

	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Change in Podiatric Billing Procedure for Emergency Room Visits	BY  Robert S. Zimmerman, Jr., M.P.H. Deputy Secretary for Medical Assistance Programs
NUMBER:	04-99-01	
ISSUE DATE:	March 22, 1999	
EFFECTIVE DATE:	March 22, 1999	

PURPOSE:

The purpose of this bulletin is to 1) notify podiatrists that the Department has end dated procedure code W9029 (Non-emergency medical, hospital visit, emergency room) and, 2) provide the appropriate procedures for billing for emergency room visits.

SCOPE:

This bulletin applies to all podiatrists enrolled in the Medical Assistance Program who provide emergency room services to recipients covered under the fee-for-service program.

BACKGROUND:

Effective October 1, 1995, medical assistance discontinued reimbursement for physicians and hospitals for non-emergency use of the emergency room for recipients covered under the fee-for-service program. A bulletin announcing this change was issued December 28, 1995, as Bulletin #01-95-23 and was distributed only to physicians. As a result, podiatrists were not notified of this change.

DISCUSSION:

Prior to this change, podiatrists billed the Medical Assistance Program for non-emergency care using procedure code W9029 - Non-emergency, medical, hospital visit, emergency room. Effective May 12, 1997, the Department end dated procedure code W9029. Podiatrists can no longer use this code when billing for non-emergency care in the emergency room.

PROCEDURE:

Billing for Emergency Services

Podiatrists rendering services in the emergency room for emergency care may bill for the procedure performed or use one of the following:

99281	Emergency Department visit for the evaluation and management of patient. Usually, the presenting problem(s) are self-limited or minor.	\$20.00
99282	Emergency Department visit for the evaluation and management of patient. Usually the presenting problem(s) are of low to moderate severity.	\$35.00
99283	Emergency Department visit for the evaluation and management of patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity.	\$35.00
99284	Emergency Department visit for the evaluation and management of patient. Usually the presenting problem(s) are of high severity, and require urgent evaluation.	\$50.00

99285 Emergency Department visit for the evaluation and management of patient. Usually, the presenting problem(s) are of high severity, and pose an immediate significant threat to life or physiological function. \$50.00

The podiatrist must enter a "1" in Block F- Emergency Code of the M A 319 or Block 24I on the HCFA 1500.

Billing for Non-Emergency Services

The Department will continue to pay for non-emergency visits in the emergency room for a fee-for-service recipient not enrolled in the Family Care Network or Lancaster Community Health Care Plan. The recipient must declare that he does not have access to a primary care provider. If the recipient declares no access to a primary care provider, the podiatrist may bill for the procedure performed or use one of the following codes:

99281 Emergency Department visit for the evaluation and management of patient. Usually, the presenting problem(s) are self-limited or minor. \$20.00

99282 Emergency Department visit for the evaluation and management of patient. Usually the presenting problem(s) are of low to moderate severity. \$35.00

The podiatrist must leave Block F of the M A 319 or Block 24I of the HCFA 1500 blank. The declaration of no access must be documented in the patient's record.

The Department regrets the unintentional oversight in notifying podiatrists of this change.

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.