



MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE	EFFECTIVE DATE	NUMBER
January 27, 2006	February 1, 2006	31-06-05

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

BY

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Office of Medical Assistance Programs

PURPOSE:

The purposes of this bulletin are to notify physicians:

- 1) That national procedure codes will replace local procedure codes for dates of service on or after February 1, 2006; and
- 2) That local code X1070 is being end-dated effective February 1, 2006 and is not being replaced with a national procedure code.

SCOPE:

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

BACKGROUND/DISCUSSION:

Regulations issued by the United States Department of Health and Human Services under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. §§ 1320d-1320d-8 require the Department to use national procedure codes and eliminate local procedure codes. 45 C.F.R. § 162.1000. The Department is therefore adopting national procedure codes for physician services for dates of service on or after February 1, 2006, as set forth below.

PROCEDURE:

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

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

Local procedure code X1070 is being end-dated from the MA Program Fee Schedule and will not be replaced with a national procedure code. The regulation at 55 Pa.Code §1150.51(h)(5) (relating to general payment policies) precludes a separate payment for the removal of sutures. The fee for surgical services includes the removal of sutures. See Pa. Code §§1150.54 (a)(4)(iii) and (b)(1)(ii) (relating to surgical services).

Local procedure codes W0160 and X1720 are being end-dated and will be cross walked to either existing national procedure codes or to national procedure code 17004, which will be added to the MA Program Fee Schedule effective for dates of service on or after February 1, 2006. The MA Program Fee Schedule rate for national procedure code 17004 is \$132.38.

The SU modifier associated with national procedure code 11720 is being end-dated because there have been no claims submitted using this procedure code and modifier combination since January 1, 2002.

Physicians 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 appropriate national code and modifier(s), as applicable, to use in place of the local procedure code for dates of service on or after February 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 Definition, 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 after February 1, 2006 must be billed using the national procedure code.

ATTACHMENT: Physician Services Local to National Procedure Code Cross Walk