

BULLETIN

Bulletin Number: MMP 23-25

Distribution: All Providers

Issued: April 10, 2023

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, MI Health Link

This bulletin is to notify providers of CPT and HCPCS code changes being implemented by the Michigan Department of Health and Human Services (MDHHS). Effective dates are identified for each topic area. Note that this notice is distributed to a broad range of providers and not all, or any, of the codes listed may apply to their scope of practice.

Refer to HCPCS code books and the Centers for Medicare & Medicaid Services (CMS) website (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 >> Billing and Reimbursement >> Provider Specific Information. Additional pertinent coverage parameters, such as age restrictions, prior authorization (PA) requirements, and other billing indicators, are accessible via the Medicaid Code and Rate Reference tool within the Community Health Automated Medicaid Processing System (CHAMPS) at <https://sso.state.mi.us> >> External Links >> Medicaid Code and Rate Reference.

A. COVERAGE OF NEW CODES ESTABLISHED APRIL 1, 2023.

Listed below are HCPCS codes being adopted by MDHHS for dates of service on and after April 1, 2023, 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 PA.

HCPCS 2023 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.

1. Physicians, Practitioners, and Medical Clinics

J0208	J0218	J0612	J0613	J1411*	J1449	J1747
J2403	J9196	J9294	J9296	J9297	Q5127	Q5128
Q5129	Q5130					

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 April 2023 version of the OPPS Wrap-Around Code List on the MDHHS website: 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 April 2023 version of the ASC Code List on the MDHHS website: www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Ambulatory Surgical Centers.

4. Medical Suppliers, Orthotists, and Prosthetists

E0677*

5. Federally Qualified Health Centers, Rural Health Clinics and Tribal Health Centers

J0612

J0613

B. NEW COVERAGE OF EXISTING CODES

Effective for dates of service on and after April 1, 2023, existing HCPCS codes will be activated for coverage as identified in the following provider categories:

1. Medical Suppliers, Orthotists, and Prosthetists

A7048*

2. Dental Therapist

D0180

3. Oral/Maxillofacial Surgeons

D0180	D2722	D2780	D2781	D2782	D2783	D4341*
D4342*	D4346	D4910				

4. Dentists

D0180	D2722	D2780	D2781	D2782	D2783	D4341*
D4342*	D4346	D4910				

5. Federally Qualified Health Centers, Local Health Departments, and Tribal Health Centers

D0180	D2722	D2740	D2750	D2751	D2752	D2753
D2780	D2781	D2782	D2783	D2790	D2791	D2792
D2793	D4341*	D4342*	D4346	D4910		

Effective for dates of service on and after May 12, 2023, existing HCPCS code will be activated for coverage as identified in the following provider categories:

1. Laboratory Services

99001

C. RETROACTIVE COVERAGE OF EXISTING CODES

1. Physicians, Practitioners, Medical Clinics, Certified Nurse Midwives, Podiatry, School Services Program, Home Health Agencies, Local Health Departments, Child and Adolescent Health Centers and Programs, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers and Urgent Care Centers

- a. Effective for dates of service on and after March 14, 2023, MDHHS will cover the following HCPCS codes:

0174A

D. PA FOR EXISTING CODES

Effective for dates of service on and after April 1, 2023, the following HCPCS codes will **no longer** require PA:

D2710	D2712	D2740	D2750	D2751	D5752	D2753
D2790	D2791	D2792	D2794	D3346	D3347	D3348
D5110	D5120	D5130	D5140	D5211	D5212	D5213
D5214	D5225	D5226	E0246			

Effective for dates of service on and after April 1, 2023, the following HCPCS code **will** require PA:

D3999*

E. REINSTATE COVERAGE OF CODE

It was published in error in the January Annual Coding bulletin that the following code was being discontinued as of November 29, 2022:

Physicians, Practitioners, Medical Clinics

J9022

F. MODIFIER UPDATES

Effective for dates of service on and after April 1, 2023, MDHHS will acknowledge the following modifiers:

JK JL

G. DISCONTINUED COVERAGE FOR ALL APPLICABLE PROVIDER TYPES

The following HCPCS code is discontinued effective December 31, 2022:

78609

H. DISCONTINUED HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES

The following HCPCS codes are discontinued effective March 31, 2023:

0324U 0325U C1834 J0610 J0611

The following HCPCS codes are discontinued effective May 11, 2023:

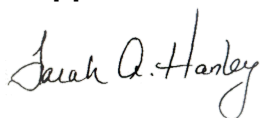
G2023 G2024 U0003 U0004 U0005

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. 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. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



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