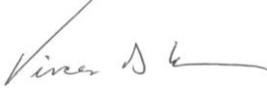




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SUBJECT 2012 HCPCS Updates and Other Procedure Code Changes	BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs
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PURPOSE:

The purpose of this bulletin is to announce changes to the Medical Assistance (MA) Program Fee Schedule as a result of implementing the 2012 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 June 25, 2012.

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 2012 HCPCS updates published by the Centers for Medicare and Medicaid Services (CMS). The Department is also adding and end-dating other procedure codes. 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 are being added to the MA Program Fee Schedule as a result of the 2012 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				
15271	15271 (SG)	15272	15273	15273 (SG)
15274	15275	15275 (SG)	15276	15277
15277 (SG)	15278	15777	20527 (RT)	20527 (LT)
20527 (50)	22633	22633(80)	22634	22634 (80)
26341 (SG)	26341 (RT)	26341 (LT)	26341 (50)	29582 (RT)
29582 (LT)	29582 (50)	29583 (RT)	29583 (LT)	29583 (50)
29584 (RT)	29584 (LT)	29584 (50)	32096 (RT)	32096 (LT)
32096 (50)	32096 (80)(RT)	32096 (80)(LT)	32096 (80)(50)	32097 (RT)
32097 (LT)	32097 (50)	32097 (80)(RT)	32097 (80)(LT)	32097(80)(50)
32098 (RT)	32098 (LT)	32098 (50)	32098 (80)(RT)	32098(80)(LT)
32098(80)(50)	32505 (RT)	32505 (LT)	32505 (50)	32505(80)(RT)
32505(80)(LT)	32505(80)(50)	32506 (RT)	32506 (LT)	32506(80)(RT)
32506(80)(LT)	32507(RT)	32507(LT)	32507(80)(RT)	32507(80)(LT)
32607 (SG)	32607 (RT)	32607 (LT)	32607 (50)	32607(80)(RT)
32607(80)(LT)	32607(80)(50)	32608 (SG)	32608(RT)	32608 (LT)
32608 (50)	32608 (80)(RT)	32608(80)(LT)	32608(80)(50)	32609 (SG)
32609 (RT)	32609 (LT)	32609 (50)	32609(80)(RT)	32609(80)(LT)
32609(80)(50)	32666 (RT)	32666 (LT)	32666 (50)	32666(80)(RT)
32666(80)(LT)	32666(80)(50)	32667 (RT)	32667 (LT)	32667(80)(RT)
32667(80)(LT)	32668 (RT)	32668 (LT)	32668 (50)	32668(80)(RT)
32668(80)(LT)	32668(80)(50)	32669 (RT)	32669 (LT)	32669 (50)
32669(80)(RT)	32669(80)(LT)	32669(80)(50)	32670(RT)	32670(80)(RT)
32671 (RT)	32671 (LT)	32671(80)(RT)	32671(80)(LT)	32673
32673 (80)	32674	32674 (80)	33221	33221 (SG)
33227	33227 (SG)	33228	33228 (SG)	33229
33229 (SG)	33230	33230 (SG)	33231	33231 (SG)
33262	33262 (SG)	33263	33263 (SG)	33264
33264 (SG)	36251	36252	36253	36254
37191	37191 (SG)	37192	37192 (SG)	37193
37193 (SG)	37619	37619 (80)	38232	38232 (SG)
49082	49082 (SG)	49083	49083 (SG)	49084
49084 (SG)	62369	62370	64633(SG)	64633(RT)
64633 (LT)	64633 (50)	64634	64635 (SG)	64635 (RT)
64635 (LT)	64635 (50)	64636	74174	74174 (TC)
74174 (26)	78226	78226 (TC)	78226 (26)	78227
78227 (TC)	78227 (26)	78579	78579 (TC)	78579 (26)
78582	78582 (TC)	78582 (26)	78597	78597 (TC)
78597 (26)	78598	78598 (TC)	78598 (26)	86386
87389	94726	94726 (TC)	94726 (26)	94727
94727 (TC)	94727 (26)	94728	94728 (TC)	94728 (26)
94729	94729 (TC)	94729 (26)	95885	95885 (TC)
95885 (26)	95886	95886 (TC)	95886 (26)	95887
95887 (TC)	95887 (26)	95938	95938 (TC)	95938 (26)
95939	95939 (TC)	95939 (26)	99407	99407(FP)

A5056	A5057	E2359 (NU)	E2626(NU)(RT)	E2626(NU)(LT)
E2626(NU)(50)	E2626(RR)(RT)	E2626(RR)(LT)	E2626(RR)(50)	E2627(NU)(RT)
E2627(NU)(LT)	E2627(NU)(50)	E2627(RR)(RT)	E2627(RR)(LT)	E2627(RR)(50)
E2628(NU)(RT)	E2628(NU)(LT)	E2628(NU)(50)	E2628(RR)(RT)	E2628(RR)(LT)
E2628(RR)(50)	E2629(NU)(RT)	E2629(NU)(LT)	E2629(NU)(50)	E2629(RR)(RT)
E2629(RR)(LT)	E2629(RR)(50)	E2630(NU)(RT)	E2630(NU)(LT)	E2630(NU)(50)
E2630(RR)(RT)	E2630(RR)(LT)	E2630(RR)(50)	E2631(NU)(RT)	E2631(NU)(LT)
E2631(NU)(50)	E2631(RR)(RT)	E2631(RR)(LT)	E2631(RR)(50)	E2632(NU)(RT)
E2632(NU)(LT)	E2632(NU)(50)	E2632(RR)(RT)	E2632(RR)(LT)	E2632(RR)(50)
E2633(NU)(RT)	E2633(NU)(LT)	E2633(NU)(50)	E2633(RR)(RT)	E2633(RR)(LT)
E2633(RR)(50)	G0437	G0437(FP)	L5312(RT)	L5312(LT)
L5312(50)				

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				
49496(SG)	49496 (RT)	49496 (LT)	49496 (50)	49496 (80)(RT)
49496 (80)(LT)	49496 (80)(50)	76885	76885 (TC)	76885 (26)
80154	80197	80201	84484	87470
87471	87472	87475	87476	87477
87480	87481	87482	87485	87486
87487	87490	87492	87495	87496
87497	A4565	E0193(RR)	E0194(RR)	E2609
E2617	K0606(NU)	K0606(RR)		

Additionally, the Department is adding the following procedure code and procedure code/modifier combinations back to the MA Program Fee Schedule. This procedure code was end-dated with the 2011 HCPCS update, which added the word “unattended” to the description and initial review indicated that unattended EEG monitoring was not an accepted standard of practice. Based upon provider requests and further review by clinical staff, the Department has revised its initial findings and is re-establishing payment for the following:

Procedure Code and Modifiers	Procedure Description
95953 95953 (TC) 95953 (26)	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 are being end-dated from the MA Program Fee Schedule either as a result of the 2012 HCPCS updates or because they were previously end-dated by CMS:

Procedure Codes					
11975	11977	15170	15171	15175	15176
15300	15301	15320	15321	15330	15331
15335	15336	15340	15341	15360	15361
15365	15366	15400	15401	15420	15421
15430	15431	32095	32402	32500	32602
32603	32605	32657	32660	35548	35549
35551	35651	36488	36489	36490	36491
36493	36530	36531	36532	37620	49080
49081	64622	64623	64626	64627	69802
71090	73542	75722	75724	75940	77079
77083	78220	78223	78584	78585	78586
78587	78588	78591	78593	78594	78596
88107	88318	90470	92120	92130	93720
93721	93722	93875	94240	94260	94350
94360	94370	94720	94725	E0571	G0394
G0430	L1500	L1510	L3964	L3965	L3966
L3968	L3969	L3970	L3972	L3974	L5311
L5989	L7266	L7272	L7274	L7500	S0625
S9075					

The following local procedure code will be end-dated from the MA Program Fee Schedule. Providers should refer to the current Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule, available as an attachment to MA Bulletin 99-10-06, for the appropriate procedure code. The MA Bulletin may be viewed online at: <http://services.dpw.state.pa.us/olddpw/bulletinsearch.aspx?BulletinDetailId=4561>

Procedure Code	Procedure Description
W0163	Comprehensive periodic screening service – Outpatient Clinic

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

Procedure Code	Procedure Description
58673	Laparoscopy, surgical; with salpingoscopy (salpingoneostomy)

The following procedure code is being end-dated because it is non-specific. Providers must use the procedure codes specific to the service being provided:

Procedure Code	Procedure Description
76380	Computed tomography, limited or localized follow-up study

The following procedure codes, which are being end-dated from the MA Program Fee Schedule as a result of the 2012 HCPCS updates or were previously end-dated by CMS, required prior authorization approval:

Procedure Codes			
77079	E0571	L1500	L1510
L3964	L3965	L3966	L3968
L3969	L3970	L3972	L3974
L5311	L5989	L7266	L7272
L7274	L7500		

No new authorizations will be issued for these procedure codes on and after June 25, 2012. For any of the above procedure codes that had a prior authorization issued before June 25, 2012, 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 June 25, 2013, for those services that were previously prior authorized.

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.

The following procedure code being added to the MA Program Fee Schedule is a prosthetic and requires 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
L5312	Knee articulation (or through knee), molded socket, single axis knee, pylon, Sach foot, endoskeletal system

The following procedure codes being added to the MA Program Fee Schedule are durable medical equipment (DME) and will require prior authorization, as authorized under § 443.6(b)(2) of the Code, as amended by the act of July 7, 2005 (P.L. 177, No. 42):

Procedure Code	Procedure Description
E2609	Custom Fabricated Seat Cushion, any size
E2617	Custom fabricated Wheelchair Back Cushion, any size, including any mounting hardware
E2626 (NU)	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
E2627 (NU)	Wheel chair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
E2628 (NU)	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
E2629 (NU)	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (Friction dampening to proximal and distal joints)
E2630 (NU)	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
E2631 (NU)	Wheelchair accessory, addition to mobile arm support supporting proximal arm
E2632 (NU)	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic control
E2633 (NU)	Wheelchair accessory, addition to mobile arm support supinator
K0606 (NU)	Automatic External Defibrillator, with integrated electrocardiogram analysis

Rentals of the following DME, which are being added to the MA Program Fee Schedule, will require prior authorization beginning with the first month's rental as authorized under § 443.6(b)(3) of the Code, as amended by the act of July 7, 2005 (P.L. 177, No. 42):

Procedure Code	Procedure Description
E0193 (RR)	Powered Air Flotation Bed (Low Air Loss Therapy)
E0194 (RR)	Air Fluidized Bed
K0606 (RR)	Automatic External Defibrillator, with integrated electrocardiogram analysis

Rentals of the following DME, which are being added to the MA Program Fee Schedule, require prior authorization after 3 months of rental as authorized under § 443.6(b)(3) of the Code, as amended by the act of July 7, 2005 (P.L. 177, No. 42):

Procedure Code	Procedure Description
E2626 (RR)	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced adjustable
E2627 (RR)	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
E2628 (RR)	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
E2629 (RR)	Wheelchair accessory, shoulder elbow, mobile are support attached to wheelchair, balanced, friction arm support (Friction dampening to proximal and distal joints)
E2630 (RR)	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
E2631 (RR)	Wheelchair accessory, addition to mobile arm support surrounding proximal arm
E2632 (RR)	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
E2633 (RR)	Wheelchair accessory, addition to mobile arm support, supinator

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?BulletinId=4377>

Procedure Code	Procedure Description
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing

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 and members of the limits before implementing the limits.

PROCEDURE:

Attached is the list of "2012 HCPCS and Other Procedure Code Updates, effective June 25, 2012". 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 regulations 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:

[2012 HCPCS and Other Procedure Code Updates, Effective June 25, 2012.](#)