

Michigan Department of Community Health

Bulletin Number: MSA 06-81

Distribution: Practitioner (Physicians, Advanced Practice Nurses, Physical Therapists, Medical Clinics, FQHCs/RHCs/THCs, Oral Surgeons, Podiatrists), Medical Suppliers, Orthotists, Prosthetists, Hospital, Ambulance, Vision, Nursing Facility, Hearing Center, Independent Laboratory, Family Planning Clinics, Prepaid Inpatient Health Plans, Community Mental Health Services Programs and Substance Abuse Coordinating Agencies, Medicaid Health Plans, Dentists, Dental Clinics, Private Duty Nursing, Local Health Department, Chiropractor

Issued: December 1, 2006

Subject: January 1, 2007 Procedure Code Updates, New Coverage of Existing HCPCS Code 76514

Effective: January 1, 2007

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

This bulletin is to notify you of the HCPCS (Healthcare Common Procedure Coding System) changes that will be implemented by the Michigan Department of Community Health (MDCH) for dates of service on or after January 1, 2007. 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 for the various provider groups listed above. 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 of Medicare and Medicaid Services (CMS). If additional code revisions are released from CMS, a subsequent bulletin will be published notifying providers of this change.

Refer to your 2007 CPT and/or HCPCS codebooks and the CMS website www.cms.hhs.gov for full descriptions of the new codes. Information regarding the fee screens and coverage parameter of these code revisions will be located in the appropriate database, posted in January 2007 on the MDCH website at www.michigan.gov/mdch.

New 2007 HCPCS Procedure Codes Covered By Medicaid Effective 1/1/2007 For Practitioners (Provider Types 10, 11, 13, 40, 77)

A9527	J1740	00625	17315	22862	33254	35305
A9568	J2170	00626	19105	22865	33255	35306
G0389	J2248	15002	19300	25109	33256	35537
G0392	J2315	15003	19301	25606	33265	35538
G0393	J3243	15004	19302	25607	33266	35539
J0129	J3473	15005	19303	25608	33675	35540
J0348	J7187	15731	19304	25609	33676	35637
J0364	J7311	15830	19305	27325	33677	35638
J0594	J7319	15847	19306	27326	33724	35883
J0894	J7345	17311	19307	28055	33726	35884
J1324	J9261	17312	22526	32998	35302	37210
J1458	Q4081	17313	22527	33202	35303	43647
J1562	S0180	17314	22857	33203	35304	43648

43881	49436	58957	76998	77051	77074	92025
43882	54865	58958	77001	77052	77075	94002
44157	55875	64910	77002	77053	77076	94003
44158	55876	64911	77003	77054	77077	94004
47719	56442	67346	77011	77055	77078	94005
48105	57296	70554	77012	77056	77079	94610
48548	57558	70555	77013	77057	77080	94644
49324	58541	72291	77014	77058	77081	94645
49325	58542	72292	77021	77059	77082	94776
49326	58543	76776	77022	77071	77083	94777
49402	58544	76813	77031	77072	77084	95012
49435	58548	76814	77032	77073	91111	96020

Deleted HCPCS Procedure Codes For Practitioners (Provider Types 10, 11, 13, 40, 77)

A9549	17305	26504	35546	76003	76077	76362
J2912	17306	27315	35641	76005	76078	76370
J7188	17307	27320	44152	76006	76082	76393
J7317	17310	28030	44153	76012	76083	76394
J7320	19140	31700	47716	76013	76086	76400
S0116	19160	31708	48005	76020	76088	76778
S0133	19162	31710	48180	76040	76090	76986
S0198	19180	33200	49085	76061	76091	78704
S2362	19182	33201	54152	76062	76092	78715
S2363	19200	33245	54820	76065	76093	78760
S8075	19220	33246	55859	76066	76094	92573
15000	19240	33253	56720	76070	76095	94656
15001	21300	35381	57820	76071	76096	94657
15831	25611	35507	67350	76075	76355	
17304	25620	35541	75998	76076	76360	

New 2007 HCPCS Procedure Codes Covered By Medicaid Effective 1/1/2007 For Family Planning Clinics (Provider Type 23) and Plan First Providers

S0180

New 2007 HCPCS Procedure Codes Covered By Medicaid Effective 1/1/2007 For Vision Providers (Provider Type 94)

92025

Deleted HCPCS Procedure Code for Audiologists (Provider Types 80)

92573

New 2007 HCPCS Procedure Codes Covered by Medicaid Effective 1/1/2007 For Laboratory Services (Provider Types 10, 11, 13, 16, 40, 77)

G0394	83698	86788	87305	87640	87653
82107	83913	86789	87498	87641	87808

New 2007 HCPCS Procedure Codes Covered By Medicaid Effective 1/1/2007 For Medical Suppliers, Orthotists, and Prosthetists (Provider Types 85, 87)

A8000	E2373	E2382	E2388	E2394	L5993	T4543
A8001	E2374	E2383	E2389	E2395	L5994	
A8002	E2375	E2384	E2390	E2396	L6706	
A8003	E2376	E2385	E2391	K0733	L6707	
A8004	E2377	E2386	E2392	L1001	L6708	
E0936	E2381	E2387	E2393	L3808	L6709	

Deleted HCPCS Procedure Codes for Medical Suppliers, Orthotists, and Prosthetists (Provider Types 85, 87)

E0164	K0091	L0110	L6730	L6780	L6830	L6870
E0166	K0092	L3902	L6735	L6790	L6835	L6872
E0180	K0093	L3914	L6740	L6795	L6840	L6873
E0701	K0094	L6700	L6745	L6800	L6845	L6875
E0977	K0095	L6705	L6750	L6806	L6850	L6880
E0998	K0096	L6710	L6755	L6807	L6855	
E2320	K0097	L6715	L6765	L6808	L6860	
J2912	K0099	L6720	L6770	L6809	L6865	
K0090	L0100	L6725	L6775	L6825	L6868	

New 2007 HCPCS Procedure Codes Covered By Medicaid Effective 1/1/2007 For Dentists and Dental Clinics (Provider Types 12, 74)

D0145	D0272	D1206	D1555
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New Coverage of Existing HCPCS Procedure Code By Medicaid Effective 1/1/2006 For Vision Providers (Provider Type 94)

76514

Manual Maintenance

Retain this bulletin until the information has been incorporated into the Michigan Medicaid Provider Manual.

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



Paul Reinhart, Director
Medical Services Administration