MSA MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Community Health

Bulletin Number: MSA 11-56

Distribution: All Providers

Issued: December 22, 2011

Subject: Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) Code Updates

Effective: As Indicated

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

This bulletin is to notify you of Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) changes being implemented by the Michigan Department of Community Health (MDCH). Effective dates are identified for each topic area. 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.

Refer to CPT and/or HCPCS code books and the Centers for Medicare & Medicaid Services (CMS) website (www.cms.hhs.gov) for full descriptions of codes. Information regarding fee screens and coverage parameters of codes is maintained in the appropriate database on the MDCH website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information.

A. JANUARY 1, 2012 ANNUAL HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) CODE UPDATES

Listed below are HCPCS codes being adopted by MDCH for dates of service on and after January 1, 2012 and the provider groups allowed to bill these codes. Any new procedure code not listed will not be covered at this time, except for reporting codes. Coding information is based on the most recent file from CMS. If additional code revisions are released by CMS, a subsequent bulletin will be published notifying providers of this change.

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

CPT/HCPCS 2012 reporting codes (Category II codes and other select HCPCS codes) will be allowed for submission to Medicaid where appropriate. The codes are optional but can be used to complement Category I codes for clarification purposes. Reporting codes will not appear on the MDCH fee schedule; however, a full list of current codes can be found at www.ama-assn.org/go/cpt.

1. Physicians, Practitioners, and Medical Clinics

15271	15275	15777	26341	32096	32506	32609	32669
15272	15276	20527	29582	32097	32507	32666	32670
15273	15277	22633	29583	32098	32607	32667	32671
15274	15278	22634	29584	32505	32608	32668	32672

32673	33264	49082	77469	94726	A9585	J1725	Q2043
32674	36251	49083	78226	94727	J0131	J2265	Q4122
33221	36252	49084	78227	94728	J0221*	J2507	Q4123
33227	36253	62369	78579	94729	J0257	J7131	Q4124
33228	36254	62370	78582	95885	J0490	J7180	Q4125
33229	37191	64633	78597	95886	J0588*	J7183	Q4126
33230	37192	64634	78598	95887	J0712	J7326	Q4127
33231	37193	64635	92071	95938	J0840	J9043	Q4128
33262	37619	64636	92072	95939	J0897	J9179	Q4129
33263	38232*	74174	93998	A9584	J1557	J9228	Q4130

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

MDCH aligns with Medicare guidelines for procedure codes covered through the OPPS/APC as closely as possible. Certain procedures billed by Outpatient Hospitals, Comprehensive Outpatient Rehabilitation Facilities, Rehabilitation 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 utilize a Medicare fee schedule with the MDCH reduction factor applied.

a. Wrap Around Codes

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

0276T	0281T	0286T	0291T	0295T	0299T	92618
0277T	0282T	0287T	0292T	0296T	0300T	94780
0278T	0283T	0288T	0293T	0297T	0301T	94781
0279T	0284T	0289T	0294T	0298T	90869	G0451
0280T	0285T	0290T				

b. Laboratory Services Codes (Outpatient Hospitals)

86386 87389

3. Ambulatory Surgical Centers (ASC)

MDCH aligns with Medicare guidelines for Medicaid covered procedure codes covered through the Outpatient Ambulatory Prospective Payment System (OAPPS) as closely as possible. Certain procedures billed by ASCs may represent packaged/bundled service codes. The costs for these services are not paid separately. For ASC services paid as Medicare certified ASC facilities, MDCH will utilize a Medicare fee schedule with the MDCH specific reduction factor applied. The ASC Wrap Code list contains codes that MDCH intends to cover differently than Medicare.

4. Family Planning Clinics

11981

5. Laboratory Services

86386 87389

6. Medical Suppliers, Orthotists, and Prosthetists

A5056	A5057	E2358*	E2359*	E2626*	K0741*	K0742*	L5312*

7. Podiatry Services

15275	15277	29582	Q4123	Q4125	Q4127	Q4129
15276	15278	Q4122	Q4124	Q4126	Q4128	Q4130

8. Speech & Hearing Services

92558

9. Vision Services

92071 92072

B. NEW COVERAGE OF EXISTING CODES FOR AMBULATORY SURGICAL CENTERS (ASC)

The following CPT/HCPCS codes are identified as billable for ASCs for dates of service on and after January 1, 2012:

G0365 37201 37202 37207 37208 59074

C. NEW 2012 HCPCS CODE FOR *PLAN FIRST!*

Effective for dates of service on and after January 1, 2012, the following code will be covered under *Plan First!*

11981

D. RETROACTIVE REVISION OF EXISTING CODE FOR MEDICAL SUPPLIERS

Effective October 1, 2011, the U4 modifier is no longer applicable for HCPCS code E0240 - Bath/Shower Chair, with or without wheels, any size. All requests will be manually priced through the prior authorization process for beneficiaries of all ages.

E. BUNDLED CODES

For physicians, practitioners and medical clinics, a procedure code with a CMS status indicator of "B" indicates: Payment for covered services are always bundled into payment for other services not specified. Status codes may be found in the RVU file on the CMS website: http://www.cms.gov/PhysicianFeeSched/. Accordingly, effective for dates of service on and after January 1, 2012, separate payment will no longer be made on the following procedure codes:

15850	20936	36000	94005	A4300
20930	22841	93740	97602	Q3031

F. DISCONTINUED COVERAGE OF EXISTING CODES FOR ALL MEDICAID ENROLLED PROVIDERS

MDCH is discontinuing coverage of the following codes effective for dates of service on and after January 1, 2012. These services are specifically related to Medicare and when Medicare's coinsurance and deductible have been waived for these codes, there is no Medicaid liability. Refer to CMS Transmittal 864 dated March 2, 2011 for further information on waiver of deductible and coinsurance/copayment for these services.

G0389 G0402 G0403 G0404 G0405 G0438 G0439

G. DISCONTINUED 2011 HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES

The following HCPCS codes are discontinued effective December 31, 2011:

C9270	G8638	G8693	11977	15400	49080	78585	94350
C9272	G8639	G9041	15170	15401	49081	78586	94360
C9274	G8640	G9042	15171	15420	64560	78587	94370
C9276	G8641	J7130	15175	15421	64577	78588	94720
C9277	G8675	J7184	15176	15430	64622	78591	94725
C9283	G8676	L1500	15300	15431	64623	78593	4002F
C9284	G8677	L1510	15301	32095	64626	78594	4006F
C9365	G8678	L1520	15320	32402	64627	78596	4009F
C9406	G8679	L3964	15321	32500	69802	88107	4275F
G0440	G8680	L3965	15330	32602	71090	88318	0157T
G0441	G8681	L3966	15331	32603	73542	90663	0158T
G8440	G8684	L4380	15335	32605	75722	92070	0166T
G8441	G8686	L5311	15336	32657	75724	92120	0167T
G8508	G8687	Q0179	15340	32660	75940	93720	
G8534	G8688	Q2040	15341	35548	77079	93721	
G8537	G8689	Q2041	15360	35549	77083	93722	
G8538	G8690	Q2042	15361	35551	78220	93875	
G8636	G8691	Q2044	15365	35651	78223	94240	
G8637	G8692	11975	15366	37620	78584	94260	

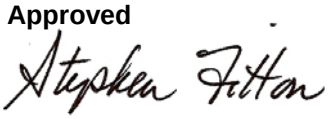
Manual Maintenance

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-mailed to 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



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