



Bulletin

Michigan Department of Community Health

Bulletin Number: MSA 14-62

Distribution: All Providers

Issued: December 29, 2014

Subject: Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) Code Updates

Effective: As Indicated

Programs Affected: Medicaid, Healthy Michigan Plan, Children’s Special Health Care Services, Maternity Outpatient Medical Services, *Plan First!*

This bulletin is to notify you of Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) changes being implemented by the Michigan Department of Community Health (MDCH). Effective dates are identified for each topic area. 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.

Refer to HCPCS code books and the Centers for Medicare & Medicaid Services (CMS) website (www.cms.hhs.gov) for full descriptions of codes. Information regarding fee screens is maintained on the appropriate database or professional fee schedule on the MDCH website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information. Additional pertinent coverage parameters, such as age restrictions, prior authorization requirements, and other billing indicators, are accessible via the Medicaid Code and Rate Reference tool within CHAMPS at <https://sso.state.mi.us> >> External Links >> Medicaid Code and Rate Reference.

A. JANUARY 1, 2015 ANNUAL HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) CODE UPDATES

Listed below are HCPCS codes being adopted by MDCH for dates of service on and after January 1, 2015 and the provider groups allowed to bill these codes. Any new procedure code not listed will not be covered at this time, except for reporting codes. Coding information is based on the most recent file from CMS. If additional code revisions are released by CMS, a subsequent bulletin will be published notifying providers of this change.

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

HCPCS 2015 reporting codes (Category II codes and other select HCPCS codes) will be allowed for submission to Medicaid where appropriate. The codes are optional but can be used to complement Category I codes for clarification purposes. Reporting codes will not appear on the MDCH fee schedule; however, a full list of current codes can be found at www.ama-assn.org/go/cpt.

1. Physicians, Practitioners, and Medical Clinics

20604	20606	20611	20983	21811	21812	21813
22510	22511	22512	22513	22514	22515	22858
27279	33270	33271	33272	33273	33418	33419
33946	33947	33948	33949	33951	33952	33953

33954	33955	33956	33957	33958	33959	33962
33963	33964	33965	33966	33969	33984	33985
33986	33987	33988	33989	37218	43180	47383
52441	52442	62302	62303	62304	62305	64486
64487	64488	64489	66179	66184	76641	76642
77063	77085	77086	77306	77307	77316	77317
77318	80163	80165	91200	92145	93260	93261
93355	93644	93702	93895	96127	97607	97608
99188	G0277	G0279	G0464	G6001	G6002	G6003
G6004	G6005	G6006	G6007	G6008	G6009	G6010
G6011	G6012	G6013	G6014	G6015	G6016	G6018
G6019	G6020	G6021	G6022	G6023	G6024	G6025
J0153	J0887	J0888	J1071	J1322	J1439	J2274
J2704	J3121	J3145	J7181	J7182	J7200	J7201
J7327	J7336	J9267	J9301			

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:

0357T	0375T	0376T	0377T	0379T	0380T	0381T
0382T	0383T	0384T	0385T	0386T	0387T	0388T
0389T	0390T	0391T	81246	81288	81313	81410
81411	81415	81416	81417	81425	81426	81427
81430	81431	81435	81436	81440	81445	81450
81455	81460	81465	81470	81471	81519	88341
88344	89337	99184	99490	99497	99498	A4459
A4602	A7048	G0473	L3981	L6026	L7259	L8696

b. Laboratory Service Codes (Outpatient Hospitals)

80163	80165	81420*	83006*	87505	87506	87507
87623	87624	87625	87806	88364	88366	88369
88373	88374	88377	G6030	G6031	G6032	G6034
G6035	G6036	G6037	G6038	G6039	G6040	G6041
G6042	G6043	G6044	G6045	G6046	G6047	G6048
G6049	G6050	G6051	G6052	G6053	G6054	G6055
G6056	G6057	G6058				

The following laboratory service is covered for Healthy Michigan Plan only: G0464.

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.

a. Wrap Around Codes

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

0357T	0376T	0377T	0379T	0380T	0387T	0388T
0390T	33419	99497	99498	A4459	A4602	A7048

4. Dental Services

The following dental services are covered for Children's Special Health Care Services only:

D6110*	D6111*	D6112*	D6113*	D6114*	D6115*	D6116*
D6117*						

5. Laboratory Services

80163	80165	81420*	83006*	87505	87506	87507
87623	87624	87625	87806	88364	88366	88369
88373	88374	88377	G6030	G6031	G6032	G6034
G6035	G6036	G6037	G6038	G6039	G6040	G6041
G6042	G6043	G6044	G6045	G6046	G6047	G6048
G6049	G6050	G6051	G6052	G6053	G6054	G6055
G6056	G6057	G6058				

The following laboratory service is covered for Healthy Michigan Plan only: G0464.

6. Podiatry Services

20604	20606	97607	97608	J7336
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7. School Based Services

96127

8. Urgent Care Centers

76641	76642	80163	80165	J0153
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9. Vision Services

92145

B. NEW COVERAGE OF EXISTING CODES

Effective for dates of service on and after January 1, 2015, existing CPT/HCPCS codes will be activated for coverage as identified in the following provider categories.

1. Medical Suppliers, Orthotists, and Prosthetists

L0455	L0457	L0467	L0469	L0641	L0642	L0643
L0648	L0649	L0650	L0651*	L1812	L1833	L1848*
L3678	L3809	L3918	L3930	L4361*	L4387	L4397*

2. Telemedicine

90846 90847 99354 99355

3. Urgent Care Centers

80164

C. RETROACTIVE COVERAGE OF EXISTING CODES FOR CERTIFIED NURSE MIDWIVES

Effective for dates of service on and after January 1, 2014, the following CPT/HCPCS codes will be activated for retroactive coverage for certified nurse midwife providers:

11982 11983

D. PRIOR AUTHORIZATION FOR EXISTING CODES

Effective for dates of service on and after January 1, 2015, the following CPT/HCPCS codes will require prior authorization:

82777

E. DISCONTINUED COVERAGE OF EXISTING CODES FOR CERTIFIED NURSE MIDWIVES

Effective for dates of service on and after January 1, 2015, the following CPT/HCPCS codes will no longer be covered for certified nurse midwife providers:

59612 59614

F. DISCONTINUED 2014 HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES

The following HCPCS codes are discontinued effective December 31, 2014:

0005M	00452	0059T	00622	00634	0073T	0092T	0181T
0197T	0199T	0226T	0227T	0239T	0245T	0246T	0247T
0248T	0319T	0320T	0321T	0322T	0323T	0324T	0325T
0326T	0327T	0328T	0334T	0343T	0344T	21800	21810
22520	22521	22522	22523	22524	22525	29020	29025
29715	3125F	33332	33472	33960	33961	36469	36822
42508	43350	44383	44393	44397	45339	45345	45355
45383	45387	61334	61440	61470	61490	61542	61609
61875	62116	64752	64761	64870	66165	69400	69401
69405	72291	72292	74291	76645	76950	77082	77305
77310	77315	77326	77327	77328	77403	77404	77406
77408	77409	77411	77413	77414	77416	77418	77421
80100	80101	80102	80103	80104	80152	80154	80160
80166	80172	80174	80182	80196	80440	82000	82003
82055	82101	82145	82205	82520	82646	82649	82651
82654	82666	82690	82742	82953	82975	82980	83008
83055	83071	83634	83805	83840	83858	83866	83887
83925	84022	84127	87001	87620	87621	87622	88343
88349	99481	99482	99488	A7042	A7043	C1300	C9021
C9022	C9023	C9133	C9134	C9135	C9441	C9735	D6053
D6054	D6078	D6079	D6975	G0173	G0251	G0417	G0418
G0419	G0456	G0457	G0461	G0462	G0908	G0909	G0910
G0919	G0920	G0921	G0922	G8126	G8127	G8128	G8406
G8464	G8492	G8493	G8501	G8502	G8547	G8552	G8579

G8580	G8581	G8582	G8583	G8584	G8585	G8586	G8587
G8593	G8594	G8595	G8597	G8629	G8630	G8631	G8632
G8682	G8683	G8685	G8699	G8700	G8701	G8702	G8703
G8704	G8705	G8706	G8707	G8736	G8737	G8738	G8739
G8740	G8751	G8763	G8764	G8767	G8768	G8769	G8770
G8771	G8772	G8773	G8774	G8775	G8776	G8777	G8778
G8779	G8780	G8781	G8782	G8859	G8860	G8862	G8886
G8887	G8888	G8889	G8890	G8891	G8892	G8893	G8894
G8895	G8896	G8897	G8904	G8905	G8930	G8931	G8932
G8933	G8943	G8949	G8957	G9193	G9194	G9195	G9199
G9200	G9201	G9202	G9214	G9215	G9216	G9218	G9220
G9221	G9224	G9248	G9249	G9252	G9253	G9271	G9272
J0150	J0151	J0900	J1060	J1070	J1080	J2271	J2275
J3120	J3130	J3140	J3150	J7335	J9265	L6025	L7260
L7261	M0064	Q9970	Q9972	Q9973	Q9974	S0144	S3855

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-mailed to 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



Stephen Fitton, Director
Medical Services Administration