MSA MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Community Health

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Distribution: All Providers

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Subject: 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 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 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, 2013 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, 2013 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).

HCPCS 2013 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

22586	24371	31651	32555	33361	33365	33990	36221
23473	31647	31660	32556	33362	33367	33991	36222
23474	31648	31661	32557	33363	33368	33992	36223
24370	31649	32554	32701	33364	33369	33993	36224

36225	44705	86153	90791	92924	95018	95924	J2212
36226	52287	86828	90792	92928	95076	95940	J7315
36227	64615	86829	90832	92933	95079	95943	J9002
36228	78012	86830	90833	92937	95782	99495	J9019
37197	78013	86831	90834	92941	95783	99496	J9042
37211	78014	86832	90836	92943	95907	D0190	L8605
37212	78071	86833	90837	93653	95908	G0455	Q4131
37213	78072	86834	90838	93654	95909	J0178	Q4132
37214	81479*	86835	90839	93655	95910	J0485	Q4133
38243	81599*	88375	90840	93656	95911	J1050	
43206	82777	90672	91112*	93657	95912	J1741	
43252	86152	90785	92920	95017	95913	J1744	

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:

0309T	0314T	0319T	0324T	81252	81304	L7902
0310T	0315T	0320T	0325T	81253	81599*	95941
0311T	0316T	0321T	0326T	81254	95941	99487
0312T	0317T	0322T	0327T	81302	G0453	99488
0313T	0318T	0323T	0328T	81303	L5859	99489

b. Laboratory Service Codes (Outpatient Hospitals)

81201*	81321*	81599*	86711	86831	86835	87910
81202*	81322*	82777	86828	86832	87631	87912
81203*	81323*	86152	86829	86833	87632	88375
81235	81479*	86153	86830	86834	87633	

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.

a. Wrap Around Codes

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

0313T	0315T	0319T	0321T	0323T	0326T	95941
0314T	0316T	0320T	0322T	0325T	G0453	S9110

4. Dentist

D1208

5. Dental Hygienist

D0191 D1208

6. Laboratory Services

81201*	81321*	81599*	86711	86830	86833	87631	87910
81202*	81322*	82777	86828	86831	86834	87632	87912
81203*	81323*	86152	86829	86832	86835	87633	88375
81235	81479*	86153					

7. Medical Suppliers, Orthotists, and Prosthetists

A4435 E0670* E2378*

8. Podiatry Services

Q4131 Q4132 Q4133

9. School Based Services

90785 90832 90834

10. Children's Waiver/SED Waiver

90785	90791	90792	90832	90833	90834	90836	90837
90838	90863						

B. <u>NEW COVERAGE OF EXISTING CODES</u>

Effective for dates of service on and after January 1, 2013, existing HCPCS codes will be activated for coverage as identified in the following provider categories.

Dentist

D0145 D3346* D3347* D3348*

Laboratory Services (Outpatient Hospitals and Independent Labs only)

81200*	81214*	81226*	81261	81280*	81298*	81330*	81374*	81400*
81205*	81215*	81240*	81262	81281*	81299*	81331*	81375*	81401*
81206	81216*	81241*	81263	81282*	81300*	81332	81376*	81402*
81207	81217*	81242	81264	81290*	81301*	81340	81377*	81403*
81208	81220	81245*	81265	81292*	81310	81341	81378*	81404*
81209*	81221	81250*	81266*	81293*	81315	81342	81379*	81405*
81210	81222	81251*	81267	81294*	81316	81370*	81380*	81406*
81211*	81223	81255*	81268	81295*	81317*	81371*	81381*	81407*
81212*	81224	81256*	81270	81296*	81318*	81372*	81382*	81408*
81213*	81225*	81257*	81275	81297*	81319*	81373*	81383*	

Physician, Practitioners, Medical Clinics

97605 97606

Podiatrists

97605 97606 Q4100 Q4121

C. RETROACTIVE COVERAGE OF EXISTING CODES FOR PODIATRISTS

Effective for dates of service on and after January 1, 2012, the following existing HCPCS codes will be activated for retroactive coverage for podiatry providers:

15271 15272 15273 15274

D. PRIOR AUTHORIZATION FOR EXISTING CODES

Effective for dates of service on and after March 1, 2013, the following HCPCS codes will require prior authorization:

21280 21282 67900 67901 67902 67903 67904 67906 67908 67950

E. DISCONTINUED 2012 HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES

The following HCPCS codes are discontinued effective December 31, 2012:

C9279	G8525	G8820	Q2046	75900	83907	90814	95010
C9286	G8526	G8821	Q2047	75961	83908	90815	95015
C9287	G8546	G8822	Q2048	78000	83909	90816	95075
C9288	G8550	G8823	29590	78001	83912	90817	95900
C9289	G8675	G8824	31656	78003	83913	90818	95903
C9366	G8676	G8828	31715	78006	83914	90819	95904
C9368	G8677	G8829	32420	78007	88384	90821	95920
C9369	G8678	G8830	32421	78010	88385	90822	95934
D1203	G8679	G8831	32422	78011	88386	90823	95936
D6970	G8680	G8832	37201	83890	90665	90824	0242T
D6972	G8695	G8836	37203	83891	90701	90826	0250T
D6973	G8715	G8837	37209	83892	90718	90827	0251T
G0290	G8716	G8847	43234	83893	90801	90828	0252T
G0291	G8727	G8901	65805	83894	90802	90829	0256T
G0911	G8750	G9141	71040	83896	90804	90857	0257T
G0912	G8760	G9142	71060	83897	90805	90862	0258T
G8447	G8786	J1051	75650	83898	90806	92980	0259T
G8448	G8787	J1055	75660	83900	90807	92981	
G8468	G8788	J1680	75662	83901	90808	92982	
G8469	G8789	J8561	75665	83902	90809	92984	
G8470	G8802	J9001	75671	83903	90810	92995	
G8471	G8803	K0741	75676	83904	90811	92996	
G8472	G8805	K0742	75680	83905	90812	93651	
G8524	G8819	Q2045	75685	83906	90813	93652	

F. INJECTABLE CARVE-OUT

Effective for dates of service on and after January 1, 2013, Injection Vivitrol (Naltrexone, Depot form, 1 mg) HCPCS code J2315, used for substance abuse treatment, is being carved out of the Community Mental Health Services Program (CMHSP), Pre-Paid Inpatient Health Plan (PIHP) and Medicaid Health Plan (MHP) contract. It should be billed as a Fee For Service benefit.

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

Stephen Fitton, Director
Medical Services Administration