

Distribution: Nursing Facilities 03-02

Issued: March 1, 2003

Subject: 2003 Procedure Code Updates

Effective: April 1, 2003

Programs Affected: Medicaid

This bulletin is to notify you of CPT (Physician's Current Procedural Terminology) changes for 2003 that will be implemented by the Michigan Department of Community Health (MDCH) for dates of service on and after April 1, 2003.

Listed below is the procedure code change being adopted by the MDCH for Nursing Facilities for dates of service on and after April 1, 2003.

Refer to the 2003 CPT codebook for the full description of the new code.

New Code	Short Description	Comment
92610	Evaluation of Oral and Pharyngeal Swallowing	Replaces G0195

Nursing facilities are reminded that this new CPT code must also be used on the MSA-115 (Occupational/Physical Therapy-Speech Pathology Prior Approval Request Authorization) when seeking prior approval for the service to be provided for dates of service on and after April 1, 2003.

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.

Manual Maintenance

The nursing facility may discard the Medicaid Nursing Facility Manual BILLING CODES Appendix and insert the attached revised appendix.

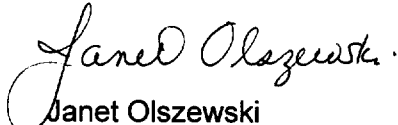
Note: The list of CPT codes for physical therapy now includes codes 95851 and 95852 – range of motion measurements/report. In addition to these codes being used for occupational therapy, these codes are also acceptable for physical therapy.

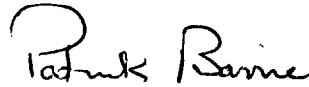
The nursing facility may discard this bulletin after completing manual maintenance.

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
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DAILY CARE

The following providers may bill for daily care and must enter the appropriate revenue code that identifies the specific daily care accommodation being billed:

- Nursing Home Facilities (Provider Type 60)
- County Medical Care Facilities (Provider Type 61)
- Hospital Long Term Care Units (Provider Type 62)
- Hospital Swing Beds (Provider Type 63)
- Ventilator Dependent Units (Provider Type 63)
- Nursing Facilities for the Mentally Ill (Provider Type 72)

The UB-92 Manual provides the revenue codes to be used for Michigan Medicaid.

ANCILLARY SERVICES

Ancillary services that may be billed to Medicaid are listed below. The revenue codes that must be used are also listed. Also included are the providers allowed to bill for the particular services.

PHYSICAL/OCCUPATIONAL THERAPY AND SPEECH PATHOLOGY

The following providers may bill physical/occupational therapy and speech pathology:

- Nursing Home Facilities (Provider Type 60)
- County Medical Care Facilities (Provider Type 61)
- Hospital Long Term Care Units (Provider Type 62)
- Nursing Facilities for the Mentally Ill (Provider Type 72)
- Outpatient County Medical Care Facilities (Provider Type 64)

When billing on the UB-92 claim form, the facility must use the following codes. The Revenue Codes are located in the UB-92 Manual. The CPT Codes are located in the Physicians' Current Procedural Terminology coding manual. The HCPCS Codes are located in the Health Care Financing Administration Common Procedure Coding System manual.

DESCRIPTION	REVENUE CODES	CPT CODES
Physical Therapy	0420, 0424, 0429	95851, 95852, 97001, 97002, 97012, 97014, 97016, 97018, 97020, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97116, 97124, 97139, 97140, 97520, 97530, 97799



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DESCRIPTION	REVENUE CODES	CPT CODES
Occupational Therapy	0430, 0434, 0439	97003, 97004, 95851, 95852, 97016, 97018, 97022, 97034, 97035, 97110, 97112, 97124, 97530, 97799
Speech Pathology	0440, 0443, 0444, 0449	92506, 92507, 92508, 92526, 92597, 92610

OTHER SERVICE REVENUE CODES

The following providers may bill the following services as indicated.

County Medical Care Facilities (Provider Type 61)
Hospital Long Term Care Units (Provider Type 62)

0250 Pharmacy – Covered when billed by a hospital long term care unit.

0410 Oxygen (gas, equipment, and supplies) – Covered when billed by a county medical care facility or hospital long term care unit.

Medicare/Medicaid – If *Medicare* is being billed for the nursing facility stay, neither the nursing facility nor a medical supplier can bill *Medicaid* for oxygen services (i.e., gas, equipment, supplies). Oxygen services are included in the Medicare payment to the facility under Medicare’s Prospective Payment System.

MEDICARE PART B CO-INSURANCE AND DEDUCTIBLE AMOUNTS

The following providers are allowed to bill Medicaid for Medicare Part B co-insurance and deductible.

Nursing Home Facilities (Provider Type 60)
County Medical Care Facilities (Provider Type 61)
Hospital Long Term Care Units (Provider Type 62)
Nursing Facilities for the Mentally Ill (Provider Type 72)

For the following revenue codes, Medicaid will reimburse for any Medicare Part B co-insurance and deductible amounts, based on Medicare’s payment, up to Medicaid’s maximum amount allowed. Also, Medicaid will cover the co-insurance and deductible amounts on any Medicare covered services not normally covered by Medicaid. When billing, each claim line also requires a CPT/HCPCS code.

If a beneficiary has Medicare Part B coverage and the service(s) is not covered by Medicare, Medicaid considers these services in the routine nursing care.

Revenue Codes

0270, 0272, 0274, 0275, 0276, 0301 – 0359, 0400 – 0409, 0420 – 0449, 0460, 0469, 0480 – 0489, 0610 - 0619, 0636, 0730 – 0749, 0800 – 0809, 0920 – 0929, and 0940 – 0949.