



# Bulletin

## Michigan Department of Health and Human Services

**Bulletin Number:** MSA 15-64

**Distribution:** All Providers

**Issued:** December 30, 2015

**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 Health and Human Services (MDHHS). Effective dates are identified for each topic area. Please note that this notice is distributed to a broad range of providers and some or all of the codes listed may not apply to your scope of practice.

Refer to HCPCS code books and the Centers for Medicare & Medicaid Services (CMS) website ([www.cms.hhs.gov](http://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 MDHHS website at [www.michigan.gov/medicaidproviders](http://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 the Community Health Automated Medicaid Processing System (CHAMPS) at <https://sso.state.mi.us> >> External Links >> Medicaid Code and Rate Reference.

### A. JANUARY 1, 2016 ANNUAL HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) CODE UPDATES

Listed below are HCPCS codes being adopted by MDHHS for dates of service on and after January 1, 2016 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 2016 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 MDHHS fee schedule; however, a full list of current codes can be found at [www.ama-assn.org/go/cpt](http://www.ama-assn.org/go/cpt).

#### 1. Physicians, Practitioners, and Medical Clinics

|       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|
| 10035 | 10036 | 31652 | 31653 | 31654 | 33477 | 37252 |
| 37253 | 39401 | 39402 | 43210 | 47531 | 47532 | 47533 |
| 47534 | 47535 | 47536 | 47537 | 47538 | 47539 | 47540 |

|       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|
| 47541 | 47542 | 47543 | 47544 | 49185 | 50430 | 50431 |
| 50432 | 50433 | 50434 | 50435 | 50606 | 50693 | 50694 |
| 50695 | 50705 | 50706 | 54437 | 54438 | 61645 | 61650 |
| 61651 | 64461 | 64462 | 64463 | 65785 | 69209 | 72081 |
| 72082 | 72083 | 72084 | 73501 | 73502 | 73503 | 73521 |
| 73522 | 73523 | 73551 | 73552 | 74712 | 74713 | 77767 |
| 77768 | 77770 | 77771 | 77772 | 78265 | 78266 | 80081 |
| 88350 | 92537 | 92538 | 99415 | 99416 | J0202 | J0596 |
| J0695 | J0714 | J0875 | J1447 | J1575 | J1833 | J2407 |
| J2502 | J2547 | J2860 | J3090 | J3380 | J7121 | J7188 |
| J7205 | J7297 | J7298 | J7313 | J7328 | J7999 | J8655 |
| J9032 | J9039 | J9271 | J9299 | J9308 | Q9950 | Q9980 |

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

MDHHS 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, MDHHS will utilize a Medicare fee schedule with the MDHHS reduction factor applied.

**a. Wrap Around Codes**

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

|       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|
| 80081 | 81162 | 81412 | 81432 | 81433 | 81434 | 81437 |
| 81438 | 81442 | 81490 | 81493 | 81525 | 81528 | 81538 |
| 81540 | 81545 | 81595 | 93050 | 96932 | 96934 | 96935 |
| 96936 | 0394T | 0395T | 0396T | 0397T | 0399T | 0400T |
| 0401T | 0402T | 0404T | 0406T | 0407T | 0408T | 0409T |
| 0410T | 0411T | 0412T | 0413T | 0414T | 0415T | 0416T |
| 0417T | 0418T | 0419T | 0420T | 0422T | 0423T | 0424T |
| 0425T | 0426T | 0427T | 0428T | 0429T | 0430T | 0431T |
| 0432T | 0433T | 0434T | 0435T | 0436T | A4337 | D0251 |
| G0296 | G0475 | G0476 |       |       |       |       |

The following services are covered for Healthy Michigan Plan only: G0297.

**b. Laboratory Service Codes (Outpatient Hospitals)**

|        |        |        |        |        |        |        |
|--------|--------|--------|--------|--------|--------|--------|
| 81170  | 81218  | 81219  | 81272* | 81273* | 81276* | 81311* |
| 81314* | 81535* | 81536* |        |        |        |        |

**3. Ambulatory Surgical Centers (ASC)**

MDHHS 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, MDHHS will utilize a Medicare fee schedule with the MDHHS reduction factor applied.

**a. Wrap Around Codes**

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

|       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|
| 0394T | 0395T | 0402T | 0408T | 0409T | 0410T | 0411T |
| 0412T | 0413T | 0414T | 0415T | 0416T | 0419T | 0420T |
| 0422T |       |       |       |       |       |       |

**4. Oral Maxillofacial Surgeons**

|       |       |
|-------|-------|
| D9223 | D9243 |
|-------|-------|

**5. Chiropractic Services**

|       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|
| 72081 | 72082 | 72083 | 72084 | 73501 | 73502 | 73503 |
| 73521 | 73522 | 73523 |       |       |       |       |

**6. Podiatry Services**

|       |       |       |
|-------|-------|-------|
| J0875 | J2407 | J3090 |
|-------|-------|-------|

**7. Urgent Care Centers**

|       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|
| 80081 | 99415 | 99416 | J2547 | J7121 | J7999 |
|-------|-------|-------|-------|-------|-------|

**8. Certified Nurse Midwives**

|       |       |
|-------|-------|
| J7297 | J7298 |
|-------|-------|

**9. Audiologist**

|       |       |
|-------|-------|
| 92537 | 92538 |
|-------|-------|

**10. Dental Services**

|       |       |
|-------|-------|
| D9223 | D9243 |
|-------|-------|

**11. Family Planning Clinics**

|       |       |
|-------|-------|
| J7297 | J7298 |
|-------|-------|

**12. Laboratory Services**

|        |        |        |        |        |        |        |
|--------|--------|--------|--------|--------|--------|--------|
| 80081  | 81170  | 81218  | 81219  | 81272* | 81273* | 81276* |
| 81311* | 81314* | 81535* | 81536* | 88350  |        |        |

**13. Medical Suppliers, Orthotists, and Prosthetists**

|        |        |        |
|--------|--------|--------|
| E0465* | E0466* | E1012* |
|--------|--------|--------|

**14. Home Health**

|       |       |
|-------|-------|
| G0299 | G0300 |
|-------|-------|

**15. Hospice**

|       |       |
|-------|-------|
| G0299 | G0300 |
|-------|-------|

**B. NEW COVERAGE OF EXISTING CODES**

Effective for dates of service on and after January 1, 2016, existing CPT/HCPCS codes will be activated for coverage as identified in the following provider categories:

**1. Physicians, Practitioners, and Medical Clinics**

|       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|
| 11765 | 44381 | 44384 | 44401 | 44402 | 44403 | 44404 |
| 44405 | 44406 | 44407 | 44408 | 45346 | 45347 | 45349 |
| 45350 | 45388 | 45389 | 45390 | 45393 | 45398 | 45399 |
| 46601 | 46607 | 99497 | 99498 | J2790 |       |       |

The following services are covered for Healthy Michigan Plan only: G0297.

**2. Telemedicine**

|       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|
| 90963 | 90964 | 90965 | 96150 | 96151 | 96152 | 96153 |
| 96154 | 97802 | 97803 | 97804 | 99356 | 99357 |       |

**3. Urgent Care Centers**

|       |       |       |
|-------|-------|-------|
| 11765 | 99497 | 99498 |
|-------|-------|-------|

**4. Podiatry Services**

11765

**C. RETROACTIVE COVERAGE OF EXISTING CODE FOR PHYSICIANS, NURSE PRACTITIONERS, OPTOMETRISTS**

Effective for dates of service on and after October 1, 2015, the following CPT/HCPCS code will be activated for retroactive coverage:

83516

**D. PRIOR AUTHORIZATION FOR EXISTING CODES**

Effective for dates of service on and after January 1, 2016, the following CPT/HCPCS codes will require prior authorization:

54440      81275

**E. DISCONTINUED 2015 HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES**

The following HCPCS codes are discontinued effective December 31, 2015:

|       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|
| 0099T | 0103T | 0123T | 0182T | 0223T | 0224T | 0225T | 0233T |
| 0240T | 0241T | 0243T | 0244T | 0262T | 0311T | 21805 | 31620 |
| 37202 | 37250 | 37251 | 39400 | 47136 | 47500 | 47505 | 47510 |
| 47511 | 47525 | 47530 | 47560 | 47561 | 47630 | 50392 | 50393 |
| 50394 | 50398 | 64412 | 67112 | 70373 | 72010 | 72069 | 72090 |
| 73500 | 73510 | 73520 | 73530 | 73540 | 73550 | 74305 | 74320 |
| 74327 | 74475 | 74480 | 75896 | 75945 | 75946 | 75980 | 75982 |
| 77776 | 77777 | 77785 | 77786 | 77787 | 82486 | 82487 | 82488 |
| 82489 | 82491 | 82492 | 82541 | 82543 | 82544 | 83788 | 88347 |
| 90645 | 90646 | 90669 | 90692 | 90693 | 90703 | 90704 | 90705 |

|       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|
| 90706 | 90708 | 90712 | 90719 | 90720 | 90721 | 90725 | 90727 |
| 90735 | 92543 | 95973 | A7011 | C9025 | C9026 | C9027 | C9442 |
| C9443 | C9444 | C9445 | C9446 | C9449 | C9450 | C9451 | C9452 |
| C9453 | C9454 | C9455 | C9456 | C9457 | C9724 | D0260 | D0421 |
| D2970 | D9220 | D9221 | D9241 | D9242 | D9931 | E0450 | E0460 |
| E0461 | E0463 | E0464 | G0154 | G0431 | G0434 | G6018 | G6019 |
| G6020 | G6021 | G6022 | G6023 | G6024 | G6025 | G6027 | G6028 |
| G8530 | G8531 | G8532 | G8713 | G8714 | G8717 | G8718 | G8720 |
| G8870 | G8871 | G8951 | G9320 | G9323 | G9325 | G9328 | G9343 |
| G9346 | G9362 | G9363 | G9369 | G9370 | G9376 | G9377 | G9378 |
| G9379 | G9391 | G9392 | G9433 | J0886 | J1446 | J7302 | J7506 |
| J9010 | Q9975 | Q9976 | Q9977 | Q9978 | Q9979 | S0195 | S2360 |
| S2361 | S3721 | S3854 | S3890 | S5011 | S9015 |       |       |

**F. PLACE OF SERVICE (POS)**

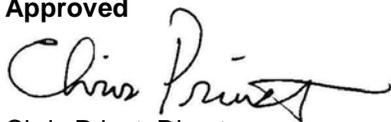
Effective for claims processed on or after January 1, 2016, the following POS will be recognized:

19- Off Campus-Outpatient Hospital

**Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto: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**



Chris Priest, Director  
Medical Services Administration