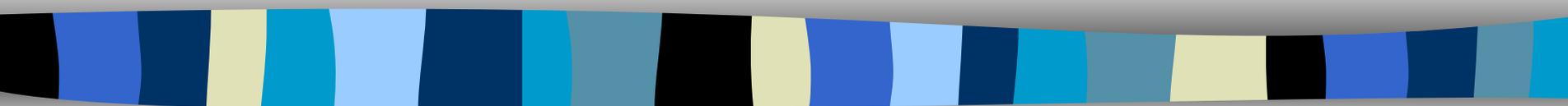
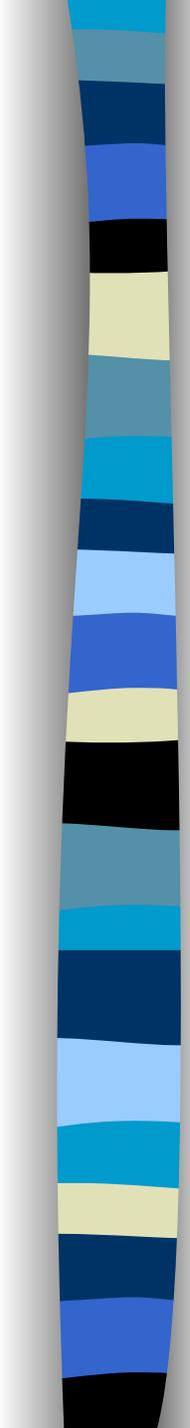


Adding and changing HCPCS codes after October 2003. How does the process work?

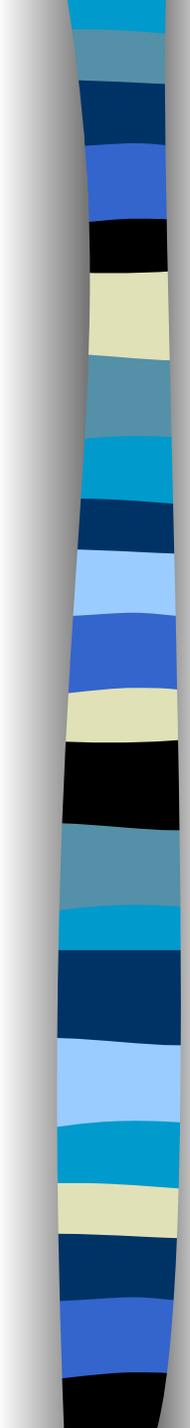


2003 National Medicaid HIPAA/MMIS Conference
Alan Shugart, Director Systems and Operations
State of Maryland
State Medicaid representative to the CMS
Alpha-Numeric HCPCS Workgroup
February 11, 2003



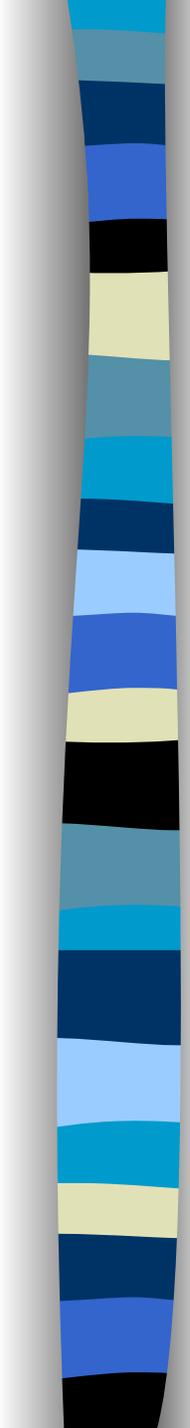
CURRENT LOCAL CODE PROCESS

- NMEH Local Codes workgroup started in November 2000
- 48 States (including DC) submitted local codes
- 37 categories were established, broken down into 9 sub-workgroups with 9 team leaders
- It was determined at the meeting that keeping units in the code would make it more of a standard for all of the healthcare industry
- When the initial crosswalks were developed and the business case written the work products were shared via the NMEH listserv so that all states could comment and make suggestions for changes
- NMEH Local Codes sub-workgroups submit requests for the establishment of Medicaid National codes to the CMS Alpha-Numeric HCPCS Workgroup



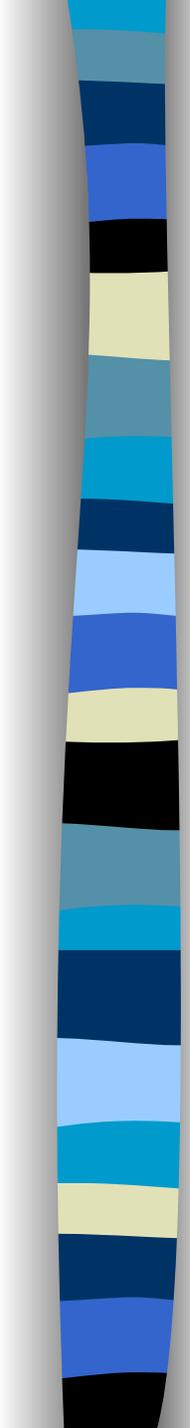
CURRENT LOCAL CODE PROCESS

- The HCPCS Workgroup reviews all requests and make recommendations to the National HCPCS Panel, which consists of CMS, BC/BS Association & HIAA
- The HCPCS Workgroup can recommend approval, rejection or request additional information
- The National HCPCS Panel makes the final determination



KEY HCPCS CODE DESIGNATIONS

- HCPCS Code range starting with ‘T’ were designated as Temporary Codes assigned by CMS for requests from Medicaid Programs
- The following HCPCS Code ranges have special meaning:
 - “C” codes - Temporary Codes for use with Medicare Outpatient Prospective Payment System
 - “G” codes - Temporary Codes for procedures and services which are being reviewed prior to inclusion in the CPT
 - “H” codes - Temporary Codes for requests from state and federal agencies other than Medicare and Medicaid (for example Substance Abuse and Mental Health)
 - “S” Codes - Temporary Codes for requests from Blue Cross/Blue Shield and commercial payers (HIAA)



LOCAL CODE STATUS

- NMEH Local Codes Final Product dated December 2002

No requests submitted for Local Code Categories of:

Chiropractic

Laboratory

Managed Care Programs

Podiatry

Family Planning

Therapy Services

Anesthesia

Special Prenatal Care

Vaccines

Dialysis

Hearing Aids

Medical Services

Nursing Home

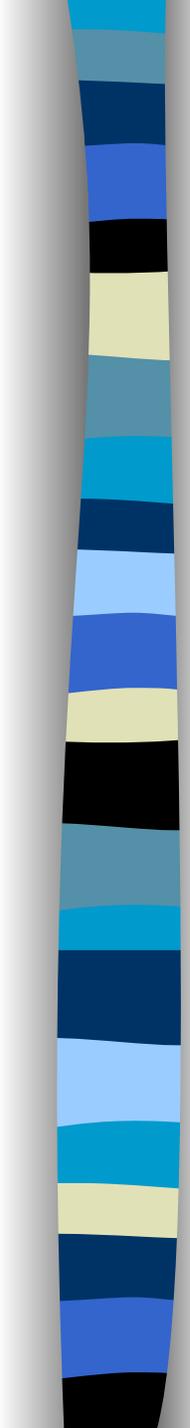
Dental

Dialysis

Radiology

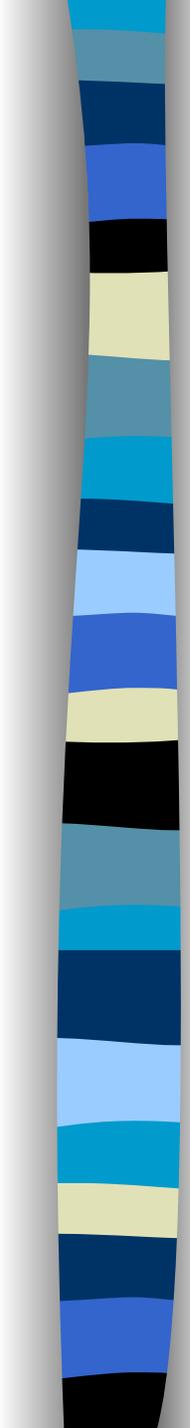
Audiology

School Based



LOCAL CODE STATUS

- Requests for National Codes and/or Modifiers have been submitted for 17 of the Local Code Categories.
 - Approved codes can be found on the CMS web site or on the 2003 HCPCS tape
 - There have been two submission of Waiver Codes. The first set was a joint submission with HIAA. These Waiver codes were inadvertently dropped on the 2003 HCPCS tape, the corrections are posted on the CMS web site. The second submission is still in process
- Requests for 2 of the Local Code Categories have not been finalized
 - Hospice
 - Hospital

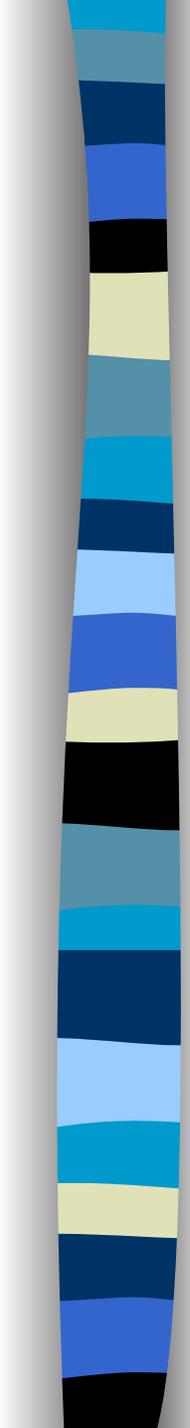


LOCAL CODE STATUS

- Mental Health and Substance Abuse

Medicaid Mental Health submission was combined with submissions from the State Substance Abuse and State Mental Health programs because of coordinated need. Special sessions held with BC/BS, HIAA, CMS Substance Abuse and Mental Health representatives to conduct pre-review and consensus building.

New Codes added to “H” and “T” series, some “H” codes modified to Behavioral Health to cover both mental health and substance abuse. Modifiers may be used to identify specific type



FUTURE LOCAL CODE PROCESS

- To request new codes in the future you will need to supply a solid business case.
- To strengthen the request, you should elicit support from other payors Identify the services, ask for volume or utilization amount, ask for the number of provider effected
 - Use the NMEH listserv.
 - Ask for help from the NMEH local code sub-workgroup leads
 - Contact other state agencies who pay for healthcare services as appropriate (Mental Health, Substance Abuse, Developmental Disabilities)
 - Contact commercial or non-profit insurers, HMOs, MCOs, Blue Cross/Blue Shield or Medicare Carriers in your state
- Identify, as appropriate, all common base time units of measure