

# BULLETIN

**Bulletin Number:** MMP 25-06

**Distribution:** All Providers

**Issued:** February 7, 2025

**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 code changes being implemented by the Michigan Department of Health and Human Services (MDHHS). Effective dates are identified for each topic area. 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](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 (PA) 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. COVERAGE OF NEW CODES ESTABLISHED JANUARY 1, 2025**

Listed below are HCPCS codes being adopted by MDHHS for dates of service on and after January 1, 2025, 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.

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

|       |        |        |        |       |       |       |
|-------|--------|--------|--------|-------|-------|-------|
| 25448 | 38228  | 49186  | 49187  | 49188 | 49189 | 49190 |
| 51721 | 53865  | 53866  | 55881  | 55882 | 60660 | 60661 |
| 61715 | 64466  | 64467  | 64468  | 64469 | 64473 | 64474 |
| 66683 | 76016  | 76017  | 76018  | 76019 | 81515 | 92137 |
| 93896 | 93897  | 93898  | 98016  | G0537 | G0559 | G0560 |
| J0666 | J0870  | J1307* | J1414* | J1552 | J2290 | J2472 |
| J2802 | J3392* | J9026  | J9028  | J9076 | J9292 | Q5139 |
| Q5146 | Q9996  | Q9997  | Q9998  |       |       |       |

### 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 2025 version of the OPPS Wrap-Around Code List on the MDHHS website: [www.michigan.gov/medicaidproviders](http://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 2025 version of the ASC Code List on the MDHHS website: [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Provider Specific Information >> Ambulatory Surgical Centers.

**4. Federally Qualified Health Centers, Rural Health Clinics and Tribal Health Centers**

|        |       |       |       |       |       |       |
|--------|-------|-------|-------|-------|-------|-------|
| 81515  | 92137 | 96041 | 98016 | G0537 | G0559 | G0560 |
| J1307* | Q9996 | Q9998 |       |       |       |       |

**5. Local Health Department**

|       |       |       |
|-------|-------|-------|
| 81515 | 98016 | G0537 |
|-------|-------|-------|

**6. Child and Adolescent Health Centers & Programs**

|       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|
| 81515 | 98016 | G0537 | G0546 | G0547 | G0548 | G0549 |
| G0550 | G0551 | G0560 |       |       |       |       |

**7. Family Planning Clinic**

|       |       |       |
|-------|-------|-------|
| 81515 | 98016 | G0560 |
|-------|-------|-------|

**8. Certified Nurse Midwives**

|       |       |       |
|-------|-------|-------|
| 81515 | 98016 | G0560 |
|-------|-------|-------|

**9. Podiatry**

|       |
|-------|
| 98016 |
|-------|

**10. Oral/Maxillofacial Surgeons**

|       |
|-------|
| 98016 |
|-------|

**11. Hospice**

|       |
|-------|
| 98016 |
|-------|

**12. Optometry**

|       |       |       |
|-------|-------|-------|
| 66683 | 92137 | 98016 |
|-------|-------|-------|

**13. Urgent Care Centers**

81515

**14. Independent Diagnostic Testing Facility (IDTF)**

92137      93896      93897      93898

**15. Laboratory Services**

81515      82233      82234      83884      84393      84394      86581  
87513      87564      87594      87626

**16. School Services Program**

G0546      G0547      G0548      G0549      G0550      G0551      G0560

**17. Social Worker, Psychologist, Professional Counselor and Marriage and Family Therapists**

G0546      G0547      G0548      G0549      G0550      G0551      G0560

**18. Anesthesiologist Assistant**

64466      64467      64468      64469      64473      64474

**19. Certified Registered Nurse Anesthetist (CRNA)**

64466      64467      64468      64469      64473      64474      J0666

**20. Genetic Counselors**

96041

**21. State Psychiatric Hospital**

98016

**22. Inpatient Hospital**

J2802      J3392\*

**23. Inpatient Hospital - Swing Bed Units and Inpatient hospital - LTC**

J2802

**B. NEW COVERAGE OF EXISTING CODES**

Effective for dates of service on and after January 1, 2025, existing HCPCS codes will be activated for coverage as identified in the following provider categories:

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

74263      96547      96548      G0011      Q5136

**2. Federally Qualified Health Centers, Rural Health Clinics and Tribal Health Centers**

G0011      Q5136

**3. Local Health Department**

G0011

**4. Child and Adolescent Health Centers & Programs**

G0011

**5. Family Planning Clinic**

G0011

**6. Certified Nurse Midwives**

G0011

**7. School Services Program**

G0011

**8. Independent Diagnostic Testing Facility (IDTF)**

74263

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

E1800\*      E1805\*      E1810\*      E1815\*      L5647\*

**C. CORRECTION TO MMP 24-36– MEDICAID COVERAGE OF MATERNAL AND INFANT HEALTH PROGRAM SERVICES ISSUED SEPTEMBER 9, 2024, EFFECTIVE FOR SERVICES ON AND AFTER OCTOBER 1, 2024**

Maternal Infant Health Program providers may report CPT 99600, Complex Home Visit with Additional Face-to-Face Time, for visits lasting 60 minutes or longer.

**D. COVERAGE OF AUDIO-ONLY SERVICES**

The CPT® Editorial Panel is deleting audio-only CPTs 99441-99443 effective 12/31/2024. For services provided on and after January 1, 2025, providers must report the evaluation and management (E/M) code that best represents the services being provided. In accordance with current Medicaid policy, providers must include the appropriate place of services (POS) code that would be reported as if the beneficiary were in-person for the visit, along with modifier 93 (audio-only telemedicine) or modifier 95 (audio-visual telemedicine). Prepaid Inpatient Health Plan (PIHP) and Community Mental Health Services Program (CMHSP) providers must report POS 02 or 10, as applicable, per MMP 23-10. Please refer to the "Place of Service (POS), Modifier 95 and Modifier 93" section of the Michigan Medicaid Policy (MMP) 23-10, Telemedicine fee schedules, and the "Telemedicine" chapter of the Medicaid Provider Manual for further details/requirements related to audio-visual and audio-only telemedicine services.

**E. DISCONTINUED COVERAGE FOR ALL APPLICABLE PROVIDER TYPES**

The following HCPCS codes coverage are discontinued effective December 31, 2024:

|       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|
| A9278 | C7508 | C7511 | C7520 | C7530 | C7533 | C7547 | C7557 |
| G9890 |       |       |       |       |       |       |       |

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

The following HCPCS codes are discontinued effective December 31, 2024:

|       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|
| 15819 | 21632 | 33471 | 33737 | 33813 | 47802 | 49203 | 49204 |
| 49205 | 50135 | 51030 | 54438 | 58957 | 81433 | 81436 | 81438 |
| 86327 | 86490 | 88388 | 90630 | 90654 | 93890 | 96003 | 96040 |
| 99441 | 99442 | 99443 | 0346U | 0352U | 0380U | 0398T | 0428U |
| 0448U | 0456U | 0500T | 0537T | 0538T | 0539T | 0540T | 0553T |
| 0564T | 0567T | 0568T | 0616T | 0617T | 0618T | C7558 | C9169 |
| C9170 | C9171 | C9172 | C9290 | C9769 | C9786 | C9794 | C9795 |
| D2941 | D6095 | G0106 | G0120 | G0122 | G1001 | G1002 | G1003 |
| G1004 | G1007 | G1008 | G1010 | G1011 | G1012 | G1013 | G1014 |
| G1015 | G1016 | G1017 | G1018 | G1019 | G1020 | G1021 | G1022 |

|       |       |       |       |       |       |       |       |
|-------|-------|-------|-------|-------|-------|-------|-------|
| G1023 | G1024 | G2012 | G2070 | G2071 | G2072 | G8482 | G8483 |
| G8484 | G8965 | G8966 | G9402 | G9403 | G9404 | G9405 | G9406 |
| G9407 | G9458 | G9459 | G9460 | G9707 | G9751 | G9760 | G9892 |
| G9893 | G9921 | G9974 | G9975 | G9990 | G9991 | J0135 | J0570 |
| J2796 | J2806 | J9058 | J9059 | J9259 | M0003 | M1154 | M1155 |
| M1219 | M1264 | Q0516 | Q0517 | Q0518 | Q0519 | Q0520 | Q5131 |
| Q5132 |       |       |       |       |       |       |       |

### 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, 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](http://www.michigan.gov/medicaidproviders) >>  
Policy, Letters & Forms.

### Approved



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Behavioral and Physical Health and Aging Services Administration