



# MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE	EFFECTIVE DATE	NUMBER
September 19, 2007	September 24, 2007	99-07-15

**SUBJECT**  
2007 Power Mobility Device HCPCS Updates;  
Prior Authorization Requirements

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Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All Medical Assistance providers, regardless of method of claims submission will be required to register an NPI number with DPW. Learn more about the registration process and requirements at <http://www.dpw.state.pa.us/Business/NPIinfo/>

## **PURPOSE:**

The purpose of this Medical Assistance (MA) Bulletin is to issue an MA Program Outpatient Fee Schedule for the 2007 Healthcare Common Procedure Coding System (HCPCS) Power Mobility Devices which contains the procedure codes being added to the MA Program Fee Schedule, and the service limits and prior authorization requirements for these procedure codes.

## **SCOPE:**

This MA Bulletin applies to all prescribers and suppliers of power mobility devices who are enrolled in the MA Program to provide services under the fee-for-service and ACCESS Plus delivery systems. Prescribers and suppliers of power mobility devices rendering services under the managed care delivery system should address any prior authorization, coding or billing questions to the appropriate physical health Managed Care Organization (MCO).

## **BACKGROUND:**

The MA Program is implementing the 2007 HCPCS procedure codes for power mobility devices published by the Centers for Medicare and Medicaid Services (CMS). The MA Program is adding new procedure codes to the MA Program Outpatient Fee Schedule and end-dating other procedure codes from the MA Program Outpatient Fee Schedule for dates of service beginning September 24, 2007.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap)

## **DISCUSSION:**

### **Fee Schedule Revisions**

The following procedure codes are being added to the MA Program Outpatient Fee Schedule as a result of the 2007 power mobility device HCPCS updates and are effective and compensable for dates of service as of September 24, 2007:

<b>Procedure Codes and Modifiers</b>			
E2373 (NU)	E2374 (NU)	E2375 (NU)	E2376 (NU)
E2377 (NU)	E2381 (NU)	E2382 (NU)	E2383 (NU)
E2384 (NU)	E2385 (NU)	E2386 (NU)	E2387 (NU)
E2388 (NU)	E2389 (NU)	E2390 (NU)	E2391 (NU)
E2392 (NU)	E2393 (NU)	E2394 (NU)	E2395 (NU)
E2396 (NU)	K0733 (NU)	K0734 (NU)	K0735 (NU)
K0736 (NU)	K0737 (NU)	K0800 (NU)	K0800 (RR)
K0801 (NU)	K0801 (RR)	K0802 (NU)	K0802 (RR)
K0806 (NU)	K0806 (RR)	K0807 (NU)	K0807 (RR)
K0808 (NU)	K0808 (RR)	K0813 (NU)	K0813 (RR)
K0814 (NU)	K0814 (RR)	K0815 (NU)	K0815 (RR)
K0816 (NU)	K0816 (RR)	K0820 (NU)	K0820 (RR)
K0821 (NU)	K0821 (RR)	K0822 (NU)	K0822 (RR)
K0823 (NU)	K0823 (RR)	K0824 (NU)	K0824 (RR)
K0825 (NU)	K0825 (RR)	K0826 (NU)	K0826 (RR)
K0827 (NU)	K0827 (RR)	K0828 (NU)	K0828 (RR)
K0829 (NU)	K0829 (RR)	K0830 (NU)	K0830 (RR)
K0831 (NU)	K0831 (RR)	K0835 (NU)	K0835 (RR)
K0836 (NU)	K0836 (RR)	K0837 (NU)	K0837 (RR)
K0838 (NU)	K0838 (RR)	K0839 (NU)	K0839 (RR)
K0840 (NU)	K0840 (RR)	K0841 (NU)	K0841 (RR)
K0842 (NU)	K0842 (RR)	K0843 (NU)	K0843 (RR)
K0848 (NU)	K0848 (RR)	K0849 (NU)	K0849 (RR)
K0850 (NU)	K0850 (RR)	K0851 (NU)	K0851 (RR)
K0852 (NU)	K0852 (RR)	K0853 (NU)	K0853 (RR)
K0854 (NU)	K0854 (RR)	K0855 (NU)	K0855 (RR)
K0856 (NU)	K0856 (RR)	K0857 (NU)	K0857 (RR)
K0858 (NU)	K0858 (RR)	K0859 (NU)	K0859 (RR)
K0860 (NU)	K0860 (RR)	K0861 (NU)	K0861 (RR)
K0862 (NU)	K0862 (RR)	K0863 (NU)	K0863 (RR)
K0864 (NU)	K0864 (RR)		

The following procedure codes are being end-dated from the MA Program Outpatient Fee Schedule as a result of the 2007 power mobility device HCPCS updates and will not be compensable for services provided after September 23, 2007:

Procedure Codes			
E0997	E0998	E0999	E2320
K0090	K0091	K0092	K0093
K0094	K0095	K0096	K0097
K0099			

### **Prior Authorization Requirements**

Some of the 2007 power mobility device procedure codes being added to the MA Program Outpatient Fee Schedule require prior authorization. Prior authorization is required for the purchase of power mobility devices costing more than \$600.00, in accordance with section 443.6(b)(2) of the Public Welfare Code (code) (62 P. S. § 443.6(b)(2)), as amended by the act of July 7, 2005, (P. L. 177, No. 42). Prior authorization is also required for rentals of power mobility devices after three months, as authorized by section 443.6(b)(3) of the code. Providers should reference the attachment to this MA Bulletin to identify the specific prior authorization requirements for each procedure code.

As a reminder to all prescribers and suppliers of power mobility devices, 55 Pa.Code §1101.66(a), relating to prior authorization, requires that providers follow the instructions in the provider handbook for processing prior authorization requests.

### **Service Limits**

The MA program has established service limits for the power mobility device procedure codes. These limits are consistent with the limits established for motorized wheelchairs. See MA Bulletin 05-87-02, "Coverage for Motorized Wheelchairs." If needed, a waiver of the limit may be requested through the 1150 Administrative Waiver (Program Exception) process.

### **Managed Care Delivery System**

MCOs are not required to impose the service limits that apply in the fee-for-service delivery system, although they are permitted to do so. MCOs may not impose service limits that are more restrictive than the service limits established in the fee-for-service system. An MCO that chooses to establish service limits must notify network providers before implementing the limits.

## **PROCEDURE:**

Enrolled medical suppliers and pharmacies may bill and receive payment for power mobility devices listed on the MA Program Outpatient Fee Schedule using the 837P or the CMS 1500 invoice. When PA is required, the prescriber must submit the MA-97 Form, identifying the applicable power mobility device procedure code along with the necessary supporting documentation as specified in MA Bulletin 05-87-02 et al. The PA Notice of Decision identifies a PA number, which must be included on the claim submitted to the MA Program.

Procedure codes E2320, K0092, K0093, and K0096, which are being end-dated from the MA Program Outpatient Fee Schedule, required prior authorization. Although no new prior authorizations will be issued for these procedure codes after September 23, 2007, if a prior authorization was issued prior to September 24, 2007, providers should submit invoices using the end-dated procedure code as authorized by the MA Program. The Department will accept invoices with the authorized end-dated procedure codes until September 24, 2008.

Attached is the list of 2007 Power Mobility Device HCPCS procedure codes, which are effective September 24, 2007. Included on this attachment are the National Code, National Code Definition, PROMISe™ Provider Type, Specialty and Place of Service eligible to bill each procedure code, required Pricing Modifier and Informational Modifier, MA Units of Service, Limits/Comments, MA Fee and Prior Authorization Requirements. Providers are to refer to the attachment to ensure proper billing and accurate claims payment.

Attachment: 2007 HCPCS Procedure Codes for Power Mobility Devices  
MA Program Outpatient Fee Schedule, dated September 24, 2007.