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| ISSUE DATE September 13, 2012 | EFFECTIVE DATE September 17, 2012 | NUMBER 30-12-39, 31-12-45 |
| SUBJECT Medical Assistance Program Fee Schedule Changes for Renal Dialysis Services | | BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs |

Purpose:

The purpose of this Medical Assistance (MA) Bulletin is to:

- notify renal dialysis centers that place of service (POS) 12 (home) and POS 65 (renal dialysis treatment facility) were added to certain renal dialysis service procedure codes on March 15, 2012;
- notify physicians that POS 65 will be end-dated for certain renal dialysis service procedure codes effective for dates of service on and after September 17, 2012.

Scope:

This bulletin applies to MA Program enrolled renal dialysis centers and physicians who provide renal dialysis services to MA beneficiaries in the Fee-for-Service delivery system, including ACCESS Plus. Renal dialysis centers and physicians who provide renal dialysis services to MA beneficiaries in the managed care delivery system should address any coding or payment related questions to the appropriate managed care organization.

Background/Discussion:

The Department of Public Welfare (Department) issued MA Bulletin 30-05-03, et al, titled "Medical Assistance Program Fee Schedule Procedure Code Changes for Renal Dialysis Services" on October 27, 2005, effective November 1, 2005. This MA Bulletin advised physicians and renal dialysis centers of the national procedure codes and modifiers that were to be used in place of local procedure codes. The attachment to this MA Bulletin was a Local to National Procedure Code Cross Walk.

It has come to the Department's attention that it inadvertently omitted adding provider type (PT) 30 renal dialysis centers, provider specialty (PS) 300 in POS 12 to home renal dialysis services. The Department added PT 30, PS 300, in POS 12 with the pricing modifier U9 to the following procedure codes on the MA Program Fee Schedule on March 15, 2012. As

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| <p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>The appropriate toll-free telephone number for your provider type.</p> <p>Visit the Office of Medical Assistance Programs Web site at http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm</p> |
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indicated below, the U9 pricing modifier reflects an MA Program fee of \$35.00 per dialysis for home treatment.

| Procedure Code | Description | Provider Type | Provider Specialty | Place of Service | Pricing Modifier | Informational Modifier | Price |
|-----------------------|---|----------------------|---------------------------|-------------------------|-------------------------|-------------------------------|--------------|
| 90935 | Hemodialysis procedure with single physician evaluation | 30 | 300 | 12 | U9 | | \$35.00 |
| 90937 | Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription | 30 | 300 | 12 | U9 | | \$35.00 |

The Department also inadvertently omitted adding PT 30, PS 300, in POS 65 with the modifiers and fees to existing peritoneal and backup peritoneal dialysis procedure codes. The Department added PT 30, PS 300, in POS 65 with the modifiers and fees to existing peritoneal and backup peritoneal dialysis procedure codes on the MA Program Fee Schedule on March 15, 2012. As indicated below, the U7 pricing modifier reflects an MA Program fee of \$115 per dialysis procedure for treatment at a renal dialysis facility. The combination of the U8 pricing modifier and the 22 informational modifier reflects an MA Program fee of \$165 per dialysis procedure for backup visits at the facility.

NOTE: MA Program regulations at 55 Pa.Code § 1128.53(f) (relating to limitations on payment) limit backup visits to the facility to no more than 15 in one calendar year and further provide that backup visits are “dialysis procedures provided at a facility when a patient is required to resume treatment at the facility following home dialysis treatment. Backup services may be necessitated by worsening of the patient’s condition, absence of the dialysis treatment partner, or for the purpose of training a new partner or retraining for a new procedure to be managed in the home.”

| Procedure Code | Description | Provider Type | Provider Specialty | Place of Service | Pricing Modifier | Informational Modifier | Price |
|----------------|---|---------------|--------------------|------------------|------------------|------------------------|----------|
| 90945 | Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation | 30 | 300 | 65 | U7 | | \$115.00 |
| 90945 | Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation | 30 | 300 | 65 | U8 | 22 | \$165.00 |
| 90947 | Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), | 30 | 300 | 65 | U7 | | \$115.00 |

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| | requiring repeated physician evaluations, with or without substantial revision of dialysis prescription. | | | | | | |
| 90947 | Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), requiring repeated physician evaluations, with or without substantial revision of dialysis prescription. | 30 | 300 | 65 | U8 | 22 | \$165.00 |

In addition, the Department inadvertently opened facility backup hemodialysis and dialysis training procedure codes for PT 31 when the procedure codes for renal dialysis services were updated on November 1, 2005. As set forth above, Department regulations provide that backup dialysis visits are provided at a renal dialysis facility. Payments for backup visits are made to the facility and are considered payment in full. The Department is end-dating PT 31, all specialties, in POS 65 from the following backup hemodialysis and dialysis training procedure codes on the MA Program Fee Schedule effective with dates of service on and after September 17, 2012.

| Procedure Code | Description | Provider Type | Provider Specialty | Place of Service | Pricing Modifier | Informational Modifier | Price |
|----------------|---|---------------|--------------------|------------------|------------------|------------------------|---------|
| 90935 | Hemodialysis procedure with single physician evaluation | 31 | All | 65 | | 22 | \$50.00 |
| 90937 | Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription | 31 | All | 65 | | 22 | \$50.00 |
| 90993 | Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session | 31 | All | 65 | | 22 | \$50.00 |

Procedure:

Effective for dates of service on and after September 17, 2012, the Department will end-date PT 31, all specialties, in POS 65 for procedure codes 90935, 90937 and 90993 on the MA Program Fee Schedule. Claims submitted by PT 31, all specialties, in POS 65 for procedure codes 90935, 90937 and 90993, will deny.

The Department reprocessed PT 30 claims billed for procedure codes 90945 and 90947 with the U7 modifier in POS 65 that denied on Error Status Code (ESC) 4036, "procedure code/modifier vs. POS restriction," and/or ESC 4045, "PT/specialty/procedure code/modifier invalid," for dates of service (DOS) November 1, 2005, through March 15, 2012. A Remittance Advice Alert was sent to affected providers on April 20, 2012, that advised them of the claims reprocessing. The Department also ran a query to identify claims billed with the same procedure codes and the U8 pricing modifier and 22 informational modifier that denied for the same ESCs and DOS and no claims were identified for reprocessing.

The Department recognizes some renal dialysis centers, PS 300, may not have submitted claims to the MA Program within 180 days of the service date for the following procedure codes: 90935 and 90937 in POS 12 with the pricing modifier U9; or 90945 or 90947 in POS 65 with either the pricing modifier U7 or the pricing modifier U8 and the informational modifier 22. Renal dialysis centers have until March 16, 2013, to submit their claims for dates of service on or after March 15, 2012, to September 16, 2012, without the 180 or 365 days timely filing edits setting on the claims. Beginning March 17, 2013, the timely filing edits will apply to all claims submitted for these procedure codes and modifier combinations.

The MA Program Fee Schedule has been updated to reflect these changes and it may be viewed by accessing the following website link:
<http://www.dpw.state.pa.us/publications/forproviders/schedules/mafeeschedules/outpatientfeeschedule/index.htm>.