

	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE		
	NUMBER: 06-06-01, 31-06-06	ISSUE DATE: January 27, 2006	EFFECTIVE DATE: February 1, 2006
SUBJECT: Medical Assistance Program Fee Schedule Procedure Code Changes for Hospice Services		BY:  James L. Hardy, Acting Deputy Secretary Office of Medical Assistance Programs	

PURPOSE:

The purposes of this bulletin are to notify providers of hospice services that:

1. National procedure codes will be used in place of local procedure codes for dates of service on or after February 1, 2006; and
2. Local procedure code W0608 is being end-dated and not replaced with a national procedure code for physicians providing non-hospice acute care services to hospice recipients in the acute care general hospital setting.

SCOPE:

This bulletin applies to all providers of hospice services that render services to Medical Assistance (M A) recipients in the fee-for-service delivery system. Providers rendering hospice 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 hospice services for dates of service on or after February 1, 2006, as set forth below.

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

PROCEDURE:

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

Local procedure code W0607 titled "Physician Direct Care, Must Be Provided By A Hospice Physician And Must Be Related To The Patient's Terminal Illness" is being replaced by national procedure code 99347 which is already on the M A Program Fee Schedule.

Local procedure code W0608 titled "Attending Physician Direct Care, General Inpatient Care, Comprehensive, Must Be Provided By A Physician Not Related To Hospice" is being end-dated and not replaced with a national procedure code because providers have not submitted claims using this procedure code since January 1, 2001. Physicians providing acute care general hospital services to hospice recipients should bill for this service using either national procedure code 99221, 99222, 99223, 99231, 99232, or 99233, whichever is appropriate.

Effective for dates of service on or after February 1, 2006, the Department is adding the following new national procedure codes to the M A Program Fee Schedule. These national procedure codes are replacing the specific end-dated local procedure codes set forth below:

National Procedure Code	M A Fee	End-Dated Local Procedure Code
T2042	Provider Specific Rate	W0602
T2043	Provider Specific Rate	W0603
T2044	Provider Specific Rate	W0604
T2045	Provider Specific Rate	W0605
T2046	Provider Specific Rate	W0606

All providers who render hospice services to MA recipients in the fee-for-service delivery system are directed to refer to the attached crosswalk 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, M A 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.

Attachments

Hospice Services Local to National Procedure Code Cross Walk