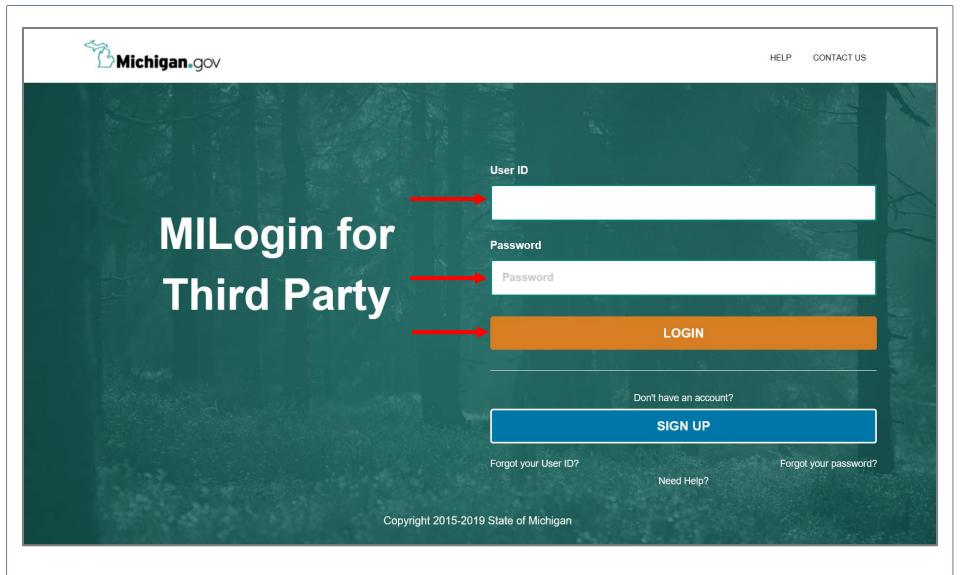# Medicaid Code and Rate Reference Tool

Michigan Department of Health & Human Services

"Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time."
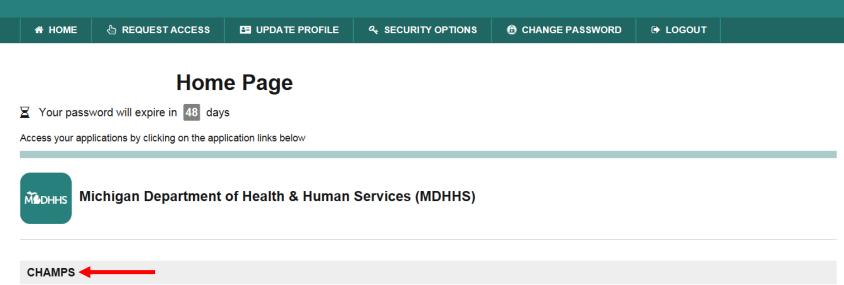
-Provider Relations

- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter https://milogintp.Michigan.gov into the search bar
- Enter your User ID and Password
- Click Login
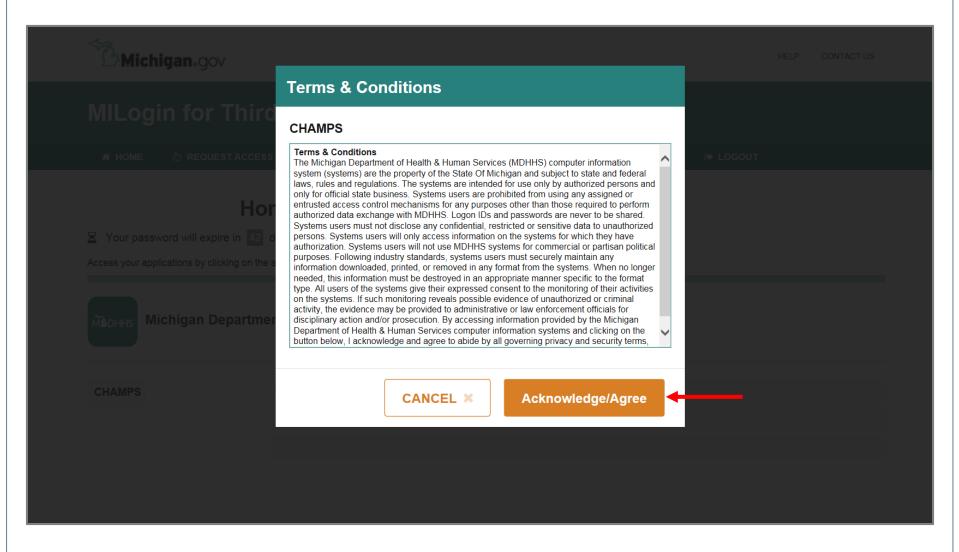
- You will be directed back to your MILogin Home Page
- Click the CHAMPS hyperlink

- Click 'Acknowledge/Agree' button to accept the Terms & Conditions to get into CHAMPS

- Select the Billing NPI from the Domain dropdown
- Select the appropriate profile (for example full access, limited access, etc.)
- Select a Favorite if one has previously been saved

- Select Medicaid Code and Rate Reference from the External Links Tab

- Select your provider type and your specialty from the dropdown.

- Enter your code

- Click on the Search button and the code will appear as a blue hyperlink below.

Code Details

Code : A4253
Category : HCPCS/CPT Codes
Gender : Both
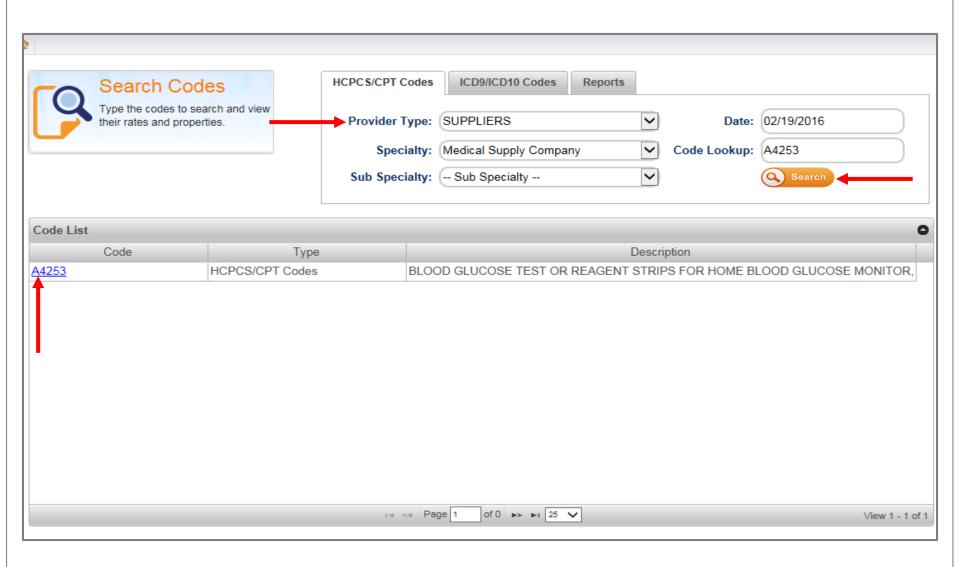**Long Description :** BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS

Date Searched : 03/02/2016
Date Printed : 03/02/2016 13:34:08

Indicators

Claim Type	Indicator Name	Indicator Value	Age Range
	Prior Authorization	Y–Yes	All Ages
	Supplies/DME–per diem	Y–Included In Per–Diem	
	Medicaid Covered	Y–Yes	
	Bypass PA with Diagnosis	Y–By Pass PA with diagnosis	All Ages

Associated Modifiers

Claim Type	Modifier Code	Modifier Description	Include/Exclude
0–All	KX	Requirements specified in the Medical Policy have been met	Include

CodeRates | SpecialtyRates

Claim Type	Modifier	Age Range	Place of Service	Rate Type	Rate
					27.19

Provider Type/Specialty/Subspecialty

Provider Type	Specialty	Subspecialty
SUPPLIERS	Medical Supply Company	No Subspecialty
SUPPLIERS	Medical Supply Company	With Licensed Pharmacy
SUPPLIERS	Medical Supply Company	With Orthotics Personnel
SUPPLIERS	Medical Supply Company	With Registered Pharmacist
SUPPLIERS	Medical Supply Company	With Respiratory Therapist

Associated Diagnosis

Code	Description	Age Range
E1143	Type 2 diabetes mellitus with diabetic autonomic (poly) neuropathy	
E13321	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema	
E11630	Type 2 diabetes mellitus with periodontal disease	
E1042	Type 1 diabetes mellitus with diabetic polyneuropathy	

Limit Groups

Description
6 Per Month, Age: 0–21
2 Per Month, Age: 21–124
4 Per Month, Age: 21–124, Insulin Use
6 Per Month, Age: 21–124

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

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

Provider Type: PHYSICIANS

Date: 02/19/2016

Specialty: Surgery

Code Lookup: 58541

Sub Specialty: -- Sub Specialty --

🔍 Search

Code List

Code	Type	Description
58541	HCPCS/CPT Codes	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OF

Page 1 of 1   25

- Select your provider type and your specialty from the dropdown.
- Enter your code
- Click on the Search button and the code will appear as a blue hyperlink below.
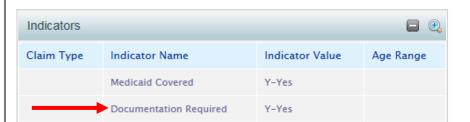
Code Details

Code : 58541
Category : HCPCS/CPT Codes
Gender : Female
Long Description : LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;

Date Searched : 02/19/2016
Date Printed : 02/19/2016 08:57:02

Indicators

Claim Type	Indicator Name	Indicator Value	Age Range
	Medicaid Covered	Y–Yes	
	Documentation Required	Y–Yes	

Age Ranges

Claim Type	Spl/Sub Spl	Modifier	Age Range
			9 to 124 years

CodeRates | SpecialtyRates

Claim Type	Modifier	Age Range	Place of Service	Rate Type	Rate
				Facility	402.14

Provider Type/Specialty/Subspecialty

Provider Type	Specialty	Subspecialty
PHYSICIANS	Surgery	No Subspecialty
PHYSICIANS	Surgery	Pediatric Surgery
PHYSICIANS	Surgery	Surgery of the Hand
PHYSICIANS	Surgery	Surgical Critical Care
PHYSICIANS	Surgery	Surgical Oncology

Associated Diagnosis

Limit Groups

Description
1 Per 90 Days

Search Codes

Type the codes to search and view their rates and properties.

HCPCS/CPT Codes	ICD9/ICD10 Codes	Reports

Provider Type: SUPPLIERS

Specialty: Orthotist (ABC Certified)

Sub Specialty: -- Sub Specialty --

Date: 02/19/2016

Code Lookup: A5500

🔍 Search

Code List

Code	Type	Description
A5500	HCPCS/CPT Codes	FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND

Page 1 of 0   25

Code Details

Code : A5500
Category : HCPCS/CPT Codes
Gender : Both
Long Description : FOR DIABETICS ONLY, FITTING (INCLUDING FOLLOW-UP), CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY SHOE MANUFACTURED TO ACCOMMODATE MULTI- DENSITY INSERT(S), PER SHOE
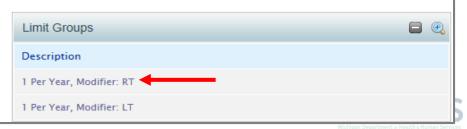
Date Searched : 03/03/2016
Date Printed : 03/03/2016 08:19:14

Indicators

Claim Type	Indicator Name	Indicator Value	Age Range
	Medicaid Covered	Y–Yes	
	Modifier Required	RT–Right side	
	Modifier Required	LT–Left side	

Age Ranges

CodeRates / SpecialtyRates

Claim Type	Modifier	Age Range	Place of Service	Rate Type	Rate
					52.43

Provider Type/Specialty/Subspecialty

Provider Type	Specialty	Subspecialty
SUPPLIERS	Medical Supply Company	No Subspecialty
SUPPLIERS	Medical Supply Company	With Licensed Pharmacy
SUPPLIERS	Medical Supply Company	With Orthotics Personnel
SUPPLIERS	Medical Supply Company	With Registered Pharmacist
SUPPLIERS	Medical Supply Company	With Respiratory Therapist

Associated Diagnosis

Limit Groups

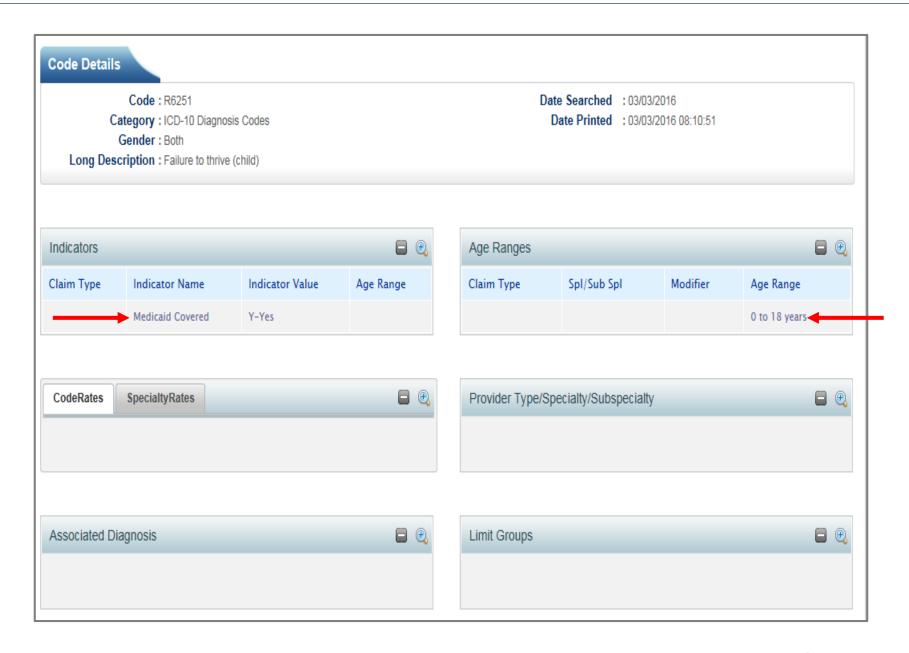| Description |
|---|
| 1 Per Year, Modifier: RT |
| 1 Per Year, Modifier: LT |

Michigan Department of Health & Human Services

- Click on ICD9/ICD10 codes.
- Enter your code (without decimals).
- Click on the Search button and the code will appear as a blue hyperlink below.

Code Details

Code : R6251
Category : ICD-10 Diagnosis Codes
Gender : Both
Long Description : Failure to thrive (child)

Date Searched : 03/03/2016
Date Printed : 03/03/2016 08:10:51

Indicators

Claim Type	Indicator Name	Indicator Value	Age Range
	Medicaid Covered	Y–Yes	

Age Ranges

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

CodeRates | SpecialtyRates

Provider Type/Specialty/Subspecialty

Associated Diagnosis

Limit Groups

Indicator Definitions

- **Ambulance** - Identifies diagnoses that are recognized for emergency transport purposes.

- **Bypass PA with DX** - If "Y" is indicated, the prior authorization requirement is bypassed for specific medical conditions. For additional information, see the associated diagnosis codes representing these medical conditions.

- **CSHCS Qualifying** - Indicates diagnoses recognized by CSHCS that requires care by a medical or surgical subspecialist. Diagnosis alone does not guarantee medical eligibility for CSHCS. The individual must also meet the evaluation criteria regarding the level of severity, chronicity, and the need for annual medical care and treatment by a physician subspecialist. This is outlines within the CSHCS Chapter of Medicaid Provider Manual. Please refer to CSHCS, Section 8.1 Medical Renewal Period.

- **Documentation Required** – Additional information is required to process the claim (e.g., description of service, operative report, or consent form).

- **Hospital Discharge-Bypass PA** - If "Y" is indicated, then the prior authorization requirement may be bypassed for durable medical equipment if the date of service (DOS) of the claim is within 3 months of the hospital discharge date. See the Medicaid Provider Manual for additional policy details.

MDHHS
Michigan Department of Health & Human Services

Indicator Definitions (cont.)

- **Manual Price** - A rate has not been established and the procedure code/service is priced manually.

- **Medicaid Covered** - The procedure code/service is recognized by the program; however, additional coverage restrictions (e.g., provider type or benefit plan) may apply. See the Medicaid Provider Manual for additional policy details.

- **Modifier Required** - The identified modifier must be reported on the claim.

- **Prior Authorization** – The procedure/service requires a prior authorization.

- **Supplies/DME – Per Diem** – If "Y" is indicated, then the medical supplier should not bill for the item; it is considered as part of the Nursing Facility per diem rate.

- **Tooth # Required** – The procedure code/service requires the specific number of the tooth to be reported on the claim.

- **Tooth Surface Required** – The procedure code/service requires the specific tooth surface to be reported on the claim.

Provider Resources

- **MDHHS website:** www.michigan.gov/medicaidproviders

- **We continue to update our Provider Resources, just click on the links below:**
  - Listserv Instructions
  - Medicaid Provider Alerts and Resources
  - CHAMPS Website
  - Update Other Insurance NOW!
  - Medicaid Provider Training Sessions
  - Provider Enrollment Website

- **Provider Support:**
  - ProviderSupport@Michigan.gov or 1-800-292-2550

  Thank you for participating in the Michigan Medicaid Program