




ISSUE DATE December 31, 2019	EFFECTIVE DATE January 1, 2020	NUMBER 99-19-07
SUBJECT Place of Service Review and Updates to Surgical Services		BY  Sally A. Kozak, Deputy Secretary Office of Medical Assistance Programs

IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at:
<https://www.dhs.pa.gov/providers/Providers/Pages/PROMISE-Enrollment.aspx>.

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 December 31, 2019.

SCOPE:

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

BACKGROUND:

The Department of Human Services (Department) is making updates to the MA Program Fee Schedule based upon payment indicators specified by the Centers for Medicare & Medicaid Services (CMS), and clinical reviews conducted by Department staff related to standards of practice, Provider Type (PT)/Specialty (Spec), Places of Service (POS) and procedure code/modifier combinations.

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 website at:
<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx>.

DISCUSSION:

The following procedure codes will be updated to reflect that these surgical services are to be performed only in POS 21 (Inpatient Hospital). The services should only be performed by practitioners in an inpatient setting based upon payment indicators specified by CMS:

Procedure Codes					
11004	11005	11006	15756	15757	15758
16036	19271	19361	19364	19367	19368
19369	20661	20956	20957	21179	21182
21183	21184	21194	21196	21247	21255
21343	21344	21347	21348	21366	21422
21423	21431	21432	21433	21435	21436
21510	21615	21616	21620	21627	21740
21825	22010	22015	22110	22112	22114
22116	22214	22220	22222	22224	22318
22319	22326	22532	22533	22534	22800
22830	22844	22849	22850	22852	23200
23210	23220	23900	23920	24900	24931
25915	25920	25927	26551	26553	26554
26992	27005	27025	27070	27071	27090
27091	27146	27161	27165	27170	27176
27177	27222	27232	27236	27240	27244
27248	27253	27254	27258	27284	27303
27365	27448	27450	27454	27455	27457
27465	27466	27468	27470	27472	27488
27511	27519	27535	27536	27540	27556
27557	27558	27580	27590	27591	27592
27598	27645	27646	27702	27712	27724
27725	27727	27880	27888	31225	31230
31395	31725	31760	31766	31770	31775
31780	31781	31786	31805	32035	32036
32100	32110	32140	32141	32150	32151
32160	32200	32215	32220	32225	32310
32320	32653	32655	32656	32664	32906
32997	33015	33140	33471	33735	33820
33968	34001	34401	35141	35189	35216
35281	35301	35372	35518	35521	35647
35661	35701	35721	35800	35840	35901
35905	35907	36660	37140	37618	38380
38562	38724	38765	38770	38780	39000
39010	39220	41130	41135	41155	42426
42845	42953	43100	43101	43305	43313

43314	43351	43352	43400	43460	43500
43501	43502	43520	43605	43610	43810
43825	43832	43880	44005	44015	44020
44050	44110	44111	44126	44127	44128
44187	44188	44202	44213	44227	44300
44314	44320	44346	44620	44625	44640
44650	44660	44800	45130	45136	45395
45397	45400	45402	45540	45562	45800
46705	46710	46730	46751	47100	47300
47380	47381	47420	47460	47550	47570
47600	47605	47610	47701	47715	48001
48100	48120	48510	49000	49002	49010
49060	49215	49220	49255	49428	49900
50010	50040	50045	50060	50065	50070
50075	50120	50205	50220	50234	50280
50400	50405	50520	50546	50547	50548
50600	50630	50700	50715	50728	50780
50820	50860	50920	51530	51550	51565
51800	51840	51841	51865	51980	57270
57308	58140	58146	58400	58410	58540
58700	58720	58740	58822	58825	58940
58943	58953	58954	58960	60521	60540
61120	61154	61156	61210	61320	61500
61563	61618	62140	62141	62142	62161
62162	62163	62164	62165	62180	62220
62223	62256	63050	63051	63077	63185
63190	63194	63267	63270	63300	63307
63707	64760	64818	64866	64868	69155
69554	92941	92975			

Dental Services

The following surgical procedure codes will be end-dated for all PT 27 (dentist) specialties, except provider specialty 272 (oral/maxillofacial surgeon), because the procedures can only be performed by a dentist with education and training in oral/maxillofacial surgery:

Procedure Codes					
15756	15757	15758	20661	21179	21194
21196	21247	21255	21343	21344	21347
21348	21366	21422	21423	21431	21432
21433	21435	21436	31225	31230	41130
41135	41155	42426	42953	64866	64868

Surgical procedure code 21510 will have PT/Spec 27/All end-dated because the procedure is outside the provider's scope of practice and training.

Modifier Updates

Assistant Surgeon Services

The following surgical procedure codes will have modifier 80 end-dated because an assistant surgeon is not appropriate for these procedures, based upon the Department's clinical review:

Procedure Codes			
37140	47701	50040	62165

Right/Left/50 Modifiers and Limit Updates

The following surgical procedure codes will have modifiers right (Rt), left (Lt) and bilateral (50) added and the unit limitation will be two because the procedures may be performed bilaterally.

Procedure Codes					
19361	19364	19367	19368	19369	21247
21255	21366	23200	23210	23220	27005
27025	27070	27071	27090	27091	27146
27161	27165	27170	27176	27177	27222
27232	27236	27240	27244	27248	27253
27254	27258	27284	27303	27365	27448
27450	27454	27455	27457	27465	27466
27468	27470	27472	27488	27511	27519
27535	27536	27540	27556	27557	27558
27645	27646	27702	27712	27724	27725
27727	32035	32036	32215	32220	32225
32655	32656	32997	34001	34401	35141
35301	35372	35521	35701	35721	50010
50040	50045	50060	50065	50070	50075
50120	50205	50280	50400	50405	50600
50630	50700	50780	50820	50860	58822
60540	61154	69554			

The following surgical procedure codes will have modifiers Rt, Lt and bilateral (50) added and a change to limitation of once per Rt side and once per Lt side per lifetime as a result of clinical review and Current Procedural Terminology (CPT) guidelines:

Procedure Codes					
21615	21616	23920	24900	24931	25915
25920	25927	27580	27590	27591	27592
27598	27880	27888	31225	31230	32664
38724	38765	38770	42426	50220	50234
50546	50548	64760	64818	64866	64868
69155					

Limit Update

The following surgical procedure codes have a change to limitation of once per lifetime as a result of clinical review and CPT guidelines:

Procedure Codes					
31766	33735	33820	37140	38780	41130
41135	42845	43810	43825	44800	45136
45395	45397	46730	47701	49220	49255
51550	51565	51840	51980	58410	58540
58953	58954	60521	62180	62220	62223

PROCEDURE:

The Department updated the MA Program Fee Schedule to reflect these changes, which are effective for dates of services on and after January 1, 2020. Providers may access the on-line version of the fee schedule at the Department's website at:

<https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx>

If the surgical procedure is performed electively, providers should secure prior authorization before the MA beneficiary receives the service.