

Bulletin Number: MMP 22-37

Distribution: All Providers

Issued: November 1, 2022

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, MI Health Link

This bulletin is to notify providers of CPT and 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 their 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 (PA) 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. OCTOBER 1, 2022 QUARTERLY HCPCS CODE UPDATES

Listed below are HCPCS codes being adopted by MDHHS for dates of service on and after October 1, 2022, 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 PA.

HCPCS 2022 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.

1. Physicians, Practitioners, and Medical Clinics

A9607	A9800	J1302	J1932	J2777	J9274	J9298
Q2056*	Q5125					

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 October 2022 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 October 2022 version of the ASC Code List on the MDHHS website: www.michigan.gov/medicaidproviders>> Billing and Reimbursement>> Provider Specific Information>> Ambulatory Surgical Centers.

4. Independent Diagnostic Testing Facility (IDTF)

A9800

B. NEW COVERAGE OF EXISTING CODES

Effective for dates of service on and after October 1, 2022, MDHHS will cover the following HCPCS code for Medical Suppliers, Orthotists, and Prosthetists:

E0766*

C. RETROACTIVE COVERAGE OF EXISTING CODES

1. Physicians, Practitioners, Medical Clinics, Certified Nurse Midwives, Podiatry, School Services Program, Home Health Agency, Local Health Departments, Child and Adolescent Health Centers and Programs, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers and Urgent Care Centers

a. Effective for dates of service on and after June 17, 2022, MDHHS will cover the following HCPCS code:

0091A 0092A 0093A 0113A

b. Effective for dates of service on and after August 31, 2022, MDHHS will cover the following HCPCS codes:

91312 91313 0124A 0134A

c. Effective for dates of service on and after October 12, 2022, MDHHS will cover the following HCPCS codes:

91314 91315 0144A 0154A

D. DISCONTINUED HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES

The following HCPCS codes are discontinued effective September 30, 2022:

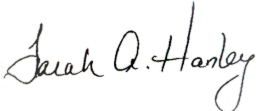
0012U 0013U 0014U 0056U C9094 C9095 C9096 C9097
C9098

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. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



Farah Hanley
Chief Deputy Director for Health