

# MEDICAL ASSISTANCE BULLETIN

<b>ISSUE DATE</b> July 6, 2009	<b>EFFECTIVE DATE</b> July 13, 2009	<b>NUMBER</b> 99-09-06
<b>SUBJECT</b> 2008 HCPCS Updates and Other Procedure Code and Procedure Code/Modifier Combination Changes	<b>BY</b>  Michael Nardone, Deputy Secretary Office of Medical Assistance Programs	

## **PURPOSE:**

The purpose of this bulletin is to announce changes to the Medical Assistance (MA) Program Fee Schedule as a result of implementing the 2008 Healthcare Common Procedure Coding System (HCPCS) procedure codes, which include adding and end-dating procedure codes, as well as setting limitations and prior authorization requirements. Additionally, the Department of Public Welfare (Department) is adding procedure codes as a result of significant program exception requests and updating procedure codes and procedure code/modifier combinations which currently appear on the MA Program Fee Schedule. These changes are effective for dates of service on and after July 13, 2009.

## **SCOPE:**

This bulletin applies to all MA enrolled providers who render services to recipients in the MA Fee-for-Service delivery system, including ACCESS Plus. Providers rendering services to recipients in the MA managed care delivery system should address any coding or billing questions to the appropriate managed care organization.

## **BACKGROUND:**

The Department is adding and end-dating procedure codes as a result of implementing the 2008 HCPCS updates published by the Centers for Medicare and Medicaid Services (CMS). The Department is also adding procedure codes, and procedure code and modifier combinations, to the MA Program Fee Schedule as a result of significant program exception requests.

Additionally, the Department has updated procedure codes which currently appear on the MA Program Fee Schedule. These updates are identified below and will be effective with the implementation of the 2008 HCPCS.

## **DISCUSSION:**

### **Fee Schedule Revisions**

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free telephone number for your provider type.

Visit the Office of Medical Assistance Programs Web site at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap)

The following procedure codes, or procedure code and modifier combinations, are being added to the MA Program Fee Schedule as a result of the 2008 HCPCS:

<b>Procedure Codes and Modifiers</b>				
01935	01936	20555	20555(SG)	21073
21073 (SG)	22206	22206 (80)	22207	22207 (80)
22208	22208 (80)	24357	24357 (SG)	24358
24358 (SG)	24359	24359 (SG)	27267	27268
27268 (80)	27269	27269 (80)	27416	27416 (SG)
27726	27726 (SG)	27767	27768	27768 (SG)
27769	27769 (SG)	29828	29828 (SG)	29828 (80)
29904	29904 (SG)	29904 (80)	29905	29905 (SG)
29905 (80)	29906	29906 (SG)	29906 (80)	29907
29907 (SG)	29907 (80)	32421	32421 (SG)	32422
32422 (SG)	32550	32550 (SG)	32551	32551 (SG)
32560	32560 (SG)	33257	33257 (80)	33258
33258 (80)	33259	33259 (80)	33864	33864 (80)
35523	35523 (80)	36593	41019	41019 (SG)
49203	49203 (80)	49204	49204 (80)	49205
49205 (80)	49440	49440 (SG)	49441	49441 (SG)
49442	49442 (SG)	49446	49446 (SG)	49450
49450 (SG)	49451	49451 (SG)	49452	49452 (SG)
49460	49460 (SG)	49465	50385	50385 (SG)
50386	50386 (SG)	51100	51101	51102
51102 (SG)	52649	52649 (SG)	55920	55920 (SG)
57285	57285 (SG)	57285 (80)	57423	57423 (SG)
57423 (80)	58570	58570 (SG)	58570 (80)	58571
58571 (SG)	58571 (80)	58572	58572 (SG)	58572 (80)
58573	58573 (SG)	58573 (80)	60300	67041
67041 (SG)	67041 (80)	67042	67042 (SG)	67042 (80)
67043	67043 (SG)	67043 (80)	67113	67113 (SG)
67113 (80)	67229	67229 (SG)	68816	68816 (SG)
75557	75557 (26)	75557 (TC)	75559	75559 (26)
75559 (TC)	75561	75561 (26)	75561 (TC)	75563
75563 (26)	75563 (TC)	80047	82610	83993
84704	86356	87500	87809	90681
90696	95981	95982	96125	99477
A5083	A7027	A7028	A7029	A9155
B4087	B4088	E0856 (NU)	E0856 (RR)	E2312 (NU)
E2313 (NU)	E2397 (NU)	J7347	J7349	L3925
L3927	L3929	L3931	L7611	L7612
L7613	L7614	L7621	L7622	S2066
S2066 (80)	S2067	S2067 (80)	S9152	

The following procedure codes are being added to the MA Program Fee Schedule as a result of significant program exception requests:

<b>Procedure Codes and Modifiers</b>					
78709	78709 (TC)	78709 (26)	80050	80416	80417
90875	97532	A6412	B4224	E0482	E0482 (RR)
J1642	S3645				

The following procedure codes are being end-dated from the MA Program Fee Schedule either as a result of the 2008 HCPCS updates or because they were previously end-dated by CMS:

<b>Procedure Codes</b>					
01905	24350	24351	24352	24354	24356
32000	32002	32019	32020	36550	43750
47719	49200	49201	51000	51005	51010
60001	67038	74350	75552	75553	75554
75555	78615	99271	99272	99273	99274
99275	99301	99302	99303	99311	99312
99313	A4534	B4086	E2618	G0298	G0299
J7345	L0960	L1855	L1858	L1870	L1880
L3800	L3805	L3810	L3815	L3820	L3825
L3830	L3835	L3840	L3845	L3850	L3855
L3860	L3907	L3910	L3916	L3918	L3920
L3922	L3924	L3926	L3928	L3930	L3932
L3934	L3936	L3938	L3940	L3942	L3944
L3946	L3948	L3950	L3952	L3954	L3985
L3986	Q0068	S2078			

The Department is end-dating the following procedure codes from the MA Program Fee Schedule because they are services related to infertility treatment. Section 443.6(f) of the act of June 13, 1967 (P.L. 31, No. 21)(62 P.S. §§ 101--1503), known as Public Welfare Code (Code) prohibits the Department from paying a provider for any medical services, procedures or drugs related to infertility therapy:

<b>Procedure Codes</b>					
58345	74440	74742	89300	89310	Q0115

The Department is end-dating the following procedure codes from the MA Program Fee Schedule because they are cosmetic surgical procedures. Sections 1126.54 (relating to noncompensable services), 1141.59 (relating to reimbursement for certain medical assistance

items and services), and 1163.59 (relating to noncompensable services, items and outlier days) of 55 Pa.Code sets forth that payments will not be made for cosmetic surgery:

Procedure Codes					
15780	15781	15782	15786	15787	15792
15793	15819	17340	17360	21120	21121
21122	21123	21137	21198	21270	30400
30410	30420	30430	30435	30450	54660
67900	69300				

The following local procedure codes will be end-dated from the MA Program Fee Schedule due to the adoption of national procedure codes:

Procedure Codes					
W0081	W0082	W0083	W0161	W0162	W0164
W0166	W0167	W0168	W0169	W0170	W0184
W0185	W0186	W0187	W0300	W0301	W0315
W0710	W0711	W0712	W0713	W0714	W0734
W0735	W0974	W1751	W1807	W1809	W1810
W1811	W1812	W1813	W1814	W1815	W1816
W1817	W1818	W1845	W1846	W1847	W1869
W1870	W5997	W6004	W6052	W6058	W6059
W7003	W8995	W9066	W9310	W9635	W9991
W9992	W9993	W9994	W9995	X2830	X2912
X2934	X3154	X3649	X4289	X4693	X6483
X6781	Y7372	Y7375	Y7690	Y7696	Y9876
Y9897	Y9925	Z0052	Z0465	Z0467	Z0518
Z0528	Z0529	Z0535	Z0537	Z0540	Z0544
Z1971	Z2104	Z3063	Z4254	Z4375	Z4383
Z4464	Z4601	Z4627	Z4628	Z6001	Z6004
Z6006	Z8214	Z8250	Z8252	Z8372	Z8373
Z8379	Z8383	Z8384	Z8385	Z8388	Z8397
Z8414	Z8502	Z8558	Z8628	Z8743	Z9803

The following procedure codes, which are being end-dated from the MA Program Fee Schedule as a result of the 2008 HCPCS updates or were previously end-dated by CMS, received prior authorization approval:

Procedure Codes					
E2618	L1858	L3810	L3907	L3928	L3938
Z9803					

No new authorizations will be issued for these procedure codes after July 12, 2009. For any of the above procedure codes that had a prior authorization issued before July 12, 2009, providers should submit claims using the end-dated procedure code, as set forth in the authorization issued by the Department. The Department will accept claims with the end-dated procedure codes until July 12, 2010, for those services that were previously prior authorized.

Additionally, the Department is end-dating procedure code 91111 (*gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report*) from the MA Program Fee Schedule because the use of this procedure is not the accepted standard of practice for the treatment or diagnosis of any condition.

*Updates to Procedure Codes Currently on the MA Program Fee Schedule*

The Department will be adding the following pricing modifiers to procedure codes currently on the MA Program Fee Schedule. The modifiers (SG) and (26) are being added to surgical services currently designated as inpatient services, but which can safely be performed in the Hospital Short Procedure Unit (SPU) or the Ambulatory Surgical Center (ASC), or both, depending on the procedure:

<b>Procedure Codes and Modifiers</b>				
15821 (SG)	21127 (SG)	24346 (SG)	36522 (SG)	42890 (SG)
44376 (SG)	58555 (SG)	65880 (SG)	93510 (26)	93642 (SG)
93642 (26)				

The Department is increasing the MA Program fee for the following procedure code:

<b>Procedure Code</b>	<b>Description</b>	<b>Current Fee</b>	<b>MA Fee Effective July 13, 2009</b>
95165	Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)	\$2.88	\$8.22

The following procedure codes will have the total component (no modifier) end-dated since the technical component fee for the service is included in the Diagnosis Related Group (DRG), ASC/SPU or Special Treatment Room (STR) support component payment:

<b>Procedure Codes</b>				
73530	74327	74328	74329	74330
74340	74740	75893	75898	75961
93510	93642			

Effective for dates of service on or after July 13, 2009, procedure code 93642 must be billed with modifier (26) with the associated fee of \$253.03, as noted below:

Procedure Code	Description	Current Fee (Billing with No Modifier)	MA Fee Effective July 13, 2009 (Billing with modifier 26)
93642	Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	\$488.41	\$253.03

Procedure code 93510 will have the SG modifier end-dated for ASC's since invasive surgical procedures on major vessels, if performed as an outpatient service, should only occur in an outpatient hospital setting because of the potential for complications that require immediate inpatient hospital support services.

Procedure code 74740 will have the professional component (26 modifier) end-dated since this service is incidental to the performance of the associated surgical service, procedure code 58345.

The following procedure codes will have the technical component (TC modifier) end-dated since the technical component fee for the service is included in the DRG, ASC/SPU or STR support component payment:

Procedure Codes				
73530	74327	74328	74329	74330
74340	75893	75898	75961	

The Department has determined that procedure code 94760 will have the technical component (TC modifier) and the professional component (26 modifier) end-dated as this code represents only the technical component of the procedure consistent with the Current Procedural Terminology (CPT®) 2008 Standard Edition code book.

The Department has determined that the following procedure codes will have the SG modifier end-dated for ASCs and SPUs since the services are designated for inpatient setting only consistent with the CPT® 2008 Standard Edition code book:

Procedure Codes	
21188	21193

The following procedure codes will have the 80 modifier end-dated since the services do not require an assistant surgeon:

<b>Procedure Codes</b>			
21280	44376	58563	59515

The following procedure codes for durable medical equipment (DME) will have the rental modifier (RR) end-dated since the items are customized for each recipient and may only be purchased:

<b>Procedure Codes</b>			
E2311	E2321	E2322	E2325
E2327	E2328	E2329	E2330

### **Prior Authorization Requirements**

The attachment to this MA Bulletin sets forth the prior authorization requirements for the procedure codes being added to the MA Program Fee Schedule. Procedure codes E0482 (RR) and E0856 (RR) are for rentals and will require prior authorization beginning with the first month of rental.

The following new procedure codes being added to the MA Program Fee Schedule are considered advanced radiology services and will require prior authorization as described in MA Bulletin 99-08-08 (Prior Authorization of Advanced Radiologic Imaging Services) which may be viewed online at:

<http://www.dpw.state.pa.us/PubsFormsReports/NewslettersBulletins/003673169.aspx>

<b>Procedure Code</b>	<b>Procedure Description</b>
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging

### **Service Limits**

The MA program has established service limits for some of these procedure codes. If needed, a waiver of the limit may be requested through the 1150 Administrative Waiver (Program Exception) process.

### **Managed Care Delivery System**

MA managed care organizations (MCOs) are not required to impose the service limits that apply in the MA Fee-for-Service delivery system, although they are permitted to do so. MA MCOs may not impose service limits that are more restrictive than the service limits established in the MA Fee-for-Service system. An MA MCO that chooses to establish service limits must notify network providers of the limits before implementing the limits.

**PROCEDURE:**

Attached is the list of "2008 HCPCS and Other Procedure Codes and Procedure Code/Modifier Combinations Updates, effective July 13, 2009". Included in this document are the procedure codes, procedure code descriptions, procedure code modifiers, MA fee limits, and prior authorization requirements for the procedure codes discussed in this MA bulletin. The procedure codes that require prior authorization are identified by a "Yes" under the "Prior Authorization Required" heading.

The MA Program Outpatient Fee Schedule will be updated to reflect these changes. Providers may access the on-line version of the fee schedule under the Office of Medical Assistance Programs website at:  
<http://www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/Schedules/003675734.htm>.

**ATTACHMENT:**

2008 HCPCS and Other Procedure Codes and Procedure Code/Modifier Combinations Updates, effective July 13, 2009