

Bulletin Number: MMP 24-05

Distribution: All Providers

Issued: February 5, 2024

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 JANUARY 1, 2024

Listed below are HCPCS codes being adopted by MDHHS for dates of service on and after January 1, 2024, 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 2024 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

22836	22837	22838	27278	31242	31243	33276*
33277	33278	33279	33280	33281	33287	33288
52284	58580	61889	61891	61892	67516	75580
76984	76987	76988	76989	92972	93150	93151
93152	93153	93584	93585	93586	93587	93588
97550	97551	99459	G0136	J0184	J0217	J0391
J0402	J0576	J0688	J0873	J1304*	J1412*	J1413*
J1596	J1939	J2404	J2508	J2679	J2799	J3401*
J3425	J9052	J9072	J9172	J9255	J9258	J9286
J9321	J9324	J9333	J9334	Q5132		

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 2024 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 2024 version of the ASC Code List on the MDHHS website: www.michigan.gov/medicaidproviders >> Billing and Reimbursement >> Provider Specific Information >> Ambulatory Surgical Centers.

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

97550	97551	99459	G0136	J0402	J0576	J1939
J2679	J2799	J3245				

5. Local Health Department

99459	G0136	J3425
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6. Child and Adolescent Health Centers & Programs

99459	G0136
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7. Certified Nurse Midwives

99459	G0136
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8. Family Planning Clinics

99459	G0136
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9. Medical Suppliers, Orthotists, and Prosthetists

A4287	A6552	A6554	E0678*	E0679*	E0680*	E0681*
E0682*	L5926*					

10. Laboratory Services

81457*	81458*	81459*	81462*	81463*	81464*	81517
82166	86041	86042	86043	86366	87523	

11. School Services Program

G0136

12. Audiologist

92622 92623

13. Ther Occupational Therapists, Physical Therapists and Speech Language Pathologists

97550 97551

14. CORF/CARF/Rehab Agency

97550 97551

15. Urgent Care Centers

99459 G0136

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

G0136

17. State Psychiatric Hospital

G0136

18. Independent Diagnostic Testing Facility (IDTF)

75580	93584	93585	93586	93587	93588
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B. NEW COVERAGE OF EXISTING CODES

Effective for dates of service on and after January 1, 2024, existing HCPCS codes will be activated for coverage as identified in the following provider categories:

1. Physicians, Practitioners, and Medical Clinics

22860

2. Laboratory Services

0242U* 81430* 81431*

C. PA FOR EXISTING CODE

Effective for dates of service on and after January 1, 2024, the following HCPCS code will **no longer** require PA:

E0240 E2611

D. DISCONTINUED HCPCS PROCEDURE CODES FOR ALL APPLICABLE PROVIDER TYPES

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

91300	91301	91303	91305	91306	91307	91308	91309
91311	91312	91313	91314	91315	91316	91317	0001A
0002A	0003A	0004A	0011A	0012A	0013A	0031A	0034A
0041A	0042A	0044A	0051A	0052A	0053A	0054A	0064A
0071A	0072A	0073A	0074A	0081A	0082A	0083A	0091A
0092A	0093A	0094A	0111A	0112A	0113A	0121A	0124A
0134A	0141A	0142A	0144A	0151A	0154A	0164A	0171A
0172A	0173A	0174A					

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

74710	0014M	0404T	0424T	0425T	0426T	0427T	0428T
0429T	0430T	0431T	0432T	0433T	0434T	0435T	0436T
0465T	0499T	0501T	0502T	0503T	0504T	0508T	0533T
0534T	0535T	0536T	0641T	0642T	0715T	0768T	0769T
0775T	0809T	C9152	C9153	C9154	C9155	C9156	C9157
C9158	C9770	C9771	C9788	C9803	G0056	G2066	G2108
G2109	G2110	G8506	G8818	G8825	G8852	G8883	G8884
G8885	G8941	G8963	G8964	G9192	G9229	G9451	G9453
G9454	G9596	G9612	G9613	G9614	G9697	G9715	G9725
G9852	G9853	G9854	G9927	G9995	J9160	K1001	K1002

K1003	K1005	K1006	K1009	K1013	K1014	K1015	K1016
K1017	K1018	K1019	K1020	K1021	K1022	K1023	K1024
K1025	K1026	K1028	K1029	K1031	K1032	K1033	M1156
M1157	M1158	S0171					

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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