

	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE		
	ISSUE DATE: September 12, 2005	EFFECTIVE DATE: October 1, 2005	NUMBER: 99-05-15
SUBJECT: 2005 HCPCS Updates and Other Revisions to the Medical Assistance Fee Schedule; Prior Authorization Requirements		BY:  David S. Feinberg Deputy Secretary for Medical Assistance Programs Office of Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to issue changes to the Medical Assistance (MA) Program Fee Schedule and identify 2005 HCPCS procedure codes that require prior authorization.

SCOPE:

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

BACKGROUND/DISCUSSION:

These changes are the result of implementing the 2005 updates published by the Centers for Medicare and Medicaid Services (CMS) to the Healthcare Common Procedure Coding System (HCCS). The updates add new procedure codes that are compensable for dates of service beginning October 1, 2005. The procedure codes end-dated on the fee schedule as a result of these updates will be noncompensable for services provided after September 30, 2005.

In addition to the 2005 HCPCS Updates, the Department is adding the following procedure codes effective for dates of service on and after October 1, 2005: D7472, D7473, D7485, D7510, D7520, E2500, E2502, E2504, E2506, E2508, E2510, 17250, 66982, 87621, 93741, 93742, 93743, 93744, 97602. These procedure codes are being added due to significant Program Exception requests.

Procedure Code D1110 is currently on the fee schedule for recipients 13 years of age and older, however due to a clarification of the definition of adult by the American Dental Association as an individual 12 years of age or older, effective for dates of service on and after October 1, 2005, this procedure code will be compensable for eligible MA recipients ages 12 and older.

Certain procedure codes currently on the fee schedule will now be compensable for services provided in an Ambulatory Surgical Center (ASC) and Short Procedure Unit (SPU). ASCs and SPUs may bill for the following procedure codes using an SG modifier effective for dates of service on and after October 1, 2005: 31623, 31624, 31631, 31643, and 31646.

PROCEDURE CODES BEING ADDED TO THE MA PROGRAM FEE SCHEDULE AS A RESULT OF THE 2005 HCPCS UPDATES WHICH ARE EFFECTIVE AND COMPENSABLE FOR DATES OF SERVICE AS OF OCTOBER 1, 2005

| Procedure Code and Modifier(s) |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| A4349 | A4605 | A4705 | A7527 |
| B4103 | B4157 | B4158 | B4159 |

	BO	BO	BO
B4160 BO	B4161 BO	B4162 BO	D2915 SG
D2934 SG	D7283 SG	D7288 SG	D7511 SG
D7521 SG	E1039 NU,RR	E2205 NU,RR	E2206 NU,RR
E2291 NU	E2292 NU	E2293 NU	E2294 NU
E2368 NU,RR	E2369 NU,RR	E2370 NU,RR	E2601 NU,RR
E2602 NU,RR	E2603 NU,RR	E2604 NU,RR	E2605 NU,RR
E1606 NU,RR	E2607 NU,RR	E2608 NU,RR	E2611 NU,RR
E2612 NU,RR	E2613 NU,RR	E2614 NU,RR	E2615 NU,RR
E2616 NU	E2618 NU	E2619 NU,RR	E2620 NU,RR
E2621 NU	G0356	G0363	G0364
G0365 26,TC	K0628 RT,LT,50	K0629 RT,LT,50	K0630
K0631	K0634	K0635	K0636
K0637	K0639	K0640	K0642
K0644	K0645	K0646	K0647
K0648	K0649	K0671 RR	L1932 RT,LT,50
L8515	L8615	L8616	L8617
L8618	L8620	L8621	L8622
S0618	T4521	T4522	T4523
T4524	T4525	T4526	T4527
T4528	T4529	T4530	T4531
T4532	T4533	T4534	T4535
T4536	T4537	T4540	T4541
T4542	00561	11004SG	11005SG
11006 SG	11008	19296 RT,LT,50,SG	19297 RT,LT,50
19298 SG,RT,LT,50	29867 SG,80,RT,LT	31545 SG	31546 SG
31620	31636 SG	31637	31638 SG
32019 SG,RT,LT,50	34803 80	36818 SG,RT,LT,50	37215 RT,LT,50
37216 RT,LT,50	44137 80	45391 SG	45392 SG
46947 SG	50391 SG,RT,LT,50	52402 SG	57267 SG,80
57283 SG,80	58356 SG	58565 SG,80	58956 80
63050 SG,80	63051 SG,80	63295 80	66711 SG,RT,LT,50
76077 26,TC	76510 26,TC,RT,LT,50	76820 26,TC	76821 26,TC
78811 26	78812 26	78813 26	78814 26
78815 26	78816 26	79005 26,TC	79101 26,TC
79445 26,TC	82045	82656	83009
83630	84163	84166	86064
86335	86379	86587	87807
88184	88185	88187	88188
88189	88360 26,TC	88367 26,TC	88368 26,TC
90656	91034 26,TC	91035 26,TC	91037 26,TC
91038	91040	91120	92620

26,TC	26,TC,SG	26,TC	
92621	92625 52	93890 26,TC	93892 26,TC
93893 26,TC	95928 26,TC	95929 26,TC	95978 SG
95979	97597 SG	97598	97605
97606			

NATIONAL PROCEDURE CODES BEING ADDED BY THE DEPARTMENT TO THE MA PROGRAM FEE SCHEDULE AS A RESULT OF SIGNIFICANT PROGRAM EXCEPTION REQUESTS WHICH ARE EFFECTIVE AND COMPENSABLE FOR DATES OF SERVICE ON AND AFTER OCTOBER 1, 2005

| Procedure Code and Modifier(s) |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| D7472 | D7473 | D7485 | D7510 |
| D7520 E2500NU, RR | E2502NU, RR | E2504NU, RR | |
| E2506NU, RR | E2508NU, RR | E2510NU, RR | 17250 |
| 66982 | 87621 | 9374126,TC | 9374226, TC |
| 9374326,TC | 9374426,TC | 9760226,TC | |

NATIONAL PROCEDURE CODES BEING END-DATED FROM THE MA PROGRAM FEE SCHEDULE AS A RESULT OF THE 2005 HCPCS UPDATES AND WHICH WILL NOT BE COMPENSABLE FOR SERVICES PROVIDED AFTER SEPTEMBER 30, 2005

Procedure Codes							
A4324	A4325	A4347	A4525	A4526	A4527	A4528	A4531
A4532	A4609	A4610	B4151	B4156	E0176	E0177	E0178
E0179	E0192	E0454	E0962	E0963	E0964	E0965	E1012
E1013	K0023	K0024	K0059	K0060	K0061	K0081	K0114
K0115	K0016	L0476	L0478	L0500	L0510	L0515	L0520
L0530	L0540	L0550	L0560	L0561	L0565	L0600	L0610
L2435	L5674	L5675	L5846	35161	35162	35582	50559
78990	79000	79001	79020	79030	79035	79100	79400
79420	79900	88180	91032	91033	92589		

NATIONAL PROCEDURE CODES PREVIOUSLY END-DATED BY CMS WHICH WILL NO LONGER BE PAID BY THE DEPARTMENT FOR SERVICES PROVIDED AFTER SEPTEMBER 30, 2005

Procedure Codes				
E1404	85095	85102	93737	93738

LOCAL PROCEDURE CODES AND ASSOCIATED FEES BEING END-DATED AND REPLACED WITH NATIONAL PROCEDURE CODES AND ASSOCIATED FEES AS A RESULT OF THE 2005 HCPCS UPDATES

END-DATE September 30, 2005		USE October 1, 2005		END-DATE September 30, 2005		USE October 1, 2005	
Y9895	\$3.75	A4605	\$13.12	Z0991	\$68.00	E1225	\$407.60
Z0991	\$68.00	E1226	\$407.60	Z0992**	\$110.00	E2618	\$110.00
Z0993**	\$110.00	E2291	\$405.64	Z0993**	\$110.00	E2611	\$312.35
Z0993**	\$110.00	E2612	\$422.56	Z4614	\$12.00	E0190	\$31.00
Z4629	\$.55	T4525	\$.63	Z4629	\$.55	T4526	\$.65
Z4629	\$.55	T4527	\$.72	Z4629	\$.55	T4528	\$.72
Z4629	\$.55	T4531	\$.55	Z4629	\$.55	T4532	\$.55
Z4630	\$13.00	T4536	\$13.00	Z4631	\$4.35	T4540	\$10.85
Z4632	\$.18	T4535	\$.76	Z4633	\$.47	T4535	\$.76
Z4634	\$10.85	T4537	\$10.85	Z4635	\$.19	T4542	\$.19
Z4636	\$.38	T4541	\$.38	Z4638	>\$.19	T4521	\$.63
Z4638	\$.19	T4529	\$.55	Z4639	\$.25	T4522	\$.65
Z4639	\$.25	T4529	\$.55	Z4640	\$.37	T4523	\$.72
Z4640	\$.37	T4530	\$.55	Z4641	\$.42	T4524	\$.72
Z9808**	\$435.00	E2611	\$312.35*	Z9808**	\$435.00	E2612	\$422.56*

* Fee reduced to comply with State Plan requirements

** Procedure codes that require Prior Authorization

* The Department is reducing the fee for this procedure code to reflect an appropriate payment rate to comply with the State Plan requirement that Pennsylvania Medicaid fees not exceed Medicare reimbursement fees.

** After September 30, 2005, no new prior authorizations will be issued using the local codes identified above with two asterisks. For any of the local procedure codes, identified above with two asterisks, for which a prior authorization was issued prior to October 1, 2005, for dates of service on and after October 1, 2005, providers should submit invoices using the local procedure code. The Department will accept invoices using these local procedure codes until March 31, 2007.

NATIONAL PROCEDURE CODES THAT REQUIRE PRIOR AUTHORIZATION ON THE MA PROGRAM FEE SCHEDULE THAT ARE BEING END-DATED

| Procedure Code and Modifier(s) |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| A4347 | A4525 | A4526 | A4527 |
| B4A4528 | A4532 | A4610 | E0178 |
| E0192 | E0454 | E0962 | E0963 |
| E0964 | E1012 | E1013 | E1404 |
| K0114 | K0115 | K0016 | K0023 |
| K0024 | K0059 | K0061 | K0081 |
| L0500 | L0510 | L0515 | L0520 |
| L0530 | L0550 | L0560 | L0565 |
| L0610 | L2435 | L5674 | L5675 |

The above national procedure codes currently on the MA Program Fee Schedule will be end-dated and no new prior authorizations will be issued for these national procedure codes after September 30, 2005. For any of the above national procedure codes for which a prior authorization was issued prior to October 1, 2005, for dates of service on and after October 1, 2005, providers should submit invoices using the end-dated national procedure code as authorized by the Department. The Department will accept invoices with the authorized end-dated national procedure codes until March 31, 2007.

PROCEDURE:

Attached is the list of "New HCPCS Codes Effective October 1, 2005". Included on this document are the national procedure codes, applicable modifiers, prior authorization requirement, price and terminology. The procedure codes that require prior authorization are identified by a "Yes" under the "Prior Auth. Required?" heading.

ATTACHMENTS:

New HCPCS Codes Effective October 1, 2005

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Fee-For-Service Programs
P.O. Box 8047
Harrisburg, PA 17101

or

Call the appropriate toll-free number for your provider type

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