

ISSUE DATE June 13, 2014	EFFECTIVE DATE June 23, 2014	NUMBER 99-14-04
SUBJECT 2014 HCPCS Updates and Other Procedure Code Changes		BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to announce changes to the Medical Assistance (MA) Program Fee Schedule as a result of implementing the 2014 Healthcare Common Procedure Coding System (HCPCS) procedure codes updates. In addition, the Department of Public Welfare (Department) is adding and end-dating other procedure codes. These changes are effective for dates of service on and after June 23, 2014.

SCOPE:

This bulletin applies to all providers enrolled in the MA Program who render services to beneficiaries enrolled in the MA Fee-for-Service (FFS) delivery system. Providers rendering services under the MA managed care delivery system should address any coding or billing questions to the appropriate managed care organization (MCO).

BACKGROUND:

The Department is adding and end-dating procedure codes as a result of implementing the 2014 HCPCS updates published by the Centers for Medicare and Medicaid Services (CMS). The Department is also adding and end-dating other procedure codes. As follows, some of the procedure codes being added to the MA Program Fee Schedule will require prior authorization.

In addition, the Department is updating procedure codes which currently appear on the MA Program Fee Schedule.

DISCUSSION:

Fee Schedule Revisions

The following procedure codes are being added to the MA Program Fee Schedule as a result of the 2014 HCPCS updates:

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p style="text-align: center;">The appropriate toll free number for your provider type</p> <p style="text-align: center;">Visit the Office of Medical Assistance Programs Web site at http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm</p>

Procedure Codes and Modifiers				
10030	19081	19081 (SG)	19082	19083
19083 (SG)	19084	19085	19085 (SG)	19086
19281	19282	19283	19284	19285
19286	19287	19288	23333 (SG)	23333 (RT)
23333 (LT)	23333 (50)	23334 (SG)	23334 (RT)	23334 (LT)
23334 (50)	23334 (80) (RT)	23334 (80) (LT)	23334 (80) (50)	23335 (RT)
23335 (LT)	23335 (50)	23335 (80) (RT)	23335 (80) (LT)	23335 (80) (50)
37217(RT)	37217 (LT)	37217 (50)	37236	37236 (SG)
37237	37238	37238 (SG)	37239	37241
37241 (SG)	37242	37242 (SG)	37243	37243 (SG)
37244	37244 (SG)	43191	43191 (SG)	43192
43192 (SG)	43193	43193 (SG)	43194	43194 (SG)
43195	43195 (SG)	43196	43196 (SG)	43197
43197 (SG)	43198	43198 (SG)	43211	43211 (SG)
43212	43212 (SG)	43213	43213 (SG)	43214
43214 (SG)	43229	43229 (SG)	43233	43233 (SG)
43253	43253 (SG)	43254	43254 (SG)	43266
43266 (SG)	43270	43270 (SG)	43274	43274 (SG)
43275	43275 (SG)	43276	43276 (SG)	43277
43277 (SG)	43278	43278 (SG)	49405	49405 (SG)
49406	49406 (SG)	49407	49407 (SG)	52356 (SG)
52356 (RT)	52356 (LT)	52356 (50)	64616 (SG)	64616 (RT)
64616 (LT)	64616 (50)	64617 (SG)	64617 (RT)	64617 (LT)
64617(50)	64642	64642 (SG)	64643	64644
64644 (SG)	64645	64646	64646 (SG)	64647
64647 (SG)	77293	77293 (TC)	77293 (26)	80155
80159	80169	80171	80175	80177
80180	80183	80199	80203	81287
87661	90673	92521 (U9)	92522 (U9)	92523 (U9)
92524 (U9)	93582	93582 (SG)	93582 (80)	93583
93583 (80)	A7047 (NU)	G0461	G0461 (TC)	G0461 (26)
G0462	G0462 (TC)	G0462 (26)	L0455	L0457
L0467	L0469	L0641	L0642	L0643
L0648	L0649	L0650	L0651	L1812 (RT)
L1812 (LT)	L1812 (50)	L1833 (RT)	L1833 (LT)	L1833 (50)

L1848 (RT)	L1848 (LT)	L1848 (50)	L3809 (RT)	L3809 (LT)
L3809 (50)	L3916 (RT)	L3916 (LT)	L3916 (50)	L3918 (RT)
L3918 (LT)	L3918 (50)	L3924 (LT)	L3924 (RT)	L3924 (50)
L3930 (RT)	L3930 (LT)	L3930 (50)	L4361 (RT)	L4361 (LT)
L4361 (50)	L4387 (RT)	L4387 (LT)	L4387 (50)	L4397 (RT)
L4397 (LT)	L4397 (50)	T4544		

The following procedure codes are being added to the MA Program Fee Schedule based upon provider requests, clinical review or significant program exception requests:

Procedure Codes					
81161	81200	81201	81202	81203	81211
81212	81213	81214	81215	81216	81217
81220	81240	81241	81243	81244	81245
81255	81256	81257	81260	81270	81275
81280	81281	81282	81292	81293	81294
81295	81296	81297	81298	81299	81300
81301	81302	81303	81304	81315	81316
81317	81318	81319	81324	81325	81326
81330	81331	81370	81371	81372	81373
81374	81375	81376	81377	81378	81379
81380	81381	81382	81383	81511	E0191
Q4107					

The following procedure codes are being end-dated from the MA Program Fee Schedule either as a result of the 2014 HCPCS updates or because they were previously end-dated by CMS:

Procedure Codes					
13150	19102	19103	19290	19291	19295
23331	23332	37204	37205	37206	37207
37208	37210	42802	43219	43228	43256
43258	43267	43268	43269	43271	43272
43456	43458	49021	49041	49061	64613
64614	75960	77031	77032	92506	93607
A4260	J1055	J7347	J7349	L7611	L7612
L7613	L7614	L7621	L7622	S3626	

The Department is end-dating procedure code 88342 and replacing it with G0461 as a result of the 2014 HCPCS updates:

Procedure Code	Description	Replacement Procedure Code	Description
88342	Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation , or hematologic smear; first separately identifiable antibody per slide	G0461	Immunohistochemistry or immunocytochemistry, per specimen; first single or multiplex antibody stain

In addition, the Department is end-dating the following procedure code from the MA Program Fee Schedule because it is considered a cosmetic surgical procedure. Under 55 Pa.Code § 1141.59(13) (relating to noncompensable services) payments will not be made for cosmetic surgery except when performed to improve the functioning of a malformed body member, to correct a visible disfigurement which would affect the ability of the person to obtain or hold employment, or as a post mastectomy breast reconstruction.

Procedure Code	Procedure Description
65765	Keratophakia

No new authorizations will be issued for the procedure codes being end-dated on and after June 23, 2014. For any of the above procedure codes that had a prior authorization issued before June 23, 2014, providers should submit claims using the end-dated procedure code, as set forth in the authorization issued by the Department. The Department will accept claims with the end-dated procedure codes until June 23, 2015, for those services that were previously prior authorized.

Prior Authorization Requirements

The following procedure codes for molecular pathology are being added to the MA Program Fee Schedule and will require prior authorization, as authorized under § 443.6(b)(7) (relating to reimbursement of certain medical assistance items and services) of the act of June 13, 1967 (P.L. 31, No. 21), known as the Public Welfare Code (Code) (62 P.S. § 443.6(b)(7)), and as described in the MA Provider Handbook which may be viewed online at:

<http://www.dpw.state.pa.us/publications/forproviders/promiseproviderhandbooksandbillingguides/index.htm>

Procedure Codes					
81161	81200	81201	81202	81203	81211
81212	81213	81214	81215	81216	81217
81220	81240	81241	81243	81244	81245
81255	81256	81257	81260	81270	81275
81280	81281	81282	81287	81292	81293
81294	81295	81296	81297	81298	81299
81300	81301	81302	81303	81304	81315
81316	81317	81318	81319	81324	81325
81326	81330	81331	81370	81371	81372
81373	81374	81375	81376	81377	81378
81379	81380	81381	81382	81383	81511

The following procedure code being added to the MA Program Fee Schedule will require prior authorization, as authorized under § 443.6(b)(7) of the Code:

Procedure Code	Procedure Description
Q4107	Graft jacket, per square centimeter

The following procedure codes being added to the MA Program Fee Schedule are orthoses and will require prior authorization, as authorized under § 443.6(b)(1) of the Code:

Procedure Codes				
L0455	L0457	L0467	L0469	L0641
L0642	L0643	L0648	L0649	L0650
L0651	L1812 (RT)	L1812 (LT)	L1812 (50)	L1833 (RT)
L1833 (LT)	L1833 (50)	L1848 (RT)	L1848 (LT)	L1848 (50)
L3809 (RT)	L3809 (LT)	L3809 (50)	L3916 (RT)	L3916 (LT)
L3916 (50)	L3918 (RT)	L3918 (LT)	L3918 (50)	L3924 (RT)
L3924 (LT)	L3924 (50)	L3930 (RT)	L3930 (LT)	L3930 (50)
L4361 (RT)	L4361 (LT)	L4361 (50)	L4387 (RT)	L4387 (LT)
L4387 (50)	L4397 (RT)	L4397 (LT)	L4397 (50)	

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Right/Left/50 Modifiers

The surgical procedure code 69210 will have modifiers right (Rt), left (Lt) and bilateral (50) added because the description of the service changed as a result of the 2014 HCPCS updates. The procedures may be performed laterally or bilaterally. The units will be increased from 1 unit per day to 1-2 units because of the allowance of bilateral services.

The surgical procedure codes 31295, 31296, 31297, and 69210 will be updated to include Provider Type (PT), Provider Specialty (PS), and/or Place of Service (POS), as indicated below, in addition to what is presently indicated on the MA Program Fee Schedule:

Procedure Codes	Provider Type/Specialty (PT/PS)	Place of Service (POS)
31295 31296 31297	31/All	11 – Office
31295 31296 31297	01/183	22 – Outpatient Hospital
31295 31296 31297	08/082	49 – Independent Clinic
69210	01/183	22 – Outpatient Hospital
69210	08/082	49 – Independent Clinic

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

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

PROCEDURE:

Attached is the list of 2014 HCPCS and Other Procedure Code Updates, effective June 23, 2014. Included in this document are the procedure codes, procedure code descriptions, procedure code modifiers, prior authorization requirements, and limits for the procedure codes discussed in this MA Bulletin. The procedure codes that require prior authorization are identified by a "Yes" under the "Prior Authorization Required" heading.

In addition to the information listed above, the attachment includes the number of post-operative days associated with newly added surgical services. MA regulations at 55 Pa.Code

§ 1150.54 (relating to surgical services), states that the fee for inpatient and outpatient surgical procedures includes post-operative inpatient, outpatient office and home visits provided by the practitioner who performed the procedure for the number of postoperative days specified in the MA Program Fee Schedule.

The MA Program Fee Schedule will be updated to reflect these changes. Providers may access the on-line version of the fee schedule at the Department's website at: <http://www.dpw.state.pa.us/publications/forproviders/schedules/mafeeschedules/index.htm> .

ATTACHMENTS:

2014 HCPCS and Other Procedure Code Updates, Effective June 23, 2014