2021 HEALTHCARE COMMON PROCEDURE CODING SYSTEM

EFFECTIVE: Immediately

APPLIES TO: Any providers or billers that bill MO HealthNet using HCPCS.

The 2021 versions of the CPT and the HCPCS medical code sets apply to all Fee-for-Service and Managed Care enrolled providers.

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2021 HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

Effective January 1, 2021, the MO HealthNet Division (MHD) requires the 2021 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, 2021, claims must be billed with the 2020 version of CPT and HCPCS codes and modifiers.

HCPCS codes that were deleted by Centers for Medicare & Medicaid Services (CMS) for 2021 are not payable for dates of service January 1, 2021 and after and will be denied. Claims that are submitted and paid for dates of service January 1, 2021 and after using deleted codes may be recouped by the MHD. Providers may now resubmit/adjust claims for proper payment using the corrected 2021 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: https://dss.mo.gov/mhd/providers/pages/cptagree.htm. 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 after the HCPCS system updates are completed.

EVALUATION AND MANAGEMENT (E/M) CODING CHANGES

The American Medical Association (AMA) along with the Centers for Medicare and Medicaid Services (CMS) have implemented key changes to office and outpatient evaluation and management (E/M) services (99201-99215) starting on January 1, 2021. All other E/M services remain unchanged. Providers will no longer use history and exam to select the office/outpatient E/M visit level. Instead, an office/outpatient E/M visit includes a medically appropriate history and
exam, when performed. Providers should perform history and exam to the extent clinically appropriate, reasonable and necessary. The CPT Editorial Panel eliminated CPT code 99201 (Level 1 office/outpatient visit, new patient). For levels 2 through 5 office/outpatient E/M visits, providers report visit level based upon either the level of medical decision-making as revised in the AMA/CPT guidance, or the total time personally spent by the reporting provider on the day of the visit (including face-to-face and non-face-to-face time). More information on the changes can be found at: https://www.ama-assn.org/practice-management/cpt/cpt-evaluation-and-management.

**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](http://dss.mo.gov/mhd/providers/pages/bulletins.htm). Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](http://dss.mo.gov/mhd/providers/pages/manuals.htm) 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.missouri.gov/mhd/global/pages/mednewssubscribe.htm](http://dss.missouri.gov/mhd/global/pages/mednewssubscribe.htm) 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
- 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