

Bulletin Number: MSA 06-63

Distribution: Medical Suppliers
 Practitioners
 Federally Qualified Health Centers
 Local Health Departments
 Rural Health Clinics
 Tribal Health Centers
 Hospitals

Issued: September 1, 2006

Subject: October 2006 Quarterly Healthcare Common Procedure Coding System (HCPCS) Update, New Coverage of Existing HCPCS and Current Procedural Terminology (CPT) Codes of Q4079 and 90649

Effective: October 1, 2006

Programs Affected: Medicaid, Children's Special Health Care Services, Adult Benefits Waiver

The purpose of this bulletin is to notify you of the HCPCS/CPT procedure code changes that will be implemented by the Michigan Department of Community Health (MDCH) for dates of service on or after October 1, 2006. Please note that this notice is distributed to a broad range of providers and not all codes listed may apply to your scope of practice and/or beneficiary program coverage.

Listed below are the new HCPCS procedure codes adopted by MDCH for Medical Suppliers or Practitioners/Outpatient Hospital. Any new procedure code not listed will not be covered at this time. Information regarding the fee screens and coverage parameters for these codes is posted on the MDCH website. The website address is www.michigan.gov/mdch >>Providers>> Information for Medicaid Providers>> Provider Specific Information.

Effective October 1, 2006, new 2006 HCPCS procedure codes covered by Medicaid for Medical Suppliers (Provider Types 85, 87). Prior authorization is required for all codes.

K0800	K0814	K0825	K0836	K0848	K0856	K0864	K0880
K0801	K0815	K0826	K0837	K0849	K0857	K0868	K0884
K0802	K0816	K0827	K0838	K0850	K0858	K0869	K0885
K0806	K0820	K0828	K0839	K0851	K0859	K0870	K0886
K0807	K0821	K0829	K0840	K0852	K0860	K0871	K0890
K0808	K0822	K0830	K0841	K0853	K0861	K0877	K0891
K0812	K0823	K0831	K0842	K0854	K0862	K0878	
K0813	K0824	K0835	K0843	K0855	K0863	K0879	

Effective October 1, 2006, new 2006 HCPCS procedure code covered by Medicaid for Practitioners (Provider Types 10, 11, 40, 77).

S0147 – prior authorization is required

New Coverage of Existing HCPCS code Q4079 – Injection, Natalizumab, per 1 mg; and CPT code 90649 – Human Papilloma Virus (HPV) Vaccine

Effective October 1, 2006, HCPCS code Q4079 and CPT code 90649 will be covered by Medicaid for Practitioners (Provider Types 10, 11, 40, 77) without prior authorization.

Manual Maintenance

This bulletin may be discarded after review.

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 "Paul Reinhart". The signature is written in a cursive style with a large initial "P" and "R".

Paul Reinhart, Director
Medical Services Administration