

Bulletin Number: MSA 21-03

Distribution: All Providers

Issued: February 17, 2021

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) 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 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, 2021 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, 2021 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 2021 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

30468	32408	33741	33745	33746	33995	33997
55880	57465	69705	69706	71271	76145	80143
80151	80161	80167	80179	80181	80189	80193
80204	80210	81513	81514	82077	82681	90377
92517	92518	92519	92650	92651	92652	92653
93241	93242	93243	93244	93245	93246	93247
93248	94619	99417	99439	A9591	G2212	G2213
G2214	G2252	J0693	J1823	J7212	J7352	J9144*
J9223	J9281	J9316	J9317	Q5122	U0005	

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 2021 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 January 2021 version of the ASC Code List on the MDHHS website: www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information>> Ambulatory Surgical Centers

4. Oral/Maxillofacial Surgeons

30468 99417 G2212

5. Podiatry

99417 G2212

6. Audiologist

92517 92518 92519 92650 92651 92652 92653

7. Urgent Care Centers

81513 81514 99417 G2212 U0005

8. School Based Services

G2250 G2251

9. Laboratory Services

80143	80151	80161	80167	80179	80181	80189
80193	80204	80210	81168*	81191*	81192*	81193*
81194*	81278*	81279*	81338*	81339*	81347*	81348*
81351*	81352*	81353*	81357*	81360*	81419*	81513
81514	81546*	82077	82681	U0005		

10. Social Worker, Psychologist, Professional Counselor and Marriage and Family Therapists

G2250 G2251

11. CORF/CARF/Rehab Agency

92650 92651 92652 92653

12. CAA-Accredited Univ Grad Ed Program

92650 92651 92652 92653

13. Hospice

99417 G2212

14. Certified Nurse Midwife

57465 81513 81514 99417 99439 G2212 G2252
U0005

15. Family Planning Clinic

57465 81513 81514 99417 G2212

16. Independent Diagnostic Testing Facility

71271 93241 93242 93243 93244 93245 93246
93247 93248 94619

17. Physical, Occupational and Speech Therapy

G2250 G2251

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

57465 80143 80151 80161 80167 80179 80181
80189 80193 80204 80210 81513 81514 82077
82681 90377 93241 93242 93243 93244 93245
93246 93247 93248 99417 G2212 Q5122 U0005

19. Local Health Department

57465	81513	81514	82077	82681	90377	99417
G2212	G2214	U0005				

20. Child and Adolescent Health Centers & Programs

81513	81514	82077	82681	90377	99417	G2212
U0005						

B. NEW COVERAGE OF EXISTING CODES

Effective for dates of service on and after January 1, 2021, existing HCPCS codes will be activated for coverage as identified in the following provider categories:

1. Physicians, Practitioners, and Medical Clinics

95705	95708	95711	95714	99484
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2. Local Health Department, Child and Adolescent Health Centers & Programs, Federally Qualified Health Center, Rural Health Clinic, Tribal Health Center

99484

3. School Based Services

99484

4. Laboratory Services

81415*	81416*	81417*	0037U*
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5. Independent Diagnostic Testing Facility

95705	95708	95711	95714
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C. RETROACTIVE COVERAGE OF EXISTING CODES

1. Physicians, Practitioners, and Medical Clinics

a. Effective for dates of service on and after October 1, 2020, MDHHS will cover the following HCPCS codes:

J1437	J1632	J1738	J3032	J3241	J7351	J9227
J9304						

- b. Effective for dates of service on and after November 10, 2020, MDHHS will cover the following HCPCS codes:

M0239 Q0239

- c. Effective for dates of service on and after November 21, 2020, MDHHS will cover the following HCPCS codes:

M0243 Q0243

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

- a. Effective for dates of service on and after October 1, 2020, MDHHS will cover the following HCPCS code:

J9227

- b. Effective for dates of service on and after November 10, 2020, MDHHS will cover the following HCPCS codes:

M0239 Q0239

- c. Effective for dates of service on and after November 21, 2020, MDHHS will cover the following HCPCS codes:

M0243 Q0243

3. Physicians, Practitioners, Medical Clinics, Certified Nurse Midwives, Local Health Departments, Child and Adolescent Health Centers and Programs, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, Urgent Care Centers and Laboratory Services

- a. Effective for dates of service on and after August 10, 2020, MDHHS will cover the following HCPCS codes:

86408 86409

- b. Effective for dates of service on and after September 8, 2020, MDHHS will cover the following HCPCS code:

86413

- c. Effective for dates of service on and after October 6, 2020, MDHHS will cover the following HCPCS codes:

87636 87637 87811

- d. Effective for dates of service on and after November 10, 2020, MDHHS will cover the following HCPCS code:

87428

D. RETROACTIVE COVERAGE OF MODIFIERS

Effective for dates of service on and after October 1, 2020, MDHHS will cover the following Modifiers:

J5 V4

E. OFFICE AND OUTPATIENT EVALUATION AND MANAGEMENT

Effective for dates of service on and after January 1, 2021, Michigan Medicaid will align with the 2021 American Medical Association (AMA) CPT coding guidelines for the selection of level of office or other outpatient Evaluation and Management Services (E/M) as represented by CPTs 99202-99215. Practitioners may select the appropriate level of E/M service based on the following:

- The level of the medical decision making as defined for each service; or
- The total time for E/M services performed on the date of the encounter.

The process for determining the level of service in the remaining categories of E/M services remains unchanged.

F. COVID-19 SPECIMEN COLLECTION BILLING UPDATE

Consistent with public health emergency conditions related to COVID-19, to support widespread COVID-19 testing, Medicaid will temporarily reimburse COVID-19 specimen collection as specified in policy bulletins MSA 20-57 and MSA 20-74. Practitioners, Pharmacists, Federally Qualified Health Centers, Rural Health Clinics, Tribal Health Centers, and Tribal Federally Qualified Health Centers may bill for COVID-19 specimen collection services for date of service on or after March 10, 2020 using procedure code 99000 or 99001 and either ICD-10-CM diagnosis code Z03.818, Z11.59, or Z20.828 as appropriate.

The Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) has released a January ICD-10-CM code update which includes two new diagnosis for reporting COVID-19 screening and suspected exposure to COVID-19.

As a result, Medicaid is requesting providers discontinue reporting diagnosis Z03.818, Z11.59, or Z20.828 on Medicaid COVID-19 specimen collection claims for dates of service after February 28, 2021. Services billed with these diagnoses after this date will no longer be eligible for Medicaid reimbursement.

Effective for dates of service on or after March 1, 2021, COVID-19 specimen collection services must be reported using procedure code 99000 or 99001 and one of the new 2021 diagnosis codes listed below:

- Z20.822 - Contact with and (suspected) exposure to COVID-19
- Z11.52 - Encounter for screening for COVID-19

As a reminder, COVID-19 specimen collection is reimbursed as a separate service only when no other evaluation and management service or eligible qualifying clinic visit related to COVID-19 testing is provided on the same date of service.

G. RETROACTIVE COVERAGE OF PLACE OF SERVICE (POS) CODES

Effective for claims processed on or after October 1, 2020, the following POS will be recognized: 60 - Mass Immunization Center.

H. PRIOR AUTHORIZATION FOR EXISTING CODE

Effective for dates of service on and after January 1, 2021, the following HCPCS code will require prior authorization:

81539

I. DISCONTINUED HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES

The following HCPCS codes are discontinued effective December 31, 2020:

19324	19366	32405	49220	57112	58293	61870	62163
63180	63182	69605	76970	78135	81545	87450	92585
92586	92992	92993	94250	94400	94750	94770	95071
99201	0058T	0085T	0111T	0126T	0228T	0229T	0230T
0231T	0295T	0296T	0297T	0298T	0381T	0382T	0383T
0384T	0385T	0386T	0396T	0400T	0401T	0405T	C9060
C9062	C9064	C9066	C9745	C9747	C9749	D3427	D5994
D6052	D7960	G0297	G1005	G1006	G2058	G2061	G2062
G2063	G2089	G2102	G2103	G2104	G2114	G2117	G2119
G2120	G2123	G2124	G2130	G2131	G2132	G2133	G2134
G2135	G2153	G2154	G2155	G2156	G2157	G2158	G2159
G2160	G2161	G2162	G2163	G2164	G2165	G2166	G8398
G8442	G8509	G8571	G8572	G8573	G8574	G8627	G8628

G8671	G8672	G8674	G8730	G8731	G8732	G8809	G8810
G8811	G8872	G8873	G8874	G8939	G8959	G8960	G8973
G8974	G8975	G8976	G9232	G9239	G9240	G9241	G9256
G9257	G9258	G9259	G9260	G9261	G9262	G9263	G9264
G9265	G9266	G9300	G9301	G9302	G9303	G9304	G9326
G9327	G9329	G9340	G9365	G9366	G9389	G9390	G9469
G9503	G9523	G9524	G9525	G9526	G9532	G9558	G9559
G9560	G9573	G9574	G9600	G9601	G9602	G9615	G9616
G9617	G9701	G9738	G9739	G9747	G9748	G9749	G9750
G9759	G9798	G9799	G9800	G9801	G9802	G9803	G9804
G9814	G9815	G9816	G9817	G9825	G9826	G9827	G9828
G9829	G9833	G9834	G9835	G9836	G9837	G9849	G9850
G9851	G9855	G9856	G9857	G9924	G9933	G9934	G9935
G9936	G9937	G9966	G9967	M1015	M1023	M1024	M1033
M1061	M1062	M1063	M1064	M1065	M1066	M1136	M1137
M1138	M1139	M1140	M1144				

The following HCPCS codes are discontinued effective September 30, 2020:

C9055 C9059 C9061 C9063

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. Providers may phone toll-free 1-800-292-2550.

Approved



Kate Massey, Director
Medical Services Administration