
I70.544	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.545	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of foot
I70.548	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.549	Atherosclerosis of nonautologous biological bypass graft(s) of the left leg with ulceration of unspecified site
I70.55	Atherosclerosis of nonautologous biological bypass graft(s) of other extremity with ulceration
I70.611	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, right leg
I70.612	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, left leg
I70.613	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.618	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.619	Atherosclerosis of nonbiological bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.631	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of thigh
I70.632	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of calf
I70.633	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of ankle
I70.634	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.635	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of foot

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
I70.638	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.639	Atherosclerosis of nonbiological bypass graft(s) of the right leg with ulceration of unspecified site
I70.641	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of thigh
I70.642	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of calf
I70.643	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of ankle
I70.644	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.645	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of foot
I70.648	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.649	Atherosclerosis of nonbiological bypass graft(s) of the left leg with ulceration of unspecified site
I70.65	Atherosclerosis of nonbiological bypass graft(s) of other extremity with ulceration
I70.711	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, right leg
I70.712	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, left leg
I70.713	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, bilateral legs
I70.718	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, other extremity
I70.719	Atherosclerosis of other type of bypass graft(s) of the extremities with intermittent claudication, unspecified extremity
I70.731	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of thigh
I70.732	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of calf
I70.733	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of ankle
I70.734	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of heel and midfoot
I70.735	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of foot
I70.738	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of other part of lower leg
I70.739	Atherosclerosis of other type of bypass graft(s) of the right leg with ulceration of unspecified site
I70.741	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of thigh
I70.742	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of calf
I70.743	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of ankle
I70.744	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of heel and midfoot
I70.745	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of foot
I70.748	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of other part of lower leg
I70.749	Atherosclerosis of other type of bypass graft(s) of the left leg with ulceration of unspecified site
I70.75	Atherosclerosis of other type of bypass graft(s) of other extremity with ulceration
I70.92	Chronic total occlusion of artery of the extremities
I71.00	Dissection of unspecified site of aorta
I71.010	Dissection of ascending aorta
I71.011	Dissection of aortic arch
I71.012	Dissection of descending thoracic aorta
I71.019	Dissection of thoracic aorta, unspecified

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
I71.02	Dissection of abdominal aorta
I71.03	Dissection of thoracoabdominal aorta
I71.10	Thoracic aortic aneurysm, ruptured, unspecified
I71.11	Aneurysm of the ascending aorta, ruptured
I71.12	Aneurysm of the aortic arch, ruptured
I71.13	Aneurysm of the descending thoracic aorta, ruptured
I71.30	Abdominal aortic aneurysm, ruptured, unspecified
I71.31	Pararenal abdominal aortic aneurysm, ruptured
I71.32	Juxtarenal abdominal aortic aneurysm, ruptured
I71.33	Infrarenal abdominal aortic aneurysm, ruptured
I71.50	Thoracoabdominal aortic aneurysm, ruptured, unspecified
I71.51	Supraceliac aneurysm of the thoracoabdominal aorta, ruptured
I71.52	Paravisceral aneurysm of the thoracoabdominal aorta, ruptured
I71.8	Aortic aneurysm of unspecified site, ruptured
I73.81	Erythromelalgia
I73.89	Other specified peripheral vascular diseases
I73.9	Peripheral vascular disease, unspecified
I77.82	Antineutrophilic cytoplasmic antibody [ANCA] vasculitis
I79.1	Aortitis in diseases classified elsewhere
I79.8	Other disorders of arteries, arterioles and capillaries in diseases classified elsewhere
I97.810	Intraoperative cerebrovascular infarction during cardiac surgery
I97.811	Intraoperative cerebrovascular infarction during other surgery
I97.820	Postprocedural cerebrovascular infarction following cardiac surgery
I97.821	Postprocedural cerebrovascular infarction following other surgery
J0571	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
J0572	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
J0573	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
J0574	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
J0575	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
J0577	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
J0578	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
J0592	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
J1230	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
J2315	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
J41.0	Simple chronic bronchitis

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
J41.1	Mucopurulent chronic bronchitis
J41.8	Mixed simple and mucopurulent chronic bronchitis
J42	Unspecified chronic bronchitis
J43.0	Unilateral pulmonary emphysema [MacLeod's syndrome]
J43.1	Panlobular emphysema
J43.2	Centrilobular emphysema
J43.8	Other emphysema
J43.9	Emphysema, unspecified
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J44.81	Bronchiolitis obliterans and bronchiolitis obliterans syndrome
J44.89	Other specified chronic obstructive pulmonary disease
J44.9	Chronic obstructive pulmonary disease, unspecified
J45.42	Moderate persistent asthma with status asthmaticus
J45.50	Severe persistent asthma, uncomplicated
J45.51	Severe persistent asthma with (acute) exacerbation
J45.52	Severe persistent asthma with status asthmaticus
J47.0	Bronchiectasis with acute lower respiratory infection
J47.1	Bronchiectasis with (acute) exacerbation
J47.9	Bronchiectasis, uncomplicated
J84.111	Idiopathic interstitial pneumonia, not otherwise specified
J84.116	Cryptogenic organizing pneumonia
J84.117	Desquamative interstitial pneumonia
J84.178	Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere
J84.2	Lymphoid interstitial pneumonia
J95.851	Ventilator associated pneumonia
J98.2	Interstitial emphysema
J98.3	Compensatory emphysema
K29.20	Alcoholic gastritis without bleeding
K29.21	Alcoholic gastritis with bleeding
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications

Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction Inflammatory Bowel Disease
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.413	Inflammatory polyps of colon with fistula
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess
K51.818	Other ulcerative colitis with other complication

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
K70.0	Alcoholic fatty liver
K70.10	Alcoholic hepatitis without ascites
K70.11	Alcoholic hepatitis with ascites
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K70.40	Alcoholic hepatic failure without coma
K70.9	Alcoholic liver disease, unspecified
K71.0	Toxic liver disease with cholestasis
K71.7	Toxic liver disease with fibrosis and cirrhosis of liver
K71.8	Toxic liver disease with other disorders of liver
K71.9	Toxic liver disease, unspecified
K74.0	Hepatic fibrosis
K74.00	Hepatic fibrosis, unspecified
K74.01	Hepatic fibrosis, early fibrosis
K74.02	Hepatic fibrosis, advanced fibrosis
K74.1	Hepatic sclerosis
K74.2	Hepatic fibrosis with hepatic sclerosis
K74.3	Primary biliary cirrhosis
K74.4	Secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K75.0	Abscess of liver
K75.1	Phlebitis of portal vein
K75.81	Nonalcoholic steatohepatitis (NASH)
K75.89	Other specified inflammatory liver diseases
K75.9	Inflammatory liver disease, unspecified
K76.0	Fatty (change of) liver, not elsewhere classified
K76.1	Chronic passive congestion of liver
K76.2	Central hemorrhagic necrosis of liver
K76.3	Infarction of liver
K76.5	Hepatic veno-occlusive disease
K76.6	Portal hypertension
K76.7	Hepatorenal syndrome
K76.81	Hepatopulmonary syndrome
K76.82	Hepatic encephalopathy

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
K76.89	Other specified diseases of liver
K76.9	Liver disease, unspecified
K77	Liver disorders in diseases classified elsewhere
K80.30	Calculus of bile duct with cholangitis, unspecified, without obstruction
K80.31	Calculus of bile duct with cholangitis, unspecified, with obstruction
K80.32	Calculus of bile duct with acute cholangitis without obstruction
K80.33	Calculus of bile duct with acute cholangitis with obstruction
K80.34	Calculus of bile duct with chronic cholangitis without obstruction
K80.35	Calculus of bile duct with chronic cholangitis with obstruction
K80.36	Calculus of bile duct with acute and chronic cholangitis without obstruction
K80.37	Calculus of bile duct with acute and chronic cholangitis with obstruction
K83.0	Cholangitis
L40.50	Arthropathic psoriasis, unspecified
L40.51	Distal interphalangeal psoriatic arthropathy
L40.54	Psoriatic juvenile arthropathy
L40.59	Other psoriatic arthropathy
L89.003	Pressure ulcer of unspecified elbow, stage 3
L89.004	Pressure ulcer of unspecified elbow, stage 4
L89.006	Pressure-induced deep tissue damage of unspecified elbow
L89.013	Pressure ulcer of right elbow, stage 3
L89.014	Pressure ulcer of right elbow, stage 4
L89.016	Pressure-induced deep tissue damage of right elbow
L89.023	Pressure ulcer of left elbow, stage 3
L89.024	Pressure ulcer of left elbow, stage 4
L89.026	Pressure-induced deep tissue damage of left elbow
L89.103	Pressure ulcer of unspecified part of back, stage 3
L89.104	Pressure ulcer of unspecified part of back, stage 4
L89.106	Pressure-induced deep tissue damage of unspecified part of back
L89.113	Pressure ulcer of right upper back, stage 3
L89.114	Pressure ulcer of right upper back, stage 4
L89.116	Pressure-induced deep tissue damage of right upper back
L89.123	Pressure ulcer of left upper back, stage 3
L89.124	Pressure ulcer of left upper back, stage 4
L89.126	Pressure-induced deep tissue damage of left upper back
L89.133	Pressure ulcer of right lower back, stage 3
L89.134	Pressure ulcer of right lower back, stage 4
L89.136	Pressure-induced deep tissue damage of right lower back
L89.143	Pressure ulcer of left lower back, stage 3
L89.144	Pressure ulcer of left lower back, stage 4
L89.146	Pressure-induced deep tissue damage of left lower back
L89.153	Pressure ulcer of sacral region, stage 3
L89.154	Pressure ulcer of sacral region, stage 4
L89.156	Pressure-induced deep tissue damage of sacral region
L89.203	Pressure ulcer of unspecified hip, stage 3
L89.204	Pressure ulcer of unspecified hip, stage 4

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
L89.206	Pressure-induced deep tissue damage of unspecified hip
L89.213	Pressure ulcer of right hip, stage 3
L89.214	Pressure ulcer of right hip, stage 4
L89.216	Pressure-induced deep tissue damage of right hip
L89.223	Pressure ulcer of left hip, stage 3
L89.224	Pressure ulcer of left hip, stage 4
L89.226	Pressure-induced deep tissue damage of left hip
L89.303	Pressure ulcer of unspecified buttock, stage 3
L89.304	Pressure ulcer of unspecified buttock, stage 4
L89.306	Pressure-induced deep tissue damage of unspecified buttock
L89.313	Pressure ulcer of right buttock, stage 3
L89.314	Pressure ulcer of right buttock, stage 4
L89.316	Pressure-induced deep tissue damage of right buttock
L89.323	Pressure ulcer of left buttock, stage 3
L89.324	Pressure ulcer of left buttock, stage 4
L89.326	Pressure-induced deep tissue damage of left buttock
L89.43	Pressure ulcer of contiguous site of back, buttock and hip, stage 3
L89.44	Pressure ulcer of contiguous site of back, buttock and hip, stage 4
L89.46	Pressure-induced deep tissue damage of contiguous site of back, buttock and hip
L89.503	Pressure ulcer of unspecified ankle, stage 3
L89.504	Pressure ulcer of unspecified ankle, stage 4
L89.506	Pressure-induced deep tissue damage of unspecified ankle
L89.513	Pressure ulcer of right ankle, stage 3
L89.514	Pressure ulcer of right ankle, stage 4
L89.516	Pressure-induced deep tissue damage of right ankle
L89.519	Pressure ulcer of right ankle, unspecified stage
L89.520	Pressure ulcer of left ankle, unstageable
L89.521	Pressure ulcer of left ankle, stage 1
L89.522	Pressure ulcer of left ankle, stage 2
L89.523	Pressure ulcer of left ankle, stage 3
L89.524	Pressure ulcer of left ankle, stage 4
L89.526	Pressure-induced deep tissue damage of left ankle
L89.603	Pressure ulcer of unspecified heel, stage 3
L89.604	Pressure ulcer of unspecified heel, stage 4
L89.606	Pressure-induced deep tissue damage of unspecified heel
L89.613	Pressure ulcer of right heel, stage 3
L89.614	Pressure ulcer of right heel, stage 4
L89.616	Pressure-induced deep tissue damage of right heel
L89.623	Pressure ulcer of left heel, stage 3
L89.624	Pressure ulcer of left heel, stage 4
L89.626	Pressure-induced deep tissue damage of left heel
L89.813	Pressure ulcer of head, stage 3
L89.814	Pressure ulcer of head, stage 4
L89.816	Pressure-induced deep tissue damage of head
L89.893	Pressure ulcer of other site, stage 3

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
L89.894	Pressure ulcer of other site, stage 4
L89.896	Pressure-induced deep tissue damage of other site
L89.93	Pressure ulcer of unspecified site, stage 3
L89.94	Pressure ulcer of unspecified site, stage 4
L97.102	Non-pressure chronic ulcer of unspecified thigh with fat layer exposed
L97.103	Non-pressure chronic ulcer of unspecified thigh with necrosis of muscle
L97.104	Non-pressure chronic ulcer of unspecified thigh with necrosis of bone
L97.105	Non-pressure chronic ulcer of unspecified thigh with muscle involvement without evidence of necrosis
L97.106	Non-pressure chronic ulcer of unspecified thigh with bone involvement without evidence of necrosis
L97.112	Non-pressure chronic ulcer of right thigh with fat layer exposed
L97.113	Non-pressure chronic ulcer of right thigh with necrosis of muscle
L97.114	Non-pressure chronic ulcer of right thigh with necrosis of bone
L97.115	Non-pressure chronic ulcer of right thigh with muscle involvement without evidence of necrosis
L97.116	Non-pressure chronic ulcer of right thigh with bone involvement without evidence of necrosis
L97.122	Non-pressure chronic ulcer of left thigh with fat layer exposed
L97.123	Non-pressure chronic ulcer of left thigh with necrosis of muscle
L97.124	Non-pressure chronic ulcer of left thigh with necrosis of bone
L97.125	Non-pressure chronic ulcer of left thigh with muscle involvement without evidence of necrosis
L97.126	Non-pressure chronic ulcer of left thigh with bone involvement without evidence of necrosis
L97.202	Non-pressure chronic ulcer of unspecified calf with fat layer exposed
L97.203	Non-pressure chronic ulcer of unspecified calf with necrosis of muscle
L97.204	Non-pressure chronic ulcer of unspecified calf with necrosis of bone
L97.205	Non-pressure chronic ulcer of unspecified calf with muscle involvement without evidence of necrosis
L97.206	Non-pressure chronic ulcer of unspecified calf with bone involvement without evidence of necrosis
L97.212	Non-pressure chronic ulcer of right calf with fat layer exposed
L97.213	Non-pressure chronic ulcer of right calf with necrosis of muscle
L97.214	Non-pressure chronic ulcer of right calf with necrosis of bone
L97.215	Non-pressure chronic ulcer of right calf with muscle involvement without evidence of necrosis
L97.216	Non-pressure chronic ulcer of right calf with bone involvement without evidence of necrosis
L97.222	Non-pressure chronic ulcer of left calf with fat layer exposed
L97.223	Non-pressure chronic ulcer of left calf with necrosis of muscle
L97.224	Non-pressure chronic ulcer of left calf with necrosis of bone
L97.225	Non-pressure chronic ulcer of left calf with muscle involvement without evidence of necrosis
L97.226	Non-pressure chronic ulcer of left calf with bone involvement without evidence of necrosis
L97.302	Non-pressure chronic ulcer of unspecified ankle with fat layer exposed
L97.303	Non-pressure chronic ulcer of unspecified ankle with necrosis of muscle
L97.304	Non-pressure chronic ulcer of unspecified ankle with necrosis of bone
L97.305	Non-pressure chronic ulcer of unspecified ankle with muscle involvement without evidence of necrosis
L97.306	Non-pressure chronic ulcer of unspecified ankle with bone involvement without evidence of necrosis

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
L97.312	Non-pressure chronic ulcer of right ankle with fat layer exposed Pressure Ulcers And Chronic Ulcers
L97.313	Non-pressure chronic ulcer of right ankle with necrosis of muscle
L97.314	Non-pressure chronic ulcer of right ankle with necrosis of bone
L97.315	Non-pressure chronic ulcer of right ankle with muscle involvement without evidence of necrosis
L97.316	Non-pressure chronic ulcer of right ankle with bone involvement without evidence of necrosis
L97.322	Non-pressure chronic ulcer of left ankle with fat layer exposed
L97.323	Non-pressure chronic ulcer of left ankle with necrosis of muscle
L97.324	Non-pressure chronic ulcer of left ankle with necrosis of bone
L97.325	Non-pressure chronic ulcer of left ankle with muscle involvement without evidence of necrosis
L97.326	Non-pressure chronic ulcer of left ankle with bone involvement without evidence of necrosis
L97.402	Non-pressure chronic ulcer of unspecified heel and midfoot with fat layer exposed
L97.403	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of muscle
L97.404	Non-pressure chronic ulcer of unspecified heel and midfoot with necrosis of bone
L97.405	Non-pressure chronic ulcer of unspecified heel and midfoot with muscle involvement without evidence of necrosis
L97.406	Non-pressure chronic ulcer of unspecified heel and midfoot with bone involvement without evidence of necrosis
L97.412	Non-pressure chronic ulcer of right heel and midfoot with fat layer exposed
L97.413	Non-pressure chronic ulcer of right heel and midfoot with necrosis of muscle
L97.414	Non-pressure chronic ulcer of right heel and midfoot with necrosis of bone
L97.415	Non-pressure chronic ulcer of right heel and midfoot with muscle involvement without evidence of necrosis
L97.416	Non-pressure chronic ulcer of right heel and midfoot with bone involvement without evidence of necrosis
L97.422	Non-pressure chronic ulcer of left heel and midfoot with fat layer exposed
L97.423	Non-pressure chronic ulcer of left heel and midfoot with necrosis of muscle
L97.424	Non-pressure chronic ulcer of left heel and midfoot with necrosis of bone
L97.425	Non-pressure chronic ulcer of left heel and midfoot with muscle involvement without evidence of necrosis
L97.426	Non-pressure chronic ulcer of left heel and midfoot with bone involvement without evidence of necrosis
L97.502	Non-pressure chronic ulcer of other part of unspecified foot with fat layer exposed
L97.503	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of muscle
L97.504	Non-pressure chronic ulcer of other part of unspecified foot with necrosis of bone
L97.505	Non-pressure chronic ulcer of other part of unspecified foot with muscle involvement without evidence of necrosis
L97.506	Non-pressure chronic ulcer of other part of unspecified foot with bone involvement without evidence of necrosis
L97.512	Non-pressure chronic ulcer of other part of right foot with fat layer exposed
L97.513	Non-pressure chronic ulcer of other part of right foot with necrosis of muscle
L97.514	Non-pressure chronic ulcer of other part of right foot with necrosis of bone
L97.515	Non-pressure chronic ulcer of other part of right foot with muscle involvement without evidence of necrosis

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
L97.516	Non-pressure chronic ulcer of other part of right foot with bone involvement without evidence of necrosis
L97.522	Non-pressure chronic ulcer of other part of left foot with fat layer exposed
L97.523	Non-pressure chronic ulcer of other part of left foot with necrosis of muscle
L97.524	Non-pressure chronic ulcer of other part of left foot with necrosis of bone
L97.525	Non-pressure chronic ulcer of other part of left foot with muscle involvement without evidence of necrosis
L97.526	Non-pressure chronic ulcer of other part of left foot with bone involvement without evidence of necrosis
L97.802	Non-pressure chronic ulcer of other part of unspecified lower leg with fat layer exposed
L97.803	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of muscle
L97.804	Non-pressure chronic ulcer of other part of unspecified lower leg with necrosis of bone
L97.805	Non-pressure chronic ulcer of other part of unspecified lower leg with muscle involvement without evidence of necrosis
L97.806	Non-pressure chronic ulcer of other part of unspecified lower leg with bone involvement without evidence of necrosis
L97.812	Non-pressure chronic ulcer of other part of right lower leg with fat layer exposed
L97.813	Non-pressure chronic ulcer of other part of right lower leg with necrosis of muscle
L97.814	Non-pressure chronic ulcer of other part of right lower leg with necrosis of bone
L97.815	Non-pressure chronic ulcer of other part of right lower leg with muscle involvement without evidence of necrosis
L97.816	Non-pressure chronic ulcer of other part of right lower leg with bone involvement without evidence of necrosis
L97.822	Non-pressure chronic ulcer of other part of left lower leg with fat layer exposed
L97.823	Non-pressure chronic ulcer of other part of left lower leg with necrosis of muscle
L97.824	Non-pressure chronic ulcer of other part of left lower leg with necrosis of bone
L97.825	Non-pressure chronic ulcer of other part of left lower leg with muscle involvement without evidence of necrosis
L97.826	Non-pressure chronic ulcer of other part of left lower leg with bone involvement without evidence of necrosis
L97.902	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with fat layer exposed
L97.903	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of muscle
L97.904	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with necrosis of bone
L97.905	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with muscle involvement without evidence of necrosis
L97.906	Non-pressure chronic ulcer of unspecified part of unspecified lower leg with bone involvement without evidence of necrosis
L97.912	Non-pressure chronic ulcer of unspecified part of right lower leg with fat layer exposed
L97.913	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of muscle
L97.914	Non-pressure chronic ulcer of unspecified part of right lower leg with necrosis of bone
L97.915	Non-pressure chronic ulcer of unspecified part of right lower leg with muscle involvement without evidence of necrosis
L97.916	Non-pressure chronic ulcer of unspecified part of right lower leg with bone involvement without evidence of necrosis
L97.922	Non-pressure chronic ulcer of unspecified part of left lower leg with fat layer exposed

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
L97.923	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of muscle
L97.924	Non-pressure chronic ulcer of unspecified part of left lower leg with necrosis of bone
L97.925	Non-pressure chronic ulcer of unspecified part of left lower leg with muscle involvement without evidence of necrosis
L97.926	Non-pressure chronic ulcer of unspecified part of left lower leg with bone involvement without evidence of necrosis
L98.412	Non-pressure chronic ulcer of buttock with fat layer exposed
L98.413	Non-pressure chronic ulcer of buttock with necrosis of muscle
L98.414	Non-pressure chronic ulcer of buttock with necrosis of bone
L98.415	Non-pressure chronic ulcer of buttock with muscle involvement without evidence of necrosis
L98.416	Non-pressure chronic ulcer of buttock with bone involvement without evidence of necrosis
L98.422	Non-pressure chronic ulcer of back with fat layer exposed
L98.423	Non-pressure chronic ulcer of back with necrosis of muscle
L98.424	Non-pressure chronic ulcer of back with necrosis of bone
L98.425	Non-pressure chronic ulcer of back with muscle involvement without evidence of necrosis
L98.426	Non-pressure chronic ulcer of back with bone involvement without evidence of necrosis
L98.492	Non-pressure chronic ulcer of skin of other sites with fat layer exposed
L98.493	Non-pressure chronic ulcer of skin of other sites with necrosis of muscle
L98.494	Non-pressure chronic ulcer of skin of other sites with necrosis of bone
L98.495	Non-pressure chronic ulcer of skin of other sites with muscle involvement without evidence of necrosis
L98.496	Non-pressure chronic ulcer of skin of other sites with bone involvement without evidence of necrosis
M05.00	Felty's syndrome, unspecified site
M05.011	Felty's syndrome, right shoulder
M05.012	Felty's syndrome, left shoulder
M05.019	Felty's syndrome, unspecified shoulder
M05.021	Felty's syndrome, right elbow
M05.022	Felty's syndrome, left elbow
M05.029	Felty's syndrome, unspecified elbow
M05.031	Felty's syndrome, right wrist
M05.032	Felty's syndrome, left wrist
M05.039	Felty's syndrome, unspecified wrist
M05.041	Felty's syndrome, right hand
M05.042	Felty's syndrome, left hand
M05.049	Felty's syndrome, unspecified hand
M05.051	Felty's syndrome, right hip
M05.052	Felty's syndrome, left hip
M05.059	Felty's syndrome, unspecified hip
M05.061	Felty's syndrome, right knee
M05.062	Felty's syndrome, left knee
M05.069	Felty's syndrome, unspecified knee
M05.071	Felty's syndrome, right ankle and foot
M05.072	Felty's syndrome, left ankle and foot
M05.079	Felty's syndrome, unspecified ankle and foot

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
M05.09	Felty's syndrome, multiple sites
M05.10	Rheumatoid lung disease with rheumatoid arthritis of unspecified site
M05.111	Rheumatoid lung disease with rheumatoid arthritis of right shoulder
M05.112	Rheumatoid lung disease with rheumatoid arthritis of left shoulder
M05.119	Rheumatoid lung disease with rheumatoid arthritis of unspecified shoulder
M05.121	Rheumatoid lung disease with rheumatoid arthritis of right elbow
M05.122	Rheumatoid lung disease with rheumatoid arthritis of left elbow
M05.129	Rheumatoid lung disease with rheumatoid arthritis of unspecified elbow
M05.131	Rheumatoid lung disease with rheumatoid arthritis of right wrist
M05.132	Rheumatoid lung disease with rheumatoid arthritis of left wrist
M05.139	Rheumatoid lung disease with rheumatoid arthritis of unspecified wrist
M05.141	Rheumatoid lung disease with rheumatoid arthritis of right hand
M05.142	Rheumatoid lung disease with rheumatoid arthritis of left hand
M05.149	Rheumatoid lung disease with rheumatoid arthritis of unspecified hand
M05.151	Rheumatoid lung disease with rheumatoid arthritis of right hip
M05.152	Rheumatoid lung disease with rheumatoid arthritis of left hip
M05.159	Rheumatoid lung disease with rheumatoid arthritis of unspecified hip
M05.161	Rheumatoid lung disease with rheumatoid arthritis of right knee
M05.162	Rheumatoid lung disease with rheumatoid arthritis of left knee
M05.169	Rheumatoid lung disease with rheumatoid arthritis of unspecified knee
M05.171	Rheumatoid lung disease with rheumatoid arthritis of right ankle and foot
M05.172	Rheumatoid lung disease with rheumatoid arthritis of left ankle and foot
M05.179	Rheumatoid lung disease with rheumatoid arthritis of unspecified ankle and foot
M05.19	Rheumatoid lung disease with rheumatoid arthritis of multiple sites
M05.20	Rheumatoid vasculitis with rheumatoid arthritis of unspecified site
M05.211	Rheumatoid vasculitis with rheumatoid arthritis of right shoulder
M05.212	Rheumatoid vasculitis with rheumatoid arthritis of left shoulder
M05.219	Rheumatoid vasculitis with rheumatoid arthritis of unspecified shoulder
M05.221	Rheumatoid vasculitis with rheumatoid arthritis of right elbow
M05.222	Rheumatoid vasculitis with rheumatoid arthritis of left elbow
M05.229	Rheumatoid vasculitis with rheumatoid arthritis of unspecified elbow
M05.231	Rheumatoid vasculitis with rheumatoid arthritis of right wrist
M05.232	Rheumatoid vasculitis with rheumatoid arthritis of left wrist
M05.239	Rheumatoid vasculitis with rheumatoid arthritis of unspecified wrist
M05.241	Rheumatoid vasculitis with rheumatoid arthritis of right hand
M05.242	Rheumatoid vasculitis with rheumatoid arthritis of left hand
M05.249	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hand
M05.251	Rheumatoid vasculitis with rheumatoid arthritis of right hip
M05.252	Rheumatoid vasculitis with rheumatoid arthritis of left hip
M05.259	Rheumatoid vasculitis with rheumatoid arthritis of unspecified hip
M05.261	Rheumatoid vasculitis with rheumatoid arthritis of right knee
M05.262	Rheumatoid vasculitis with rheumatoid arthritis of left knee
M05.269	Rheumatoid vasculitis with rheumatoid arthritis of unspecified knee
M05.271	Rheumatoid vasculitis with rheumatoid arthritis of right ankle and foot
M05.272	Rheumatoid vasculitis with rheumatoid arthritis of left ankle and foot

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
M05.279	Rheumatoid vasculitis with rheumatoid arthritis of unspecified ankle and foot
M05.29	Rheumatoid vasculitis with rheumatoid arthritis of multiple sites
M05.30	Rheumatoid heart disease with rheumatoid arthritis of unspecified site
M05.311	Rheumatoid heart disease with rheumatoid arthritis of right shoulder
M05.312	Rheumatoid heart disease with rheumatoid arthritis of left shoulder
M05.319	Rheumatoid heart disease with rheumatoid arthritis of unspecified shoulder
M05.321	Rheumatoid heart disease with rheumatoid arthritis of right elbow
M05.322	Rheumatoid heart disease with rheumatoid arthritis of left elbow
M05.329	Rheumatoid heart disease with rheumatoid arthritis of unspecified elbow
M05.331	Rheumatoid heart disease with rheumatoid arthritis of right wrist
M05.332	Rheumatoid heart disease with rheumatoid arthritis of left wrist Rheumatoid Arthritis/Osteoarthritis
M05.339	Rheumatoid heart disease with rheumatoid arthritis of unspecified wrist
M05.341	Rheumatoid heart disease with rheumatoid arthritis of right hand
M05.342	Rheumatoid heart disease with rheumatoid arthritis of left hand
M05.349	Rheumatoid heart disease with rheumatoid arthritis of unspecified hand
M05.351	Rheumatoid heart disease with rheumatoid arthritis of right hip
M05.352	Rheumatoid heart disease with rheumatoid arthritis of left hip
M05.359	Rheumatoid heart disease with rheumatoid arthritis of unspecified hip
M05.361	Rheumatoid heart disease with rheumatoid arthritis of right knee
M05.362	Rheumatoid heart disease with rheumatoid arthritis of left knee Rheumatoid Arthritis/Osteoarthritis
M05.369	Rheumatoid heart disease with rheumatoid arthritis of unspecified knee
M05.371	Rheumatoid heart disease with rheumatoid arthritis of right ankle and foot
M05.372	Rheumatoid heart disease with rheumatoid arthritis of left ankle and foot
M05.379	Rheumatoid heart disease with rheumatoid arthritis of unspecified ankle and foot
M05.39	Rheumatoid heart disease with rheumatoid arthritis of multiple sites
M05.40	Rheumatoid myopathy with rheumatoid arthritis of unspecified site
M05.411	Rheumatoid myopathy with rheumatoid arthritis of right shoulder
M05.412	Rheumatoid myopathy with rheumatoid arthritis of left shoulder
M05.419	Rheumatoid myopathy with rheumatoid arthritis of unspecified shoulder
M05.421	Rheumatoid myopathy with rheumatoid arthritis of right elbow
M05.422	Rheumatoid myopathy with rheumatoid arthritis of left elbow
M05.429	Rheumatoid myopathy with rheumatoid arthritis of unspecified elbow
M05.431	Rheumatoid myopathy with rheumatoid arthritis of right wrist
M05.432	Rheumatoid myopathy with rheumatoid arthritis of left wrist
M05.439	Rheumatoid myopathy with rheumatoid arthritis of unspecified wrist
M05.441	Rheumatoid myopathy with rheumatoid arthritis of right hand
M05.442	Rheumatoid myopathy with rheumatoid arthritis of left hand
M05.449	Rheumatoid myopathy with rheumatoid arthritis of unspecified hand
M05.451	Rheumatoid myopathy with rheumatoid arthritis of right hip
M05.452	Rheumatoid myopathy with rheumatoid arthritis of left hip
M05.459	Rheumatoid myopathy with rheumatoid arthritis of unspecified hip
M05.461	Rheumatoid myopathy with rheumatoid arthritis of right knee
M05.462	Rheumatoid myopathy with rheumatoid arthritis of left knee
M05.469	Rheumatoid myopathy with rheumatoid arthritis of unspecified knee

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
M05.471	Rheumatoid myopathy with rheumatoid arthritis of right ankle and foot
M05.472	Rheumatoid myopathy with rheumatoid arthritis of left ankle and foot
M05.479	Rheumatoid myopathy with rheumatoid arthritis of unspecified ankle and foot
M05.49	Rheumatoid myopathy with rheumatoid arthritis of multiple sites
M05.50	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified site
M05.511	Rheumatoid polyneuropathy with rheumatoid arthritis of right shoulder
M05.512	Rheumatoid polyneuropathy with rheumatoid arthritis of left shoulder
M05.519	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified shoulder
M05.521	Rheumatoid polyneuropathy with rheumatoid arthritis of right elbow
M05.522	Rheumatoid polyneuropathy with rheumatoid arthritis of left elbow
M05.529	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified elbow
M05.531	Rheumatoid polyneuropathy with rheumatoid arthritis of right wrist
M05.532	Rheumatoid polyneuropathy with rheumatoid arthritis of left wrist
M05.539	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified wrist
M05.541	Rheumatoid polyneuropathy with rheumatoid arthritis of right hand
M05.542	Rheumatoid polyneuropathy with rheumatoid arthritis of left hand
M05.549	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hand
M05.551	Rheumatoid polyneuropathy with rheumatoid arthritis of right hip
M05.552	Rheumatoid polyneuropathy with rheumatoid arthritis of left hip
M05.559	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified hip
M05.561	Rheumatoid polyneuropathy with rheumatoid arthritis of right knee
M05.562	Rheumatoid polyneuropathy with rheumatoid arthritis of left knee
M05.569	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified knee
M05.571	Rheumatoid polyneuropathy with rheumatoid arthritis of right ankle and foot
M05.572	Rheumatoid polyneuropathy with rheumatoid arthritis of left ankle and foot
M05.579	Rheumatoid polyneuropathy with rheumatoid arthritis of unspecified ankle and foot
M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis of multiple sites
M05.60	Rheumatoid arthritis of unspecified site with involvement of other organs and systems
M05.611	Rheumatoid arthritis of right shoulder with involvement of other organs and systems
M05.612	Rheumatoid arthritis of left shoulder with involvement of other organs and systems
M05.619	Rheumatoid arthritis of unspecified shoulder with involvement of other organs and systems
M05.621	Rheumatoid arthritis of right elbow with involvement of other organs and systems
M05.622	Rheumatoid arthritis of left elbow with involvement of other organs and systems
M05.629	Rheumatoid arthritis of unspecified elbow with involvement of other organs and systems
M05.631	Rheumatoid arthritis of right wrist with involvement of other organs and systems
M05.632	Rheumatoid arthritis of left wrist with involvement of other organs and systems
M05.639	Rheumatoid arthritis of unspecified wrist with involvement of other organs and systems
M05.641	Rheumatoid arthritis of right hand with involvement of other organs and systems
M05.642	Rheumatoid arthritis of left hand with involvement of other organs and systems
M05.649	Rheumatoid arthritis of unspecified hand with involvement of other organs and systems
M05.651	Rheumatoid arthritis of right hip with involvement of other organs and systems
M05.652	Rheumatoid arthritis of left hip with involvement of other organs and systems
M05.659	Rheumatoid arthritis of unspecified hip with involvement of other organs and systems
M05.661	Rheumatoid arthritis of right knee with involvement of other organs and systems
M05.662	Rheumatoid arthritis of left knee with involvement of other organs and systems

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
M05.669	Rheumatoid arthritis of unspecified knee with involvement of other organs and systems
M05.671	Rheumatoid arthritis of right ankle and foot with involvement of other organs and systems
M05.672	Rheumatoid arthritis of left ankle and foot with involvement of other organs and systems
M05.679	Rheumatoid arthritis of unspecified ankle and foot with involvement of other organs and systems
M05.69	Rheumatoid arthritis of multiple sites with involvement of other organs and systems
M05.70	Rheumatoid arthritis with rheumatoid factor of unspecified site without organ or systems involvement
M05.711	Rheumatoid arthritis with rheumatoid factor of right shoulder without organ or systems involvement
M05.712	Rheumatoid arthritis with rheumatoid factor of left shoulder without organ or systems involvement
M05.719	Rheumatoid arthritis with rheumatoid factor of unspecified shoulder without organ or systems involvement
M05.721	Rheumatoid arthritis with rheumatoid factor of right elbow without organ or systems involvement
M05.722	Rheumatoid arthritis with rheumatoid factor of left elbow without organ or systems involvement
M05.729	Rheumatoid arthritis with rheumatoid factor of unspecified elbow without organ or systems involvement
M05.731	Rheumatoid arthritis with rheumatoid factor of right wrist without organ or systems involvement
M05.732	Rheumatoid arthritis with rheumatoid factor of left wrist without organ or systems involvement
M05.739	Rheumatoid arthritis with rheumatoid factor of unspecified wrist without organ or systems involvement
M05.741	Rheumatoid arthritis with rheumatoid factor of right hand without organ or systems involvement
M05.742	Rheumatoid arthritis with rheumatoid factor of left hand without organ or systems involvement
M05.749	Rheumatoid arthritis with rheumatoid factor of unspecified hand without organ or systems involvement
M05.751	Rheumatoid arthritis with rheumatoid factor of right hip without organ or systems involvement
M05.752	Rheumatoid arthritis with rheumatoid factor of left hip without organ or systems involvement
M05.759	Rheumatoid arthritis with rheumatoid factor of unspecified hip without organ or systems involvement
M05.761	Rheumatoid arthritis with rheumatoid factor of right knee without organ or systems involvement
M05.762	Rheumatoid arthritis with rheumatoid factor of left knee without organ or systems involvement
M05.769	Rheumatoid arthritis with rheumatoid factor of unspecified knee without organ or systems involvement
M05.771	Rheumatoid arthritis with rheumatoid factor of right ankle and foot without organ or systems involvement
M05.772	Rheumatoid arthritis with rheumatoid factor of left ankle and foot without organ or systems involvement
M05.779	Rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot without organ or systems involvement
M05.79	Rheumatoid arthritis with rheumatoid factor of multiple sites without organ or systems involvement
M05.7A	Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement
M05.80	Other rheumatoid arthritis with rheumatoid factor of unspecified site
M05.811	Other rheumatoid arthritis with rheumatoid factor of right shoulder
M05.812	Other rheumatoid arthritis with rheumatoid factor of left shoulder
M05.819	Other rheumatoid arthritis with rheumatoid factor of unspecified shoulder
M05.821	Other rheumatoid arthritis with rheumatoid factor of right elbow

Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
M05.822	Other rheumatoid arthritis with rheumatoid factor of left elbow
M05.829	Other rheumatoid arthritis with rheumatoid factor of unspecified elbow
M05.831	Other rheumatoid arthritis with rheumatoid factor of right wrist
M05.832	Other rheumatoid arthritis with rheumatoid factor of left wrist
M05.839	Other rheumatoid arthritis with rheumatoid factor of unspecified wrist
M05.841	Other rheumatoid arthritis with rheumatoid factor of right hand
M05.842	Other rheumatoid arthritis with rheumatoid factor of left hand
M05.849	Other rheumatoid arthritis with rheumatoid factor of unspecified hand
M05.851	Other rheumatoid arthritis with rheumatoid factor of right hip
M05.852	Other rheumatoid arthritis with rheumatoid factor of left hip
M05.859	Other rheumatoid arthritis with rheumatoid factor of unspecified hip
M05.861	Other rheumatoid arthritis with rheumatoid factor of right knee
M05.862	Other rheumatoid arthritis with rheumatoid factor of left knee
M05.869	Other rheumatoid arthritis with rheumatoid factor of unspecified knee
M05.871	Other rheumatoid arthritis with rheumatoid factor of right ankle and foot
M05.872	Other rheumatoid arthritis with rheumatoid factor of left ankle and foot
M05.879	Other rheumatoid arthritis with rheumatoid factor of unspecified ankle and foot
M05.89	Other rheumatoid arthritis with rheumatoid factor of multiple sites
M05.8A	Other rheumatoid arthritis with rheumatoid factor of other specified site
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified
M06.00	Rheumatoid arthritis without rheumatoid factor, unspecified site
M06.011	Rheumatoid arthritis without rheumatoid factor, right shoulder
M06.012	Rheumatoid arthritis without rheumatoid factor, left shoulder
M06.019	Rheumatoid arthritis without rheumatoid factor, unspecified shoulder
M06.021	Rheumatoid arthritis without rheumatoid factor, right elbow
M06.022	Rheumatoid arthritis without rheumatoid factor, left elbow
M06.029	Rheumatoid arthritis without rheumatoid factor, unspecified elbow
M06.031	Rheumatoid arthritis without rheumatoid factor, right wrist
M06.032	Rheumatoid arthritis without rheumatoid factor, left wrist
M06.039	Rheumatoid arthritis without rheumatoid factor, unspecified wrist
M06.041	Rheumatoid arthritis without rheumatoid factor, right hand
M06.042	Rheumatoid arthritis without rheumatoid factor, left hand
M06.049	Rheumatoid arthritis without rheumatoid factor, unspecified hand
M06.051	Rheumatoid arthritis without rheumatoid factor, right hip
M06.052	Rheumatoid arthritis without rheumatoid factor, left hip
M06.059	Rheumatoid arthritis without rheumatoid factor, unspecified hip
M06.061	Rheumatoid arthritis without rheumatoid factor, right knee
M06.062	Rheumatoid arthritis without rheumatoid factor, left knee
M06.069	Rheumatoid arthritis without rheumatoid factor, unspecified knee
M06.071	Rheumatoid arthritis without rheumatoid factor, right ankle and foot
M06.072	Rheumatoid arthritis without rheumatoid factor, left ankle and foot
M06.079	Rheumatoid arthritis without rheumatoid factor, unspecified ankle and foot
M06.08	Rheumatoid arthritis without rheumatoid factor, vertebrae
M06.09	Rheumatoid arthritis without rheumatoid factor, multiple sites
M06.0A	Rheumatoid arthritis without rheumatoid factor, other specified site

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
M06.1	Adult-onset Still's disease
M06.20	Rheumatoid bursitis, unspecified site
M06.211	Rheumatoid bursitis, right shoulder
M06.212	Rheumatoid bursitis, left shoulder
M06.219	Rheumatoid bursitis, unspecified shoulder
M06.221	Rheumatoid bursitis, right elbow
M06.222	Rheumatoid bursitis, left elbow
M06.229	Rheumatoid bursitis, unspecified elbow
M06.231	Rheumatoid bursitis, right wrist
M06.232	Rheumatoid bursitis, left wrist
M06.239	Rheumatoid bursitis, unspecified wrist
M06.241	Rheumatoid bursitis, right hand
M06.242	Rheumatoid bursitis, left hand
M06.249	Rheumatoid bursitis, unspecified hand
M06.251	Rheumatoid bursitis, right hip
M06.252	Rheumatoid bursitis, left hip
M06.259	Rheumatoid bursitis, unspecified hip
M06.261	Rheumatoid bursitis, right knee
M06.262	Rheumatoid bursitis, left knee
M06.269	Rheumatoid bursitis, unspecified knee
M06.271	Rheumatoid bursitis, right ankle and foot
M06.272	Rheumatoid bursitis, left ankle and foot
M06.279	Rheumatoid bursitis, unspecified ankle and foot
M06.28	Rheumatoid bursitis, vertebrae
M06.29	Rheumatoid bursitis, multiple sites
M06.80	Other specified rheumatoid arthritis, unspecified site
M06.811	Other specified rheumatoid arthritis, right shoulder
M06.812	Other specified rheumatoid arthritis, left shoulder
M06.819	Other specified rheumatoid arthritis, unspecified shoulder
M06.821	Other specified rheumatoid arthritis, right elbow
M06.822	Other specified rheumatoid arthritis, left elbow
M06.829	Other specified rheumatoid arthritis, unspecified elbow
M06.831	Other specified rheumatoid arthritis, right wrist
M06.832	Other specified rheumatoid arthritis, left wrist
M06.839	Other specified rheumatoid arthritis, unspecified wrist
M06.841	Other specified rheumatoid arthritis, right hand
M06.842	Other specified rheumatoid arthritis, left hand
M06.849	Other specified rheumatoid arthritis, unspecified hand
M06.851	Other specified rheumatoid arthritis, right hip
M06.852	Other specified rheumatoid arthritis, left hip
M06.859	Other specified rheumatoid arthritis, unspecified hip
M06.861	Other specified rheumatoid arthritis, right knee
M06.862	Other specified rheumatoid arthritis, left knee
M06.869	Other specified rheumatoid arthritis, unspecified knee
M06.871	Other specified rheumatoid arthritis, right ankle and foot

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
M06.872	Other specified rheumatoid arthritis, left ankle and foot
M06.879	Other specified rheumatoid arthritis, unspecified ankle and foot
M06.88	Other specified rheumatoid arthritis, vertebrae
M06.89	Other specified rheumatoid arthritis, multiple sites
M06.8A	Other specified rheumatoid arthritis, other specified site
M06.9	Rheumatoid arthritis, unspecified
M08.00	Unspecified juvenile rheumatoid arthritis of unspecified site
M08.011	Unspecified juvenile rheumatoid arthritis, right shoulder
M08.012	Unspecified juvenile rheumatoid arthritis, left shoulder
M08.019	Unspecified juvenile rheumatoid arthritis, unspecified shoulder Rheumatoid Arthritis/Osteoarthritis
M08.021	Unspecified juvenile rheumatoid arthritis, right elbow
M08.022	Unspecified juvenile rheumatoid arthritis, left elbow
M08.029	Unspecified juvenile rheumatoid arthritis, unspecified elbow
M08.031	Unspecified juvenile rheumatoid arthritis, right wrist
M08.032	Unspecified juvenile rheumatoid arthritis, left wrist
M08.039	Unspecified juvenile rheumatoid arthritis, unspecified wrist
M08.041	Unspecified juvenile rheumatoid arthritis, right hand
M08.042	Unspecified juvenile rheumatoid arthritis, left hand
M08.049	Unspecified juvenile rheumatoid arthritis, unspecified hand
M08.051	Unspecified juvenile rheumatoid arthritis, right hip
M08.052	Unspecified juvenile rheumatoid arthritis, left hip
M08.059	Unspecified juvenile rheumatoid arthritis, unspecified hip
M08.061	Unspecified juvenile rheumatoid arthritis, right knee
M08.062	Unspecified juvenile rheumatoid arthritis, left knee
M08.069	Unspecified juvenile rheumatoid arthritis, unspecified knee
M08.071	Unspecified juvenile rheumatoid arthritis, right ankle and foot
M08.072	Unspecified juvenile rheumatoid arthritis, left ankle and foot
M08.079	Unspecified juvenile rheumatoid arthritis, unspecified ankle and foot
M08.08	Unspecified juvenile rheumatoid arthritis, vertebrae
M08.09	Unspecified juvenile rheumatoid arthritis, multiple sites
M08.0A	Unspecified juvenile rheumatoid arthritis, other specified site
M08.1	Juvenile ankylosing spondylitis
M08.20	Juvenile rheumatoid arthritis with systemic onset, unspecified site
M08.211	Juvenile rheumatoid arthritis with systemic onset, right shoulder
M08.212	Juvenile rheumatoid arthritis with systemic onset, left shoulder
M08.219	Juvenile rheumatoid arthritis with systemic onset, unspecified shoulder
M08.221	Juvenile rheumatoid arthritis with systemic onset, right elbow
M08.222	Juvenile rheumatoid arthritis with systemic onset, left elbow
M08.229	Juvenile rheumatoid arthritis with systemic onset, unspecified elbow
M08.231	Juvenile rheumatoid arthritis with systemic onset, right wrist
M08.232	Juvenile rheumatoid arthritis with systemic onset, left wrist
M08.239	Juvenile rheumatoid arthritis with systemic onset, unspecified wrist
M08.241	Juvenile rheumatoid arthritis with systemic onset, right hand
M08.242	Juvenile rheumatoid arthritis with systemic onset, left hand
M08.249	Juvenile rheumatoid arthritis with systemic onset, unspecified hand

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
M08.251	Juvenile rheumatoid arthritis with systemic onset, right hip
M08.252	Juvenile rheumatoid arthritis with systemic onset, left hip
M08.259	Juvenile rheumatoid arthritis with systemic onset, unspecified hip
M08.261	Juvenile rheumatoid arthritis with systemic onset, right knee
M08.262	Juvenile rheumatoid arthritis with systemic onset, left knee
M08.269	Juvenile rheumatoid arthritis with systemic onset, unspecified knee
M08.271	Juvenile rheumatoid arthritis with systemic onset, right ankle and foot
M08.272	Juvenile rheumatoid arthritis with systemic onset, left ankle and foot
M08.279	Juvenile rheumatoid arthritis with systemic onset, unspecified ankle and foot
M08.28	Juvenile rheumatoid arthritis with systemic onset, vertebrae
M08.29	Juvenile rheumatoid arthritis with systemic onset, multiple sites
M08.2A	Juvenile rheumatoid arthritis with systemic onset, other specified site
M08.3	Juvenile rheumatoid polyarthritis (seronegative)
M08.40	Pauciarticular juvenile rheumatoid arthritis, unspecified site
M08.411	Pauciarticular juvenile rheumatoid arthritis, right shoulder
M08.412	Pauciarticular juvenile rheumatoid arthritis, left shoulder
M08.419	Pauciarticular juvenile rheumatoid arthritis, unspecified shoulder
M08.421	Pauciarticular juvenile rheumatoid arthritis, right elbow
M08.422	Pauciarticular juvenile rheumatoid arthritis, left elbow
M08.429	Pauciarticular juvenile rheumatoid arthritis, unspecified elbow
M08.431	Pauciarticular juvenile rheumatoid arthritis, right wrist
M08.432	Pauciarticular juvenile rheumatoid arthritis, left wrist
M08.439	Pauciarticular juvenile rheumatoid arthritis, unspecified wrist
M08.441	Pauciarticular juvenile rheumatoid arthritis, right hand
M08.442	Pauciarticular juvenile rheumatoid arthritis, left hand
M08.449	Pauciarticular juvenile rheumatoid arthritis, unspecified hand
M08.451	Pauciarticular juvenile rheumatoid arthritis, right hip
M08.452	Pauciarticular juvenile rheumatoid arthritis, left hip
M08.459	Pauciarticular juvenile rheumatoid arthritis, unspecified hip
M08.461	Pauciarticular juvenile rheumatoid arthritis, right knee
M08.462	Pauciarticular juvenile rheumatoid arthritis, left knee
M08.469	Pauciarticular juvenile rheumatoid arthritis, unspecified knee
M08.471	Pauciarticular juvenile rheumatoid arthritis, right ankle and foot
M08.472	Pauciarticular juvenile rheumatoid arthritis, left ankle and foot
M08.479	Pauciarticular juvenile rheumatoid arthritis, unspecified ankle and foot
M08.48	Pauciarticular juvenile rheumatoid arthritis, vertebrae
M08.4A	Pauciarticular juvenile rheumatoid arthritis, other specified site Rheumatoid Arthritis/Osteoarthritis
M08.80	Other juvenile arthritis, unspecified site
M08.811	Other juvenile arthritis, right shoulder
M08.812	Other juvenile arthritis, left shoulder
M08.819	Other juvenile arthritis, unspecified shoulder
M08.821	Other juvenile arthritis, right elbow
M08.822	Other juvenile arthritis, left elbow
M08.829	Other juvenile arthritis, unspecified elbow
M08.831	Other juvenile arthritis, right wrist

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
M08.832	Other juvenile arthritis, left wrist
M08.839	Other juvenile arthritis, unspecified wrist
M08.841	Other juvenile arthritis, right hand
M08.842	Other juvenile arthritis, left hand
M08.849	Other juvenile arthritis, unspecified hand
M08.851	Other juvenile arthritis, right hip
M08.852	Other juvenile arthritis, left hip
M08.859	Other juvenile arthritis, unspecified hip
M08.861	Other juvenile arthritis, right knee
M08.862	Other juvenile arthritis, left knee
M08.869	Other juvenile arthritis, unspecified knee
M08.871	Other juvenile arthritis, right ankle and foot
M08.872	Other juvenile arthritis, left ankle and foot
M08.879	Other juvenile arthritis, unspecified ankle and foot
M08.88	Other juvenile arthritis, other specified site
M08.89	Other juvenile arthritis, multiple sites
M08.90	Juvenile arthritis, unspecified, unspecified site
M08.911	Juvenile arthritis, unspecified, right shoulder
M08.912	Juvenile arthritis, unspecified, left shoulder
M08.919	Juvenile arthritis, unspecified, unspecified shoulder
M08.921	Juvenile arthritis, unspecified, right elbow
M08.922	Juvenile arthritis, unspecified, left elbow
M08.929	Juvenile arthritis, unspecified, unspecified elbow
M08.931	Juvenile arthritis, unspecified, right wrist
M08.932	Juvenile arthritis, unspecified, left wrist
M08.939	Juvenile arthritis, unspecified, unspecified wrist
M08.941	Juvenile arthritis, unspecified, right hand
M08.942	Juvenile arthritis, unspecified, left hand
M08.949	Juvenile arthritis, unspecified, unspecified hand
M08.951	Juvenile arthritis, unspecified, right hip
M08.952	Juvenile arthritis, unspecified, left hip
M08.959	Juvenile arthritis, unspecified, unspecified hip
M08.961	Juvenile arthritis, unspecified, right knee
M08.962	Juvenile arthritis, unspecified, left knee
M08.969	Juvenile arthritis, unspecified, unspecified knee
M08.971	Juvenile arthritis, unspecified, right ankle and foot
M08.972	Juvenile arthritis, unspecified, left ankle and foot
M08.979	Juvenile arthritis, unspecified, unspecified ankle and foot
M08.98	Juvenile arthritis, unspecified, vertebrae
M08.99	Juvenile arthritis, unspecified, multiple sites
M08.9A	Juvenile arthritis, unspecified, other specified site
M10.30	Gout due to renal impairment, unspecified site
M10.311	Gout due to renal impairment, right shoulder
M10.312	Gout due to renal impairment, left shoulder
M10.319	Gout due to renal impairment, unspecified shoulder

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
M10.321	Gout due to renal impairment, right elbow
M10.322	Gout due to renal impairment, left elbow
M10.329	Gout due to renal impairment, unspecified elbow
M10.331	Gout due to renal impairment, right wrist
M10.332	Gout due to renal impairment, left wrist
M10.339	Gout due to renal impairment, unspecified wrist
M10.341	Gout due to renal impairment, right hand
M10.342	Gout due to renal impairment, left hand
M10.349	Gout due to renal impairment, unspecified hand
M10.351	Gout due to renal impairment, right hip
M10.352	Gout due to renal impairment, left hip
M10.359	Gout due to renal impairment, unspecified hip
M10.361	Gout due to renal impairment, right knee
M10.362	Gout due to renal impairment, left knee
M10.369	Gout due to renal impairment, unspecified knee
M10.371	Gout due to renal impairment, right ankle and foot
M10.372	Gout due to renal impairment, left ankle and foot
M10.379	Gout due to renal impairment, unspecified ankle and foot
M10.38	Gout due to renal impairment, vertebrae
M10.39	Gout due to renal impairment, multiple sites
M15.4	Erosive (osteo)arthritis
M15.8	Other polyosteoarthritis
M16.2	Bilateral osteoarthritis resulting from hip dysplasia
M16.30	Unilateral osteoarthritis resulting from hip dysplasia, unspecified hip
M16.31	Unilateral osteoarthritis resulting from hip dysplasia, right hip
M16.32	Unilateral osteoarthritis resulting from hip dysplasia, left hip
M16.4	Bilateral post-traumatic osteoarthritis of hip
M16.50	Unilateral post-traumatic osteoarthritis, unspecified hip
M16.51	Unilateral post-traumatic osteoarthritis, right hip
M16.52	Unilateral post-traumatic osteoarthritis, left hip
M16.6	Other bilateral secondary osteoarthritis of hip
M16.7	Other unilateral secondary osteoarthritis of hip
M16.9	Osteoarthritis of hip, unspecified
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.4	Other bilateral secondary osteoarthritis of knee
M17.5	Other unilateral secondary osteoarthritis of knee
M19.111	Post-traumatic osteoarthritis, right shoulder
M19.112	Post-traumatic osteoarthritis, left shoulder
M19.119	Post-traumatic osteoarthritis, unspecified shoulder
M32.10	Systemic lupus erythematosus, organ or system involvement unspecified
M32.11	Endocarditis in systemic lupus erythematosus
M32.12	Pericarditis in systemic lupus erythematosus
M32.13	Lung involvement in systemic lupus erythematosus
M32.14	Glomerular disease in systemic lupus erythematosus
M32.15	Tubulo-interstitial nephropathy in systemic lupus erythematosus

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
M32.19	Other organ or system involvement in systemic lupus erythematosus
M32.8	Other forms of systemic lupus erythematosus
M32.9	Systemic lupus erythematosus, unspecified
M33.00	Juvenile dermatomyositis, organ involvement unspecified
M33.01	Juvenile dermatomyositis with respiratory involvement
M33.02	Juvenile dermatomyositis with myopathy
M33.03	Juvenile dermatomyositis without myopathy
M33.09	Juvenile dermatomyositis with other organ involvement
M33.10	Other dermatomyositis, organ involvement unspecified
M33.11	Other dermatomyositis with respiratory involvement
M33.12	Other dermatomyositis with myopathy
M33.19	Other dermatomyositis with other organ involvement
M35.04	Sjogren syndrome with tubulo-interstitial nephropathy
M35.0A	Sjogren syndrome with glomerular disease
M45.0	Ankylosing spondylitis of multiple sites in spine
M45.1	Ankylosing spondylitis of occipito-atlanto-axial region
M45.2	Ankylosing spondylitis of cervical region
M45.3	Ankylosing spondylitis of cervicothoracic region
M45.4	Ankylosing spondylitis of thoracic region
M45.5	Ankylosing spondylitis of thoracolumbar region
M45.6	Ankylosing spondylitis lumbar region
M45.7	Ankylosing spondylitis of lumbosacral region
M45.8	Ankylosing spondylitis sacral and sacrococcygeal region
M45.9	Ankylosing spondylitis of unspecified sites in spine
M45.A0	Non-radiographic axial spondyloarthritis of unspecified sites in spine
M45.A1	Non-radiographic axial spondyloarthritis of occipito-atlanto-axial region
M45.A2	Non-radiographic axial spondyloarthritis of cervical region
M45.A3	Non-radiographic axial spondyloarthritis of cervicothoracic region
M45.A4	Non-radiographic axial spondyloarthritis of thoracic region
M45.A5	Non-radiographic axial spondyloarthritis of thoracolumbar region
M45.A6	Non-radiographic axial spondyloarthritis of lumbar region
M45.A7	Non-radiographic axial spondyloarthritis of lumbosacral region
M45.A8	Non-radiographic axial spondyloarthritis of sacral and sacrococcygeal region
M45.AB	Non-radiographic axial spondyloarthritis of multiple sites in spine
M46.1	Sacroiliitis, not elsewhere classified
M46.80	Other specified inflammatory spondylopathies, site unspecified
M46.81	Other specified inflammatory spondylopathies, occipito-atlanto-axial region
M46.82	Other specified inflammatory spondylopathies, cervical region
M46.83	Other specified inflammatory spondylopathies, cervicothoracic region
M46.84	Other specified inflammatory spondylopathies, thoracic region
M46.85	Other specified inflammatory spondylopathies, thoracolumbar region
M46.86	Other specified inflammatory spondylopathies, lumbar region
M46.87	Other specified inflammatory spondylopathies, lumbosacral region
M46.88	Other specified inflammatory spondylopathies, sacral and sacrococcygeal region
M46.89	Other specified inflammatory spondylopathies, multiple sites in spine

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
M46.90	Unspecified inflammatory spondylopathy, site unspecified
M46.91	Unspecified inflammatory spondylopathy, occipito-atlanto-axial region
M46.92	Unspecified inflammatory spondylopathy, cervical region
M46.93	Unspecified inflammatory spondylopathy, cervicothoracic region
M46.94	Unspecified inflammatory spondylopathy, thoracic region
M46.95	Unspecified inflammatory spondylopathy, thoracolumbar region
M46.96	Unspecified inflammatory spondylopathy, lumbar region
M46.97	Unspecified inflammatory spondylopathy, lumbosacral region
M46.98	Unspecified inflammatory spondylopathy, sacral and sacrococcygeal region
M46.99	Unspecified inflammatory spondylopathy, multiple sites in spine
M47.011	Anterior spinal artery compression syndromes, occipito-atlanto-axial region
M47.012	Anterior spinal artery compression syndromes, cervical region
M47.013	Anterior spinal artery compression syndromes, cervicothoracic region
M47.014	Anterior spinal artery compression syndromes, thoracic region
M47.015	Anterior spinal artery compression syndromes, thoracolumbar region
M47.016	Anterior spinal artery compression syndromes, lumbar region
M47.019	Anterior spinal artery compression syndromes, site unspecified Rheumatoid Arthritis/Osteoarthritis
M47.021	Vertebral artery compression syndromes, occipito-atlanto-axial region
M47.022	Vertebral artery compression syndromes, cervical region
M47.029	Vertebral artery compression syndromes, site unspecified
M47.10	Other spondylosis with myelopathy, site unspecified
M47.11	Other spondylosis with myelopathy, occipito-atlanto-axial region
M47.12	Other spondylosis with myelopathy, cervical region
M47.13	Other spondylosis with myelopathy, cervicothoracic region
M47.14	Other spondylosis with myelopathy, thoracic region
M47.15	Other spondylosis with myelopathy, thoracolumbar region
M47.16	Other spondylosis with myelopathy, lumbar region
M47.20	Other spondylosis with radiculopathy, site unspecified
M47.21	Other spondylosis with radiculopathy, occipito-atlanto-axial region
M47.22	Other spondylosis with radiculopathy, cervical region
M47.23	Other spondylosis with radiculopathy, cervicothoracic region
M47.24	Other spondylosis with radiculopathy, thoracic region
M47.25	Other spondylosis with radiculopathy, thoracolumbar region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M48.00	Spinal stenosis, site unspecified
M48.02	Spinal stenosis, cervical region
M48.061	Spinal stenosis, lumbar region without neurogenic claudication Chronic Pain
M48.062	Spinal stenosis, lumbar region with neurogenic claudication
M48.07	Spinal stenosis, lumbosacral region
M50.321	Other cervical disc degeneration at C4-C5 level
M50.322	Other cervical disc degeneration at C5-C6 level
M50.323	Other cervical disc degeneration at C6-C7 level

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M53.2X7	Spinal instabilities, lumbosacral region
M53.81	Other specified dorsopathies, occipito-atlanto-axial region
M54.10	Radiculopathy, site unspecified
M54.11	Radiculopathy, occipito-atlanto-axial region
M54.12	Radiculopathy, cervical region
M54.13	Radiculopathy, cervicothoracic region
M54.14	Radiculopathy, thoracic region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.18	Radiculopathy, sacral and sacrococcygeal region
M54.2	Cervicalgia
M54.30	Sciatica, unspecified side
M54.31	Sciatica, right side
M54.32	Sciatica, left side
M54.40	Lumbago with sciatica, unspecified side
M54.41	Lumbago with sciatica, right side
M54.42	Lumbago with sciatica, left side
M54.51	Vertebrogenic low back pain
M62.49	Contracture of muscle, multiple sites
M75.100	Unspecified rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
M75.101	Unspecified rotator cuff tear or rupture of right shoulder, not specified as traumatic
M75.102	Unspecified rotator cuff tear or rupture of left shoulder, not specified as traumatic
M75.120	Complete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic
M75.121	Complete rotator cuff tear or rupture of right shoulder, not specified as traumatic
M75.122	Complete rotator cuff tear or rupture of left shoulder, not specified as traumatic
M84.550A	Pathological fracture in neoplastic disease, pelvis, initial encounter for fracture
M84.551A	Pathological fracture in neoplastic disease, right femur, initial encounter for fracture
M84.552A	Pathological fracture in neoplastic disease, left femur, initial encounter for fracture
M84.553A	Pathological fracture in neoplastic disease, unspecified femur, initial encounter for fracture
M84.559A	Pathological fracture in neoplastic disease, hip, unspecified, initial encounter for fracture
M87.9	Osteonecrosis, unspecified
M96.1	Postlaminectomy syndrome, not elsewhere classified
N01.0	Rapidly progressive nephritic syndrome with minor glomerular abnormality
N01.1	Rapidly progressive nephritic syndrome with focal and segmental glomerular lesions
N01.2	Rapidly progressive nephritic syndrome with diffuse membranous glomerulonephritis
N01.3	Rapidly progressive nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N01.4	Rapidly progressive nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N01.5	Rapidly progressive nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N01.6	Rapidly progressive nephritic syndrome with dense deposit disease
N01.7	Rapidly progressive nephritic syndrome with diffuse crescentic glomerulonephritis
N01.8	Rapidly progressive nephritic syndrome with other morphologic changes
N01.9	Rapidly progressive nephritic syndrome with unspecified morphologic changes

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
N01.A	Rapidly progressive nephritic syndrome with C3 glomerulonephritis
N02.1	Recurrent and persistent hematuria with focal and segmental glomerular lesions
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis
N02.3	Recurrent and persistent hematuria with diffuse mesangial proliferative glomerulonephritis
N02.4	Recurrent and persistent hematuria with diffuse endocapillary proliferative glomerulonephritis
N02.5	Recurrent and persistent hematuria with diffuse mesangiocapillary glomerulonephritis
N02.6	Recurrent and persistent hematuria with dense deposit disease
N02.7	Recurrent and persistent hematuria with diffuse crescentic glomerulonephritis
N02.A	Recurrent and persistent hematuria with C3 glomerulonephritis
N02.B1	Recurrent and persistent immunoglobulin A nephropathy with glomerular lesion
N02.B2	Recurrent and persistent immunoglobulin A nephropathy with focal and segmental glomerular lesion
N02.B3	Recurrent and persistent immunoglobulin A nephropathy with diffuse membranoproliferative glomerulonephritis
N02.B4	Recurrent and persistent immunoglobulin A nephropathy with diffuse membranous glomerulonephritis
N02.B5	Recurrent and persistent immunoglobulin A nephropathy with diffuse mesangial proliferative glomerulonephritis
N02.B6	Recurrent and persistent immunoglobulin A nephropathy with diffuse mesangiocapillary glomerulonephritis
N02.B9	Other recurrent and persistent immunoglobulin A nephropathy
N03.0	Chronic nephritic syndrome with minor glomerular abnormality Chronic Kidney Disease
N03.1	Chronic nephritic syndrome with focal and segmental glomerular lesions
N03.2	Chronic nephritic syndrome with diffuse membranous glomerulonephritis
N03.3	Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N03.4	Chronic nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N03.5	Chronic nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N03.6	Chronic nephritic syndrome with dense deposit disease
N03.7	Chronic nephritic syndrome with diffuse crescentic glomerulonephritis
N03.8	Chronic nephritic syndrome with other morphologic changes
N03.9	Chronic nephritic syndrome with unspecified morphologic changes
N03.A	Chronic nephritic syndrome with C3 glomerulonephritis
N04.0	Nephrotic syndrome with minor glomerular abnormality
N04.1	Nephrotic syndrome with focal and segmental glomerular lesions
N04.2	Nephrotic syndrome with diffuse membranous glomerulonephritis
N04.20	Nephrotic syndrome with diffuse membranous glomerulonephritis, unspecified
N04.21	Primary membranous nephropathy with nephrotic syndrome
N04.22	Secondary membranous nephropathy with nephrotic syndrome
N04.29	Other nephrotic syndrome with diffuse membranous glomerulonephritis
N04.3	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis
N04.4	Nephrotic syndrome with diffuse endocapillary proliferative glomerulonephritis
N04.5	Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis
N04.6	Nephrotic syndrome with dense deposit disease
N04.7	Nephrotic syndrome with diffuse crescentic glomerulonephritis Chronic Kidney Disease
N04.8	Nephrotic syndrome with other morphologic changes

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
N04.9	Nephrotic syndrome with unspecified morphologic changes
N04.A	Nephrotic syndrome with C3 glomerulonephritis
N05.0	Unspecified nephritic syndrome with minor glomerular abnormality
N05.1	Unspecified nephritic syndrome with focal and segmental glomerular lesions
N05.2	Unspecified nephritic syndrome with diffuse membranous glomerulonephritis
N05.3	Unspecified nephritic syndrome with diffuse mesangial proliferative glomerulonephritis
N05.4	Unspecified nephritic syndrome with diffuse endocapillary proliferative glomerulonephritis
N05.5	Unspecified nephritic syndrome with diffuse mesangiocapillary glomerulonephritis
N05.6	Unspecified nephritic syndrome with dense deposit disease
N05.7	Unspecified nephritic syndrome with diffuse crescentic glomerulonephritis
N05.8	Unspecified nephritic syndrome with other morphologic changes
N05.9	Unspecified nephritic syndrome with unspecified morphologic changes
N05.A	Unspecified nephritic syndrome with C3 glomerulonephritis
N06.0	Isolated proteinuria with minor glomerular abnormality
N06.1	Isolated proteinuria with focal and segmental glomerular lesions
N06.2	Isolated proteinuria with diffuse membranous glomerulonephritis
N06.20	Isolated proteinuria with diffuse membranous glomerulonephritis, unspecified
N06.21	Primary membranous nephropathy with isolated proteinuria
N06.22	Secondary membranous nephropathy with isolated proteinuria
N06.29	Other isolated proteinuria with diffuse membranous glomerulonephritis
N06.3	Isolated proteinuria with diffuse mesangial proliferative glomerulonephritis
N06.4	Isolated proteinuria with diffuse endocapillary proliferative glomerulonephritis
N06.5	Isolated proteinuria with diffuse mesangiocapillary glomerulonephritis
N06.6	Isolated proteinuria with dense deposit disease
N06.7	Isolated proteinuria with diffuse crescentic glomerulonephritis
N06.8	Isolated proteinuria with other morphologic lesion
N06.9	Isolated proteinuria with unspecified morphologic lesion
N06.A	Isolated proteinuria with C3 glomerulonephritis
N07.0	Hereditary nephropathy, not elsewhere classified with minor glomerular abnormality
N07.1	Hereditary nephropathy, not elsewhere classified with focal and segmental glomerular lesions
N07.2	Hereditary nephropathy, not elsewhere classified with diffuse membranous glomerulonephritis
N07.3	Hereditary nephropathy, not elsewhere classified with diffuse mesangial proliferative glomerulonephritis
N07.4	Hereditary nephropathy, not elsewhere classified with diffuse endocapillary proliferative glomerulonephritis
N07.5	Hereditary nephropathy, not elsewhere classified with diffuse mesangiocapillary glomerulonephritis
N07.6	Hereditary nephropathy, not elsewhere classified with dense deposit disease
N07.7	Hereditary nephropathy, not elsewhere classified with diffuse crescentic glomerulonephritis
N07.8	Hereditary nephropathy, not elsewhere classified with other morphologic lesions
N07.9	Hereditary nephropathy, not elsewhere classified with unspecified morphologic lesions
N07.A	Hereditary nephropathy, not elsewhere classified with C3 glomerulonephritis
N08	Glomerular disorders in diseases classified elsewhere
N14.3	Nephropathy induced by heavy metals
N14.4	Toxic nephropathy, not elsewhere classified

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
N15.0	Balkan nephropathy
N15.8	Other specified renal tubulo-interstitial diseases
N15.9	Renal tubulo-interstitial disease, unspecified
N16	Renal tubulo-interstitial disorders in diseases classified elsewhere
N17.0	Acute kidney failure with tubular necrosis
N17.1	Acute kidney failure with acute cortical necrosis
N17.2	Acute kidney failure with medullary necrosis
N17.8	Other acute kidney failure
N17.9	Acute kidney failure, unspecified
N18.3	Chronic kidney disease, stage 3 (moderate)
N18.30	Chronic kidney disease, stage 3 unspecified
N18.31	Chronic kidney disease, stage 3a
N18.32	Chronic kidney disease, stage 3b
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N25.1	Nephrogenic diabetes insipidus
N25.89	Other disorders resulting from impaired renal tubular function
N25.9	Disorder resulting from impaired renal tubular function, unspecified
N26.1	Atrophy of kidney (terminal)
N26.2	Page kidney
N26.9	Renal sclerosis, unspecified
N99.0	Postprocedural (acute) (chronic) kidney failure
O35.5XX0	Maternal care for (suspected) damage to fetus by drugs, not applicable or unspecified
O35.5XX1	Maternal care for (suspected) damage to fetus by drugs, fetus 1
O35.5XX2	Maternal care for (suspected) damage to fetus by drugs, fetus 2
O35.5XX3	Maternal care for (suspected) damage to fetus by drugs, fetus 3
O35.5XX4	Maternal care for (suspected) damage to fetus by drugs, fetus 4
O35.5XX5	Maternal care for (suspected) damage to fetus by drugs, fetus 5
O35.5XX9	Maternal care for (suspected) damage to fetus by drugs, other fetus
O99.320	Drug use complicating pregnancy, unspecified trimester
O99.321	Drug use complicating pregnancy, first trimester
O99.322	Drug use complicating pregnancy, second trimester
O99.323	Drug use complicating pregnancy, third trimester
O99.324	Drug use complicating childbirth
O99.325	Drug use complicating the puerperium
P04.3	Newborn affected by maternal use of alcohol
P04.41	Newborn affected by maternal use of cocaine
P04.49	Newborn affected by maternal use of other drugs of addiction
P29.0	Neonatal cardiac failure
P35.0	Congenital rubella syndrome
P35.1	Congenital cytomegalovirus infection
P96.1	Neonatal withdrawal symptoms from maternal use of drugs of addiction
P96.2	Withdrawal symptoms from therapeutic use of drugs in newborn
Q01.0	Frontal encephalocele
Q01.1	Nasofrontal encephalocele

Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
Q01.2	Occipital encephalocele
Q01.8	Encephalocele of other sites
Q01.9	Encephalocele, unspecified
Q02	Microcephaly
Q03.0	Malformations of aqueduct of Sylvius
Q03.1	Atresia of foramina of Magendie and Luschka
Q03.8	Other congenital hydrocephalus
Q03.9	Congenital hydrocephalus, unspecified
Q04.0	Congenital malformations of corpus callosum
Q04.1	Arhinencephaly
Q04.2	Holoprosencephaly
Q04.3	Other reduction deformities of brain
Q04.4	Septo-optic dysplasia of brain
Q04.5	Megalencephaly
Q04.6	Congenital cerebral cysts
Q04.8	Other specified congenital malformations of brain
Q04.9	Congenital malformation of brain, unspecified
Q05.0	Cervical spina bifida with hydrocephalus
Q05.1	Thoracic spina bifida with hydrocephalus
Q05.2	Lumbar spina bifida with hydrocephalus
Q05.3	Sacral spina bifida with hydrocephalus
Q05.4	Unspecified spina bifida with hydrocephalus
Q05.5	Cervical spina bifida without hydrocephalus
Q05.6	Thoracic spina bifida without hydrocephalus
Q05.7	Lumbar spina bifida without hydrocephalus
Q05.8	Sacral spina bifida without hydrocephalus
Q05.9	Spina bifida, unspecified
Q06.0	Amyelia
Q06.1	Hypoplasia and dysplasia of spinal cord
Q06.2	Diastatomyelia
Q06.3	Other congenital cauda equina malformations
Q06.4	Hydromyelia
Q06.8	Other specified congenital malformations of spinal cord
Q06.9	Congenital malformation of spinal cord, unspecified
Q07.00	Arnold-Chiari syndrome without spina bifida or hydrocephalus
Q07.01	Arnold-Chiari syndrome with spina bifida
Q07.02	Arnold-Chiari syndrome with hydrocephalus
Q07.03	Arnold-Chiari syndrome with spina bifida and hydrocephalus
Q07.8	Other specified congenital malformations of nervous system
Q07.9	Congenital malformation of nervous system, unspecified
Q20.0	Common arterial trunk [truncus arteriosus]
Q20.2	Double outlet left ventricle
Q20.3	Discordant ventriculoarterial connection [transposition of great arteries]
Q20.4	Double inlet ventricle [single ventricle]
Q22.4	Congenital tricuspid stenosis [congenital tricuspid atresia]

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
Q22.5	Ebstein's anomaly
Q23.4	Hypoplastic left heart syndrome
Q25.1	Coarctation of aorta
Q25.21	Interruption of aortic arch
Q25.5	Atresia of pulmonary artery
Q26.2	Total anomalous pulmonary venous connection
Q61.02	Congenital multiple renal cysts
Q61.11	Cystic dilatation of collecting ducts
Q61.19	Other polycystic kidney, infantile type
Q61.2	Polycystic kidney, adult type
Q61.3	Polycystic kidney, unspecified
Q61.4	Renal dysplasia
Q61.5	Medullary cystic kidney
Q61.8	Other cystic kidney diseases
Q86.0	Fetal alcohol syndrome (dysmorphic)
Q87.1	Congenital malformation syndromes predominantly associated with short stature
Q87.11	Prader-Willi syndrome
Q87.19	Other congenital malformation syndromes predominantly associated with short stature
Q87.2	Congenital malformation syndromes predominantly involving limbs
Q87.3	Congenital malformation syndromes involving early overgrowth
Q87.5	Other congenital malformation syndromes with other skeletal changes
Q87.81	Alport syndrome
Q87.83	Bardet-Biedl syndrome
Q87.85	MED13L syndrome
Q87.86	Kleefstra syndrome
Q87.89	Other specified congenital malformation syndromes, not elsewhere classified
Q89.7	Multiple congenital malformations, not elsewhere classified
Q89.8	Other specified congenital malformations
Q92.0	Whole chromosome trisomy, nonmosaicism (meiotic nondisjunction)
Q92.1	Whole chromosome trisomy, mosaicism (mitotic nondisjunction)
Q92.2	Partial trisomy
Q92.5	Duplications with other complex rearrangements
Q92.61	Marker chromosomes in normal individual
Q92.62	Marker chromosomes in abnormal individual
Q92.7	Triploidy and polyploidy
Q92.8	Other specified trisomies and partial trisomies of autosomes
Q92.9	Trisomy and partial trisomy of autosomes, unspecified
Q93.0	Whole chromosome monosomy, nonmosaicism (meiotic nondisjunction)
Q93.1	Whole chromosome monosomy, mosaicism (mitotic nondisjunction)
Q93.2	Chromosome replaced with ring, dicentric or isochromosome
Q93.3	Deletion of short arm of chromosome 4
Q93.4	Deletion of short arm of chromosome 5
Q93.5	Other deletions of part of a chromosome
Q93.51	Angelman syndrome
Q93.52	Phelan-McDermid syndrome

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
Q93.59	Other deletions of part of a chromosome
Q93.7	Deletions with other complex rearrangements
Q93.81	Velo-cardio-facial syndrome
Q93.88	Other microdeletions
Q93.89	Other deletions from the autosomes
Q93.9	Deletion from autosomes, unspecified
Q95.2	Balanced autosomal rearrangement in abnormal individual
Q95.3	Balanced sex/autosomal rearrangement in abnormal individual Intellectual Disabilities And Related Conditions
Q99.2	Fragile X chromosome
Q9991	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
Q9992	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
R16.0	Hepatomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified
R18.8	Other ascites
R41.81	Age-related cognitive decline
R47.01	Aphasia
R47.02	Dysphasia
R75	Inconclusive laboratory evidence of human immunodeficiency virus [HIV]
S0109	Opioid Use Disorder: Oud #4: Utilization Of Medication-Assisted Therapy (Mat) code, no ICD-10 description
S04.011S	Injury of optic nerve, right eye, sequela
S04.012S	Injury of optic nerve, left eye, sequela
S04.019S	Injury of optic nerve, unspecified eye, sequela
S04.02XS	Injury of optic chiasm, sequela
S04.031S	Injury of optic tract and pathways, right side, sequela
S04.032S	Injury of optic tract and pathways, left side, sequela
S04.039S	Injury of optic tract and pathways, unspecified side, sequela
S04.041S	Injury of visual cortex, right side, sequela
S04.042S	Injury of visual cortex, left side, sequela
S04.049S	Injury of visual cortex, unspecified side, sequela
S04.10XS	Injury of oculomotor nerve, unspecified side, sequela
S04.11XS	Injury of oculomotor nerve, right side, sequela
S04.12XS	Injury of oculomotor nerve, left side, sequela
S04.20XS	Injury of trochlear nerve, unspecified side, sequela
S04.21XS	Injury of trochlear nerve, right side, sequela
S04.22XS	Injury of trochlear nerve, left side, sequela
S04.30XS	Injury of trigeminal nerve, unspecified side, sequela
S04.31XS	Injury of trigeminal nerve, right side, sequela
S04.32XS	Injury of trigeminal nerve, left side, sequela
S04.40XS	Injury of abducent nerve, unspecified side, sequela
S04.41XS	Injury of abducent nerve, right side, sequela
S04.42XS	Injury of abducent nerve, left side, sequela

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
S04.50XS	Injury of facial nerve, unspecified side, sequela
S04.51XS	Injury of facial nerve, right side, sequela
S04.52XS	Injury of facial nerve, left side, sequela
S04.60XS	Injury of acoustic nerve, unspecified side, sequela
S04.61XS	Injury of acoustic nerve, right side, sequela
S04.62XS	Injury of acoustic nerve, left side, sequela
S04.70XS	Injury of accessory nerve, unspecified side, sequela
S04.71XS	Injury of accessory nerve, right side, sequela
S04.72XS	Injury of accessory nerve, left side, sequela
S04.811S	Injury of olfactory [1st] nerve, right side, sequela
S04.812S	Injury of olfactory [1st] nerve, left side, sequela
S04.819S	Injury of olfactory [1st] nerve, unspecified side, sequela
S04.891S	Injury of other cranial nerves, right side, sequela
S04.892S	Injury of other cranial nerves, left side, sequela
S04.899S	Injury of other cranial nerves, unspecified side, sequela
S04.9XXS	Injury of unspecified cranial nerve, sequela
S06.0X0S	Concussion without loss of consciousness, sequela
S06.0X1S	Concussion with loss of consciousness of 30 minutes or less, sequela
S06.0X2S	Concussion with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.0X3S	Concussion with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.0X4S	Concussion with loss of consciousness of 6 hours to 24 hours, sequela
S06.0X5S	Concussion with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.0X9S	Concussion with loss of consciousness of unspecified duration, sequela
S06.0XAS	Concussion with loss of consciousness status unknown, sequela
S06.1X0S	Traumatic cerebral edema without loss of consciousness, sequela
S06.1X1S	Traumatic cerebral edema with loss of consciousness of 30 minutes or less, sequela
S06.1X2S	Traumatic cerebral edema with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.1X3S	Traumatic cerebral edema with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.1X4S	Traumatic cerebral edema with loss of consciousness of 6 hours to 24 hours, sequela
S06.1X5S	Traumatic cerebral edema with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.1X6S	Traumatic cerebral edema with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela
S06.1X9S	Traumatic cerebral edema with loss of consciousness of unspecified duration, sequela
S06.1XAS	Traumatic cerebral edema with loss of consciousness status unknown, sequela
S06.2X0S	Diffuse traumatic brain injury without loss of consciousness, sequela
S06.2X1S	Diffuse traumatic brain injury with loss of consciousness of 30 minutes or less, sequela
S06.2X2S	Diffuse traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.2X3S	Diffuse traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.2X4S	Diffuse traumatic brain injury with loss of consciousness of 6 hours to 24 hours, sequela
S06.2X5S	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing conscious levels, sequela
S06.2X6S	Diffuse traumatic brain injury with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, sequela

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
S06.2X7S	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.2X8S	Diffuse traumatic brain injury with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.2X9S	Diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela
S06.2XAS	Diffuse traumatic brain injury with loss of consciousness status unknown, sequela
S06.300S	Unspecified focal traumatic brain injury without loss of consciousness, sequela
S06.301S	Unspecified focal traumatic brain injury with loss of consciousness of 30 minutes or less, sequela
S06.302S	Unspecified focal traumatic brain injury with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.303S	Unspecified focal traumatic brain injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.304S	Unspecified focal traumatic brain injury with loss of consciousness of 6 hours to 24 hours, sequela
S06.305S	Unspecified focal traumatic brain injury with loss of consciousness greater than 24 hours with return to pre-existing Traumatic Brain Injury And Nonpsychotic Mental Disorders Due T conscious level, sequela
S06.309S	Unspecified focal traumatic brain injury with loss of consciousness of unspecified duration, sequela
S06.30AS	Unspecified focal traumatic brain injury with loss of consciousness status unknown, sequela
S06.310S	Contusion and laceration of right cerebrum without loss of consciousness, sequela
S06.311S	Contusion and laceration of right cerebrum with loss of consciousness of 30 minutes or less, sequela
S06.312S	Contusion and laceration of right cerebrum with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.313S	Contusion and laceration of right cerebrum with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.314S	Contusion and laceration of right cerebrum with loss of consciousness of 6 hours to 24 hours, sequela
S06.315S	Contusion and laceration of right cerebrum with loss of consciousness greater than 24 hours with return to pre-existing Traumatic Brain Injury And Nonpsychotic Mental Disorders Due T conscious level, sequela
S06.319S	Contusion and laceration of right cerebrum with loss of consciousness of unspecified duration, sequela
S06.31AS	Contusion and laceration of right cerebrum with loss of consciousness status unknown, sequela
S06.320S	Contusion and laceration of left cerebrum without loss of consciousness, sequela
S06.321S	Contusion and laceration of left cerebrum with loss of consciousness of 30 minutes or less, sequela
S06.322S	Contusion and laceration of left cerebrum with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.323S	Contusion and laceration of left cerebrum with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.324S	Contusion and laceration of left cerebrum with loss of consciousness of 6 hours to 24 hours, sequela

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
S06.325S	Contusion and laceration of left cerebrum with loss of consciousness greater than 24 hours with return to pre-existing Traumatic Brain Injury And Nonpsychotic Mental Disorders Due T conscious level, sequela
S06.327S	Contusion and laceration of left cerebrum with loss of consciousness of any duration with death due to brain injury prior to regaining consciousness, sequela
S06.328S	Contusion and laceration of left cerebrum with loss of consciousness of any duration with death due to other cause prior to regaining consciousness, sequela
S06.329S	Contusion and laceration of left cerebrum with loss of consciousness of unspecified duration, sequela
S06.32AS	Contusion and laceration of left cerebrum with loss of consciousness status unknown, sequela
S06.330S	Contusion and laceration of cerebrum, unspecified, without loss of consciousness, sequela
S06.331S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, sequela
S06.332S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.333S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.334S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, sequela
S06.335S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.339S	Contusion and laceration of cerebrum, unspecified, with loss of consciousness of unspecified duration, sequela
S06.33AS	Contusion and laceration of cerebrum, unspecified, with loss of consciousness status unknown, sequela
S06.340S	Traumatic hemorrhage of right cerebrum without loss of consciousness, sequela
S06.341S	Traumatic hemorrhage of right cerebrum with loss of consciousness of 30 minutes or less, sequela
S06.342S	Traumatic hemorrhage of right cerebrum with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.343S	Traumatic hemorrhage of right cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, sequela
S06.344S	Traumatic hemorrhage of right cerebrum with loss of consciousness of 6 hours to 24 hours, sequela
S06.345S	Traumatic hemorrhage of right cerebrum with loss of consciousness greater than 24 hours with return to pre-existing Traumatic Brain Injury And Nonpsychotic Mental Disorders Due T conscious level, sequela
S06.349S	Traumatic hemorrhage of right cerebrum with loss of consciousness of unspecified duration, sequela
S06.34AS	Traumatic hemorrhage of right cerebrum with loss of consciousness status unknown, sequela
S06.350S	Traumatic hemorrhage of left cerebrum without loss of consciousness, sequela
S06.351S	Traumatic hemorrhage of left cerebrum with loss of consciousness of 30 minutes or less, sequela
S06.352S	Traumatic hemorrhage of left cerebrum with loss of consciousness of 31 minutes to 59 minutes, sequela

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
S06.353S	Traumatic hemorrhage of left cerebrum with loss of consciousness of 1 hours to 5 hours 59 minutes, sequela
S06.354S	Traumatic hemorrhage of left cerebrum with loss of consciousness of 6 hours to 24 hours, sequela
S06.355S	Traumatic hemorrhage of left cerebrum with loss of consciousness greater than 24 hours with return to pre-existing Traumatic Brain Injury And Nonpsychotic Mental Disorders Due T conscious level, sequela
S06.359S	Traumatic hemorrhage of left cerebrum with loss of consciousness of unspecified duration, sequela
S06.35AS	Traumatic hemorrhage of left cerebrum with loss of consciousness status unknown, sequela
S06.360S	Traumatic hemorrhage of cerebrum, unspecified, without loss of consciousness, sequela
S06.361S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 30 minutes or less, sequela
S06.362S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.363S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 1 hours to 5 hours 59 minutes, sequela
S06.364S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of 6 hours to 24 hours, sequela
S06.365S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness greater than 24 hours with return to pre-existing Traumatic Brain Injury And Nonpsychotic Mental Disorders Due T conscious level, sequela
S06.369S	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness of unspecified duration, sequela
S06.36AS	Traumatic hemorrhage of cerebrum, unspecified, with loss of consciousness status unknown, sequela
S06.370S	Contusion, laceration, and hemorrhage of cerebellum without loss of consciousness, sequela
S06.371S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 30 minutes or less, sequela
S06.372S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.373S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.374S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of 6 hours to 24 hours, sequela
S06.375S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.379S	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness of unspecified duration, sequela
S06.37AS	Contusion, laceration, and hemorrhage of cerebellum with loss of consciousness status unknown, sequela
S06.380S	Contusion, laceration, and hemorrhage of brainstem without loss of consciousness, sequela
S06.381S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 30 minutes or less, sequela

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
S06.382S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.383S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.384S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of 6 hours to 24 hours, sequela
S06.385S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.389S	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness of unspecified duration, sequela
S06.38AS	Contusion, laceration, and hemorrhage of brainstem with loss of consciousness status unknown, sequela
S06.4X0S	Epidural hemorrhage without loss of consciousness, sequela
S06.4X1S	Epidural hemorrhage with loss of consciousness of 30 minutes or less, sequela
S06.4X2S	Epidural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.4X3S	Epidural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.4X4S	Epidural hemorrhage with loss of consciousness of 6 hours to 24 hours, sequela
S06.4X5S	Epidural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.4X9S	Epidural hemorrhage with loss of consciousness of unspecified duration, sequela
S06.4XAS	Epidural hemorrhage with loss of consciousness status unknown, sequela
S06.5X0S	Traumatic subdural hemorrhage without loss of consciousness, sequela
S06.5X1S	Traumatic subdural hemorrhage with loss of consciousness of 30 minutes or less, sequela
S06.5X2S	Traumatic subdural hemorrhage with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.5X3S	Traumatic subdural hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.5X4S	Traumatic subdural hemorrhage with loss of consciousness of 6 hours to 24 hours, sequela
S06.5X5S	Traumatic subdural hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.5X9S	Traumatic subdural hemorrhage with loss of consciousness of unspecified duration, sequela
S06.5XAS	Traumatic subdural hemorrhage with loss of consciousness status unknown, sequela
S06.6X0S	Traumatic subarachnoid hemorrhage without loss of consciousness, sequela
S06.6X1S	Traumatic subarachnoid hemorrhage with loss of consciousness of 30 minutes or less, sequela
S06.6X2S	Traumatic subarachnoid hemorrhage with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.6X3S	Traumatic subarachnoid hemorrhage with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.6X4S	Traumatic subarachnoid hemorrhage with loss of consciousness of 6 hours to 24 hours, sequela
S06.6X5S	Traumatic subarachnoid hemorrhage with loss of consciousness greater than 24 hours with return to pre-existing Traumatic Brain Injury And Nonpsychotic Mental Disorders Due T conscious level, sequela
S06.6X9S	Traumatic subarachnoid hemorrhage with loss of consciousness of unspecified duration, sequela
S06.6XAS	Traumatic subarachnoid hemorrhage with loss of consciousness status unknown, sequela
S06.810S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified without loss of consciousness, sequela

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
S06.811S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 30 minutes or less, sequela
S06.812S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.813S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.814S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, sequela
S06.815S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.819S	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of unspecified duration, sequela
S06.81AS	Injury of right internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness status unknown, sequela
S06.820S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified without loss of consciousness, sequela
S06.821S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 30 minutes or less, sequela
S06.822S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.823S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.824S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, sequela
S06.825S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.829S	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness of unspecified duration, sequela
S06.82AS	Injury of left internal carotid artery, intracranial portion, not elsewhere classified with loss of consciousness status unknown, sequela
S06.890S	Other specified intracranial injury without loss of consciousness, sequela
S06.891S	Other specified intracranial injury with loss of consciousness of 30 minutes or less, sequela
S06.892S	Other specified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.893S	Other specified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.894S	Other specified intracranial injury with loss of consciousness of 6 hours to 24 hours, sequela
S06.895S	Other specified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.899S	Other specified intracranial injury with loss of consciousness of unspecified duration, sequela
S06.89AS	Other specified intracranial injury with loss of consciousness status unknown, sequela
S06.8A0S	Primary blast injury of brain, not elsewhere classified without loss of consciousness, sequela
S06.8A1S	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 30 minutes or less, sequela

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
S06.8A2S	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.8A3S	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.8A4S	Primary blast injury of brain, not elsewhere classified with loss of consciousness of 6 hours to 24 hours, sequela
S06.8A5S	Primary blast injury of brain, not elsewhere classified with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.8A9S	Primary blast injury of brain, not elsewhere classified with loss of consciousness of unspecified duration, sequela
S06.8AAS	Primary blast injury of brain, not elsewhere classified with loss of consciousness status unknown, sequela
S06.9X0S	Unspecified intracranial injury without loss of consciousness, sequela
S06.9X1S	Unspecified intracranial injury with loss of consciousness of 30 minutes or less, sequela
S06.9X2S	Unspecified intracranial injury with loss of consciousness of 31 minutes to 59 minutes, sequela
S06.9X3S	Unspecified intracranial injury with loss of consciousness of 1 hour to 5 hours 59 minutes, sequela
S06.9X4S	Unspecified intracranial injury with loss of consciousness of 6 hours to 24 hours, sequela
S06.9X5S	Unspecified intracranial injury with loss of consciousness greater than 24 hours with return to pre-existing conscious level, sequela
S06.9X9S	Unspecified intracranial injury with loss of consciousness of unspecified duration, sequela
S06.9XAS	Unspecified intracranial injury with loss of consciousness status unknown, sequela
S06.A0XS	Traumatic brain compression without herniation, sequela
S06.A1XS	Traumatic brain compression with herniation, sequela
S12.000A	Unspecified displaced fracture of first cervical vertebra, initial encounter for closed fracture
S12.000B	Unspecified displaced fracture of first cervical vertebra, initial encounter for open fracture
S12.001A	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for closed fracture
S12.001B	Unspecified nondisplaced fracture of first cervical vertebra, initial encounter for open fracture
S12.100A	Unspecified displaced fracture of second cervical vertebra, initial encounter for closed fracture
S12.100B	Unspecified displaced fracture of second cervical vertebra, initial encounter for open fracture
S12.101A	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for closed fracture
S12.101B	Unspecified nondisplaced fracture of second cervical vertebra, initial encounter for open fracture
S12.200A	Unspecified displaced fracture of third cervical vertebra, initial encounter for closed fracture
S12.200B	Unspecified displaced fracture of third cervical vertebra, initial encounter for open fracture
S12.201A	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for closed fracture
S12.201B	Unspecified nondisplaced fracture of third cervical vertebra, initial encounter for open fracture
S12.300A	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for closed fracture
S12.300B	Unspecified displaced fracture of fourth cervical vertebra, initial encounter for open fracture
S12.301A	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for closed fracture
S12.301B	Unspecified nondisplaced fracture of fourth cervical vertebra, initial encounter for open fracture
S12.400A	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for closed fracture
S12.400B	Unspecified displaced fracture of fifth cervical vertebra, initial encounter for open fracture
S12.401A	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for closed fracture
S12.401B	Unspecified nondisplaced fracture of fifth cervical vertebra, initial encounter for open fracture
S12.500A	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for closed fracture

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
S12.500B	Unspecified displaced fracture of sixth cervical vertebra, initial encounter for open fracture
S12.501A	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for closed fracture
S12.501B	Unspecified nondisplaced fracture of sixth cervical vertebra, initial encounter for open fracture
S12.600A	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for closed fracture
S12.600B	Unspecified displaced fracture of seventh cervical vertebra, initial encounter for open fracture
S12.601A	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for closed fracture
S12.601B	Unspecified nondisplaced fracture of seventh cervical vertebra, initial encounter for open fracture
S12.9XXA	Fracture of neck, unspecified, initial encounter
S14.0XXA	Concussion and edema of cervical spinal cord, initial encounter
S14.0XXS	Concussion and edema of cervical spinal cord, sequela
S14.101A	Unspecified injury at C1 level of cervical spinal cord, initial encounter
S14.101S	Unspecified injury at C1 level of cervical spinal cord, sequela
S14.102A	Unspecified injury at C2 level of cervical spinal cord, initial encounter
S14.102S	Unspecified injury at C2 level of cervical spinal cord, sequela
S14.103A	Unspecified injury at C3 level of cervical spinal cord, initial encounter
S14.103S	Unspecified injury at C3 level of cervical spinal cord, sequela
S14.104A	Unspecified injury at C4 level of cervical spinal cord, initial encounter
S14.104S	Unspecified injury at C4 level of cervical spinal cord, sequela
S14.105A	Unspecified injury at C5 level of cervical spinal cord, initial encounter
S14.105S	Unspecified injury at C5 level of cervical spinal cord, sequela
S14.106A	Unspecified injury at C6 level of cervical spinal cord, initial encounter
S14.106S	Unspecified injury at C6 level of cervical spinal cord, sequela
S14.107A	Unspecified injury at C7 level of cervical spinal cord, initial encounter
S14.107S	Unspecified injury at C7 level of cervical spinal cord, sequela
S14.108A	Unspecified injury at C8 level of cervical spinal cord, initial encounter
S14.108S	Unspecified injury at C8 level of cervical spinal cord, sequela
S14.109A	Unspecified injury at unspecified level of cervical spinal cord, initial encounter
S14.109S	Unspecified injury at unspecified level of cervical spinal cord, sequela
S14.111A	Complete lesion at C1 level of cervical spinal cord, initial encounter
S14.111S	Complete lesion at C1 level of cervical spinal cord, sequela
S14.112A	Complete lesion at C2 level of cervical spinal cord, initial encounter
S14.112S	Complete lesion at C2 level of cervical spinal cord, sequela
S14.113A	Complete lesion at C3 level of cervical spinal cord, initial encounter
S14.113S	Complete lesion at C3 level of cervical spinal cord, sequela
S14.114A	Complete lesion at C4 level of cervical spinal cord, initial encounter
S14.114S	Complete lesion at C4 level of cervical spinal cord, sequela
S14.115A	Complete lesion at C5 level of cervical spinal cord, initial encounter
S14.115S	Complete lesion at C5 level of cervical spinal cord, sequela
S14.116A	Complete lesion at C6 level of cervical spinal cord, initial encounter
S14.116S	Complete lesion at C6 level of cervical spinal cord, sequela
S14.117A	Complete lesion at C7 level of cervical spinal cord, initial encounter
S14.117S	Complete lesion at C7 level of cervical spinal cord, sequela
S14.118A	Complete lesion at C8 level of cervical spinal cord, initial encounter
S14.118S	Complete lesion at C8 level of cervical spinal cord, sequela
S14.119A	Complete lesion at unspecified level of cervical spinal cord, initial encounter

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
S14.119S	Complete lesion at unspecified level of cervical spinal cord, sequela
S14.121A	Central cord syndrome at C1 level of cervical spinal cord, initial encounter
S14.121S	Central cord syndrome at C1 level of cervical spinal cord, sequela
S14.122A	Central cord syndrome at C2 level of cervical spinal cord, initial encounter
S14.122S	Central cord syndrome at C2 level of cervical spinal cord, sequela
S14.123A	Central cord syndrome at C3 level of cervical spinal cord, initial encounter
S14.123S	Central cord syndrome at C3 level of cervical spinal cord, sequela
S14.124A	Central cord syndrome at C4 level of cervical spinal cord, initial encounter
S14.124S	Central cord syndrome at C4 level of cervical spinal cord, sequela
S14.125A	Central cord syndrome at C5 level of cervical spinal cord, initial encounter
S14.125S	Central cord syndrome at C5 level of cervical spinal cord, sequela
S14.126A	Central cord syndrome at C6 level of cervical spinal cord, initial encounter
S14.126S	Central cord syndrome at C6 level of cervical spinal cord, sequela
S14.127A	Central cord syndrome at C7 level of cervical spinal cord, initial encounter
S14.127S	Central cord syndrome at C7 level of cervical spinal cord, sequela
S14.128A	Central cord syndrome at C8 level of cervical spinal cord, initial encounter
S14.128S	Central cord syndrome at C8 level of cervical spinal cord, sequela
S14.129A	Central cord syndrome at unspecified level of cervical spinal cord, initial encounter
S14.129S	Central cord syndrome at unspecified level of cervical spinal cord, sequela
S14.131A	Anterior cord syndrome at C1 level of cervical spinal cord, initial encounter
S14.131S	Anterior cord syndrome at C1 level of cervical spinal cord, sequela
S14.132A	Anterior cord syndrome at C2 level of cervical spinal cord, initial encounter
S14.132S	Anterior cord syndrome at C2 level of cervical spinal cord, sequela
S14.133A	Anterior cord syndrome at C3 level of cervical spinal cord, initial encounter
S14.133S	Anterior cord syndrome at C3 level of cervical spinal cord, sequela
S14.134A	Anterior cord syndrome at C4 level of cervical spinal cord, initial encounter
S14.134S	Anterior cord syndrome at C4 level of cervical spinal cord, sequela
S14.135A	Anterior cord syndrome at C5 level of cervical spinal cord, initial encounter
S14.135S	Anterior cord syndrome at C5 level of cervical spinal cord, sequela
S14.136A	Anterior cord syndrome at C6 level of cervical spinal cord, initial encounter
S14.136S	Anterior cord syndrome at C6 level of cervical spinal cord, sequela
S14.137A	Anterior cord syndrome at C7 level of cervical spinal cord, initial encounter
S14.137S	Anterior cord syndrome at C7 level of cervical spinal cord, sequela
S14.138A	Anterior cord syndrome at C8 level of cervical spinal cord, initial encounter
S14.138S	Anterior cord syndrome at C8 level of cervical spinal cord, sequela
S14.139A	Anterior cord syndrome at unspecified level of cervical spinal cord, initial encounter
S14.139S	Anterior cord syndrome at unspecified level of cervical spinal cord, sequela
S14.141A	Brown-Sequard syndrome at C1 level of cervical spinal cord, initial encounter
S14.141S	Brown-Sequard syndrome at C1 level of cervical spinal cord, sequela
S14.142A	Brown-Sequard syndrome at C2 level of cervical spinal cord, initial encounter
S14.142S	Brown-Sequard syndrome at C2 level of cervical spinal cord, sequela
S14.143A	Brown-Sequard syndrome at C3 level of cervical spinal cord, initial encounter
S14.143S	Brown-Sequard syndrome at C3 level of cervical spinal cord, sequela
S14.144A	Brown-Sequard syndrome at C4 level of cervical spinal cord, initial encounter
S14.144S	Brown-Sequard syndrome at C4 level of cervical spinal cord, sequela

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
S14.145A	Brown-Sequard syndrome at C5 level of cervical spinal cord, initial encounter
S14.145S	Brown-Sequard syndrome at C5 level of cervical spinal cord, sequela
S14.146A	Brown-Sequard syndrome at C6 level of cervical spinal cord, initial encounter
S14.146S	Brown-Sequard syndrome at C6 level of cervical spinal cord, sequela
S14.147A	Brown-Sequard syndrome at C7 level of cervical spinal cord, initial encounter
S14.147S	Brown-Sequard syndrome at C7 level of cervical spinal cord, sequela
S14.148A	Brown-Sequard syndrome at C8 level of cervical spinal cord, initial encounter
S14.148S	Brown-Sequard syndrome at C8 level of cervical spinal cord, sequela
S14.149A	Brown-Sequard syndrome at unspecified level of cervical spinal cord, initial encounter
S14.149S	Brown-Sequard syndrome at unspecified level of cervical spinal cord, sequela
S14.151A	Other incomplete lesion at C1 level of cervical spinal cord, initial encounter
S14.151S	Other incomplete lesion at C1 level of cervical spinal cord, sequela
S14.152A	Other incomplete lesion at C2 level of cervical spinal cord, initial encounter
S14.152S	Other incomplete lesion at C2 level of cervical spinal cord, sequela
S14.153A	Other incomplete lesion at C3 level of cervical spinal cord, initial encounter
S14.153S	Other incomplete lesion at C3 level of cervical spinal cord, sequela
S14.154A	Other incomplete lesion at C4 level of cervical spinal cord, initial encounter
S14.154S	Other incomplete lesion at C4 level of cervical spinal cord, sequela
S14.155A	Other incomplete lesion at C5 level of cervical spinal cord, initial encounter
S14.155S	Other incomplete lesion at C5 level of cervical spinal cord, sequela
S14.156A	Other incomplete lesion at C6 level of cervical spinal cord, initial encounter
S14.156S	Other incomplete lesion at C6 level of cervical spinal cord, sequela
S14.157A	Other incomplete lesion at C7 level of cervical spinal cord, initial encounter
S14.157S	Other incomplete lesion at C7 level of cervical spinal cord, sequela
S14.158A	Other incomplete lesion at C8 level of cervical spinal cord, initial encounter
S14.158S	Other incomplete lesion at C8 level of cervical spinal cord, sequela
S14.159A	Other incomplete lesion at unspecified level of cervical spinal cord, initial encounter
S14.159S	Other incomplete lesion at unspecified level of cervical spinal cord, sequela
S22.009A	Unspecified fracture of unspecified thoracic vertebra, initial encounter for closed fracture
S22.009B	Unspecified fracture of unspecified thoracic vertebra, initial encounter for open fracture
S22.019A	Unspecified fracture of first thoracic vertebra, initial encounter for closed fracture
S22.019B	Unspecified fracture of first thoracic vertebra, initial encounter for open fracture
S22.029A	Unspecified fracture of second thoracic vertebra, initial encounter for closed fracture
S22.029B	Unspecified fracture of second thoracic vertebra, initial encounter for open fracture
S22.039A	Unspecified fracture of third thoracic vertebra, initial encounter for closed fracture
S22.039B	Unspecified fracture of third thoracic vertebra, initial encounter for open fracture
S22.049A	Unspecified fracture of fourth thoracic vertebra, initial encounter for closed fracture
S22.049B	Unspecified fracture of fourth thoracic vertebra, initial encounter for open fracture
S22.059A	Unspecified fracture of T5-T6 vertebra, initial encounter for closed fracture
S22.059B	Unspecified fracture of T5-T6 vertebra, initial encounter for open fracture
S22.069A	Unspecified fracture of T7-T8 vertebra, initial encounter for closed fracture
S22.069B	Unspecified fracture of T7-T8 vertebra, initial encounter for open fracture
S22.079A	Unspecified fracture of T9-T10 vertebra, initial encounter for closed fracture
S22.079B	Unspecified fracture of T9-T10 vertebra, initial encounter for open fracture
S22.089A	Unspecified fracture of T11-T12 vertebra, initial encounter for closed fracture

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
S22.089B	Unspecified fracture of T11-T12 vertebra, initial encounter for open fracture
S24.0XXA	Concussion and edema of thoracic spinal cord, initial encounter
S24.0XXS	Concussion and edema of thoracic spinal cord, sequela
S24.101A	Unspecified injury at T1 level of thoracic spinal cord, initial encounter
S24.101S	Unspecified injury at T1 level of thoracic spinal cord, sequela
S24.102A	Unspecified injury at T2-T6 level of thoracic spinal cord, initial encounter
S24.102S	Unspecified injury at T2-T6 level of thoracic spinal cord, sequela
S24.103A	Unspecified injury at T7-T10 level of thoracic spinal cord, initial encounter
S24.103S	Unspecified injury at T7-T10 level of thoracic spinal cord, sequela
S24.104A	Unspecified injury at T11-T12 level of thoracic spinal cord, initial encounter
S24.104S	Unspecified injury at T11-T12 level of thoracic spinal cord, sequela
S24.109A	Unspecified injury at unspecified level of thoracic spinal cord, initial encounter
S24.109S	Unspecified injury at unspecified level of thoracic spinal cord, sequela
S24.111A	Complete lesion at T1 level of thoracic spinal cord, initial encounter
S24.111S	Complete lesion at T1 level of thoracic spinal cord, sequela
S24.112A	Complete lesion at T2-T6 level of thoracic spinal cord, initial encounter
S24.112S	Complete lesion at T2-T6 level of thoracic spinal cord, sequela
S24.113A	Complete lesion at T7-T10 level of thoracic spinal cord, initial encounter
S24.113S	Complete lesion at T7-T10 level of thoracic spinal cord, sequela
S24.114A	Complete lesion at T11-T12 level of thoracic spinal cord, initial encounter
S24.114S	Complete lesion at T11-T12 level of thoracic spinal cord, sequela
S24.119A	Complete lesion at unspecified level of thoracic spinal cord, initial encounter
S24.119S	Complete lesion at unspecified level of thoracic spinal cord, sequela
S24.131A	Anterior cord syndrome at T1 level of thoracic spinal cord, initial encounter
S24.131S	Anterior cord syndrome at T1 level of thoracic spinal cord, sequela
S24.132A	Anterior cord syndrome at T2-T6 level of thoracic spinal cord, initial encounter
S24.132S	Anterior cord syndrome at T2-T6 level of thoracic spinal cord, sequela
S24.133A	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, initial encounter
S24.133S	Anterior cord syndrome at T7-T10 level of thoracic spinal cord, sequela
S24.134A	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, initial encounter
S24.134S	Anterior cord syndrome at T11-T12 level of thoracic spinal cord, sequela
S24.139A	Anterior cord syndrome at unspecified level of thoracic spinal cord, initial encounter
S24.139S	Anterior cord syndrome at unspecified level of thoracic spinal cord, sequela
S24.141A	Brown-Sequard syndrome at T1 level of thoracic spinal cord, initial encounter
S24.141S	Brown-Sequard syndrome at T1 level of thoracic spinal cord, sequela
S24.142A	Brown-Sequard syndrome at T2-T6 level of thoracic spinal cord, initial encounter
S24.142S	Brown-Sequard syndrome at T2-T6 level of thoracic spinal cord, sequela
S24.143A	Brown-Sequard syndrome at T7-T10 level of thoracic spinal cord, initial encounter
S24.143S	Brown-Sequard syndrome at T7-T10 level of thoracic spinal cord, sequela
S24.144A	Brown-Sequard syndrome at T11-T12 level of thoracic spinal cord, initial encounter
S24.144S	Brown-Sequard syndrome at T11-T12 level of thoracic spinal cord, sequela
S24.149A	Brown-Sequard syndrome at unspecified level of thoracic spinal cord, initial encounter
S24.149S	Brown-Sequard syndrome at unspecified level of thoracic spinal cord, sequela
S24.151A	Other incomplete lesion at T1 level of thoracic spinal cord, initial encounter
S24.151S	Other incomplete lesion at T1 level of thoracic spinal cord, sequela

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
S24.152A	Other incomplete lesion at T2-T6 level of thoracic spinal cord, initial encounter
S24.152S	Other incomplete lesion at T2-T6 level of thoracic spinal cord, sequela
S24.153A	Other incomplete lesion at T7-T10 level of thoracic spinal cord, initial encounter
S24.153S	Other incomplete lesion at T7-T10 level of thoracic spinal cord, sequela
S24.154A	Other incomplete lesion at T11-T12 level of thoracic spinal cord, initial encounter
S24.154S	Other incomplete lesion at T11-T12 level of thoracic spinal cord, sequela
S24.159A	Other incomplete lesion at unspecified level of thoracic spinal cord, initial encounter
S24.159S	Other incomplete lesion at unspecified level of thoracic spinal cord, sequela
S32.009A	Unspecified fracture of unspecified lumbar vertebra, initial encounter for closed fracture
S32.009B	Unspecified fracture of unspecified lumbar vertebra, initial encounter for open fracture
S32.019A	Unspecified fracture of first lumbar vertebra, initial encounter for closed fracture
S32.019B	Unspecified fracture of first lumbar vertebra, initial encounter for open fracture
S32.029A	Unspecified fracture of second lumbar vertebra, initial encounter for closed fracture
S32.029B	Unspecified fracture of second lumbar vertebra, initial encounter for open fracture
S32.039A	Unspecified fracture of third lumbar vertebra, initial encounter for closed fracture
S32.039B	Unspecified fracture of third lumbar vertebra, initial encounter for open fracture
S32.049A	Unspecified fracture of fourth lumbar vertebra, initial encounter for closed fracture
S32.049B	Unspecified fracture of fourth lumbar vertebra, initial encounter for open fracture
S32.059A	Unspecified fracture of fifth lumbar vertebra, initial encounter for closed fracture
S32.059B	Unspecified fracture of fifth lumbar vertebra, initial encounter for open fracture
S32.10XA	Unspecified fracture of sacrum, initial encounter for closed fracture
S32.10XB	Unspecified fracture of sacrum, initial encounter for open fracture
S32.2XXA	Fracture of coccyx, initial encounter for closed fracture
S32.2XXB	Fracture of coccyx, initial encounter for open fracture
S34.01XA	Concussion and edema of lumbar spinal cord, initial encounter Spinal Cord Injury
S34.01XS	Concussion and edema of lumbar spinal cord, sequela
S34.02XA	Concussion and edema of sacral spinal cord, initial encounter
S34.02XS	Concussion and edema of sacral spinal cord, sequela
S34.101A	Unspecified injury to L1 level of lumbar spinal cord, initial encounter
S34.101S	Unspecified injury to L1 level of lumbar spinal cord, sequela
S34.102A	Unspecified injury to L2 level of lumbar spinal cord, initial encounter
S34.102S	Unspecified injury to L2 level of lumbar spinal cord, sequela
S34.103A	Unspecified injury to L3 level of lumbar spinal cord, initial encounter
S34.103S	Unspecified injury to L3 level of lumbar spinal cord, sequela
S34.104A	Unspecified injury to L4 level of lumbar spinal cord, initial encounter
S34.104S	Unspecified injury to L4 level of lumbar spinal cord, sequela
S34.105A	Unspecified injury to L5 level of lumbar spinal cord, initial encounter
S34.105S	Unspecified injury to L5 level of lumbar spinal cord, sequela
S34.109A	Unspecified injury to unspecified level of lumbar spinal cord, initial encounter
S34.109S	Unspecified injury to unspecified level of lumbar spinal cord, sequela
S34.111A	Complete lesion of L1 level of lumbar spinal cord, initial encounter
S34.111S	Complete lesion of L1 level of lumbar spinal cord, sequela
S34.112A	Complete lesion of L2 level of lumbar spinal cord, initial encounter
S34.112S	Complete lesion of L2 level of lumbar spinal cord, sequela
S34.113A	Complete lesion of L3 level of lumbar spinal cord, initial encounter

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
S34.113S	Complete lesion of L3 level of lumbar spinal cord, sequela
S34.114A	Complete lesion of L4 level of lumbar spinal cord, initial encounter
S34.114S	Complete lesion of L4 level of lumbar spinal cord, sequela
S34.115A	Complete lesion of L5 level of lumbar spinal cord, initial encounter
S34.115S	Complete lesion of L5 level of lumbar spinal cord, sequela
S34.119A	Complete lesion of unspecified level of lumbar spinal cord, initial encounter
S34.119S	Complete lesion of unspecified level of lumbar spinal cord, sequela
S34.121A	Incomplete lesion of L1 level of lumbar spinal cord, initial encounter
S34.121S	Incomplete lesion of L1 level of lumbar spinal cord, sequela
S34.122A	Incomplete lesion of L2 level of lumbar spinal cord, initial encounter
S34.122S	Incomplete lesion of L2 level of lumbar spinal cord, sequela
S34.123A	Incomplete lesion of L3 level of lumbar spinal cord, initial encounter
S34.123S	Incomplete lesion of L3 level of lumbar spinal cord, sequela
S34.124A	Incomplete lesion of L4 level of lumbar spinal cord, initial encounter
S34.124S	Incomplete lesion of L4 level of lumbar spinal cord, sequela
S34.125A	Incomplete lesion of L5 level of lumbar spinal cord, initial encounter
S34.125S	Incomplete lesion of L5 level of lumbar spinal cord, sequela
S34.129A	Incomplete lesion of unspecified level of lumbar spinal cord, initial encounter
S34.129S	Incomplete lesion of unspecified level of lumbar spinal cord, sequela
S34.131A	Complete lesion of sacral spinal cord, initial encounter
S34.131S	Complete lesion of sacral spinal cord, sequela
S34.132A	Incomplete lesion of sacral spinal cord, initial encounter
S34.132S	Incomplete lesion of sacral spinal cord, sequela
S34.139A	Unspecified injury to sacral spinal cord, initial encounter
S34.139S	Unspecified injury to sacral spinal cord, sequela
S34.3XXA	Injury of cauda equina, initial encounter
T40.0X1A	Poisoning by opium, accidental (unintentional), initial encounter
T40.0X1D	Poisoning by opium, accidental (unintentional), subsequent encounter
T40.0X1S	Poisoning by opium, accidental (unintentional), sequela
T40.0X2A	Poisoning by opium, intentional self-harm, initial encounter
T40.0X2D	Poisoning by opium, intentional self-harm, subsequent encounter
T40.0X2S	Poisoning by opium, intentional self-harm, sequela
T40.0X3A	Poisoning by opium, assault, initial encounter
T40.0X3D	Poisoning by opium, assault, subsequent encounter
T40.0X3S	Poisoning by opium, assault, sequela
T40.0X4A	Poisoning by opium, undetermined, initial encounter
T40.0X4D	Poisoning by opium, undetermined, subsequent encounter
T40.0X4S	Poisoning by opium, undetermined, sequela
T40.0X5A	Adverse effect of opium, initial encounter
T40.0X5D	Adverse effect of opium, subsequent encounter
T40.0X5S	Adverse effect of opium, sequela
T40.1X1A	Poisoning by heroin, accidental (unintentional), initial encounter
T40.1X1D	Poisoning by heroin, accidental (unintentional), subsequent encounter
T40.1X1S	Poisoning by heroin, accidental (unintentional), sequela
T40.1X2A	Poisoning by heroin, intentional self-harm, initial encounter

Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
T40.1X2D	Poisoning by heroin, intentional self-harm, subsequent encounter
T40.1X2S	Poisoning by heroin, intentional self-harm, sequela
T40.1X3A	Poisoning by heroin, assault, initial encounter
T40.1X3D	Poisoning by heroin, assault, subsequent encounter
T40.1X3S	Poisoning by heroin, assault, sequela
T40.1X4A	Poisoning by heroin, undetermined, initial encounter
T40.1X4D	Poisoning by heroin, undetermined, subsequent encounter
T40.1X4S	Poisoning by heroin, undetermined, sequela
T40.2X1A	Poisoning by other opioids, accidental (unintentional), initial encounter
T40.2X1D	Poisoning by other opioids, accidental (unintentional), subsequent encounter
T40.2X1S	Poisoning by other opioids, accidental (unintentional), sequela
T40.2X2A	Poisoning by other opioids, intentional self-harm, initial encounter
T40.2X2D	Poisoning by other opioids, intentional self-harm, subsequent encounter
T40.2X2S	Poisoning by other opioids, intentional self-harm, sequela
T40.2X3A	Poisoning by other opioids, assault, initial encounter
T40.2X3D	Poisoning by other opioids, assault, subsequent encounter
T40.2X3S	Poisoning by other opioids, assault, sequela
T40.2X4A	Poisoning by other opioids, undetermined, initial encounter
T40.2X4D	Poisoning by other opioids, undetermined, subsequent encounter
T40.2X4S	Poisoning by other opioids, undetermined, sequela
T40.2X5A	Adverse effect of other opioids, initial encounter
T40.2X5D	Adverse effect of other opioids, subsequent encounter
T40.2X5S	Adverse effect of other opioids, sequela
T40.3X1A	Poisoning by methadone, accidental (unintentional), initial encounter
T40.3X1D	Poisoning by methadone, accidental (unintentional), subsequent encounter
T40.3X1S	Poisoning by methadone, accidental (unintentional), sequela
T40.3X2A	Poisoning by methadone, intentional self-harm, initial encounter
T40.3X2D	Poisoning by methadone, intentional self-harm, subsequent encounter
T40.3X2S	Poisoning by methadone, intentional self-harm, sequela
T40.3X3A	Poisoning by methadone, assault, initial encounter
T40.3X3D	Poisoning by methadone, assault, subsequent encounter
T40.3X3S	Poisoning by methadone, assault, sequela
T40.3X4A	Poisoning by methadone, undetermined, initial encounter
T40.3X4D	Poisoning by methadone, undetermined, subsequent encounter
T40.3X4S	Poisoning by methadone, undetermined, sequela
T40.3X5A	Adverse effect of methadone, initial encounter
T40.3X5D	Adverse effect of methadone, subsequent encounter
T40.3X5S	Adverse effect of methadone, sequela
T40.411A	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), initial encounter
T40.411D	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), subsequent encounter
T40.411S	Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), sequela
T40.412A	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, initial encounter
T40.412D	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, subsequent encounter
T40.412S	Poisoning by fentanyl or fentanyl analogs, intentional self-harm, sequela
T40.413A	Poisoning by fentanyl or fentanyl analogs, assault, initial encounter

Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
T40.413D	Poisoning by fentanyl or fentanyl analogs, assault, subsequent encounter
T40.413S	Poisoning by fentanyl or fentanyl analogs, assault, sequela
T40.414A	Poisoning by fentanyl or fentanyl analogs, undetermined, initial encounter
T40.414D	Poisoning by fentanyl or fentanyl analogs, undetermined, subsequent encounter
T40.414S	Poisoning by fentanyl or fentanyl analogs, undetermined, sequela
T40.415A	Adverse effect of fentanyl or fentanyl analogs, initial encounter
T40.415D	Adverse effect of fentanyl or fentanyl analogs, subsequent encounter
T40.415S	Adverse effect of fentanyl or fentanyl analogs, sequela
T40.421A	Poisoning by tramadol, accidental (unintentional), initial encounter
T40.421D	Poisoning by tramadol, accidental (unintentional), subsequent encounter
T40.421S	Poisoning by tramadol, accidental (unintentional), sequela
T40.422A	Poisoning by tramadol, intentional self-harm, initial encounter
T40.422D	Poisoning by tramadol, intentional self-harm, subsequent encounter
T40.422S	Poisoning by tramadol, intentional self-harm, sequela
T40.423A	Poisoning by tramadol, assault, initial encounter
T40.423D	Poisoning by tramadol, assault, subsequent encounter
T40.423S	Poisoning by tramadol, assault, sequela
T40.424A	Poisoning by tramadol, undetermined, initial encounter
T40.424D	Poisoning by tramadol, undetermined, subsequent encounter
T40.424S	Poisoning by tramadol, undetermined, sequela
T40.425A	Adverse effect of tramadol, initial encounter
T40.425D	Adverse effect of tramadol, subsequent encounter
T40.425S	Adverse effect of tramadol, sequela
T40.491A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
T40.491D	Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter
T40.491S	Poisoning by other synthetic narcotics, accidental (unintentional), sequela
T40.492A	Poisoning by other synthetic narcotics, intentional self-harm, initial encounter
T40.492D	Poisoning by other synthetic narcotics, intentional self-harm, subsequent encounter
T40.492S	Poisoning by other synthetic narcotics, intentional self-harm, sequela
T40.493A	Poisoning by other synthetic narcotics, assault, initial encounter
T40.493D	Poisoning by other synthetic narcotics, assault, subsequent encounter
T40.493S	Poisoning by other synthetic narcotics, assault, sequela
T40.494A	Poisoning by other synthetic narcotics, undetermined, initial encounter
T40.494D	Poisoning by other synthetic narcotics, undetermined, subsequent encounter
T40.494S	Poisoning by other synthetic narcotics, undetermined, sequela
T40.495A	Adverse effect of other synthetic narcotics, initial encounter
T40.495D	Adverse effect of other synthetic narcotics, subsequent encounter
T40.495S	Adverse effect of other synthetic narcotics, sequela
T40.4X1A	Poisoning by other synthetic narcotics, accidental (unintentional), initial encounter
T40.4X1D	Poisoning by other synthetic narcotics, accidental (unintentional), subsequent encounter
T40.4X1S	Poisoning by other synthetic narcotics, accidental (unintentional), sequela
T40.4X2A	Poisoning by other synthetic narcotics, intentional self-harm, initial encounter
T40.4X2D	Poisoning by other synthetic narcotics, intentional self-harm, subsequent encounter
T40.4X2S	Poisoning by other synthetic narcotics, intentional self-harm, sequela
T40.4X3A	Poisoning by other synthetic narcotics, assault, initial encounter

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
T40.4X3D	Poisoning by other synthetic narcotics, assault, subsequent encounter
T40.4X3S	Poisoning by other synthetic narcotics, assault, sequela
T40.4X4A	Poisoning by other synthetic narcotics, undetermined, initial encounter
T40.4X4D	Poisoning by other synthetic narcotics, undetermined, subsequent encounter
T40.4X4S	Poisoning by other synthetic narcotics, undetermined, sequela
T40.4X5A	Adverse effect of other synthetic narcotics, initial encounter
T40.4X5D	Adverse effect of other synthetic narcotics, subsequent encounter
T40.4X5S	Adverse effect of other synthetic narcotics, sequela
T40.601A	Poisoning by unspecified narcotics, accidental (unintentional), initial encounter
T40.601D	Poisoning by unspecified narcotics, accidental (unintentional), subsequent encounter
T40.601S	Poisoning by unspecified narcotics, accidental (unintentional), sequela
T40.602A	Poisoning by unspecified narcotics, intentional self-harm, initial encounter
T40.602D	Poisoning by unspecified narcotics, intentional self-harm, subsequent encounter
T40.602S	Poisoning by unspecified narcotics, intentional self-harm, sequela
T40.603A	Poisoning by unspecified narcotics, assault, initial encounter
T40.603D	Poisoning by unspecified narcotics, assault, subsequent encounter
T40.603S	Poisoning by unspecified narcotics, assault, sequela
T40.604A	Poisoning by unspecified narcotics, undetermined, initial encounter
T40.604D	Poisoning by unspecified narcotics, undetermined, subsequent encounter
T40.604S	Poisoning by unspecified narcotics, undetermined, sequela
T40.605A	Adverse effect of unspecified narcotics, initial encounter
T40.605D	Adverse effect of unspecified narcotics, subsequent encounter
T40.605S	Adverse effect of unspecified narcotics, sequela
T40.691A	Poisoning by other narcotics, accidental (unintentional), initial encounter
T40.691D	Poisoning by other narcotics, accidental (unintentional), subsequent encounter
T40.691S	Poisoning by other narcotics, accidental (unintentional), sequela
T40.692A	Poisoning by other narcotics, intentional self-harm, initial encounter
T40.692D	Poisoning by other narcotics, intentional self-harm, subsequent encounter
T40.692S	Poisoning by other narcotics, intentional self-harm, sequela
T40.693A	Poisoning by other narcotics, assault, initial encounter
T40.693D	Poisoning by other narcotics, assault, subsequent encounter
T40.693S	Poisoning by other narcotics, assault, sequela
T40.694A	Poisoning by other narcotics, undetermined, initial encounter
T40.694D	Poisoning by other narcotics, undetermined, subsequent encounter
T40.694S	Poisoning by other narcotics, undetermined, sequela
T40.695A	Adverse effect of other narcotics, initial encounter
T40.695D	Adverse effect of other narcotics, subsequent encounter
T40.695S	Adverse effect of other narcotics, sequela
T40.711A	Poisoning by cannabis, accidental (unintentional), initial encounter
T40.721A	Poisoning by synthetic cannabinoids, accidental (unintentional), initial encounter
T40.7X1A	Poisoning by cannabis (derivatives), accidental (unintentional), initial encounter
T40.8X1A	Poisoning by lysergide [LSD], accidental (unintentional), initial encounter
T40.901A	Poisoning by unspecified psychodysleptics [hallucinogens], accidental (unintentional), initial encounter
T40.991A	Poisoning by other psychodysleptics [hallucinogens], accidental (unintentional), initial encounter

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
T51.0X1A	Toxic effect of ethanol, accidental (unintentional), initial encounter
T51.0X2A	Toxic effect of ethanol, intentional self-harm, initial encounter
T51.0X3A	Toxic effect of ethanol, assault, initial encounter
T51.0X4A	Toxic effect of ethanol, undetermined, initial encounter
Z17.0	Estrogen receptor positive status [ER+]
Z17.1	Estrogen receptor negative status [ER-]
Z17.21	Progesterone receptor positive status
Z17.22	Progesterone receptor negative status
Z17.31	Human epidermal growth factor receptor 2 positive status
Z17.32	Human epidermal growth factor receptor 2 negative status
Z17.410	Hormone receptor positive with human epidermal growth factor receptor 2 positive status
Z17.411	Hormone receptor positive with human epidermal growth factor receptor 2 negative status
Z17.420	Hormone receptor negative with human epidermal growth factor receptor 2 positive status
Z17.421	Hormone receptor negative with human epidermal growth factor receptor 2 negative status
Z19.1	Hormone sensitive malignancy status
Z19.2	Hormone resistant malignancy status
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status
Z49.01	Encounter for fitting and adjustment of extracorporeal dialysis catheter
Z49.02	Encounter for fitting and adjustment of peritoneal dialysis catheter
Z49.31	Encounter for adequacy testing for hemodialysis
Z49.32	Encounter for adequacy testing for peritoneal dialysis
Z51.0	Encounter for antineoplastic radiation therapy
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy
Z71.41	Alcohol abuse counseling and surveillance of alcoholic
Z71.42	Counseling for family member of alcoholic
Z71.51	Drug abuse counseling and surveillance of drug abuser
Z71.52	Counseling for family member of drug abuser
Z71.6	Tobacco abuse counseling
Z74.2	Need for assistance at home and no other household member able to render care
Z85.030	Personal history of malignant carcinoid tumor of large intestine
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.040	Personal history of malignant carcinoid tumor of rectum
Z85.048	Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus
Z85.110	Personal history of malignant carcinoid tumor of bronchus and lung
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.3	Personal history of malignant neoplasm of breast
Z85.42	Personal history of malignant neoplasm of other parts of uterus Cancer, Endometrial
Z85.46	Personal history of malignant neoplasm of prostate
Z85.520	Personal history of malignant carcinoid tumor of kidney
Z85.528	Personal history of other malignant neoplasm of kidney
Z85.53	Personal history of malignant neoplasm of renal pelvis
Z85.54	Personal history of malignant neoplasm of ureter
Z85.59	Personal history of malignant neoplasm of other urinary tract organ
Z85.6	Personal history of leukemia

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Diagnosis Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.
The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Diagnosis Code	Short Description
Z85.71	Personal history of Hodgkin lymphoma
Z85.72	Personal history of non-Hodgkin lymphomas
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues
Z86.000	Personal history of in-situ neoplasm of breast
Z95.1	Presence of aortocoronary bypass graft
Z99.81	Dependence on supplemental oxygen

DRAFT

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Procedure Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Code	Short Description
00450	Anes px clav&scapula nos
00731	Anes upr gi ndsc px nos
11042	Dbrdmt subq tis 1st 20sqcm/<
20610	Drain/inj joint/bursa w/o us
36556	Insert non-tunnel cv cath
36620	Insertion catheter artery
62321	Njx interlaminar crv/thrc
62323	Njx interlaminar lmr/sac
64483	Njx aa&strd tfrm epi l/s 1
64484	Njx aa&strd tfrm epi l/s ea
67028	Intravitreal injection of a pharmacologic agent (separate procedure)
70450	Ct head/brain w/o dye
70486	Ct maxillofacial w/o dye
70496	Ct angiography head
70498	Ct angiography neck
70551	Mri brain stem w/o dye
70553	MRI BRAIN STEM W/O & W/DYE
71250	Ct thorax dx c-
71260	Ct thorax dx c+
71275	Ct angiography chest
72125	Ct neck spine w/o dye
72131	Ct lumbar spine w/o dye
72141	Mri neck spine w/o dye
72148	Mri lumbar spine w/o dye
72156	Mri neck spine w/o & w/dye
72158	Mri lumbar spine w/o & w/dye
74176	Ct abd & pelvis w/o contrast
74177	Ct abd & pelvis w/contrast
74183	Mri abd w/o cntr flwd cntr
76536	Us exam of head and neck
76700	Us exam abdom complete
76705	Echo exam of abdomen
76770	Us exam abdo back wall comp
76937	Us guide vascular access
76942	Echo guide for biopsy
77001	Fluoroguide for vein device
77263	Fluoroguide for vein device
77300	Radiation therapy dose plan
77334	Radiation treatment aid(s)
77336	Radiation physics consult
77427	Radiation tx management x5
78452	Ht muscle image spect mult
78815	Pet image w/ct skull-thigh
80178	Assay of lithium

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Procedure Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Code	Short Description
80305	Drug test prsmv dir opt obs
80306	Drug test prsmv instrmnt
80307	Drug test prsmv chem analyzr
80320	Drug screen quantalcohols
80346	Benzodiazepines; 1-12
80348	Drug screening buprenorphine
80349	Cannabinoids, natural
80353	Drug screening cocaine
80354	Drug screening fentanyl
80361	Opiates, 1 or more
81025	Urine pregnancy test
82075	Assay of breath ethanol
82077	Assay spec xcp ur&breath ia
82105	Alpha-fetoprotein serum
82140	Assay of ammonia
82378	Carcinoembryonic antigen (CEA)
82805	Blood gases w/o2 saturation
83605	Assay of lactic acid
84145	Procalcitonin (PCT)
84702	Chorionic gonadotropin test
84703	Chorionic gonadotropin assay
86359	T cells; total count
86360	T cells; absolute count
86361	T cells; absolute count/ratio
87536	Hiv-1 quant&revrse trnscrpt
88305	Tissue exam by pathologist
88307	Tissue exam by pathologist
88360	Tumor immunohistochem/manual
90785	Psytx complex interactive
90791	PSYCH DIAGNOSTIC EVALUATION
90792	PSYCH DIAG EVAL W/MED SRVCS
90832	Psytx w pt 30 minutes
90833	Psytx w pt w e/m 30 min
90834	Psytx w pt 45 minutes
90836	Psytx w pt w e/m 45 min
90837	Psytx w pt 60 minutes
90838	Psytx w pt w e/m 60 min
90839	Psytx crisis initial 60 min
90847	Family psytx w/pt 50 min
90853	Group psychotherapy
91200	Liver elastography
92004	Compre oph exam new pt 1/>
92133	Cptrzd oph dx img pst sgm on
92134	Cptrz oph dx img pst sgm rta

Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Procedure Code List
Effective January 2027

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Code	Short Description
92235	Fluorescein angrph mltiframe
92557	Comprehensive hearing test
93000	Electrocardiogram complete
93005	Electrocardiogram tracing
93010	Electrocardiogram report
93015	Cv stress test supvj i&r
93016	Cv stress test supvj only
93017	Cv stress test tracing only
93018	Cv stress test i&r only
93306	Tte w/doppler complete
93307	Tte w/o doppler complete
93308	Tte f-up or lmted
93312	Echo transesophageal
93320	Doppler echo complete
93321	Doppler echo f-up/lmted std
93325	Doppler echo color flow mapg
93356	Myocrd strain img spckl trck
93458	L hrt artery/ventricle angio
93880	Extracranial bilat study
93922	Upr/l xtremity art 2 levels
93923	Upr/lxtr art stdy 3+ lvls
93924	Lwr xtr vasc stdy bilat
93925	Lower extremity study
93970	Extremity study
93971	Extremity study
93975	Vascular study
93976	Vascular study
94010	Breathing capacity test
94060	Evaluation of wheezing
94640	Airway inhalation treatment
94726	Plethysmography lung volumes
95816	Eeg awake and drowsy
95886	Musc test done w/n test comp
95911	Nrv cndj test 9-10 studies
96130	Psycl tst eval phys/qhp 1st
96360	Hydration iv infusion init
96361	Hydrate iv infusion add-on
96365	Ther/proph/diag iv inf init
96366	Ther/proph/diag iv inf addon
96367	Tx/proph/dg addl seq iv inf
96368	Ther/diag concurrent inf
96372	Ther/proph/diag inj sc/im
96373	Ther/proph/diag inj ia
96374	Ther/proph/diag inj iv push

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Procedure Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Code	Short Description
96375	Tx/pro/dx inj new drug addon
96376	Tx/pro/dx inj same drug adon
96413	Chemo iv infusion 1 hr
96415	Chemo iv infusion addl hr
96416	Chemo prolong infuse w/pump
96417	Chemo iv infus each addl seq
97010	Hot or cold packs therapy
97012	Mechanical traction therapy
97014	Electric stimulation therapy
97110	Therapeutic exercises
97112	Neuromuscular reeducation
97140	Manual therapy 1/> regions
97161	Pt eval low complex 20 min
97162	Pt eval mod complex 30 min
97163	Pt eval high complex 45 min
97164	Pt re-eval est plan care
97530	Therapeutic activities
97535	Self care mngment training
98940	Chiropract manj 1-2 regions
98941	Chiropract manj 3-4 regions
99070	Special supplies phys/qhp
99152	Mod sed same phys/qhp 5/>yrs
99153	Mod sed same phys/qhp ea
99203	Office o/p new low 30 min
99204	Office o/p new mod 45 min
99205	Office o/p new hi 60 min
99213	Office o/p est low 20 min
99214	Office o/p est mod 30 min
99215	Office o/p est hi 40 min
99221	1st hosp ip/obs sf/low 40
99222	1st hosp ip/obs moderate 55
99223	1st hosp ip/obs high 75
99231	Sbsq hosp ip/obs sf/low 25
99232	Sbsq hosp ip/obs moderate 35
99233	Sbsq hosp ip/obs high 50
99236	Hosp ip/obs same date hi 85
99238	Hosp ip/obs dschrg mgmt 30/<
99239	Hosp ip/obs dschrg mgmt >30
99243	Off/op cnsltj new/est low 30
99244	Off/op cnsltj new/est mod 40
99245	Off/op cnsltj new/est hi 55
99252	Ip/obs cnsltj new/est sf 35
99253	Ip/obs cnsltj new/est low 45
99254	Ip/obs cnsltj new/est mod 60

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Procedure Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Code	Short Description
99255	lp/obs constlj new/est hi 80
99283	Emergency dept visit low mdm
99284	Emergency dept visit mod mdm
99285	Emergency dept visit hi mdm
99291	Critical care first hour
99292	Critical care addl 30 min
99306	1st nf care high mdm 50
99307	Sbsq nf care sf mdm 10
99308	Sbsq nf care low mdm 20
99309	Sbsq nf care moderate mdm 30
99385	Prev visit new age 18-39
99386	Prev visit new age 40-64
99395	Prev visit est age 18-39
99396	Prev visit est age 40-64
99408	Audit/dast 15-30 min
99417	Prolng op e/m each 15 min
99490	Chrcnc care mgmt staff 1st 20
99497	Advncd care plan 30 min
1125F	Amnt pain noted pain prsnt
1170F	Fxnl status assessed
3046F	Hemoglobin a1c level >9.0%
A6550	Neg pres wound ther drsg set
A7000	Disposable canister for pump
A7025	Replace chest compress vest
A7026	Replace chst cmprrs sys hose
A8000	Soft protect helmet prefab
A8001	Hard Protect Helmet Prefab
A8002	Soft Protect Helmet Custom
A8003	Hard Protect Helmet Custom
A8004	Repl Soft Interface, Helmet
A9552	F18 fdg
A9575	Inj gadoterate meglumi 0.1ml
A9585	GADOBUTROL INJECTION
B4102 w/ no modifier	EF adult fluids and electro
B4103 w/ no modifier	EF ped fluid and electrolyte
B4105 w/ no modifier	Enzyme cartridge enteral nut
B4149 w/ no modifier	EF blenderized foods
B4150 w/ no modifier	EF complet w/intact nutrient

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Procedure Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Code	Short Description
B4152 w/ no modifier	EF calorie dense $\geq$ 1.5Kcal
B4153 w/ no modifier	EF hydrolyzed/amino acids
B4154 w/ no modifier	EF spec metabolic noninherit
B4155 w/ no modifier	EF incomplete/modular
B4157 w/ no modifier	EF special metabolic inherit
B4158 w/ no modifier	EF ped complete intact nut
B4159 w/ no modifier	EF ped complete soy based
B4160 w/ no modifier	EF ped caloric dense $\geq$ 0.7kc
B4161 w/ no modifier	EF ped hydrolyzed/amino acid
B4162 w/ no modifier	EF ped specmetabolic inherit
C1769	Guide wire
C1894	Intro/sheath, non-laser
E0100	Cane adjust/fixed with tip
E0105	Cane adjust/fixed quad/3 pro
E0110	Crutch forearm pair
E0111	Crutch forearm each
E0112	Crutch underarm pair wood
E0113	Crutch underarm each wood
E0114	Crutch underarm pair no wood
E0116	Crutch underarm each no wood
E0130	Walker rigid adjust/fixed ht
E0135	Walker folding adjust/fixed
E0140	Walker w trunk support
E0141	Rigid wheeled walker adj/fix
E0143	Walker folding wheeled w/o s
E0144	Enclosed walker w rear seat
E0147	Walker variable wheel resist
E0148	Heavyduty walker no wheels
E0240	Bath/shower chair
E0241	Bath tub wall rail
E0242	Bath tub rail floor
E0243	Toilet rail
E0244	Toilet seat raised
E0245	Tub stool or bench
E0246	Transfer tub rail attachment

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Procedure Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Code	Short Description
E0247	Trans bench w/wo comm open
E0248	HDtrans bench w/wo comm open
E0250	Hosp bed fixed ht w/ mattres
E0251	Hosp bed fixd ht w/o mattres
E0255	Hospital bed var ht w/ mattr
E0256	Hospital bed var ht w/o matt
E0260	Hosp bed semi-electr w/ matt
E0261	Hosp bed semi-electr w/o mat
E0265	Hosp bed total electr w/ mat
E0266	Hosp bed total elec w/o matt
E0290	Hosp bed fx ht w/o rails w/m
E0291	Hosp bed fx ht w/o rail w/o
E0292	Hosp bed var ht no sr w/matt
E0293	Hosp bed var ht no sr no mat
E0294	Hosp bed semi-elect w/ mattr
E0295	Hosp bed semi-elect w/o matt
E0296	Hosp bed total elect w/ matt
E0297	Hosp bed total elect w/o mat
E0301	HD hosp bed, 350-600 lbs
E0302	Ex hd hosp bed > 600 lbs
E0303	Hosp bed hvy dty xtra wide
E0304	Hosp bed xtra hvy dty x wide
E0316	Bed safety enclosure
E0328	Ped hospital bed, manual
E0329	Ped hospital bed semi/elect
E0424	Stationary compressed gas O2
E0431	Portable gaseous O2
E0434	Portable liquid O2
E0439	Stationary liquid O2
E0441	STATIONARY O2 CONTENTS, GAS
E0442	STATIONARY O2 CONTENTS, LIQ
E0443	PORTABLE O2 CONTENTS, GAS
E0444	PORTABLE O2 CONTENTS, LIQUID
E0465	Home Vent Invasive Interface
E0466	Home Vent Non-Invasive Inter
E0481	Intrpulumnry percuss vent sys
E0483	Hi freq chest wall oscil sys
E0621	Patient Lift Sling Or Seat
E0625	Patient Lift Bathroom Or Toi
E0630	Patient Lift Hydraulic
E0635	Patient Lift Electric
E0636	Pt Support & Positioning Sys
E0637	Combination Sit To Stand Sys
E0638	Standing Frame Sys

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Procedure Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Code	Short Description
E0639	Moveable Patient Lift System
E0705	Transfer Device
E0956	W/C Lateral Trunk/Hip Suppor
E0957	W/C Medial Thigh Support
E0958	Whlchr Att- Conv 1 Arm Drive
E0960	W/C Shoulder Harness/Straps
E0961	Wheelchair Brake Extension
E0966	Wheelchair Head Rest Extensi
E0967	Man Wc Rim/Projection Rep Ea
E0968	Wheelchair Commode Seat
E0969	Wheelchair Narrowing Device
E0971	Wheelchair Anti-Tipping Devi
E0973	W/Ch Access Det Adj Armrest
E0974	W/Ch Access Anti-Rollback
E0978	W/C Acc,Saf Belt Pelv Strap
E0980	Wheelchair Safety Vest
E0983	Add Pwr Joystick
E0984	Add Pwr Tiller
E0986	Man W/C Powr Assist Syst
E0990	Wheelchair Elevating Leg Res
E0992	Wheelchair Solid Seat Insert
E0995	Wc Calf Rest, Pad Replacemnt
E1002	Pwr Seat Tilt
E1003	Pwr Seat Recline
E1004	Pwr Seat Recline Mech
E1005	Pwr Seat Recline Pwr
E1006	Pwr Seat Combo W/O Shear
E1007	Pwr Seat Combo W/Shear
E1008	Pwr Seat Combo Pwr Shear
E1009	Add Mech Leg Elevation
E1010	Add Pwr Leg Elevation
E1012	Ctr Mount Pwr Elev Leg Rest
E1016	Shock Absorber For Power W/C
E1161	Manual Adult Wc W Tiltinspac
E1225	Manual Semi-Reclining Back
E1226	Manual Fully Reclining Back
E1227	Wheelchair Spec Sz Spec Ht A
E1228	Wheelchair Spec Sz Spec Ht B
E1229	Pediatric Wheelchair Nos
E1390	Oxygen Concentrator
E2313	Pwc Harness, Expand Control
E2321	Hand Interface Joystick
E2323	Special Joystick Handle
E2324	Chin Cup Interface

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Procedure Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Code	Short Description
E2325	Sip And Puff Interface
E2327	Head Control Interface Mech
E2328	Head/Extremity Control Inter
E2329	Head Control Nonproportional
E2330	Head Control Proximity Switc
E2331	Attendant Control
E2358	Gr 34 Nonsealed Leadacid
E2359	Gr34 Sealed Leadacid Battery
E2360	22nf Nonsealed Leadacid
E2361	22nf Sealed Leadacid Battery
E2362	Gr24 Nonsealed Leadacid
E2363	Gr24 Sealed Leadacid Battery
E2364	U1nonsealed Leadacid Battery
E2365	U1 Sealed Leadacid Battery
E2368	Pwr Wc Drivewheel Motor Repl
E2370	Pwr Wc Dr Wh Motor/Gear Comb
E2371	Gr27 Sealed Leadacid Battery
E2372	Gr27 Non-Sealed Leadacid
E2374	Hand/Chin Ctrl Std Joystick
E2375	Non-Expandable Controller
E2376	Expandable Controller, Repl
E2377	Expandable Controller, Initl
E2378	Pw Actuator Replacement
E2402	Negative pressure wound therapy electrical pump
E2500	Sgd Digitized Pre-Rec <=8min
E2502	Sgd Prerec Msg >8min <=20min
E2504	Sgd Prerec Msg>20min <=40min
E2506	Sgd Prerec Msg > 40 Min
E2508	Sgd Spelling Phys Contact
E2510	Sgd W Multi Methods Msg/Accs
E8000	Posterior Gait Trainer
E8001	Upright Gait Trainer
E8002	Anterior Gait Trainer
G0151	HHCP-SERV OF PT,EA 15 MIN
G0299	Hhs/hospice of rn ea 15 min
G0378	Hospital observation per hr
G0396	Alcohol/subs interv 15-30mn
G0397	Alcohol/subs interv >30 min
G0463	Hospital outpt clinic visit
G0467	FQHC visit, estab pt
G0480	Drug test def 1-7 classes
G0481	Drug test def 8-14 classes
G0482	Drug test def 15-21 classes
G0483	Drug test def 22+ classes

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Procedure Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Code	Short Description
G2067	Med assist tx meth wk
G2212	Prolong outpt/office vis
G8431	Pos clin depres scrn f/u doc
G9002	Recuperative Care - care coordination
G9012	Other Specified Case Mgmt
H0001	Alcohol and/or drug assess
H0002	Alcohol and/or drug screenin
H0004	Alcohol and/or drug services
H0005	Alcohol and/or drug services
H0006	Alcohol and/or drug services
H0010	Alcohol and/or drug services
H0011	Alcohol and/or drug services
H0014	Alcohol and/or drug services
H0015	Alcohol and/or drug services
H0018	Alcohol and/or drug services
H0019	Alcohol and/or drug services
H0020	Alcohol and/or drug services
H0023	Alcohol and/or drug outreach
H0025	Alcohol and/or drug preventi
H0031	MH health assess by non-md
H0032	MH svc plan dev by non-md
H0035	MH partial hosp tx under 24h
H0036	Comm psy face-face per 15min
H0047	Alcohol/drug abuse svc nos
H0048	Spec coll non-blood:a/d test
H0049	Alcohol/drug screening
H2000	Comp multidisipln evaluation
H2011	Crisis interven svc, 15 min
H2017	Psyc soc rehab svc, per 15 min
H2019	Ther behav svc, per 15 min
H2020	Ther behav svc, per diem
H2034	A/D halfway house, per diem
H2035	A/D tx program, per hour
H2036	A/D tx program, per diem
J0690	Cefazolin sodium injection
J0696	Ceftriaxone sodium injection
J1100	Dexamethasone sodium phos
J1200	Diphenhydramine hcl injectio
J1630	Haloperidol injection
J1644	Inj heparin sodium per 1000u
J1650	Inj enoxaparin sodium
J1790	Droperidol injection
J1815	Insulin injection
J1885	Ketorolac tromethamine inj

Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Procedure Code List
Effective January 2027

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Code	Short Description
J2060	Lorazepam injection
J2250	Inj midazolam hydrochloride
J2270	Morphine sulfate injection
J2405	Ondansetron hcl injection
J2469	Palonosetron hcl
J2704	Inj, propofol, 10 mg
J2765	Metoclopramide hcl injection
J3010	Fentanyl citrate injection
J3301	Triamcinolone acet inj NOS
J3370	Vancomycin hcl injection
J3411	Thiamine hcl 100 mg
J3475	Inj magnesium sulfate
J3480	Inj potassium chloride
J7030	Normal saline solution infus
J7040	Normal saline solution infus
J7050	Normal saline solution infus
J7120	Ringers lactate infusion
J9035	Bevacizumab injection
K0001	Standard Wheelchair
K0002	Stnd Hemi (Low Seat) Whlchr
K0003	Lightweight Wheelchair
K0004	High Strength Ltwt Whlchr
K0800	POV Group 1 Std Up To 300lbs
K0801	POV Group 1 Hd 301-450 Lbs
K0802	POV Group 1 Vhd 451-600 Lbs
K0806	POV Group 2 Std Up To 300lbs
K0807	POV Group 2 Hd 301-450 Lbs
K0808	POV Group 2 Vhd 451-600 Lbs
K0812	Power Operated Vehicle NOC
K0813	Pwc Gp 1 Std Port Seat/Back
K0814	Pwc Gp 1 Std Port Cap Chair
K0815	Pwc Gp 1 Std Seat/Back
K0816	Pwc Gp 1 Std Cap Chair
K0820	Pwc Gp 2 Std Port Seat/Back
K0821	Pwc Gp 2 Std Port Cap Chair
K0822	Pwc Gp 2 Std Seat/Back
K0823	Pwc Gp 2 Std Cap Chair
K0824	Pwc Gp 2 Hd Seat/Back
K0825	Pwc Gp 2 Hd Cap Chair
K0826	Pwc Gp 2 Vhd Seat/Back
K0827	Pwc Gp Vhd Cap Chair
K0828	Pwc Gp 2 Xtra Hd Seat/Back
K0829	Pwc Gp 2 Xtra Hd Cap Chair
K0830	Pwc Gp2 Std Seat Elevate S/B

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Procedure Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Code	Short Description
K0831	Pwc Gp2 Std Seat Elevate Cap
K0835	Pwc Gp2 Std Sing Pow Opt S/B
K0836	Pwc Gp2 Std Sing Pow Opt Cap
K0837	Pwc Gp 2 Hd Sing Pow Opt S/B
K0838	Pwc Gp 2 Hd Sing Pow Opt Cap
K0839	Pwc Gp2 Vhd Sing Pow Opt S/B
K0840	Pwc Gp2 Xhd Sing Pow Opt S/B
K0841	Pwc Gp2 Std Mult Pow Opt S/B
K0842	Pwc Gp2 Std Mult Pow Opt Cap
K0843	Pwc Gp2 Hd Mult Pow Opt S/B
K0848	Pwc Gp 3 Std Seat/Back
K0849	Pwc Gp 3 Std Cap Chair
K0850	Pwc Gp 3 Hd Seat/Back
K0851	Pwc Gp 3 Hd Cap Chair
K0852	Pwc Gp 3 Vhd Seat/Back
K0853	Pwc Gp 3 Vhd Cap Chair
K0854	Pwc Gp 3 Xhd Seat/Back
K0855	Pwc Gp 3 Xhd Cap Chair
K0856	Pwc Gp3 Std Sing Pow Opt S/B
K0857	Pwc Gp3 Std Sing Pow Opt Cap
K0858	Pwc Gp3 Hd Sing Pow Opt S/B
K0859	Pwc Gp3 Hd Sing Pow Opt Cap
K0860	Pwc Gp3 Vhd Sing Pow Opt S/B
K0861	Pwc Gp3 Std Mult Pow Opt S/B
K0862	Pwc Gp3 Hd Mult Pow Opt S/B
K0863	Pwc Gp3 Vhd Mult Pow Opt S/B
K0864	Pwc Gp3 Xhd Mult Pow Opt S/B
K0868	Pwc Gp 4 Std Seat/Back
K0869	Pwc Gp 4 Std Cap Chair
K0870	Pwc Gp 4 Hd Seat/Back
K0871	Pwc Gp 4 Vhd Seat/Back
K0877	Pwc Gp4 Std Sing Pow Opt S/B
K0878	Pwc Gp4 Std Sing Pow Opt Cap
K0879	Pwc Gp4 Hd Sing Pow Opt S/B
K0880	Pwc Gp4 Vhd Sing Pow Opt S/B
K0884	Pwc Gp4 Std Mult Pow Opt S/B
K0885	Pwc Gp4 Std Mult Pow Opt Cap
K0886	Pwc Gp4 Hd Mult Pow S/B
K0890	Pwc Gp5 Ped Sing Pow Opt S/B
K0891	Pwc Gp5 Ped Mult Pow Opt S/B
K0898	Power Wheelchair Noc
L2000	Kafo Sing Fre Stirr Thi/Calf
L2005	Kafo Sng/DbI Mechanical Act
L2010	Kafo Sng Solid Stirrup W/O J

Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Procedure Code List
Effective January 2027

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Code	Short Description
L2020	Kafo Dbl Solid Stirrup Band/
L2030	Kafo Dbl Solid Stirrup W/O J
L2034	Kafo Pla Sin Up W/Wo K/A Cus
L2035	Kafo Plastic Pediatric Size
L2036	Kafo Plas Doub Free Knee Mol
L2037	Kafo Plas Sing Free Knee Mol
L2038	Kafo W/O Joint Multi-Axis An
L2040	Hkafo Torsion Bil Rot Straps
L2050	Hkafo Torsion Cable Hip Pelv
L2060	Hkafo Torsion Ball Bearing J
L2070	Hkafo Torsion Unilat Rot Str
L2080	Hkafo Unilat Torsion Cable
L2090	Hkafo Unilat Torsion Ball Br
L5050	Ank Symes Mold Sckt Sach Ft
L5060	Symes Met Fr Leath Socket Ar
L5100	Molded Socket Shin Sach Foot
L5105	Plast Socket Jts/Thgh Lacer
L5150	Mold Sckt Ext Knee Shin Sach
L5160	Mold Socket Bent Knee Shin S
L5200	Kne Sing Axis Fric Shin Sach
L5210	No Knee/Ankle Joints W/ Ft B
L5220	No Knee Joint With Artic Ali
L5230	Fem Focal Defic Constant Fri
L5250	Hip Canad Sing Axi Cons Fric
L5270	Tilt Table Locking Hip Sing
L5280	Hemipelvect Canad Sing Axis
L5301	Bk Mold Socket Sach Ft Endo
L5312	Knee Disart, Sach Ft, Endo
L5321	Ak Open End Sach
L5331	Hip Disart Canadian Sach Ft
L5341	Hemipelvectomy Canadian Sach
L5500	Init Bk Ptb Plaster Direct
L5505	Init Ak Ischal Plstr Direct
L5510	Prep Bk Ptb Plaster Molded
L5520	Perp Bk Ptb Thermopls Direct
L5530	Prep Bk Ptb Thermopls Molded
L5535	Prep Bk Ptb Open End Socket
L5540	Prep Bk Ptb Laminated Socket
L5560	Prep Ak Ischial Plast Molded
L5570	Prep Ak Ischial Direct Form
L5580	Prep Ak Ischial Thermo Mold
L5590	Prep Ak Ischial Laminated
L5595	Hip Disartic Sach Thermopls
L5600	Hip Disart Sach Laminat Mold

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Procedure Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Code	Short Description
L5610	Above Knee Hydracadence
L5611	Ak 4 Bar Link W/Fric Swing
L5613	Ak 4 Bar Ling W/Hydraul Swig
L5616	Ak Univ Multiplex Sys Frict
L5618	Test Socket Symes
L5620	Test Socket Below Knee
L5622	Test Socket Knee Disarticula
L5624	Test Socket Above Knee
L5626	Test Socket Hip Disarticulat
L5628	Test Socket Hemipelvectomy
L5629	Below Knee Acrylic Socket
L5630	Syme Typ Expandabl Wall Sckt
L5631	Ak/Knee Disartic Acrylic Soc
L5632	Symes Type Ptb Brim Design S
L5634	Symes Type Poster Opening So
L5636	Symes Type Medial Opening So
L5637	Below Knee Total Contact
L5638	Below Knee Leather Socket
L5639	Below Knee Wood Socket
L5640	Knee Disarticulat Leather So
L5642	Above Knee Leather Socket
L5643	Hip Flex Inner Socket Ext Fr
L5644	Above Knee Wood Socket
L5645	Bk Flex Inner Socket Ext Fra
L5646	Below Knee Cushion Socket
L5647	Below Knee Suction Socket
L5648	Above Knee Cushion Socket
L5650	Tot Contact Ak/Knee Disart S
L5651	Ak Flex Inner Socket Ext Fra
L5652	Suction Susp Ak/Knee Disart
L5653	Knee Disart Expand Wall Sock
L5654	Socket Insert Symes
L5655	Socket Insert Below Knee
L5656	Socket Insert Knee Articulat
L5658	Socket Insert Above Knee
L5666	Below Knee Cuff Suspension
L5668	Bk Molded Distal Cushion
L5670	Bk Molded Supracondylar Susp
L5671	Bk/Ak Locking Mechanism
L5672	Bk Removable Medial Brim Sus
L5673	Socket Insert W Lock Mech
L5676	Bk Knee Joints Single Axis P
L5678	Bk Joint Covers Pair
Q9967	LOCM 300-399mg/ml iodine,1ml

**Michigan Department of Health and Human Services
Healthy Michigan Plan Work Requirements
Medically Frail Exemption - Category 2 Procedure Code List
Effective January 2027**

CPT codes, descriptions and two-digit modifiers only are copyright American Medical Association. All Rights Reserved.

The information in this document lists diagnosis and procedure codes used to identify conditions considered medically frail in Category 2. Refer to the Michigan Medicaid Provider Manual, MMP Bulletins and other relevant information on how these codes are used.

Code	Short Description
S9480	Intensive outpatient psychia
S9484	Crisis intervention per hour
S9485	Crisis intervention mental h
S9976	Recuperative Care - room & board
T1000	Private duty/independent nsg
T1007	Treatment Plan Development (ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES)
T1015	Clinic service
T1016	Case management
T1017	Targeted case management
T1040	Comm bh clinic svc per diem
T1041	Comm bh clinic svc per month
T2023	Targeted case mgmt per month

DRAFT