

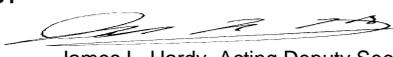


MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE	EFFECTIVE DATE	NUMBER
February 28, 2006	March 1, 2006	08-06-03

SUBJECT
Medical Assistance Program Fee Schedule
Procedure Code Changes for
Independent Medical-Surgical Clinic Services

BY

James L. Hardy, Acting Deputy Secretary
Office of Medical Assistance Programs

PURPOSE:

The purposes of this bulletin are to notify independent medical-surgical clinics:

1. Of the national procedure codes and modifiers, as applicable, which will be used in place of local procedure codes that are being end-dated for dates of service on or after March 1, 2006; and
2. That local codes W9400 and W9562 are being end-dated effective March 1, 2006 and not being replaced with a national procedure code.

SCOPE:

This bulletin applies to all independent medical-surgical clinics that render services to Medical Assistance (MA) recipients in the fee-for-service delivery system. Independent medical-surgical 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:

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 end-dating local procedure codes and replacing them with national procedure codes. The Department previously end-dated other local procedure codes used by independent medical-surgical clinics.

PROCEDURE:

Local procedure code W9400 is being end-dated and not replaced with a national procedure code because there have been no claims submitted using this procedure code since January 1, 2004. In addition, the regulation at 55 Pa.Code §1221.51(1) (relating to general

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The appropriate toll-free number for your provider type.

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

payment policy) provides that the fee for a clinic visit includes the administration of drugs and biologicals.

Local procedure code W9562 is being end-dated and not replaced with a national procedure code because there have been no claims submitted using this procedure code since January 1, 2004.

The 80 modifier associated with national procedure codes 57460 and 57461 is being end-dated because the prevailing standard of care is that these procedures do not require the services of an assistant surgeon.

The Department is adding the following national procedure codes to the MA Program Fee Schedule. These national procedure codes are replacing the specific end-dated local procedure codes set forth below:

National Procedure Code	Pricing Modifier	Informational Modifier	MA Fee	Local Procedure Code
P9021			\$30.00	W6013
P9019			\$30.00	W6014
76001			\$27.50	Y7600
76001	26		\$11.00	Y7600
76001	TC		\$16.50	Y7600

The attached Independent Medical-Surgical Clinic Services Local to National Procedure Code Cross Walk identifies the local procedure codes that are being end-dated and replaced with national procedure codes. Some of these local procedure codes are being cross walked to national procedure codes already on the MA Program Fee Schedule. In some cases, new modifiers are being added to the national procedure codes. Some of the fees for the national procedure codes are higher and some are lower than the fees corresponding with the local procedure codes.

The attached cross walk identifies the appropriate national codes and modifiers, if applicable, that are to be used in place of the local procedure codes that are being end-dated for dates of service on or after March 1, 2006. Columns one through four provide information related to the end-dated Local Code, former MAMIS Provider Type, former MAMIS Type of Service, and Local Code Definition. Columns five through fourteen provide information on the National Code, PROMISe™ Provider Type and PROMISe™ Specialty eligible to bill the procedure code, PROMISe™ Place of Service, required Pricing Modifier and Informational Modifier, National 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 March 1, 2006 must be billed using the national procedure code.

Providers may access the Office of Medical Assistance Programs' (OMAP) website for MA Bulletins issued to independent medical-surgical clinics that contain information on other end-dated local procedure codes at the following link:
<http://www.dpw.state.pa.us/omap/omapprovmain.asp>.

ATTACHMENT:

Independent Medical-Surgical Clinic Services Local to National Procedure Code Cross Walk