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SUBJECT 2010 HCPCS Updates and Other Procedure Code and Procedure Code/Modifier Combination Changes		BY  Izanne Leonard-Haak, Acting 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 as a result of implementing the 2010 Healthcare Common Procedure Coding System (HCPCS) procedure codes updates. In addition, the Department of Public Welfare (Department) is adding procedure codes as a result of significant program exception requests and updating procedure codes and procedure code/modifier combinations which currently appear on the MA Program Fee Schedule. These changes are effective for dates of service on and after January 3, 2011.

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 2010 HCPCS updates published by the Centers for Medicare and Medicaid Services (CMS). The Department is also adding procedure codes to the MA Program Fee Schedule as a result of significant program exception requests.

Additionally, the Department has updated procedure codes which currently appear on the MA Program Fee Schedule.

DISCUSSION:

Fee Schedule Revisions

The following procedure codes, or procedure code and modifier combinations, are being added to the MA Program Fee Schedule as a result of the 2010 HCPCS updates:

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>The appropriate toll free 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>

Procedure Codes and Modifiers				
14301	14301 (80)	14301 (SG)	14302	14302 (80)
21011	21012	21012 (SG)	21013	21013 (80)
21013 (SG)	21014	21014 (80)	21014 (SG)	21016
21016 (80)	21016 (SG)	21552	21552 (SG)	21554
21554 (SG)	21558	21558 (80)	21558 (SG)	21931
21931 (SG)	21932	21932 (SG)	21933	21933 (SG)
21936	21936 (SG)	22901	22901 (80)	22901 (SG)
22902	22902 (SG)	22903	22903 (SG)	22904
22904 (80)	22904 (SG)	22905	22905 (80)	22905 (SG)
23071	23071 (SG)	23073	23073 (SG)	23078
23078 (80)	23078 (SG)	24071	24071 (SG)	24073
24073 (SG)	24079	24079 (SG)	25071	25071 (SG)
25073	25073 (SG)	25078	25078 (80)	25078 (SG)
26111	26111 (SG)	26113	26113 (SG)	26118
26118 (SG)	27043	27043 (SG)	27045	27045 (80)
27045 (SG)	27059	27059 (80)	27059 (SG)	27337
27337 (SG)	27339	27339 (SG)	27364	27364 (80)
27364 (SG)	27616	27616 (80)	27616 (SG)	27632
27632 (SG)	27634	27634 (SG)	28039	28041
28041 (SG)	28047	28047 (SG)	29581	31626
31626 (SG)	32552	32552 (SG)	32553	32553 (SG)
32561	32562	33782	33782 (80)	33783
33783 (80)	33981	33981 (80)	33982	33982 (80)
33983	33983 (80)	36147	36147 (SG)	36148
37761	37761 (SG)	43281	43281 (80)	43282
43282 (80)	43775	43775 (80)	45171	45171 (80)
45171 (SG)	45172	45172 (80)	45172 (SG)	46707
46707 (SG)	49411	49411 (SG)	51727	51727 (TC)
51727 (26)	51728	51728 (TC)	51728 (26)	51729
51729 (TC)	51729 (26)	57426	57426 (80)	57426 (SG)
63661	63661 (80)	63661 (SG)	63662	63662 (80)
63662 (SG)	63663	63663 (80)	63663 (SG)	63664
63664 (80)	63664 (SG)	64490	64490 (SG)	64491
64492	64493	64493 (SG)	64494	64495
75571	75571 (TC)	75571 (26)	75572	75572 (TC)
75572 (26)	75573	75573 (TC)	75573 (26)	75574
75574 (TC)	75574 (26)	75791	75791 (TC)	75791 (26)
78451	78451 (TC)	78451 (26)	78452	78452 (TC)
78452 (26)	78453	78453 (TC)	78453 (26)	78454
78454 (TC)	78454 (26)	83987	84145	84431
86305	86352	86780	86780 (FP)	86825
86826	87150	87153	87493	88387
88387 (TC)	88387 (26)	88388	88388 (TC)	88388 (26)
92540	92540 (TC)	92540 (26)	92550	92570
93750	95905	95905 (TC)	95905 (26)	A4264
A4456	E0433 (RR)	G0430	G0431	K0739
L8031	L8032	L8627	L8628	L8629

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				
20690	20690 (SG)	36475	36475 (SG)	36476
36478	36478 (SG)	36479	37722	37722 (SG)
49061	49061 (SG)	61533	61533 (80)	92526
93290	93290 (TC)	93290 (26)	93291	93291 (TC)
93291 (26)	93297	93298	93299	99464
G0328				

The following procedure codes are being end-dated from the MA Program Fee Schedule either as a result of the 2010 HCPCS updates or because they were previously end-dated by CMS:

Procedure Codes					
01632	14300	23221	23222	24151	24153
26255	26261	27079	29220	36145	36834
45170	46210	46211	46937	46938	51795
63660	64470	64472	64475	64476	75790
78460	78461	78464	78465	78478	78480
82307	86781	90185	90379	92569	A4365
A6200	A6201	A6202	A6543	E1340	E2223
E2393	G0392	G0393	K0157	L0210	L0332
L1800	L1815	L1825	L1901	L2770	L3651
L3652	L3700	L3701	L3909	L3911	L6639

The following local procedure codes are being end-dated from the MA Program Fee Schedule and replaced with the National procedure codes indicated (see attached crosswalk):

<u>End-Date</u> January 2, 2011	<u>Use</u> January 3, 2011
W9410	99464
X1164	11720

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. §§ 101 - 1503), 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
58760	Fimbrioplasty

The Department is end-dating the rental modifier (RR) for the following procedure code based on the U.S. Food and Drug Administration (FDA) recommendation that a breast pump should only be used by one woman. The Department is opening the purchase modifier (NU) for the following procedure code:

Procedure Code	Procedure Description
E0603	Breast pump, electric (ac and/or dc), any type

The following procedure codes, which are being end-dated from the MA Program Fee Schedule as a result of the 2010 HCPCS updates or were previously end-dated by CMS, required prior authorization approval:

Procedure Codes					
78460	78461	78464	78465	78478	78480
K0157	L0332	L1800	L1815	L1825	L1901
L2770	L3651	L3652	L3700	L3701	L3909
L3911	L6639				

No new authorizations will be issued for these procedure codes on and after January 3, 2011. For any of the above procedure codes that had a prior authorization issued before January 3, 2011, 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 January 3, 2012, for those services that were previously prior authorized.

Fee Adjustment

The Department is increasing the MA Program fee for the following procedure code when billed with modifier SG:

Procedure Code	Description	Current Fee	MA Fee Effective January 3, 2011
66982 (SG)	Extracapsular cataract extraction removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage.	\$776.00	\$1654.00

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 codes that are being added to the MA Program Fee Schedule are prostheses and orthoses that require prior authorization under section 443.6(b)(1) of the act of June 13, 1967 (P.L. 31, No. 21)(62 P.S. § 101 – 1503) of the Code, as amended by the act of July 7, 2005 (P.L. 177, No. 42):

Procedure Code	Procedure Description
L8031	Breast prosthesis, silicone or equal, with integral adhesive
L8032	Nipple prosthesis, reusable, any type, each
L8627	Cochlear implant, external speech processor, component, replacement
L8628	Cochlear implant, external controller component, replacement
L8629	Transmitting coil and cable, integrated, for use with cochlear implant device, replacement

The following procedure code being added to the MA Program Fee Schedule is 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
E0603 (NU)	Breast pump, electric (AC and/or DC), any type

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

Procedure Code	Procedure Description
A4264	Permanent implantable contraceptive intratubal occlusion device(s) and delivery system

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://www.dpw.state.pa.us/publications/bulletinsearch/index.htm> :

Procedure Code	Procedure Description
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function)

	and evaluation of venous structures, if performed)
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image post processing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest or stress (exercise or pharmacologic) and/or rest reinjection
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study at rest or stress (exercise or pharmacologic)
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection

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. A MA MCO that chooses to establish service limits must notify their network providers of the limits before implementing the limits.

PROCEDURE:

Attached is the list of “2010 HCPCS and Other Procedure Code Updates, effective January 3, 2011”. 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 now includes the number of post-operative days associated with newly added surgical services. MA regulation 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 Medical Assistance Program Fee Schedule.

Also attached is a spreadsheet that crosswalks the two (2) local procedure codes currently used for physician services that are being end-dated with this bulletin, to the national procedure codes that are replacing them.

The MA Program Fee Schedule will be 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>

ATTACHMENTS:

2010 HCPCS and Other Procedure Code Updates, Effective January 3, 2011

Local to National Crosswalk, Effective January 3, 2011.