Distribution:	Medical Suppliers 03-04
Issued:	August 15, 2003
Subject:	Elimination of Michigan Medicaid Local Codes
Effective:	October 1, 2003
Programs Affected:	Medicaid, Children's Special Health Care Services, State Medical Plan

Effective October 1, 2003, all of the remaining Michigan Medicaid local procedure codes and modifiers will be eliminated to comply with HIPAA (Health Insurance Portability and Accountability Act of 1996) and the published rules regarding health care transactions and code sets.

The following tables list the local procedure codes and modifiers being eliminated and indicate how these items, currently being billed to the Program, will be cross-walked to a HCPCS* Level II national code or a National Drug Code (NDC). If the HCPCS replacement code is a not otherwise classified (NOC) code, prior authorization (PA) is necessary. If a specific NOC code applies to more than one item being requested on the same PA request form, the NOC code should be listed only once. The complete description should include all items it represents along with required quantity amounts. Previous fee screens will apply. For obsolete items no longer billed to the Program, no replacement code is provided.

For billing purposes, the procedure code "in effect" on the date the service is rendered must be reported. If one of the former local codes has been authorized on an existing PA request form, the appropriate new code should be billed instead if provided on or after October 1, 2003. A complete description of the item reported as a NOC code is required for all claim submissions.

The MDCH website at www.michigan.gov/mdch contains the Medical Supplier database that lists the covered codes, short descriptions, prior authorization requirements, fees, and other payment indicators. To access the comprehensive database for Provider Types 85 and 87, first click on "Providers", next click on "Information for Medicaid Providers", and then click on "Medicaid Fee Screens". The revised database detailing these code changes will be available by October 1, 2003. For information regarding the Michigan Pharmaceutical Drug List and associated national drug codes, access the First Health website at www.michigan.fhsc.com.

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* HCPCS (Health Care Financing Administration) Common Procedure Coding System

LOCAL PROCEDURE CODE CROSSWALK

LOCAL PROCEDURE CODE	SHORT DESCRIPTION	HCPCS CROSSWALK	COMMENTS
I2121	ANTIHEMOPHILIC INFUSION	S9345	Prior authorization required except for specified diagnoses 286.0, 286.1, 286.2, 286.4
M4141	VOLUME PORTABLE VENTILATOR	E1399	Prior authorization required
W9801	DISPOSABLE TENS ELECTRODES, EA	A4595	For TENS Supplies for 2 or 4 leads, use HCPCS A4595. (Code is a monthly rate for all necessary TENS supplies.)
Y1700	CHIN GUARD FOR CERVICAL HELMET	L0999	Prior authorization required
Y1703	ANKLE ORTHOSIS, ELASTIC	N/A	No replacement
Y1704	ANKLE ORTHOSIS, LEATH OR NEO	N/A	No replacement
Y1705	ANKLE ORTHOSIS, CANVAS	N/A	No replacement
Y1710	TOE CAP-METAL	N/A	No replacement
Y1713	K/A POS DEV. EG MOON, EA	N/A	No replacement
Y1800	ELECTRIC LARYNX	L8500	Prior authorization required except for specified diagnoses 30.3, 30.4
Y2000	EO ROM BRACE, E.G., DYNASPLINT	N/A	No replacement
Y2010	KO, ROM BRACE	N/A	No replacement
Y2030	VELCRO STRAP REPLACEMENT, EA.	L4210	Use HCPCS code for repair of orthotic device, repair or replace minor parts; Prior authorization is required if total repair cost exceeds $50
Y3000	ANTISEPTIC TOWELETTES, EACH	A5119	Use HCPCS code for skin barrier wipes (used for either incontinence or ostomy supplies)
Y3012	BETADINE OR PHISOHEX, PER QT	NDC	Refer to Pharmacy Program for coverage
Y3013	BETADINE OR PHISOHEX, PER GAL	NDC	Refer to Pharmacy Program for coverage
Y3014	BETADINE OINT, PER OZ	NDC	Refer to Pharmacy Program for coverage
Y3100	COTTON-TIPPED APPLICATORS, EACH	A4649	Use HCPCS code A4649 unless part of an established kit code (e.g., trach. care, enteral nutrition)
Y3103	TOOTHETTES, EACH	N/A	No replacement as considered a personal care item
Y3120	GASTROSTOMY KIT	B9998	Prior authorization required
Y3121	GASTROSTOMY TUBING KIT	B9998	Prior authorization required
Y3623	DISPOSABLE SINGLE UNIT ENEMA, EA (E.G., FLEET)	NDC	Refer to Pharmacy Program for coverage
Y3624	BOWEL MANAGEMENT KIT	N/A	No replacement
Y3627	BELT/UNBELT UNDERGARM W/O SIDES	A4335	Use HCPCS miscellaneous code for incontinence supplies only for this item (Covered through DCH Volume Purchase Contract for incontinent supplies)
Y3629	CLOSED SYSTEM SELF CATH, EACH	N/A	No replacement

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Y3630	CLOSED SYSTEM DRAIN BAG	N/A	No replacement
Y3733	LONG TERM REPLAC. FEEDING CATH. E	B9998	Prior authorization required
Y3734	FEEDING TUBE FOR L.T. FEED. CATH	B9998	Prior authorization required
Y3903	SUCTION CATHETER, EACH	A4624	Use HCPCS code for tracheal suction catheter, each
Y3915	SURG GARM, CLOSED END TO AX	N/A	No replacement
Y3916	SURG GARM, CLOS END TO AX W/SH	N/A	No replacement
Y3917	SURG GARM, FACIAL	N/A	No replacement
Y3918	SURG GARM, HAND TO ELBOW	N/A	No replacement
Y3919	SURG. GARM. VEST W/O SLEEVES, EA	N/A	No replacement
Y3920	SURG. GARM. VEST W/ SLEEVES, EA.	L8499	Prior authorization required
Y3921	ZIPPER FOR PRESSURE GRADIENT	L2999 or L3999	Prior authorization required
Y3922	VELCRO BANDS FOR PRESSURE GRA	N/A	No replacement
Y3923	PRESSURE GRADIENT GARMENT	N/A	No replacement
Y3924	PRESSURE GRADIENT GARMENT	N/A	No replacement
Y3925	INJECTION CAPS, EACH	N/A	No replacement
Y3926	PRESSURE GRADIENT GARMENT	N/A	No replacement
Y3927	ENCLOSED TOE PRESSURE GRAD	N/A	No replacement
Y3930	TAPE PATCHES, EACH	N/A	No replacement
Y3933	SUP. GLUC. MONITOR-SENSOR CART	N/A	No replacement
Y3950	TRACHEOSTOMY ANCHORING DEVICE	A4625 or A4629	Use HCPCS A4625 or A4629 as part of the initial or established tracheostomy kit
Y3951	TWILL TAPE OR TRACH. TUBE TIE	N/A	No replacement
Y3952	DRAIN SPONGES, EACH	A4625, A4629, A4649, B4034, B4035, or B4036	Use HCPCS medical supply miscellaneous code unless part of an established kit (e.g., enteral or trach. care)
Y4004	CANE, WOOD, WITH TIP	E0100	Use DME code for a cane, all materials, adjustable or fixed, with tip
Y4006	BATH SLING, E.G., TLC	E1399	Prior authorization required
Y4007	WRAP AROUND BATH SUPPORT, EACH	E1399	Prior authorization required
Y4008	TOILET SUPPORT, EACH	E1399	Prior authorization required

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Y4009	TOILET SUPPORT, HI BACK, EACH	E1399	Prior authorization required
Y4010	POSITIONING COMMODE, EACH	E1399	Prior authorization required
Y4011	POSITIONING COMMODE W/ HIGH BK	E1399	Prior authorization required
Y4012	RECLINING BATH CHAIR	E1399	Prior authorization required
Y4013	LG BATH CHAIR W/ STRAPS/BLOCKS	E1399	Prior authorization required
Y4014	LG BATH CH W/ STRAPS/BLOCKS/STN	E1399	Prior authorization required
Y4015	CONVER KITS/BATH CH, SM TO MED	E1399	Prior authorization required
Y4016	CONVER KITS/BATH CH, MED TO LG	E1399	Prior authorization required
Y4017	SHOWER COMMODE CHAIR	E1399	Prior authorization required
Y4030	FEEDER SEAT W/ STRAPS/PADS	E1399	Prior authorization required
Y4031	TRAY FOR FEEDER SEAT, EA	E1399	Prior authorization required
Y4032	LG BOLSTER CHAIR W/ TRAY, EACH	E1399	Prior authorization required
Y4033	LG BOLSTER CH W/ TRAY/CASTERS	E1399	Prior authorization required
Y4034	LG BOLSTER CH W/ TRAY/CH/STR/CS	E1399	Prior authorization required
Y4035	LG CORNER CH W/ TRAY, EA	E1399	Prior authorization required
Y4036	LG CORNER CHAIR W/ TRAY/CAST, EA	E1399	Prior authorization required
Y4037	LG MOBILE FLOOR SITTER	E1399	Prior authorization required
Y4038	FLOOR SITTER (INC FEEDER/SEAT)	E1399	Prior authorization required
Y4050	SIDE LYER	E1399	Prior authorization required
Y4051	BLOCK MODULES FOR SIDE LYER	E1399	Prior authorization required
Y4163	AIR CUSHION RING	N/A	No replacement
Y4164	SKIN INSPECTION MIRROR	A4649	Prior authorization required
Y4250	CRIB W/O MATTRESS	E1399	Prior authorization required
Y4251	MANUAL CRIB, SMALL	E1399	Prior authorization required
Y4252	MANUAL CRIB W/ TOP	E1399	Prior authorization required
Y4253	INNERSPRING MATTRESS	E1399	Prior authorization required
Y4254	FOAM MATTRESS	E1399	Prior authorization required
Y4255	PRESSURE REDUC MATTRESS	E1399	Prior authorization required

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Y4257	CRIBTOP, EA	E1399	Prior authorization required
Y4258	BUMPER PAD	E1399	Prior authorization required
Y4260	SLING FOR ELECTRIC LIFT	E1399	Prior authorization required
Y4270	NECK REST DESIGN. TO PRO. NECK	K0108	Prior authorization required
Y4271	HEAD REST, E.G., OTTOBACK 2 STEP	K0108	Prior authorization required
Y4272	HEAD AND NECK REST W/ FOREHEAD	K0108	Prior authorization required
Y4273	BASIC FOUNDATION SYSTEM	K0108	Prior authorization required
Y4274	LATERAL TRUNK SUPPORT	K0108	Prior authorization required
Y4275	CONTOURED THORACIC/TRUNK	K0108	Prior authorization required
Y4276	CONTOURED THORA/TRUNK W/ SWING	K0108	Prior authorization required
Y4277	CUSTOM FAB. CONT. TRUNK	K0108	Prior authorization required
Y4278	CHEST AND SHOULDER HARNESS	K0108	Prior authorization required
Y4279	SHOULDER RETRACTION SYSTEM	K0108	Prior authorization required
Y4280	HIP GUIDE PADS	K0108	Prior authorization required
Y4281	HIP LATERAL SUPPORTS	K0108	Prior authorization required
Y4282	ABDUCTOR SUPPORT PAD/SYS	K0108	Prior authorization required
Y4283	ABDUCTOR SUPPORT-FLIP DOWN	K0108	Prior authorization required
Y4285	ANGLE ADJUSTABILITY-SEAT-TO-BK	K0108	Prior authorization required
Y4286	WEDGE SEATING INSERT-DENSE	K0108	Prior authorization required
Y4287	ABDUCTOR SUPPORT-SWING	K0108	Prior authorization required
Y4288	VACUUM MOLDED ALL FOAM	K0108	Prior authorization required
Y4290	VAC. MOLD. ALL FOAM CUST. SEAT	K0108	Prior authorization required
Y4292	VACUUM MOLDED FOAM CUST. SEAT	K0108	Prior authorization required
Y4293	BEAD SEAT-RIGID MOLD. SYSTEM	K0108	Prior authorization required
Y4294	BEAD SEAT-RIGID SEAT ONLY	K0108	Prior authorization required
Y4295	BEAD SEAT-RIGID BACK	K0108	Prior authorization required
Y4297	ALL FOAM BACK ONLY, FAB	K0108	Prior authorization required
Y4298	ALL FOAM SEAT ONLY, FAB	K0108	Prior authorization required

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LOCAL PROCEDURE CODE CROSSWALK

LOCAL PROCEDURE CODE	SHORT DESCRIPTION	HCPCS CROSSWALK	COMMENTS
Y4299	VACUUM FORMED POLYPROPLENE	K0108	Prior authorization required
Y4300	PEDIATRIC TENT	N/A	No replacement
Y4302	Y BAG WITH WATERTRAP	A7012	Use HCPCS code for water collection device, used with large volume nebulizer
Y4304	RESPIRATORY THERMOMETER	A4649	Prior authorization required
Y4305	AEROSOL CORRUGATED TUBING P. FT	A7010	Use HCPCS code for corrugated tubing, disposable, used with large volume nebulizer, 100 feet
Y4308	AEROSOL MASK	A7015	Use HCPCS code for aerosol mask, used with nebulizer
Y4317	VALVE FOR NASAL C-PAP DEVICE	E1399	Prior authorization required
Y4320	REL ACCESS FOR NASAL C-PAP DEV	E1399	Prior authorization required
Y4326	TRANSTRACHEAL CLEANING KIT	A4625 or A4629	Use HCPCS for tracheostomy care kit for new or established tracheostomy
Y4345	DISP. NEBULIZER OR MED. CUP, EACH	A7004	Use HCPCS code for small volume non-filtered pneumatic nebulizer, disposable
Y4346	HEAT/MOISTURE EXCHANGER	S8189	Use HCPCS miscellaneous code for tracheostomy supply items **only** for moisture exchanger (for use without invasive mechanical ventilation)
Y4347	MUCUS TRAP	S8210	Use HCPCS code for mucus trap
Y4348	Y CONNECTOR	B4034, B4035, or B4036	Use HCPCS code for enteral feeding supply kit
Y4349	SUCTION INSTRUMENT, YANKAUER	A4628	Use HCPCS code for oropharyngeal suction catheter, each
Y4360	COMPRESSOR, STANDARD	E0565	Prior authorization required
Y4455	STETHOSCOPE	A4649	Prior authorization required
Y4462	RESUSCITATION BAG	S8999	Use HCPCS code for resuscitation bag
Y4463	PNEUMOGRAM	N/A	No replacement
Y4470	AMB UT AC MON W NUR SR, PER DAY	S9001	Prior authorization required
Y4560	WEIGHT, SM, REP, TRACTION	N/A	No replacement
Y4561	SAND BAG, REP, TRACTION	N/A	No replacement
Y4562	WATER BAG, REP, TRACTION	N/A	No replacement
Y4563	ANKLE STRAP, EACH	K0108	Prior authorization required
Y4601	SEAT INSERT FOR TRANS STROLLER	E1399	Prior authorization required
Y4602	FOOTREST FOR TRANSPRT STROLLER	E1399	Prior authorization required
Y4611	POSITION MOBILE SYS W/ TILT'N RECLINE	E1399	Prior authorization required

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LOCAL PROCEDURE CODE CROSSWALK

LOCAL PROCEDURE CODE	SHORT DESCRIPTION	HCPCS CROSSWALK	COMMENTS
Y4615	NON-POSITION MOBILE SYS (PRESCHOOL)	E1236	Use HCPCS for pediatric size wheelchair (e.g., strollers, pediatric mobility items); Prior authorization required except for specified diagnoses 335.0 – 335.9, 342.0 – 343.9, 358.8-359.9, 741.0-742.3
Y4616	NON-POSITION MOBILE SYS (ELEMENTARY)	E1236	Use HCPCS for pediatric size wheelchair (e.g., strollers, pediatric mobility items); Prior authorization required except for specified diagnoses 335.0 – 335.9, 342.0 – 343.9, 358.8-359.9, 741.0-742.3
Y4617	NON-POSITION MOBILE SYS (JUNIOR)	E1236	Use HCPCS for pediatric size wheelchair (e.g., strollers, pediatric mobility items); Prior authorization required except for specified diagnoses 335.0 – 335.9, 342.0 – 343.9, 358.8-359.9, 741.0-742.3
Y4618	NON-POSITION MOBILE SYS (SMALL ADULT)	E1399	Prior authorization required
Y4619	TRANSIT OPTION FOR MOBILE SYS	E1399	Prior authorization required
Y4621	BACK CUSHION	E1399	Prior authorization required
Y4624	HEAD SUPPORT	E1399	Prior authorization required
Y4625	ABDUCTOR KNEE BLOCK	E1399	Prior authorization required
Y4626	PADDED SEAT BELT	E1399	Prior authorization required
Y4627	FOOT STRAPS	E1399	Prior authorization required
Y4629	TRAY	E1399	Prior authorization required
Y4630	SUN VISOR OR CANOPY	E1399	Prior authorization required
Y4640	TWO-WHEELED PED. WALKER	E1399	Prior authorization required
Y4641	FOUR-WHEELED PED. WALKER	E1399	Prior authorization required
Y4642	PELVIC STAB. FOR PED. WALKER	E1399	Prior authorization required
Y5000	IV DRUG INFUSION ONE MED	S codes	Prior authorization required except for specified diagnoses; Refer to database for specific diagnosis ranges
Y5001	IV DRUG INFUSION TWO MED	S codes	Prior authorization required except for specified diagnoses; Refer to database for specific diagnosis ranges
Y5002	IV DRUG INFUSION THREE MED	S codes	Prior authorization required except for specified diagnoses; Refer to database for specific diagnosis ranges
Y5003	IV DRUG INFUSION PAIN MANAGEMT	S9326 or S9327	Prior authorization required except for specified diagnoses 140.0 – 239.9

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LOCAL MODIFIER CROSSWALK

LOCAL MODIFIER CODE	SHORT DESCRIPTION	HCPCS CROSSWALK	COMMENTS
CS	CUSTOM SEATING FOR WHEELCHAIRS	K0108	Use HCPCS DME miscellaneous code when no exact procedure is available; Prior authorization required
LB	LONG TERM USE OF A SPECIALIZED BED	MS modifier with E0193 or E0194	Use HCPCS code E0193 or E0194 with the "MS" modifier after six months of continued maintenance and servicing, following the initial 10 months of rental; Prior authorization required
LF	HYDROPHILIC INTERMITTENT URINARY CATHETER	A4649	Prior authorization required
PS	ADDITION OF POWER TILT-IN-SPACE	K0108	Use HCPCS NOC K0108 as an add-on code; Prior authorization required
PT	ADDITION OF POWER RECLINE AND TILT-IN-SPACE	K0108	Use HCPCS NOC K0108 as an add-on code; Prior authorization required
RW	ADDITION OF POWER RECLINE	K0108	Use HCPCS NOC K0108 as an add-on code; Prior authorization required
SB	SHORT TERM USE OF A SPECIALIZED BED	E0193 or E0194	Use HCPCS code with "RR" modifier for initial 10 months of rental; Prior authorization required
TS	DISPOSABLE SINGLE UNIT ENEMA, (E.G., ENEMEEZE)	NDC Code	Refer to the pharmacy program for coverage
WD	EXTREMELY HEAVY DUTY (SUPPORTS >350 LBS.)	K0108	Use HCPCS NOC K0108 as an add-on code; Prior authorization required
WE	EXTRA WIDE AND EXTREMELY HEAVY DUTY (SUPPORTS >350 LBS. AND SEAT WIDTH >22")	K0108	Use HCPCS NOC K0108 as an add-on code; Prior authorization required
WW	SIZE SMALL	E1399	Use HCPCS NOC E1399 code if no specific code is available; size modifier is no longer available; Prior authorization required
WX	SIZE MEDIUM	E1399	Use HCPCS NOC E1399 code if no specific code is available; size modifier is no longer available; Prior authorization required
WY	SIZE LARGE	E1399	Use HCPCS NOC E1399 code if no specific code is available; size modifier is no longer available; Prior authorization required
Y3	FOOTWEAR CODE FOR SPLIT SIZE	L3257	Use HCPCS L3257 as an add-on code

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Manual Maintenance

Retain for future reference.

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 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.

Approval

Paul Reinhart, Director
Medical Services Administration