



MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE	EFFECTIVE DATE	NUMBER
March 14, 2008	March 15, 2008	99-08-04

SUBJECT:

**MA Program Fee Schedule Changes -
2007 HCPCS Updates; Addition of Procedure
Codes and Modifiers; Prior Authorization**

A handwritten signature in black ink, appearing to read "Michael Nardone".

Michael Nardone, Deputy Secretary
Office of Medical Assistance Programs

IMPORTANT REMINDER: Have you obtained and registered your **National Provider Identifier (NPI) number**? Don't delay! **Payments may deny on May 23, 2008** if you are a health care provider who is required to submit with an NPI.

PURPOSE:

The purpose of this bulletin is to announce changes to the Medical Assistance (MA) Program Fee Schedule as a result of implementing the 2007 Healthcare Common Procedure Coding System (HCPCS) procedure codes and the addition of new procedure codes and modifiers to the MA Program Fee Schedule.

SCOPE:

This bulletin applies to all providers enrolled in Pennsylvania's MA Program and providing services in the fee-for-service delivery systems. Providers rendering services in the managed care delivery system should address any coding or billing questions to the appropriate physical health managed care organization.

BACKGROUND:

Some of the changes announced in this MA Bulletin are the result of implementing the 2007 updates published by the Centers for Medicare and Medicaid Services (CMS) to HCPCS. In connection with implementing the 2007 HCPCS updates, the MA Program is adding new procedure codes, and end-dating procedure codes on the MA Program fee schedule. The Department is also adding procedure codes, and procedure code and modifier combinations, to the MA Program Fee Schedule as a result of significant program exception requests.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type or managed care organization.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap

DISCUSSION

Fee Schedule Revisions

The following procedure codes, which are being added to the MA Program Fee Schedule as a result of the 2007 HCPCS updates, are effective and compensable for dates of service on or after March 15, 2008:

PROCEDURE CODE and Modifiers	PROCEDURE CODE and Modifiers	PROCEDURE CODE and Modifiers	PROCEDURE CODE and Modifiers
00625	35303	67346 (SG)	77078 (26)
00626	35303 (80)	72291 (26)	77078 (TC)
15002	35304	72292 (26)	77079
15002 (SG)	35304 (80)	76776	77079 (26)
15003	35305	76776 (26)	77079 (TC)
15004	35305 (80)	76776 (TC)	77080
15004 (SG)	35306	76813	77080 (26)
15005	35306 (80)	76813 (26)	77080 (TC)
15731	35537	76813 (TC)	77081
15731 (SG)	35537 (80)	76814	77081 (26)
15830	35538	76814 (26)	77081 (TC)
15830 (80)	35538 (80)	76814 (TC)	77083
15830 (SG)	35539	76998 (26)	77083 (26)
15847	35539 (80)	77001	77083 (TC)
15847 (80)	35540	77001 (26)	77084
17311	35540 (80)	77001 (TC)	77084 (26)
17312	35637	77002	77084 (TC)
17313	35637 (80)	77002 (26)	77371
17314	35638	77002 (TC)	77372
17315	35638 (80)	77003	77373
19105	35883	77003 (26)	77435
19300	35883 (80)	77003 (TC)	82107
19300 (SG)	35884	77011	83698
19301	35884 (80)	77011 (26)	83913
19301 (SG)	37210	77011 (TC)	86788
19302	37210 (SG)	77012	86789
19302 (80)	44157	77012 (26)	87305
19302 (SG)	44157 (80)	77012 (TC)	87498
19303	44158	77013 (26)	87640
19303 (80)	44158 (80)	77014	87641
19303 (SG)	47719	77014 (26)	87653
19304	47719 (80)	77014 (TC)	87808
19304 (80)	48105	77021	91111
19304 (SG)	48105 (80)	77021 (26)	91111 (26)
19305	48548	77021 (TC)	91111 (TC)
19305 (80)	48548 (80)	77022 (26)	92025
19306	49324	77031	92025 (26)

19306 (80)	49324 (80)	77031 (26)	92025 (TC)
19307	49324 (SG)	77031 (TC)	94002
19307 (80)	49325	77032	94003
25109	49325 (80)	77032 (26)	94610
25109 (SG)	49325 (SG)	77032 (TC)	94644
25606	49326	77051	94645
25606 (SG)	49326 (80)	77051 (26)	94777
25607	49402	77051 (TC)	96040
25607 (80)	49402 (SG)	77052	A4461
25607 (SG)	49435	77052 (26)	A4463
25608	49435 (80)	77052 (TC)	A4600
25608 (80)	49436	77053	A8000
25608 (SG)	49436 (80)	77053 (26)	A8001
25609	49436 (SG)	77053 (TC)	A8002
25609 (80)	54865	77054	A8003
25609 (SG)	54865 (SG)	77054 (26)	A8004
27325	55875	77054 (TC)	D0273
27325 (80)	55875 (SG)	77055	D1206
27325 (SG)	55876	77055 (26)	D1555
27326	55876 (SG)	77055 (TC)	G0392
27326 (80)	56442	77056	G0392 (SG)
27326 (SG)	56442 (SG)	77056 (26)	G0393
28055	57296	77056 (TC)	G0393 (SG)
28055 (SG)	57296 (80)	77057	G0394
32998	57558	77057 (26)	J7345
32998 (80)	57558 (SG)	77057 (TC)	K0738 (RR)
32998 (SG)	58541	77058	L1001
33202	58541(80)	77058 (26)	L3806
33203	58541 (SG)	77058 (TC)	L3808
33254	58542	77059	L3915
33254 (80)	58542 (80)	77059 (26)	L6611
33255	58542 (SG)	77059 (TC)	L6624
33255 (80)	58543	77072	L6639
33256	58543 (80)	77072 (26)	L6703
33256 (80)	58543 (SG)	77072 (TC)	L6704
33265	58544	77073	L6706
33265 (80)	58544 (80)	77073 (26)	L6707
33266	58544 (SG)	77073 (TC)	L6708
33266 (80)	58548	77074	L6709
33675	58548 (80)	77074 (26)	L7007
33675 (80)	58957	77074 (TC)	L7008
33676	58957 (80)	77075	L7009
33676 (80)	58958	77075 (26)	L8691
33677	58958 (80)	77075 (TC)	Q4081
33677 (80)	64910	77076	T4543
33724	64910 (80)	77076 (26)	
33724 (80)	64910 (SG)	77076 (TC)	

33726	64911	77077	
33726 (80)	64911 (80)	77077 (26)	
35302	64911 (SG)	77077 (TC)	
35302 (80)	67346	77078	

The following procedure codes are being end-dated from the MA Program Fee Schedule as a result of the 2007 HCPCS updates and will not be compensable for services provided after March 14, 2008:

Procedure Codes					
15000	31708	76003	76355	L0110	L6808
15001	31710	76005	76360	L3902	L6809
15831	33200	76012	76362	L3914	L6825
17304	33201	76013	76370	L6700	L6830
17305	33245	76020	76393	L6705	L6835
17306	33246	76040	76394	L6710	L6840
17307	33253	76061	76400	L6715	L6845
17310	35381	76062	76778	L6720	L6850
19140	35507	76065	76986	L6725	L6855
19160	35541	76066	78704	L6730	L6860
19162	35546	76071	78715	L6735	L6865
19180	35641	76075	78760	L6740	L6867
19182	44152	76077	91060	L6745	L6868
19200	44153	76082	92573	L6750	L6870
19220	47716	76083	94656	L6755	L6872
19240	48005	76086	94657	L6765	L6873
21300	48180	76088	A4348	L6770	L6875
25611	49085	76090	A4359	L6775	L6880
25620	54152	76091	E0164	L6780	L7010
26504	54820	76092	E0166	L6790	L7015
27315	56720	76093	E0180	L6795	L7020
27320	57820	76094	E0701	L6800	L7025
28030	67350	76095	E0977	L6806	L7030
31700	75998	76096	L0100	L6807	L7035

The following procedure codes, which as indicated above are being end-dated from the MA Program Fee Schedule, required prior authorization:

Procedure Code	Procedure Code	Procedure Code	Procedure Code
94656	E0180	L0110	L6806
94657	E0701	L3914	L6830
E0164	L0100	L6715	L7025

No new authorizations will be issued for these procedure codes after March 14, 2008. For any of the above procedure codes for which a prior authorization was issued prior to March 15, 2008, providers should submit invoices using the end-dated procedure code, as set forth in the authorization issued by the Department. The Department will accept invoices with the end-

dated procedure codes until March 14, 2009, for those services that were previously prior authorized.

The following procedure codes, or procedure code and modifier combinations, are being added to the MA Program Fee Schedule as a result of significant program exception requests, and are effective and compensable for dates of service on or after March 15, 2008:

| PROCEDURE CODE and Modifiers |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 17111 | 59514 | 78608 | 95810 (TC) |
| 17111 (SG) | 59514 (80) | 78608 (26) | 95811 |
| 43644 | 59820 (U7) | 78608 (TC) | 95811 (26) |
| 43644 (80) | 69710 | 86361 | 95811 (TC) |
| 43770 | 69710 (80) | 92135 | 95930 |
| 43770 (80) | 69710 (SG) | 92135 (26) | 95930 (26) |
| 43771 | 69711 | 92135 (TC) | 95930 (TC) |
| 43771 (80) | 69711 (80) | 92250 | 99239 |
| 43772 | 69711 (SG) | 92250 (26) | A4230 |
| 43772 (80) | 69714 | 92250 (TC) | A4231 |
| 43773 | 69714 (SG) | 95805 (26) | C1300 |
| 43773 (80) | 69715 | 95805 (TC) | E0619 (RR) |
| 43774 | 69715 (SG) | 95807 (26) | S3818 |
| 43774 (80) | 69717 | 95807 (TC) | S3819 |
| 59025 (26) | 69717 (SG) | 95808 (26) | S3820 |
| 59025 (TC) | 69718 | 95808 (TC) | S3822 |
| 59409 | 69718 (SG) | 95810 (26) | S3823 |

Procedure code 59820, included in the above chart, is already on the MA Program Fee Schedule. The Department of Public Welfare (Department) has received a significant number of program exception requests for a higher fee. The Department is adding modifiers to the MA Program Fee Schedule in connection with this procedure code and will pay a fee of \$269.15 for this procedure when it is performed in a physician's office (31/All/11), Hospital Clinic (01/010/22 or 01/183/22) or an Independent Medical Surgical Clinic (08/082/49). Providers should bill with a U7 modifier when performed in the above settings.

Procedure codes 59025, 95805, 95807, 95808, and 95810, also included in the above chart, are also already on the MA Program Fee Schedule. Providers sought the ability to bill separately for the technical component and the professional component of these services. The Department is adding TC and 26 modifiers for these procedure codes to allow providers to bill separately for either component.

PRIOR AUTHORIZATION REQUIREMENTS

The attachment to this MA Bulletin sets forth the prior authorization requirements for the procedure codes being added to the MA Program Fee Schedule. Two of the procedure codes that require prior authorization are for rentals. All rentals for procedure code E0619 (RR) will

require prior authorization. Procedure code K0738 (RR) will require prior authorization for the first 45 days unless, as set forth in 55 Pa. Code § 1123.55(b), the physician certifies that the recipient is adequately prepared to use oxygen equipment and the physical surroundings in the home are suitable for its use.

Service Limits

The MA program has established service limits for some of these procedure codes. If needed, a waiver of the limit may be requested through the 1150 Administrative Waiver (Program Exception) process.

Managed Care Delivery System

Managed care organizations (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 of the limits before implementing the limits.

PROCEDURE:

Attached is the list of "2007 HCPCS Codes and Other Procedure Codes, and Procedure Code and Modifier Combinations, effective March 15, 2008". Included on this document are the procedure codes, procedure code, modifiers, limits, and prior authorization requirements. The procedure codes that require prior authorization are identified by a "Yes" under the "Prior Auth. Required" heading.

ATTACHMENT:

2007 HCPCS Codes and Other Procedure Codes, and Procedure Code and Modifier Combinations, effective March 15, 2008.