



Office of Medical Assistance Programs Fee-For-Service Subcommittee

May 8, 2024

- Enrollment continues to work clean applications under 30 days.
- We are expecting 5334 revalidation applications this month.
- Effective March 1st enrollment has begun for pharmacists.
- Changes previously made in ePEAP should be processed through the enrollment portal they are processed within days. Paper changes are taking weeks.

Enrollment



- We have 518 active applications as of 5/3/24. These are applications we can actively work
- We have an additional 1983 applications that are going through automated check.
- We have been processing approximately 600 applications per day

- Maintain your MA provider file POC information, keep it current and accurate. Know who your “enrollers or credentialers” identified as your POC!
- Make sure your enrollers submit reval apps **timely when due**. The locations **will stay open** while we process the apps, even if it takes us significant time to do it.
- Reminder, for revalidations multiple service locations can be included on one application

- Treat the application seriously. It is a legal agreement and a signed attestation to comply with a vast array of federal and state Medicaid rules...it is far more than just getting a “billing number”.
- Make sure your enrollers do good QC checks of your application content before submission. Minimize need to return apps for corrections and the associated delays. Your enrollers can and should check their app status in the portal.
- If you/your enrollers have questions about revalidation or enrollment status, **the best thing to do** is contact **MA enrollment staff** at: [800-537-8862](tel:800-537-8862) **Option 2 Option 4**

MABs Issued Since February Meeting:

1. [\(01-24-01\) "Pharmacist Billing"](#) Issued 2/13/24, Effective 3/1/24
2. [\(08-24-04\) "Updates to the PROMISe Provider Handbook 837 Professional/CMS-1500 Claim Form, Appendix E - FQHC/RHC Handbook"](#) Issued and Effective 3/1/24
3. [\(01-24-01\) "Over-the-Counter Oral Contraceptives"](#) Issued and Effective 4/10/24
4. [\(99-24-04\) "2024 Recommended Child and Adolescent Immunization Schedule"](#) Issued and Effective 4/16/24
5. [\(26-24-01\) "Ambulance Services"](#) Issued 4/18/24 and Effective 1/1/24 [\(99-24-02\) "Medical Assistance Program Fee Schedule Revisions"](#) Issued and Effective 4/29/24

Upcoming MABs to be Issued:

1. “2024 Healthcare Common Procedure Coding System Updates, Fee Adjustments, and Other Procedure Code Changes” (99-24-03)

Description: The purpose of this bulletin is to advise providers of the updates to the Medical Assistance (MA) Program Fee Schedule based upon the 2024 Healthcare Common Procedure Coding System (HCPCS) updates. In addition, the Department of Human Services (Department) is also adding other procedure codes and making changes to procedure codes currently on the MA Program Fee Schedule, to include setting limitations, making fee adjustments, and prior authorization requirements. These changes are effective for dates of service on and after May 28, 2024.

2. “Updates to the Family Planning Services Program Fee Schedule” (01-24-06)

Description: The purpose of this bulletin is to advise providers of the updates to the Family Planning Services Program Fee Schedule as a result of the 2024 Healthcare Common Procedure Coding System (HCPCS) updates, to issue an updated Family Planning Services: Covered Services Chart and to issue an updated Family Planning Covered Drug and Devices Chart.

3. “Ophthalmology Fee Increase” (99-24-05)

Description: The purpose of this bulletin is to advise providers that the Department of Human Services (Department) will increase fees for certain ophthalmology services on the Medical Assistance (MA) Program Fee Schedule, effective for dates of services on and after June 24, 2024.

4. “Update to ACA Categorical Risk Levels” (TBD)

5.

Description: The purpose of this bulletin is to advise providers that the Department of Human Services (Department) is superseding, in part, Medical Assistance (MA) Bulletin 99-16-13, to revise the assignment of providers to categorical risk levels as required by the Affordable Care Act (ACA).

5. “Update to Providers Assigned Categorical Risk Level of High” (TBD)

Description: The purpose of this bulletin is to advise providers that the Department of Human Services (Department) is superseding, in part, Medical Assistance (MA) Bulletin 99-17-03, to update provider types assigned to the Affordable Care Act (ACA) categorical risk level of high.

6. “DME Repair Codes” (TBD)

Description: The purpose of this bulletin is to advise providers that the Department of Human Services (Department) added modifiers to the home accessibility durable medical equipment (DME) items repair procedure code, effective with dates of service on and after December 1, 2022.

7. “Milk Bag Limit Update” (TBD)

Description: The purpose of this bulletin is to advise providers of updated limits for procedure code K1005 on the Medical Assistance (MA) Program Fee Schedule for disposable collection and storage bags for breast milk, effective with dates of service on and after May 1, 2023.

8. “Home Health Services Medical Supplies, Equipment and Appliances Prescribed by Non-Physician Practitioners Beyond the Public Health Emergency” (99-21-12)

Description: The purpose of this Medical Assistance (MA) bulletin is to advise providers that the Department of Human Services (Department) will cover home health services, medical supplies, equipment and appliances when prescribed by physicians, physician assistants (PA) and certified registered nurse practitioners (CRNP). The Department will cover medical supplies, equipment and appliances when prescribed by podiatrists, but the Department will not cover any of these services when prescribed by a certified nurse midwife (CNM).

9. “2023 ADA Claim Form” (TBD)

10.

Description: The purposes of this Medical Assistance (MA) bulletin are to notify dental providers enrolled in the MA Program that: (1) the Department of Human Services (Department) will begin accepting the 2024 American Dental Association (ADA) Claim Form upon issuance of this MA bulletin and will no longer accept the 2019 ADA Claim Form; and (2) the issuance of updates to the PROMISE™ Provider Handbook – “837 Dental / ADA and PROMISE™ Provider Billing Guide – “ADA Claim Form – Version 2024 Completion Aid for Dentists – Prior Authorization.

10. “PA and CRNP Application of TFV to MA Beneficiaries Under 21” (TBD)

Description: The purpose of this bulletin is to advise Medical Assistance (MA) enrolled physician assistants (PA) that they can provide topical fluoride varnish (TFV) services to MA beneficiaries. This also reminds physicians, and independently practicing Certified Registered Nurse Practitioners (CRNP) that they can perform TFV. This bulletin will also update limits for procedure code 99188 on the Medical Assistance (MA) Program Fee Schedule for the provision of topical fluoride varnish (TFV). The bulletin also adjusts training expectations.

11. “Dental HCPCS” (TBD)

Description: The purpose of this bulletin is to advise providers of the updates to the Medical Assistance (MA) Program Dental Fee Schedule.

12. “MA Program Encounter Form (MA91) Updates and Provider Handbook Updates” (TBD)

Description: The purpose of this bulletin is to inform Medical Assistance (MA) providers of updates to the MA Program Encounter Form (MA 91).

13. “FQHC/RHC Covered Services Chart” (TBD)

Description: The purpose of this bulletin is to issue a Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Covered Services Chart that identifies procedure codes, modifiers, and places of service (POS) that FQHCs and RHCs can utilize when their personnel render services to Medical Assistance (MA) beneficiaries.

14. “FQHC/RHC LARC APM” (TBD)

Description: The purpose of this Medical Assistance (MA) Bulletin is to advise providers that the Department of Human Services (Department) is implementing an alternative payment methodology (APM) for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).

15. “FQHC/RHC Change in Scope of Services” (TBD)

Description: The purpose of this bulletin is to advise providers that the Department of Human Services (Department) has updated The PROMISe™ Provider Handbook 837 Professional/CMS-1500 Claim Form, Appendix E – Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) Handbook (Appendix E), Section 8: FQHC/RHC Change in Scope of Service.

Questions & Answers



pennsylvania
DEPARTMENT OF HUMAN SERVICES

