HCPCS Special Bulletin

2016 Healthcare Common Procedure Coding System (HCPCS) Special Bulletin

JANUARY 2016 NO. 9

2016 HCPCS Implementation

On January 1, 2016, the Texas Medicaid & Healthcare Partnership (TMHP) applied the 2016 annual Healthcare Common Procedure Coding System (HCPCS) updates that are effective for dates of service on or after January 1, 2016.

This combined Special Bulletin includes the HCPCS updates for Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program. This bulletin is intended to notify providers of program and coding changes related to the 2016 updates for HCPCS and Current Procedural Terminology (CPT®).

Policy updates for a specific program or provider type are discussed in designated sections of the bulletin.

Rate Hearings and Expenditure Review

New and increased benefits that are adopted by Texas Medicaid must complete the rate hearing process in order to receive comments on new and increased Texas Medicaid reimbursement rates. The CSHCN Services Program reviews the adopted Texas Medicaid rates to determine whether the rates are fiscally feasible for the CSHCN Services Program.

All new, revised, and discontinued 2016 HCPCS procedure codes are effective for dates of service on or after January 1, 2016. The new procedure codes that are designated with asterisks (*) in the "Medicaid Allowable" and the "CSHCN Allowable" columns of the table located on page 19 of this bulletin must complete the rate hearing process, and expenditures must be approved before the rates are adopted by Texas Medicaid and the CSHCN Services Program. Providers will be notified in a future banner message or web article if a new procedure code will not be reimbursed because the expenditures were not approved.

Providers may refer to the following resources for more information about the public rate hearings:

- www.hhsc.state.tx.us/news/meetings.asp
- www.sos.state.tx.us/texreg/index.shtml

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Claims Filing

The new 2016 HCPCS procedure codes may be billed beginning January 1, 2016, and must be submitted within the initial 95-day filing deadline. Services provided before the rate hearing is completed and expenditures are approved will be denied with an explanation of benefits (EOB) 02008, "This procedure code has been approved as a benefit pending the approval of expenditures. Providers will be notified of the effective dates of service in a future notification if expenditures are approved."

Note: *In the rare instance that expenditures are not approved for a particular procedure code, that procedure code will not be made a benefit effective January 1, 2016.*

Once expenditures are approved, TMHP will automatically reprocess the affected claims. Providers are not required to appeal the claims unless they are denied for other reasons after the claims reprocessing is complete. When the affected claims are reprocessed, providers may receive additional payment, which will be reflected on Remittance and Status (R&S) Reports.

If the effective date of service changes for one or more of the new procedure codes, providers will be notified in a future article. The client cannot be billed for these services.

Important: *To avoid fraudulent billing, providers must submit the procedure codes that are most appropriate for the services provided.* ■

Special Process for Prior Authorizations with Specific Discontinued Procedure Codes

Effective January 1, 2016, the 2016 HCPCS deleted procedure codes are no longer reimbursed by Texas Medicaid. Except for the procedure codes listed below, providers who have received prior authorization for dates of service that occur on, after, or encompass January 1, 2016, must submit a written request on the appropriate, completed Texas Medicaid prior authorization request form in order to update the HCPCS procedure codes authorized for those services.

Procedure codes that do not require an updated Prior Authorization form

The following procedure codes that previously required prior authorization have been discontinued. Acceptable procedure codes are noted below.

Category	Discontinued 2015 Procedure Code(s)	2016 Procedure Code(s)
Dental	D9220, D9221	D9223
Skilled Nursing	G0154	G0299, G0300
Respiratory Equipment and Supplies (Ventilators)	E0450, E0460, E0461, E0463, E0464	E0465, E0466

Prior authorization requests that contain the previously-approved discontinued procedure code will not need to be updated, and will continue to be honored for dates of service on or after January 1, 2016, through the approved prior authorization period. All claims submitted that are associated with these prior authorizations must contain a valid procedure code. When the prior authorization expires, providers must include a valid procedure code on any new prior authorization or extension requests.

Important: *Providers may refer to the section in this bulletin titled "Prior Authorization Changes" for information about prior authorizations impacted by deleted HCPCS codes.*

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Code Updates Web Page

Providers are encouraged to refer to the TMHP Code Updates – HCPCS web page at www.tmhp.com/Pages/CodeUpdates/HCPCS 2016.aspx for reimbursement rates, quarterly HCPCS updates, and all other notifications about HCPCS procedure codes. ■

MEDICAID FEE-FOR-SERVICE AND MANAGED CARE PROVIDERS

Texas Medicaid HCPCS Updates

The 2016 Healthcare Common Procedure Coding System (HCPCS) updates including prior authorization updates for Texas Medicaid are included in the HCPCS tables in the "All Code Changes" section of this bulletin beginning on page 19. The 2016 HCPCS deletions and replacements are effective January 1, 2016, for dates of service on or after January 1, 2016, for Texas Medicaid. Providers may refer to the "General Information" section for more information.

Texas Medicaid Benefit Changes

The following Texas Medicaid benefit changes have been made to support the 2016 HCPCS and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2016. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at 1-800-925-9126.

Note: *These changes apply to Texas Medicaid fee-for-service and Medicaid managed care claims and authorization requests that are submitted to TMHP for processing.*

The policy articles in this bulletin contain the following information:

- ***Revised:*** The description has been revised for these procedure codes. Providers may refer to the appropriate copyright holder for the revised descriptions.
- ***Discontinued:*** Discontinued procedure codes are no longer reimbursed after December 31, 2015.
- ***Added:*** Added procedure codes are new procedure codes added by the Centers for Medicare & Medicaid Services (CMS). Procedure codes noted with an asterisk (*) require a rate hearing for pricing.
- ***Limitations:*** Additional benefit and limitation information for the added procedure codes.
- ***Replacement:*** Replacement procedure codes directly replace the indicated discontinued procedure code. The discontinued procedure codes are no longer reimbursed after December 31, 2015, and the replacement procedure codes are effective for dates of service on or after January 1, 2016. Not all discontinued procedure codes have direct replacements.

Blood Factor Products

Added Procedure Codes	
J7188	J7205
Discontinued Procedure Code	
Q9975	

Limitations for added procedure codes: Procedure codes J7188 and J7205 may be reimbursed as follows:

- To physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS), and physician providers for services rendered in the office setting.

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- To hospital providers for services rendered in the outpatient hospital setting.

Providers may refer to the *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians and Physician Assistants Handbook* subsection 9.2.39.8, "Blood Factor Products," for additional information.

Brachytherapy

Added Procedure Codes						
10035	10036	77767	77768	77770	77771	77772
Discontinued Procedure Codes						
77776	77777	77785	77786	77787		

Limitations for added procedure codes: Procedure codes 10035 and 10036 may be reimbursed to physician providers for services rendered in the office, inpatient, and outpatient hospital settings.

Procedure code 10036 is an add-on procedure and must be billed with the primary procedure code 10035 to be considered for reimbursement.

Procedure codes 77767, 77768, 77770, 77771, and 77772 may be reimbursed as follows:

- The total component may be reimbursed to physician and radiation treatment center providers for services rendered in the office setting. Services rendered in the outpatient hospital setting may be reimbursed to radiation treatment center and hospital providers.
- The professional component may be reimbursed to physician providers for services rendered in the office, inpatient, and outpatient hospital settings.
- The technical component may be reimbursed to radiation treatment center providers for services rendered in the office and outpatient hospital settings.

Breast Cancer Gene 1 and 2 (BRCA) Testing

Added Procedure Code
81162

Limitations for added procedure code: Procedure code 81162 requires prior authorization and may be reimbursed to independent laboratory providers in the laboratory setting.

Providers may refer to the *Texas Medicaid Provider Procedures Manual Radiology and Laboratory Services Handbook* subsection 2.2.6, "Breast Cancer Gene 1 and 2 (BRCA) Testing," for additional information.

Colony Stimulating Factors

Added Procedure Code
J1447

Limitations for added procedure code: Procedure code J1447 may be reimbursed as follows:

- To PA, NP, CNS, and physician providers for services rendered in the office setting.
- To hospital providers for services rendered in the outpatient hospital setting.

Procedure code J1447 is limited to the diagnosis codes listed in Appendix A on page 40 of this document.

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Providers may refer to the *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook* subsection 9.2.39.12, "Colony Stimulating Factors (Filgrastim, Pegfilgrastim, and Sargramostim)," for additional information.

Diagnostic Endoscopies

Added Procedure Codes				
31652	31653	31654	39401	39402
Discontinued Procedure Codes				
G6021	G6027	G6028		

Limitations for added procedure codes: Procedure codes 31652 and 31653 may be reimbursed as follows:

- To physician providers for services rendered in the office, inpatient, and outpatient hospital settings.
- To ambulatory surgical centers for services rendered in the outpatient hospital setting.

Procedure code 31654 may be reimbursed to physician providers for services rendered in the office, inpatient, and outpatient hospital settings.

Procedure codes 39401 and 39402 may be reimbursed to physician providers for services rendered in the inpatient and outpatient hospital settings.

Drug Testing and Therapeutic Drug Assays

Discontinued Procedure Codes	
G0431	G0434

Providers may refer to the *Texas Medicaid Provider Procedures Manual, Radiology and Laboratory Services Handbook* subsection 2.2.8, "Drug Testing and Therapeutic Drug Assay," for additional information.

Gynecological and Reproductive Health Services

Added Procedure Codes	
J7297	J7298
Discontinued Procedure Code	
J7302	

Limitations for added procedure codes: Procedure codes J7297 and J7298 may be reimbursed for female clients as follows:

- To PA, NP, CNS, physician, CNM, FQHC, and family planning clinic providers for services rendered in the office setting.
- To FQHC, hospital, and family planning clinic providers for services rendered in the outpatient hospital setting.

Procedure codes J7297 and J7298 are limited to the following diagnosis codes:

Diagnosis codes									
Z30011	Z30013	Z30014	Z30018	Z3002	Z3009	Z302	Z3040	Z3041	Z3042
Z30430	Z30431	Z30432	Z30433	Z3049	Z308	Z309	Z9851	Z9852	

Providers may refer to the *Texas Medicaid Provider Procedures Manual, Clinics and Other Outpatient Facility Services Handbook* subsection 4.2, "Services, Benefits, Limitations, and Prior Authorization," subsection 4.4.1, "Claims

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Information," subsection 7.2.1.4, "Family Planning Services," *Gynecological and Reproductive Health and Family Planning Services Handbook* subsection 2.2.2.1, "FQHC Reimbursement for Other Family Planning Office or Outpatient Visits," subsection 2.2.5.2.1, "Insertion of the IUD," subsection 3.3.2.1, "FQHC Reimbursement for Other Family Planning Office or Outpatient Visits," subsection 3.3.5, "Contraceptive Devices and Related Procedures," subsection 4.2.2.1, "FQHC Reimbursement for Family Planning Office or Outpatient Visits," and subsection 4.2.6.2, "IUD," for additional information.

Hematopoietic Injections

Discontinued Procedure Code
J0886

Providers may refer to the *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook* subsection 9.2.39.14, "Hematopoietic Injections," for additional information.

Home Health Skilled Nursing and Home Health Aide Services

Added Procedure Codes	
G0299	G0300
Discontinued Procedure Code	
G0154	

Limitations for added procedure codes: Procedure codes G0299 and G0300 may be reimbursed to home health agency providers for services rendered in the home setting.

Prior authorization is required for procedure codes G0299 and G0300.

Procedure codes G0299 and G0300 must be billed in 15 minute increments. A combined total of three skilled nursing or home health aide visits may be reimbursed per date of service.

Providers may refer to the *Texas Medicaid Provider Procedures Manual, Nursing and Therapy Services Handbook* subsection 3.2.3, "Home Health Skilled Nursing Services," for additional information.

Immunosuppressive Drugs

Added Procedure Code
J0202

Limitations for added procedure code: Procedure code J0202 may be reimbursed as follows:

- To PA, NP, CNS, and physician providers for services rendered in the office setting.
- To medical supplier durable medical equipment (DME) providers for services rendered in the home setting.
- To hospital providers for services rendered in the outpatient hospital setting.

Procedure code J0202 may be indicated for, but is not limited to, treatment of relapsing forms of multiple sclerosis (MS) and should be reserved for clients who have had an inadequate response to two or more drugs indicated for the treatment of MS.

Providers may refer to the *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook* subsection 9.2.39.18, "Immunosuppressive Drugs," for additional information.

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Injections – Immune Globulins

Added Procedure Code
J1575

Limitations for added procedure code: Procedure code J1575 may be reimbursed as follows:

- To PA, NP, CNS, and physician providers for services rendered in the office setting.
- To medical supplier (DME) providers for services rendered in the home setting.
- To hospital providers for services rendered in the outpatient hospital setting.

Providers may refer to the *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook* subsection 9.2.39.16, "Immune Globulin," for additional information.

Neurostimulators and Neuromuscular Stimulators

Discontinued Procedure Code
95973

Providers may refer to the *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook* subsection 9.2.44, "Neurostimulators," for additional information.

Otology and Audiometry Services

Added Procedure Codes	
92537	92538
Discontinued Procedure Code	
92543	

Limitations for added procedure codes: Procedure codes 92537 and 92538 may be reimbursed as follows:

- The total component may be reimbursed to physician providers for services rendered in the office, inpatient, and outpatient hospital settings and to portable x-ray supplier, radiological lab, and physiological lab providers in the office setting.
- The professional component may be reimbursed to physician providers for services rendered in the office, inpatient, and outpatient hospital settings.
- The technical component may be reimbursed to physician, audiology, radiation treatment center, portable x-ray supplier, radiological lab, and physiological lab providers for services rendered in the office setting and to radiation treatment center providers for services rendered in the outpatient hospital setting.

Providers may refer to the *Texas Medicaid Provider Procedures Manual, Vision and Hearing Services Handbook* subsection 2.2.3.2, "Vestibular Evaluations," for additional information.

Solid Organ Transplants

Discontinued Procedure Code
47136

Providers may refer to the *Texas Medicaid Provider Procedures Manual, Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook* subsection 9.2.49.5, "Liver Transplants," for additional information.

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Texas Health Steps (THSteps) Preventive Care Medical Checkups

Added Procedure Code
G0475

Limitations for added procedure code: Procedure code G0475 may be reimbursed as follows:

- To PA, NP, CNS, physician, CNM, and family planning clinic providers in the office setting.
- To PA, NP, CNS, and hospital providers in the outpatient hospital setting.
- To PA, NP, CNS, independent laboratory providers, and CNM providers in the laboratory setting.

Providers may refer to the *Texas Medicaid Provider Procedures Manual, Children's Services Handbook* subsection 5.3.11.6, "Laboratory Test," for additional information.

Vaccines and Toxoids

Discontinued Procedure Codes	
90703	90721

Providers may refer to the *Texas Medicaid Provider Procedures Manual, Children's Services Handbook* subsection 5.3.11.3, "Immunizations," and subsection B.3.2.2, "Immunizations (Vaccine/Toxoids)," and the *Medical and Nursing Specialists, Physicians, and Physician Assistants Handbook* subsection 9.2.35.1, "Administration Fee," subsection 9.2.36.2, "Vaccine and Toxoid Procedure Codes," and subsection 9.2.37, "Immunizations for Clients Who Are 21 Years of Age and Older," for additional information. ■

ASC/HASC Code Additions

Additions for ambulatory surgical center/hospital ambulatory surgical center (ASC/HASC) facilities are listed with appropriate group payments in the 2016 Healthcare Common Procedure Coding System (HCPCS) procedure code additions table located on page 19 and replacement procedure codes table located on page 37 of this bulletin.

For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at 1-800-925-9126. ■

HOME HEALTH AND COMPREHENSIVE CARE PROGRAM (CCP) PROVIDERS

Home Health Services Benefit Changes

The following Texas Medicaid Home Health Services benefit changes have been made to support the 2016 Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2016. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at 1-800-925-9126.

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Mobility Aids – Home Health

Added Procedure Code
E1012

Limitations for added procedure code: Procedure code E1012 requires prior authorization and may be reimbursed to home health DME, medical supplier (DME), and specialized/custom wheeled mobility providers for services rendered in the home setting.

Procedure code E1012 is limited to 1 per five years.

Providers may refer to the *Texas Medicaid Provider Procedures Manual, Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook* subsection 2.2.15, "Mobility Aids," for additional information.

Respiratory Equipment and Supplies – Home Health

Added Procedure Codes				
E0465	E0466			
Discontinued Procedure Codes				
A7011	E0450	E0460	E0463	E0464

Limitations for added procedure codes: Procedure codes E0465 and E0466 require prior authorization and may be reimbursed to home health DME and medical supplier (DME) providers for services rendered in the home setting.

Procedure codes E0465 and E0466 will be limited to one rental per month.

Providers may refer to the *Texas Medicaid Provider Procedures Manual, Durable Medical Equipment Handbook* subsection 2.2.19.13, "Procedure Codes and Limitations for Respiratory Equipment and Supplies," for additional information. ■

THSTEPS PROVIDERS

THSteps Dental Benefit Changes

The following Texas Health Steps (THSteps) dental services benefit changes have been made to support the 2016 Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2016. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at 1-800-925-9126.

Texas Health Steps (THSteps) Diagnostic Dental Services

Added Procedure Codes	
D4283	D4285
Discontinued Procedure Codes	
D0260	

Providers may refer to the *Texas Medicaid Provider Procedures Manual Children's Services Handbook* subsection 4.2.13, "Diagnostic Services," for additional information.

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Texas Health Steps (THSteps) Therapeutic Dental Services

Added Procedure Codes				
D4283	D4285	D9223	D9243	
Discontinued Procedure Codes				
D2970	D9220	D9221	D9241	D9242

Limitations for added procedure code: Procedure codes D4283 and D4285 may be reimbursed for clients who are 13 through 20 years of age to FQHC, THSteps dental, orthodontist, and oral maxillofacial surgeon providers for services rendered in the office, inpatient, and outpatient hospital settings.

Procedure codes D4283 and D4285 are limited to three teeth per site same day same provider.

Procedure code D4283 is an add-on code and must be billed along with procedure code D4273.

Pre- and postoperative photographs are required for procedure codes D4283 and D4285.

Procedure code D4285 is an add-on code and must be billed along with procedure code D4275.

Documentation will be required when medical necessity is not evident on radiographs for procedure codes D4283 and D4285.

Procedure code D9223 requires prior authorization and may be reimbursed for clients who are 1 through 20 years of age to FQHC, THSteps dental, orthodontist, and oral maxillofacial surgeon providers for services rendered in the office setting.

Procedure code D9223 may be billed in 15 minute increments and are limited to three hours per day.

Procedure code D9243 may be reimbursed to FQHC, THSteps dental, orthodontist, and oral maxillofacial surgeon providers for services rendered in the office, inpatient, and outpatient hospital settings.

Procedure code D9243 may be billed in 15 minute increments and are limited to one and one-half hours per day.

Procedure codes D9223 and D9243 will be denied when billed for the same date of service as procedure code D9248.

Providers may refer to the *Texas Medicaid Provider Procedures Manual Children's Services Handbook* subsection 4.2.16, "Restorative Services," subsection 4.2.18, "Periodontal Services," and subsection 4.2.23, "Adjunctive General Services," for additional information. ■

DSHS EPHC PROVIDERS

DSHS EPHC Services Benefit Changes

The 2016 HCPCS updates include added procedure codes for the Department of State Health Services (DSHS) Expanded Primary Health Care (EPHC) program. Updates for the EPHC program are included in the HCPCS tables in the "All Code Changes" section of this bulletin beginning on page 19. ■

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DSHS FAMILY PLANNING PROVIDERS

DSHS Family Planning Services Benefit Changes

The 2016 HCPCS updates include added procedure codes for the Department of State Health Services (DSHS) Family Planning (FP) program. Updates for the FP program are included in the HCPCS tables in the "All Code Changes" section of this bulletin beginning on page 19.

TEXAS WOMEN'S HEALTH PROGRAM (TWHP) PROVIDERS

TWHP Providers Benefit Changes

The following Texas Women's Health Program (TWHP) benefit changes have been made to support the 2016 Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2016. For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at 1-800-925-9126.

Texas Women's Health Program (TWHP)

Added Procedure Codes	
J7297	J7298
Discontinued Procedure Codes	
J7302	

Limitations for added procedure code: Procedure codes J7297 and J7298 may be reimbursed for female clients as follows:

- To PA, NP, CNS, physician, CNM, FQHC, and family planning clinic providers for services rendered in the office setting.
- To FQHC, family planning clinic, and hospital providers in the outpatient hospital setting.

Procedure codes J7297 and J7298 are limited to the following diagnosis codes:

Diagnosis Codes									
Z30011	Z30018	Z3002	Z3009	Z302	Z3040	Z3041	Z3042	Z30430	Z30431
Z30432	Z30433	Z3049	Z308	Z309	Z9851				

Providers may refer to the *Texas Medicaid Provider Procedures Manual, Clinics and Other Outpatient Facility Services Handbook* subsection 4.2, "Services, Benefits, Limitations, and Prior Authorizations," subsection 4.4.1, "Claims Information," subsection 7.2.1.4, "Family Planning Services," *Gynecological and Reproductive Health and Family Planning Services Handbook* subsection 2.2.2.1, "FQHC Reimbursement for Other Family Planning Office or Outpatient Visits," subsection 2.2.5.2, "Intrauterine Device," subsection 3.3.2.1, "FQHC Reimbursement for Other Family Planning Office or Outpatient Visits," subsection 3.3.5, "Contraceptive Devices and Related Procedures," subsection 4.2.2.1, "FQHC Reimbursement for Family Planning Office or Outpatient Visits," and subsection 4.2.6.2, "IUD" for additional information.

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CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) SERVICES PROGRAM PROVIDERS

CSHCN Services Program Updates

The 2016 HCPCS updates including authorization and prior authorization updates for the CSHCN Services Program are included in the Healthcare Common Procedure Coding System (HCPCS) tables in the "All Code Changes" section of this bulletin beginning on page 19. The 2016 HCPCS deletions and replacements are effective January 1, 2016, for dates of service on or after January 1, 2016, for the CSHCN Services Program. Providers may refer to the "General Information" section for more information.

Authorization and Prior Authorization Update Reminder

Effective January 1, 2016, the 2016 HCPCS deleted procedure codes are no longer reimbursed by the CSHCN Services Program. Unless otherwise indicated on page 39 of this bulletin, providers who have received authorizations or prior authorizations for dates of service that occur on, after, or encompass January 1, 2016, must submit a written request on the appropriate, completed CSHCN Services Program authorization or prior authorization request form in order to update the HCPCS procedure codes authorized for those services.

Providers may refer to the section of this bulletin titled, "Prior Authorization Changes," for information about obtaining authorization or prior authorization.

For more information, call the Texas Medicaid & Healthcare Partnership (TMHP)-CSHCN Services Program Contact Center 1-800-568-2413. ■

CSHCN Services Program Benefit Changes

The following CSHCN Services Program benefit changes have been made to support the 2016 HCPCS and Current Procedural Terminology (CPT) updates and are effective for dates of service on or after January 1, 2016. For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-925-9126.

The policy articles below contain the following information:

- ***Revised:*** The description has been revised for these procedure codes. Providers may refer to the appropriate copyright holder for the revised descriptions.
- ***Discontinued:*** Discontinued procedure codes are no longer reimbursed after December 31, 2015.
- ***Added:*** Added procedure codes are new procedure codes added by the Centers for Medicare & Medicaid Services (CMS). Procedure codes noted with an asterisk (*) require a rate hearing for pricing.
- ***Limitations:*** Additional benefit and limitation information for the added procedure codes.
- ***Replacement:*** Replacement procedure codes directly replace the indicated discontinued procedure code. The discontinued procedure codes are no longer reimbursed after December 31, 2015, and the replacement procedure codes are effective for dates of service on or after January 1, 2016. Not all discontinued procedure codes have direct replacements.

Note: *For the purposes of this section for CSHCN Services Program benefit changes, "advanced practice registered nurse (APRN)" includes nurse practitioner (NP) and clinical nurse specialist (CNS) providers only.*

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Blood Factor Products

Added Procedure Codes	
J7188	J7205
Discontinued Procedure Code	
Q9975	

Limitations for added procedure code: Procedure code J7188 may be reimbursed as follows:

- To physician providers for services rendered in the office setting.
- To medical supplier (DME) and hemophilia factor providers for services rendered in the home setting.
- To hospital providers for services rendered in the outpatient hospital setting.

Procedure code J7188 is limited to the following diagnosis codes:

Diagnosis Codes						
D66	D67	D681	D682	D68311	D688	D689

Procedure code J7205 may be reimbursed as follows:

- To PA, advanced practice registered nurse (APRN), and physician providers for services rendered in the office setting.
- To medical supplier (DME) and hemophilia factor providers for services rendered in the home setting.
- To hospital providers for services rendered in the outpatient hospital setting.

Procedure code J7205 is limited to the following diagnosis codes:

Diagnosis Codes			
D66	D682	D688	D689

Providers may refer to the *CSHCN Services Program Provider Manual* subsection 24.4.1.1, "Blood Factor Products," for additional information.

Dental – Diagnostic Services

Added Procedure Codes	
D4283	D4285
Discontinued Procedure Codes	
D0260	

Providers may refer to the *CSHCN Services Program Provider Manual* subsection 14.2.5.5, "Periodontics," for additional information.

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Dental – Therapeutic Services

Added Procedure Codes				
D4283	D4285	D9223	D9243	
Discontinued Procedure Codes				
D2970	D9220	D9221	D9241	D9242

Limitations for added procedure codes: Procedure codes D4283 and D4285 may be reimbursed to dentists, orthodontists, and oral maxillofacial surgeon providers for services rendered in the office, inpatient, and outpatient hospital settings.

D9223 may be reimbursed to dentists, orthodontists, and oral maxillofacial surgeon providers for services rendered in the office setting.

Procedure code D9243 may be reimbursed to dentists, orthodontists, and oral maxillofacial surgeon providers for services rendered in the office and inpatient hospital settings; and may be reimbursed to dentists and orthodontist providers for services rendered in the outpatient hospital setting.

Procedure codes D4283 and D4285 may be reimbursed to clients who are 13 years of age and older and are limited to three teeth per site same day same provider.

Pre- and post-operative photographs are required for procedure codes D4283 and D4285.

Documentation will be required when medical necessity is not evident on radiographs for procedure codes D4283 and D4285.

Procedure code D4283 is an add-on code and must be billed with the primary procedure code D4273 to be considered for reimbursement.

Procedure code D4285 is an add-on code and must be billed with the primary procedure code D4275 to be considered for reimbursement.

Procedure code D9223 requires prior authorization and is limited to three hours per day.

Procedure codes D9223 and D9243 will be denied when billed for the same date of service as procedure code D9248.

Procedure code D9920 will be denied when billed on the same day as procedure codes D9223 and D9243.

Providers may refer to the *CSHCN Services Program Provider Manual* subsections 14.2.5.5, "Periodontics," and 14.2.5.8, Adjunctive General Services for additional information.

Durable Medical Equipment (DME)

Added Procedure Code
E1012
Discontinued Procedure Code
E0460

Limitations for added procedure code: Procedure code E1012 requires prior authorization and may be reimbursed as a purchase to home health DME, medical supplier (DME), and custom DME providers for services rendered in the home setting.

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Purchase is limited to one per five years for procedure code E1012.

Providers may refer to the *CSHCN Services Program Provider Manual* subsection 17.3, "Benefits, Limitations, and Authorization Requirements," for additional information.

Genetic Testing for Hereditary Breast and Ovarian Cancers

Added Procedure Code
81162

Limitations for added procedure code: Procedure code 81162 requires prior authorization and may be reimbursed for clients who are 18 years of age and older to independent laboratory providers for services rendered in the laboratory setting.

Providers may refer to the *CSHCN Services Program Provider Manual* subsection 25.2.5.3, "Genetic Testing for Hereditary Breast and Ovarian Cancers," for additional information.

Hearing Services

Added Procedure Codes	
92537	92538
Discontinued Procedure Code	
92543	

Limitations for added procedure code: Procedure codes 92537 and 92538 may be reimbursed as follows:

- The total component may be reimbursed to physician providers for services rendered in the office and outpatient hospital settings.
- The professional component may be reimbursed to physician providers for services rendered in the office, inpatient, and outpatient hospital settings.
- The technical component may be reimbursed to physician, audiologist, radiation treatment center, portable x-ray supplier, radiological lab, and physiological lab providers for services rendered in the office setting and to radiation treatment center providers for services rendered in the outpatient hospital setting.

Providers may refer to the *CSHCN Services Program Provider Manual* subsection 20.2.3.3, "Vestibular Evaluations," for additional information.

Home Health Services

Added Procedure Codes	
G0299	G0300
Discontinued Procedure Code	
G0154	

Limitations for added procedure code: Procedure codes G0299 and G0300 require prior authorization and may be reimbursed to home health agency providers for services rendered in the home setting.

Providers must bill procedure codes G0299 and G0300 for conditions which are expected to resolve in 60 calendar days or less. All claims for reimbursement of procedure codes G0299 and G0300 are based on the actual amount

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of billable time associated with the service. For those services in which the unit of service is 15 minutes (1 unit = 15 minutes), partial units should be rounded up or down to the nearest quarter hour. Procedure codes G0299 and G0300 will be limited to 30 units per day, for any procedure, any provider.

Procedure codes G0299 and G0300 will be denied if billed by any provider on the same date of service as procedure code S9123 or S9124.

Providers may refer to the *CSHCN Services Program Provider Manual* Chapter 21, "Home Health Services," for additional information.

Immune Globulins

Added Procedure Code
J1575

Limitations for added procedure code: Procedure code J1575 may be reimbursed as follows:

- To PA, APRN, and physician providers for services rendered in the office setting.
- To medical supplier (DME) providers for services rendered in the home setting.
- To hospital providers for services rendered in the outpatient hospital setting.

Providers may refer to the *CSHCN Services Program Provider Manual* subsection 31.2.25.12, "Immune Globulins," for additional information.

Neurostimulators and Neuromuscular Stimulators

Discontinued Procedure Code
95973

Providers may refer to the *CSHCN Services Program Provider Manual* Section 27, "Neurostimulators and Neuromuscular Stimulators," for additional information.

Radiation Therapy Services

Added Procedure Codes						
10035	10036	77767	77768	77770	77771	77772
Discontinued Procedure Codes						
77776	77777	77785	77786	77787		

Limitations for added procedure codes: Procedure codes 10035 and 10036 may be reimbursed for the surgical component to physician providers in the office, inpatient hospital, and outpatient hospital settings.

Procedure code 10036 is an add-on procedure code, and must be billed with the primary procedure code 10035 to be considered for payment.

Procedure codes 77767, 77768, 77770, 77771, and 77772 may be reimbursed as follows:

- The total component may be reimbursed to physician and radiation treatment center providers for services rendered in the office setting and to radiation treatment center and hospital providers for services rendered in the outpatient hospital setting.

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- The professional component may be reimbursed to physician providers for services rendered in the office, inpatient hospital, and outpatient hospital settings.
- The technical component may be reimbursed to physician and radiation treatment center providers for services rendered in the office setting and to radiation treatment center providers for services rendered in the outpatient hospital setting.

Providers may refer to the *CSHCN Services Program Provider Manual* subsection 33, "Radiation Therapy Services," for additional information.

Radiology – X-Ray and Ultrasound

Added Procedure Code
Q9950

Limitations for added procedure code: Procedure code Q9950 may be reimbursed as follows:

- To PA, APRN, and physician providers for services rendered in the office setting.
- To hospital providers for services rendered in the outpatient hospital setting.

Procedure code Q9950 is an add-on procedure and must be billed with the primary procedure code 93306 to be considered for reimbursement.

Providers may refer to the *CSHCN Services Program Provider Manual* subsection 16.2.10.1, "Diagnostic Imaging," for additional information.

Respiratory Equipment and Supplies

Added Procedure Codes				
E0465	E0466			
Discontinued Procedure Codes				
A7011	E0450	E0460	E0463	E0464

Limitations for added procedure code: The rental component for procedure codes E0465 and E0466 may be reimbursed to home health DME, medical supplier (DME), and custom DME providers for services rendered in the home setting.

Procedure codes E0465 and E0466 require prior authorization and are limited to one per month.

Providers may refer to the *CSHCN Services Program Provider Manual* subsection 35.2, "Benefits, Limitations, and Authorization Requirements," for additional information.

Vaccines/Toxoids

Discontinued Procedure Codes	
90703	90721

Providers may refer to the *CSHCN Services Program Provider Manual* subsection 31.2.24.9, "Vaccine and Toxoid Procedure Codes," for additional information. ■

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ALL CODE CHANGES: ADDED, REVISED, REPLACEMENT, AND DISCONTINUED

2016 HCPCS Procedure Code Additions

The following is a list of new Healthcare Common Procedure Coding System (HCPCS) procedure codes that do not replace existing codes:

TOS	Procedure Code	Medicaid Allowable	CSHCN Allowable	Other Allowable	Authorization Requirements	Benefit Changes
2	10035	*	*			MD, CSHCN
2	10036	*	*			MD, CSHCN
2	31652	*	*			MD
F	31652	*	*			MD
2	31653	*	*			MD
F	31653	*	*			MD
2	31654	*	*			MD
2	33477	*	*			
2	37252	*	*			
2	37253	*	*			
2	39401	*	*			MD
2	39402	*	*			MD
2	43210	*	*			
F	43210	*	*			
2	47531	*	*			
2	47532	*	*			
2	47533	*	*			
F	47533	*	*			
2	47534	*	*			
F	47534	*	*			
2	47535	*	*			

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MC in the Authorization Requirements column indicates that a Medicaid managed care prior authorization is required. None in the Authorization Requirements column indicates that authorization or prior authorization is not required.

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TOS	Procedure Code	Medicaid Allowable	CSHCN Allowable	Other Allowable	Authorization Requirements	Benefit Changes
F	47535	*	*			
2	47536	*	*			
F	47536	*	*			
2	47537	*	*			
F	47537	*	*			
2	47538	*	*			
F	47538	*	*			
2	47539	*	*			
F	47539	*	*			
2	47540	*	*			
F	47540	*	*			
2	47541	*	*			
F	47541	*	*			
2	47542	*	*			
2	47543	*	*			
2	47544	*	*			
2	49185	*	*			
2	50430	*	*			
2	50431	*	*			
2	50432	*	*			
F	50432	*	*			
2	50433	*	*			
F	50433	*	*			
2	50434	*	*			
F	50434	*	*			
2	50435	*	*			

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TOS	Procedure Code	Medicaid Allowable	CSHCN Allowable	Other Allowable	Authorization Requirements	Benefit Changes
F	50435	*	*			
2	50606	*	*			
2	50693	*	*			
F	50693	*	*			
2	50694	*	*			
F	50694	*	*			
2	50695	*	*			
F	50695	*	*			
2	50705	*	*			
2	50706	*	*			
2	54437	*	*			
8	54437	*	*			
F	54437	*	*			
2	54438	*	*			
8	54438	*	*			
2	61645	*	*			
2	61650	*	*			
2	61651	*	*			
2	64461	*	*			
F	64461	*	*			
2	64462	*	*			
2	64463	*	*			
F	64463	*	*			
2	65785	*	*			
F	65785	*	*			
2	69209	*	*	EPHC		

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TOS	Procedure Code	Medicaid Allowable	CSHCN Allowable	Other Allowable	Authorization Requirements	Benefit Changes
4	72081	*	*			
I	72081	*	*			
T	72081	*	*			
4	72082	*	*			
I	72082	*	*			
T	72082	*	*			
4	72083	*	*			
I	72083	*	*			
T	72083	*	*			
4	72084	*	*			
I	72084	*	*			
T	72084	*	*			
4	73501	*	*	EPHC		
I	73501	*	*	EPHC		
T	73501	*	*	EPHC		
4	73502	*	*	EPHC		
I	73502	*	*	EPHC		
T	73502	*	*	EPHC		
4	73503	*	*	EPHC		
I	73503	*	*	EPHC		
T	73503	*	*	EPHC		
4	73521	*	*	EPHC		
I	73521	*	*	EPHC		
T	73521	*	*	EPHC		
4	73522	*	*	EPHC		
I	73522	*	*	EPHC		

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TOS	Procedure Code	Medicaid Allowable	CSHCN Allowable	Other Allowable	Authorization Requirements	Benefit Changes
T	73522	*	*	EPHC		
4	73523	*	*	EPHC		
I	73523	*	*	EPHC		
T	73523	*	*	EPHC		
4	73551	*	*	EPHC		
I	73551	*	*	EPHC		
T	73551	*	*	EPHC		
4	73552	*	*	EPHC		
I	73552	*	*	EPHC		
T	73552	*	*	EPHC		
4	74712	NC	NC			
I	74712	NC	NC			
T	74712	NC	NC			
4	74713	NC	NC			
I	74713	NC	NC			
T	74713	NC	NC			
6	77767	*	*			MD, CSHCN
I	77767	*	*			MD, CSHCN
T	77767	*	*			MD, CSHCN
6	77768	*	*			MD, CSHCN
I	77768	*	*			MD, CSHCN
T	77768	*	*			MD, CSHCN
6	77770	*	*			MD, CSHCN
I	77770	*	*			MD, CSHCN
T	77770	*	*			MD, CSHCN
6	77771	*	*			MD, CSHCN

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TOS	Procedure Code	Medicaid Allowable	CSHCN Allowable	Other Allowable	Authorization Requirements	Benefit Changes
I	77771	*	*			MD, CSHCN
T	77771	*	*			MD, CSHCN
6	77772	*	*			MD, CSHCN
I	77772	*	*			MD, CSHCN
T	77772	*	*			MD, CSHCN
4	78265	*	*			
I	78265	*	*			
T	78265	*	*			
4	78266	*	*			
I	78266	*	*			
T	78266	*	*			
5	80081	*	NC	EPHC		
5	81162	*	*		MD, CSHCN	MD, CSHCN
5	81170	*	*			
5	81218	*	*			
5	81219	*	*			
5	81272	*	*			
5	81273	*	*			
5	81276	*	*			
5	81311	NC	NC			
5	81314	*	*			
5	81412	NC	NC			
5	81432	NC	NC			
5	81433	NC	NC			
5	81434	NC	NC			
5	81437	NC	NC			

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TOS	Procedure Code	Medicaid Allowable	CSHCN Allowable	Other Allowable	Authorization Requirements	Benefit Changes
5	81438	NC	NC			
5	81442	NC	NC			
5	81490	NC	NC			
5	81493	NC	NC			
5	81525	NC	NC			
5	81528	NC	NC			
5	81535	NC	NC			
5	81536	NC	NC			
5	81538	NC	NC			
5	81540	NC	NC			
5	81545	NC	NC			
5	81595	NC	NC			
5	88350	*	*	EPHC		
I	88350	*	*	EPHC		
T	88350	*	*	EPHC		
1	90625	NC	NC			
S	90625	NC	NC			
1	92537	*	*			MD, CSHCN
I	92537	*	*			MD, CSHCN
T	92537	*	*			MD, CSHCN
1	92538	*	*			MD, CSHCN
I	92538	*	*			MD, CSHCN
T	92538	*	*			MD, CSHCN
1	93050	NC	NC			
1	96931	NC	NC			
1	96932	NC	NC			

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TOS	Procedure Code	Medicaid Allowable	CSHCN Allowable	Other Allowable	Authorization Requirements	Benefit Changes
1	96933	NC	NC			
1	96934	NC	NC			
1	96935	NC	NC			
1	96936	NC	NC			
1	99177	NC	NC			
1	99415	NC	NC			
1	99416	NC	NC			
9	A4337	NC	NC			
J	C1822	NC	NC			
9	C2645	NC	NC			
4	C9458	NC	NC			
4	C9459	NC	NC			
1	C9460	*	*			
W	D0251	NC	NC			
W	D0422	NC	NC			
W	D0423	NC	NC			
W	D1354	NC	NC			
W	D4283	*	*			MD, CSHCN
W	D4285	*	*			MD, CSHCN
W	D5221	NC	NC			
W	D5222	NC	NC			
W	D5223	NC	NC			
W	D5224	NC	NC			
W	D7881	NC	NC			
W	D8681	NC	NC			
W	D9223	*	*		CSHCN	MD, CSHCN

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TOS	Procedure Code	Medicaid Allowable	CSHCN Allowable	Other Allowable	Authorization Requirements	Benefit Changes
W	D9243	*	*			MD, CSHCN
W	D9932	NC	NC			
W	D9933	NC	NC			
W	D9934	NC	NC			
W	D9935	NC	NC			
W	D9943	NC	NC			
L	E0465	*	*		MD, CSHCN	MD, CSHCN
L	E0466	*	*		MD, CSHCN	MD, CSHCN
J	E1012	*	*		MD, CSHCN	MD, CSHCN
1	G0296	NC	NC			
C	G0299	*	*		MD, CSHCN	MD, CSHCN
C	G0300	*	*		MD, CSHCN	MD, CSHCN
5	G0475	*	*	EPHC, FP		MD
5	G0476	NC	NC			
5	G0477	***				
5	G0478	***				
5	G0479	***				
5	G0480	***				
5	G0481	***				
5	G0482	***				
5	G0483	***				
1	G9473	*	*			
1	G9474	*	*			
1	G9475	*	*			
1	G9476	*	*			
1	G9477	*	*			

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TOS	Procedure Code	Medicaid Allowable	CSHCN Allowable	Other Allowable	Authorization Requirements	Benefit Changes
1	G9478	*	*			
1	G9479	*	*			
1	G9480	*	*			
1	G9496	*	*			
1	G9497	*	*			
1	G9498	*	*			
1	G9499	*	*			
1	G9500	*	*			
1	G9501	*	*			
1	G9502	*	*			
1	G9503	*	*			
1	G9504	*	*			
1	G9505	*	*			
1	G9506	*	*			
1	G9507	*	*			
1	G9508	*	*			
1	G9509	*	*			
1	G9510	*	*			
1	G9511	*	*			
1	G9512	*	*			
1	G9513	*	*			
1	G9514	*	*			
1	G9515	*	*			
1	G9516	*	*			
1	G9517	*	*			
1	G9518	*	*			

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TOS	Procedure Code	Medicaid Allowable	CSHCN Allowable	Other Allowable	Authorization Requirements	Benefit Changes
1	G9519	*	*			
1	G9520	*	*			
1	G9521	*	*			
1	G9522	*	*			
1	G9523	*	*			
1	G9524	*	*			
1	G9525	*	*			
1	G9526	*	*			
1	G9529	*	*			
1	G9530	*	*			
1	G9531	*	*			
1	G9532	*	*			
1	G9533	*	*			
1	G9534	*	*			
1	G9535	*	*			
1	G9536	*	*			
1	G9537	*	*			
1	G9538	*	*			
1	G9539	*	*			
1	G9540	*	*			
1	G9541	*	*			
1	G9542	*	*			
1	G9543	*	*			
1	G9544	*	*			
1	G9547	*	*			
1	G9548	*	*			

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TOS	Procedure Code	Medicaid Allowable	CSHCN Allowable	Other Allowable	Authorization Requirements	Benefit Changes
1	G9549	*	*			
1	G9550	*	*			
1	G9551	*	*			
1	G9552	*	*			
1	G9553	*	*			
1	G9554	*	*			
1	G9555	*	*			
1	G9556	*	*			
1	G9557	*	*			
1	G9558	*	*			
1	G9559	*	*			
1	G9560	*	*			
1	G9561	*	*			
1	G9562	*	*			
1	G9563	*	*			
1	G9572	*	*			
1	G9573	*	*			
1	G9574	*	*			
1	G9577	*	*			
1	G9578	*	*			
1	G9579	*	*			
1	G9580	*	*			
1	G9581	*	*			
1	G9582	*	*			
1	G9583	*	*			
1	G9584	*	*			

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TOS	Procedure Code	Medicaid Allowable	CSHCN Allowable	Other Allowable	Authorization Requirements	Benefit Changes
1	G9585	*	*			
1	G9593	*	*			
1	G9594	*	*			
1	G9595	*	*			
1	G9596	*	*			
1	G9597	*	*			
1	G9598	*	*			
1	G9599	*	*			
1	G9600	*	*			
1	G9601	*	*			
1	G9602	*	*			
1	G9603	*	*			
1	G9604	*	*			
1	G9605	*	*			
1	G9606	*	*			
1	G9607	*	*			
1	G9608	*	*			
1	G9609	*	*			
1	G9610	*	*			
1	G9611	*	*			
1	G9612	*	*			
1	G9613	*	*			
1	G9614	*	*			
1	G9615	*	*			
1	G9616	*	*			
1	G9617	*	*			

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TOS	Procedure Code	Medicaid Allowable	CSHCN Allowable	Other Allowable	Authorization Requirements	Benefit Changes
1	G9618	*	*			
1	G9619	*	*			
1	G9620	*	*			
1	G9621	*	*			
1	G9622	*	*			
1	G9623	*	*			
1	G9624	*	*			
1	G9625	*	*			
1	G9626	*	*			
1	G9627	*	*			
1	G9628	*	*			
1	G9629	*	*			
1	G9630	*	*			
1	G9631	*	*			
1	G9632	*	*			
1	G9633	*	*			
1	G9634	*	*			
1	G9635	*	*			
1	G9636	*	*			
1	G9637	*	*			
1	G9638	*	*			
1	G9639	*	*			
1	G9640	*	*			
1	G9641	*	*			
1	G9642	*	*			
1	G9643	*	*			

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TOS	Procedure Code	Medicaid Allowable	CSHCN Allowable	Other Allowable	Authorization Requirements	Benefit Changes
1	G9644	*	*			
1	G9645	*	*			
1	G9646	*	*			
1	G9647	*	*			
1	G9648	*	*			
1	G9649	*	*			
1	G9650	*	*			
1	G9651	*	*			
1	G9652	*	*			
1	G9653	*	*			
1	G9654	*	*			
1	G9655	*	*			
1	G9656	*	*			
1	G9657	*	*			
1	G9658	*	*			
1	G9659	*	*			
1	G9660	*	*			
1	G9661	*	*			
1	G9662	*	*			
1	G9663	*	*			
1	G9664	*	*			
1	G9665	*	*			
1	G9666	*	*			
1	G9667	*	*			
1	G9668	*	*			
1	G9669	*	*			

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TOS	Procedure Code	Medicaid Allowable	CSHCN Allowable	Other Allowable	Authorization Requirements	Benefit Changes
1	G9670	*	*			
1	G9671	*	*			
1	G9672	*	*			
1	G9673	*	*			
1	G9674	*	*			
1	G9675	*	*			
1	G9676	*	*			
1	G9677	*	*			
1	J0202	*	*			MD
1	J0596	*	*			
1	J0695	*	*			CSHCN
1	J0714	*	*			CSHCN
1	J0875	*	*			
1	J1443	NC	NC			
1	J1447	*	*			MD
1	J1575	*	*			MD, CSHCN
1	J1833	*	*	EPHC		
1	J2407	*	*			
1	J2502	*	*			
1	J2547	*	*			
1	J2860	*	*			
1	J3090	*	*	EPHC		
1	J3380	*	*			
1	J7121	NC	NC			
1	J7188	*	*			MD, CSHCN
1	J7205	*	*			MD, CSHCN

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TOS	Procedure Code	Medicaid Allowable	CSHCN Allowable	Other Allowable	Authorization Requirements	Benefit Changes
1	J7297	**	NC	EPHC, FP		MD
1	J7298	**	NC	EPHC, FP		MD
1	J7313	*	*			
1	J7328	*	*			
1	J7340	*	*			
1	J7503	NC	NC			
1	J7512	NC	NC			
1	J7999	NC	NC			
1	J8655	NC	NC			
1	J9032	*	*			
1	J9039	*	*			
1	J9271	*	*			
1	J9299	*	*			
1	J9308	*	*			
9	L8607	NC	NC			
0	P9070	NC	NC			
0	P9071	NC	NC			
0	P9072	NC	NC			
1	Q4161	NC	NC			
1	Q4162	NC	NC			
1	Q4163	NC	NC			
1	Q4164	NC	NC			
1	Q4165	NC	NC			
1	Q9950	*	*			CSHCN
1	Q9980	*	*	EPHC		

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Note: *All new, revised, and discontinued 2016 HCPCS procedure codes are effective for dates of service on or after January 1, 2016. The new procedure codes that are indicated with an asterisk (*) in the above table are pending a rate hearing and approval of expenditures. Providers will be notified in a future notification if a new procedure code is not approved for reimbursement. Providers can refer to the section in this bulletin titled "Rate Hearings and Expenditure Review" for more information about benefits that are pending approval of expenditures.*

The following new procedure codes are used for reporting purposes and are informational only:

Procedure Codes									
Medical Procedures									
0403T	0405T								
Surgical Procedures									
0396T	0397T	0398T	0402T	0404T	0406T	0407T	0408T	0409T	0410T
0411T	0412T	0413T	0416T	0417T	0418T	0419T	0420T	0421T	0424T
0425T	0426T	0427T	0428T	0429T	0432T	0433T	0434T	0435T	0436T
Radiological Procedures									
0399T									
Laboratory Procedures									
0009M	0010M								
Radiation Therapy Procedures									
0394T	0395T								

For more information, call the Texas Medicaid & Healthcare Partnership (TMHP) Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.

Discontinued Procedure Codes

The 2016 HCPCS discontinued procedure codes are no longer reimbursed after December 31, 2015. The following is a list of procedure codes that have been discontinued:

Procedure Codes									
21805	31620	37202	37250	37251	39400	47136	47500	47505	47510
47511	47525	47530	47560	47561	47630	50392	50393	50394	50398
64412	67112	70373	72010	72069	72090	73500	73510	73520	73530
73540	73550	74305	74320	74327	74475	74480	75896	75945	75946
75980	75982	77776	77777	77785	77786	77787	82486	82487	82488
82489	82491	82492	82541	82543	82544	83788	88347	90645	90646
90669	90692	90693	90703	90704	90705	90706	90708	90712	90719
90720	90721	90725	90727	90735	92543	95973	A7011	C9025*	C9026*
C9027*	C9136	C9442*	C9443*	C9444*	C9445*	C9446*	C9448	C9449*	C9450*
C9451*	C9452*	C9453*	C9454*	C9455*	C9456*	C9457*	C9724*	C9737	D0260
D0421	D2970	D9220	D9221	D9241	D9242	D9931	E0450	E0460	E0461
E0463	E0464	G0154	G0431	G0434	G6018	G6019	G6020	G6021	G6022

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Procedure Codes									
G6023	G6024	G6025	G6027	G6028	G6030	G6031	G6032	G6034	G6035
G6036	G6037	G6038	G6039	G6040	G6041	G6042	G6043	G6044	G6045
G6046	G6047	G6048	G6049	G6050	G6051	G6052	G6053	G6054	G6055
G6056	G6057	G6058	G8530	G8531	G8532	G8713	G8714	G8717	G8718
G8720	G8870	G8871	G8951	G9320	G9323	G9325	G9328	G9343	G9346
G9362	G9363	G9369	G9370	G9376	G9377	G9378	G9379	G9391	G9392
G9433	J0886	J1446	J7302	J7506	J9010	Q9975	Q9976	Q9977	Q9978
Q9979	S0195	S2360	S2361	S3721	S3854	S3890	S5011	S9015	

The procedure codes indicated with an asterisk (*) have been replaced. Replacement procedure codes are available for the Texas Medicaid Program, the CSHCN Services Program, or both. Providers may refer to the "Replacement Procedure Codes" section on page 37 of this bulletin for details.

The following informational reporting procedure codes have been discontinued:

Procedure Codes									
0099T	0103T	0123T	0182T	0223T	0224T	0225T	0233T	0240T	0241T
0243T	0244T	0262T	0311T						

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.

Replacement Procedure Codes

Effective for dates of service on or after January 1, 2016, the following discontinued procedure codes will be replaced by the corresponding replacement procedure codes:

Replacement Codes	Discontinued Codes	Medicaid Rate	CSHCN Rate	Authorization Requirement
43210	C9724	*	*	None
J0202	J9010	*	*	None
J0202	Q9979	*	*	None
J0596	C9445	*	*	None
J0695	C9452	*	*	None
J0875	C9443	*	*	None
J1443	Q9976	NC	NC	None
J1833	C9456	*	*	None
J2407	C9444	*	*	None
J2502	C9454	*	*	None
J2547	C9451	*	*	None
J2860	C9455	*	*	None
J3090	C9446	*	*	None
J3380	C9026	*	*	None

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Replacement Codes	Discontinued Codes	Medicaid Rate	CSHCN Rate	Authorization Requirement
J7205	Q9975	*	*	None
J7313	C9450	*	*	None
J8655	Q9978	NC	NC	None
J9032	C9442	*	*	None
J9039	C9449	*	*	None
J9271	C9027	*	*	None
J9299	C9453	*	*	None
J9308	C9025	*	*	None
Q9950	C9457	*	*	None
* = Texas Medicaid rate hearing required, NC = Procedure code not a benefit				

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413. ■

Procedure Code Description Changes

Effective for dates of service on or after January 1, 2016, the following procedure code descriptions have changed:

Procedure Codes									
37184	37185	37186	50387	65855	67107	67108	67113	67227	67228
72080	77057	77417	77778	77789	78264	81210	81275	81435	81436
82542	83789	86708	87301	87305	87320	87324	87327	87328	87329
87332	87335	87336	87337	87338	87339	87340	87341	87350	87380
87385	87389	87390	87391	87400	87420	87425	87427	87430	87449
87450	87451	87502	87503	88341	88342	88346	88381	89055	90632
90633	90634	90644	90647	90648	90649	90650	90651	90653	90655
90656	90657	90658	90660	90661	90662	90667	90668	90670	90672
90673	90680	90681	90685	90686	90687	90688	90696	90698	90702
90714	90716	90732	90733	90734	90736	90739	90740	90743	90744
90746	90747	90748	94640	95972	99354	99355	B5000	B5100	B5200
C1820	C9349	D0250	D0340	D4273	D4275	D4277	D4278	D5630	D5660
D5993	D6103	D6600	D6601	D6602	D6603	D6604	D6605	D6606	D6607
D6608	D6609	D6610	D6611	D6612	D6613	D6614	D6615	D6624	D6634
D6710	D6720	D6721	D6722	D6740	D6750	D6751	D6752	D6780	D6781
D6782	D6783	D6790	D6791	D6792	D6794	D9248	G8399	G8400	G8401
G8458	G8465	G8784	G8924	G8925	G8928	G8929	G8955	G9196	G9226
G9277	G9286	G9287	G9298	G9354	G9384	G9385	G9389	G9390	G9419
G9429	G9460	G9467	J0571	J0572	J0573	J0574	J0575	J1442	J2791
J7180	J7508	K0017	K0018	L1902	L1904	L8621	Q4153		

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The description of the following informational reporting procedure code has changed:

Reporting Procedure Code - Informational
0295T

Providers must contact the appropriate copyright holder to obtain procedure code descriptions.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413. ■

Modifiers

The following table lists new, revised, and discontinued modifiers:

New Modifiers		
CP	CT	ZA

New modifiers are effective for dates of service on or after January 1, 2016. Providers may contact the appropriate copyright holder to obtain modifier descriptions. ■

PRIOR AUTHORIZATION CHANGES

Authorization or Prior Authorization

For procedure codes that require authorization or prior authorization but are awaiting a rate hearing and approval of expenditures, providers must follow the established authorization or prior authorization processes as defined in the following:

- Current *Texas Medicaid Provider Procedures Manual*
- Current *CSHCN Services Program Provider Manual*
- Articles published on the Texas Medicaid & Healthcare Partnership (TMHP) web page at www.tmhp.com

Providers must obtain a timely authorization or prior authorization for the service that they provide. Services that are submitted without the proper authorization will be denied.

Providers are responsible for meeting all filing deadlines and for ensuring that the authorization or prior authorization number appears on the claim or that the appropriate documentation is submitted with the claim. Retroactive authorization requests for certain services will not be granted, unless otherwise indicated in the applicable authorization requirements sections of the current *Texas Medicaid Provider Procedures Manual* or the current *CSHCN Services Program Provider Manual.*

The procedure codes that require authorization or prior authorization are indicated in the Authorization Requirements column of the 2016 HCPCS Procedure Code Additions table that begins on page 19 of this bulletin.

Important: *Authorization or prior authorization is a condition for reimbursement; it is not a guarantee of payment.*

Prior Authorization Update

Providers who have received prior authorization for any of the following 2016 Healthcare Common Procedure Coding System (HCPCS) procedure codes that are being discontinued on January 1, 2016, for dates of service that

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occur on, after, or encompass January 1, 2016, must contact the TMHP Prior Authorization Department to update the procedure codes in the following table:

TOS	Discontinued Procedure Code	Prior Authorization Requirements
2	47136	MD
8	47136	MD, CSHCN
2	G6021	MD, CSHCN
TOS = Type of service, CSHCN = Prior authorization required for the CSHCN Services Program, MD = Prior authorization required for Texas Medicaid, MC = Managed care prior authorization required.		

For a list of Prior Authorization Department telephone numbers, providers may refer to the "TMHP Telephone and Fax Communication" in the current *Texas Medicaid Provider Procedures Manual, Appendix A: State, Federal, and TMHP Contact Information*, and TMHP-CSHCN Services Program Contact Information" in the current *CSHCN Services Program Provider Manual*, on page 1-2. ■

APPENDIX A: DIAGNOSIS CODES FOR PROCEDURE CODE J1447

Procedure Code J1447 Diagnosis Codes

Procedure code J1447 is limited to the following diagnosis codes:

Diagnosis Codes									
C000	C001	C002	C003	C004	C005	C006	C008	C01	C020
C021	C022	C023	C024	C028	C029	C030	C031	C039	C040
C041	C048	C049	C050	C051	C052	C059	C060	C061	C062
C0689	C069	C07	C080	C081	C089	C090	C091	C099	C100
C101	C102	C103	C104	C108	C109	C110	C111	C112	C113
C118	C119	C12	C130	C131	C132	C138	C139	C140	C142
C148	C153	C154	C155	C158	C159	C160	C161	C162	C163
C164	C165	C166	C168	C169	C170	C171	C172	C173	C178
C179	C180	C181	C182	C183	C184	C185	C186	C187	C188
C189	C19	C20	C210	C211	C218	C220	C221	C222	C223
C227	C228	C229	C23	C240	C241	C248	C249	C250	C251
C252	C253	C254	C257	C258	C259	C260	C261	C269	C300
C301	C310	C311	C312	C313	C318	C319	C320	C321	C322
C323	C328	C329	C33	C3401	C3402	C3411	C3412	C342	C3431
C3432	C3481	C3482	C3491	C3492	C37	C380	C381	C382	C383
C384	C388	C390	C399	C4001	C4002	C4011	C4012	C4021	C4022
C4031	C4032	C4081	C4082	C410	C411	C412	C413	C414	C430
C4311	C4312	C4321	C4322	C4331	C4339	C434	C4351	C4352	C4359
C4361	C4362	C4371	C4372	C438	C439	C460	C461	C462	C463
C464	C4651	C4652	C467	C469	C478	C480	C481	C482	C488
C490	C4911	C4912	C4921	C4922	C493	C494	C495	C496	C498
C499	C4A0	C4A11	C4A12	C4A21	C4A22	C4A31	C4A39	C4A4	C4A51
C4A52	C4A59	C4A61	C4A62	C4A71	C4A72	C4A8	C50011	C50012	C50021

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Diagnosis Codes									
C50022	C50111	C50112	C50121	C50122	C50211	C50212	C50221	C50222	C50311
C50312	C50321	C50322	C50411	C50412	C50421	C50422	C50511	C50512	C50521
C50522	C50611	C50612	C50621	C50622	C50811	C50812	C50821	C50822	C50911
C50912	C50921	C50922	C510	C511	C512	C519	C52	C530	C531
C538	C539	C540	C541	C542	C543	C548	C55	C561	C562
C5701	C5702	C5711	C5712	C5721	C5722	C573	C574	C577	C578
C579	C58	C600	C601	C602	C608	C609	C61	C6201	C6202
C6211	C6212	C6291	C6292	C6301	C6302	C6311	C6312	C632	C637
C638	C639	C641	C642	C651	C652	C661	C662	C670	C671
C672	C673	C674	C675	C676	C677	C678	C679	C680	C681
C688	C689	C6901	C6902	C6911	C6912	C6921	C6922	C6931	C6932
C6941	C6942	C6951	C6952	C6961	C6962	C6981	C6982	C6991	C6992
C700	C701	C710	C711	C712	C713	C714	C715	C716	C717
C718	C719	C720	C721	C7221	C7222	C7231	C7232	C7241	C7242
C7259	C729	C73	C7401	C7402	C7411	C7412	C750	C751	C752
C753	C754	C755	C758	C759	C760	C761	C762	C763	C7641
C7642	C7651	C7652	C768	C770	C771	C772	C773	C774	C775
C778	C779	C7801	C7802	C781	C782	C7839	C784	C785	C786
C787	C7889	C7901	C7902	C7911	C7919	C792	C7931	C7949	C7951
C7952	C7961	C7962	C7971	C7972	C7981	C7982	C7989	C7A010	C7A011
C7A012	C7A020	C7A021	C7A022	C7A023	C7A024	C7A025	C7A026	C7A090	C7A091
C7A092	C7A093	C7A094	C7A095	C7A096	C7A098	C7A1	C7A8	C7B01	C7B02
C7B03	C7B04	C7B09	C7B1	C7B8	C800	C801	C802	C8101	C8102
C8103	C8104	C8105	C8106	C8107	C8108	C8109	C8111	C8112	C8113
C8114	C8115	C8116	C8117	C8118	C8119	C8121	C8122	C8123	C8124
C8125	C8126	C8127	C8128	C8129	C8131	C8132	C8133	C8134	C8135
C8136	C8137	C8138	C8139	C8141	C8142	C8143	C8144	C8145	C8146
C8147	C8148	C8149	C8171	C8172	C8173	C8174	C8175	C8176	C8177
C8178	C8179	C8191	C8192	C8193	C8194	C8195	C8196	C8197	C8198
C8199	C8201	C8202	C8203	C8204	C8205	C8206	C8207	C8208	C8209
C8211	C8212	C8213	C8214	C8215	C8216	C8217	C8218	C8219	C8221
C8222	C8223	C8224	C8225	C8226	C8227	C8228	C8229	C8231	C8232
C8233	C8234	C8235	C8236	C8237	C8238	C8239	C8241	C8242	C8243
C8244	C8245	C8246	C8247	C8248	C8249	C8251	C8252	C8253	C8254
C8255	C8256	C8257	C8258	C8259	C8261	C8262	C8263	C8264	C8265
C8266	C8267	C8268	C8269	C8281	C8282	C8283	C8284	C8285	C8286
C8287	C8288	C8289	C8291	C8292	C8293	C8294	C8295	C8296	C8297
C8298	C8299	C8301	C8302	C8303	C8304	C8305	C8306	C8307	C8308
C8309	C8311	C8312	C8313	C8314	C8315	C8316	C8317	C8318	C8319
C8331	C8332	C8333	C8334	C8335	C8336	C8337	C8338	C8339	C8351
C8352	C8353	C8354	C8355	C8356	C8357	C8358	C8359	C8371	C8372

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Diagnosis Codes									
C8373	C8374	C8375	C8376	C8377	C8378	C8379	C8381	C8382	C8383
C8384	C8385	C8386	C8387	C8388	C8389	C8391	C8392	C8393	C8394
C8395	C8396	C8397	C8398	C8399	C8401	C8402	C8403	C8404	C8405
C8406	C8407	C8408	C8409	C8411	C8412	C8413	C8414	C8415	C8416
C8417	C8418	C8419	C8441	C8442	C8443	C8444	C8445	C8446	C8447
C8448	C8449	C8461	C8462	C8463	C8464	C8465	C8466	C8467	C8468
C8469	C8471	C8472	C8473	C8474	C8475	C8476	C8477	C8478	C8479
C8491	C8492	C8493	C8494	C8495	C8496	C8497	C8498	C8499	C84A1
C84A2	C84A3	C84A4	C84A5	C84A6	C84A7	C84A8	C84A9	C84Z1	C84Z2
C84Z3	C84Z4	C84Z5	C84Z6	C84Z7	C84Z8	C84Z9	C8511	C8512	C8513
C8514	C8515	C8516	C8517	C8518	C8519	C8521	C8522	C8523	C8524
C8525	C8526	C8527	C8528	C8529	C8581	C8582	C8583	C8584	C8585
C8586	C8587	C8588	C8589	C8591	C8592	C8593	C8594	C8595	C8596
C8597	C8598	C8599	C860	C861	C862	C863	C864	C865	C866
C880	C882	C883	C884	C888	C9000	C9001	C9002	C9010	C9011
C9012	C9020	C9021	C9022	C9030	C9031	C9032	C9100	C9101	C9102
C9110	C9111	C9112	C9130	C9131	C9132	C9140	C9141	C9142	C9150
C9151	C9152	C9160	C9161	C9162	C91A0	C91A1	C91A2	C91Z0	C91Z1
C91Z2	C9200	C9201	C9202	C9210	C9211	C9212	C9220	C9221	C9222
C9230	C9231	C9232	C9240	C9241	C9242	C9250	C9251	C9252	C9260
C9261	C9262	C9290	C9291	C9292	C92A0	C92A1	C92A2	C92Z0	C92Z1
C92Z2	C9300	C9301	C9302	C9310	C9311	C9312	C9330	C9331	C9332
C93Z0	C93Z1	C93Z2	C9400	C9401	C9402	C9420	C9421	C9422	C9430
C9431	C9432	C9440	C9441	C9442	C946	C9480	C9481	C9482	C9500
C9501	C9502	C9510	C9511	C9512	C9590	C9591	C9592	C960	C962
C964	C965	C966	C96A	C96Z	D0001	D0002	D0003	D0004	D0005
D0006	D0007	D0008	D001	D002	D010	D011	D012	D013	D0149
D015	D017	D020	D021	D0221	D0222	D023	D030	D0311	D0312
D0321	D0322	D0339	D034	D0351	D0352	D0359	D0361	D0362	D0371
D0372	D038	D039	D040	D0411	D0412	D0421	D0422	D0439	D044
D045	D0461	D0462	D0471	D0472	D048	D0501	D0502	D0511	D0512
D0581	D0582	D060	D061	D067	D070	D071	D072	D0739	D074
D075	D0761	D0769	D090	D0919	D0921	D0922	D093	D098	D45
D4981	D4989	D600	D601	D608	D6109	D611	D612	D613	D6189
D700	D701	D702	D703	D704	P615	T451X1A	T451X1D	T451X1S	T451X2A
T451X2D	T451X2S	T451X3A	T451X3D	T451X3S	T451X4A	T451X4D	T451X4S	T8601	T8602
T8603	T8609	Z5111	Z5112	Z5189	Z9481	Z9484			

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