

Bulletin Number: MSA 19-01

Distribution: All Providers

Issued: January 15, 2019

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 all providers 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) 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 >> 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 the Community Health Automated Medicaid Processing System (CHAMPS) at <https://sso.state.mi.us> >> External Links >> Medicaid Code and Rate Reference.

A. JANUARY 1, 2019 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, 2019, 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 2019 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 schedules; however, a full list of current codes can be found at www.ama-assn.org/go/cpt.

1. Physicians, Practitioners, and Medical Clinics

10004	10005	10006	10007	10008	10009	10010
11102	11103	11104	11105	11106	11107	20932
20933	20934	27369	33274	33275	33285	33286
33289	33440	33866	36572	36573	38531	43762
43763	50436	50437	53854	76391	76978	76979
76981	76982	76983	77046	77047	77048	77049
92273	92274	93264	95836	95976	95977	95983
95984	96112	96113	96121	96130	96131	96132
96133	96136	96137	96138	96139	96146	99451
99452	99453	99454	99457	99491	A9513	A9589
G2010	G2012	J0185	J0517*	J0567*	J0584*	J0599*
J0841	J1095	J1301*	J1454	J1628*	J1746	J2062
J2186	J2787	J2797	J3245*	J3304	J3316*	J3397*
J3398*	J3591	J7170	J7177	J7203	J7318	J7329
J9044	J9057	J9153	J9173	J9229	J9311	J9312
L8608*	Q5107	Q5109	Q5111			

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

Codes covered differently than Medicare or specific to Michigan Medicaid services will be identified on the January 2019 version of the OPPS Wrap-Around Code List on the MDHHS website:

www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Outpatient Hospitals.

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

Codes covered differently than Medicare or specific to Michigan Medicaid services will be identified on the January 2019 version of the ASC Code List on the MDHHS website: www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Ambulatory Surgical Centers.

4. Medicaid Health Plan Carve-out

J3398* Q2042

5. Oral/Maxillofacial Surgeons

10004	10005	10006	10007	10008	10009	10010
11102	11103	11104	11105	11106	11107	99451
99452	D1516	D1517				

6. Podiatry

10004	10005	10006	10007	10008	10009	10010
11102	11103	11104	11105	11106	11107	99451
99452						

7. Vision Services

92273 92274

8. Urgent Care Centers

11102	11103	11104	11105	11106	11107	99452
J2186						

9. Dental Services

D1516 D1517 D9944* D9946*

10. Laboratory Services

81163*	81164*	81165*	81166*	81167*	81171*	81172*
81173*	81174*	81177*	81178*	81179*	81180*	81181*
81182*	81183*	81184*	81185*	81186*	81187*	81188*
81189*	81190*	81204*	81233*	81234*	81236*	81237*
81239*	81271*	81274*	81284*	81285*	81286*	81289*
81305*	81306*	81312*	81320*	81329*	81333*	81336*
81337*	81343*	81344*	81345*	81518*	81596	83722*

11. Medical Suppliers, Orthotists, and Prosthetists

A6460*	A6461*	B4105*	L8698*
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12. Home Health Agency

A6460*	A6461*
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13. Social Worker, Psychologist, Professional Counselor, and Marriage and Family Therapist

96112	96113	96121	96130	96131	96132	96133
96136	96137	96138	96139	96146		

14. Certified Nurse Midwife

99451	99452
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15. Family Planning Clinic

99452

16. School Based Services

96112	96113	96121	96130	96131	96132	96133
96136	96137	96138	96139	96146	97151	97152
97153	97154	97155	97156	97158		

17. Federally Qualified Health Center, Rural Health Clinic and Tribal Health Center

10004	10005	11102	11103	11104	11105	11106
11107	43762	43763	76978	76979	92273	92274
96112	96113	96121	96130	96131	96132	96133
96136	96137	96138	96139	96146	99451	99452
99453	99454	J2186	J3304	J3316*	J3591	J7318
J7329						

18. Local Health Department and Child and Adolescent Health Center & Programs

11102	11103	11104	11105	11106	11107	43762
43763	96112	96113	96121	96130	96131	96132
96133	96136	96137	96138	96139	99452	J2186

B. NEW COVERAGE OF EXISTING CODES

Effective for dates of service on and after January 1, 2019, existing HCPCS codes will be activated for coverage as identified in the following provider categories:

1. Physicians, Practitioners, and Medical Clinics

87631	87651	90867	90868	90869	99446	99447
99448	99449	99489	99490	99491	G0460	G0475
Q4132	Q4133					

2. Social Worker, Psychologist, Professional Counselor, and Marriage and Family Therapist

96127

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

87631	87651	G0475
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4. Federally Qualified Health Center, Rural Health Clinic, Tribal Health Center

99446	99447	99448	99449
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5. Family Planning Clinic

G0475

6. Podiatry

99446	99447	99448	99449
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7. Oral/Maxillofacial Surgeons

99446	99447	99448	99449
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8. Urgent Care Centers

87631	87651
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9. Certified Nurse Midwife

99446	99447	99448	99449	Q0111	Q0112	Q0113
Q0114	Q0115					

10. Laboratory Services

81162*	81260*	81291*	81422*	81507*	81508*	81509*
81510*	81511*	81512*	83516	G0475	Q0111	Q0112
Q0113	Q0114	Q0115				

C. RETROACTIVE COVERAGE OF EXISTING CODE FOR OPPS

Effective for dates of service on and after January 1, 2018, MDHHS will cover the following HCPCS code:

J0604

D. RETROACTIVE MODIFIER REQUIRED FOR EXISTING CODES

Effective for dates of service on and after January 1, 2018, the following HCPCS code will require modifier LT or RT:

V5241

E. CLARIFICATION TO BULLETIN MSA 16-38

On November 30, 2016, bulletin MSA 16-38 was issued to introduce Interim Caries Arresting Medicament Application (D1354) as a Medicaid-covered dental benefit effective January 1, 2017. Silver Diamine Fluoride can be billed on the same date of service as other fluoride applications.

F. BILLING CLARIFICATION FOR SCHOOL BASED THERAPY SERVICES

Effective for dates of service on and after January 1, 2019, school based therapy services must be billed with the appropriate modifier to distinguish the discipline under which the service is delivered. Modifiers GP, GO, or GN should be used to identify physical, occupational, or speech-language therapy services respectively. In addition, when habilitative therapy is provided to the beneficiary, services should also be reported with the appropriate modifier that represents the nature of the therapy performed. Modifier 96 should be used to identify habilitative therapy.

G. DISCONTINUED COVERAGE OF EXISTING CODES FOR ALL APPLICABLE PROVIDER TYPES

MDHHS will discontinue coverage of the following code effective December 31, 2018:

S4989

H. DISCONTINUED 2018 HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES

The following HCPCS codes are discontinued effective December 31, 2018:

10022	11100	11101	20005	27370	31595	33282	33284
41500	43760	46762	50395	61332	61480	61610	61612
63615	64508	64550	66220	76001	77058	77059	78270
78271	78272	81211	81213	81214	92275	95974	95975
95978	95979	96101	96102	96103	96111	96118	96119
96120	99090	0001M	0159T	0188T	0189T	0190T	0195T
0196T	0337T	0346T	0359T	0360T	0361T	0363T	0364T
0365T	0366T	0367T	0368T	0369T	0370T	0371T	0372T
0374T	0387T	0388T	0389T	0390T	0391T	0406T	0407T
C8904	C8907	C9014	C9015	C9016	C9024	C9028	C9029
C9030	C9031	C9032	C9033	C9275	C9463	C9464	C9465
C9466	C9467	C9468	C9492	C9493	C9497	C9741	C9744
C9748	C9750	D1515	D1525	D5281	D9940	G9534	G9535
G9536	G9538	G9686	J0833	J9310	K0903	Q2040	Q4131
Q4172	Q9993	Q9994	Q9995	V5170	V5180	V5210	V5220

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. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

Approved



Kathy Stiffler, Acting Director
Medical Services Administration