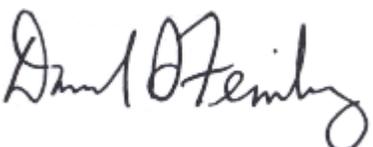


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE		
	ISSUE DATE: September 16, 2005	EFFECTIVE DATE: October 1, 2005	NUMBER: 05-05-01
SUBJECT: Medical Assistance Program Fee Schedule Procedure Code Changes for Home Health Agency Services		BY:  David S. Feinberg Deputy Secretary for Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to notify home health agencies of the national procedure codes and modifiers, as applicable, which will be used in place of local procedure codes effective with dates of service on or after October 1, 2005.

SCOPE:

This bulletin applies to all home health agencies that render services to Medical Assistance (MA) recipients in the fee-for-service delivery system. Home health agencies rendering services under the managed care delivery system should address any coding or rate-related questions to the appropriate managed care organization..

BACKGROUND/DISCUSSION:

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) require the Secretary of Health and Human Services to adopt national standards for transactions and code sets. 42 U.S.C. § 1320d-2(a), (c). The HIPAA regulations require the Department of Public Welfare (Department) to use national codes. 45 C.F.R. § 162.1000. In accordance with HIPAA and the implementing regulations, the Department is adopting national procedure codes and modifiers for home health agency services that are to be used in place of local procedure codes with dates of service on or after October 1, 2005.

PROCEDURE:

The attached spreadsheet cross walks the local and national procedure codes by identifying the local procedure codes currently used for home health agency services that are being end-dated and the national procedure codes and modifiers that are replacing them.

Local procedure codes currently used for home health agency services that will be end-dated and replaced with national procedure codes are set forth below:

Procedure Code	Procedure Code	Procedure Code	Procedure Code
W0200	W0520	W0521	W0522
W0523	W0524	W0529	W0530
W0531	W0532	W0533	W0534
W0938	W0939	W9065	

All home health agencies who render home health services to MA recipients in the fee-for-service delivery system are directed to refer to the attached Home Health Agency Services Local to National Procedure Code Cross Walk to determine the appropriate national procedure code and modifier(s), as applicable, to use in place of the local procedure code for dates of service on or after October 1, 2005. Columns one through four provide information related to the end-dated Local Procedure Code, the former MAMIS Provider Type, the former MAMIS Type of Service, and the Local Code Description. Columns five

through fourteen provide information on the National Procedure Code, PROMISE™ Provider Type and PROMISE™ Provider Specialty eligible to bill the procedure code, PROMISE™ Place of Service, required Pricing Modifier and Informational Modifier, National Procedure Code Description, MA Unit of Service, MA Fee, and MA Prior Authorization requirement. Failure to use the appropriate national procedure code and modifier(s) combination will result in inappropriate claims payment or claim denial.

Services rendered on or before September 30, 2005 must be billed using the local procedure code. Except as set forth below, services rendered on or after October 1, 2005 must be billed using the national procedure code.

For any of the following local 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 local procedure code. The Department will accept invoices using the local procedure code until March 1, 2007.

Procedure Code	Procedure Code	Procedure Code	Procedure Code
W0200	W0520	W0521	W0522
W0523	W0524	W0529	W0530
W0531	W0532	W0534	W0938
W0939	W9065		

Several of the national procedure codes to which the local procedure codes were cross walked have a different unit of service associated with them than the unit of service associated with the local procedure code being replaced. The Department has cross walked the local home health procedure codes to national procedure codes only in relation to the description of the services and will continue to use a "per visit" unit of service and the current MA Program fee as set forth in regulations, established policy and the MA Program Fee Schedule. For example, the unit of service for some local home health procedure codes is identified as "per visit," while the cross walked national procedure code references a 15 minute unit of service. Providers using the national procedure code to bill for home health agency visits, including visits by an occupational, physical or speech therapist, will continue to bill one unit of service which will continue to be paid at the current MA Program Fee Schedule rate of \$77.00. Information about the unit of service and payment rates for national procedure codes is identified in the "MA Unit of Service" and "MA Fee" columns on the attached cross walk.

ATTACHMENT:

Home Health Agency Services Local to National Procedure Code Cross Walk

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 www.dpw.state.pa.us/omap.