MSA MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Community Health

Bulletin Number: MSA 09-64

Distribution: All Providers

Issued: December 15, 2009

Subject: January 1, 2010 Healthcare Common Procedure Coding System (HCPCS) Code Updates

Effective: January 1, 2010

Programs Affected: Medicaid, Children's Special Health Care Services, Adult Benefits Waiver, Maternity Outpatient Medical Services (MOMS), Plan First!

This bulletin is to notify you of the 2010 HCPCS procedure code changes that will be implemented by the Michigan Department of Community Health (MDCH) for dates of service on or after January 1, 2010. Please note that this notice is distributed to a broad range of providers, and not all or any of the codes listed may apply to your scope of practice.

Listed below are the HCPCS procedure code changes being adopted by MDCH and the provider groups allowed to bill these codes. Any new procedure code not listed will not be covered at this time. The following coding information is based on the most recent file from the Centers for Medicare & Medicaid Services (CMS). If additional code revisions are released by CMS, a subsequent bulletin will be published notifying providers of this change.

Refer to your Current Procedural Terminology (CPT) and/or HCPCS codebooks and the CMS website (www.cms.hhs.gov) for full descriptions of the new codes. Information regarding the fee screens and coverage parameters of these code revisions will be located in the appropriate database, posted in January 2010, on the MDCH website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information.

The symbol * will appear with those codes requiring prior authorization (PA).

NEW 2010 HCPCS PROCEDURE CODES COVERED FOR PHYSICIANS, PRACTITIONERS, AND MEDICAL CLINICS

A9581	G8553	G8570	G8585	G8600	G8615	J0559	21012	22905
A9582	G8556	G8571	G8586	G8601	G8616	J0586	21013	23071
A9583	G8557	G8572	G8587	G8602	G8617	J0598	21014	23073
A9604	G8558	G8573	G8588	G8603	G8618	J0718	21016	23078
G0425	G8559	G8574	G8589	G8604	G8619	J2562	21552	24071
G0426	G8560	G8575	G8590	G8605	G8620	J2793	21554	24073
G0427	G8561	G8576	G8591	G8606	G8621	J2796	21558	24079
G8545	G8562	G8577	G8592	G8607	G8622	J7185	21931	25071
G8546	G8563	G8578	G8593	G8608	G8623	J9171	21932	25073
G8547	G8564	G8579	G8594	G8609	G8624	J9328	21933	25078
G8548	G8565	G8580	G8595	G8610	G8625	Q0138	21936	26111
G8549	G8566	G8581	G8596	G8611	G8626	Q0139	22901	26113
G8550	G8567	G8582	G8597	G8612	G8627	14301	22902	26118
G8551	G8568	G8583	G8598	G8613	G8628	14302	22903	27043
G8552	G8569	G8584	G8599	G8614	J0461	21011	22904	27045

27059	32552	43282	63663	75573	94012	3324F	0201T	0214T
27337	32553	43775*	63664	75574	94013	3328F	0202T	0215T
27339	32561	45171	64490	75791	95905	3650F	0203T	0216T
27364	32562	45172	64491	77338	0545F	4004F	0204T	0217T
27616	33782	46707	64492	78451	1200F	4063F	0205T	0218T
27632	33783	49411	64493	78452	1205F	4255F	0206T	0219T
27634	33981	51727	64494	78453	2060F	4256F	0207T	0220T
28039	33982	51728	64495	78454	3008F	4330F	0208T	0221T
28041	33983	51729	74261	92540	3015F	4340F	0209T	0222T
28047	36147	53855	74262	92550	3038F	5200F	0210T	
29581	36148	57426	75565	92570	3293F	6070F	0211T	
31626	37761	63661	75571	93750	3294F	0199T	0212T	
31627	43281	63662	75572	94011	3323F	0200T	0213T	

New Coverage of Existing HCPCS Procedure Codes for Physicians, Practitioners, and Medical Clinics

The following HCPCS codes will be activated effective January 1, 2010:

93797 93798

Coverage of HCPCS Procedure Codes for Rehabilitation Services

Coverage of the following procedure codes will be activated effective January 1, 2010, for physicians, practitioners and outpatient hospitals. Coverage is based on Medicare's current policy, limits, and billing guidelines.

G0420 G0421 G0422 G0423 G0424 93797 93798

POLICY UPDATES DUE TO FEDERAL REGISTER 2010 PHYSICIAN FEE SCHEDULE AND CHAMPS

Use of TC Modifier for Physicians and/or Medical Clinics

Beginning with dates of service on and after January 1, 2010, CHAMPS will allow claims to be reimbursed based on the TC (Technical Component) modifier reported by physicians and/or medical clinics for services performed in the appropriate place of service. The TC modifier will be added to the applicable provider databases posted on the MDCH website.

Medicare Correct Coding Initiative (CCI) Editing

With the implementation of the Community Health Automated Medicaid Processing System (CHAMPS), MDCH claims processing is now following National CCI editing which will standardize and align with other payers and allow for more consistency in adjudication and payment.

Teaching Anesthesiologist Payment Change

Effective for dates of service on and after January 1, 2010, when a teaching anesthesiologist is medically directing an anesthesia resident in a single case or two concurrent cases, payment to the teaching anesthesiologist will be made at 100% of the fee schedule rate. As stated in the final rule, the teaching anesthesiologist must report the AA modifier for these cases in order for proper payment to occur. This does not apply to any case where the teaching anesthesiologist is medically directing a CRNA or an anesthesiologist assistant. Medicaid will follow the final rule of the Medicare physician fee schedule.

NEW 2010 HCPCS PROCEDURE CODES COVERED THROUGH OPPS/APC

MDCH aligns with Medicare guidelines for procedure codes covered through the Outpatient Prospective Payment System (OPPS)/Ambulatory Payment Classification (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, MDCH will appropriately continue to utilize a Medicare fee schedule with the MDCH reduction factor applied.

Wrap Around Codes

MDCH will cover the following new 2010 HCPCS codes differently (than Medicare) under its OPPS:

G9143 J0833 J0834 J1680 J9155 Q0139 Q9968 S0280 S0281
S3713 S3865 S3866 S3870 89398

Laboratory Services Codes (Outpatient Hospitals)

The following new 2010 HCPCS laboratory services are covered:

G0430 G0431 83987 84145 84431 86305 86352 86780 86825
86826 87150 87153 87493 88387 88388 88738

NEW 2010 HCPCS PROCEDURE CODES COVERED FOR LABORATORY SERVICES

G0430 G0431 83987 84145 84431 86305 86352 86780 86825 86826
87150 87153 87493 88387 88388 88738

NEW 2010 HCPCS PROCEDURE CODE COVERED FOR PLAN FIRST! FAMILY PLANNING WAIVER

86780

NEW 2010 HCPCS PROCEDURE CODE COVERED FOR VISION SERVICES

92540

NEW 2010 HCPCS PROCEDURE CODES COVERED FOR SPEECH & HEARING SERVICES

L8627* L8628* L8629*

NEW 2010 HCPCS PROCEDURE CODES COVERED FOR MEDICAL SUPPLIERS, ORTHOTISTS, AND PROSTHETISTS

A4456* L2861* L3891*

New Coverage of Existing HCPCS Procedure Codes for Medical Suppliers, Orthotists, and Prosthetists

The following HCPCS code will be activated effective January 1, 2010:

E2313*

New Pricing of Existing HCPCS Procedure Codes for Medical Suppliers, Orthotists, and Prosthetists

The following HCPCS code will be manually priced effective January 1, 2010:

E1002*

DISCONTINUED 2009 HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES

A4365	C9247	J0460	L1815	Q2023	27079	51795	78465	0144T
A6200	C9249	J0530	L1825	Q2024	29220	63660	78478	0145T
A6201	C9251	J0540	L1901	01632	36145	64470	78480	0146T
A6202	C9252	J0550	L2770	14300	36834	64472	82307	0147T
A6542	C9253	J0835	L3651	23221	45170	64475	86781	0148T
A6543	E2223	J1565	L3652	23222	46210	64476	90379	0149T
A9535	E2393	J7322	L3700	24151	46211	75790	92569	0150T
A9605	E2399	J9170	L3701	24153	46937	78460	99185	0151T
C9245	G0392	L0210	L3909	26255	46938	78461	99186	0194T
C9246	G0393	L1800	L3911	26261	51772	78464	0067T	

Manual Maintenance

Retain this bulletin until applicable information has been incorporated into the Michigan Medicaid Provider Manual. Providers should refer to the MDCH website at www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information for additional code information.

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 at 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.

Approved

Stephen Fitton, Director
Medical Services Administration