


ISSUE DATE April 29, 2024	EFFECTIVE DATE April 29, 2024	NUMBER 99-24-02
SUBJECT Medical Assistance (MA) Program Fee Schedule Revisions		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 advise providers of additions and updates to the Medical Assistance (MA) Program Fee Schedule.

SCOPE:

This bulletin applies to all providers enrolled in the MA Program who render services to beneficiaries enrolled in the MA Fee-for-Service (FFS) 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 (MCO).

BACKGROUND:

The Department of Human Services (Department) is adding additional codes based upon provider requests and clinical review. The Department is updating the MA Program Fee Schedule in compliance with National Correct Coding Initiative (NCCI) edits. Additionally, the Department is making changes to procedure codes currently on the MA Program Fee Schedule based upon clinical review related to standards of practice, prior authorization requirements, provider type (PT)/specialty (Spec) combinations, places of service (POS), and procedure code/modifier combinations.

DISCUSSION:

Procedure Codes Being Added

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>.

The Department is adding the following procedure codes for cardiovascular monitoring services to the MA Program Fee Schedule based upon provider requests and clinical review:

Procedure Codes		
93242	93243	93244

Prior Authorization Requirement Update

The Department is removing the prior authorization requirement from procedure code, 81511 based upon clinical review.

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Certified Nurse Midwife Services

The Department is adding POS 99 (Special Treatment Room) for PT/Spec 33 (Certified Nurse Midwife)/370 (Tobacco Cessation) to procedure code 99407. Additionally, the Department is adding the FP (Family Planning) modifier to procedure code 99407 for PT/Spec combination 33/370 for POS 02 (Telehealth Provided Other than in a Patient's Home), 10 (Telehealth Provided in a Patient's Home), 11 (Office), 27 (Outreach Site/Street), and 99.

Clinic Services

Effective for dates of service on and after October 11, 2023, the Department end-dated PT/Spec/POS combinations 08 (Clinic)/080 (Federally Qualified Health Center (FQHC))/50 (FQHC) and 08/081 (Rural Health Clinic (RHC))/72 (RHC) for procedure code 90736 because FQHCs and RHCs are paid a prospective payment system rate for qualifying encounters.

Laboratory Services

The Department opened PT/Spec/POS combinations with and without the QW (Clinical Laboratory Improvement Amendments (CLIA) waived test) and FP modifier for the following laboratory test procedure codes on the MA Program Fee Schedule that CMS identifies as CLIA waived tests. For additional information, see MA Bulletin 01-12-67, "Clinical Laboratory Improvement Amendments Requirements," which may be viewed online at: [https://www.dhs.pa.gov/docs/Publications/Documents/FORMS AND PUBS/OMAP/p_033918.pdf](https://www.dhs.pa.gov/docs/Publications/Documents/FORMS_AND_PUBS/OMAP/p_033918.pdf).

Procedure Code	New PT/Spec	POS	Modifier(s)
80048	08/082 (Independent Medical/Surgical Clinic)	49 (Independent Clinic)	No modifier; QW; FP; QW FP
	09 (Certified Registered Nurse Practitioner)/All	11, 27	

	10 (Mid-Level Practitioner)/100 (Physician Assistant)	11, 27	
	31 (Physician)/All	11, 27	
	33 (Certified Nurse Midwife (CNM))/335 (CNM)	11, 27	
80053	08/082	49	No modifier; QW; FP; QW FP
	09/ALL	11,27	
	10/100	11, 27	
	31/ALL	11, 27	
	33/335	11, 27	
82951	08/082	49	No modifier; QW; FP; QW FP
	09/ALL	11, 27	
	10/100	11, 27	
	31/ALL	11, 27	
	33/335	11, 27	
84443	08/082	49	No modifier; QW; FP; QW FP
	09/ALL	11, 27	
	10/100	11, 27	
	31/ALL	11, 27	
	33/335	11, 27	
84703	08/082	49	No modifier; QW; FP; QW FP
	09/ALL	11, 27	
	10/100	11, 27	
	31/ALL	11, 27	
	33/335	11, 27	
87077	08/082	49	No modifier; QW; FP; QW FP
	09/ALL	11, 27	
	10/100	11, 27	
	31/ALL	11, 27	
	33/335	11, 27	
87210	08/082	49	No modifier; QW; FP; QW FP
	09/ALL	11, 27	
	10/100	11, 27	
	31/ALL	11, 27	
	33/335	11, 27	

The Department opened the following PT/Spec/POS combinations with the FP modifier and QW, FP modifier combination for procedure code 87077 based upon clinical review:

Procedure Code	PT/Spec	POS	Modifier
87077	08/083 (Family Planning Clinic)	22 (Outpatient Hospital)	FP; QW FP
	08/083	49	

Effective for dates of service on and after January 1, 2024, the Department opened PT/Spec/POS combinations with and without the QW modifier for the following procedure codes based upon clinical review:

Procedure Code	New PT/Spec	POS	Modifier
83036	08/082	49	No Modifier; QW
	09/ALL	11	
	10/100	11	
	31/ALL	11	
	33/335	11	
87400	08/082	49	No Modifier; QW
	09/ALL	11	
	10/100	11	
	31/ALL	11	
	33/335	11	
87430	08/082	49	No Modifier; QW
	09/ALL	11	
	10/100	11	
	31/ALL	11	
	33/335	11	

Effective for dates of service on and after January 1, 2024, the Department added the QW modifier for PT/Spec/POS combinations to the following procedure codes based upon clinical review:

Procedure Code	PT/Spec	POS	Modifier
87400	01 (Inpatient Facility)/016 (Emergency Room Arrangement 1)	23 (Emergency Room)	QW
	01/017 (Emergency Room Arrangement 2)	23	
	01/183 (Hospital Based Medical Clinic)	22	
	28 (Laboratory)/280 (Independent Laboratory)	81 (Independent Laboratory)	
87430	01/016	23	QW
	01/017	23	
	01/183	22	
	28/280	81	

Dental Services

There was an error in the attachment from MA Bulletin 01-23-24, "2023 MA Program Dental Fee Schedule Update and Dental Provider Handbook Update," which was issued October 23, 2023, and effective September 5, 2023. The limits that were in place for procedure codes D1516 and D1517 prior to the issuance of MA Bulletin 01-23-24, remain in

effect. The limit for these two procedure codes continues to be 1 appliance per arch, 1 per lifetime (Under 21 years of age only). The error did not affect claims processing, as the correct limits were in PROMISe™. The online MA Program Dental Fee Schedule has been updated to reflect the correct limits and providers may access it on the Department’s website at the following link:

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

Vaccine Administration

Effective for dates of service on and after January 1, 2024, the Department is opening PT/Spec/POS combinations on the following procedure codes as result of clinical review:

Procedure Code	PT/Spec	POS
90585	33/335	11, 12 (Home), 27
90589	33/335	27
90625	33/335	11, 12, 27
90632	33/335	11, 12, 27
90633	33/335	11, 12, 27
90647	33/335	11, 12, 27
90648	33/335	11, 12, 27
90656	09/All	11, 12
	10/100	11, 12
90675	33/335	11, 12, 27
90680	33/335	11, 12, 27
90681	09/All	12
	10/100	12
	31/All	12
	33/335	12
90691	33/335	11, 12, 27
90696	09/All	12
	10/100	12
	31/All	12
	33/335	12
90698	33/335	11, 12, 27
90700	33/335	11, 12, 27
90702	33/335	11, 12, 27
90710	33/335	11, 12, 27
90714	33/335	11, 12, 27
90715	33/335	11, 12, 27
90716	33/335	11, 12, 27
90717	33/335	11, 12, 27
90723	33/335	11, 12, 27
90732	33/335	11, 12, 27
90734	33/335	11, 12
90736	33/335	11, 12, 27

90750	33/335	11, 12, 27
G0008	33/335	11, 12, 27
G0009	33/335	11, 12, 27

Effective for dates of service on and after January 1, 2024, the Department is ending "All" specialty combinations for the following procedure codes and opening specified PT/Spec/POS combinations based upon clinical review:

Procedure Code	End-dated PT/Spec/POS	Opened PT/Spec/POS
90585	08/All/49	08/082/49
90620	33/All/11	33/335/11
	33/All/12	33/335/12
90621	33/All/11	33/335/11
	33/All/12	33/335/12
90632	08/All/49	08/082/49
90633	08/All/49	08/082/49
90647	08/All/49	08/082/49
90675	08/All/49	08/082/49
90680	08/All/49	08/082/49
90691	08/All/49	08/082/49
90700	08/All/49	08/082/49
90702	08/All/49	08/082/49
90707	08/All/49	08/082/49
	33/All/11	33/335/11
	33/All/12	33/335/12
90710	08/All/49	08/082/49
90713	08/All/49	08/082/49
	33/All/11	33/335/11
	33/All/12	33/335/12
90716	08/All/49	08/082/49
90717	08/All/49	08/082/49
90723	08/All/49	08/082/49
90732	08/All/49	08/082/49
90744	08/All/49	08/082/49
	33/All/11	33/335/11
	33/All/12	33/335/12
90746	08/All/49	08/082/49
	33/All/11	33/335/11
	33/All/12	33/335/12
90747	08/All/49	08/082/49
	33/All/11	33/335/11
	33/All/12	33/335/12
G0008	08/All/49	08/082/49
G0009	08/All/49	08/082/49

Effective for dates of service on and after January 1, 2024, the Department is end-dating the following PT/Spec/POS combinations from the procedure codes identified below based upon clinical review.

Procedure Code	PT/Spec/POS
90585	01/All/23
	09/All/31 (Skilled Nursing Facility), 09/All/32 (Nursing Facility)
	10/100/31, 10/100/32
	31/All/21 (Inpatient Hospital), 31/All/23, 31/All/31, 31/All/32
90632	01/All/23
	09/All/31, 09/All/32
	10/100/31, 10/100/32
	31/All/23, 31/All/31, 31/All/32
90633	01/All/23
	09/All/31, 09/All/32
	10/100/31, 10/100/32
	31/All/21, 31/All/23, 31/All/31, 31/All/32
90647	01/All/23
	09/All/31, 09/All/32
	10/100/31, 10/100/32
	31/All/23, 31/All/31, 31/All/32
90648	09/All/31, 09/All/32
	10/100/31, 10/100/32
	31/All/31, 31/All/32
90648 (UC)	09/All/31, 09/All/32
	10/100/31, 10/100/32
	31/All/31, 31/All/32
90675	01/All/23
	09/All/31, 09/All/32
	10/100/31, 10/100/32
	31/All/23, 31/All/31, 31/All/32
90680	01/All/23
	09/All/31, 09/All/32
	10/100/31, 10/100/32
	31/All/23, 31/All/31, 31/All/32
90691	01/All/23
	09/All/31, 09/All/32
	10/100/31, 10/100/32
	31/All/23, 31/All/31, 31/All/32
90698	09/All/31, 09/All/32
	10/100/31, 10/100/32
	31/All/23, 31/All/31, 31/All/32
90700	01/All/23

	09/AII/31, 09/AII/32
	10/100/31, 10/100/32
	31/AII/23, 31/AII/31, 31/AII/32
90702	01/AII/23
	09/AII/31, 09/AII/32
	10/100/31, 10/100/32
	31/AII/23, 31/AII/31, 31/AII/32
90707	01/AII/23
	09/AII/31, 09/AII/32
	10/100/31, 10/100/32
	31/AII/23, 31/AII/31, 31/AII/32
	33/AII/23
90710	01/AII/23
	09/AII/31, 09/AII/32
	10/100/31, 10/100/32
	31/AII/23, 31/AII/31, 31/AII/32
90713	01/AII/23
	09/AII/31, 09/AII/32
	10/100/31, 10/100/32
	31/AII/23, 31/AII/31, 31/AII/32
	33/AII/23
90715	09/AII/31, 09/AII/32
	10/100/31, 10/100/32
	31/AII/23, 31/AII/31, 31/AII/32
90716	01/AII/23
	09/AII/31, 09/AII/32
	10/100/31, 10/100/32
	31/AII/23, 31/AII/31, 31/AII/32
90717	01/AII/23
	09/AII/31, 09/AII/32
	10/100/31, 10/100/32
	31/AII/23, 31/AII/31, 31/AII/32
90723	01/AII/23
	09/AII/31, 09/AII/32
	10/100/31, 10/100/32
	31/AII/23, 31/AII/31, 31/AII/32
90732	01/AII/23
	09/AII/31, 09/AII/32
	10/100/31, 10/100/32
	31/AII/23, 31/AII/31, 31/AII/32
90734	01/017/23
	09/AII/31, 09/AII/32
	10/100/31, 10/100/32
	31/AII/23, 31/AII/31, 31/AII/32
90744	01/AII/23

	09/All/31, 09/All/32
	10/100/31, 10/100/32
	31/All/21, 31/All/23, 31/All/31, 31/All/32
	33/All/21, 33/All/23
90746	01/All/23
	09/All/31, 09/All/32
	10/100/31, 10/100/32
	31/All/21, 31/All/23, 31/All/31, 31/All/32
	33/All/21, 33/All/23
90747	01/All/23
	09/All/31, 09/All/32
	10/100/31, 10/100/32
	31/All/21, 31/All/23, 31/All/31, 31/All/32
	33/All/21, 33/All/23
90749	01/017/23
	09/All/31, 09/All/32
	10/100/31, 10/100/32
	31/All/23, 31/All/31, 31/All/32
G0008	01/All/23
	09/All/31, 09/All/32
	10/100/31, 10/100/32
	31/All/23, 31/All/31, 31/All/32, 31/All/54
G0009	01/All/23
	09/All/31, 09/All/32
	10/100/31, 10/100/32
	31/All/23, 31/All/31, 31/All/32, 31/All/54

Assessment of Aphasia

The Department is removing the 26 (Professional Component) and/or TC (Technical Component) modifiers from all PT/Spec/POS combinations for procedure code 96105 based upon National Coding guidelines.

The Department is adding PT/Spec 09/All and 10/100 in POS 02, 10, 11, and 27 for procedure code 96105 based upon clinical review.

Procedure Code	PT/Spec	Added POS
96105	09/All	02, 10, 11, 27
	10/100	02, 10, 11, 27

The Department is end-dating the following PT/Spec/POS combinations for procedure code 96105 and opening the specified PT/Spec/POS combinations based upon clinical review:

Procedure Code	End-dated PT/Spec/POS	Opened PT/Spec/ POS
96105	01/All/23	01/017/23
	08/All/49	08/082/49

The Department is end-dating the following PT/Spec/POS combinations from procedure code 96105 based upon the Department's payment policy.

Procedure Code	End-dated PT/Spec/POS
96105	01/016/02
	01/016/10
	31/All/22
	31/All/49

Unit and Limit Updates

Effective for dates of services on and after January 1, 2024, the Department added a limit of 2 per year for all PT/Spec/POS combinations for procedure code 95250 based upon clinical review.

The Department is updating the units and limits for the following procedure codes with or without the U8 (Pricing) modifier based upon NCCI edits and clinical review. These service limits are effective March 18, 2024.

Procedure Code	Former Minimum/Maximum Unit Limit	New Minimum/Maximum Unit Limit	Limit
20205	1:20	1:3	N/A
87205	1:5	1:3	N/A
95052	1:50	1:36	N/A
A0425 (U8)	1:9999	1:250	N/A
A0430	1:2	1:1	N/A
A0433	1:2	1:1	N/A
A0435	1:9999	1:999	N/A
A0436	1:9999	1:300	N/A
A4233	1:4	1:2	6 per year
A4234	1:4	1:2	6 per year
A4236	1:4	1:2	6 per year

A4250	1:6	1:2	2 per month
A4253	1:6	1:4	4 per month
A4259	1:9999	1:2	2 per month
A4266	1:2	1:1	2 per year
A4280	1:9999	1:20	60 per month
A4281	1:2	1:1	2 per year
A4282	1:2	1:1	2 per year
A4284	1:2	1:1	2 per year
A4286	1:2	1:1	2 per year
A4300	1:15	1:4	15 per month
A4310	1:15	1:2	2 per month
A4322	1:30	1:12	30 per month
A4331	1:15	1:2	2 per month
A4333	1:16	1:12	16 per month
A4355	1:180	1:2	2 per month
A4357	1:90	1:2	2 per month
A4358	1:90	1:2	2 per month
A4361	1:3	1:1	3 per 6 months
A4364	1:9999	1:4	4 per month
A4366	1:60	1:30	30 per month
A4367	1:15	1:2	4 per year
A4369	1:9999	1:4	4 per month
A4371	1:9999	1:4	4 per month
A4375	1:9999	1:15	15 per month
A4376	1:9999	1:4	4 per month
A4377	1:9999	1:15	15 per month
A4378	1:9999	1:4	4 per month
A4379	1:60	1:15	15 per month
A4380	1:9999	1:3	3 per month
A4381	1:9999	1:10	10 per month

A4382	1:9999	1:3	3 per month
A4383	1:9999	1:3	3 per month
A4384	1:9999	1:2	2 per month
A4394	1:9999	1:27	30 per month
A4395	1:9999	1:100	100 per month
A4396	1:9999	1:3	3 per month
A4402	1:30	1:8	8 per month
A4404	1:12	1:10	12 per month
A4405	1:9999	1:8	8 per month
A4406	1:9999	1:8	8 per month
A4414	1:9999	1:20	30 per month
A4415	1:9999	1:20	30 per month
A4422	1:9999	1:200	300 per month
A4450	1:100	1:80	160 per month
A4455	1:50	1:16	16 per month
A4461	1:10	1:2	10 per month
A4602	1:30	1:2	30 per month
A4605	1:45	1:31	45 per month
A4615	1:18	1:1	8 per month
A4620	1:36	1:1	4 per month
A4625	1:360	1:31	31 per month
A4635	1:6	1:2	4 per year
A4636	1:6	1:2	4 per year
A4637	1:6	1:4	8 per year
A5055	1:180	1:31	31 per month
A5083	1:180	1:150	150 per month
A5105	1:6	1:2	6 per month
A5112	1:12	1:1	1 per month
A5120	1:300	1:50	50 per month
A5121	1:90	1:20	30 per month

A5122	1:90	1:20	30 per month
A5200	1:15	1:12	12 per month
A6011	1:9999	1:30	30 per month
A6021	1:9999	1:30	30 per month
A6022	1:9999	1:20	30 per month
A6023	1:9999	1:20	N/A
A6024	1:9999	1:30	30 per month
A6196	1:9999	1:40	40 per month
A6197	1:9999	1:40	40 per month
A6198	1:9999	1:30	30 per calendar month
A6199	1:9999	1:60	60 per month
A6203	1:9999	1:30	30 per month
A6204	1:9999	1:30	30 per month
A6205	1:9999	1:5	12 per month
A6210	1:30	1:20	30 per month
A6211	1:30	1:20	30 per month
A6212	1:30	1:20	30 per month
A6213	1:30	1:20	30 per month
A6214	1:30	1:20	30 per month
A6216	1:9999	1:200	300 per month
A6217	1:9999	1:80	120 per month
A6218	1:9999	1:60	120 per month
A6219	1:9999	1:60	120 per month
A6220	1:9999	1:40	40 per month
A6221	1:9999	1:15	15 per month
A6222	1:60	1:40	60 per month
A6223	1:60	1:50	60 per month
A6224	1:60	1:30	60 per month
A6231	1:9999	1:40	40 per month

A6232	1:9999	1:20	30 per month
A6233	1:9999	1:20	30 per month
A6234	1:9999	1:20	30 per month
A6235	1:9999	1:20	30 per month
A6236	1:9999	1:24	30 per month
A6237	1:9999	1:20	30 per month
A6238	1:9999	1:15	15 per month
A6239	1:9999	1:10	12 per month
A6240	1:9999	1:15	15 per month
A6241	1:9999	1:25	30 per month
A6242	1:9999	1:30	30 per month
A6243	1:9999	1:30	30 per month
A6244	1:9999	1:20	30 per month
A6245	1:9999	1:20	30 per month
A6246	1:9999	1:15	15 per month
A6247	1:9999	1:10	12 per month
A6248	1:9999	1:15	15 per month
A6251	1:9999	1:40	40 per month
A6252	1:9999	1:50	50 per month
A6253	1:9999	1:50	50 per month
A6254	1:9999	1:30	30 per month
A6255	1:9999	1:30	30 per month
A6256	1:9999	1:15	15 per month
A6257	1:9999	1:30	30 per month
A6258	1:9999	1:30	30 per month
A6259	1:31	1:30	30 per month
A6402	1:9999	1:210	300 per month
A6403	1:9999	1:140	150 per month
A6407	1:9999	1:40	50 per month
A6410	1:90	1:20	60 per month

A6441	1:300	1:60	60 per month
A6442	1:300	1:60	60 per month
A6443	1:300	1:120	120 per month
A6444	1:300	1:90	90 per month
A6445	1:300	1:125	150 per month
A6446	1:300	1:125	150 per month
A6447	1:300	1:120	120 per month
A6457	1:60	1:25	60 per month
A6544	1:2	1:1	2 per 6 months
A6550	1:30	1:15	15 per month
A7003	1:8	1:2	8 per month
A7004	1:4	1:2	4 per month
A7005	1:2	1:1	2 per 6 months
A7006	1:6	1:1	3 per month
A7007	1:4	1:2	4 per month
A7012	1:4	1:2	4 per month
A7013	1:6	1:2	4 per month
A7014	1:2	1:1	2 per month
A7015	1:6	1:1	2 per month
A7016	1:4	1:1	2 per month
A7038	1:6	1:2	2 per month
A7045	1:2	1:1	2 per month
A7501	1:9999	1:2	2 per month
A7502	1:9999	1:1	2 per month
A7503	1:9999	1:1	1 per month
A7504	1:9999	1:62	72 per month
A7505	1:9999	1:2	2 per month
A7507	1:9999	1:62	72 per month
E2394	1:2	1:1	2 per 3 years

G0108	1:20	1:6	20 per year
G0109	1:20	1:12	20 per year
K0602	1:9999	1:12	12 per month
K0603	1:9999	1:10	10 per month
L2760	1:12	1:4	N/A
L4205	1:40	1:8	N/A

The Department is updating the units and combined service limitations for the following procedure codes based upon NCCI edits and clinical review. These service limits are effective March 18, 2024.

Procedure Code	Former Minimum/Maximum Unit Limit	New Minimum/Maximum Unit Limit	Limit
A4311	1:30	1:2	Any combination of A4311, A4312, A4313, A4314, A4315, A4316, A4338, A4340, A4344, A4346, A4354; 2 Indwelling Catheters per calendar month
A4312	1:30	1:2	
A4313	1:30	1:2	
A4314	1:30	1:2	
A4315	1:30	1:2	
A4316	1:30	1:2	
A4338	1:30	1:2	
A4340	1:30	1:2	
A4344	1:30	1:2	
A4346	1:30	1:2	
A4354	1:30	1:2	
A4424	1:21	1:20	Any combination of A4424, A4425, A4426, A4427, A4435, A5061, A5062, A5063; 30 Drainable Ostomy Pouches per calendar month
A4425	1:21	1:20	
A4426	1:21	1:20	
A4427	1:21	1:20	
A4435	1:21	1:20	
A5061	1:90	1:20	

A5062	1:90	1:20	Any combination of A4424, A4425, A4426, A4427, A4435, A5061, A5062, A5063; 30 Drainable Ostomy Pouches per calendar month
A5063	1:90	1:20	
A4429	1:21	1:20	
A4433	1:21	1:20	
A4434	1:21	1:20	
A5071	1:90	1:20	
A5072	1:90	1:20	
A5073	1:90	1:20	
A5051	1:180	1:60	
A5052	1:180	1:60	
A5053	1:180	1:60	
A5054	1:180	1:60	
A7520	1:4	1:2	Any combination of A7520, A7521; 4 Tracheostomy/ Laryngectomy tubes per calendar month
A7521	1:4	1:1	

Limits

The MA Program established limits for some of these procedure codes. When a provider determines a MA beneficiary is in need of a service or item in excess of the established limits, the provider may request a waiver of the limits through the 1150 Administrative Waiver Program Exception (PE) process. For instructions on how to apply for a PE, please refer to your MA Program Provider Handbook at: https://www.dhs.pa.gov/providers/PROMISe_Guides/Pages/PROMISe-Handbooks.aspx.

MA Managed Care Organizations (MCOs) are not required to impose the limits that apply in the MA FFS delivery system, although they are permitted to do so. MA MCOs may not impose limits that are more restrictive than the limits established in the MA FFS delivery system. An MA MCO that chooses to establish limits must notify their network providers and members of the limits before implementing the limits.

PROCEDURE:

Attached is the list of procedure codes being added and updated. CLIA waiver updates, aphasia assessment updates, and tobacco cessation updates. Included in this document are procedure codes, procedure code descriptions, procedure code modifiers, effective dates, 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.

The Department updated the MA Program Fee Schedule to reflect these changes. 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>.

ATTACHMENTS:

MA Program Fee Schedule Revisions

87430	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Streptococcus, group A	09	ALL	11			\$6.30	No	per test	once per day	N/A
87430	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Streptococcus, group A	09	ALL	11		QW	\$6.30	No	per test	once per day	N/A
87430	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Streptococcus, group A	10	100	11			\$6.30	No	per test	once per day	N/A
87430	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Streptococcus, group A	10	100	11		QW	\$6.30	No	per test	once per day	N/A
87430	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Streptococcus, group A	28	280	81			\$6.30	No	per test	once per day	N/A
87430	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Streptococcus, group A	28	280	81		QW	\$6.30	No	per test	once per day	N/A
87430	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Streptococcus, group A	31	ALL	11			\$6.30	No	per test	once per day	N/A
87430	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Streptococcus, group A	31	ALL	11		QW	\$6.30	No	per test	once per day	N/A
87430	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Streptococcus, group A	33	335	11			\$6.30	No	per test	once per day	N/A
87430	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Streptococcus, group A	33	335	11		QW	\$6.30	No	per test	once per day	N/A
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	01	183	22			\$88.26	No	per procedure, minimum of 72 hours	two per 365 days	N/A
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	01	183	22		27	\$88.26	No	per procedure, minimum of 72 hours	two per 365 days	N/A

95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	08	082	49			\$88.26	No	per procedure, minimum of 72 hours	two per 365 days	N/A
95250	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording	31	ALL	11			\$88.26	No	per procedure, minimum of 72 hours	two per 365 days	N/A
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	01	017	02, 10, 23			\$50.00	No	per assessment	once per day	N/A
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	01	183	02, 10, 22			\$50.00	No	per assessment	once per day	N/A
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	08	082	02, 10, 49			\$50.00	No	per assessment	once per day	N/A
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	09	ALL	02, 10, 11, 27			\$50.00	No	per assessment	once per day	N/A
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	10	100	02, 10, 11, 27			\$50.00	No	per assessment	once per day	N/A
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour	31	ALL	02, 10, 11, 21, 23, 27			\$50.00	No	per assessment	once per day	N/A
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	01	370	02, 10, 22			\$19.33	No	greater than ten minutes	one visit per day, and a maximum of 70 visits per calendar year	N/A
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	01	370	02, 10, 22		FP	\$19.33	No	greater than ten minutes	one visit per day, and a maximum of 70 visits per calendar year	N/A

99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	05	370	02, 10, 12			\$19.33	No	greater than ten minutes	one visit per day, and a maximum of 70 visits per calendar year	N/A
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	08	370	02, 10, 11, 12, 49, 99			\$19.33	No	greater than ten minutes	one visit per day, and a maximum of 70 visits per calendar year	N/A
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	08	370	02, 10, 22, 49		FP	\$19.33	No	greater than ten minutes	one visit per day, and a maximum of 70 visits per calendar year	N/A
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	09	370	02, 10, 11, 12, 27, 31, 32, 99			\$19.33	No	greater than ten minutes	one visit per day, and a maximum of 70 visits per calendar year	N/A
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	09	370	02, 10, 11, 27, 99		FP	\$19.33	No	greater than ten minutes	one visit per day, and a maximum of 70 visits per calendar year	N/A
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	10	370	02, 10, 11, 12, 27, 31, 32, 99			\$19.33	No	greater than ten minutes	one visit per day, and a maximum of 70 visits per calendar year	N/A

99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	10	370	02, 10, 11, 27, 99		FP	\$19.33	No	greater than ten minutes	one visit per day, and a maximum of 70 visits per calendar year	N/A
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	19	370	11, 12, 27, 31, 32, 99			\$19.33	No	greater than ten minutes	one visit per day, and a maximum of 70 visits per calendar year	N/A
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	27	370	02, 10, 11, 12, 31, 32, 99			\$19.33	No	greater than ten minutes	one visit per day, and a maximum of 70 visits per calendar year	N/A
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	31	370	02, 10, 11, 12, 27, 31, 32, 99			\$19.33	No	greater than ten minutes	one visit per day, and a maximum of 70 visits per calendar year	N/A
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	31	370	02, 10, 11, 27, 99		FP	\$19.33	No	greater than ten minutes	one visit per day, and a maximum of 70 visits per calendar year	N/A
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	33	370	02, 10, 11, 12, 27, 99			\$19.33	No	greater than ten minutes	one visit per day, and a maximum of 70 visits per calendar year	N/A

99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	33	370	02, 10, 11, 27, 99		FP	\$19.33	No	greater than ten minutes	one visit per day, and a maximum of 70 visits per calendar year	N/A
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	37	370	02, 10, 11, 12, 31, 32, 99			\$19.33	No	greater than ten minutes	one visit per day, and a maximum of 70 visits per calendar year	N/A