



MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE	EFFECTIVE DATE	NUMBER
December 27, 2005	January 1, 2006	15-05-02

SUBJECT
Medical Assistance Program Fee Schedule Procedure Code
Changes for Chiropractic Services

BY

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PURPOSE:

The purpose of this bulletin is to notify providers of chiropractic services of the national procedure codes and modifiers, as applicable, which will be used in place of local procedure codes for dates of service on or after January 1, 2006.

SCOPE:

This bulletin applies to all providers that render chiropractic services to Medical Assistance (MA) recipients in the fee-for-service delivery system. Providers rendering chiropractic 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 end-dating local procedure codes for chiropractic services. The end-dated local procedure codes are being cross walked to either new national procedure codes that the Department is adding to the MA Program Fee Schedule or existing national procedure codes already on the MA Program Fee Schedule.

PROCEDURE:

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

All providers of chiropractic services who render services to MA recipients in the fee-for-service delivery system are directed to refer to the attached cross walk to determine the

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

appropriate national code and modifier(s), as applicable, to use in place of the local procedure code for dates of service on or after January 1, 2006. 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.

The following local procedure codes currently used for chiropractic services will be end-dated.

Procedure Code	Procedure Code	Procedure Code
W9030	W9000	W9960

The attached Chiropractic Services Local to National Procedure Code Cross Walk identifies the new or existing national procedure codes and modifiers, if applicable, that are to be used for dates of service on or after January 1, 2006.

Effective for dates of service on or after January 1, 2006, the Department will be adding the following new national procedure codes and modifiers, if applicable, for chiropractic services provided to MA recipients in the fee-for-service delivery system.

National Procedure Code	Pricing Modifier	Informational Modifier	MA Fee
98940			\$13.00
98941			\$13.00
99344	U9		\$13.00
99345	U9		\$13.00
99499			\$7.00

Services rendered on or after January 1, 2006 must be billed using the national procedure code.

ATTACHMENT: Chiropractic Services Local to National Procedure Codes Cross Walk