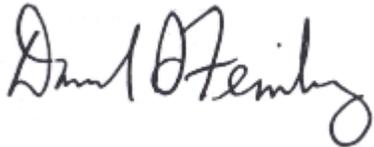


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE		
	NUMBER: 99-05-10	ISSUE DATE: June 20, 2005	EFFECTIVE DATE: February 7, 2005
SUBJECT: Corrections to MA Bulletin 99-05-04: Addition of HCPCS Codes to Medical Assistance Programs Fee Schedule.		BY:  David S. Feinberg Deputy Secretary for Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to issue corrections to MA Bulletin 99-05-04, issued February 5, 2005 due to the inadvertent omission of necessary HCPCS Codes on the Medical Assistance Program Fee Schedule.

SCOPE:

This bulletin applies to all providers of durable medical equipment and pharmacy providers enrolled in the Pennsylvania Medical Assistance Program and providing services under the Fee-for-Service delivery system. Providers rendering services under the Managed Care delivery system should address any coding or billing questions to the appropriate physical health managed care organization.

BACKGROUND:

The 2004 updates to the Healthcare Common Procedure Coding System (HCPCS) published by the Centers for Medicare & Medicaid Services (CMS) included end dated codes. On some end dated codes, CMS references another code for providers to use in place of the end dated code.

With the February 7, 2005 implementation of MA Bulletin 99-05-04, changes were made to the Medical Assistance Fee Schedule as a result of the 2004 CMS HCPCS Updates. With that MA Bulletin, codes end dated with the CMS 2004 HCPCS Updates were end dated from the MA Fee Schedule.

The Office of Medical Assistance Programs has identified codes that CMS referenced for providers to use in place of end dated codes that were not on the MA Fee Schedule.

To correct this, the following codes are being added to the Medical Assistance Fee Schedule, effective February 7, 2005:

CODE	MODIFIER	PRICE	TERMINOLOGY
E0950	NU	\$91.36	Wheelchair accessory, tray, each
E0950	RR	\$9.15	Wheelchair accessory, tray, each
E0952	NU	\$16.56	Toe loop/holder, any type, each
E0952	RR	\$1.66	Toe loop/holder, any type, each

E0959	NU	\$83.13	Manual wheelchair accessory, adapter for amputee, each
E0959	RR	\$8.33	Manual wheelchair accessory, adapter for amputee, each
E0961	NU	\$22.53	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0961	RR	\$2.73	Manual wheelchair accessory, wheel lock brake extension (handle), each
E0966	NU	\$56.90	Manual wheelchair accessory, headrest extension, each
E0966	RR	\$5.69	Manual wheelchair accessory, headrest extension, each
E0967	NU	\$53.30	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
E0967	RR	\$5.36	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
E0972	NU	\$41.50	Wheelchair accessory, transfer board or device, each
E0972	RR	\$4.19	Wheelchair accessory, transfer board or device, each
E0974	NU	\$68.91	Manual wheelchair accessory, anti-rollback device, each
E0974	RR	\$7.31	Manual wheelchair accessory, anti-rollback device, each
E0992	NU	\$71.08	Manual wheelchair accessory, solid seat insert
E0992	RR	\$6.91	Manual wheelchair accessory, solid seat insert
E0995	NU	\$23.23	Wheelchair accessory, calf rest/pad, each
E0995	RR	\$2.33	Wheelchair accessory, calf rest/pad, each
E1226*	NU	\$407.60	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
E1226	RR	\$41.96	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
E1810*	RT, LT, 50	\$725.00	Dynamic adjustable knee extension/flexion device, includes soft interface material

*Codes Requiring Prior Authorization: E1226 NU and E1819 RT,LT,50 cost more than \$100 and therefore are subject to prior authorization under 62 P.S. § 442.6(b)(2) (relating to reimbursement for certain medical assistance items and services).

Local procedure codes being end dated and cross walked to new procedure codes as result of the addition of the above codes to the Medical Assistance Fee Schedule:

END DATE February 6, 2005	USE February 7, 2005
W6066	E0995
W6068	E0992
W6070	E0996
Y9922	E0950

Z0991 E1226

Z0992 E0992

Z0936 E1810

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Fee-For-Service Programs
P.O. Box 8047
Harrisburg, PA 17101
or
Call the appropriate toll-free
number for your provider type

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.