

	<b>MEDICAL ASSISTANCE BULLETIN</b> <b>COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE</b>		
	<b>ISSUE DATE:</b> October 14, 2005	<b>EFFECTIVE DATE:</b> November 1, 2005	<b>NUMBER</b> 08-05-09
<b>SUBJECT:</b> Medical Assistance Program Fee Schedule Procedure Code Changes for Family Planning Clinic Services		<b>BY:</b>  David S. Feinberg Deputy Secretary for Medical Assistance Programs	

**PURPOSE:**

The purpose of this bulletin is to notify family planning clinics 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 November 1, 2005.

**SCOPE:**

This bulletin applies to all family planning clinics that render services to Medical Assistance (MA) recipients in the fee-for-service delivery system. Family planning clinics 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 provision of the Health Insurance Portability and Accountability Act (HIPAA) require the Secretary of Health and Human Services to adopt national standards for transactions and codes 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 for dates of service on or after November 1, 2005.

**PROCEDURE:**

The attached spreadsheet cross walks the local to national procedure codes by identifying the local procedure codes currently used for family planning clinic services that are being end-dated and the national procedure codes and modifiers, as applicable, that are replacing them.

Effective with dates of service on or after November 1, 2005, the following local procedure codes are being end-dated:

Procedure Code	Procedure Code	Procedure Code	Procedure Code
W1851	W6003	W9181	W9182
W9183	W9184	W9185	X5746
X5831	Z4561	Z9983	Z9984
Z9985	Z9997	Z9999	

Except as set forth below, these local procedure codes are being replaced with national procedure codes.

Local procedure code W9181 defined as "Family Planning Clinic Visit, Comprehensive Visit" is being unbundled. Under the local procedure code, all services performed during the visit including hemoglobin and pregnancy laboratory testing, papanicolaou smear, urine dipstick and contraceptive dispensing were included in the payment. The national procedure code provides payment for the visit, and not any additional services, drugs or supplies provided during the visit. The fee for the

national procedure code is \$20.00 per visit.

Local procedure code W9182 defined as "Family Planning Clinic Visit, Problem Visit" is being unbundled. Under the local procedure code, all services performed during the visit including contraceptive dispensing were included in the payment. The national procedure code provides payment for the visit, and not any additional services, drugs or supplies provided during the visit. The fee for the national procedure code is \$20.00.

Local procedure code W9184 defined as "Family Planning Clinic Visit, Routine Revisit" is being unbundled. Under the local procedure code, all services performed during the visit including pregnancy laboratory testing, papanicolaou smear, urine dipstick and contraceptive dispensing were included in the payment. The national procedure code provides payment for the visit, and not any additional services, drugs or supplies provided during the visit. The fee for the national procedure code is \$20.00.

Local procedure code X5831 defined as "Implantation of Contraceptives, Including Device (eg. Norplant)" is being unbundled. Family planning clinics will bill the cross walked national procedure code at the MA Fee Schedule fee of \$100.00 rather than the \$500.00 fee associated with the local procedure code. The national procedure code only includes payment for the surgical procedure to implant the contraceptive.

Local procedure code W9185 defined as "Women's Medical Service - Title XX" should not be on the MA Program Fee Schedule as it is not a Title XIX service. Local procedure code X9185 is being end-dated and not cross walked to a national procedure code.

Local procedure code Z9983 defined as "Progestasert Intrauterine Device (IUD)" is being end-dated and not cross walked to a national procedure code as the Progestasert IUD is no longer manufactured.

As of November 1, 2005, MA enrolled Medical Directors with fee assignments to family planning clinics may bill from the Drug Reference File using the 10-digit National Drug Code(s) for drugs or supplies associated with the end-dated local procedure codes: W1851, X5831 Z4561, Z9994, Z9985, Z9997, and Z9999. These claims can only be submitted via the internet as a pharmacy claim or electronically on Provider Electronic Solution Software using the 837P and by completing the Pharmacy Section. Paper claims cannot be submitted when billing from the Drug Reference File.

Family planning clinics are reminded of the requirements in 55 Pa.Code, Chapter 1121.55 (c) relating to Method of payment for a compensable legend and nonlegend drug, which sets forth that the provider shall bill its usual and customary charge for the general public to the Department.

All family planning clinics that render services to MA recipients in the fee-for-service delivery system are directed to refer to the attached 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 November 1, 2005. Columns one through four provide information related to the end-dated Local Procedure Code, former MAMIS Provider Type, former MAMIS Type of Service, and 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 Comments. Failure to use the appropriate national procedure code and modifier(s) combination will result in inappropriate claim payment or claim denial.

Services rendered on or before October 30, 2005 must be billed using the local procedure code. Services rendered on or after November 1, 2005 must be billed using the national procedure code or billed from the Drug Reference File.

The Department consulted with the Family Planning Councils prior to making these changes.

**ATTACHMENT:**

Family Planning Services - Title XIX Local to National Procedure Code Cross Walk

<p><b>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</b></p> <p>The appropriate toll-free number for your provider type.</p> <p>Visit the Office of Medical Assistance Programs website at <a href="http://www.dpw.state.pa.us/omap">www.dpw.state.pa.us/omap</a>.</p>
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