MDHHS Michigan Department of Health & Human Services

Health and Aging Services Administration

BULLETIN

HASA

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Distribution: All Providers

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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 you of CPT and 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 (PA) 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, 2022 ANNUAL HCPCS CODE UPDATES

Listed below are HCPCS codes being adopted by MDHHS for dates of service on and after January 1, 2022, 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 2022 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

01937	01938	01939	01940	01941	01942	33267
33268	33269	33370	33509	33894	33895	33897
42975	43497	61736*	61737*	63052	63053	64582*
64583	64584	64628	64629	66989	66991	68841
69716	69719	69726	69727	77089	77090	77091
77092	80503	80504	80505	80506	91113	93319
93593	93594	93595	93596	93597	93598	94625
94626	99424	99425	99426	99427	99437	J1952
J2506	J9021	J9061	J9272	Q2055*		

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 2022 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 2022 version of the ASC Code List on the MDHHS website: www.michigan.gov/medicaidproviders>> Billing and Reimbursement>> Provider Specific Information>> Ambulatory Surgical Centers

4. Anesthesiologist Assistant

01937	01938	01939	01940	01941	01942

5. Certified Registered Nurse Anesthetist (CRNA)

01937	01938	01939	01940	01941	01942

6. Optometry

66989	66991	68841

7. Medical Suppliers, Orthotists, and Prosthetists

A4436	A4437

8. Certified Nurse Midwives

99424	99425	99426	99427	99437

9. Laboratory Services

80220	80503	80504	80505	80506	81523*	81560*
82653	83521	83529	86015	86036	86037	86051
86052	86053	86231	86258	86362	86363	86364
86381	86596	87154				

10. Independent Diagnostic Testing Facility

77089	77090	77091	77092	93319

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

68841	77089	77090	77091	77092	80503	80504
80505	80506	99424	99425	99426	99427	99437
J1952	J2506					

B. NEW COVERAGE OF EXISTING CODES

Effective for dates of service on and after January 1, 2022, existing HCPCS codes will be activated for coverage as identified in the following provider categories:

1. Physicians, Practitioners, and Medical Clinics

93792*	93793*	94664	99401	99402	99403	99404
S9453						

2. Local Health Department

94664	M0220	M0221	M0240	M0241	M0243	M0244
M0245	M0246	M0247	Q0220	Q0240	Q0243	Q0244
Q0245	Q0247	S9453				

3. Child and Adolescent Health Centers & Programs

94664	S9453

4. Laboratory Services

0239U*

5. Certified Nurse Midwives

99401	99402	99403	99404	99453	99454	S9453

6. Family Planning Clinic

99401	99402	99403	99404

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

99401	99402	99403	99404	94464	S9453

8. Oral/Maxillofacial Surgeons

D8010* D8020* D8030* D8040*

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

D8010* D8020* D8030* D8040*

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

S9453

C. RETROACTIVE COVERAGE OF EXISTING CODES

1. Physicians, Practitioners, and Medical Clinics

a. Effective for dates of service on and after October 1, 2021, MDHHS will cover the following HCPCS codes:

J0699 J0741 J1305 J1426* J1445 J1448 J2406
J9247 J9318 J9319 Q2054*

b. Effective for dates of service on and after December 8, 2021, MDHHS will cover the following HCPCS codes:

M0220 M0221 Q0220

c. Effective for dates of service on and after December 23, 2021, MDHHS will cover the following HCPCS code:

J0248

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

a. Effective for dates of service on and after October 1, 2021, MDHHS will cover the following HCPCS codes:

J0699 J0741 J1305 J1445 J1448 J2406

b. Effective for dates of service on and after December 8, 2021, MDHHS will cover the following HCPCS codes:

M0220 M0221 Q0220

c. Effective for dates of service on and after December 23, 2021, MDHHS will cover the following HCPCS code:

J0248

3. Home Health Agency

Effective for dates of service on and after December 8, 2021, MDHHS will cover the following HCPCS codes:

M0221 Q0220

4. Urgent Care Centers

Effective for dates of service on and after December 8, 2021, MDHHS will cover the following HCPCS codes:

M0220 Q0220

5. Family Planning Clinic

Effective for dates of service on and after October 1, 2021, MDHHS will cover the following HCPCS codes:

J7294 J7295

6. Medical Suppliers, Orthotists, and Prosthetists

Effective for dates of service on and after October 1, 2021, MDHHS will cover the following HCPCS codes:

A4453* K1022* S9432*

7. Local Health Department

Effective for dates of service on and after October 1, 2021, MDHHS will cover the following HCPCS codes:

J7294 J7295

8. Advanced Life Support Ambulance

a. Effective for dates of service on and after May 26, 2021, MDHHS will cover the following HCPCS codes:

M0247 M0248 Q0247

b. Effective for dates of service on and after December 8, 2021, MDHHS will cover the following HCPCS codes:

M0220 M0221 Q0220

c. Effective for dates of service on and after December 23, 2021, MDHHS will cover the following HCPCS code:

J0248

9. Physicians, Practitioners, Medical Clinics, Certified Nurse Midwives, Podiatry, School Services Program, Home Health Agency, 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 October 20, 2021, MDHHS will cover the following HCPCS codes:

91306 0034A 0064A

b. Effective for dates of service on and after October 29, 2021, MDHHS will cover the following HCPCS codes:

91305 91307 0051A 0052A 0053A 0054A 0071A 0072A

c. Effective for dates of service on and after January 3, 2022, MDHHS will cover the following HCPCS code:

0073A

D. COVERAGE OF MODIFIERS

Effective for dates of service on and after January 1, 2022, MDHHS will recognize the following modifiers:

FQ FR FS

E. TELEMEDICINE CODING CHANGES

MDHHS acknowledges the addition of POS 10-Telehealth provided in a patient's home, the new definition of POS 02-Telehealth provided other than in a patient's home, and the addition of modifier FQ-audio only service.

However, due to current systems processing restraints, MDHHS will continue to require POS 02 for all services provided via telemedicine. Per bulletin MSA 20-09, all telemedicine services, as allowable on the telemedicine database and submitted on the professional invoice, must be reported with POS 02-Telehealth and the GT-interactive telecommunication modifier. To distinguish patient's home from other location, MDHHS is requesting that providers, as able, include the comment "patient's home" in the remarks section.

MDHHS will require modifier FQ to be appended in addition to modifier GT. When a provider submits modifier FQ for an audio only service, the provider does not need to include a note in the remarks section stating that the service was provided via telephone (per bulletin MSA 20-13). Please note, modifier GT must be included for the claim to be processed correctly. For FQHCs/RHCs/THCs and Tribal FQHCs, please use modifier GT and modifier FQ as indicated above.

Further updates to telemedicine reporting will be provided in future bulletins.

F. PA FOR EXISTING CODE

Effective for dates of service on and after January 1, 2022, the following HCPCS codes will **no longer** require PA:

E0241 E0243 E0244 E0245

Effective for dates of service on and after September 1, 2021, the following HCPCS codes **will** require PA for beneficiaries under 18 years of age:

61850 61860 61863 61864 61867 61868 61880
61885 61886 61888

G. OUTPATIENT HOSPITAL USE OF HCPCS MODIFIER CO/CQ

In accordance with CMS reporting and reimbursement requirements, Michigan Medicaid OPPS will implement the use of the modifier CO and CQ on outpatient hospital facility claims effective for dates of service on and after January 1, 2022. Outpatient hospitals should report the CO/CQ modifiers when a therapy service is furnished in whole or in part by a physical therapy assistant (PTA) or occupational therapy assistant (OTA). In cases where both a physical or occupational therapist and a physical or occupational therapist assistant provide a portion of the same untimed service or 15-minute timed unit of service, Medicaid will utilize Medicare's *de minimis* standard in determining if the service/unit is considered to be furnished in whole or in part by a PTA or OTA.

Outpatient Hospitals should report the CO/CQ payment modifiers on claims for therapy services when applicable alongside the required GP and GO therapy plan of care modifiers. Hospital claim lines billed with the CO or CQ modifier will result in a reduced payment of 85% of the MDHHS OPPS rate.

Reimbursement methodologies and billing requirements for all other types of therapy providers, including private practice and nursing facility therapists, remain unchanged. PTA/OTA performed therapy services in these settings should continue to be reported under the supervising therapist and do not require the use of a CO/CQ modifier on the claim.

H. VACCINE COUNSELING SERVICES

As a reminder, stand-alone vaccine counseling visits are covered for all children under 21 years of age under the early and periodic screening, diagnosis, and treatment (EPSDT) services benefit, and for adults under the preventive services benefit. Vaccine counseling visits are covered for all Medicaid beneficiaries when counseled regarding the importance of vaccines but the vaccine is not administered. Providers may submit claims for reimbursement by identifying the service with the appropriate CPT code such as 99401, 99402, 99403, or 99404 in compliance with coding guidelines. Qualifying services may be delivered via telemedicine as identified on the telemedicine fee schedule located on the MDHHS website.

I. DISCONTINUED HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES

The following HCPCS codes are discontinued effective December 31, 2021:

01935	01936	21310	33470	33722	43850	43855	59135
63194	63195	63196	63198	63199	69715	69718	72275
76101	76102	80500	80502	92559	92560	92561	92564
93530	93531	93532	93533	93561	93562	95943	0191T
0208U	0290U	0355T	0356T	0376T	0423T	0451T	0452T
0453T	0454T	0455T	0456T	0457T	0458T	0459T	0460T

0461T	0462T	0463T	0466T	0467T	0468T	0548T	0549T
0550T	0551T	A4397	C9081	C9082	C9083	C9752	C9753
D4320	D4321	D8050	D8060	D8690	G0424	G2064	G2065
G8422	G8925	G8926	G8938	G9267	G9268	G9269	G9270
G9348	G9349	G9350	G9399	G9400	G9401	G9448	G9449
G9450	G9561	G9562	G9563	G9577	G9578	G9579	G9583
G9584	G9585	G9634	G9635	G9636	G9639	G9640	G9641
G9647	G9666	G9783	J2505	M1022	M1025	M1026	M1031

The following HCPCS codes are discontinued effective September 30, 2021:

C9065	C9075	C9076	C9077	C9078	C9079	C9080	J0693
J7303	J9315	Q4228	Q4236	0139U	0168U		

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

Kate Massey, Director
Health and Aging Services Administration