




<b>ISSUE DATE</b>  February 26, 2018	<b>EFFECTIVE DATE</b>  February 26, 2018	<b>NUMBER</b>  01-18-03, 08-18-03, 09-18-03, 27-18-02, 28-18-01, 31-18-03, 33-18-03
<b>SUBJECT</b>  Clinical Laboratory Improvement Amendments Excluded Laboratory Services Update		<b>BY</b>   Sally A. Kozak, Acting Deputy Secretary Office of Medical Assistance Programs

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at:  
[http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S\\_001994](http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994).

**PURPOSE:**

The purpose of this bulletin is to advise providers of updates to the Medical Assistance (MA) Program Fee Schedule, to include the addition of procedure codes excluded from the Clinical Laboratory Improvement Amendments (CLIA) certificate requirements and the addition of Provider Type (PT), Provider Specialty (Spec), and Place of Service (POS) codes to procedure codes that are already open on the MA Program Fee Schedule. These changes are effective for dates of service on and after February 26, 2018.

**SCOPE:**

This bulletin applies to acute care general hospitals, independent medical surgical clinics, independent laboratories, physicians, Certified Registered Nurse Practitioners, dentists, and Certified Nurse Midwives 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:**

Each year, the Centers for Medicare and Medicaid Services (CMS) releases a list of new Current Procedural Terminology (CPT) codes that are laboratory tests under CLIA, as well as any modifiers, that are excluded from CLIA certificate requirements. The Department of

**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 Web site at  
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>

Human Services (Department) identified seven procedure codes to add to the MA Fee Schedule, and six codes that needed to be opened for a broader range of providers, provider specialties and places of service, in order to make the services available outside of the laboratory setting.

**DISCUSSION:**

*Additions to the MA Fee Schedule*

The Department opened the following procedure codes on the MA Program Fee Schedule as a result of the CLIA Excluded Laboratory Services Update:

Procedure Code	Description	Provider Type	Provider Specialty	Place of Service	MA Fee	Prior Auth.	Units	Limits
83013	Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, c-13)	01	016	23	\$60.10	No	Per test	Once per day
		01	017	23				
		01	183	22				
		08	082	49				
		09	All	11				
		28	280	81				
86077	Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report	01	017	23	\$41.83	No	Per procedure	Once per day
		01	183	22				
		08	082	49				
		28	280	81				
		31	All	11, 21, 23				
86078	Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report	01	017	23	\$41.56	No	Per procedure	Once per day
		01	183	22				
		08	082	49				
		28	280	81				
		31	All	11, 21, 23				
86079	Blood bank physician services; authorization for deviation from standard blood	01	017	23	\$41.56	No	Per procedure	Once per day
		01	183	22				

	banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report	08	082	49				
		28	280	81				
		31	All	11, 21, 23				
88329	Pathology consultation during surgery	01	016	23	\$29.77	No	Per procedure	Once per day
		01	017	23				
		01	183	22				
		08	082	49				
		27	All	11, 21, 24				
		28	280	81				
		31	All	11, 21, 24				
88738	Hemoglobin (Hgb), quantitative, transcutaneous	01	016	23	\$4.47	No	Per test	Once per day
		01	017	23				
		01	183	22				
		08	082	49				
		09	All	11				
		28	280	81				
		31	All	11				
		33	335	11				
89049	Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report	01	183	22	\$53.03	No	Per test	Once per day
		28	280	81				

*Updates to Procedure Codes Currently on the MA Program Fee Schedule*

The Department added the PT, Spec, and POS code combinations to the procedure codes on the MA Program Fee Schedule as follows:

Procedure Code	Description	Provider Type	Provider Specialty	Place of Service
86485	Skin test; candida	08	082	49
		09	All	11
		31	All	11
		33	335	11
86490	Skin test; coccidioidomycosis	08	082	49
		09	All	11
		31	All	11
		33	335	11
86510	Skin test: histoplasmosis	08	082	49
		09	All	11
		31	All	11
		33	335	11
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotype bioinformatics	31	All	11
88720	Bilirubin, total transcutaneous	08	082	49
		09	All	11, 12
		31	All	11, 12
		33	335	11, 12
88740	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	08	082	49
		09	All	11
		31	All	11

**PROCEDURE:**

The MA Program Fee Schedule was updated to reflect these changes. Providers may access the online version of the fee schedule at the Department’s website at: <http://www.dhs.pa.gov/publications/forproviders/schedules/mafeeschedules>.

*Service Limits*

The MA Program established service limits for these procedure codes. When a provider determines that an MA beneficiary is in need of a service or item in excess of the established limits, the provider may request a waiver of the limits through the 1150 Administrative Waiver, i.e. Program Exception (PE), process. For instructions on how to apply for a PE, refer to your provider handbook at: <http://www.dhs.pa.gov/publications/forproviders/promiseproviderhandbooksandbillingguides>.

*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 before implementing the limits.