



# MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE

June 17, 2006

EFFECTIVE DATE

July 17, 2006

NUMBER

01-06-05

SUBJECT

**Medical Assistance Program Fee Schedule Procedure Code Changes for Acute Care General Hospitals and Hospital Based Medical Clinics**

BY

A handwritten signature in black ink, appearing to read "James L. Hardy".

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

## PURPOSE:

The purpose of this bulletin is to notify acute care general hospitals and hospital based medical clinics of procedure code changes to the Medical Assistance (MA) Program Fee Schedule for outpatient services effective with dates of service on or after July 17, 2006.

## SCOPE:

This bulletin applies to all acute care general hospitals and hospital based medical clinics that render services to MA recipients in the fee-for-service delivery system. Acute care general hospitals and hospital based medical 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 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](http://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 code 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                |                      |

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

The attached Acute Care General Hospitals and Hospital Based Medical Clinics Local to National Procedure Code Cross Walk identifies the local procedure codes that are being

end-dated and replaced with national procedure codes. 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 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.

The Department is end-dating local procedure codes for emergency room support services, W9045, W9046, W9047, and W9048, for acute care general hospitals and acute care general hospital based medical clinics. These codes are being replaced with five national procedure codes and associated modifiers. The cross walk of the local codes to the national codes, which is set forth below and included in the attached crosswalk, and the fees assigned to the national codes, was developed using the historical MA utilization pattern of physicians performing services in the emergency room and the relative value units of severity for emergency room services used by the Centers for Medicare and Medicaid Services. The Department consulted with the Hospital and Healthsystem Association of Pennsylvania (HAP) and other interested parties representing the hospital industry across Pennsylvania in developing this cross walk and associated fees.

In addition, the Department is adding a new informational modifier associated with national procedure codes 99281 and 99282 to the MA Program Fee Schedule. Informational modifier Q6 is to be used to identify non-emergency visits to the emergency room.

Local Procedure Code	Local Procedure Code MA Fee	National Procedure Code	National Procedure Code MA Fee	Pricing Modifier	Informational Modifier
W9045	\$35.00	99281	\$ 21.00	U5	Q6
W9045	\$35.00	99281	\$ 21.00	U5	
W9045	\$35.00	99282	\$ 35.00	U5	Q6
W9045	\$35.00	99282	\$ 35.00	U5	
W9045	\$35.00	99283	\$ 79.00	U5	
W9045	\$35.00	99284	\$123.00	U5	
W9045	\$35.00	99285	\$193.00	U5	
W9046	\$30.00	99281	\$ 16.00	U4	Q6
W9046	\$30.00	99281	\$ 16.00	U4	
W9046	\$30.00	99282	\$ 30.00	U4	Q6
W9046	\$30.00	99282	\$ 30.00	U4	
W9046	\$30.00	99283	\$ 74.00	U4	

W9046	\$30.00	99284	\$118.00	U4	
W9046	\$30.00	99285	\$188.00	U4	
W9047	\$105.00	99281	\$ 21.00	U5	Q6
W9047	\$105.00	99281	\$ 21.00	U5	
W9047	\$105.00	99282	\$ 35.00	U5	Q6
W9047	\$105.00	99282	\$ 35.00	U5	
W9047	\$105.00	99283	\$ 79.00	U5	
W9047	\$105.00	99284	\$123.00	U5	
W9047	\$105.00	99285	\$193.00	U5	
W9048	\$100.00	99281	\$ 16.00	U4	Q6
W9048	\$100.00	99281	\$ 16.00	U4	
W9048	\$100.00	99282	\$ 30.00	U4	Q6
W9048	\$100.00	99282	\$ 30.00	U4	
W9048	\$100.00	99283	\$ 74.00	U4	
W9048	\$100.00	99284	\$118.00	U4	
W9048	\$100.00	99285	\$188.00	U4	

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 Acute Care General Hospitals and Hospital Based Medical 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: Acute Care General Hospitals and Hospital Based Medical Clinics Local to National Procedure Code Cross Walk