



Bulletin

Michigan Department of Community Health

Bulletin Number: MSA 13-54

Distribution: All Providers

Issued: December 20, 2013

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, 2014 ANNUAL HCPCS CODE UPDATES

Listed below are HCPCS codes being adopted by MDCH for dates of service on and after January 1, 2014 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.

HCPCS 2014 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

10030	19081	19082	19083	19084	19085	19086
19281	19282	19283	19284	19285	19286	19287
19288	23333	23334	23335	33366	34841	34842
34843	34844	34845	34846	34847	34848	37217
37236	37237	37238	37239	37241	37242	37243
37244	43191	43192	43193	43194	43195	43196
43197	43198	43211	43212	43213	43214	43229
43233	43253	43254	43266	43270	43274	43275
43276	43277	43278	49405	49406	49407	52356
64616	64617	64642	64643	64644	64645	64646
64647	66183	77293	80155	80159	80169	80171
80175	80177	80180	80183	80199	80203	90673

92521	92522	92523	92524	93582	93583	94669
A9520	A9575	A9599	G0461	G0462	J0151	J0401
J0717	J1442	J1556	J1602	J3060	J3489	J7301
J7316	J9047	J9262	J9306	J9354	J9371	J9400
Q3027						

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:

0335T	0336T	0337T	0338T	0339T	0340T
0341T	0342T	0343T	0344T	0345T	0346T
81287	81504	81507	90673	97610	99481
99482	C9737	J7301			

b. Laboratory Service Codes (Outpatient Hospitals)

80155	80159	80169	80171	80175	80177
80180	80183	80199	80203	87661	G0461
G0462					

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:

0335T	0336T	0338T	0339T	0340T	0341T
0342T	0346T	90673	C9737		

4. Urgent Care Centers

90673

5. Laboratory Services

80155	80159	80169	80171	80175	80177	80180
80183	80199	80203	87661	G0461	G0462	

6. Medical Suppliers, Orthotists, and Prosthetists

T4544

7. Podiatry Services

10030

8. Local Health Departments, FQHCs, Rural Health Clinics, and Tribal Health Centers

10030	43197	43198	43213	43229	43270	49405
49406	49407	64616	64617	64642	64643	64644
64645	64646	64647	80155	80159	80169	80171
80175	80177	80180	80183	80199	80203	90673
92521	92522	92523	92524	94669	G0461	G0462
J0151	J0401	J0717	J1442	J1556	J1602	J3060
J3489	J7301	J7316	J9047	J9262	J9306	J9354
J9371	J9400	Q3027				

In addition, MDCH will cover the following codes for FQHCs and Rural Health Clinics:

A9520	A9575	A9599
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9. School Based Services (SBS)

92521	92522	92523	92524
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10. Children's Waiver/Serious Emotional Disturbance (SED) Waiver

92521	92522	92523	92524
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B. NEW COVERAGE OF EXISTING CODES

Effective for dates of service on and after January 1, 2014, the following existing HCPCS code will be activated for coverage for the following provider categories: Physicians, Practitioners, and Medical Clinics; Outpatient Hospitals; ASCs; Urgent Care Centers; and Local Health Departments, FQHCs, Rural Health Clinics, and Tribal Health Centers.

90644

C. PRIOR AUTHORIZATION FOR EXISTING CODES

Effective for dates of service on and after January 1, 2014, the following HCPCS codes will require prior authorization and no longer be covered for physicians, practitioners, and medical clinics:

77520	77522	77523	77525
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D. DISCONTINUED COVERAGE OF EXISTING CODES FOR ALL APPLICABLE PROVIDER TYPES

Effective for dates of service on and after January 1, 2014, the following existing HCPCS codes will no longer be covered:

88342	G0372
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E. DISCONTINUED 2013 HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES

The following HCPCS codes are discontinued effective December 31, 2013:

C9736	D0363	D3354	D5860	D5861	G0275	G8459	G8462
G8463	G8553	G8556	G8557	G8558	G8588	G8589	G8590
G8591	G8592	G8596	G8603	G8604	G8605	G8606	G8607
G8608	G8609	G8610	G8611	G8612	G8613	G8614	G8615
G8616	G8617	G8618	G8619	G8620	G8621	G8622	G8623
G8624	G8625	G8626	G8642	G8643	G8644	G8741	G8742
G8743	G8744	G8745	G8746	G8747	G8748	G8790	G8791
G8792	G8793	G8794	G8795	G8796	G8799	G8800	G8801
G8812	G8813	G8814	G8827	G8835	G8919	G8920	G8921
G8922	G8945	G8954	J0152	J0718	J1440	J1441	J3487
J3488	J9002	L0430	Q0090	Q0165	Q0168	Q0170	Q0171
Q0172	Q0176	Q0178	Q0505	Q2027	Q2051	Q3025	Q3026
S3625	S3626	S3833	S3834	13150	19102	19103	19290
19291	19295	23331	23332	32201	37204	37205	37206
37207	37208	37210	42802	43219	43228	43256	43258
43267	43268	43269	43271	43272	43456	43458	44901
47011	48511	49021	49041	49061	50021	58823	64613
64614	75960	77031	77032	92506	0078T	0079T	0080T
0081T	0124T	0183T	0185T	0186T	0192T	0260T	0261T
0318T							

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