Information in this document was compiled by Angela Foehl, JD, MPH, Director of the National Policy Agenda for The American Art Therapy Association. September 15, 2010
AMERICAN ART THERAPY ASSOCIATION

MEDICAID FEE SCHEDULES & INFORMATION 2010
TOP MEMBERSHIP STATES

PREFACE
The American Art Therapy Association is developing a place for members to search for the most current information about Medicaid, per state. As the Affordable Health Care Act regulations begin to roll out across the country this will be a valuable link to the most current reimbursement information under Medicaid. The first 15 states included are those with the highest AATA membership; over the next two months all states will be added. Please review:

- **MEDICAID FEE SCHEDULES & INFORMATION 2010: TOP 15 MEMBERSHIP STATES**
  links to general and state-specific information

- **Codes for Reimbursement, Online Search Tools: CPT, ICD-9, HCPCS (A-V):**
  links to websites with the search tools to find billing codes used for reimbursement claims in private insurance and public healthcare programs
  - **CPT Codes** (Current Procedural Terminology): designate the provider’s procedure/service
  - **HCPCS Codes**: for Durable Medical Equipment (DMEs), Injectibles, Supplies, etc.
  - **ICD-9 Codes International Classification of Disease**: numerical and alphabetical searches
  - **ICD-10 Codes International Classification of Disease**: used in countries other than U.S.

ICD-9 & ICD-10 A-Z Index & Tabular Index (by code number):
http://www.cdc.gov/nchs/icd.htm

ICD-9 Search by Disease: http://www.medilexicon.com/icd9codes.php

- **Fee Calculator**: searchable by CPT Code to determine Medicare fees, adopted by some states for Medicaid fee schedules

- **Medicaid Directors Directory**: Contact Information for all states (PDF)

- **State Human Service Agency Directory**: Contact Information for all states (PDF)
For your billing convenience, AATA has collated Medicaid Fee Schedules, provider contacts and other important information with “live” web blinks from all states’ websites for therapists’ services and items categorized under Durable Medical Equipment (DME). Since AATA members differ by credentials and areas of specialization, we have attempted to cover the most likely spectrum of fee schedules and information that members will use. If you require more information, please go to the state Medicaid website of interest to search within it. While Medicaid websites are online for all states, only those with the highest number of AATA members are included in this document, per data available as of September 2010:

<table>
<thead>
<tr>
<th>Alphabet. By State</th>
<th>By # Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td>1. NY</td>
</tr>
<tr>
<td>CT</td>
<td>2. CA</td>
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<tr>
<td>FL</td>
<td>3. IL</td>
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<tr>
<td>IL</td>
<td>4. NJ</td>
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<tr>
<td>MA</td>
<td>5. OH</td>
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<td>MD</td>
<td>6. VA</td>
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<td>MI</td>
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<td>NJ</td>
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<td>NY</td>
<td>9. FL</td>
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<tr>
<td>OH</td>
<td>10. MD</td>
</tr>
<tr>
<td>OR</td>
<td>11. MI</td>
</tr>
<tr>
<td>TX</td>
<td>12. TX</td>
</tr>
<tr>
<td>VA</td>
<td>13. CT</td>
</tr>
<tr>
<td>WA</td>
<td>14. OR</td>
</tr>
<tr>
<td>WI</td>
<td>15. WA</td>
</tr>
</tbody>
</table>

Medicaid programs go by different names but are under the auspices of state departments of health. Fee schedules for services covered under the Medicaid program list Current Procedural Terminology (CPT) codes with corresponding reimbursement rates. Fee schedules may have different titles and formats, and may be separated by specialty provider, program type or other categories, depending upon the state. Some states have general fee schedules that encompass all types of providers. States vary widely as to how often fee schedules are updated and the same state may update different fee schedules at different times. For this reason, it is imperative that providers check their state websites regularly to ensure that they are using the most up-to-date fee schedules and related billing information. Contacts who answer various provider questions for that state’s Medicaid program are listed under the initial state Medicaid website links.
Provider enrollment, fee schedules, billing manuals, and coverage under state plans are posted with other information on each state’s Medicaid website. Usually, they are in Adobe .pdf, Microsoft Excel .xls, text .txt or other typical formats. Fee schedules of primary interest to AATA members are listed by name with live web links you can click on to find the actual documents on the relevant Medicaid website, which may list additional fee schedules and/or billing information. (For the few states that do not list fee schedules on their Medicaid websites, providers may obtain payment rate/fee information by mail, e-mail or phone requests.)

**Inaccessible Internal Web links:** Certain web links to specific web pages or document are designed to be accessed only once you are already online and on the relevant website. They may appear with suffixes “.asp” or “.aspx,” although some files with those suffixes work externally. Those do not operate as “live” web links from external sources like this document. Some cannot be accessed even by entering the web address (URL) into an Internet browser’s search window. Should you come across any such “dead” internal web links in this document, go upward in the list to the web link for next higher level of generality until your web link works. For example, if the web link to a specific fee schedule is “dead,” try the web link to all fee schedules. If that is “dead,” try the web link for the provider information or the main Medicaid website link in the heading next to the state’s Medicaid name below the state abbreviation.

**Special Fee Schedules:** Some states have the fee schedules separated by category of services or specialists. Others have consolidated “Physician Fee Schedules” to include fees for all specialties in one document. There are separate fee schedules for devices that fall under Durable Medical Equipment (DME). Some states also have separate fee schedules for other categories, such as school-based and institutional services.

1. Open the Fee Schedule document (Acrobat Reader is required to view .PDF.)
2. Click “FIND” or binoculars icon on tool bar (can enter CPT code or key word in document’s search window)
3. Click Find Next.

**Updates:** There may be periodic updates in fee schedules, plus an annual update. These vary by state but timing is not uniform for all states. Check your state Medicaid’s website to make sure that you are using the most recently updated fee schedule. While web links for the online fee schedules most currently available, as of September 15, 2010 are listed, they are subject to revision any time, so currency cannot be guaranteed. **Not all fee schedules may be updated at any given point; some older ones may still be effective and current, although they carry dates prior to 2010.**

**(NOTE 1:** Raw dollar amounts for fees stated in a fee schedule may be modified, according to payment rules of the individual state. These modifying rules may be in the fee schedule itself, in the provider manual where billing is discussed, or in a separate document. Please ensure that you are familiar with any such rules for billing that may result in an ultimate fee that is
different from the “raw” fee shown in a provider fee schedule, even if it is one dedicated to a specific specialty. Medicaid billing software is available from multiple online vendors.

**MEDICAID BILLING QUESTIONS:** Many questions will be answered by the provider manual, billing instructions and fee schedules. Please ask your Medicaid provider representative billing questions—contact information for billing and other provider queries is listed here and on each state’s Medicaid agency’s website.

**LINKS: TABLE OF CONTENTS & MEDICAID WEBSITES**

The Table of Contents links to Medicaid information within this document, alphabetized by state. Web links are embedded in this document; they take you to the Internet’s Medicaid website pages. These include online Medicaid fee schedules, provider manuals and other information currently available online. States vary in the type, format and presentation of online Medicaid information. This list does not necessarily include all the links available for Medicaid program documents in your state. States also vary in the timing and frequency of fee schedule updates, so check online for updates before billing and for information not listed here.

**TO USE LINKS (embedded in underlined text):**

1. Put cursor over link until small window pops up with URL
2. Keep cursor over link. Push CONTROL key; cursor will turn into pointer icon
3. With pointer over link, click on link
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Medicaid Fee for Services: as of September 1, 2010

Procedure Code Listings

New York State Medicaid Program

Contacts

Provider Manuals

Ohio Medicaid

Contacts

Provider Info

Fee Schedules and Rates

Hospice Rates FFY 2010, revised

Hospice Rates FFY 2010 - October 1, 2009 - September 30, 2010

Oregon Health Plan

Contacts

Tools for Providers

Billing information

How to submit claims to DHS

Handbooks

Line-by-line Instructions

Billing Forms

Fee Schedules

Texas Medicaid and Healthcare Partnership

Contacts

Texas Medicaid Provider Homepage http://www.tmhp.com/Pages/Medicaid/Medicaid

Provider Resources

Static Fee Schedules

Non-Static Fees: Online Fee Lookup Search

Virginia Dept. of Medical Assistance Services

DMAS
STATE MEDICAID AGENCIES

California Medi-Cal

Contacts

Kim Belshé, Secretary
Agency: California Health and Human Services Agency
Information: (916) 654-3454
Go to the California Health and Human Services Agency
Go to the California Department of Health Care Services
Go to the California Department of Social Services
General Information Contact: 916-445-4171
MCI from voice telephone 1-800-735-2922 Contact: MCI from TDD 1-800-735-2929
Sprint from voice telephone 1-800-877-5379 Contact: Sprint from TDD 1-800-877-5378

Medi-Cal Provider Contact Info
Phone Support Contact: 1-800-541-5555
Small Provider Billing Unit Contact: 916-636-1275

Medi-Cal Rates (AB1629)
Contact: 916-552-8613
Mailing Address:
PO Box 997417, MS 4612
Sacramento, CA 95899-7417

Medi-Cal Contact Listing

Medi-Cal Managed Care Division
Contact: 916-449-5000
Mailing Address:
P.O. Box 997413, MS 4400
Sacramento, CA 95899-7413
Alzheimer’s Disease and Related Disorders Advisory Committee
CHHS established the Alzheimer’s Disease and Related Disorders Advisory Committee in 1998 to advise the Administration and Legislature on Alzheimer’s disease-related issues and public policies. The committee’s goal is to implement and administer programs that provide services to persons with Alzheimer’s disease and their families.
http://www.chhs.ca.gov/initiatives/Pages/Alzheimer%e2%80%99sAC.aspx

For Providers: Medi-Cal Provider Home Page
http://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx

Health Care Reform
http://www.chhs.ca.gov/Pages/HCR.aspx

Medi-Cal Provider Enrollment / Application Packages Alphabetical, by Provider Type

- Clinical Social Worker Package
- Doctor of Medicine Package
- Doctor of Osteopathic Medicine Package
- Durable Medical Equipment Provider Package
- Exempt from Licensure Clinics Package
- Facilities
- Group Providers Package
- Medical Transportation Provider Package
- Occupational Therapist Package
- Psychologist Package
- Rendering Providers

Unlisted Provider Types: you did not find your provider type listed in any of the links above, please call or email the Provider Enrollment Message Center for assistance at (916) 323-1945 or PEDCorr@dhcs.ca.gov.

- Medi-Cal Drug Contracting
- Medi-Cal Drug Rebate
- Privacy (Not DHCS)

All Medi-Cal Rates as of 08/15/2010

- Medi-Cal Billing FAQs (Not DHCS)
- Text Files
  The Text files are zipped for a faster download. Click the above link and select "Save".
Then select the directory/folder where you wish the zip file to reside and select "Save" once again. Once you have the zip file on your machine, you may unzip it to reveal the three files it contains: a Rates file (tab delimited), a Conversion Factors file (tab delimited) and a Notes file (rich text format). The Rates and Conversion Factors files can be imported into a database or spreadsheet.

- Excel Spreadsheet File and Notes

**Information about the Rates, Conversion Factors and Notes**

1. **Rates:** Includes basic Medi-Cal rates.
2. **Conversion Factors:** Lists Medi-Cal dollar conversion factors for different provider types, enabling the user to calculate CPT-4 and related rates for clinic and nurse anesthetist provider types.
3. **Notes:** Provides descriptions of column headings used in the Rates worksheet, along with other explanatory information.

**Connecticut Medical Assistance Program**

**Contacts**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Agency</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elizabeth Dudek,</strong></td>
<td><strong>Interim Secretary</strong></td>
<td><strong>Connecticut Department of Social Services</strong></td>
<td><strong>(860) 550-6300</strong></td>
</tr>
<tr>
<td><strong>CTDSS</strong></td>
<td></td>
<td><strong>Connecticut Department of Children and Families</strong></td>
<td><strong>Go to the Connecticut Department of Children and Families</strong></td>
</tr>
<tr>
<td><strong>(860) 424-5053</strong></td>
<td></td>
<td><strong>Contact Information:</strong> <strong>(860) 269-2028 (in Farmington, CT area)</strong></td>
<td><strong>Go to the Connecticut Department of Social Services</strong></td>
</tr>
</tbody>
</table>

**Provider Assistance Center**

- **1-800-842-8440 (toll free in-state)**  
- **(860) 269-2028 (in Farmington, CT area)**

**Connecticut Medical Assistance Program**

- **25 Sigourney Street**
- **Hartford, CT 06106**
- **Information and Referral:** **1-800-842-1508**  
- **Toll free TDD/TTY line:** **1-800-842-4524**

**Advisory Councils**

- **State Advisory Council (SAC)**
- **Children's Behavioral Health Advisory Committee (CBHAC)**

**Provider Enrollment**
Commonly used phone numbers with the available times of operations for HP are:

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Time Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automated Voice Response System (AVRS)</td>
<td>800-239-7560</td>
<td>24 hours</td>
</tr>
<tr>
<td>Pharmacy Benefit Manager (PBM)</td>
<td>800-603-1714</td>
<td>7am-6pm ET</td>
</tr>
<tr>
<td>Pharmacy Contact Center (First Health)</td>
<td>866-586-0961</td>
<td>8am-5pm ET</td>
</tr>
<tr>
<td>Electronic Claims Submission (ECS) Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic Data Interchange (EDI)</td>
<td>800-289-7799 - Option 4 (8am-5pm ET)</td>
<td></td>
</tr>
<tr>
<td>Provider Relations Services</td>
<td>800-289-7799 - Option 5 (8am-5pm ET)</td>
<td></td>
</tr>
<tr>
<td>Provider Services Contact Center</td>
<td>800-289-7799 - Option 7 (7am-6pm ET)</td>
<td></td>
</tr>
<tr>
<td>Web Portal Password Reset</td>
<td>800-289-7799 - Option 7 (7am-6pm ET)</td>
<td></td>
</tr>
<tr>
<td>Provider Field Services</td>
<td>800-289-7799 - Option 7 (7am-6pm ET)</td>
<td></td>
</tr>
</tbody>
</table>

What is CSV?
CSV is an abbreviation for "Comma Separated Values". A CSV file type can be opened in Microsoft Excel or other spreadsheet programs. This file type is being provided to you in the event that you would like to use the fee schedule data for any necessary calculations.

Provider Fee Schedules 2010 (to Download)

(Note: Additional updates are posted on the website—these are the most recent updates still effective 2010.)

https://www.ctdssmap.com/CTPortal/Provider/Provider%20Fee%20Schedule%20Download/tabId/52/Default.aspx
What is CSV?
CSV is an abbreviation for "Comma Separated Values". A CSV file type can be opened in Microsoft Excel or other spreadsheet programs. This file type is being provided to you in the event that you would like to use the fee schedule data for any necessary calculations.

Fee Schedule Instructions: Format of HTML and CSV Fee Schedules
Each fee schedule contains the following data:

**Heading** – Indicates the name of the fee schedule.

**Procedure Code** – Indicates each procedure code that can be billed for that fee schedule.

**Proc description** – Includes a description of each procedure code.

**Mod1** – Includes any modifiers that can be billed with the procedure code. Modifiers will not be applicable to all fee schedules.

**Mod1 Desc** – Includes a description for the listed modifier. Beginning mid-May 2009, this field will be excluded on MEDS Fee Schedules.

**Rate Type** – The rate type is used to further define the type of rate for the provider fee schedule. Some fee schedules may only have one rate type, whereas others may have multiple rate types. The rate type gives DSS the ability to reimburse procedure codes at a different rate amount based on criteria such as client age or gender.

**Max Fee** – Indicates the maximum fee payable for that procedure code.

**Effective Date** – Indicates the effective date for that rate type and max fee amount. The fee schedule may contain multiple rate types, max fee amounts, and effective dates so that providers have historical rate data.
End Date – Indicates the end date for that rate type and max fee amount.

PA – Indicates whether or not prior authorization (PA) is required. If the column contains a value of Y then PA is **ALWAYS** required for a procedure code. If the PA indicator lists an “*” asterisk; that implies the PA applies to specific billing rule situations, not all. Ensure that you refer to Chapter 7 of the Provider Manual for situational PA requirements as this field shows codes that ALWAYS require PA. To reference provider manuals, navigate to the Information page of this Web site by clicking on Information > Publications > Provider Manuals to find the provider manual for your provider type and click the “View Chapter 7” button.

QTY – Applies only to MEDS fee schedules and indicates the quantity associated with the procedure code

**Special Indicators on Fee Schedules**
The Max Fee column lists the amount the procedure code will be reimbursed. Some fee schedules may contain special indicators in the Max Fee column. These indicators are:

- **MP** – Indicates that a procedure code is manually priced. No rate will be listed.
- **PSR** – Indicates that the rate for this procedure code is provider specific. No rate will be listed.
- **BLLACQ** - Indicates to Bill Acquisition Cost. This applies to the Optician Fee Schedule (formerly vision)
- **%BILL** – indicate that code pays a percentage of the claim billed amount. This applies to the Physician Surgical fee schedule. Please note you must do a find on the CSV format of “BILL” to locate the code. This value does not appear in the autofilter list if the CSV is filtered.

**MEDS Specific Values**

- **Lst-15** – Indicates to be priced at the lesser of list minus 15% based on an appropriate published manufacturer’s suggested retail price or Medicare Price if available. Appropriate documentation regarding pricing must be available upon request.
- **Zero** - Indicates that a procedure code is manually priced or requires PA. No rate will be listed.
- **CST+75** – Indicates for a hearing aid repair, the payment for repairs performed by the manufacturer or third party vendor are limited to the manufacturer or third party vendor's actual costs plus $75. Appropriate documentation regarding pricing must be available upon request.

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**Florida Agency for Health Care Administration**

**Contacts**

- **Information**: (850)488-3560
- [Go to the Florida Agency for Health Care Administration](#)
- **Agency**: Florida Department of Children and Families
- **Information**: (850) 487-1111
Food Stamp Hotline: (866) 762-2237
Go to the Florida Department of Children and Families

Medicaid Providers: EDS : 1-800-289-7799
Provider Services Contact Center – Option 7: available 7am – 6pm, Monday through Friday
Provider Enrollment – Option 4: available 8am – 5pm, Monday through Friday
EDI Services – Option 3: available 8am – 5pm, Monday through Friday
Field Services - Option 7: available 7am – 6pm, Monday through Friday

Medicaid Fiscal Agent
Florida Medicaid currently has a contract with HP Enterprise Services (HP) to serve as the state's fiscal agent. Some of the fiscal agent functions include: enroll non-institutional providers, process Medicaid claims, serve as the enrollment broker for Medicaid recipients, and distribute Medicaid forms and publications. General provider and recipient information can be found on Florida Medicaid’s Web Portal. For provider specific information, visit the Provider Web Portal and for recipient specific information, visit the Recipient Web Portal. Commonly used phone numbers with the available times of operations for HP are:

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automated Voice Response System (AVRS)</td>
<td>800-239-7560 (24 hours)</td>
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<td>Pharmacy Benefit Manager (PBM)</td>
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<td>Electronic Claims Submission (ECS) Services</td>
<td>Electronic Data Interchange (EDI)</td>
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<td>Provider Relations Services</td>
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<tr>
<td>Web Portal Password Reset</td>
<td>Provider Services Contact Center</td>
</tr>
<tr>
<td>Provider Field Services</td>
<td>Provider Field Services</td>
</tr>
</tbody>
</table>

Medicaid Provider Information
services, billings, changes, etc.: fiscal agent Web Portal at http://mymedicaid-florida.com, “Public Information for Providers" link: Florida Medicaid Fiscal Agent
Fiscal Agent for FL Medicaid - Contacts
Florida Medicaid currently has a contract with HP Enterprise Services (HP) to serve as the state's fiscal agent. Some of the fiscal agent functions include: enroll non-institutional providers, process Medicaid claims, serve as the enrollment broker for Medicaid recipients, and distribute Medicaid forms and publications. General provider and recipient information can be found on Florida Medicaid’s Web Portal. For provider specific information, visit the Provider Web Portal and for recipient specific information, visit the Recipient Web Portal.

Provider Fee Schedules

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<th>Title</th>
<th>Version</th>
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<tr>
<td>2008 All Archived Fee Schedules</td>
<td>1.9</td>
<td>ZIP 15771.00KB</td>
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<tr>
<td>2008 All Current Fee Schedules</td>
<td>2.7</td>
<td>ZIP 8462.00KB</td>
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<tr>
<td>Dev Svcs Prov Rate Table Res Hab</td>
<td>1.2</td>
<td>PDF 74.00KB</td>
</tr>
<tr>
<td>Developmental Disabilities Home and Community-Based Services Waiver Procedure Code Table</td>
<td>1.1</td>
<td>PDF 58.00KB</td>
</tr>
<tr>
<td>Developmental Disabilities Rate Table - General</td>
<td>1.0</td>
<td>PDF 36.00KB</td>
</tr>
<tr>
<td>Durable Medical Equipment for All Medicaid Recipients</td>
<td>1.5</td>
<td>PDF 82.00KB</td>
</tr>
<tr>
<td>Durable Medical Equipment for Recipients under Age 21</td>
<td>1.2</td>
<td>PDF 23.00KB</td>
</tr>
</tbody>
</table>
Medicaid Prepaid Therapies

“Under this managed care program, Florida Medicaid recipients aged birth to 21 will receive the physical therapy, occupational therapy, respiratory therapy, and speech-language pathology services that are currently available. Upon implementation of the program, therapy services will be provided under a managed-care model, with children receiving services from network-enrolled providers.

The program will include all children currently enrolled in MediPass, including those receiving services from the Children's Medical Services Network, and fee-for-service Medicaid. Recipients will receive notice when they are enrolled into the program.

To assist providers and beneficiaries in understanding this new program, the Agency for Health Care Administration has been hosting or participating in meetings in different areas of the state. For information on upcoming meetings that have been scheduled, please click on the ‘Upcoming Meetings’ link at the top of this page.

Legislation

The authorizing language for the implementation of the Florida Medicaid Prepaid Therapy Services Program can be found in Chapter 409.912 (42) of the 2007 Florida Statutes. Activities on the Administrative Code of the State of Florida can be tracked on the state’s e-rulemaking Click here to track the rule development that affects the Prepaid Therapy Services program.”

Rule Title: Therapy Services
Department: AGENCY FOR HEALTH CARE ADMINISTRATION
Division: Medicaid
Chapter: MEDICAID SERVICES
Provider Fee Schedules 2010

The current Medicaid Provider Fee Schedules are to furnish the Medicaid provider with the appropriate fee schedules for covered services provided to eligible Florida Medicaid recipients. HP provides the Medicaid Provider Fee Schedules in PDF, Microsoft Excel, and ASCII delimited format.

IMPORTANT: Fee Schedules not posted on this page can be found in the provider specific Coverage and Limitations Handbook. Navigate to Provider Handbooks to view or download its contents.

All Current Fee Schedules 2010  1.5  ZIP  13108.00KB

Aged and Disabled Adult Waiver Procedure Codes and Fee Schedule  
1.0  PDF  146.00KB

Assisted Living for the Elderly Waiver Services Procedure Codes and Fee Schedule  
1.0  PDF  64.00KB

Developmental Disabilities Home and Community-Based Services Waiver  
1.0  PDF  41.00KB | XLS  69.00KB

Developmental Disabilities Home and Community-Based Services Waiver Billing Code Matrix  
1.0  PDF  62.00KB | XLS  58.00KB

Developmental Disabilities Residential Habilitation Services Table  
1.0  PDF  78.00KB | XLS  82.00KB

DME and Medical Supply Services for All Recipients  
1.1  PDF  730.00KB | CSV  158.00KB | XLS  313.00KB

DME and Medical Supply Services for Recipients Under Age 21  
1.1  PDF  135.00KB | CSV  25.00KB | XLS  329.00KB

Family and Supported Living Waiver Procedure Code and Maximum Units Service Table  
1.0  PDF  37.00KB | XLS  28.00KB
**Family and Supported Living Waiver Provider Rate Table**

1.0  PDF 36.00KB | XLS 46.00KB

**Hospice Physician**

1.0  PDF 19.00KB | CSV 3.00KB | XLS 29.00KB

**Physician Evaluation and Management**

1.0  PDF 132.00KB | CSV 173.00KB | XLS 150.00KB

**Physician Medical Services**

1.0  PDF 588.00KB | CSV 77.00KB | XLS 310.00KB

**Traumatic Brain Injury and Spinal Cord Injury**

1.0  PDF 32.00KB

**Provider Enrollment**


- Forms
- Training
- Out-of-State Provider Enrollment
- National Provider Identifier

Florida Medicaid Provider Enrollment
P. O. Box 7070
Tallahassee, Florida 32314-7070

Phone: 1-800-289-7799 Option 4

You can now apply to be a Medicaid provider online using the provider enrollment wizard and track your application through the process. Once you are enrolled in Medicaid, you can access your personal information using your provider number and PIN (personal identification number).

**Secure Information for Providers**

**Utilization Review - Quality Assurance/Quality Improvement**

Some Medicaid services are subject to utilization review by a Quality Improvement Organization (QIO) under contract with AHCA. The purpose of the utilization review program is to safeguard against unnecessary and inappropriate medical care rendered to Medicaid recipients. Medical services and/or records are reviewed for medical necessity, quality of care, appropriateness of place of service and length of stay (inpatient hospital).

The following Medicaid services are subject to review by a QIO:

- Inpatient Hospital Services
- Home Health Services
Community Mental Health Services
Home and Community Based Waiver Services for the Developmentally Disabled

The QIOs currently under contract with the agency are Keystone Peer Review Organization, Inc. (KePRO), First Health Services Corporation, Inc. and Delmarva Foundation.

**KePRO South (Florida)** performs prior authorization and concurrent review of specified categories of inpatient hospital and home health services (which includes home health visits, private duty nursing, and personal care services) for fee for-service recipients and is under contract with the agency until January 31, 2010.

**First Health Services, Inc.** performs behavioral health utilization management for the State of Florida. This includes statewide prior authorization of psychiatric inpatient services, on-site retrospective and quality of care reviews for community mental health services, behavioral health overlay services, and Statewide Inpatient Psychiatric Programs. First Health also manages the Qualified Evaluator Network (QEN). The state has contracted with First Health since January 1997. The current contract ends June 30, 2010. Additional information on First Health may be found at [www.florida fhsc com](http://www.florida fhsc com).

**Delmarva Foundation** performs statewide quality assurance (QA) monitoring for Florida's Developmental Disabilities Home and Community-Based Waiver Program. Delmarva is under contract with the agency through June 30, 2009. Detailed information about Delmarva's QA project and resources may be found at [www dfmc florida org](http://www dfmc florida org). Information regarding provider performance measures and service provider demographics is available through a public reporting website, [www flddresources org](http://www flddresources org).

**Utilization Review QA/QI Team:**
Agency for Health Care Administration
2727 Mahan Drive
Mail Stop 20
Tallahassee, Florida 32308-5403
Phone: (850) 412-4003
Fax: (850) 414-1721

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**Illinois Medical Assistance Program**

**Contacts**
Julie Hamos, HFS Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763-0001
Phone: (217) 782-1200 TTY: (800) 526-5812 [http://www myhfs illinois gov](http://www myhfs illinois gov)
Provider Enrollment Application Information and Forms
The Illinois Department of Healthcare and Family Services appreciates your interest in enrolling in the Illinois Medical Assistance Program. If you have any questions regarding the completion of the forms, please call the Provider Participation Unit at 217-782-0538. Otherwise, please return the completed forms to the address below.

Illinois Department of Healthcare and Family Services Provider Participation Unit
P. O. Box 19114
Springfield, Illinois 62794-9114
Steve Bradley, Bureau Chief
Bureau of Comprehensive Health Services

- Letter to Providers (pdf) (html)
- Letter to DME Providers (pdf) (html)
- Provider Enrollment Application - HFS 2243 (pdf)
- Instruction for HFS 2243 (pdf)
- Agreement for Participation - HFS 1413 (pdf)
- Hospital, Professional School or Group Practice as Alternate Payee Form - HFS 2307(pdf)
- Power of Attorney - HFS 2306 (pdf)
- MCH Primary Care Provider Agreement HFS 3411A (pdf)
- Advance Practice Nurse (APN) Certification and Collaborative Agreement HFS 3411C (pdf)
- IRS Request for Taxpayer Identification Number and Certification-Form W-9
- Enrollment Disclosure Statement HFS 1513 (pdf)

Reimbursement [http://www.hfs.illinois.gov/reimbursement/](http://www.hfs.illinois.gov/reimbursement/)
Practitioners, such as optometrists, podiatrists, chiropractors and therapists, receive reimbursements at their actual charge, up to a statewide maximum established by the department for each medical procedure.

- Community Mental Health Providers
- Disproportionate Share Hospital Adjustments
- Downloadable Fee Schedule
- Durable Medical Equipment
- Expensive Drugs and Devices Listing for Hospitals and ASTCs
- Hospice CBSA Codes and Wage Indices
- Hospital Inpatient
- Hospital Inpatient DRG Calculation Worksheet
- Hospital Inpatient DRG Reimbursement Factors Table B
- Hospital Inpatient Per Diem Outlier Calculation Worksheet
- Hospital Add-on Payments
- **Individual Practitioner**
- **Long Term Care**
- **Managed Care**
- **Maternal and Child Health Add-ons (pdf)**
- **Practitioner Fee Schedule**
- **School Based/Linked Health Center (Provider Type 56) (pdf)**
- **Therapy Providers Fee Schedule Key (pdf)**

### Provider Handbooks (effective in 2010)

<table>
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Early & Periodic Screening, Diagnosis and Treatment (EPSDT)

- The preventive (well child visit) component of the program in Illinois is referred to as Healthy Kids.  [http://www.hfs.illinois.gov/providers/programs/healthykids.html](http://www.hfs.illinois.gov/providers/programs/healthykids.html)

School-Based Health Services
Medicaid pays for costs of direct, medically necessary services provided to eligible children who have disabilities in accordance with the Individuals with Disabilities Education Act (IDEA). Illinois has actively supported this relationship since 1992, through the School-Based Health Services program (SBHS).

Services that may be claimed for reimbursement [http://www.sbhs.illinois.com](http://www.sbhs.illinois.com)

- Developmental assessments
- Medical equipment
- Medical services
- Medical supplies
- Occupational therapy
- Physical therapy
- Psychological services
- School health aide
- Social work
- Transportation

These services are frequently specified as necessary related services in individual education programs (IEP) developed by schools for children with disabilities. When these services are provided under a child's IEP, the services are eligible for federal Medicaid reimbursement,
usually half of the established cost to provide the service. Schools may also claim some costs for the administration of the program, in addition to direct medical services.

- Billing Information: [http://www.hfs.illinois.govbilling](http://www.hfs.illinois.govbilling)

**Listing of Boards and Commissions**
- Cross Agency Medicaid Commission ([CAM Web site](http://www.hfs.illinois.govbilling))
- Health Information Exchange Advisory Committee ([HIE Web site](http://www.hfs.illinois.govbilling))
- Medicaid Advisory Committee ([MAC Web site](http://www.hfs.illinois.govbilling))

**Maryland Dept. of Health and Mental Hygiene**

**Contacts**

<table>
<thead>
<tr>
<th>Agency: Maryland Department of Health and Mental Hygiene</th>
<th>Information: (410) 767-6500</th>
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</table>

**The Provider Information Call Center** is available to assist providers with questions regarding the status of claims, the resolution of problem claims and educating them on billing procedures. This call center is comprised of 2 Divisions: The Provider Relations Division and the Medical Assistance Problem Resolution Division. Each Division takes calls Mondays through Fridays 8:00 a.m. to 5:00 p.m.

**CMS 1500 CLAIMS**

M, T, W, F  
8:00 - 5:00  
(410) 767-5503 OR 1-800-445-1159

**Note A:** If you have problems accessing the Provider Relation telephone numbers, you may call the Supervisor of that Division at (410) 767-5363. **Note B:** If you have problems accessing the Medical Assistance Problem Resolution numbers, you may call the Eligibility Verification System (EVS) (electronic voice information system to determine eligibility status) 1-866-710-1447

**PROVIDER INFORMATION & PHONE NUMBERS**

**WebEVS**
For providers enrolled in eMedicaid a new-based EVS is available at [www.emdhealthchoice.org](http://www.emdhealthchoice.org). For assistance with enrolling in eMedicaid, call: 410-767-5340
Maryland Children's Health Program  1-800-456-8900
Maryland Healthy Kids EPSDT  410-767-1683

Rare and Expensive Case Management Program (REM)
For questions about referrals, eligibility, grievances, services  1-800-565-8190

PROVIDER HOTLINE - for complaints (after MCO enrollment) about recipient assignments and services for recipients in the MCO  1-800-766-8692

Provider Master File Unit - to apply for Medicaid provider status  (410) 767-5340

Provider Relations - for help with claims resolution, questions about filing  1-800 445-1159 / (410) 767-5503
Manager of that Division at 410-767-5397

Medicaid Administration and Billing Contacts

Provider Enrollment
Obtain an NPI, Enroll in PECOS
Medicaid and Medicare eligible hospitals and Medicare eligible professionals must have a National Provider Identifier (NPI), and be enrolled in the CMS Provider Enrollment, Chain and Ownership System (PECOS) to participate in the EHR incentive program. Most will also need an active user account in the National Plan and Provider Enumeration System (NPPES). Having these identifiers lets CMS and Medicaid know that you’re enrolled to participate in the Medicare and/or Medicaid programs. For more information on obtaining an NPI and NPPES users accounts, please visit CMS’ NPI-NPPES page by clicking Here.

NOTE: Medicaid non-hospital based eligible professionals participating in the Medicaid EHR incentive program are not required to enroll in PECOS.

Provider Information  http://www.dhmh.state.md.usmmaproviderinfo
  • Provider Training
  • Medicare Advantage Plan Cost Sharing Memorandum
  • Medicare Advantage Plan Billing Instructions for UB04
  • Medicare Advantage Plan Billing Instructions for CMS-1500 B

Billing Instructions
  • UB04 Billing Instructions for Home Health Services
  • UB04 Billing Instructions for Nursing Facility Services
  • UB04 Billing Instructions for Hospice Services
  • UB04 Billing Instructions for Hospitals
    • Index of Revisions: UB04 Billing Instructions for Hospitals
National Drug Code (NDC) Extension Notice

UB04 Billing Instructions for Intermediate Care Facilities - Addictions

CMS 1500 Billing Instructions for Professional Providers

CMS 1500 Billing Instructions for Medical Day Care Providers

Fee Schedules 2010 http://www.dhmh.state.md.usmmaproviderinfo

Physician Fee Schedule Update 2010 CPT Additions

2010 Physician Fee Schedule (eff. 1/2010)

2010 Physician Services Provider Fee Manual - Revision 2010 (eff. 1/1/2010)

EPSDT Home Page: http://www.dhmh.state.md.usepsdtindex.html
In Maryland, the preventive care component of the EPSDT Program is known as the Healthy Kids Program.

Maryland Healthy Kids Program
201 W. Preston Street, Room 214
Baltimore, MD 21201
Telephone (410) 767-1683
FAX: 410-333-5039

Provider Application for Certification and Participation

Provider Certification Letter

Massachusetts MassHealth
(MA has the MassHealth reform program; it does not have Medicaid per se, due to an ongoing waiver.)

Contacts
Dr. JudyAnn Bigby, Secretary
Massachusetts Executive Office of Health and Human Services (EOHHS)
One Ashburton Place, 11th Floor
Boston, MA 02108
617-573-1600
Provider Information:

- **Contracting with Health and Human Services**

MassHealth Provider Enrollment and Credentialing

MassHealth Claims Submission MassHealth offers assistance with claims submissions and provides resource information that can be downloaded and printed.

MassHealth Provider Regulations The MassHealth regulations describe provider participation requirements for MassHealth. In addition to the administrative and billing regulations, which apply to all providers, MassHealth providers must comply with the regulations for the provider type for which the provider is enrolled.

- **Provider Online Service Center**

- **Training and Resources**
  “Note: MassHealth providers are automatically sent notice of all provider regulations issued that apply to them. Providers who are missing a publication that cannot be located on this Web site should contact:”

MassHealth Publications
P.O. Box 9118
Hingham, MA 02043
The fax is 617- 988-8973
The e-mail address is publications@mahealth.net. Sign up to receive e-mail notification of updates to MassHealth provider manuals, including regulations, and new provider bulletins.

**Interpreter Fee Schedule** Contracted by MCDHH:
- Sign Language Interpreter Rates 7/1/07 to 6/30/09 (PDF) | RTF

**MassHealth Service (CPT) Codes and Descriptions**
For providers who bill using service codes, MassHealth publishes information about the service codes in Subchapter 6 of those provider manuals. (See separate code information by category after Manuals, below.)
Information for Providers — Children's Behavior Health Initiative

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**MassHealth Provider Regulations- Manuals**
The MassHealth provider manuals consist of both generic (all provider) pages and provider-specific pages. If you have a question about which provider manual you should use, call 1-800-841-2900

**Provider Specialty Manuals**

- **Adult Day Health Manual**
- **Chapter 766 Manual** (The Chapter 766 Manual contains the regulations, administrative and billing instructions, and service codes for services provided by Chapter 766 providers. The Massachusetts Division of Health Care Finance and Policy (DHCFP) establishes rates for MassHealth services)
  - Subchapter 3: Administrative and Billing Regulations (apply to all providers) (PDF) | RTF
  - Subchapter 6 Service Codes (PDF) | RTF

Appendix A
- Directory (PDF) | TEXT

Appendix B
- Enrollment Centers (PDF) | RTF

Appendix C
- Third-Party-Liability Codes (PDF) | TEXT

Appendix W
- EPSDT Services Medical and Dental Protocol and Periodicity Schedule (PDF) | RTF

Appendix X
- Family Assistance Copayments and Deductibles (PDF) | RTF

Appendix Y
- EVS Codes/Messages (PDF) | TEXT

Appendix Z
- EPSDT / PPHSD Screening Services Codes (PDF) | RTF
A Guide for Staff Who Work with Children and Families

- CBHI Guide (07/10) (PDF) | TEXT

EPSDT/PPHSD Billing Guides

- EPSDT/PPHSD Billing Guidelines (PDF) | RTF
  These Guidelines provide information to physicians and mid-level providers who bill MassHealth on a fee-for-service basis for EPSDT and PPHSD services.
- Appendix Z: EPSDT/PPHSD Screening Services Codes (PDF) | RTF
  This appendix lists the services that are payable in addition to the EPSDT or PPHSD periodic visit when they are performed and interpreted in the office of the provider who furnished the visit and the codes to claim those services.

Michigan Medicaid Health Plans

Contacts

Janet Olsewski, Director
Michigan Department of Community Health (MDCH)
Capitol View Building
201 Townsend Street
Lansing, Michigan 48913

Telephone: 517-373-3740
Hearing impaired callers should contact the Michigan Relay Center at 711 or 800-649-3777 and ask for the main number. [http://www.michigan.gov/mdch](http://www.michigan.gov/mdch)

**General Information** Telephone: 517-373-3740
Hearing impaired callers should contact the Michigan Relay Center at 711 or 800-649-3777 and ask for the main number.

**Agency:** Michigan Department of Community Health
**Information:** (517) 373-3740
[Go to the Michigan Department of Community Health](http://www.michigan.gov/mdch)

**Agency:** Michigan Department of Human Services
**Information:** (517)-373-3908
[Go to the Michigan Department of Human Services](http://www.michigan.gov/mdch)

**Medicaid Health Plan Contact Information** [http://www.michigan.gov/mdch/0,1607,7-132-2943_4860-12854-00.html](http://www.michigan.gov/mdch/0,1607,7-132-2943_4860-12854-00.html)

Provider Support at 1-800-292-2550 or [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov)

**Providers** [http://www.michigan.gov/mdch0,1607,7-132-2945_42542_42543-00.html](http://www.michigan.gov/mdch0,1607,7-132-2945_42542_42543-00.html)
**Medicaid Provider Manual Medicaid Provider Manual** zipped copy (7.73 MB)

**Billing and Reimbursement**
[http://www.michigan.gov/mdch0,1607,7-132-2945_42542_42543_42546_42551-159815-00.html](http://www.michigan.gov/mdch0,1607,7-132-2945_42542_42543_42546_42551-159815-00.html)

**Fee Schedules**

Children's Special Health Care Services

Diagnosis Code List [PDF](#)
Travel Reimbursement Rates [PDF](#)

**Inpatient Hospital Outpatient** (hospital, freestanding ESRD facilities, CORFs, rehab agencies, outpatient therapy)

**Nursing Facilities**
Electronic Billing

Provider categories or covered procedure codes, fee screens and other information related to billing and reimbursement for services to Medicaid, CSHCS, ABW, and MOMS beneficiaries.

New Jersey Medicaid

Contacts

Jennifer Velez, Esq., Commissioner
John R. Guhl, Director
Division of Medical Assistance & Health Services
Quakerbridge Plaza
P.O. Box 712
Trenton, N.J. 08625-0712

Agency: New Jersey Department of Children and Families
Information: (609) 984-4500
Go to the New Jersey Department of Children and Families

Agency: New Jersey Department of Human Services
Information: (609) 292-0901
Go to the New Jersey Department of Human Services

NJ FamilyCare Medicaid Call Center: Information and Referral Hotline for clients and providers
1-800-356-1561

Provider Services at UNISYS: NJ DMAHS Fiscal Agent Medicaid Providers only - regarding Claims Processing 1-800-776-6334

Contact Provider Services via online form: http://www.njmmis.com/contactProvServices.aspx
Unisys Provider Services 1-800-776-6334

Medicaid Fee for Services: as of September 1, 2010

Procedure Master Listing - Medicaid Fee for Service
Procedure Code Listings

Procedure Master Listing - Procedures Requiring PA (Prior Authorization)
Procedure Master Listing - Children's Rates
Procedure Master Listing - Outpatient Hospital Services Only

New York State Medicaid Program

Contacts

Gladys Carrión, Esq., OCFS Commissioner
Agency: New York State Office of Children and Family Services
Corning Tower
Empire State Plaza,
Albany, NY 12237
Information: (518) 473-7793
Go to the New York State Office of Children and Family Services

Agency: New York State Office of Temporary and Disability Assistance
Information: (518) 474-4152
Go to the New York State Office of Temporary and Disability Assistance.

Agency: New York State Department of Health
Information: (518) 474-2011
Go to the New York State Department of Health.

Provider - Medicaid Billing Assistance
Practitioner Services 1-800-343-9000
Institutional Services 1-800-343-9000
Professional Services 1-800-343-9000

- Physician Manual Contents
- Information for All Providers
- Policy Guidelines (PDF 339KB)
- Billing Guidelines (PDF 1.98MB)
- Prior Approval Guidelines (PDF 281KB)
- Prior Approval Business Location Chart (PDF 11KB)
The following sections contain basic and useful information for providers participating in the Medicaid program.

**General Documentation**
- Introduction
- General Policy
- General Billing
  - General Billing Guideline Information
- Inquiry
- Managed Care Information
- Third Party Information

**General Policy**
This section contains the Medicaid policy governing recipients, providers and programs. (When changes are made to this section, the former section will be archived and can be retrieved by clicking on the archive link.)

**General Billing**
This section contains the guidelines for determining eligibility, regulations on timely submission of Medicaid claims and the Claims Certification Statement. (When changes are made to this section, the former section will be archived and can be retrieved by clicking on the archive link.)

**General Billing Guideline Information**
This section contains information to assist the Provider Community in understanding the usage of the Billing Guideline that is appropriate for any provider type. It contains pre-
requirements for submitting electronic and paper claims and pre-requirements for basic Medicaid Remittance Advice Information.

[General Billing Guideline Information](#) (PDF 516k)

**DME Manual Contents**

- [Information for All Providers](#)
- [Policy Guidelines](#) (548KB)
- [Fee Schedule](#) (207KB)

**Ohio Medicaid**

**Contacts**

**Douglas E. Lumpkin, Director**

**Agency:** Ohio Department of Job and Family Services  
**Information:** (614) 466-6283  
[Go to the Ohio Department of Job and Family Services](#)

**The Office of Ohio Health Plans**

50 West Town Street  
Columbus, Ohio 43215

Ohio Health Plans (Medicaid)  
Phone (614)644-0140  
Fax (614)752-3986  
Ohio Health Plans Consumer Hotline 1-800-324-8680  
TTY.TDD 1-800-292-3572

**Bureau of Health Plan Policy**

Phone (614)466-6420  
Fax (614)466-2908

**Bureau of Managed Health Care**

Phone (614)466-4693  
Fax (614)728-4516

**Bureau of Plan Operations**

Phone (614)466-2365  
Fax (614)752-7701

**Provider Info** [http://jfs.ohio.govOHPprovider.stm](http://jfs.ohio.govOHPprovider.stm)

The fee schedules and rates are provided as a courtesy to providers. Providers are to charge their reasonable and customary charge regardless of the anticipated reimbursement from the department.
Fee Schedules and Rates

**Medicaid Fee Schedule (PDF) - (XLS) For most fee-for-service providers.** The Medicaid Fee Schedule is Appendix DD of Ohio Administrative Code Rule 5101:3-1-60.

**Outpatient Hospital Services** - The Outpatient Fee Schedules are several Appendices of Ohio Administrative Code Rule 5101:3-2-21. For outpatient hospital laboratory service provided prior to January 1, 2010, please refer to the Medicaid Fee Schedule above.

**Appendices**

- **Appendix A** [PDF] - (XLS) Local Level Codes & Modifiers.
- **Appendix B** [PDF] - (XLS) Revenue Center Codes Requiring CPT or HCPCS Coding.
- **Appendix C** [PDF] - (XLS) Ambulatory Surgery Fee Schedule.
- **Appendix D** [PDF] - (XLS) Clinic Facility Fee Schedule.
- **Appendix E** [PDF] - (XLS) Emergency Room Fee Schedule.
- **Appendix F** [PDF] - (XLS) Ancillary Fee Schedule.
- **Appendix G** [PDF] - (XLS) Outpatient Hospital Radiology Fee Schedule
- **Appendix H** [PDF] - (XLS) Outpatient Hospital Laboratory Fee Schedule (for services on or after Jan. 1, 2010)

**DRG Relative Weight Tables** - For Inpatient Hospital Services.

**Hospice Rates FFY 2010, revised**
October 1, 2009 - September 30, 2010, Revised in accordance with CMS revision of wage component subject to index for T2045 only

**Hospice Rates FFY 2010** - October 1, 2009 - September 30, 2010

**Oregon Health Plan**

**Contacts**

**Agency:** Oregon Department of Human Services  
**Information:** (503) 945-5944  
**Go to the Oregon Department of Human Services**
This page contains information for the health care and service providers who make sure that Oregon Health Plan (Medicaid) clients get the services they need. It includes links to information about how to become an OHP provider, the basic "keys to success" to successfully bill DMAP for claims, and all the policies that providers need to know.

If you have questions about billing DMAP, contact DMAP Provider Services at 800-336-6016 or e-mail dmap.providerservices@state.or.us. For other questions, refer to the DMAP Provider Contacts list for the most current contact information.

Billing information

Top Fee-for-Service (FFS) Billing Errors and Resolutions 8/5/2010

How to submit claims to DHS

Do you have questions about how to correctly submit claims to DMAP so that they are processed and paid the first time? The handbooks and slide shows on this page can help answer your questions. Please use these documents in conjunction with your provider specialty’s administrative rules, DMAP’s General Rules, and Supplemental Information documents. The rules and guidelines for your provider type are available online.
If you use the Provider Web Portal or Electronic Data Interchange (EDI), you don’t need to use paper billing forms. For more information about submitting Web claims, view the Web handbooks listed below or go to the Provider Web Portal information page. For more information about EDI, go to the EDI - Getting Started page.

Handbooks

These documents provide an overview of DMAP claims processes and instructions on how to complete billing forms on paper and on the Web.

**Institutional Billing Instructions (paper) (Web): How to submit institutional claims.** Web handbooks include crossover claim instructions.

**Professional Billing Instructions (paper) (Web): How to submit professional CMS-1500 claims.** Web handbooks include crossover claim instructions.

**DMAP 505 Billing Instructions (PDF): How to submit the DMAP 505, Medicare/Medicaid Billing Invoice for Medical Practitioner Claims.** This form is used for billing dual-coverage (Medicare and Medicaid) clients.

**Claim Adjustment Instructions (paper) (Web): How to submit the DMAP 1036, Individual Adjustment Request or adjust a claim on the Web.**

**Common FFS billing errors - updated 8/5/10 (PDF): This document shows resolutions to various Explanation of Benefit (EOB) codes that appear on your fee-for-service Remittance Advice.**

**UB-04 Billing Tips for Nursing Facilities - updated 7/21/10 (PDF): This document contains helpful reminders for how to complete the UB-04 paper claim form.**

**DMAP 1036 Reminders for Nursing Facilities - updated 7/21/10 (PDF) - This document contains helpful reminders for when to use the DMAP 1036 form and how to complete the form.**

**National Drug Code (NDC) Billing Tips (PDF) - New! This document explains how to enter NDC information on medical and institutional claims for physician-administered drugs ("J-codes").**

Line-by-line Instructions
The following slide shows present line-by-line billing instructions for DMAP providers for a variety of claim types.

- CMS 1500 Health insurance claim (8/05 version) pdf powerpoint
- CMS 1500 Health insurance claim for mental health licensed residential providers (adult foster homes and residential treatment) pdf powerpoint
- DMAP 505 Medicare/Medicaid crossover billing claim for medical practitioners pdf powerpoint
- DMAP 1036 Individual adjustment request pdf powerpoint
- UB Home health claim pdf powerpoint
- UB Hospice health claim pdf powerpoint
- UB Hospital inpatient claim pdf powerpoint
- UB Hospital inpatient Medicare/Medicaid crossover billing claim pdf powerpoint
- UB Hospital outpatient claim pdf powerpoint
- UB Hospital outpatient Medicare/Medicaid crossover billing claim pdf powerpoint
- UB Nursing facility claim pdf powerpoint

**Billing Forms**
The DMAP 1036 and DMAP 505 forms are available on the [DMAP forms page](#). You can also order hard copy versions of these forms using the [DMAP 2420](#) (Provider Forms Request).

DMAP does not supply the CMS 1500, ADA or UB claim forms. Sample forms and information about how to order these forms are available in the Supplemental Information document on your provider type's rulebook page.

Do not submit claims using samples, photocopies, or other reproductions of the ADA, UB, and CMS-1500 claim forms. You must use current, commercially available claim forms purchased from a business forms supplier. Otherwise, DHS will return your claim(s) with a request to resubmit in an acceptable format.

**Fee Schedules**
Fee-for-services payment information

**OHP FFS Fee Schedule Downloads 2010**
The Fee-for-Service (FFS) fee schedules are available in text, PDF, or Excel format. Please use the most current fee schedule posted by DMAP. All previous files are for reference only. Read more information about recent changes to the fee schedule, (updated 9/2/10).

The schedules posted here reflect only codes that are open for FFS payment during the month listed. Only codes with rate changes in 2010 will show a 2010 begin date.

- For information on rates and covered procedures for chemical dependency and mental health services, go to [AMH Tools for Providers](#) page.

| March 12, 2010 | May/June 2010 |
Rate Schedules: Aged and Physically Disabled Programs (Revised 01/2010)
  o Targeted Case Management Services - Support Services
  o Targeted Case Management Services - CDDP

Texas Medicaid and Healthcare Partnership
Texas Health and Human Services Commission

Contacts
Agency: Texas Health and Human Services Commission
Ombudsman's Office: (512) 438-3280
Program Eligibility Verification: (877) 787-8999
Go to the Texas Health and Human Services Commission
Agency: Texas Department of Aging and Disability Services
Information: (512) 438-3011
Go to the Texas Department of Aging and Disability Services
Agency: Texas Department of Assistive and Rehabilitative Services
Information: (512) 377-0800
Go to the Texas Department of Assistive and Rehabilitative Services
Agency: Texas Department of Family and Protective Services
Information: (512) 438-4119
Go to the Texas Department of Family and Protective Services.
Agency: Texas Department of State Health Services
Information: (512) 458-7111
Go to the Texas Department of State Health Services.
Agency: Texas Workforce Commission
Information: (512) 463-2222
Go to the Texas Workforce Commission

Texas Medicaid & Healthcare Partnership's (TMHP) Internet website for the Texas Medicaid Program. As of January 1, 2004, ACS State Healthcare LLC, under contract with the Texas Health and Human Services Commission (HHSC), assumed administration of Medicaid claims processing and the Medicaid primary care case management services program.
For detailed contact information including addresses, visit the TMHP Contact Center page.
Email Us
Provider Helpline: 1-888-834-7226
PCCM Provider Helpline assists providers specifically with PCCM benefit questions, primary care provider verification, complaints, and facilitating access to care.

Provider Enrollment: 1-800-925-9126, Option 2

Contact Center General Inquiries Line: 1-800-925-9126. The Contact Center Representative is responsible for assisting with issues not addressed by other available provider lines: general information, policy education, claims filing assistance, financial inquiries, and provider education.

EDI Help Desk - Technical Support contact information: 1-888-863-3638. This line is established to assist providers, with TDHconnect software installation, troubleshooting, PC and technical problems, including: password reset, EDI enrollment, transmission verification, ER&S downloads, file resets, and file rejection. For more information, visit the TMHP EDI page.

PCCM Provider Helpline: 1-888-834-7226
PCCM Client Helpline: 1-888 302-6688
Community Health Services (CHS): 1-888-276-0702

Contact Center General Inquiries Line: 1-800-925-9126. This is a provider line responsible for assisting with issues not addressed by other available provider lines. The Contact Center Representative provides general information concerning the Texas Medicaid Program.

EDI Help Desk - Technical Support contact information: 1-888-863-3638. This line is established to assist providers and vendors with TDHconnect software installation and issue resolution.

Telephone Appeals: 1-800-745-4452
This line is available for providers to call and request claims to be appealed.

Texas Medicaid Provider Homepage
http://www.tmhp.com/Pages/Medicaid/Medicaid

Provider Resources
- Texas Medicaid & Healthcare Provider (TMHP) the Claims Administrator for Texas Medicaid
- Contact Center General Inquiries Line: 1-800-925-9126
- EDI Help Desk - Technical Support contact information: 1-888-863-3638
- Health Insurance Portability and Accountability Act (HIPAA) -- Federal Privacy Regulations
- **Medicaid Management Information System (MMIS)**
- **Medical Appeals & Provider Resolution**
- **Medicaid Enhanced Care Program**
- **Office of Community Collaboration**
- **Provider Enrollment**: All providers performing medical services who wish to be eligible for reimbursement for Title XIX (Medicaid) benefits must complete the required Medicaid Provider Enrollment Application forms and, if applicable, enter into a written provider agreement. These forms are supplied by **TMHP provider Enrollment Department**.
- **Contact TMHP:**
  - If you have any questions regarding provider enrollment, please call the TMHP Customer Service Department at 1-800-925-9126, and choose Option #1.
- **Rate Analysis for Acute Care and Long Term Care Services**
- **Vendor Drug Program**

## Static Fee Schedules

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Non-Static Fees: Online Fee Lookup Search
By CPT (Current Procedure Terminology) Code, searchable by single, list or range of codes
http://public.tmhp.com/FeeSchedules/OnlineFeeLookup/FeeScheduleSearch.aspx

Virginia Dept. of Medical Assistance Services

Contacts
Bill Hazel, MD, Secretary
Office of the Secretary of Health and Human Resources
Patrick Henry Building
1111 East Broad Street, 4th Floor 23219
Richmond, VA 23219
804-786-7765 Fax Line: (804) 786-3389
Agency: Virginia Office of the Secretary of Health and Human Services
Information: (804) 786-7765
Go to the Virginia Office of the Secretary of Health and Human Services.
Agency: Virginia Department of Medical Assistance Services
Information: (804) 786-7933
Go to the Virginia Department of Medical Assistance Services.
Provider Information [http://dmasva.dmas.virginia.gov/Content_pgs/pr-home.aspx]  

**CODES**  
- ICD-9 Diagnosis Codes  
- Revenue Codes for Home Health  
- Revenue Codes/Corresponding CPT Codes for Outpatient Rehab Services  

**DMAS Procedure Fee Files**  
[http://www.dmas.virginia.gov/pr-fee_files.htm]  
Starting February 7, 2008 - All Files are Updated 3 Times a Week (Mon, Wed, Fri)  
The DMAS Procedure Fee Files contain the rate history for procedure codes and associated program and claim processing information. DMAS will update the files three times per week, Monday, Wednesday, and Friday.  

**Medical**  
**HCPC Codes – Durable Medical Equipment, Injectibles, Supplies, Etc.**  
(CSV) Format  
Medical Fee File - HCPCS (csv)  
(TXT) Format  
Medical Fee File - HCPCS (txt, comma delimited data file)  

**CPT Codes – Medical Procedures Billed by Physicians or Other Practitioners.**  
Effective July 1, 2008 - The procedure fee file will reflect facility rates for certain CPT codes. The field INP_OUT will contain the values “IP” and “OP”. The place of service submitted on the claim as well as the type of provider billing will determine whether the procedure receives a facility (IP) rate or a non-facility (OP) rate. The place of service codes that are considered facility (IP) based services are: 21, 22, 23, 24, 31, 51, 53, and 61. All others are considered to be non-facility
(OP) based services. Further information on this topic is available in the Physician Rate Changes Medicaid Memo dated May 28, 2008.

- **(CSV) Format**
  
  Medical Fee File - CPT Part 1 (csv) contains CPT Codes 0001F - 29999
  Medical Fee File - CPT Part 2 (csv) contains CPT Codes 3000F - 49999
  Medical Fee File - CPT Part 3 (csv) contains CPT Codes 50010 - 79999
  Medical Fee File - CPT Part 4 (csv) contains CPT Codes 80002 – 99602

- **(TXT) Format**
  
  Medical Fee File - CPT Part 1 (txt) contains CPT Codes 0001F - 29999
  Medical Fee File - CPT Part 2 (txt) contains CPT Codes 3000F - 49999
  Medical Fee File - CPT Part 3 (txt) contains CPT Codes 50010 - 79999
  Medical Fee File - CPT Part 4 (txt) contains CPT Codes 80002 – 99602

**Revenue Codes for Home Health, Hospice, or Other Services**

- **(CSV) Format**
  
  Revenue Fee File - (csv )

- **(TXT) Format**
  
  Revenue Fee File - (txt, comma delimited data file)

**Washington (State) Health & Recovery Services Administration**

**Contacts**

Susan N. Dreyfus, Secretary  
**Agency:** Washington Department of Social and Health Services  
**Information:** (360) 902-7800  
Go to the Washington Department of Social and Health Services  
DSHS Headquarters, (OB2)  
1115 Washington St. SE  
Olympia, WA 98504  
http://fortress.wa.govdshsmaa  
1-800-737-0617 for Washington State information only  
E-mail: Ask DSHS  

Washington Health and Recovery Services Administration
Provider Resources

- **Adult and Senior Service Providers:**
  - Adult Family Home
  - Boarding Home
  - Home Care and Individual Providers
  - Nurse Delegation Program
  - Nursing Assistant Program

- **Billing and Payments**
  - ProviderOne - New Medicaid Management Information System
    All medical (including dental and vision services) and nursing home transactions can now be processed in ProviderOne, including claims, eligibility inquiries, and adjustments. Providers can access the ProviderOne web page to obtain go-live information and to link to the production system at:
    [http://hrsa.dshs.wa.gov/providerone/providers.htm](http://hrsa.dshs.wa.gov/providerone/providers.htm)
  - Social Service Payment System
  - Billing Instructions
  - Medicaid billing questions

- **Chemical Dependency Treatment Providers:**
  - Treatment Certification
  - Services Directory - Green Book
  - Calendar of Events and Training
  - Treatment Management and Reporting System - TARGET

- **Child Services Providers**
  - Child care and childhood educators
  - Become a Foster Care Parent
  - Training for Foster Parents

- **Developmental Disabilities Providers:**
  - Residential Providers
  - Training for Providers of Developmentally Disabled
  - Vocational Rehabilitation Service providers
  - Mental Health Providers
  - Regional Support Networks - RSNs
  - Washington State licensing requirements
All medical (including dental and vision services) and nursing home transactions can now be processed in ProviderOne, including claims, eligibility inquiries, and adjustments. Providers can access the ProviderOne web page to obtain go-live information and to link to the production system at: [http://hrsa.dshs.wa.gov/providerone/providers.htm](http://hrsa.dshs.wa.gov/providerone/providers.htm)

**Wisconsin Medicaid**

**Contacts**

<table>
<thead>
<tr>
<th>Karen Timberlake, Secretary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agency:</strong> Wisconsin Department of Health and Family Services</td>
</tr>
<tr>
<td><strong>Information:</strong> (608) 266-9622</td>
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<td>Go to the Wisconsin Department of Health and Family Services</td>
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<td><strong>Agency:</strong> Wisconsin Department of Workforce Development</td>
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<td><strong>Information:</strong> (608) 266-1410</td>
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**Provider Information**

**Medicaid Provider Information and Publications**

- Provider-specific Resources
- Become a Provider
- Online Handbooks
- Fee Schedules
- Certification Packets
- Trainings
- Wisconsin Administrative Code
- ForwardHealth Enrollment Data
- Health Care Enrollment
- Provider Recertification
- Certification Tracking Search

**The max fee schedules**

For most services, Wisconsin BadgerCare Plus reimburses providers the lesser of the billed amount or the maximum allowable fee established by the Department of Health Services (DHS) based on legislative directives. The amounts established by the DHS are published in fee schedules, available to all providers and other interested parties.

This information is intended to help you understand the Wisconsin BadgerCare Plus Maximum Allowable Fee Schedule. If you have questions, please contact Provider Services at (800) 947-9627. When requesting information, please be specific as to which provider type you are referring (e.g., Ambulance).
Reminders:
When using the fee schedules, remember the following:

- HMOs negotiate rates with their individual providers, and these rates may differ from Wisconsin BadgerCare Plus fee-for-service rates. Contact the HMO or check your contract with the HMO for their reimbursement rates.
- Wisconsin BadgerCare Plus requires most providers to bill their usual and customary charge for services provided to BadgerCare Plus members. Therefore, providers should not use the fee schedules to set their rates. "Usual and customary charge" means the provider’s charge for providing the same service to persons not eligible for BadgerCare Plus benefits.
- Reimbursement rates may change during the year. Wisconsin BadgerCare Plus notifies providers of significant rate changes.
- Different areas of a provider’s office, such as billing and medical services, may have different uses for these fee schedules. Please share these schedules with appropriate staff.

All policy information is not listed in the max fee schedules. Please refer to the appropriate provider handbook for applicable policy for each procedure code.

- Begin using the interactive [max fee schedule](#).
- Download complete [max fee schedules](#) (applies to BadgerCare Plus providers only).

Max Fee Schedules

- [Community Care Organization (CCO)](#)
- [Mental Health - Community Support Program (CSP)](#)
- [Mental Health - Crisis Intervention](#)
- [Dental Services](#)
- [Supplies - Disposable Medical Supplies (DMS)](#)
- [Durable Medical Equipment (DME)](#)
- [HealthCheck](#)
- [High Cost Medically Complex Members](#)
- [Home Care - Home Health and Personal Care](#)
- [Hospice](#)
- [Medical - Laboratory](#)
- [Medical Services](#)
- [Mental Health/Substance Abuse](#)
- [Outpatient Services in the Home or Community](#)
- [Outpatient Hospital](#)
- [Therapy - Rehabilitation Centers - Occupational, Physical and Speech Therapy](#)
- [School-based Services (SBS)](#)
- [Transportation - Specialized Medical Vehicle (SMV)](#)
- [Therapy - Occupational, Physical and Speech Therapy](#)
- [Wisconsin Well Woman Program](#)

Provider-specific Resources & Codes: (more listed online)

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FEE CALCULATORS

For Medicaid fee calculation methods that use Medicare fees for the fee formula-get CPT code-specific Medicare fees at:

AMA
This free search engine gives users of CPT the opportunity to perform CPT code searches and obtain information about Medicare's relative value payment amount associated with the codes. 
https://catalog.ama-assn.org/Catalog/cpt/cpt_search.jsp

CMS
Medicare fee schedule search by Healthcare Common Procedure Code (HCPCS) Code with or without modifiers: fees searchable by carrier and specific locality)
http://www.cms.hhs.gov/pfslookup/02_pfssearch.asp?agree=yes&next=accept

MEDTRONIC
Search by CPT code (up to 10 at once): Provider’s standard fee is compared to Medicare fee and carrier location to get Medicare fee allowance, variance from provider’s standard fee, percent of Medicare, work RVU, total RVU:
http://www.sofamordanek.com/spineline/physician/medicare_fee_calc.html

(Calculations are based upon AMA's 2010 CPT® codes and CMS' 2010 Physician Fee Schedule published in the Federal Register and updated each January.)

SEARCH TOOLS 2010: CPT, ICD-9, HCPCS, A-V CODES

Code Sets Search Tool 2010  www.ICD9Data.com
(Sets from earlier years are also available on this site. You can search with the database by keywords for codes—results will be for all years of data, cannot restrict to one year.)

Free 2010 Medical Coding Data
2010 ICD-9-CM Volume 1 Diagnosis Codes
2010 ICD-9-CM Volume 1 Diagnosis Codes

001-139 Infectious And Parasitic Diseases
140-239 Neoplasms
240-279 Endocrine, Nutritional And Metabolic Diseases, And Immunity Disorders
280-289 Diseases Of The Blood And Blood-Forming Organs
290-319 Mental Disorders
320-389 Diseases Of The Nervous System And Sense Organs
390-459 Diseases Of The Circulatory System
460-519 Diseases Of The Respiratory System
520-579 Diseases Of The Digestive System
580-629 Diseases Of The Genitourinary System
630-679 Complications Of Pregnancy, Childbirth, And The Puerperium
680-709 Diseases Of The Skin And Subcutaneous Tissue
710-739 Diseases Of The Musculoskeletal System And Connective Tissue
740-759 Congenital Anomalies
760-779 Certain Conditions Originating In The Perinatal Period
780-799 Symptoms, Signs, And Ill-Defined Conditions
800-999 Injury And Poisoning
V01-V89 Supplementary Classification Of Factors Influencing Health Status And Contact With Health Services
E000-E999 Supplementary Classification Of External Causes Of Injury And Poisoning
### 2010 ICD-9-CM Volume 2

- **A** - [AAT to Azygos](#) (819)
- **B** - Baader to Bywaters (462)
- **C** - Cacergasia to Cytopenia (782)
- **D** - Da to Dysuria (465)
- **E** - Eagle to Eyeworm (408)
- **F** - Faber to Fussy (299)
- **G** - G to Gyrate (288)
- **H** - H to Hysterotomy (698)
- **I** - Iatrogenic to Ixodiasis (233)
- **J** - Jaccoud to Juvenile (44)
- **K** - Kabuki to Kyrie (120)
- **L** - L to Lyssa (408)
- **M** - Macacus to Myxosarcoma (675)
- **N** - Naegeli to Nyctagmus (221)
- **O** - O to Ozena (270)
- **Ö** - Österreicher to Österreicher (1)
- **P** - Pacemaker to Pyuria (996)
- **Q** - Q to Quotidian (17)
- **R** - Rabbia to Rytand (295)
- **S** - Saber to System (758)
- **T** - T to Tyrosyluria (412)
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- **V** - Vaccination to Vulvovaginitis (179)
- **W** - Waardenburg to Wuchernde (127)
- **X** - X to XYY (26)
- **Y** - Yaba to Yersinia (6)
- **Z** - Zagari to Zymotic (16)

---

ICD-10 Codes 2009: World Health Organization (WHO)

http://www.who.int/classifications/icd/en

ALL MAJOR CHANGES THAT WERE SCHEDULED FOR 2009 ARE POSTPONED TO 2010.

Official WHO updates combined 1996_2009VOL1.pdf [pdf 1.18Mb]
Official WHO updates combined 1996_2009VOL2.pdf [pdf 1.02Mb]
Official WHO updates combined 1996_2009VOL3.pdf [pdf 2.26Mb]