

BULLETIN

Bulletin Number: MMP 25-26

Distribution: All Providers

Issued: July 11, 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) 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 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 JULY 1, 2025

Listed below are HCPCS codes being adopted by MDHHS for dates of service on and after July 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.

1. Physicians, Practitioners, and Medical Clinics

J0165	J0167	J0168	J0169	J0616	J0618	J1163
J1326	J2312	J2313	J3373	J3374	J3375	J3391*
J7172	J7356	J9220	J9276	J9289	J9341	J9342
Q2058*	Q5099	Q5100				

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 July 2025 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 July 2025 version of the ASC Code List on the MDHHS website: 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, Local Health Department and Child and Adolescent Health Centers & Programs

J0165 J0167 J0168 J0169 J2312 J2313

5. Certified Nurse Midwives

J0165 J0167 J0168 J0169 J2312 J2313

6. Podiatry

J0165 J0167 J0168 J0169 J2312 J2313 J3373
J3374 J3375

7. Oral/Maxillofacial Surgeons

J0165 J0167 J0168 J0169 J2312 J2313

8. Urgent Care Centers

J0165 J0167 J0168 J0169 J0616 J2312 J2313
J3373 J3374 J3375

9. Independent Diagnostic Testing Facility (IDTF)

J0165 J0167 J0168 J0169 J0616

10. Certified Registered Nurse Anesthetist (CRNA)

J0165 J0167 J0168 J0169 J2312 J2313

11. School Services Program

J2312 J2313

B. NEW COVERAGE OF EXISTING CODES

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

a. Physicians, Practitioners, and Medical Clinic

90593

b. Federally Qualified Health Centers, Rural Health Clinics and Tribal Health Centers, Local Health Department and Child and Adolescent Health Centers & Programs

90593

c. Family Planning Clinic

90593

d. Certified Nurse Midwives

90593

e. Urgent Care Centers

90593

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

a. Medical Suppliers, Orthotists, and Prosthetists

L1851 L1852

C. DISCONTINUED COVERAGE FOR ALL APPLICABLE PROVIDER TYPES

The following HCPCS codes coverage are discontinued effective June 30, 2025:

Q2034 Q2035 Q2036 Q2037 Q2038 Q2039

D. DISCONTINUED HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES

1. The following HCPCS codes are discontinued effective June 30, 2025:

0240U	0241U	0369U	0370U	0373U	0374U	C9173	C9300
C9301	C9302	C9303	C9304	G9037	G9038	J0171	J0173
J2310	J2311	J3370	J3371	J3372	J9340		

2. The following HCPCS codes are discontinued effective December 12, 2024:

M0248

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

A handwritten signature in black ink that reads "Meghan E. Groen". The signature is written in a cursive, flowing style.

Meghan E. Groen, Chief Deputy Director
Health Services