

<b>ISSUE DATE</b> March 17, 2015	<b>EFFECTIVE DATE</b> March 2, 2015	<b>NUMBER</b> 99-15-03
<b>SUBJECT</b>  Medical Assistance Program Fee Schedule Revisions		<b>BY</b>  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 March 2, 2015.

This bulletin obsoletes bulletin 99-15-01 due to a typographical error.

**SCOPE:**

This bulletin applies to all MA enrolled providers who render services to beneficiaries in the MA fee-for-service delivery system. Providers rendering services to beneficiaries 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 and Medicaid Services (CMS), 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*

Radiology procedure code 74420 is being added for PT/Spec 31 (Physician)/ All with modifier 26 (professional component) in POS 24 (Ambulatory Surgical Center (ASC))/Short Procedure Unit (SPU) and 99 (Special Treatment Room).

<p><b>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</b></p> <p style="text-align: center;">The appropriate toll free number for your provider type</p> <p style="text-align: center;">Visit the Office of Medical Assistance Programs Web site at  <a href="http://www.dhs.state.pa.us/provider/healthcaremedicalassistance/index.htm">http://www.dhs.state.pa.us/provider/healthcaremedicalassistance/index.htm</a></p>
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The following radiology procedure codes will have POS 21 (Inpatient Hospital), 24 and/or 99 added for PT/Spec 31/341 (Radiologist) with modifier 26 as indicated:

Procedure Code	POS	Modifier	Procedure Code	POS	Modifier
73525	24	26	74190	24	26
74235	24, 99	26	74300	24	26
74301	24	26	74305	24	26
74355	24	26	74360	24, 99	26
74363	24	26	74425	24	26
74450	21, 24	26	74470	21, 24	26
75801	24	26	75803	24	26
75805	24	26	75807	24	26
75894	24	26	75896	24	26
75970	24	26	75980	24	26
76932	24, 99	26	76975	24	26

The following radiology procedure codes will be end-dated for PT/Spec 31/All and re-opened for PT/Spec 31/341 in POS 21, 22 (Outpatient Hospital), 23 (Emergency Room) and/or 49 (Independent Clinic) with modifier 26 as indicated:

Procedure Code	POS	Modifier	Procedure Code	POS	Modifier
74235	21, 22, 49	26	74300	21	26
74301	21	26	74305	21	26
74355	21	26	74360	21, 22, 49	26
74363	21, 22	26	74470	22	26
74775	21, 22	26	75801	21, 22	26
75803	21, 22	26	75805	21, 22	26
75807	21, 22	26	75810	21, 22	26
75952	21	26	75953	21	26
75956	21	26	75957	21	26
75958	21	26	75959	21	26
75970	21, 22	26	75980	21, 22	26
75982	21, 22	26	76120	21, 22, 23	26
76125	21, 22, 23	26	76932	21, 22	26
76975	21, 22	26			

Laboratory procedure codes 88371 and 88372 will be end-dated for PT/Spec 31/All and re-opened for PT/Spec 31/333 (Pathologist).

#### *Dental Services*

Procedure code 70170 will have PT 27 (Dentist) end-dated because the procedure is outside the provider's scope of practice, beyond their scope of education or training, or both.

### *Emergency Room Services*

Radiology procedures codes 74425 and 74450 will be end-dated for PT/Spec 01 (Inpatient Facility)/016 (ER Arrangement 1) in POS 23 because under this arrangement, payment would be made to the physician.

### *Laboratory Services*

The following laboratory procedure codes will be end-dated for PT/Specs, indicated as follows, in POS 22, because the payment for these procedure codes is included in the hospital's per diem payment.

<b>Procedure Code</b>	<b>PT/Spec</b>	<b>POS</b>
84703	01/012 (Med Rehab Hospital)	22
86255	01/014 (Med Rehab Unit)	
86701	01/019 (D&A Hospital)	
86703	01/441 (D&A Rehab Hospital)	
86703	01/019	22

Laboratory procedure codes 81000, 85014 and 85018 will be end-dated for PT/Spec 01/015 (Children's Specialty Hospital) because the Department does not enroll providers under this specialty.

### **Modifier Updates**

#### *Right/Left/50 Modifiers*

Procedure code 70170 will have the modifiers right (Rt), left (Lt) and bilateral (50) added because the procedure may be performed bilaterally.

Procedure codes 77053 and 77054 will have modifiers Rt, Lt, and 50 end-dated because the procedure code description specifies a single side or bilateral service.

#### *TC/26/Total Modifiers*

The following radiology procedure codes will only be payable when submitted with modifier 26:

<b>Procedure Code</b>	<b>26 Modifier Pricing</b>	<b>Procedure Code</b>	<b>26 Modifier Pricing</b>
75956	\$320.46	75957	\$264.85
75958	\$176.38	75959	\$154.98

Laboratory procedure codes 88360 and 88361 will have the TC (technical component) modifier end-dated for PT/Spec 28 (Laboratory)/280 in POS 81 (Independent Laboratory) as only the total component may be billed.

The following laboratory procedure codes will have PT/Spec 31/333 (Pathologist) added with the modifiers 26 and FP (family planning) in POS, as indicated, with applicable pricing:

<b>Procedure Code</b>	<b>Modifier</b>	<b>26 Modifier Pricing</b>	<b>POS</b>
83020	26	\$15.21	21, 22, 23
84165	26	\$15.21	21, 22, 23
84166	26	\$15.21	21, 22, 23
84181	26	\$15.21	21, 22, 23
84182	26	\$15.21	21, 22, 23
85390	26	\$15.21	21, 22, 23
85576	26	\$15.21	21, 22
86255	26	\$15.21	21, 22, 23
86255	26, FP	\$15.21	22, 49
86256	26	\$14.60	21, 22, 23
86320	26	\$14.60	21, 22, 23
86325	26	\$14.60	21, 22, 23
86327	26	\$17.17	21, 22, 23
86334	26	\$15.21	21, 22, 23
86335	26	\$15.21	21, 22, 23
87164	26	\$15.21	21, 22, 23
87207	26	\$15.21	21, 22, 23
87207	26, FP	\$15.21	22, 49
88161	26	\$7.20	21, 22, 23
88161	26, FP	\$7.20	22, 49
88311	26	\$10.53	21, 22, 23
88371	26	\$15.21	21, 22, 23
88372	26	\$15.21	21, 22, 23
89060	26	\$15.21	21, 22, 23

The following laboratory procedure codes will have modifiers TC and FP added to PT/Spec, as indicated, with applicable pricing:

Procedure Code	PT/Spec	Modifiers	TC Modifier Pricing
88161	01/183	TC	\$8.80
	01/016; 01/017	TC	
	01/183	TC, FP	\$8.80
	08/083	TC, FP	
88311	01/016; 01/017	TC	\$6.19
	01/183	TC	

The following radiology procedure code/modifier combinations will be end-dated for the PT/Spec in the POS indicated:

Procedure Code	PT/Spec	Modifier(s)	POS	Comments
77370	01/183	TC	22	The TC and 26 pricing modifiers are not consistent with the CMS payment methodology.
	31/All	TC	11	
	31/All	26	11, 21, 22	
77427	31/All	26	11, 21, 22	
74450	31/All	TC, 26	11	Not separately billable in an office setting
74775	31/All	TC, 26	11	
76945	31/All	TC, 26	11	

The following laboratory procedure code/modifier combinations will be end-dated for PT/Spec in the POS indicated because these are not consistent with CMS payment methodology:

Procedure Codes	Modifiers	PT/Spec	POS
88150	26	31/All	11, 21, 22, 23
	TC	01/016/017	23
	TC	01/183	22
	TC	28/280	81
88155	26	31/All	11, 21, 22, 23
	TC	01/016/017	23
	TC	01/183	22
	TC	28/280	81

The following radiology procedure codes will have the total component (Total) and TC modifiers end-dated:

Procedure Code	Comment
74300	This code is only open for POS 21 and 24 and covered by the inpatient DRG payment or the facility support payment.
74301	
74305	
74355	
75952	This code is only open for POS 21 and covered in the inpatient DRG payment.
75953	
78414	CMS payment methodology only allows payment for the 26 modifier.
79300	

The following radiology and laboratory procedure codes will have modifiers end-dated as indicated:

Procedures Codes	End-dated Modifier	Comments	No Modifier Pricing
77413	TC	Modifiers are not consistent with CMS payment methodology	\$44.00
77414	TC		\$44.00
87536	U7	Department error	\$116.09

The following radiology and laboratory procedure codes will have PT/Spec/modifier combinations added in POS as indicated:

Procedure Code	PT/Spec	Modifier	POS
76937	31/All	26	24
76937	01/183	No modifier TC	22
77427	01/183	No modifier	22
88371	01/183	No modifier	22
	01/016/017		23
	28/280		81
88372	01/183	No modifier	22
	01/016/017		23
	28/280		81

### End-Date Places of Service

The following radiology and laboratory procedure codes will have POS 11 (office), 22, 23, 24, 31 (skilled nursing facility), 32 (nursing facility), 49 and/or 99 end-dated, as indicated, because the Department has determined that these settings are not appropriate for the performance of these services:

<b>Procedure Codes</b>	<b>POS</b>	<b>Procedure Codes</b>	<b>POS</b>
70170	23, 31, 32	73040	23
73085	23	73115	23
73525	23	73580	23
73615	23	74190	23
74235	11, 23	74300	11, 22, 23, 31, 32, 49
74301	11, 22, 23, 31, 32, 49	74305	11, 22, 23, 31, 32, 49
74355	11, 22, 23, 31, 32, 49	74360	11, 23, 31, 32
74363	11, 23, 31, 32, 49	74420	31, 32
74425	11, 31, 32, 49	74450	31, 32, 49
74470	11, 23, 31, 32, 49	74775	23, 31, 32, 49
75801	11, 23, 49	75803	11, 23, 49
75805	11, 23, 49	75807	11, 23, 49
75810	11, 23, 31, 32, 49	75894	11, 23, 31, 32, 49
75896	11, 23, 31, 32, 49	75952	11, 22, 23, 99
75953	11, 22, 23, 99	75956	24
75957	24	75958	24
75959	24	75970	11, 23, 31, 32, 49
75980	11, 23, 31, 32, 49	75982	11, 23, 31, 32, 49
76120	11, 31, 32, 49	76125	11, 31, 32, 49
76932	11, 23, 31, 32, 49	76937	49
76941	11, 23, 49	76945	23, 49
76975	11, 23, 49	78608	49
78812	23	78813	23
78814	23	78815	23
78816	23	85576	23
88360	11	88361	11

### Pricing Revisions

MA regulations at 55 Pa. Code Section 1150.62(a) relating to payment levels and notice of rate setting changes sets forth that the Department will establish maximum payment rates for MA covered services. The established maximum payment rates will not exceed the Medicare Upper Limit. The fees for the following radiology and laboratory procedure codes will be adjusted as follows:

<b>Procedure Code</b>	<b>Total</b>	<b>TC Modifier</b>	<b>26 Modifier</b>
74363	\$134.46	\$93.73	No Change
75894	\$155.55	\$94.04	No Change
76937	\$25.53	No Change	No Change
76975	\$83.30	No Change	No Change
77051	\$9.71	\$6.65	No Change
77052	\$9.71	\$6.65	No Change
77053	\$56.47	\$38.98	No Change
77054	\$76.07	\$53.50	No Change

77417	\$12.92	No Fee	No Fee
78811	\$1271.35	\$1207.25	No Change
78812	\$1286.78	\$1207.25	No Change
78813	\$1289.74	\$1207.25	No Change
78814	\$1297.75	\$1207.25	No Change
78815	\$1307.24	\$1207.25	No Change
78816	\$1309.62	\$1207.25	No Change
81000	\$4.32	No Fee	No Fee
84165	\$14.65	No Fee	\$15.21
84181	\$23.24	No Fee	\$15.21
84182	\$24.55	No Fee	\$15.21
84703	\$10.26	No Fee	No Fee
85014	\$3.23	No Fee	No Fee
85018	\$3.23	No Fee	No Fee
85576	\$29.31	No Fee	\$15.21
86255	\$16.44	No Fee	\$15.21
86327	\$30.95	No Fee	\$17.17
86701	\$12.12	No Fee	No Fee
86703	\$18.70	No Fee	No Fee
86762	\$19.64	No Fee	No Fee
87076	\$8.75	No Fee	No Fee
87210	\$5.82	No Fee	No Fee
87621	\$47.87	No Fee	No Fee
88361	\$104.43	No Change	No Change

### Limit Updates

The following radiology procedure codes will have changes to the fee schedule limits:

Procedure Code	Present Limit	New Limit
70170	1	2
77054	2	1
77413	10	1

### PROCEDURE:

The MA Program Outpatient 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.dhs.state.pa.us/publications/forproviders/schedules/mafeeschedules/index.htm>