



ISSUE DATE August 8, 2011	EFFECTIVE DATE August 8, 2011	NUMBER 99-11-04
SUBJECT 2011 HCPCS Updates and Other Procedure Code Changes		BY  Izanne Leonard-Haak, Acting 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 2011 Healthcare Common Procedure Coding System (HCPCS) procedure codes updates. In addition, the Department of Public Welfare (Department) is adding and end-dating other procedure codes. These changes are effective for dates of service on and after August 8, 2011.

SCOPE:

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

BACKGROUND:

The Department is adding and end-dating procedure codes as a result of implementing the 2011 HCPCS updates published by the Centers for Medicare and Medicaid Services (CMS). The Department is also adding and end-dating other procedure codes, as well as updating procedure codes which currently appear on the MA Program Fee Schedule.

As set forth below, some of the procedure codes being added to the MA Program Fee Schedule will require prior authorization.

DISCUSSION:

Fee Schedule Revisions

The following procedure codes, or procedure code and modifier combinations, are being added to the MA Program Fee Schedule as a result of the 2011 HCPCS updates:

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 Web site at
<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm>

Procedure Codes and Modifiers				
11045	11046	11047	22551	22551 (80)
22552	22552 (80)	29914	29914 (SG)	29915
29915 (SG)	29916	29916 (SG)	31295	31295 (SG)
31296	31296 (SG)	31297	31297 (SG)	31634
31634 (SG)	33620	33620 (80)	33621	33621 (80)
33622	33622 (80)	37220	37220 (80)	37220 (SG)
37221	37221 (80)	37221 (SG)	37222	37222 (80)
37223	37223 (80)	37224	37224 (80)	37224 (SG)
37225	37225 (80)	37225 (SG)	37226	37226 (80)
37226 (SG)	37227	37227 (80)	37227 (SG)	37228
37228 (80)	37228 (SG)	37229	37229 (80)	37229 (SG)
37230	37230 (80)	37230 (SG)	37231	37231 (80)
37231 (SG)	37232	37232 (80)	37233	37233 (80)
37234	37234 (80)	37235	37235 (80)	38900
43283	43283 (80)	43327	43327 (80)	43328
43328 (80)	43332	43332 (80)	43333	43333 (80)
43334	43334 (80)	43335	43335 (80)	43336
43336 (80)	43337	43337 (80)	43338	43338 (80)
43753	43753 (SG)	43754	43754 (SG)	43755
43755 (SG)	43756	43756 (SG)	43757	43757 (SG)
49327	49327 (80)	49412	49412 (80)	49418
49418 (SG)	57156	57156 (SG)	64568	64568 (SG)
64569	64569 (SG)	64570	64570 (SG)	64611
65778	65778 (SG)	65779	65779 (SG)	74176
74176 (TC)	74176 (26)	74177	74177 (TC)	74177 (26)
74178	74178 (TC)	74178 (26)	76881	76881(TC)
76881 (26)	76882	76882 (TC)	76882 (26)	80104
82930	85598	86481	86902	87501
87502	87503	87906	88120	88120 (TC)
88120 (26)	88121	88121(TC)	88121 (26)	88363
91013	91013 (TC)	91013 (26)	91117	92132
92132 (TC)	92132 (26)	92133	92133 (TC)	92133 (26)
92134	92134 (TC)	92134 (26)	92227	92228
92228 (TC)	92228 (26)	93451 (SG)	93451 (26)	93452 (SG)
93452 (26)	93453 (SG)	93453 (26)	93454 (SG)	93454 (26)
93455 (SG)	93455 (26)	93456 (SG)	93456 (26)	93457 (SG)
93457 (26)	93458 (SG)	93458 (26)	93459 (SG)	93459 (26)
93460 (SG)	93460 (26)	93461 (SG)	93461 (26)	93462
93464 (26)	93563	93564	93565	93566
93567	93568	96446	A4566	A7020
E2622 (NU)	E2623 (NU)	E2624 (NU)	E2625 (NU)	L3674
L4631				

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

Procedure Codes and Modifiers				
69220	V5170	V5180	V5190	V5200
V5210	V5220	V5230	V5240	

The following 2010 HCPCS procedure codes are being added to the MA Program Fee Schedule. The procedure codes were not added with the 2010 HCPCS update because pricing could not be established. The Department has established pricing and is now adding the procedure codes to the MA Program Fee Schedule:

Procedure Code	Procedure Description
L2861	Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each
L3891	Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism for custom fabricated orthotics only, each

The following procedure codes are being end-dated from the MA Program Fee Schedule either as a result of the 2011 HCPCS updates or because they were previously end-dated by CMS:

Procedure Codes					
11040	11041	20000	33861	35454	35456
35459	35470	35473	35474	35480	35481
35482	35483	35484	35485	35490	35491
35492	35493	35494	35495	39502	39520
39530	39531	43324	43326	43600	49420
64573	75992	75993	75994	75995	75996
76150	76880	82926	82928	86903	89105
89225	89235	91011	91012	91055	92135
93012	93014	93230	93231	93232	93233
93235	93236	93237	93501	93510	93511
93514	93524	93526	93527	93528	93529
93539	93540	93541	93542	93543	93544
93545	93555	93556	96445	K0734	K0735
K0736	K0737	L3672	L3673		

The following procedure code is being end-dated from the MA Program Fee Schedule as a result of the 2011 HCPCS update which added the word “unattended” to the description.

The MA Program does not cover unattended EEG monitoring as it is not the accepted standard of practice.

Procedure Code	Procedure Description
95953	Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended.

The following procedure codes, which are being end-dated from the MA Program Fee Schedule as a result of the 2011 HCPCS updates or were previously end-dated by CMS, required prior authorization approval:

Procedure Codes	
L3672	L3673

No new authorizations will be issued for these procedure codes on and after August 8, 2011. For any of the above procedure codes that had a prior authorization issued before August 8, 2011, 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 August 8, 2012, for those services that were previously prior authorized.

Prior Authorization Requirements

The Department is removing the prior authorization requirement for the following procedure code, which currently appears on the MA Program Fee Schedule, because it is not a prosthetic, but the dispensing of a prosthetic, and therefore does not require prior authorization under section 443.6(b)(1) of the act of June 13, 1967 (P.L. 31, No. 21) (62 P.S. § 101 – 1503) of the Code, as amended by the act of July 7, 2005 (P.L. 177, No. 42):

Procedure Code	Procedure Description
V5160	Dispensing fee, binaural

The attachment to this MA Bulletin sets forth the prior authorization requirements for the procedure codes being added to the MA Program Fee Schedule.

The following procedure codes that are being added to the MA Program Fee Schedule are prostheses and orthoses that require prior authorization under section 443.6(b)(1) of the Code, as amended by the act of July 7, 2005 (P.L. 177, No. 42):

Procedure Code	Procedure Description
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L2861	Addition to lower extremity joint, knee or ankle, concentric
L3674	Shoulder orthosis, abduction positioning (airplane design),
L3891	Addition to upper extremity joint, wrist or elbow, concentric
L4631	Ankle foot orthosis, walking boot type, varus/valgus correction,
V5170	Hearing aid, CROS, in the ear
V5180	Hearing aid, CROS, behind the ear
V5190	Hearing aid, CROS, glasses
V5210	Hearing aid, BICROS, in the ear
V5220	Hearing aid, BICROS, behind the ear
V5230	Hearing aid, BICROS, glasses

The following procedure code being added to the MA Program Fee Schedule will require prior authorization, as authorized under § 443.6(b)(7) of the Code, as amended by the act of July 7, 2005 (P.L. 177, No. 42). Please note that the replacement will only be approved for patient owned devices. Repair and replacement costs are included in the MA fee for rentals:

Procedure Code	Procedure Description
A7020	Interface for cough stimulating device, includes all components,

The following 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://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx>:

Procedure Code	Procedure Description
74176	Computed tomography, abdomen and pelvis; without contrast material
74177	Computed tomography, abdomen and pelvis; with contrast material(s)

74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
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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 MCOs are not required to impose the service limits that apply in the MA FFS 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 FFS delivery system. An MA MCO that chooses to establish service limits must notify their network providers of the limits before implementing the limits.

PROCEDURE:

Attached is the list of "2011 HCPCS and Other Procedure Code Updates, effective August 8, 2011". Included in this document are the procedure codes, procedure code descriptions, procedure code modifiers, prior authorization requirements, and limits 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.

In addition to the information listed above, the attachment includes the number of post-operative days associated with newly added surgical services. MA regulation at 55 Pa.Code § 1150.54, related to surgical services, states that the fee for inpatient and outpatient surgical procedures includes post-operative inpatient, outpatient office and home visits provided by the practitioner who performed the procedure for the number of postoperative days specified in the MA Program Fee Schedule.

The MA Program Fee Schedule will be updated to reflect these changes. Providers may access the on-line version of the fee schedule at the Department's website at: <http://www.dpw.state.pa.us/publications/forproviders/schedules/mafeeschedules/index.htm> .

ATTACHMENTS:

[2011 HCPCS and Other Procedure Code Updates, Effective August 8, 2011.](#)