

**Michigan Department of Health and Human Services**

**Bulletin Number:** MSA 17-01

**Distribution:** All Providers

**Issued:** January 27, 2017

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

**Effective:** As Indicated

**Programs Affected:** Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, Maternity Outpatient Medical Services

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 Health and Human Services (MDHHS). 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](http://www.cms.hhs.gov)) for full descriptions of codes. Information regarding fee screens is maintained on the appropriate database or professional fee schedule on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Provider Specific Information. Additional pertinent coverage parameters, such as age restrictions, prior authorization requirements, and other billing indicators, are accessible via the Medicaid Code and Rate Reference tool within CHAMPS at <https://sso.state.mi.us> >> External Links >> Medicaid Code and Rate Reference.

**A. JANUARY 1, 2017 ANNUAL HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) CODE UPDATES**

Listed below are HCPCS codes being adopted by MDHHS for dates of service on and after January 1, 2017 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 2017 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 MDHHS fee schedule; however, a full list of current codes can be found at [www.ama-assn.org/go/cpt](http://www.ama-assn.org/go/cpt).

**1. Physicians, Practitioners, and Medical Clinics**

22853	22854	22859	22867	22868	22869	22870
27197	27198	28291	28295	31551	31552	31553
31554	31572	31573	31574	31591	31592	33340
33390	33391	36456	36473*	36474*	36901	36902
36903	36904	36905	36906	36907	36908	36909
37246	37247	37248	37249	43284	43285	58674
62320	62321	62322	62323	62324	62325	62326
62327	77065	77066	77067	80305	80306	80307
81539	84410	92242	93590	93591	93592	96160
96161	97161	97162	97163	97164	97165	97166
97167	97168	99151	99152	99153	99155	99156
99157	A9515	A9587	A9588	A9597	A9598	G0500
G0505	G0508	G0509	J0570*	J0883	J0884	J1130
J1942	J2182	J2786	J2840	J7175	J7179	J7202
J7207	J7209	J7320	J7322	J7342	J9034	J9145
J9176	J9205	J9295	J9352			

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

MDHHS 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, MDHHS will utilize a Medicare fee schedule with the MDHHS reduction factor applied.

**a. Wrap Around Codes**

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

62380	76706	81413	81414	81422	81439	90682
96377	0446T	0447T	0448T	0449T	0450T	0451T
0452T	0453T	0454T	0455T	0456T	0457T	0458T
0459T	0460T	0461T	0462T	0463T	0464T	0465T
0466T	0467T	0468T	A4224	A4225	A9285	C1842
D0600	G0501	G0502	G0503	G0504	G0506	G0507
G0659	J8670	J9325	L1851	L1852		

**b. Laboratory Service Codes (Outpatient Hospitals)**

81327\* 87483

**3. Ambulatory Surgical Centers (ASC)**

MDHHS 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, MDHHS will utilize a Medicare fee schedule with the MDHHS reduction factor applied.

**a. Wrap Around Codes**

MDHHS will cover the following codes differently (than Medicare) under its OPSS:

62380	90682	0437T	0439T	0444T	0445T	0446T
0447T	0448T	0449T	0450T	0465T	0466T	0467T
0468T	C1842	J8670	J9325			

**4. Oral/Maxillofacial Surgeons**

31551	31552	31553	31554	31572	31573	31574
31591	31592	99151	99152	99153	D6081	G0508
G0509	J1130					

**5. Podiatry Services**

28291	28295	99151	99152	99153	J1130
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**6. Therapy Services**

97161	97162	97163	97164	97165	97166	97167
97168						

**7. School Based Services**

97161	97162	97163	97165	97166	97167
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**8. Urgent Care Centers**

80305	80306	80307	J1130
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**9. Dental Services**

D1575 D6081

**10. Laboratory Services**

80305 80306 80307 81327\* 81539 84410 87483

**11. Medical Suppliers, Orthotists, and Prosthetists**

A4467\*

**12. Non-Physician Behavioral Health**

G0505

**13. Telemedicine**

G0508 G0509

**14. Federally Qualified Health Center and Tribal Health Center**

77065	77066	77067	80305	80306	80307	81539
84410	92242	96160	96161	97161	97162	97163
97164	97165	97166	97167	97168	99151	99152
99153	D1575	D6081	G0505	J0570	J1130	J1942
J2182	J2786	J2840	J7175	J7179	J7202	J7207
J7209	J7320	J7322	J9034	J9145	J9176	J9202
J9295	J9352					

**15. Rural Health Clinic**

77065	77066	77067	80305	80306	80307	81539
84410	92242	96160	96161	97161	97162	97163
97164	97165	97166	97167	97168	99151	99152
99153	G0505	J0570	J1130	J1942	J2182	J2786
J2840	J7175	J7179	J7202	J7207	J7209	J7320
J7322	J9034	J9145	J9176	J9202	J9295	J9352

**16. Local Health Department and Child and Adolescent Health Center & Programs**

77065	77066	77067	80305	80306	80307	81539
84410	92242	96160	96161	97161	97162	97163
97164	97165	97166	97167	97168	99151	99152
99153	G0505	J0570	J1130	J1942	J2182	J2786
J2840	J7175	J7202	J7207	J7209	J7320	J7322
J9145	J9176	J9202	J9295	J9352		

**17. Home Health**

G0493      G0494      G0495      G0496

**B. NEW COVERAGE OF EXISTING CODES**

Effective for dates of service on and after January 1, 2017, existing CPT/HCPCS codes will be activated for coverage as identified in the following provider categories.

**1. Physicians, Practitioners, and Medical Clinics**

96931      96932      96933      96934      96935      96936      99487  
G0476      G0499

**2. Local Health Department, Child and Adolescent Health Center & Programs, Federally Qualified Health Center, Rural Health Clinic, Tribal Health Center**

G0476      G0499

**3. Laboratory Services**

G0476      G0499

**4. Family Planning Clinic**

G0476      G0499

**5. Telemedicine**

90967      90968      90969      90970      99497      99498

**C. RETROACTIVE COVERAGE OF EXISTING CODE FOR PHYSICIANS, PRACTITIONERS, MEDICAL CLINICS, LOCAL HEALTH DEPARTMENT, CHILD AND ADOLESCENT HEALTH CENTER & PROGRAMS, FEDERALLY QUALIFIED HEALTH CENTER, RURAL HEALTH CLINIC, TRIBAL HEALTH CENTER, OUTPATIENT, AMBULATORY SURGICAL CENTERS, URGENT CARE CENTER**

Effective for dates of service on and after August 1, 2016, the following CPT/HCPCS code will be activated for retroactive coverage:

90674

**D. RETROACTIVE COVERAGE OF EXISTING CODE FOR PHYSICIANS, PRACTITIONERS, AND MEDICAL CLINICS**

Effective for dates of service on and after October 1, 2016, the following CPT/HCPCS codes will be activated for retroactive coverage:

92601      92602      92603      92604

**E. RETROACTIVE END-DATE COVERAGE OF EXISTING CODE FOR PHYSICIANS, PRACTITIONERS, MEDICAL CLINICS**

Effective for dates of service on and after October 1, 2016, the following CPT/HCPCS code will be end-dated for coverage:

J2502

**F. DISCONTINUED 2015 HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES**

The following HCPCS codes are discontinued effective December 31, 2016:

0010M	0019T	0169T	0171T	0172T	0281T	0282T	0283T
0284T	0285T	0286T	0287T	0288T	0289T	0291T	0292T
0336T	0392T	0393T	11752	21495	22305	22851	27193
27194	28290	28293	28294	31582	31588	33400	33401
33403	35450	35452	35458	35460	35471	35472	35475
35476	36147	36148	36870	62310	62311	62318	62319
75791	75962	75964	75966	75968	75978	77051	77052
77055	77056	77057	80300	80301	80302	80303	80304
81280	81281	81282	92140	93965	97001	97002	97003
97004	97005	97006	99143	99144	99145	99148	99149
99150	99420	A4466	A9544	A9545	B9000	C9121	C9137
C9138	C9139	C9349	C9461	C9470	C9471	C9472	C9473
C9474	C9475	C9476	C9477	C9478	C9479	C9480	C9481
C9742	C9800	D0290	E0628	G0163	G0164	G0389	G0477
G0478	G0479	G3001	G8401	G8458	G8460	G8461	G8485
G8486	G8487	G8489	G8490	G8491	G8494	G8495	G8496
G8497	G8498	G8499	G8500	G8544	G8545	G8548	G8549
G8551	G8634	G8645	G8646	G8725	G8726	G8728	G8757
G8758	G8759	G8761	G8762	G8765	G8784	G8848	G8853
G8868	G8898	G8899	G8900	G8902	G8903	G8906	G8927
G8928	G8929	G8940	G8948	G8953	G8977	G9203	G9204
G9205	G9206	G9207	G9208	G9209	G9210	G9211	G9217
G9219	G9222	G9233	G9234	G9235	G9236	G9237	G9238
G9244	G9245	G9324	G9435	G9436	G9437	G9438	G9439
G9440	G9441	G9442	G9443	G9463	G9464	G9465	G9466
G9467	G9499	G9572	G9581	G9619	G9650	G9652	G9653
G9657	G9667	G9669	G9670	G9671	G9672	G9673	G9677

J0760    J1590    K0901    K0902    Q4119    Q4120    Q4129    Q9980  
Q9981

**G. PLACE OF SERVICE (POS)**

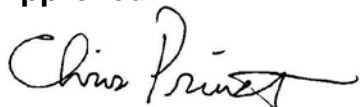
Effective for claims processed on or after January 1, 2017, the following POS will be recognized:

02- Telehealth

**Questions**

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto: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**



Chris Priest, Director  
Medical Services Administration