MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

SUBJECT Increase in Hospital Special Treatment Room Support Component - Payment for Observation and Monitoring in ASCs and SPUs	**BY** Sherry Knowlton Acting Deputy Secretary for Medical Assistance Programs
NUMBER:	06-92-02, 08-92-02, 11-92-13
ISSUE DATE:	August 11, 1992
EFFECTIVE DATE:	February 1, 1992

PURPOSE:

The purpose of this bulletin is to: (1) Inform hospitals of a fee increase in the hospital special treatment room support component and that specific procedure codes are now required to bill for hospital special treatment room (STR) services (2) Notify Ambulatory Surgical Centers (ASCs) and Short Procedure Units (SPUs) of a new procedure code for monitoring and observation in an ASC/SPU bed following selected medical, medical diagnostic, and radiology procedures when certified by the Place of Service Review (PSR) unit for this setting.

SCOPE:

This bulletin applies to all acute care hospitals, ASCs, and SPUs enrolled in the Medical Assistance Program.

BACKGROUND:

On October 27, 1989, providers were notified by Medical Assistance Bulletins 11-89-11 and 06-89-05 that the Department would pay a support component for services provided in hospital STRs. In order to recognize those services, a new place of service code (07) and procedure code (X0592) were established. Procedure code X0592 was used for procedures performed in hospital STRs with a fee of $23.

Providers were notified by Medical Assistance Bulletin 06-91-02 and 08-91-02, that effective April 15, 1991, the Department would no longer certify payment for observation and monitoring in an ASC or SPU following the administration of anesthesia or sedation for radiological procedures or following performances of medical and medical diagnostic procedures. Prior to this, the Department paid the facility for such services at the established statewide average cost for the procedure, which was calculated on the basis of costs related to surgical procedures requiring use of the operating room and recovery rooms.

New procedure codes have now been established to specifically identify the procedure performed in the STR and the Medical Assistance Program fee for the support component has been increased to $200. A new procedure code and fee have also been established to pay for observation and monitoring in an ASC/SPU bed. This procedure code and fee will only apply to cases that have been certified by the PSR unit as requiring the ASC/SPU setting for observation and monitoring.

PROCEDURE:

I. Hospital Special Treatment Room

Beginning February 1, 1992, the following procedure codes have been established for hospital STR support components, payable at the $200.00 fee.

Procedure Code X0615 – HSTRSC –	Cystoscopy/Transurethral Procedures 52000 through 52235; 52265 through 52332; 52338; and 52700
Procedure Code X0616 – HSTRSC –	Endoscopic Procedures 31252; 31615 through 31656; 32700; 32705; 43202 through 43258; 43260 through 43272; 44360 through 44369; 44391 through 44393; 45315 through 45320; 45334; 45336; 45378 through 45385; 49300 through 49302; 50555 through 50580; and 91010
Procedure Code X0617 – HSTRSC –	Laser Surgical Procedures 46917; 54057; 57513; 58990; 65855; 67105; 67145; 67210; and 67228
Procedure Code X0618 – HSTRSC –	Administration of Chemotherapy Procedures

	96412 through 96445; and W9640
Procedure Code X0619 – HSTRSC –	Breast Diagnostic Procedures 19101 and 19120
Procedure Code X0620 – HSTRSC –	Injection/Nerve Block Procedures 62278; 62279; 62289 through 62291; 62294; and 64505 through 64530
Procedure Code X0621 – HSTRSC –	Fetal Monitoring Procedures 59000; X5900; 59020; and 59025
Procedure Code X0622 – HSTRSC –	Cardiac Catheterization Procedures 93256; 93529; 93546; and 93550

The above services must be billed using Type of Service 60. PSR certification is not required for services provided in STRs.

This is not an all-inclusive list. The Department will consider adding additional procedure codes, if and when deemed medically necessary. Hospitals may continue to bill procedure X0592 for procedures performed in STRs which do not fall into one of the categories listed above, and which do not qualify for the $200 support component. Reimbursement for procedure X0592 will be $40. An example would be use of an outpatient STR by a private physician to do a minor surgical procedure.

PSR certification must be obtained in advance:

1. If any of the above services must be provided in the SPU rather than the STR because of the patient's medical status.

2. If a hospital does not have an STR and plans to perform any of these procedures in the SPU, PSR certification must be obtained in advance.

If PSR staff concur that the patient's medical condition requires the SPU setting, the SPU support component fee for the procedure will be certified. As before, if neither the procedure nor the patient's condition requires a SPU setting and the hospital chooses to perform the procedure in the SPU, a lesser payment than the SPU support component fee will be certified. For the above procedures, the payment will be $200 but for other procedures, the payment will be $40, the equivalent of the outpatient clinic fee.

Following are several case examples to illustrate this policy:

1. Case Example #1 – Hospital has an STR, the procedure is to be performed in the STR, and the procedure to be performed is on the STR procedure list. PSR certification is not required and the MA fee is $200.

2. Case Example #2 – Hospital has an STR, the procedure is to be performed in the STR, and the procedure to be performed is not on the STR procedure list. PSR certification is not required and the MA fee is $40 (must bill procedure code X0592).

3. Case Example #3 – Hospital has an STR, the procedure to be performed is on the STR procedure list and hospital wants to use the SPU. PSR certification is required and the MA fee is the SPU support component rate or $200 depending upon PSR approval based on medical factors.

4. Case Example #4 – Hospital has an STR, the procedure to be performed is not on the STR procedure list, and the hospital wants to use the SPU. PSR certification is required and the MA fee is the SPU support component rate or $40 depending upon PSR approval based on medical factors.

5. Case Example #5 – Hospital has no STR, the procedure to be performed is on the STR procedure list and hospital wants to use the SPU. PSR certification is required and the MA fee is the SPU support component rate or $200 depending on PSR approval based on medical factor.

6. Case Example #6 – Hospital has no STR, the procedure to be performed is not on the STR procedure list, and the hospital wants to do the procedure in the SPU. PSR certification is required and the MA fee is the SPU component rate or $40 depending upon PSR approval based on medical factors.

II. ASC/SPU Monitoring and Observation

Effective February 1, 1992, the Department will pay a fee of $200.00 for procedure code X0597, for monitoring and observation in an ASC/SPU bed following selected medical, medical diagnostic, and radiological procedures certified by the PSR unit for the ASC/SPU setting. The facility must bill following all handbook instructions using the type of service 27 and procedure code X0597 combination. The PSR number must be entered in item 43 of the MA319/MA319C invoice.

The Department will continue to pay the applicable rates for surgical and surgical diagnostic procedures that are certified by the PSR unit.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

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