

**ATTENTION: Hospitals**

**RE: Newborn Metabolic Screening Billing and CPT Codes**

The Newborn Metabolic Screening Program and the West Virginia State Laboratory have discussed and agreed upon the following CPT codes to use for billing the insurance companies:

<b>SCREEN</b>	<b>CPT CODE</b>
PKU	84030
BIOTINIDASE	82261
GALACTOSE SCREEN	82776
HEMOGLOBIN SCREEN	83021
T-4	84437
TSH	84443
CYSTIC FIBROSIS (CF)	83520

\*Scroll down for a more detailed list.

For West Virginia Medicaid PPS Hospitals, Medicaid sent out a letter dated September 7, 2007 advising of recent modifications requested. The modifications are as follows:

The West Virginia Bureau for Medical Services has requested that revisions be made to the data previously transmitted to in-state hospitals participating in the WV Prospective Payment System. Two modifications have been made which require the re-issuance of the data used to calculate providers' payments beginning July 1, 2007.

The principal modification was to re-install the add-on 1.025 factor that adjusted the PPS payment amounts to reflect the base year allowable cost that had been omitted in the July transmission. This correction should result in a 2.5% payment increase on any claim with an admission date on or after July 1, 2007 which had been initially processed during the month of July 2007.

The second modification was to increase the DRG weights for newborn codes (DRGs: 385-391 and 585-590) to reflect a recent change in the law that requires payment for metabolic screening for all newborns in the State. This action resulted in an increase to each DRG weights of 0.015 for DRGs 385-391 and 0.013 for NICU Level III DRGs 585-590. The additional weight increases were added to the original DRG weights that had been established through the annual PPS-DRG update process.

The original rates that were transmitted to providers were installed in the Unisys processing system only from July 1, 2007 through July 31, 2007. Claims that were processed during that period were reprocessed on September 6, 2007. All affected providers should see the corrected claims results on their remittance advices this week. Any specific questions regarding the reprocessing of claims should be directed to Unisys Provider Services.

No changes have been made to the Public Employees Insurance Agency (PEIA) hospital rates or DRG weights that were mailed previously.

## CPT Codes Used BY NBS Programs

Biotinidase	82261
CAH(17-hydroxyprogesterone)	83498
Cystic Fibrosis	83520
Galactosemia (screen)	82776
Gal-1-PO4 UT (confirmatory/quantitative)	82775
Galactose	82760
Hemoglobinopathy	
IEF	83020
HPLC	83021
Congenital Hypothyroidism	
T4(neonatal)	84437
TSH	84443
Phenylalanine	84030
Tyrosinemia	84510
Amino Acids (6 or more quantitative)	82139
Amino Acids (includes PKU and Urea Cycle disorders)	82128
ASA, Citrullinemia, Homocystinuria, MSUD (expanded screening)	83788
Acylcarnitines(organic acid & fatty acid)	
Qualitative /screen	82016
Quantative/confirmatory	82017
MS/MS (analytes not elsewhere specified)	
Qualitative/screen	83788
Quantitative/confirmatory	83789

Newborn metabolic screening panel, including test kit, postage and the laboratory tests specified by the state for inclusion in the panel. (2 states that reported used this S code)  
S3620