

Bulletin Number: MSA 10-65

Distribution: All Providers

Issued: December 21, 2010

Subject: January 1, 2011 Annual Healthcare Common Procedure Coding System (HCPCS) Code Updates; New Coverage of Existing Codes for Plan First!; Retroactive Coverage of Existing Codes

Effective: As Indicated

Programs Affected: Medicaid, Children's Special Health Care Services, Adult Benefits Waiver, Maternity Outpatient Medical Services (MOMS), Plan First!

A. JANUARY 1, 2011 ANNUAL HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) CODE UPDATES

This bulletin is to notify you of the 2011 HCPCS procedure code changes that will be implemented by the Michigan Department of Community Health (MDCH) for dates of service on and after January 1, 2011. 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 Current Procedural Terminology (CPT) and/or HCPCS codebooks and the CMS website (www.cms.hhs.gov) for full descriptions of codes. Information regarding the fee screens and coverage parameters of these codes will be located in the appropriate database, posted in January 2011, on the MDCH website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information.

The symbol * will appear with those codes requiring prior authorization (PA).

1. Physicians, Practitioners, and Medical Clinics

G0429	G8633	G8644	G8655	G8666	G8677	G8688	J0775*
G0436	G8634	G8645	G8656	G8667	G8678	G8689	J1290
G0437	G8635	G8646	G8657	G8668	G8679	G8690	J1559
G0438	G8636	G8647	G8658	G8669	G8680	G8691	J1599
G0439	G8637	G8648	G8659	G8670	G8681	G8692	J1786
G0440	G8638	G8649	G8660	G8671	G8682	G8693	J1826
G0441	G8639	G8650	G8661	G8672	G8683	J0171	J2358
G8629	G8640	G8651	G8662	G8673	G8684	J0558	J2426
G8630	G8641	G8652	G8663	G8674	G8685	J0561	J3095
G8631	G8642	G8653	G8664	G8675	G8686	J0597	J3262
G8632	G8643	G8654	G8665	G8676	G8687	J0638	J3357

J3385	11047	37227	43338	65779	93457	0229T	0252T
J7184	1400F	37228	43753	66174	93458	0230T	0253T
J7196	22551	37229	43754	66175	93459	0231T	0254T
J7309	22552	37230	43755	74176	93460	0232T	0255T
J7312	29914	37231	43756	74177	93461	0233T	0256T
J7335	29915	37232	43757	74178	93462	0234T	0257T
J7686	29916	37233	4400F	76881	93463	0235T	0258T
J9302	31295	37234	49327	76882	93464	0236T	0259T
J9307	31296	37235	49412	90460	93563	0237T	
J9315	31297	38900	49418	90461	93564	0238T	
J9351	31634	4324F	53860	91013	93565	0239T	
Q2035	33620	4325F	57156	91117	93566	0240T	
Q2036	33621	4326F	6080F	92132	93567	0241T	
Q2037	33622	43283	6090F	92133	93568	0242T	
Q2038	3700F	4328F	61781	92134	95800	0243T	
Q2039	3720F	43327	61782	92227	95801	0244T	
Q4117	37220	43328	61783	92228	96446	0245T	
Q4118	37221	43332	64566	93451	0223T	0246T	
Q4119	37222	43333	64568	93452	0224T	0247T	
Q4120	37223	43334	64569	93453	0225T	0248T	
Q4121	37224	43335	64570	93454	0226T	0249T	
11045	37225	43336	64611	93455	0227T	0250T	
11046	37226	43337	65778	93456	0228T	0251T	

2. Outpatient Prospective Payment System (OPPS)/Ambulatory Payment Classification (APC)

MDCH aligns with Medicare guidelines for procedure codes covered through the OPPS/APC as closely as possible. Certain procedures billed by Outpatient Hospitals, Comprehensive Outpatient Rehabilitation Facilities, Rehabilitation Agencies, and 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 utilize a Medicare fee schedule with the MDCH reduction factor applied.

a. Wrap Around Codes

MDCH will cover the following codes differently (than Medicare) under its OPPS:

Q2035	Q2038	90461
Q2036	Q2039	90867
Q2037	90460	90868

b. Laboratory Services Codes (Outpatient Hospitals)

G0434	82930	83861	84112	85598	86481	86902	87501
87502	87503	87906	88120	88121	88177	88363	88749

3. Ambulatory Surgical Centers (ASC)

MDCH aligns with Medicare guidelines for Medicaid covered procedure codes covered through the Outpatient Ambulatory Prospective Payment System (OAPPS) as closely as possible. Certain procedures billed by ASCs may represent packaged/bundled service codes. The costs for these services are not paid separately. For ASC services paid as Medicare certified ASC facilities, MDCH will utilize a Medicare fee schedule with the MDCH specific reduction factor applied. The ASC Wrap Code list contains codes that MDCH intends to cover differently than Medicare.

4. Dental Services

D1352	D3354
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5. Laboratory Services

G0434	82930	83861	84112	85598	86481	86902	87501
87502	87503	87906	88120	88121	88177	88363	88749

6. Medical Suppliers, Orthotists, and Prosthetists

E2622	E2623	E2624*	E2625	L3674
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7. Speech & Hearing Services

L8693*

The following existing HCPCS codes will be activated for coverage effective January 1, 2011:

L8691* L8692*

8. Telemedicine Services

The following existing HCPCS codes will be activated for coverage effective January 1, 2011:

99231	99233	99308	99310	G0108	G0420
99232	99307	99309	G0109	G0421	

Note: The GT modifier must be included when reporting Telemedicine services.

9. Vision Services

92132	92133	92134	92227	92228
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B. NEW COVERAGE OF EXISTING CODES FOR PLAN FIRST!

The following Current Procedural Terminology (CPT) codes are identified as billable for *Plan First!* beneficiaries for dates of service on and after January 1, 2011.

87480	87528	88147	88148	88155	88174	88175
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C. RETROACTIVE COVERAGE OF EXISTING CODES

1. Medical Suppliers, Orthotists and Prosthetists

The following existing HCPCS codes are activated for coverage effective September 1, 2010:

E1005*	E1006*	E1007*	E1008*	E1009*
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2. Vision Services

The following existing HCPCS code is activated for coverage effective October 1, 2010:

V2532*

D. DISCONTINUED 2010 HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES

C9258	G8075	G8214	G8367	G8518	35470	92135
C9259	G8076	G8217	G8370	G8519	35473	93012
C9260	G8077	G8219	G8371	G8520	35474	93014
C9261	G8078	G8220	G8372	J0128	35480	93230
C9262	G8079	G8221	G8373	J0170	35481	93231
C9263	G8080	G8223	G8374	J0559	35482	93232
G0430	G8081	G8226	G8375	J0560	35483	93233
G8006	G8082	G8231	G8376	J0570	35484	93235
G8007	G8085	G8234	G8377	J0580	35485	93236
G8008	G8093	G8238	G8378	J0704	35490	93237
G8009	G8094	G8240	G8379	J0970	35491	93501
G8010	G8099	G8243	G8380	J1390	35492	93508
G8011	G8100	G8246	G8381	J1470	35493	93510
G8012	G8103	G8248	G8382	J1480	35494	93511
G8013	G8104	G8251	G8383	J1490	35495	93514
G8014	G8106	G8254	G8384	J1500	39502	93524
G8015	G8107	G8257	G8385	J1510	39520	93526
G8016	G8108	G8260	G8386	J1520	39530	93527
G8017	G8109	G8263	G8387	J1530	39531	93528
G8018	G8110	G8266	G8388	J1540	43324	93529
G8019	G8111	G8268	G8389	J1550	43326	93539
G8020	G8112	G8271	G8390	J1785	43600	93540
G8021	G8113	G8274	G8391	J1825	49420	93541
G8022	G8114	G8276	G8402	J2321	61795	93542
G8023	G8115	G8279	G8403	J2322	64573	93543
G8024	G8116	G8282	G8407	J9062	75992	93544
G8025	G8117	G8285	G8408	J9080	75993	93545
G8026	G8129	G8289	G8409	J9090	75994	93555
G8027	G8130	G8293	G8423	J9091	75995	93556
G8028	G8131	G8296	G8424	J9092	75996	96445
G8029	G8152	G8298	G8425	J9093	76150	0016T
G8030	G8153	G8299	G8426	J9094	76350	0203T
G8031	G8154	G8302	G8429	J9095	76880	0204T
G8032	G8155	G8303	G8434	J9096	86903	
G8033	G8156	G8304	G8435	J9097	89100	
G8034	G8157	G8305	G8436	J9110	89105	
G8035	G8159	G8306	G8437	J9140	89130	
G8036	G8162	G8307	G8438	J9290	89132	
G8037	G8164	G8308	G8439	J9291	89135	
G8038	G8165	G8310	G8443	J9350	89136	
G8039	G8166	G8314	G8445	J9375	89140	
G8040	G8167	G8318	G8446	J9380	89141	
G8041	G8170	G8322	G8449	K0734	89225	
G8051	G8171	G8326	G8453	K0735	89235	
G8052	G8172	G8330	G8454	K0736	90465	
G8053	G8182	G8334	G8455	K0737	90466	
G8054	G8183	G8338	G8456	L3672	90467	
G8055	G8184	G8341	G8457	Q4109	90468	
G8056	G8185	G8345	G8466	11040	91000	
G8057	G8186	G8351	G8467	11041	91011	
G8058	G8193	G8354	G8479	20000	91012	
G8059	G8196	G8357	G8480	33861	91052	
G8060	G8200	G8360	G8481	35454	91055	
G8061	G8204	G8362	G8488	35456	91105	
G8062	G8209	G8365	G8507	35459	91123	

Manual Maintenance

Providers should refer to the MDCH website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information for additional code information.

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

A handwritten signature in black ink that reads "Stephen Fitton". The signature is written in a cursive style with a small dot above the letter 'i' in "Fitton".

Stephen Fitton, Director
Medical Services Administration