



ISSUE DATE August 31, 2012	EFFECTIVE DATE September 1, 2012	NUMBER 99-12-10
SUBJECT Medical Assistance Program Fee Schedule Revisions		BY  Vincent D. Gordon, 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. These changes are effective for dates of service on and after September 1, 2012.

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 of Public Welfare (Department) is making updates to the MA Program fee schedule based, in part, upon designations assigned by the Centers for Medicare and Medicaid Services (CMS) and in response to requests received from providers and clinical reviews conducted by Department staff related to standards of practice, provider type/ specialty combinations (PT/Spec), places of service (POS) and procedure code/modifier combinations.

DISCUSSION:

Physician Services

The following surgical, radiological and diagnostic procedure codes will have POS 11 (office), 12 (home), 22 (outpatient hospital clinic), 24 (ambulatory surgical center (ASC)/short procedure unit (SPU)), 31 (skilled nursing facility), 32 (nursing facility), 49 (independent clinic) and/or 99 (Special Treatment Room (STR)) end-dated for PT 31 (physicians) as explained below:

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 Code	POS	Reason
20500	49	Service is not payable to physicians in a clinic setting based upon MA regulations at 55 Pa.Code § 1221.51.
23350 24220 25246 27093 31715	22	Service is not payable to physicians in a clinic setting based upon MA regulations at 55 Pa.Code § 1221.51.
36556	11	The office setting is not appropriate for the performance of the service.
51702	24, 99	Service is integral to the surgical service in these settings.
62284 62290 62292 62310 62311	22	Service is not payable to physicians in a clinic setting based upon MA regulations at 55 Pa.Code § 1221.51.
70190	12, 31, 32	Equipment necessary to perform this service is not available in the home or nursing home setting.
70373	31, 32	The nursing home or skilled nursing home setting is not appropriate for the performance of the service.
76802 76810 76811 76812 76816 76817	31, 32	Equipment necessary to perform the service is not available in a nursing home or skilled nursing home setting.
77014	24	POS opened in error.
77336 95250	22	Service is not payable to physicians in a clinic setting based upon MA regulations at 55 Pa.Code § 1221.51.
95970 95972 95973 95974 95975	22, 49	Service is not payable to physician in a clinic setting based upon MA regulations at 55 Pa.Code § 1221.51.

The following anesthesia, surgical, radiological and diagnostic procedure codes will have POS 11, 12, 24, 31, 32, and/or 99 added with no modifier (total component) or 26 modifier (professional component) for PT 31, as indicated below, because the

Department has determined that these settings are appropriate for the performance of these services:

Procedure Codes	POS	Modifiers
00942	24	no modifier
10021	11	no modifier
10022	11	no modifier
11981	11	no modifier
11982	11	no modifier
15201	24	no modifier
22315	11	no modifier
24220	11	no modifier
25246	11	no modifier
38220	11	no modifier
38221	11	no modifier
48400	24	no modifier
58356	11	no modifier
93306	12, 31, 32	26 modifier
93651	99	no modifier
93922	12, 31, 32	26 modifier
93971	12, 31, 32	26 modifier
96542	11	no modifier

The following surgical, laboratory and medical procedure codes will have individual specialties end-dated and "All" specialties added for PT 31 because the Department has determined these services should not be limited to specific physician specialties:

Procedure Codes					
36556	38221	44180	50387	51702	55866
57425	58356	64581	88187	88188	88189
93306	93651	96401	96402	96405	96406
96409	96411	96413	96415	96416	96417
96420	96422	96423	96425	96440	96450

Podiatrist Services

The following diagnostic procedure codes will have PT/Spec 14/140 (podiatrist) added in POS as indicated below with a 26 modifier based upon provider requests and the Department's determination that it is appropriate for this provider to perform these services:

Procedure Codes (POS)	
93922 (12)(31)(32)	93971 (12)(31)(32)

Dentist Services

The following radiological procedure codes will have PT 27 (dentist) added in POS 21 (inpatient hospital) with a 26 modifier because the Department has determined that it is appropriate for a dentist to perform these services:

Procedure Codes (Modifier)	
70380 (26)	70390 (26)

The following surgical procedure codes will have PT 27 end-dated for all specialties, except Spec 272 (oral/maxillofacial surgeon), in only the POS indicated below because they are outside the scope of practice for all other specialties and all other POS were reviewed and deemed inappropriate by the Department:

Procedure Codes (POS)		
15200 (21)(24)	15201 (21)(24)	15240 (21)(24)
15241 (21)(24)	15260 (21)(24)	15261 (21)(24)
17270 (11)(21)	17271 (11)(21)	17272 (11)(21)
17273 (11)(21)	17274 (11)(21)	17276 (11)(21)
20500 (11)(21)	41140 (21)	41145 (21)
41150 (21)	41153 (21)	42140 (21)(24)

Therapist Services

The following medical service procedure codes will have PT/Spec 17/170 (physical therapist) or 17/171 (occupational therapist) added in POS 11, 12 and 99 as indicated below:

Procedure Codes for Physical Therapists (POS)	
97016 (99)	
Procedure Codes for Occupational Therapists (POS)	
97018 (11)(12)(99)	97022 (11)(12)(99)
97024 (11)(12)(99)	97026 (11)(12)(99)
97028 (11)(12)(99)	97112 (11)(12)(99)
97113 (11)(12)(99)	

Hospital Services

The following surgical, radiology and laboratory procedure codes will have PT/Spec 01/017 (emergency room arrangement 2), end-dated, as indicated below, because the Department has determined that an emergency room is not an appropriate setting for the performance of these services:

Procedure Codes	
11981	11982
77418	93503

The following radiology procedure codes will have PT/Spec 01/016 and 01/017 added because the Department has determined that an emergency room is an appropriate setting for the performance of these services:

Procedure Codes	
71020	72040
76802	76811
76812	76817

Independent Medical/Surgical Clinic Services

The following surgical and radiological procedure codes will have PT/Spec 08/082 (independent medical/surgical clinic) end-dated because the Department has determined that this setting is not appropriate for the performance of these services:

Procedure Codes				
62284	62290	62310	62311	77418

Radiology procedure code 71020 will have PT/Spec 08/082 added in POS 49 with a TC (technical component) modifier and/or no modifier based upon provider requests and the Department's determination that it is appropriate for this provider to perform this service.

Additionally, surgical procedure code 58356 will have PT/Spec 08/082 added in POS 49 based upon provider requests and the Department's determination that this setting is appropriate for the performance of this service.

Hospital Based Medical/Surgical Clinic Services

Procedure code 95250 will have PT/Spec 01/183 (hospital based med clinic) end-dated in POS 12, 31, 32 and 49 because this PT/Spec does not perform this service in these settings.

The following surgical procedure codes will have PT/Spec 01/183 added in POS 22 based upon provider requests and the Department's determination that it is appropriate for this provider to perform these services:

Procedure Codes	
50387	58356

The following laboratory procedure codes will have PT/Spec 01/183 added in POS 22 based upon provider requests and the Department's determination that these settings are appropriate for the performance of these services:

Procedure Codes		
88187	88188	88189

Independent Laboratory Services

The following laboratory procedure codes will have PT/Spec 28/280 (independent laboratory) added in POS 81 (independent laboratory) because they were inadvertently omitted:

Procedure Codes		
88187	88188	88189

Mobile X-ray Services

The following diagnostic procedure codes will have PT/Spec 29/291 (mobile x-ray clinic) added in POS 12, 31 and 32, with the TC modifier only, because this PT/Spec may only bill the technical component of these services based upon MA regulations at 55 Pa.Code § 1230.1:

Procedure Codes		
93306	93922	93971

Medical Rehab Services

The following surgical, diagnostic and radiology procedure codes will have PT/Spec 01/012 (medical rehab hospital) and 01/014 (inpatient medical rehab unit) end-dated, as indicated below, because the Department has determined that this setting is not appropriate for the performance of these services or it is considered to be part of the per diem payment:

Procedure Codes	PT/Spec
11720	01/012
93922	01/014
51702	01/012
76801	
76802	
76811	
76812	
76817	

Anesthesia Services:

The following anesthesia procedure codes will have POS 11, 49 and/or 99 end-dated because anesthesia services are not permitted in these settings based on MA regulations at 55 Pa.Code § 1150.52(d):

Procedure Codes (POS)				
00104 (11) (49) (99)	01860 (99)	01916 (99)	01924 (99)	
01925 (99)	01930 (99)	01931 (99)	01932 (99)	01933 (99)

Surgical Services

The following surgical procedure codes will have the Rt/Lt/50 modifier added because the services can be performed bilaterally:

Procedure Codes		
23350	24220	25246
27093	27095	27881

Procedure code 36556 will have the Rt/Lt/50 modifier end-dated because it is not a procedure that is performed bilaterally.

Durable Medical Equipment and Medical Supply Services

Procedure code 62319 will have individual specialties end-dated and “All” specialties added for PT 25 (DME/medical supplies) because it was opened in error.

Other

The following procedure codes will have POS 11, 12, 21, 22, 23 (emergency room), 24, 31, 32, 49, 54 (intermediate care facility) and/or 99 end-dated, as indicated below, because the Department has determined that these settings are not appropriate for the performance of these services:

Procedure Codes	POS	Procedure Codes	POS
10040	12, 23, 31, 32, 99	11008	22
11200	12, 99	11201	12, 99
11720	23, 24, 99	11983	23, 99
15200	11,12, 22, 23, 31, 49, 99	15201	11, 12, 22, 23, 31, 49, 99
15240	11, 22, 23, 49, 99	15241	11, 22, 23, 49, 99
15260	11, 22, 23, 49, 99	15261	11, 22, 23, 49, 99
17270	99	17271	99
17272	99	17273	99
17274	99	17276	99

19000	23, 24, 31, 32, 99	19001	23, 31, 32, 99
20500	24, 31, 32, 99	20660	11, 22, 23, 24, 31,32, 49, 99
20950	11, 22, 99, 49	23350	99
24220	99	25246	99
26860	22, 23, 49	26861	11, 22, 23, 49, 99
26862	22, 23, 49, 99	27093	12, 24, 31, 32, 99
27095	11,12,22,23,31,32,49,54,99	27282	22, 23, 49, 99
27881	22, 23, 49, 99	31360	99
31367	99	31368	99
31370	99	31375	99
31380	99	31382	99
31390	99	31400	99
31420	99	31715	23
38100	24	38221	23, 24
41140	24	41145	24
41150	24	41153	24
42140	11, 22, 23, 31, 32, 49, 99	42820	11, 22, 23, 49, 99
42821	11, 22, 23, 49, 99	42825	11, 22, 23, 49, 99
42826	11, 22, 23, 49, 99	42830	11, 22, 23, 49, 99
42831	11, 22, 23, 49, 99	42835	11, 22, 23, 49, 99
42836	11, 22, 23, 49, 99	48400	22, 99
61020	22, 23, 49	62284	23
62290	23	62292	11, 23, 49
62310	23	62311	23
62318	23, 49	62319	23, 49
66982	22, 99	70373	23, 49
70380	12, 23, 31, 32	70390	23, 31, 32
75954	11, 22, 23, 99	76000	31, 32
76936	11, 12, 23, 31, 32, 49	76942	12, 23, 31, 32, 49
76946	12, 23, 31, 32, 99	80597	23
88184	23	88185	23
93503	24 (PT 02 only)	93503	11, 22, 99
93651	24 (PT 02 only)	95250	23
95830	11, 22, 23, 49	95831	21, 31, 32
95832	21, 31, 32	95833	21, 31, 32
95834	21, 31, 32	95851	21, 31, 32
95852	21, 31, 32	95970	23
95972	23	95973	23
95974	23	95975	23
97016	21, 31, 32	97018	21, 31, 32
97022	21, 31, 32	97024	21, 31, 32
97026	21, 31, 32	97028	21, 31, 32
97112	21, 31, 32	97113	21, 31, 32

The following anesthesia, surgical, radiological and diagnostic procedure codes will have PT/Specs 31/318 (general practitioner), 31/339 (psychiatrist), 27/All (dentist-all specialties), 33/335 (nurse midwife) and/or 14/140 (podiatrist) end-dated, as indicated below, because the procedures are either outside the provider's scope of practice or beyond their scope of education and training, or both:

Procedure Codes (PT/Spec)		
00104 (31/339)	00561 (31/318)	70190 (27-All Specialties)
76801 (33/335)	76802 (33/335)	76805 (33/335)
76811 (33/335)	76812 (33/335)	76815 (33/335)
76816 (33/335)	76817 (33/335)	76818 (33/335)
76820 (33/335)	76821 (33/335)	93924 (14/140)

PROCEDURE:

The MA Program Outpatient Fee Schedule has been 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/publications/forproviders/schedules/mafeeschedules/index.htm>.