

**Bulletin Number:** MSA 20-01

**Distribution:** All Providers

**Issued:** January 31, 2020

**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

This bulletin is to notify you of Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) changes being implemented by the Michigan Department of Health and Human Services (MDHHS). Effective dates are identified for each topic area. 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.

Refer to HCPCS code books and the Centers for Medicare & Medicaid Services (CMS) website ([www.cms.hhs.gov](http://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](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Provider Specific Information. Additional pertinent coverage parameters, such as age restrictions, prior authorization requirements, and other billing indicators, are accessible via the Medicaid Code and Rate Reference tool within CHAMPS at <https://sso.state.mi.us> >> External Links >> Medicaid Code and Rate Reference.

**A. JANUARY 1, 2020 ANNUAL HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS) CODE UPDATES**

Listed below are HCPCS codes being adopted by MDHHS for dates of service on and after January 1, 2020 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 prior authorization (PA).

HCPCS 2020 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](http://www.ama-assn.org/go/cpt).

**1. Physicians, Practitioners, and Medical Clinics**

15769	15771	15772	15773*	15774*	20700	20701
20702	20703	20704	20705	21601	21602	21603
33016	33017	33018	33019	33858	33859	33871
34717	34718	35702	35703	46948	49013	49014
62328	62329	64451	64454	64624	64625	66987
66988	74221	74248	78429	78430	78431	78432
78433	78434	78830	78831	78832	78835	80145
80187	80230	80235	80280	80285	87563	92201
92202	92549	93356	93985	93986	95700	95706
95707	95709	95710	95712	95713	95715	95716
95717	95718	95719	95720	95721	95722	95723
95724	95725	95726	96156	96158	96159	96167
96168	97129	97130	99458	A9590	G2058	G2064
G2065	G2066	G2086	G2087	G2088	J0179	J9199
J9309						

**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 January 2020 version of the OPPS Wrap-Around Code List on the MDHHS website:

[www.michigan.gov/medicaidproviders](http://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 January 2020 version of the ASC Code List on the MDHHS website: [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing and Reimbursement >> Provider Specific Information>> Ambulatory Surgical Centers

### 4. Oral/Maxillofacial Surgeons

15769	15773*	15774*	D1551	D1552	D1553	D1556
D1557	D1558					

The following dental services are covered for Children's Special Health Care Services only:

D2753*	D6082*	D6083*	D6084*	D6086*	D6087*	D6088*
D6097*	D6098*	D6099*	D6120*	D6121*	D6122*	D6123*
D6243*	D6753*	D8703*	D8704*			

### 5. Podiatry

15773*	15774*
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### 6. Vision Services

66987	66988	92201	92202
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### 7. Urgent Care Centers

87563
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**8. Dental Services**

D1551      D1552      D1553      D1556      D1557      D1558

The following dental services are covered for Children's Special Health Care Services only:

D2753\*      D6082\*      D6083\*      D6084\*      D6086\*      D6087\*      D6088\*  
D6097\*      D6098\*      D6099\*      D6120\*      D6121\*      D6122\*      D6123\*  
D6243\*      D6753\*      D8703\*      D8704\*

**9. Laboratory Services**

80145      80187      80230      80235      80280      80285      81277\*  
81307\*      81308\*      81309\*      81522\*      87563

**10. Medical Suppliers, Orthotists, and Prosthetists**

B4187\*      E2398\*

**11. Hospice**

33016      33017      33018      33019

**12. Social Worker, Psychologist, Professional Counselor and Marriage and Family Therapists**

96156      96158      96159      96164      96165      96167      96168

**13. Certified Nurse Midwife**

87563      96156      96158      96159      96167      96168      G2064  
G2065

**14. Maternal Infant Health Program**

96167      96168

**15. Independent Diagnostic Testing Facility**

74221	74248	78429	78430	78431	78432	78433
78434	78830	78831	78832	78835	92549	93356
93985	93986	95700	95706	95707	95709	95710
95712	95713	95715	95716	95717	95718	95719
95720	95721	95722	95723	95724	95725	95726
99458	G2066					

**16. Physical, Occupational and Speech Therapy**

97129	97130
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**17. Federally Qualified Health Center**

80145	80187	80230	80235	80280	80285	87563
92549	93356	96156	96158	96159	96164	96165
96167	96168	97129	97130	99458	D1551	D1552
D1553	D1556	D1557	D1558			

The following dental services are covered for Children's Special Health Care Services only:

D2753*	D6082*	D6083*	D6084*	D6086*	D6087*	D6088*
D6097*	D6098*	D6099*	D6120*	D6121*	D6122*	D6123*
D6243*	D6753*					

**18. Local Health Department**

87563	96156	96158	96159	96164	96165	96167
96168	D1551	D1552	D1553	D1556	D1557	D1558

The following dental services are covered for Children's Special Health Care Services only:

D2753*	D6082*	D6083*	D6084*	D6086*	D6087*	D6088*
D6097*	D6098*	D6099*	D6120*	D6121*	D6122*	D6123*
D6243*	D6753*					

**19. Child and Adolescent Health Center & Programs**

87563	96156	96158	96159	96164	96165	96167
96168						

**20. Rural Health Clinic**

80145	80187	80230	80235	80280	80285	87563
92549	93356	96156	96158	96159	96164	96165
96167	96168	97129	97130	99458		

**21. Tribal Health Center**

80145	80187	80230	80235	80280	80285	87563
92549	93356	96156	96158	96159	96164	96165
96167	96168	97129	97130	99458	D1551	D1552
D1553	D1556	D1557	D1558			

The following dental services are covered for Children's Special Health Care Services only:

D2753*	D6082*	D6083*	D6084*	D6086*	D6087*	D6088*
D6097*	D6098*	D6099*	D6120*	D6121*	D6122*	D6123*
D6243*	D6753*					

**22. Audiologist**

92549

**23. Nursing Facilities**

97129\* 97130\*

**24. Telemedicine**

96156	96158	96159	96164	96165	96167	96168
G2086	G2087	G2088				

**B. NEW COVERAGE OF EXISTING CODES**

Effective for dates of service on and after January 1, 2020, existing HCPCS codes will be activated for coverage as identified in the following provider categories:

**1. Medical Suppliers, Orthotists, and Prosthetists**

A5514 L8032

**2. Laboratory Services**

81252\* 81253\* 81254\* 81538\*

### 3. Cochlear Manufacturer

L8625

#### C. RETROACTIVE COVERAGE OF EXISTING CODES

Effective for dates of service on and after September 1, 2019, MDHHS will cover the following HCPCS code for Independent Diagnostic Testing Facility:

93017

Effective for dates of service on and after September 1, 2019, MDHHS will cover the following HCPCS code for Portable X-ray Supplier:

Q0092

Effective for dates of service on and after October 1, 2019, MDHHS will cover the following HCPCS code for Optometry:

66982 with Modifier 55

#### D. CLARIFICATION TO BULLETIN MSA 18-29

A physician or non-physician practitioner (NPP) such as a nurse practitioner or physician assistant shall not submit a claim for a service designated by the Centers for Medicare & Medicaid Services (CMS) as “always therapy” unless it is provided under a therapy plan of care as supported by documentation in the medical record. Claims for “always therapy” services must include the appropriate therapy modifier (GN, GP, GO). Services must be medically necessary and payable physician/NPP services as reflected on the MDHHS Practitioner Database.

Refer to the Outpatient Therapy Services Chapter of the Medicaid Provider Manual for additional information related to therapy services.

#### E. TOOTH NUMBER/ TOOTH SURFACE/ ORAL CAVITY REQUIREMENTS FOR EXISTING CODES

Effective January 1, 2020, the following CDT codes will require tooth number(s):

D1354      D2799      D6081      D6253

Effective January 1, 2020, the following CDT code will require tooth surface:

D2940

Effective January 1, 2020, the following CDT codes will require oral cavity:

D7260      D7261      D7510      D8692

**F. DISCONTINUED COVERAGE OF EXISTING CODES FOR ALL APPLICABLE PROVIDER TYPES**

MDHHS will discontinue coverage of the following codes effective for services provided after December 31, 2019:

58565      A4264

**G. MEDICAID HEALTH PLAN CARVE-OUT**

Effective November 1, 2019, Zolgensma, reported under HCPCS code J3490, was added.

**H. RETROACTIVE DISCONTINUATION OF PRIOR AUTHORIZATION FOR EXISTING CODES**

MDHHS will discontinue requiring prior authorization of the following codes effective August 31, 2019:

V5171      V5181      V5211      V5221

MDHHS will discontinue requiring prior authorization of the following codes effective December 1, 2019:

J0570      Q9991      Q9992

**I. PRIOR AUTHORIZATION FOR EXISTING CODE**

Effective for dates of service on and after January 1, 2020, the following HCPCS codes will require prior authorization:

19300

**J. CLARIFICATION TO BULLETIN MSA 18-01**

Based on bulletin MSA 18-01, issued January 30, 2018 and the current 340B policy language found in the MDHHS Medicaid Provider Manual, the following is a reminder on billing modifiers for OPSS 340B-Acquired Drugs:

- Medicare Modifier “JG” is required to identify a 340B-acquired drug paid under OPSS for hospitals that are not excepted from the 340B drug payment policy.
- Medicare Modifier “TB” is required for 340B-acquired drugs for excepted hospitals.
- Medicaid Modifier “U6” is required for all drugs purchased through the 340B program.



**K. DISCONTINUED 2019 HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES**

The following HCPCS codes are discontinued effective December 31, 2019:

19260	19271	19272	19304	20926	33010	33011	33015
33860	33870	35721	35741	35761	43401	64402	64410
64413	74241	74245	74247	74249	74260	76930	78205
78206	78320	78607	78647	78710	78805	78806	78807
90911	92225	92226	93299	95827	95831	95832	95833
95834	95950	95951	95953	95956	96150	96151	96152
96153	96154	96155	97127	98969	99444	0009M	0081U
0085U	0205T	0206T	0249T	0254T	0341T	0357T	0375T
0377T	0380T	0399T	0482T	3045F	C9043	C9407	C9408
D1550	D1555	D8691	D8692	D8693	D8694	G0365	G0515
G8649	G8653	G8657	G8665	G8669	G8673	G8861	G8978
G8979	G8980	G8981	G8982	G8983	G8984	G8985	G8986
G8987	G8988	G8989	G8990	G8991	G8992	G8993	G8994
G8995	G8996	G8997	G8998	G8999	G9017	G9018	G9019
G9020	G9033	G9034	G9035	G9036	G9158	G9159	G9160
G9161	G9162	G9163	G9164	G9165	G9166	G9167	G9168
G9169	G9170	G9171	G9172	G9173	G9174	G9175	G9176
G9186	G9472	G9742	G9743	G9941	G9944	G9947	M1000
M1001	M1002	M1030	M1042	M1044	M1047	M1048	M1050
M1053							

**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](mailto: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. Providers may phone toll-free 1-800-292-2550.

**Approved**



Kate Massey, Director  
Medical Services Administration