

Michigan Department of Community Health

Bulletin Number: MSA 08-54

Distribution: All Providers

Issued: December 1, 2008

Subject: January 1, 2009 Healthcare Common Procedure Coding System (HCPCS) New & Discontinued Procedure Codes; Reactivated Procedure Codes for Physicians, Practitioners, and Medical Clinics; New Coverage of Existing HCPCS Procedure Codes for Physicians, Practitioners, and Medical Clinics; New and Discontinued Modifiers for Durable Medical Equipment

Effective: January 1, 2009

Programs Affected: Medicaid, Children's Special Health Care Services, Adult Benefits Waiver, Maternity Outpatient Medical Services (MOMS), Plan First!, Serious Emotional Disturbance (SED) Waiver

This bulletin is to notify you of the 2009 HCPCS procedure code changes that will be implemented by the Michigan Department of Community Health (MDCH) for dates of service on or after January 1, 2009. 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 and the provider groups allowed to bill these codes. 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 for Medicare & Medicaid Services (CMS). If additional code revisions are released by CMS, a subsequent bulletin will be published notifying providers of this change.

Refer to your Current Procedural Terminology (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 parameters of these code revisions will be located in the appropriate database, posted in January 2009 on the MDCH website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information.

NEW 2009 HCPCS PROCEDURE CODES COVERED FOR PHYSICIANS, PRACTITIONERS, AND MEDICAL CLINICS

G0402	G0418	J9330	Q4114	35633	55706	77785	90956	90969
G0403	G0419	L8604	00211	35634	61796	77786	90957	90970
G0404	J0641	Q4100	00567	41512	61797	77787	90958	93228
G0405	J1267	Q4101	20696	41530	61798	78808	90959	93229
G0406	J1453	Q4102	20697	43273	61799	83876	90960	93279
G0407	J1459	Q4103	22856	43279	61800	87905	90961	93280
G0408	J1930	Q4104	22861	46930	62267	88740	90962	93281
G0412	J1953	Q4105	22864	49652	63620	88741	90963	93282
G0413	J2785	Q4106	27027	49653	63621	90951	90964	93283
G0414	J3300	Q4107	27057	49654	64455	90952	90965	93284
G0415	J7186	Q4108	35535	49655	64632	90953	90966	93285
G0416	J9033	Q4110	35570	49656	65756	90954	90967	93286
G0417	J9207	Q4111	35632	49657	65757	90955	90968	93287

93288	93295	93352	96368	96375	99464	99476	0193T
93289	93296	95803	96369	96376	99465	99478	0194T
93290	93297	96360	96370	96379	99468	99479	0195T
93291	93298	96361	96371	99460	99469	99480	0196T
93292	93299	96365	96372	99461	99471	0190T	0197T
93293	93306	96366	96373	99462	99472	0191T	0198T
93294	93351	96367	96374	99463	99475	0192T	

Reactivated Procedure Codes for Physicians, Practitioners, and Medical Clinics

The following HCPCS codes will be reactivated effective 01/01/2009:

J1750 0054T 0055T

New Coverage of Existing HCPCS Procedure Codes for Physicians, Practitioners, and Medical Clinics

The following HCPCS codes will be activated effective 01/01/2009:

0144T 0145T 0146T 0147T 0148T 0149T 0150T 0151T

NEW 2009 HCPCS PROCEDURE CODES COVERED THROUGH OPPS/APC

MDCH aligns with Medicare guidelines for procedure codes covered through the Outpatient Prospective Payment System (OPPS)/Ambulatory Payment Classification (APC) as closely as possible. Certain procedures billed by Outpatient Hospitals, Comprehensive Outpatient Rehabilitation Facilities, Rehab 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 appropriately continue to utilize a Medicare fee schedule with the MDCH reduction factor applied.

Wrap Around Codes

MDCH will cover the following new 2009 HCPCS codes differently (than Medicare) under its OPPS:

G0398 G0399 G0400 G0410 G0411

New Coverage of Existing HCPCS Procedure Codes for Wrap Around Codes for Dialysis

The following HCPCS code will be activated effective 01/01/2009:

90999

Laboratory Services Codes (Outpatient Hospitals)

The following new 2009 HCPCS laboratory services are covered:

83876 83951 85397 87905 88720 88740 88741

NEW 2009 HCPCS PROCEDURE CODES COVERED FOR DENTAL SERVICES

D3222

NEW 2009 HCPCS PROCEDURE CODES COVERED FOR LABORATORY SERVICES

83876 83951 85397 87905 88720 88740 88741

NEW 2009 HCPCS PROCEDURE CODE COVERED FOR FAMILY PLANNING CLINIC PROVIDERS

96372

NEW 2009 HCPCS PROCEDURE CODES COVERED FOR MEDICAL SUPPLIERS, ORTHOTISTS, AND PROSTHETISTS

A6545	E0657	E1357	E2295	L6712	L6714	L6722
E0656	E1356	E2231	L6711	L6713	L6721	

New Modifiers for Durable Medical Equipment

Effective January 1, 2009, there will be two new modifiers for durable medical equipment only:

- RA is defined as replacement of a DME item.
- RB is defined as replacement of a part of DME furnished as part of a repair.

Refer to the Medical Supplier database for January 2009 on the MDCH website to review codes that will utilize the RA and/or RB modifiers.

Discontinued Modifier for Durable Medical Equipment

Effective January 1, 2009, the RP modifier used with durable medical equipment (DME), prosthetics and orthotics will be discontinued.

DISCONTINUED 2008 HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES

C9003	G0313	J3100	L5994	46935	88400	90776	93733	99298
C9238	G0314	J7340	L7611	46936	90760	90779	93734	99299
C9239	G0315	J7341	L7612	52606	90761	90918	93735	99300
C9240	G0316	J7342	L7613	52612	90765	90919	93736	99431
C9242	G0317	J7343	L7614	52614	90766	90920	93741	99432
C9243	G0318	J7344	L7621	52620	90767	90921	93742	99433
C9244	G0319	J7346	L7622	53853	90768	90922	93743	99435
C9357	G0344	J7347	Q4096	61793	90769	90923	93744	99436
C9723	G0366	J7348	Q4097	77781	90770	90924	99289	99440
G0308	G0367	J7349	Q4098	77782	90771	90925	99290	0028T
G0309	G0368	J9182	S2135	77783	90772	91100	99293	0031T
G0310	G0394	L2860	20986	77784	90773	93727	99294	0032T
G0311	J1751	L3890	20987	78890	90774	93731	99295	
G0312	J1752	L5993	46934	78891	90775	93732	99296	

Manual Maintenance

Retain this bulletin until applicable information has been incorporated into the Michigan Medicaid Provider Manual. Providers should refer to the MDCH website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information for additional code information.

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