

## PROVIDER BULLETIN

Volume 38 Number 32

<http://dss.mo.gov/mhd>

March 2, 2016

### 2016 HEALTHCARE COMMON PROCEDURE CODING SYSTEM

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#### 2016 HEALTH CARE PROCEDURE CODING SYSTEM (HCPCS)

With the implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standards for Transactions and Code Sets, use of the appropriate medical code sets is required on health care claims.

Effective for dates of service on and after January 1, 2016, the MO HealthNet Division (MHD) is accepting the 2016 versions of the Current Procedural Terminology (CPT) and the HCPCS medical code sets. Providers should reference the appendix of the CPT and HCPCS books for a summary of the additions, deletions and revisions. For dates of service prior to January 1, 2016, claims must be billed with the 2015 version of CPT and HCPCS codes and modifiers.

HCPCS codes that were deleted by CMS for 2016 are not payable for dates of service January 1, 2016 and after. Claims submitted on January 1, 2016 and after would be denied by the MO HealthNet system for this reason. Providers may now resubmit / adjust these claims for proper payment using the corrected 2016 HCPCS codes. If you have questions concerning how to submit a claim adjustment, please contact Provider Communications at 573-751-2896.

For MHD coverage information, including fees and restrictions, please reference the MHD Fee Schedule at: <http://dss.mo.gov/mhd/providers/pages/cptagree.htm>. Select the provider link, fee schedules, read through the License for Use of Physicians' CPT and select "accept"; then follow the directions given on the MHD Price List Search. The fee schedule will not be updated until mid-February after the HCPCS system updates are completed.

## **2016 LABORATORY CODE CHANGES - DRUG TESTING**

MHD has implemented the drug-testing code changes made by the Centers for Medicare & Medicaid Services (CMS). For further detailed information, please reference the CMS document entitled ***Calendar Year (CY) 2016 Clinical Laboratory Fee Schedule (CLFS) Final Determinations*** available at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Downloads/CY2016-CLFS-Codes-Final-Determinations.pdf>.

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## **HOME HEALTH SERVICES**

CMS has established new HCPCS codes to differentiate levels of nursing services provided during a home health episode of care. Because of this change, effective for dates of service on or after January 1, 2016, home health agency providers will no longer be able to bill the MHD using HCPCS code G0154 for home health skilled nursing visits. The two new codes (listed below) were created to specify skilled nursing visits as either RN visits or LPN visits. The two new HCPCS codes are:

G0299 – “Direct skilled nursing services of an RN in the home health or hospice setting”  
G0300 – “Direct skilled nursing services of an LPN in the home health or hospice setting”

For more information regarding the change, please see the “MLN Matters” article at: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9369.pdf>.

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**Provider Bulletins** are available on the MO HealthNet Division (MHD) (Formerly the Division of Medical Services) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

**MO HealthNet News:** Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

**MO HealthNet Managed Care:** The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- Services not included in MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the red or white card.

**Provider Communications Hotline  
573-751-2896**