

Distribution: Practitioners 03-02
(Physicians, Advanced Practice Nurses, Physical Therapists, Medical Clinics, FQHCs/RHCs/IHCs, Oral Surgeons, Podiatrists)

Hospitals 03-01

Issued: March 1, 2003

Subject: 2003 Procedure Code Updates

Effective: April 1, 2003

Programs Affected: Medicaid, Children's Special Health Care Services

This bulletin is to notify you of the HCPCS (Healthcare Common Procedure Coding System) changes for 2003 that will be implemented by the Department of Community Health for dates of service on and after April 1, 2003. Please note that this notice is distributed to a broad range of providers, and not all codes listed may apply to your scope of practice.

Listed below are the HCPCS procedure code and/or modifier changes being adopted by the DCH for Practitioners and Outpatient Hospitals. Any new procedure code or modifier not listed will not be covered at this time. All procedure codes being deleted from the national code sets will be eliminated from use for dates of service on or after April 1, 2003.

Refer to your 2003 CPT and/or HCPCS codebooks for the full description of the new codes, as well as a full list of deleted codes, added codes, and code description.

Information regarding 2003 fees and coverage parameters (when appropriate) for covered codes will be posted on the DCH website when available. The website address is www.michigan.gov/mdch, click on Providers, Information for Medicaid Providers, Medicaid Fee Screens.

Michigan Medicaid Covered 2003 HCPCS Codes Effective 4-1-2003

Code	Short Description	Provider Types	Comments
00326	Anesthesia, proc on larynx/trachea, less than 1 yr	10/11/77	
00539	Anesthesia, tracheobronchial reconstruction	10/11/77	
00541	Anesthesia, thoracotomy, procedures	10/11/77	
00640	Anesthesia, manip of spine	10/11/77	
00834	Anesthesia, hernia repair under 1 yr	10/11/77	
00836	Anesthesia, hernia repair nos <37/50 wks	10/11/77	
00921	Anesthesia, vasectomy	10/11/77	Replaces 00869
01829	Anesthesia, Dx arthroscope, wrist	10/11/77	
20612	Aspiration/inj of ganglion cyst(s)	10/11/77	
21046	Excision of benign tumor/cyst, intraoral, mand	10/11/77	Replaces 21041
21047	Excision of benign tumor/cyst, extraoral, mand	10/11/77	Replaces 21041
21048	Excision of tumor/cyst, maxilla, intraoral	10/11/77	
21049	Excision of tumor/cyst, maxilla, extraoral	10/11/77	
21742	Reconstructive repair of pectus excavatum/carinatum, no thoracoscopy	10/11/77	
21743	Reconstructive repair of pectus excavatum/carinatum, with thoracoscopy	10/11/77	
29827	Arthroscopy, shoulder, rotator cuff	10/11/77	
29873	Arthroscopy, knee, with lateral release	10/11/77	
29899	Arthroscopy, ankle, with arthrodesis	10/11/13/77	
33215	Reposition prev implanted electrode/pacemaker	10/11/77	
33224	Insertion of pacing electrode/L ventricular	10/11/77	
33225	Insertion of pacing electrode/L ventricular	10/11/77	
33226	Reposition prev implanted electrode/pacemaker	10/11/77	
33508	Endoscopy harvest of veins for coronary bypass	10/11/77	
34833	Open iliac artery exposure	10/11/77	
34834	Open brachial artery exposure	10/11/77	
34900	Endovascular graft replacement	10/11/77	
35572	Harvest of femoropliteal vein	10/11/77	
36416	Collection of capillary blood specimen	10/11/77	
36511	Thera apheresis, WBCs	10/11/77	Replaces 36520
36512	Thera apheresis, RBCs	10/11/77	Replaces 36520

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Code	Short Description	Provider Types	Comments
36513	Thera apheresis, platelets	10/11/77	Replaces 36520
36514	Thera apheresis, plasma pheresis	10/11/77	Replaces 36520
36515	Thera apheresis, immunoadsorption	10/11/77	Replaces 36520
36516	Thera apheresis, selective adsorption	10/11/77	Replaces 36521
36536	Mechanical removal of pericatheter obstructive material	10/11/77	Replaces 36550
36537	Mechanical removal of intracatheter obstructive material	10/11/77	Replaces 36550
37182	Insert hepatic shunt (tips)	10/11/77	
37183	Remove hepatic shunt (tips)	10/11/77	
37500	Endoscopy ligate perf veins	10/11/77	
37501	Vascular endoscopy procedure	10/11/77	
38204	Bl donor search management	10/11/77	Replaces 38231
38205	Harvest allogenic stem cells	10/11/77	Replaces 38231
38206	Harvest auto stem cells	10/11/77	Replaces 38231
38207	Cryopreserve stem cells	10/11/77	Replaces 38231
38208	Thaw preserved stem cells	10/11/77	Replaces 38231
38209	Wash harvest stem cells	10/11/77	Replaces 38231
38210	T-cell depletion of harvest	10/11/77	Replaces 38231
38211	Tumor cell deplete of harvest	10/11/77	Replaces 38231
38212	Rbc depletion of harvest	10/11/77	Replaces 38231
38213	Platelet deplete of harvest	10/11/77	Replaces 38231
38214	Volume deplete of harvest	10/11/77	
38215	Harvest stem cell concentrate	10/11/77	
38242	Lymphocyte infUse transplant	10/11/77	Replaces 38240
43201	Esoph scope w/submucous inj	10/11/77	
43236	Uppr gi scope w/submuc inj	10/11/77	
44206	Lap part colectomy w/ stoma	10/11/77	
44207	L colectomy/coloproctostomy	10/11/77	
44208	L colectomy/coloproctostomy	10/11/77	
44210	Laparo total proctocolectomy	10/11/77	
44211	Laparo total proctocolectomy	10/11/77	
44212	Laparo total proctocolectomy	10/11/77	
44238	Laparoscope proc, intestine	10/11/77	Replaces 44209
44239	Laparoscope proc, rectum	10/11/77	
44701	Intraop colon lavage add-on	10/11/77	
45335	Sigmoidoscope w/submuc inj	10/11/77	

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Code	Short Description	Provider Types	Comments
45340	Sig w/balloon dilation	10/11/77	
45381	Colonoscope, submucous inj	10/11/77	
45386	Colonoscope dilate stricture	10/11/77	
46706	Repr of anal fistula w/ glue	10/11/77	
49419	Insrt abdom cath for chemotx	10/11/77	
49904	Omental flap, extra-abdom	10/11/77	
50542	Laparo ablate renal mass	10/11/77	
50543	Laparo partial nephrectomy	10/11/77	
50562	Renal scope w/tumor resect	10/11/77	
51701	Insert bladder catheter	10/11/77	Replaces 53670
51702	Insert temp bladder cath	10/11/77	Replaces 53670
51703	Insert bladder cath, complex	10/11/77	Replaces 53675
55866	Laparo radical prostatectomy	10/11/77	
56820	Exam of vulva w/scope	10/11/77	
56821	Exam/biopsy of vulva w/ scope	10/11/77	
57420	Exam of vagina w/ scope	10/11/77	
57421	Exam/biopsy of vag w/ scope	10/11/77	
57455	Biopsy of cervix w/ scope	10/11/77	
57456	Endocerv curettage w/ scope	10/11/77	
57461	Conz of cervix w/scope, leep	10/11/77	
58146	Myomectomy abdom complex	10/11/77	
58290	Vag hyst complex	10/11/77	
58291	Vag hyst incl t/o, complex	10/11/77	
58292	Vag hyst t/o & repair, compl	10/11/77	
58293	Vag hyst w/uro repair, compl	10/11/77	
58294	Vag hyst w/enterocele, compl	10/11/77	
58545	Laparoscopic myomectomy	10/11/77	Replaces 58551
58546	Laparo-myomectomy, complex	10/11/77	Replaces 58551
58552	Laparo-vag hyst incl t/o	10/11/77	
58553	Laparo-vag hyst, complex	10/11/77	
58554	Laparo-vag hyst w/t/o, compl	10/11/77	
61316	Implt cran bone flap to abdo	10/11/77	
61322	Decompressive craniotomy	10/11/77	
61323	Decompressive lobectomy	10/11/77	
61517	Implt brain chemotx add-on	10/11/77	
61623	Endovasc tempory vessel occl	10/11/77	

Michigan Medicaid Covered 2003 HCPCS Codes Effective 4-1-2003

Code	Short Description	Provider Types	Comments
62148	Retr bone flap to fix skull	10/11/77	
62160	Neuroendoscopy add-on	10/11/77	
62161	Dissect brain w/scope	10/11/77	
62162	Remove colloid cyst w/scope	10/11/77	
62163	Neuroendoscopy w/ fb removal	10/11/77	
62164	Remove brain tumor w/scope	10/11/77	
62165	Remove pituit tumor w/scope	10/11/77	
62264	Epidural lysis on single day	10/11/77	
64416	N block cont infUse, b plex	10/11/77	
64446	N blk inj, sciatic, cont inf	10/11/77	
64447	N block inj fem, single	10/11/77	
64448	N block inj fem, cont inf	10/11/77	
66990	Ophthalmic endoscope add-on	10/11/77	
75901	Remove cva device obstruct	10/11/77	
75902	Remove cva lumen obstruct	10/11/77	
75954	Iliac aneurysm endovas rpr	10/11/77	
76071	CT bone density, peripheral	10/11/77	
76496	Fluoroscopic procedure	10/11/77	
76497	CT procedure	10/11/77	
76498	MRI procedure	10/11/77	
76801	Ob us < 14 wks, single fetus	10/11/77	
76802	Ob us < 14 wks, addl fetus	10/11/77	
76811	Ob us, detailed, snl fetus	10/11/77	
76812	Ob us, detailed, addl fetus	10/11/77	
76817	Transvaginal us, obstetric	10/11/77	
83880	Natriuretic peptide	10/11/77	
84302	Assay of sweat sodium	10/11/77	
85004	Automated diff wbc count	10/11/13/77	
85032	Manual cell count, each	10/11/77	Replaces 85590
85049	Automated platelet count	10/11/77	Replaces 85595
85380	Fibrin degradation, vte	10/11/77	
87255	Genet virus isolate, hsv	10/11/77	
87267	Enterovirus antibody, dfa	10/11/77	
87271	Cryptosporidium/gardia ag, if	10/11/77	
88174	Cytopath c/v auto, in fluid	10/11/77	
88175	Cytopath c/v auto fluid redo	10/11/77	

Michigan Medicaid Covered 2003 HCPCS Codes Effective 4-1-2003

Code	Short Description	Provider Types	Comments
89055	Leucocyte Count, Fecal	10/11/77	Replaces G0026
92610	Evaluate swallowing function	10/11/77	
92611	Motion fluoroscopy/swallow	10/11/77	
92612	Endoscopy swallow tst (fees)	10/11/77	
92613	Endoscopy swallow tst (fees)	10/11/77	
92614	Laryngoscopic sensory test	10/11/77	
92615	Eval laryngoscopy sense tst	10/11/77	
92616	Fees w/laryngeal sense test	10/11/77	
92617	Interprt fees/laryngeal test	10/11/77	
92700	Ent procedure/service	10/11/77	Replaces 92599
93580	Transcath closure of asd	10/11/77	
93581	Transcath closure of vsd	10/11/77	
95990	Spin/brain pump refil & main	10/11/77	
96920	Laser tx, skin < 250 sq cm	10/11/77	
96921	Laser tx, skin 250-500 sq cm	10/11/77	
96922	Laser tx, skin > 500 sq cm	10/11/77	
99293	Ped critical care, initial	10/11/77	
99294	Ped critical care, subseq	10/11/77	
99299	Ic, lbw infant 1500-2500 gm	10/11/77	
A9512	Technetium tc-99m pertechnetate	10/11/77	
A9513	Technetium tc-99m mebrofenin	10/11/77	
A9514	Technetium tc-99m pyrophosphate	10/11/77	
A9515	Technetium tc-99m pentetate	10/11/77	
A9516	I-123 sodium iodide capsule	10/11/77	
A9517	I-131 sodium iodide capsule	10/11/77	
A9518	I-131 sodium iodide solution	10/11/77	Replaces X7935
A9519	Technetium tc-99 mmacroag albu	10/11/77	
A9520	Technetium tc-99m sulfur clld	10/11/77	
A9521	Technetium tc-99m exametazine	10/11/77	
A9522	Indium 111 ibritumomabtiuxetan	10/11/77	
A9523	Yttrium 90 ibritumomabtiuxetan	10/11/77	
A9524	Iodinated I-131 serumalbumin	10/11/77	
A9603	I-131 sodiumiodidecap per mci	10/11/77	
A9699	NOC Therapeutic Radiopharm	10/11/77	
J0287	Amphotericin b lipid complex	10/11/77	Replaces J0286
J0288	Ampho b cholesteryl sulfate	10/11/77	Replaces J0286

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Code	Short Description	Provider Types	Comments
J0289	Amphotericin b liposome inj	10/11/77	Replaces J0286
J0592	Buprenorphine hydrochloride	10/11/77	Replaces X9251
J0636	Inj calcitriol per 0.1 mcg	10/11/77	Replaces J0635
J0637	Caspofungin acetate	10/11/77	
J0880	Darbepoetin alfa injection	10/11/77	
J1051	Medroxyprogesterone inj	10/11/13/77	Replaces J1050
J1094	Inj dexamethasone acetate	10/11/13/77	Replaces J1095
J1564	Inj Immune Globulin, 10mg	10/11/77	
J1652	Fondaparinux sodium	10/11/77	
J1756	Iron sucrose injection	10/11/77	Replaces J1755
J1815	Insulin injection	10/11/13/77	Replaces J1820
J1817	Insulin for insulin pump Use	10/11/77	
J2324	Nesiritide	10/11/77	
J2501	Paricalcitol	10/11/77	Replaces J2500
J2788	Rho d immune globulin 50 mcg	10/11/77	
J2916	Na ferric gluconate complex	10/11/77	Replaces J2915
J3315	Triptorelin pamoate	10/11/77	
J3487	Zoledronic acid	10/11/77	
J3590	Unclassified biologics	10/11/77	
J7317	Sodium hyaluronate injection	10/11/77	Replaces J7316
J9010	Alemtuzumab injection	10/11/77	Replaces S0087
Q3025	IM inj interferon beta 1-a	10/11/77	
Q3026	Subc inj interferon beta 1-a	10/11/77	
T1028	Asmt of Home, Environ, Family Suitable to Meet Needs	10/11/77	Replaces Z6220
T1029	Comp Environ Lead Investigation	10/11/77	Replaces Z6200, Z6210
0016T*	Destruction of localized lesion of choroid	10/11/77	Replaces G0185
93270*	ECG Recording	10/11/77	Replaces G0005
95808*	Polysomnography, sleep staging, attended	10/11/77	
J2675*	Inj progesterone per 50 MG	10/11/77	Reactivated Code
L0210*	Thoracic rib belt	10/11/77	Replaces A4572

* - previously existing code being activated

Michigan Medicaid Deleted HCPCS Codes Effective for Practitioners 4-1-2003

Code	Short Description	Provider Type	Comments
A4572	Rib belt	10/11/77	Use L0210
G0004	ECG transm phys review & int	10/11/77	Use 93268
G0005	ECG 24 hour recording	10/11/77	Use 93270
G0006	ECG transmission & analysis	10/11/77	Use 93271
G0007	ECG phy review & interpret	10/11/77	Use 93272
G0015	Post symptom ECG tracing	10/11/77	Use 93012
G0026	Fecal leukocyte examination	10/11/77	Use 89055
G0027	Semen analysis	10/11/77	Use 89300
G0185	Transpuppillary thermotx	10/11/77	Use 0016T
J0286	Amphotericin B lipid complex	10/11/77	Use J0287, J0288, J0289
J0635	Calcitriol injection	10/11/77	Use J0636
J1050	Medroxyprogesterone inj	10/11/13/77	Use J1051
J1095	Inj dexamethasone acetate	10/11/13/77	Use J1094
J1820	Insulin injection	10/11/13/77	Use J1815, J1817
J2500	Paricalcitol	10/11/77	Use J2501
J2915	NA Ferric Gluconate Complex	10/11/77	Use J2916
J7316	Sodium hyaluronate injection	10/11/77	Use J7317
S0085	Injection, gatifloxacin	10/11/77	Use J1590
S0087	Alemtuzumab 30 mg	10/11/77	Use J9010
00869	Anes, vasectomy	10/11/77	Use 00921
21041	Excision of benign cyst, mandible	10/11/77	Use 21046, 21047, 21040
36520	Therapeutic apheresis	10/11/77	Use 36511, 36512
36521	Therapeutic apheresis	10/11/77	Use 36516
38231	Stem cell harvesting	10/11/77	Use 38205, 38206
44209	Unlisted laparoscopy procedure	10/11/77	Use 44238
53670	Catheterization, urethral, simple	10/11/77	Use 51701, 51702
53675	Cath, urethra, complicated	10/11/77	Use 51703
58551	Laparoscopy, surgical, remove leiomyomata	10/11/77	Use 58545, 58546
85021	Automated Hemogram	10/11/13/77	Use 85018
85022	Automated Hemogram, Man WBC	10/11/13/77	
85023	Auto Hemogram, platelet, Manual WBC	10/11/13/77	Use 85007, 85027
85024	Auto Hemogram, Platelet, Partial WBC Diff.	10/11/13/77	Use 85025
85031	Manual Hemogram, Complete CBC	10/11/13/77	Use 85014, 85018, 85032
85590	Platelet, Manual Count	10/11/77	Use 85032
85595	Platelet, Automated Count	10/11/77	Use 85049
90709	Rubella & mumps vaccine, subQ	10/11/77	
92599	Unlisted otorhinolaryngological	10/11/77	Use 92700
94650	IPPB initial	10/11/77	Use 94640
94651	IPPB subsequent	10/11/77	Use 94640
94652	IPPB newborn	10/11/77	Use 94640

Michigan Medicaid Deleted HCPCS Codes Effective for Practitioners 4-1-2003

Code	Short Description	Provider Type	Comments
99297	Subsequent neonatal intensive care	10/11/77	Use 99296
X4853*	Antepartum care, per visit	10/11/77	Use Appropriate E&M Code For 3 Or Fewer Visits
X7935*	Cost of Radioisotope, Iodine 131	10/11/77	Use A9518
X9251*	Inj. Bup. Hcl Bupren, up to 0.3mg	10/11/77	Use J0592

* - previously existing code being discontinued

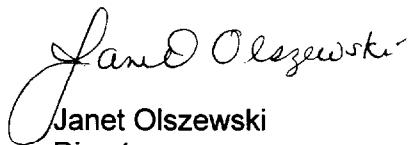
Manual Maintenance

Retain this bulletin for future reference.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231 or e-mail 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.

Approval



Janet Olszewski
Director



Patrick Barrie
Deputy Director for
Health Programs Administration