



Bulletin

Michigan Department of Community Health

Distribution: Medical Suppliers 01-02
Issued: March 16, 2001
Subject: 2001 Procedure Code Update
Effective: As indicated

Programs Affected: Medicaid and Children's Special Health Care Services (CSHCS)

The attached tables contain new Level II HCPCS procedure codes and deleted procedure codes for durable medical equipment and medical supplies covered by the Medicaid and Children's Special Health Care Services (CSHCS) programs. These changes are effective for dates of service on and after April 1, 2001.

New Procedure Codes

Effective for dates of service on and after April 1, 2001 new Level II HCPCS procedure codes will be covered as indicated in the following table.

| Code | Description | Modifier | Prov Type | Qty | Remarks |
|-------|---|-----------|-----------|----------------|------------------------------|
| A4324 | MALE EXTERNAL CATHETER, WITH ADHESIVE COATING, EACH | G, WX, WY | 85/87 | 96 per month | Replacing K0410 |
| A4325 | MALE EXTERNAL CATHETER, WITH ADHESIVE STRIP, EACH | G, WX, WY | 85/87 | 96 per month | Replacing K0411 |
| A4331 | EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH | G | 85/87 | 4 per month | Replacing K0280 |
| A4333 | URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT, EACH | G | 85/87 | 4 per month | Replacing K0407 |
| A4334 | URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH | G | 85/87 | 6 per 3 months | Replacing K0408 |
| A6021 | COLLAGEN DRESSING, PAD SIZE 16 SQ. IN. OR LESS, EACH | G | 85/87 | 30 per month | Prior authorization required |
| A6022 | COLLAGEN DRESSING, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH | G | 85/87 | 30 per month | Prior authorization required |

| Code | Description | Modifier | Prov Type | Qty | Remarks |
|-------|---|----------|-----------|---------------|------------------------------|
| A6023 | COLLAGEN DRESSING, PAD SIZE MORE THAN 48 SQ. IN., EACH | G | 85/87 | 30 per month | Prior authorization required |
| A6024 | COLLAGEN DRESSING WOUND FILLER, PER 6 INCHES | G | 85/87 | 30 per month | Prior authorization required |
| A6231 | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING | G | 85/87 | 30 per month | |
| A6232 | GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING | G | 85/87 | 30 per month | |
| A6233 | GAUZE, IMPREGNATED, HYDROGEL FOR DIRECT WOUND CONTACT, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING | G | 85/87 | 30 per month | |
| A7018 | WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML | G | 85/87 | 120 per month | Replaces K0182 |
| A7501 | TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH | G | 85/87 | | Prior authorization required |
| A7502 | REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VALVE, EACH | G | 85/87 | | Prior authorization required |
| A7503 | FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH | G | 85/87 | | Prior authorization required |
| A7504 | FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH | G | 85/87 | | Prior authorization required |
| A7505 | HOUSING, REUSABLE WITHOUT ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH | G | 85/87 | | Prior authorization required |
| A7506 | ADHESIVE DISC FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH TRACHEOSTOMA VALVE, ANY TYPE EACH | G | 85/87 | | Prior authorization required |
| A7507 | FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH | G | 85/87 | | Prior authorization required |

| Code | Description | Modifier | Prov Type | Qty | Remarks |
|-------|---|----------|-----------|------------------------------------|--|
| A7508 | HOUSING AND INTEGRATED ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALVE, EACH | G | 85/87 | | Prior authorization required |
| A7509 | FILTER HOLDER AND INTEGRATED FILTER HOUSING, AND ADHESIVE, FOR USE AS A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH | G | 85/87 | | Prior authorization required |
| E0148 | WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH | G | 85/87 | 1 | Replaces K0458 |
| E0148 | WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH | J | 85/87 | 1 for a maximum of 10 months | Replaces K0458 |
| E0149 | WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH | G | 85/87 | 1 | Replaces K0459 |
| E0149 | WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE, EACH | J | 85/87 | 1 for a maximum of 10 months | Replaces K0459 |
| E0168 | COMMUNE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE, WITH OR WITHOUT ARMS, ANY TYPE, EACH | G | 85/87 | 1 | Replaces K0457 |
| E0298 | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH ANY TYPE SIDE RAILS, WITH MATTRESS | G | 85/87 | 1 | Prior authorization required Replaces K0456 |
| E0571 | AEROSOL COMPRESSOR, BATTERY POWERED, FOR USE WITH SMALL VOLUME NEBULIZER | J | 85/87 | 1 | Prior authorization required for those under age 21 only |
| E0574 | ULTRASONIC GENERATOR WITH SMALL VOLUME ULTRASONIC NEBULIZER | J | 85/87 | | Prior authorization required Covered for small volume intermittent use only |
| K0538 | NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE | J | 85/87 | Rental for up to 30 days per month | Prior authorization required |
| K0539 | DRESSING SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE, EACH | G | 85/87 | Up to 20 per month | Prior authorization required |
| K0540 | CANISTER SET FOR NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE, EACH | G | 85/87 | Up to 25 per month | Prior authorization required |

| Code | Description | Modifier | Prov Type | Qty | Remarks |
|-------|--|----------|-----------|---------------|----------------|
| S8400 | INCONTINENCE PANTS, EACH | G | 85/87 | 300 per month | Replaces Y3620 |
| S8402 | DIAPERS/BRIEF ADULT XLG WAIST 55 PLUS INCHES | LT | 85/87 | 300 per month | Replaces Y3621 |
| S8402 | DIAPERS/BRIEF ADULT MD WAIST 32-44 INCHES | MD | 85/87 | 300 per month | Replaces Y3621 |
| S8402 | DIAPERS MEDIUM 12-23 LBS | MM | 85/87 | 300 per month | Replaces Y3621 |
| S8402 | DIAPER, YOUTH 25 LB PLUS | G | 85/87 | 300 per month | Replaces Y3621 |
| S8402 | DIAPER/BRIEF ADULT SMALL WAIST 20-31 INCHES | AS | 85/87 | 300 per month | Replaces Y3621 |
| S8402 | DIAPERS LARGE 23-25 LBS | LA | 85/87 | 300 per month | Replaces Y3621 |
| S8402 | DIAPERS/BRIEF ADULT LG WAIST 45-55 INCHES | LG | 85/87 | 300 per month | Replaces Y3621 |
| S8405 | INCONTINENCE LINERS, EACH | G | 85/87 | 300 per month | Replaces Y3622 |

Deleted Procedure Codes

Effective for dates of service on and after April 1, 2001, the following procedure codes will be deleted from the program as indicated in the following table.

| Code | Description | Remarks | End Date |
|-------|---|---|----------|
| A5149 | INCONTINENCE/OSTOMY SUPPLY; MISCELLANEOUS | Prior authorization with complete description and itemization of charges required | 3/31/01 |
| K0182 | WATER, DISTILLED, USED WITH LARGE VOLUME NEBULIZER, 1000 ML | To report use A7018 | 3/31/01 |
| K0270 | ULTRASONIC GENERATOR WITH SMALL VOLUME ULTRASONIC NEBULIZER | To report use E0574 | 3/31/01 |
| K0280 | EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR UROSTOMY POUCH, EACH | To report use A4331 | 3/31/01 |
| K0407 | URINARY CATHETER ANCHORING DEVICE, ADHESIVE SKIN ATTACHMENT | To report use A4333 | 3/31/01 |
| K0408 | URINARY CATHETER ANCHORING DEVICE, LEG STRAP | To report use A4334 | 3/31/01 |
| K0410 | MALE EXTERNAL CATHETER, WITH ADHESIVE COATING, EACH | To report use A 4324 | 3/31/01 |

| Code | Description | Remarks | End Date |
|-------|---|---------------------|----------|
| K0411 | MALE EXTERNAL CATHETER, WITH ADHESIVE STRIP, EACH | To report use A4325 | 3/31/01 |
| K0456 | HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH ANY TYPE SIDE RAILS, WITH MATTRESS | To report use E0298 | 3/31/01 |
| K0457 | EXTRA WIDE/HEAVY DUTY COMMODOE CHAIR, EACH | To report use E0168 | 3/31/01 |
| K0458 | HEAVY DUTY WALKER, WITHOUT WHEELS, EACH | To report use E0148 | 3/31/01 |
| K0459 | HEAVY DUTY WHEELED WALKER, EACH | To report use E0149 | 3/31/01 |
| K0501 | AEROSOL COMPRESSOR, BATTERY POWERED, FOR USE WITH SMALL VOLUME NEBULIZER | To report use E0571 | 3/31/01 |
| Y3620 | INCONTINENT PANTS, EACH | To report use S8400 | 3/31/01 |
| Y3621 | DIAPERS, EACH | To report use S8402 | 3/31/01 |
| Y3622 | INCONTINENT LINERS/PADS, EACH | To report use S8405 | 3/31/01 |

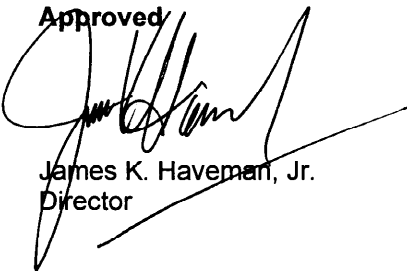
Manual Maintenance

Retain this bulletin for future reference.

Questions

Any questions regarding this bulletin should be directed to: Provider Inquiry, Medical Services Administration, P.O. Box 30479, Lansing, Michigan 48909-7979, or e-mail at ProgramSupport@state.mi.us. Providers may phone toll free 1-800-292-2550.

Approved



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