

Bulletin Number: MSA 11-03

Distribution: All Providers

Issued: January 31, 2011

Subject: Corrections to Bulletin MSA 10-65

Effective: As Indicated

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

This bulletin is being issued to inform providers of corrections to code information distributed in bulletin MSA 10-65. Corrections identify codes that will not be covered, require prior authorization, have a retroactive coverage date, have wrap around code coverage, or require a replacement code.

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. The symbol * will appear with those codes requiring prior authorization (PA).

A. JANUARY 1, 2011 ANNUAL HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) CODE UPDATES

1. Physicians, Practitioners, and Medical Clinics

The following codes will **NOT** be covered:

J7686 Q4117 Q4119 Q4120

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

a. Wrap Around Codes

The following is an additional code that MDCH **will** cover differently (than Medicare) under its OPPS:

J1826

3. Dental Providers

The following code will **NOT** be covered:

D3354

Note: Code D1352 will retain coverage and may be provided in lieu of code D1351 if appropriate.

4. Medical Suppliers, Orthotists, and Prosthetists

The following codes require prior authorization:

E2622* E2623* E2624* E2625*

B. RETROACTIVE COVERAGE OF EXISTING CODES

1. Vision Services

The following code is activated for coverage effective October 1, 2010:

V2531*

Note: Code V2532 was listed in error in MSA 10-65.

2. Physicians, Practitioners, and Medical Clinics

The following codes are activated for coverage effective July 1, 2010:

0223T 0224T 0225T 0226T 0227T 0228T 0229T 0230T 0231T
0232T 0233T

The following codes are activated for coverage effective October 1, 2010:

1400F 3700F 3720F 4324F 4325F 4326F 4328F 4400F 6080F
6090F

Note: Codes were previously listed in MSA 10-65 with a January 1, 2011 effective date.

C. NEW COVERAGE OF EXISTING CODES

The following will be covered effective January 1, 2011:

1. Physicians, Practitioners, and Medical Clinics

15775* 15776* 19355* 19396*

2. OPPS/APC

15775* 15776* 19396*

3. Ambulatory Surgical Centers (ASC)

15775* 15776* 19355* 19396*

Note: Procedure codes 19355 and 19396 will bypass Prior Authorization requirements for diagnosis codes applicable to breast cancer and reconstruction.

Reference

Refer to Current Procedural Terminology (CPT) and/or HCPCS codebooks and the Centers for Medicare and Medicaid Services (CMS) website (www.cms.hhs.gov) for full descriptions of codes.

Information regarding the fee screens and coverage parameters of these codes will be located in the appropriate database posted on the Michigan Department of Community Health website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific 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

A handwritten signature in black ink that reads "Stephen Fitton". The signature is written in a cursive style with a small dot above the letter 'i' in "Fitton".

Stephen Fitton, Director
Medical Services Administration