



MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE

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EFFECTIVE DATE

November 1, 2005

NUMBER

08-05-11

SUBJECT

Medical Assistance Program Fee Schedule Procedure Code Changes for Federally Qualified Health Centers and Rural Health Clinics

BY

James L. Hardy, Acting Deputy Secretary
Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to notify federally qualified health centers (FQHC) and rural health clinics (RHC) of the modifiers, as applicable, to use with the T1015 national procedure code which has been used in claim submissions for dates of services on or after March 1, 2004.

SCOPE:

This bulletin applies to all FQHCs and RHCs who render services to Medical Assistance (MA) recipients in the fee-for-service delivery system. FQHCs and RHCs rendering services under the managed care delivery system should address any coding or rate-related questions to the appropriate managed care organization.

BACKGROUND/ DISCUSSION:

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act (HIPAA) require the Secretary of Health and Human Services to adopt national standards for transactions and code sets. 42.U.S.C. § 1320d-2(a), (c). The HIPAA regulations require the Department of Public Welfare (Department) to use national codes. 42 C.F.R. § 162.1000. In accordance with HPAA and the implementing regulations, the Department has adopted applicable modifier(s) for FQHC and RHC services that are to be used with the national procedure code for dates of service on or after November 1, 2005.

PROCEDURE:

All FQHCs and RHCs who render services to MA recipients in the fee-for-service delivery system are directed to refer to the attached spreadsheet. This spreadsheet crosswalks the local procedure code which was end-dated February 29, 2004 to the national procedure code T1015 which was effective March 1, 2004, and the applicable modifier(s) that are to be used when submitting claims for FQHC and RHC services provided for dates of service on or after November 1, 2005.

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 www.dpw.state.pa.us/omap

Columns one through four provide information related to the end-dated Local Procedure Code, the former Provider Type, the former MAMIS Type of Service, and the Local Code Description. Columns five through thirteen provide information on the National Procedure Code, the PROMISe™ Provider Type and PROMISe™ Provider Specialty eligible to bill the procedure code, the PROMISe™ Place of Service, required Pricing Modifier and Informational Modifier, National Procedure Code Description, MA Unit of Service, and MA Fee.

ATTACHMENT: Federally Qualified Health Center and Rural Health Clinic Local to National Procedure Code Cross Walk