MSA MEDICAL SERVICES ADMINISTRATION

# Bulletin

**Michigan Department of Community Health**

**Bulletin Number:** MSA 07-63

**Distribution:** All Providers

**Issued:** December 1, 2007

**Subject:** January 1, 2008 HCPCS New & Discontinued Procedure Codes; New Coverage of Existing HCPCS Codes 95930, E2310, E2311, & L8509; Retroactive End-date for Discontinued HCPCS Codes S0820 & S2250; End-date Coverage of HCPCS Code G0377

**Effective:** As Indicated

**Programs Affected:** Medicaid, Children's Special Health Care Services, Adult Benefits Waiver, MOMS, Plan First!, SED Waiver

This bulletin is to notify you of the 2008 HCPCS (Healthcare Common Procedure Coding System) procedure code changes that will be implemented by the Michigan Department of Community Health (MDCH) for dates of service on or after January 1, 2008. Please note that this notice is distributed to a broad range of providers, and not all or any of the codes listed may apply to your scope of practice.

Listed below are the HCPCS procedure code changes being adopted by MDCH and the provider groups allowed to bill these codes. Any new procedure code not listed will not be covered at this time. The following coding information is based on the most recent file from the Centers for Medicare & Medicaid Services (CMS). If additional code revisions are released by CMS, a subsequent bulletin will be published notifying providers of this change.

Refer to your CPT and/or HCPCS codebooks and the CMS website (www.cms.hhs.gov) for full descriptions of the new codes. Information regarding the fee screens and coverage parameters of these code revisions will be located in the appropriate database, posted in January 2008 on the MDCH website at www.michigan.gov/mdch.

**NEW 2008 HCPCS PROCEDURE CODES COVERED FOR PHYSICIANS AND MEDICAL CLINICS EXCEPT PODIATRISTS**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| A9509 | J2778 | 01936 | 27767 | 33864 | 49460 | 67041 | 90284 |
| A9569 | J2791 | 20555 | 27768 | 34806 | 49465 | 67042 | 90769 |
| A9570 | J3488 | 20985 | 27769 | 35523 | 50385 | 67043 | 90770 |
| A9571 | J7307 | 20986 | 28446 | 36591 | 50386 | 67113 | 90771 |
| A9572 | J7321 | 20987 | 29828 | 36592 | 50593 | 67229 | 93982 |
| J0220 | J7322 | 21073 | 29904 | 36593 | 51100 | 68816 | 95980 |
| J0400 | J7323 | 22206 | 29905 | 41019 | 51101 | 75557 | 95981 |
| J1300 | J7324 | 22207 | 29906 | 49203 | 51102 | 75559 | 95982 |
| J1561 | J7347 | 22208 | 29907 | 49204 | 52649 | 75561 | 99406 |
| J1568 | J7348 | 24357 | 32421 | 49205 | 55920 | 75563 | 99407 |
| J1569 | J7349 | 24358 | 32422 | 49440 | 57285 | 80047 | 99477 |
| J1571 | J9226 | 24359 | 32550 | 49441 | 57423 | 86356 | 0178T |
| J1572 | J9303 | 27267 | 32551 | 49442 | 58570 | 86486 | 0179T |
| J1573 | Q9965 | 27268 | 32560 | 49446 | 58571 | 87809 | 0180T |
| J1743 | Q9966 | 27269 | 33257 | 49450 | 58572 | 88381 | 0181T |
| J2323 | Q9967 | 27416 | 33258 | 49451 | 58573 | 89322 | 0182T |
| J2724 | 01935 | 27726 | 33259 | 49452 | 60300 | 89331 | 0183T |

**Prior Authorization Requirements**
Prior authorization is required for HCPCS code J9226. Prior authorization is not required for the remainder of the new 2008 HCPCS codes covered for physicians and medical clinics.

To verify prior authorization requirements for other provider groups, please refer to the Provider Specific Databases posted on the MDCH website.

**NEW 2008 HCPCS PROCEDURE CODES COVERED THROUGH OPPS/APC (PROVIDER TYPE 40)**

MDCH aligns with Medicare guidelines for procedure codes covered through the Outpatient Prospective Payment System (OPPS)/Ambulatory Payment Classification (APC) as closely as possible. Certain procedures billed by a Provider Type 40 (Hospitals, Comprehensive Outpatient Rehabilitation Facilities, Rehab Agencies, Freestanding Dialysis Centers) may represent packaged/bundled service codes. The costs for these services are allocated to the APC but are not paid separately. For services not paid under OPPS, MDCH will appropriately continue to utilize a Medicare fee schedule with the MDCH reduction factor applied.

**Wrap Around Codes (Provider Type 40)**
MDCH will cover the following new 2008 HCPCS codes differently (than Medicare) under its OPPS:

J7307 S9152 90284

**Laboratory Services Codes (Provider Type 40)**
The following new 2008 HCPCS laboratory services are covered:

80047 86356 86486 87500 87809 88381 89322 89331

**NEW 2008 HCPCS PROCEDURE CODES COVERED FOR PODIATRISTS (PROVIDER TYPE 13)**

29904 29905 29906 29907 80047

**NEW 2008 HCPCS PROCEDURE CODES COVERED FOR LABORATORY SERVICES (PROVIDER TYPE 16)**

80047 86356 86486 87500 87809 88381 89322 89331

**NEW 2008 HCPCS PROCEDURE CODE COVERED FOR FAMILY PLANNING CLINIC PROVIDERS (PROVIDER TYPE 23)**

J7307

**NEW 2008 HCPCS PROCEDURE CODE COVERED FOR SCHOOL BASED SERVICES PROVIDERS (PROVIDER TYPE 77)**

99367

**NEW 2008 HCPCS PROCEDURE CODE COVERED FOR NURSING FACILITIES & AUDIOLOGISTS (PROVIDER TYPES 60, 61, 62, 64, 72, 80)**

S9152

**NEW 2008 HCPCS PROCEDURE CODES COVERED FOR MEDICAL SUPPLIERS, ORTHOTISTS, AND PROSTHETISTS (PROVIDER TYPES 85, 87)**

A5083 A7027 A7028 A7029 B4087 B4088 E0328 E0329 L3925
L3927 L3929 L3931 L7611 L7612 L7613 L7614 L7621 L7622

**NEW COVERAGE OF EXISTING HCPCS PROCEDURE CODES**

Effective January 1, 2008, the following existing procedure codes will be covered for the provider types indicated:

**Medical Suppliers, Orthotists and Prosthetists (Provider Types 85, 87)**
E2310 E2311 L8509

**Vision Providers (Provider Type 94)**
95930 - Coverage of this code will be limited to a health condition represented by a diagnosis code within one of the following ranges: 368.00 through 368.03 **or** 369.60 through 369.8

**DISCONTINUED 2008 HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| A9565 | G0299 | L3825 | L3926 | L3985 | Q9946 | 32002 | 67038 |
| B4086 | G0375 | L3830 | L3928 | L3986 | Q9947 | 32005 | 74350 |
| C1718 | G0376 | L3835 | L3930 | Q4079 | Q9948 | 32019 | 75552 |
| C1720 | J1567 | L3840 | L3932 | Q4083 | Q9949 | 32020 | 75553 |
| C2633 | J7345 | L3845 | L3934 | Q4084 | Q9950 | 36540 | 75554 |
| C9232 | L0960 | L3850 | L3936 | Q4085 | Q9952 | 36550 | 75555 |
| C9233 | L1855 | L3855 | L3938 | Q4086 | S0147 | 43750 | 75556 |
| C9234 | L1858 | L3860 | L3940 | Q4087 | S0180 | 47719 | 78615 |
| C9235 | L1870 | L3907 | L3942 | Q4088 | 01905 | 49200 | 86586 |
| C9236 | L1880 | L3910 | L3944 | Q4089 | 24350 | 49201 | 99361 |
| C9350 | L3800 | L3916 | L3946 | Q4090 | 24351 | 51000 | 99362 |
| C9351 | L3805 | L3918 | L3948 | Q4091 | 24352 | 51005 | 0153T |
| E2618 | L3810 | L3920 | L3950 | Q4092 | 24354 | 51010 | |
| G0267 | L3815 | L3922 | L3952 | Q4095 | 24356 | 52510 | |
| G0298 | L3820 | L3924 | L3954 | Q9945 | 32000 | 60001 | |

**RETROACTIVE END-DATE OF DISCONTINUED HCPCS PROCEDURE CODES**

The following procedure codes were deleted by CMS effective March 31, 2007.

S0820 S2250

**COVERAGE END-DATE OF ADDITIONAL HCPCS PROCEDURE CODES**

CMS has recently provided guidance that the administration of a Part D covered vaccine is included in the definition of a “covered Part D drug”. As a result, MDCH will end-date coverage of HCPCS procedure code G0377 (Administration of vaccine for Part D drug) for physicians and medical clinics effective January 1, 2008 to comply with this change.

Effective January 1, 2008, MDCH will discontinue coverage of HCPCS procedure codes J1642 (Injection, heparin sodium [heparin lock flush], per 10 units) and J1644 (Injection, heparin sodium, per 1,000 units) for DME Suppliers (Provider Type 87). This action is required by the CMS under the Deficit Reduction Act of 2005 which limits Medicaid coverage to products from manufacturers who have a signed rebate agreement with CMS. Refer to the Billing & Reimbursement for Professionals Chapter of the Medicaid Provider Manual for additional information.

**Manual Maintenance**

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

**Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

**Approved**

Paul Reinhart, Director
Medical Services Administration