Medicaid Provider Manual CPT Code Removal

Lori Pontius

Kevin Bauer

What?

- Current procedural terminology (CPT) codes to be removed from the Medicaid Provider Manual
  - All CPT codes listed in the manual will be removed
  - Information key will be added to the website stating which providers can bill with which CPT codes
  - Codes will be replaced temporarily reference covering:
    - Where to find a listing of allowable codes
    - Where to find explanations of the allowable codes

When?

- Bulletin release:
  - September 1, 2017

- Effective date:
  - October 1, 2017

Why?

- Timing
  - New codes come out in November to take effect in January
  - Provider manual updates must be added in October for the January update

- Updates
  - Policy manual requires promulgation to update
  - Database can be updated quickly

Where?

- Level I (CPT) and Level II (HCPCS) Books
  - Full description

- SBS Database
  - Short description and modifiers

- Medicaid Rate and Reference Tool
  - Specific details including descriptions, modifiers, age range etc.

- Level I (CPT) and Level II (HCPCS) Books

  - CPT
    - Codes are numeric
    - Services and procedures performed on patients (students)
    - Use the index (in back) to look up the main term
    - Look up the procedure code in the tabular listing
    - Semicolon
      - Code with indention will include prior code description up to the semicolon
    - Pay close attention to symbols, notes, excludes, etc.

- Level I (CPT) and Level II (HCPCS) Books (cont.)

  – CPT Example

▶ **Pure tone audiometry using air and bone**

  ◦ **Audiometry**
    • Pure Tone....................92552–92553
      • Automated.................. 0208T–0209T

▶ 92552   Pure tone audiometry (threshold); air only
▶ 92553   air and bone

- Level I (CPT) and Level II (HCPCS) Books (cont.)

  – HCPCS
    - Codes are alphanumeric
    - Non-physician services, items and supplies.
    - Use the index (in front) to look up the main term
    - Look up the procedure code in the tabular listing
    - Full description per code
    - Pay close attention to symbols, notes, excludes, etc.

- Level I (CPT) and Level II (HCPCS) Books (cont.)

  – HCPCS Example

  ▸ **Miscellaneous Vision Service**

    ◦ **Vision service, V2020–V2799**
      · *miscellaneous, V2700–V2799*

  ▸ V2700– Other vision services
    V2797
  ▸ V2799   Vision item or service,
             miscellaneous

- Level I (CPT) and Level II (HCPCS) Books (cont.)

  – Medicaid Manual
    · **92555** - Speech audiometry threshold
    · **92556** - Speech audiometry threshold; with speech recognition
  – CPT Book
    · **92555**   Speech audiometry threshold;
    · **92556**   with speech recognition
  – Medicaid Manual and HCPCS Book
    · **T1002** – RN services, up to 15 minutes
    · **T1003** – LPN/LVN services, up to 15 minutes

- SBS Database (cont.)

PROVIDER SPECIFIC INFORMATION

Choose a provider category below for procedure codes, fee screens, and other billing and reimbursement information for services covered by the following programs: Medicaid, Healthy Michigan Plan, Children's Special Health Care Services (CSHCS), MIChild, Maternity Outpatient Medical Services (MOMS), and other health care programs administered by MDHHS.

The information on this page serves as a reference only. It does not guarantee that services are covered. Providers are instructed to refer to the Michigan Medicaid Provider Manual, MSA bulletins and other relevant policy for specific coverage and reimbursement policies. This information can be found on the Medicaid Policy & Forms page. If there are discrepancies between the information on this page and the Provider Manual, such as rate or coverage determinations, they will be resolved in favor of the Provider Manual language.

Databases are updated on an annual basis or more frequently if changes are applicable (e.g. quarterly updates). A three-year history is maintained on this site. To obtain older fee screens, submit an e-mail to: msapolicy@michigan.gov.

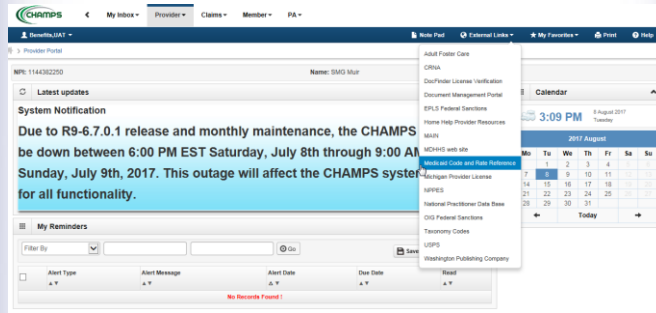|		
Ambulance	Hospice	Pharmacy
Ambulatory Surgical Centers	Laboratory	Physicians / Practitioners / Medical Clinics
Children's Special Health Care Services	Local Health Department	Private Duty Nurses
Chiropractors	Inpatient Hospitals	Rural Health Centers
Clinic Institutional Billing	Outpatient Hospitals	School Based Services

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- SBS Database (cont.)
  - Procedure codes
  - Short descriptions
    - Not as clear or definitive
  - Rates
  - Displays which modifiers are appropriate to report with which codes

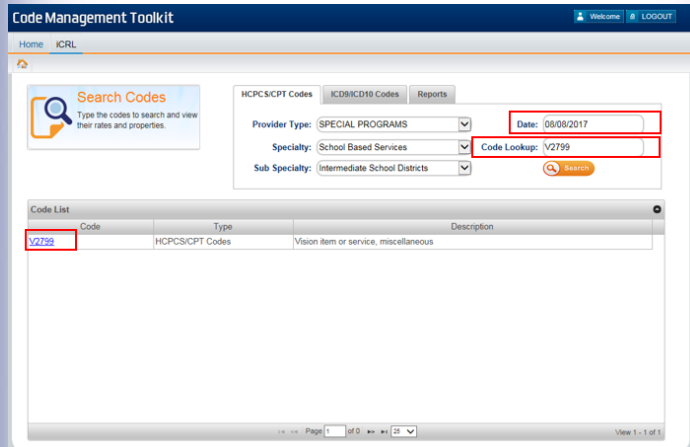|	**Michigan Department of Health and Human Services**			
	School Based Services Fee Schedule			
	January 2017			
Revised: 01/26/2017				
Code	**Short Description**	**Modifier**	**Rate**	**Effective Date****
96127	Brief Emotional/Behav Assmt		$0.00	
96127	Brief Emotional/Behav Assmt	HT	$0.00	
96127	Brief Emotional/Behav Assmt	TM	$0.00	
97110	Therapeutic Exercises		$0.00	
97112	Neuromuscular Reeducation		$0.00	
97116	Gait Training Therapy		$0.00	
97150	Group Therapeutic Procedures		$0.00	
97161	Pt Eval Low Complex 20 Min		$0.00	
97161	Pt Eval Low Complex 20 Min	HT	$0.00	
97161	Pt Eval Low Complex 20 Min	TL	$0.00	
97161	Pt Eval Low Complex 20 Min	TM	$0.00	

- SBS Database (cont.)

  - Program Modifiers
    - GN=Speech Language Services
    - GO=Occupational services
    - GP=Physical Therapy Services
    - HT=Multi-disciplinary Team
    - SZ=Habilitative Services
    - TM=Individualized Education Program
    - TL=Early Intervention IFSP

- Medicaid Rate and Reference Tool

  - Online code inquiry system
  - Provides real-time information
  - Displays additional pertinent coverage parameters
  - External link within CHAMPS

- Medicaid Rate and Reference Tool (cont.)

- Medicaid Rate and Reference Tool (cont.)

- Medicaid Rate and Reference Tool (cont.)

- Medicaid Rate and Reference Tool (cont.)

  – Code details
  – Widgets
    - Indicators
    - Rates
    - Associated Diagnosis
    - NDC Details
    - Age Ranges
    - Provider Matrix
    - Limit Groups
    - Additional Code Detail

Slide 1

- Medicaid Rate and
  Reference Tool (cont.)

Indicators				⊟ 🔍
Claim Type	Indicator Name	Indicator Value	Age Range	Exempt
	Prior Authorization	Y–Yes	All Ages	
	Medicaid Covered	Y–Yes		
School Based Services	Prior Authorization	Y–Yes	All Ages	Y

- – Magnifying Glass
  - VIEW/MORE DETAILS

Indicators							○
Claim Type	Spl./Sub Spl	Modifier	Indicator Name	Indicator Value	Age Range	Exempt
			Prior Authorization	Y–Yes	All Ages	
			Medicaid Covered	Y–Yes		
School Based Services			Prior Authorization	Y–Yes	All Ages	Y

Slide 2

- Medicaid Rate and
  Reference Tool (cont.)
  - – Indicator Definitions
    - Medicaid Covered - The procedure code/service is recognized by the program; however, additional coverage restrictions (e.g., provider type or benefit plan) may apply. See the Medicaid Provider Manual for additional policy details.
    - Modifier Required - The identified modifier must be reported on the claim.
    - Prior Authorization – The procedure/service requires a prior authorization.

Questions?