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| ISSUE DATE January 2, 2019 | EFFECTIVE DATE January 14, 2019 | NUMBER 01-19-01, 08-19-01, 09-19-01, 28-19-01, 31-19-01, 33-19-01 |
| SUBJECT Updates to Laboratory Services on the Medical Assistance Program Fee Schedule; Prior Authorization for Noninvasive Prenatal Screening (NiPS) | BY  Sally A. Kozak, 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.

PURPOSE:

The purpose of this bulletin is to inform providers of the addition of clinical laboratory procedure codes related to Noninvasive Prenatal Screening to the MA Program Fee Schedule, the requirements for prior authorization of these services, 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 January 14, 2019.

SCOPE:

This bulletin applies to all Hospital Based Medical Clinics, Independent Medical/Surgical Clinics, Family Planning Clinics, Certified Registered Nurse Practitioners, Laboratories, Physicians, and Certified Nurse Midwives enrolled in the MA Program that provide laboratory services to MA beneficiaries, in the fee-for-service delivery system. Providers rendering services in the managed care delivery system should address any coding or billing questions to the appropriate MA managed care organization.

BACKGROUND/DISCUSSION:

Procedure Codes to be Added to the MA Program Fee Schedule

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
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>

The American College of Obstetricians and Gynecologists (ACOG) Practice Bulletin No. 163 recommends that “all women should be given the option of aneuploidy screening or diagnostic testing for fetal genetic disorders, regardless of maternal age.” The Department of Human Services (Department) is adding clinical laboratory procedure codes 81420 and 81507 for Noninvasive Prenatal Screening (NiPS), as described below, to the MA Program Fee Schedule due to the ACOG guideline, as well as setting limitations and prior authorization requirements. These procedure codes are effective for dates of service on and after January 14, 2019:

| Procedure Code | Description | Provider Type | Provider Specialty | Place of Service | MA Fee | Prior Auth. | Units | Limits |
|----------------|---|---------------|--------------------|------------------|----------|-------------|----------|--------------|
| 81420 | Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21 | 01 | 183 | 22 | \$607.24 | yes | per test | once per day |
| | | 28 | 280 | 81 | | | | |
| 81507 | Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy | 01 | 183 | 22 | \$636.00 | yes | per test | once per day |
| | | 28 | 280 | 81 | | | | |

Prior Authorization Requirements and Clinical Guidelines

Clinical laboratory procedure codes 81420 and 81507, which are being added to the MA Program Fee Schedule, will require prior authorization, as authorized under 62 P.S. § 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 Human Services Code, and as described in the MA Provider Handbook, which may be viewed online at:

<http://www.dhs.pa.gov/publications/forproviders/promiseproviderhandbooksandbillingguides/index.htm>.

The Department will review and evaluate the PA request for NiPS and determine whether the screening is medically necessary by taking into account the following:

- Whether the beneficiary is at least ten weeks pregnant at time of testing and is carrying a single gestation;
- Whether there is documentation of pretest genetic counseling;
- Whether there is documentation of a scheduled appointment for posttest counseling; and

- Whether there is documentation of how the results of the test will change, influence, or be considered in the care of the mother.

In evaluating the request for prior authorization, the Department will assess the medical necessity for the requested service. If the Department’s nurse reviewer determines that the requested service meets the clinical guidelines set forth above, the Department’s nurse reviewer will approve the request. If the Department’s nurse reviewer determines that the PA request does not meet the above clinical guidelines, or is unable to determine whether the PA request meets the above clinical guidelines, the request will be referred to a physician reviewer for a medical necessity determination. Such a request for PA may be approved when, in the professional judgment of the physician reviewer, the NiPS is medically necessary to meet the medical needs of the beneficiary.

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

The Department recently reviewed the Provider Performed Microscopy Procedures (PPMP) on the MA Program Fee Schedule, and determined some Provider Type (PT), Specialty (Spec), and Place of Service (POS) codes required updates. The Department is adding the PT, Spec, and POS, as noted below, to procedure codes currently on the MA Program Fee Schedule, to enhance patient quality of care:

| Procedure Code | Description | Provider Type | Provider Specialty | Place of Service | Info Modifier | Prior Auth. | Units | Limits |
|----------------|--|---------------|--------------------|------------------|---------------|-------------|----------|--------------|
| 81000 | Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy | 08 | 082 | 49 | | no | per test | once per day |
| | | 08 | 082 | 49 | FP | | | |
| | | 09 | All | 11 | | | | |
| | | 09 | All | 11 | FP | | | |
| | | 31 | All | 11 | | | | |
| | | 31 | All | 11 | FP | | | |
| | | 33 | 335 | 11 | | | | |
| 81001 | Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy | 08 | 082 | 49 | | no | per test | once per day |
| | | 08 | 082 | 49 | FP | | | |
| | | 09 | All | 11 | | | | |
| | | 09 | All | 11 | FP | | | |
| | | 31 | All | 11 | | | | |
| | | 31 | All | 11 | FP | | | |
| | | 33 | 335 | 11 | | | | |
| 89055 | Leukocyte assessment, fecal, qualitative or semiquantitative | 08 | 082 | 49 | | no | per test | once per day |
| | | 09 | All | 11 | | | | |
| | | 31 | All | 11 | | | | |
| | | 33 | 335 | 11 | | | | |

| | | | | | | | | |
|-------|---|----|-----|--------|----|----|----------|--------------|
| 89190 | Nasal smear for eosinophils | 08 | 082 | 49 | | no | per test | once per day |
| | | 09 | All | 11 | | | | |
| | | 31 | All | 11 | | | | |
| Q0111 | Wet mounts, including preparations of vaginal, cervical or skin specimens | 08 | 082 | 49 | | no | per test | once per day |
| | | 08 | 082 | 49 | FP | | | |
| | | 08 | 083 | 22, 49 | FP | | | |
| | | 09 | All | 11 | | | | |
| | | 09 | All | 11 | FP | | | |
| | | 31 | All | 11 | FP | | | |
| | | 33 | 335 | 11 | | | | |
| | | 33 | 335 | 11 | FP | | | |
| Q0112 | All potassium hydroxide (KOH) preparations | 08 | 082 | 49 | | no | per test | once per day |
| | | 08 | 082 | 49 | FP | | | |
| | | 08 | 083 | 22, 49 | FP | | | |
| | | 09 | All | 11 | | | | |
| | | 09 | All | 11 | FP | | | |
| | | 31 | All | 11 | | | | |
| | | 31 | All | 11 | FP | | | |
| | | 33 | 335 | 11 | | | | |
| Q0113 | Pinworm examinations | 08 | 082 | 49 | | no | per test | once per day |
| | | 09 | All | 11 | | | | |
| | | 31 | All | 11 | | | | |
| | | 33 | 335 | 11 | | | | |
| Q0114 | Fern test | 08 | 082 | 49 | | no | per test | once per day |
| | | 09 | All | 11 | | | | |
| | | 31 | All | 11 | | | | |
| | | 33 | 335 | 11 | | | | |

NOTE: The Department is not changing fees associated with the updates to the PPMP codes.

PROCEDURE:

The Department updated the MA Program Fee Schedule to reflect these changes, which are effective for dates of services on and after January 14, 2019. Providers are to bill the Department using the updated fee schedule additions and changes effective for dates of service on and after January 14, 2019. Providers may view the online version of the MA Program Fee Schedule by accessing the Department’s website at: <http://www.dhs.pa.gov/publications/forproviders/schedules/mafeeschedules/index.htm>.

Reminder: Providers are to view the MA Program Fee Schedule to ascertain if a laboratory service requires PA. Providers should secure PA before the MA beneficiary goes to the laboratory for testing.