

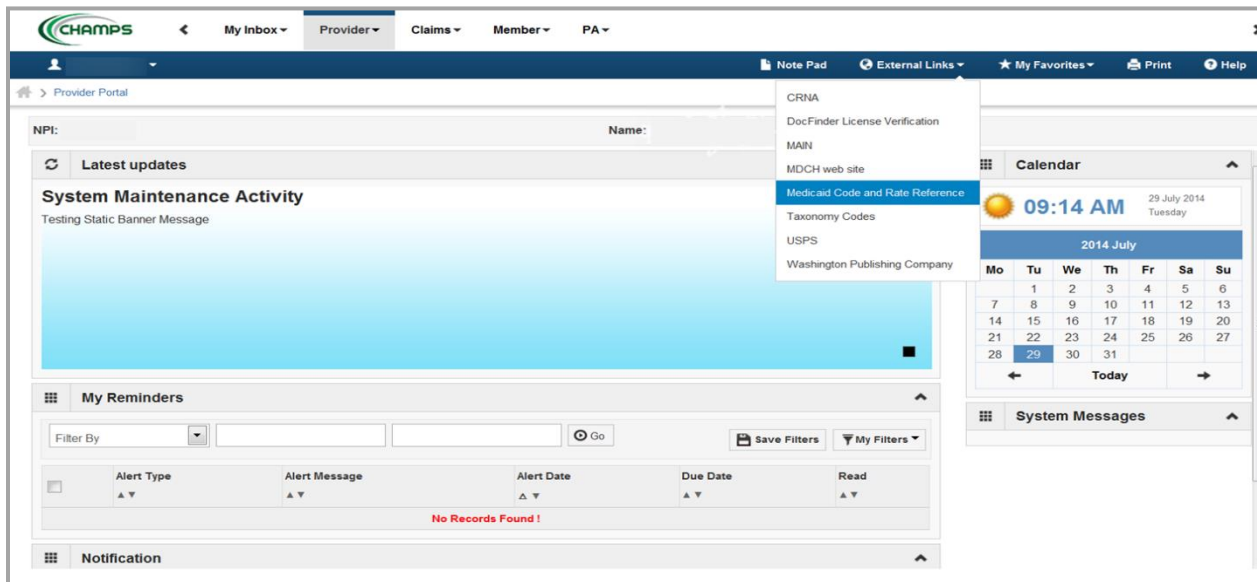
Medicaid Code and Rate Reference

Navigating through the Medicaid Code and Rate Reference tool

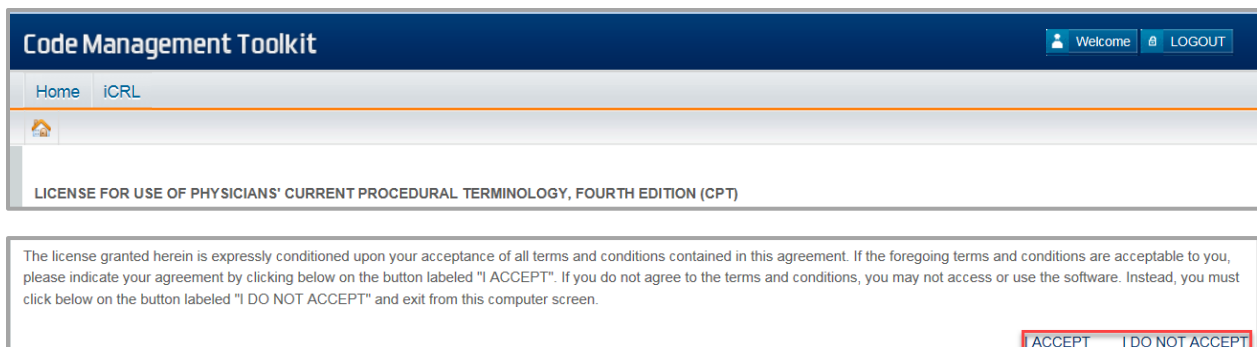
The Medicaid Code and Rate Reference tool is used for providers to view code details such as rates, limits, age restrictions, gender restrictions, modifier requirements, and prior authorization requirements. For outpatient hospitals the Medicare Addendum B, MDHHS wraparound list, and other resources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

Accessing the Medicaid Code and Rate Reference tool:

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

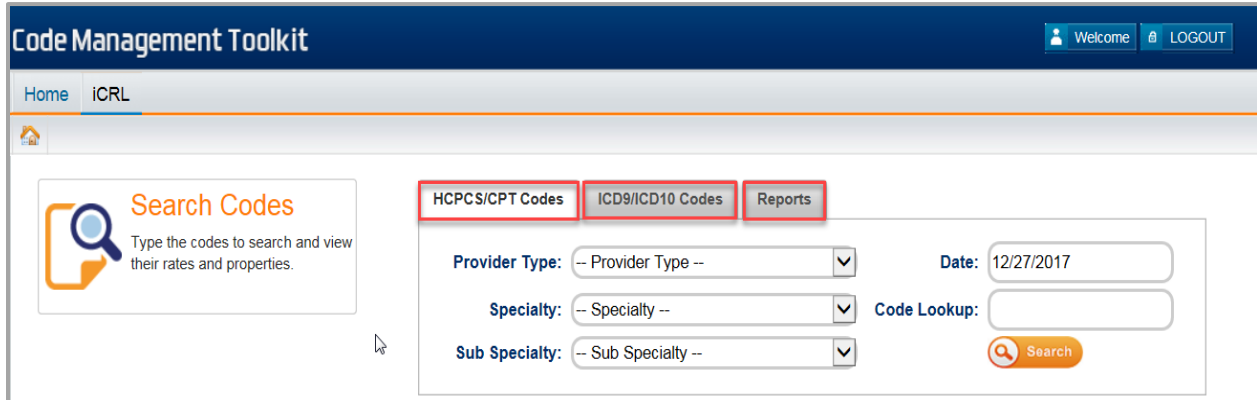


4. The user agreement screen will display, read through the **End User Point:**
 - If you **agree** to the terms, select **I ACCEPT**
 - If you **do not agree** to the terms, select **I DO NOT ACCEPT**. This will direct you back to the CHAMPS home page.



There are 3 ways to search within this tool:

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

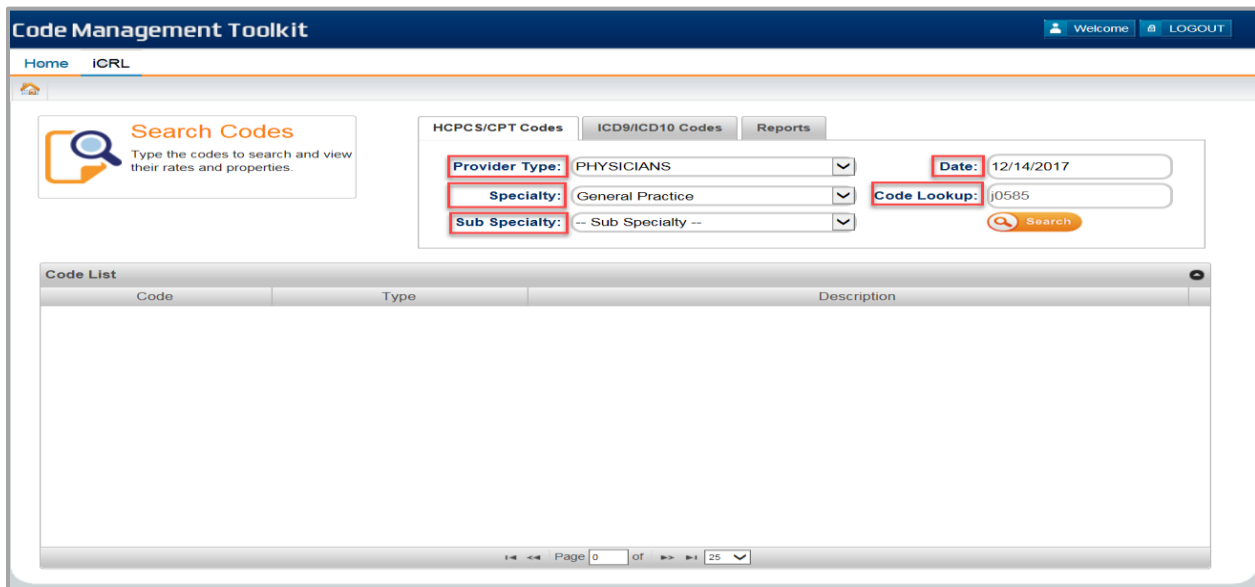


The screenshot shows the 'Code Management Toolkit' interface. At the top, there is a navigation bar with 'Home' and 'ICRL' tabs. Below this, there is a 'Search Codes' section with a magnifying glass icon and the text 'Type the codes to search and view their rates and properties.' To the right of this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

Searching by Individual HCPCS/CPT:

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

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



Code Management Toolkit | Welcome | LOGOUT

Home | ICRL

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

HCPCS/CPT Codes | ICD9/ICD10 Codes | Reports

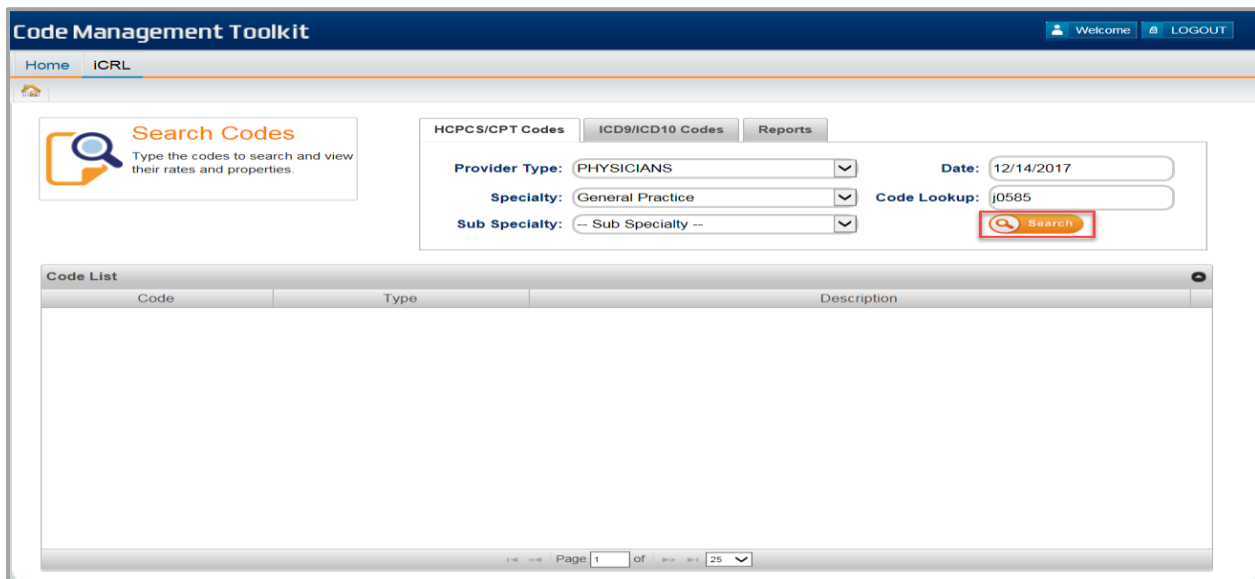
Provider Type: PHYSICIANS | **Date:** 12/14/2017
Specialty: General Practice | **Code Lookup:** J0585
Sub Specialty: -- Sub Specialty -- | **Search**

Code List

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

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



Code Management Toolkit | Welcome | LOGOUT

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

HCPCS/CPT Codes | ICD9/ICD10 Codes | Reports

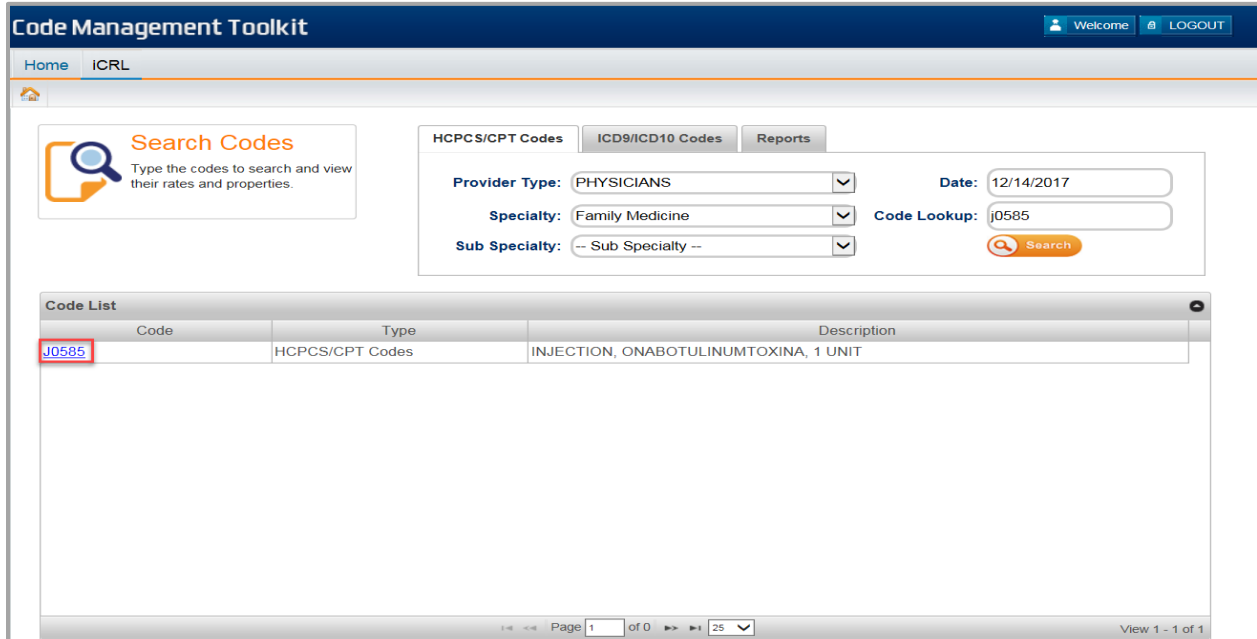
Provider Type: PHYSICIANS | **Date:** 12/14/2017
Specialty: General Practice | **Code Lookup:** J0585
Sub Specialty: -- Sub Specialty -- | **Search**

Code List

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

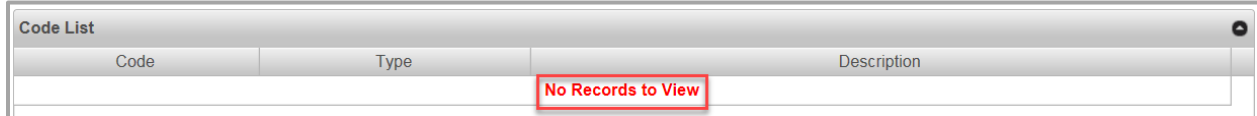
Page 1 of 25

7. To view code details, click the hyperlinked code



The screenshot shows the 'Code Management Toolkit' interface. At the top, there are tabs for 'Home' and 'ICRL'. Below this, there's a 'Search Codes' section with a magnifying glass icon and the text 'Type the codes to search and view their rates and properties.' To the right, there are filters for 'HCPCS/CPT Codes', 'ICD9/ICD10 Codes', and 'Reports'. The 'HCPCS/CPT Codes' filter is selected. Below the filters, there are dropdown menus for 'Provider Type' (set to 'PHYSICIANS'), 'Specialty' (set to 'Family Medicine'), and 'Sub Specialty' (set to '-- Sub Specialty --'). There is also a 'Date' field set to '12/14/2017' and a 'Code Lookup' field set to 'J0585'. A 'Search' button is located to the right of the 'Code Lookup' field. Below the search filters, there is a 'Code List' table with columns 'Code', 'Type', and 'Description'. The table contains one row with the code 'J0585', type 'HCPCS/CPT Codes', and description 'INJECTION, ONABOTULINUMTOXINA, 1 UNIT'. The code 'J0585' is highlighted with a red box. At the bottom of the table, there is a pagination bar showing 'Page 1 of 0' and a 'View 1 - 1 of 1' button.

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



The screenshot shows the 'Code List' table with columns 'Code', 'Type', and 'Description'. The table is empty, and a red box with the text 'No Records to View' is displayed in the center of the table.

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



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

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

Code Management Toolkit
Welcome
LOGOUT

Home
ICRL

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

Code Details

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

Indicators

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

Age Ranges

CodeRates
SpecialtyRates

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

Provider Type/Specialty/Subspecialty

| Provider Type | Specialty | Subspecialty |
|---------------|------------------|-----------------|
| PHYSICIANS | General Practice | No Subspecialty |

Associated Diagnosis

| Code | Description | Age Range |
|--------|---|-----------|
| R29898 | OTHER SYMPTOMS AND SIGNS INVOLVING THE MUSCULOSKELETAL SYSTEM | All Ages |
| H5052 | Exophoria | All Ages |
| I69132 | MONOPLÉGIA OF UPPER LIMB FOLLOWING NONTRAUMATIC INTRACEREBRAL HEMORRHAGE AFFECTING LEFT DOMINANT SIDE | All Ages |
| G35 | Multiple sclerosis | All Ages |

Limit Groups

| Description |
|-------------|
| 600 Per Day |

NDC Details

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

Additional Code Detail

9. Code Details:

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

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

10. Indicators:

There are a wide array of indicators as seen below;

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

Indicator Definitions:

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

11. Age Range:

Will list any age restrictions or parameters for the code

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

12. Code Rates/Specialty Rates:

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

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

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

13. Provider Type/Specialty/Subspecialty:

The provider type that chosen for the procedure

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

14. Associated Diagnosis:

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

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

15. Limit Groups:

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

| Limit Groups | |
|--------------|--|
| Description | |
| 600 Per Day | |

16. NDC Details:

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

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

17. Additional Code Detail:

Not currently used

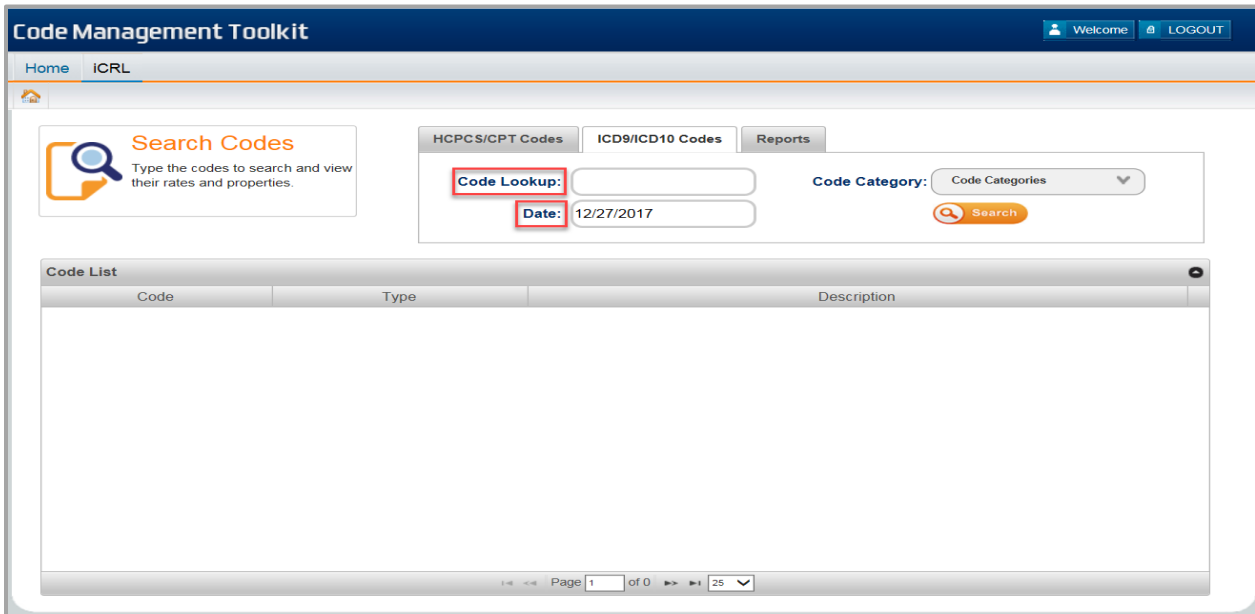
| Additional Code Detail | |
|------------------------|--|
| | |

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

Searching by ICD 9 or ICD 10 Codes:

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

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



Code Management Toolkit Welcome LOGOUT

Home iCRL

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

HCPCS/CPT Codes ICD9/ICD10 Codes Reports

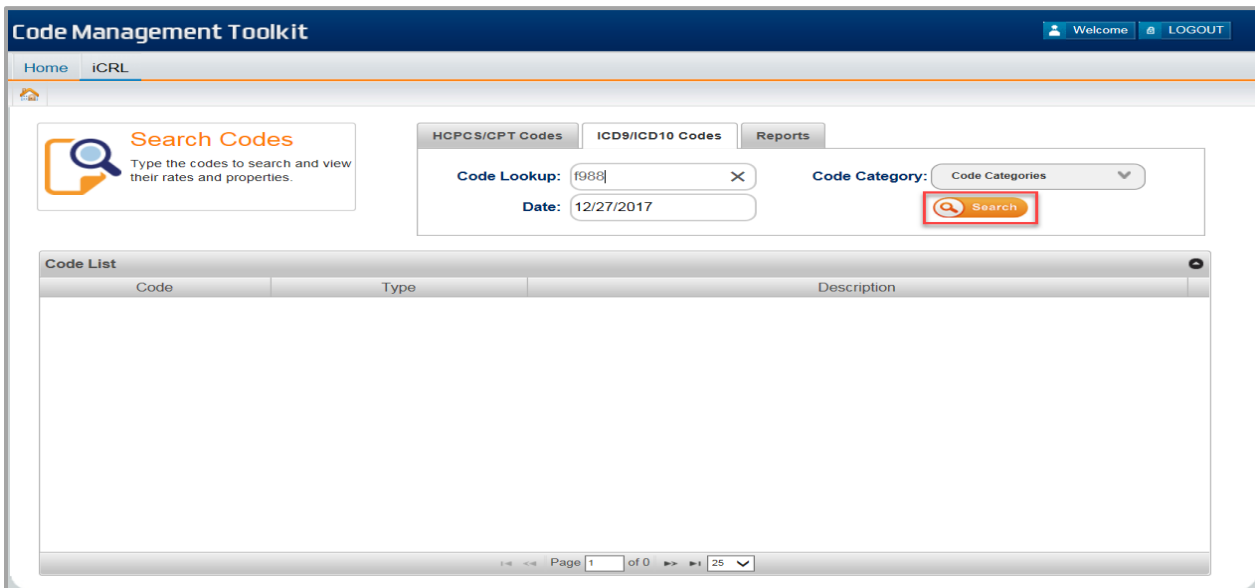
Code Lookup:
Date: 12/27/2017
Code Category: Code Categories

Code List

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

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



Code Management Toolkit Welcome LOGOUT

Home iCRL

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

HCPCS/CPT Codes ICD9/ICD10 Codes Reports

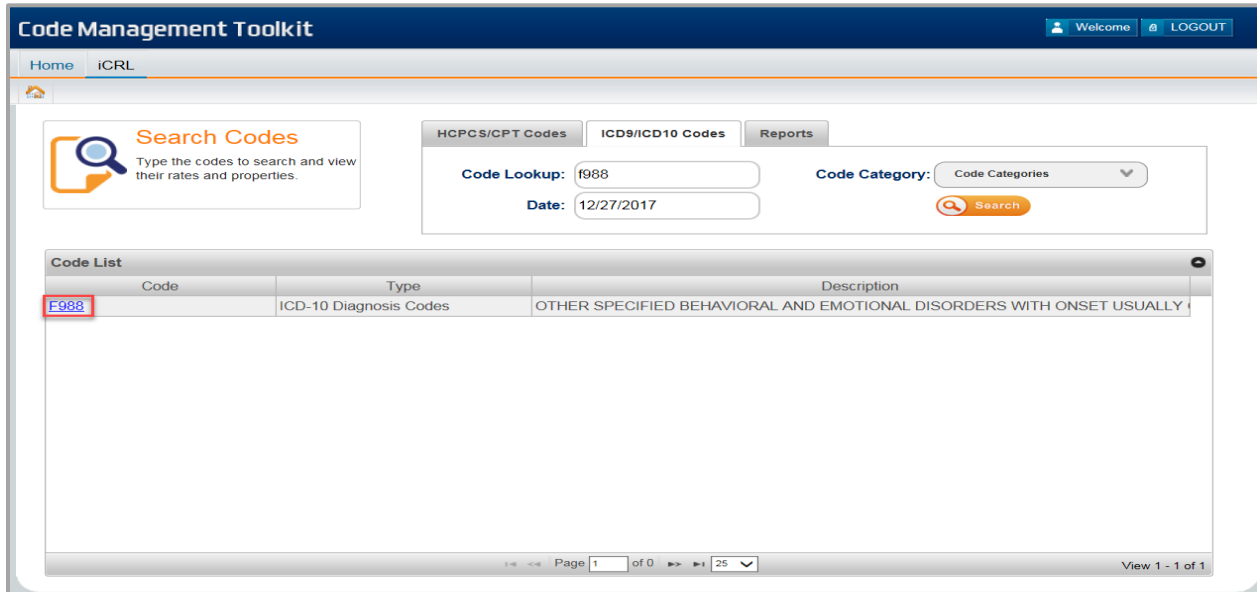
Code Lookup: f988
Date: 12/27/2017
Code Category: Code Categories

Code List

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

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5. To view code details, click the hyperlinked code



The screenshot shows the 'Code Management Toolkit' interface. At the top, there are tabs for 'Home' and 'iCRL'. Below the tabs, there is a 'Search Codes' section with a magnifying glass icon and the text 'Type the codes to search and view their rates and properties.' To the right of this section, there are input fields for 'Code Lookup: f988' and 'Date: 12/27/2017', along with a 'Code Category' dropdown menu set to 'Code Categories' and a 'Search' button. Below the search section, there is a 'Code List' table with columns 'Code', 'Type', and 'Description'. The first row of the table shows the code 'F988' (highlighted with a red box), 'ICD-10 Diagnosis Codes', and 'OTHER SPECIFIED BEHAVIORAL AND EMOTIONAL DISORDERS WITH ONSET USUALLY'. At the bottom of the table, there is a pagination bar showing 'Page 1 of 0' and 'View 1 - 1 of 1'.

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



The screenshot shows the 'Code List' table with columns 'Code', 'Type', and 'Description'. The table is empty, and a red box with the text 'No Records to View' is displayed in the center of the table.

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



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

7. **Code Detail:**

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

Code Management Toolkit

Welcome

LOGOUT

Home

iCRL

MDHHS Disclaimer

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Code Details

Code : F988

Date Searched : 12/27/2017

Category : ICD-10 Diagnosis Codes

Date Printed : 12/27/2017 14:41:21

Gender : Both

Long Description : OTHER SPECIFIED BEHAVIORAL AND EMOTIONAL DISORDERS WITH ONSET USUALLY OCCURRING IN CHILDHOOD AND ADOLESCENCE

Indicators

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

Age Ranges

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

CodeRates

SpecialtyRates

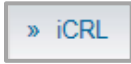
Provider Type/Specialty/Subspecialty

Associated Diagnosis

Limit Groups

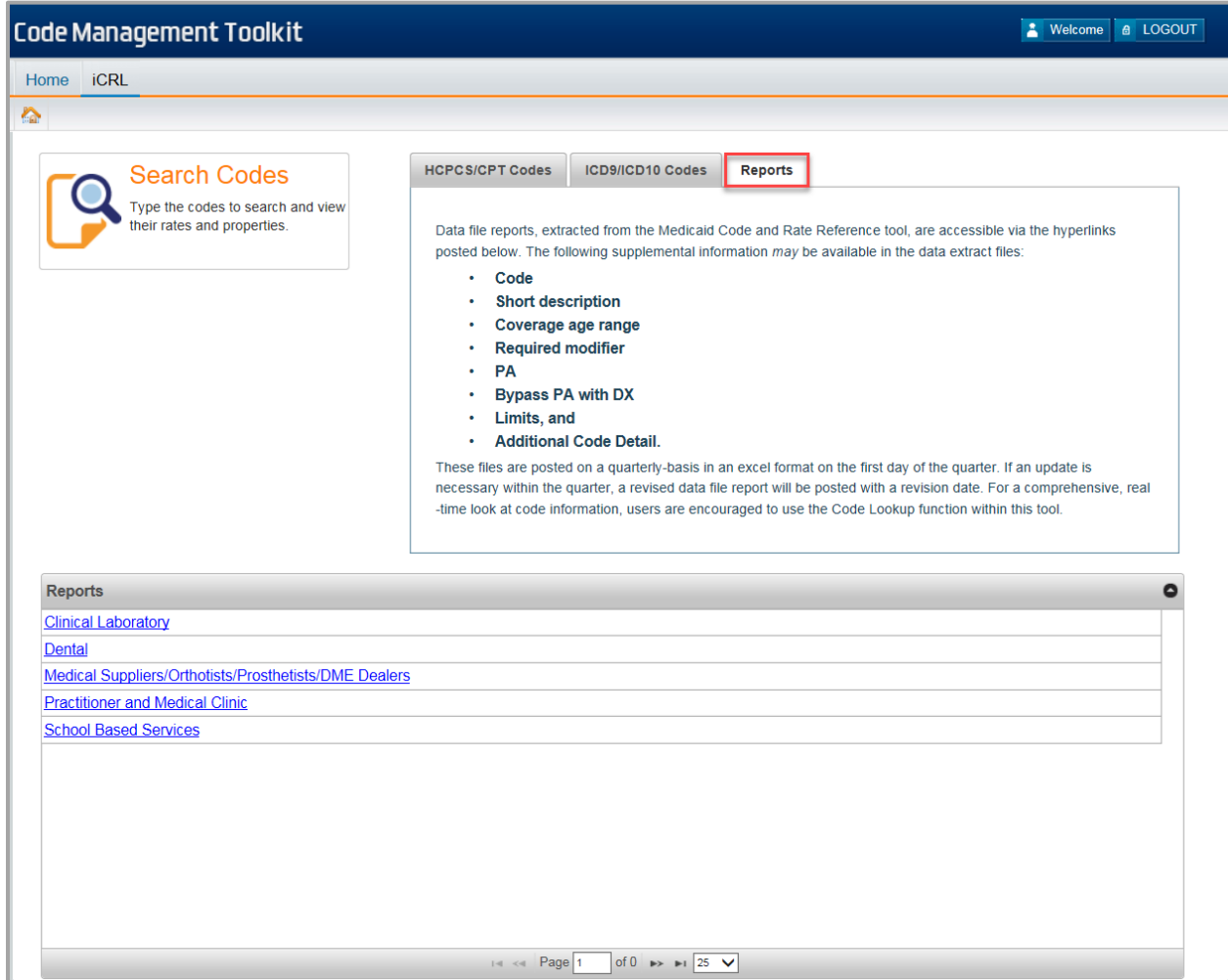
NDC Details

Additional Code Detail

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

Reports:

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



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

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

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

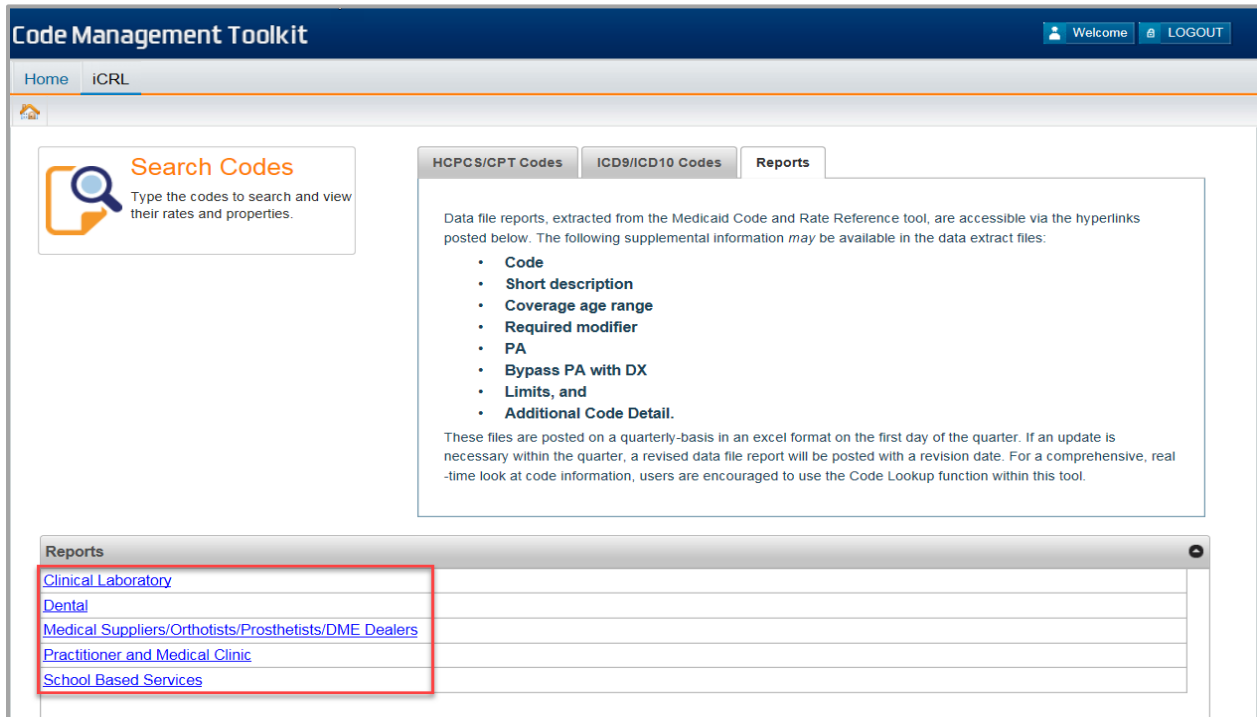
These files are posted on a quarterly-basis in an excel format on the first day of the quarter. If an update is necessary within the quarter, a revised data file report will be posted with a revision date. For a comprehensive, real-time look at code information, users are encouraged to use the Code Lookup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

Below this text is a section titled 'Reports' with a list of hyperlinks:

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

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

1. Select the hyperlink of the report to open



Code Management Toolkit Welcome LOGOUT

Home iCRL

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

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

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

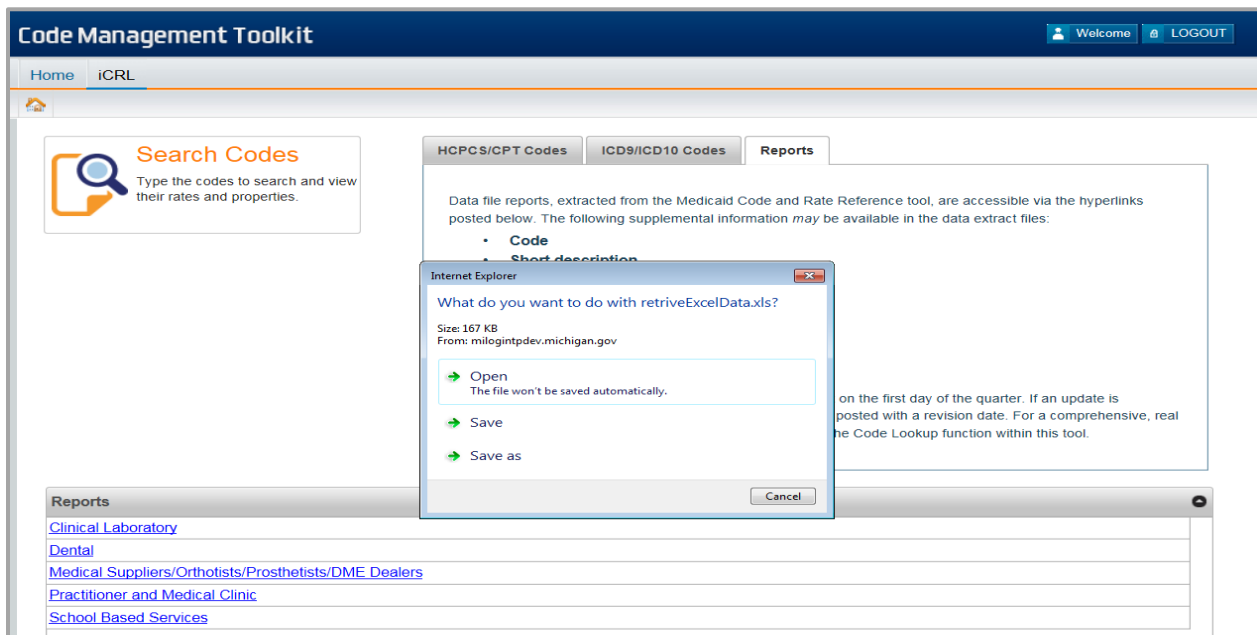
- **Code**
- **Short description**
- **Coverage age range**
- **Required modifier**
- **PA**
- **Bypass PA with DX**
- **Limits, and**
- **Additional Code Detail.**

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

Reports

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

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



Code Management Toolkit Welcome LOGOUT

Home iCRL

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

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

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

- **Code**
- **Short description**

on the first day of the quarter. If an update is posted with a revision date. For a comprehensive, real-time look at code information, users are encouraged to use the Code Lookup function within this tool.

Reports

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

Internet Explorer

What do you want to do with retrieveExcelData.xls?

Size: 167 KB
From: milointpdev.michigan.gov

Open
The file won't be saved automatically.

Save

Save as

Cancel