



MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE
June 17, 2006

EFFECTIVE DATE
July 17, 2006

NUMBER
01-06-06

SUBJECT
Medical Assistance Program Fee Schedule Procedure Code Changes for Medical Rehabilitation Units of General Hospitals and Rehabilitation Hospitals

BY

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

PURPOSE:

The purpose of this bulletin is to notify medical rehabilitation units of general hospitals and rehabilitation hospitals that, effective for dates of service on or after July 17, 2006:

- 1) National procedure codes will be used in place of local procedure codes; and
- 2) Some local procedure codes that are on the Medical Assistance (MA) Program Fee Schedule for medical rehabilitation units of general hospitals and rehabilitation hospitals will be end-dated and not replaced with national procedure codes.

SCOPE:

This bulletin applies to medical rehabilitation units of general hospitals and rehabilitation hospitals that render services to MA recipients in the fee-for-service delivery system. Medical rehabilitation units of general hospitals and rehabilitation hospitals 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 of Public Welfare (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, in most instances, replacing them with national procedure codes. In the course of cross walking the local procedure codes to national procedure codes, as set forth below, the Department has identified some local procedure codes that will not be replaced with national procedure codes.

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

PROCEDURE:

Local Procedure Codes Being End-dated and Not Replaced with National Procedure Codes

Local procedure code W0988 (anesthesia for electroconvulsive therapy) is being end-dated. The regulation at 55 Pa.Code § 1150.52 (relating to anesthesia services) provides that payment for anesthesia services will only be made to an enrolled practitioner qualified to administer anesthesia. National procedure codes for anesthesia services are already on the MA Program Fee Schedule and billable by an enrolled practitioner qualified to administer anesthesia.

Local procedure code W9400 (administration of chemotherapy for malignant disease, oral) 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 payment policies) provides that the fee for a clinic visit includes the administration of drugs and biologicals.

Local procedure code X1070 (removal of sutures by another physician) is being end-dated and not replaced with a national procedure code because the regulation at 55 Pa.Code § 1150.51(h)(5) precludes a separate payment for the removal of sutures. The fee for surgical services includes the removal of sutures. See 55 Pa.Code § 1150.54(a)(4)(iii) and (b)(1)(ii) (relating to surgical services).

Local procedure code X5741 (gynecological examination – asymptomatic patient) is being end-dated and not replaced with a national procedure code because the regulation at 55 Pa.Code § 1150.56(b)(1) provides that the practitioner may bill outpatient medical care as an office visit, skilled nursing or intermediate care facility visit, or a home visit. Practitioners are encouraged to bill the appropriate Current Procedural Terminology procedure codes for preventive medicine services.

The local procedure codes set forth below are being end-dated and not replaced with national procedures because there have been no claims submitted using these procedure codes since July 1, 2004.

| Local Procedure Code |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| W9562 | W9595 | X1174 | X2934 | X2946 |
| X3162 | X4693 | X5810 | X5811 | X5898 |
| X5890 | X6483 | Y7373 | Y7374 | Y7375 |
| Y7418 | Y7608 | Y7690 | Y7696 | |

The Department is end-dating the national procedure codes set forth below for medical rehabilitation units of general hospitals and rehabilitation hospitals. The regulation at 55 Pa.Code § 1163.455 (2)(relating to noncompensable services and items) precludes the Department from making payments to medical rehabilitation units of general hospitals and rehabilitation hospitals for inpatient services related to diagnostic tests and procedures that

can be performed on an outpatient basis and diagnostic tests and procedures which are not related to the diagnoses that require that particular inpatient stay.

| Procedure Code |
|----------------|----------------|----------------|----------------|----------------|
| 57421 | 57454 | 57455 | 57456 | 57460 |
| 57461 | 58300 | | | |

The Department is end-dating local procedure codes W9045, W9046, W9047 and W9048 and not replacing them with national procedure codes for medical rehabilitation units of general hospitals and rehabilitation hospitals because these providers are not enrolled in the MA Program to provide emergency room services.

Local Procedure Codes Being End-dated and Replaced with National Procedure Codes

The attached Medical Rehabilitation Units of General Hospitals and Rehabilitation Hospitals Local to National Procedure Code Cross Walk identifies the local procedure codes that are being end-dated and replaced with national procedure codes. The 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 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 July 17, 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 July 17, 2006, must be billed using the national procedure code.

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

ATTACHMENT: Medical Rehabilitation Units of General Hospitals and Rehabilitation Hospitals Local to National Procedure Code Cross Walk