

	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE		
	ISSUE DATE: September 26, 2005	EFFECTIVE DATE: October 1, 2005	NUMBER: 99-05-19
SUBJECT: Revised Outpatient Service Authorization Request Form (MA-97)		BY:  David S. Feinberg Deputy Secretary for Medical Assistance Programs Office of Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to notify providers that the Outpatient Services Authorization Request Form (MA-97) is revised with an **effective date of October 1, 2005**.

SCOPE:

This bulletin applies to all providers who render services to Medical Assistance (MA) recipients in the fee-for-service delivery system only.

BACKGROUND:

The Department of Public Welfare (Department) currently requires providers to submit an Outpatient Service Authorization Request Form (MA 97) for services requiring prior authorization or to request an exception for a service or item that is not currently included on the MA Program Fee Schedule. The current MA 97 form does not include the fields necessary to capture the national procedure codes and applicable modifiers that will be required by the Department in order to bill for certain services.

The Department is continuing its efforts to adopt national procedure codes and modifiers that are to be used in place of local procedure codes. On October 1, 2005, the Department will be implementing national procedure codes and applicable modifiers for behavioral health services, home health agency services and healthy beginnings plus services. In addition, the Department will be implementing the 2005 Health Care Common Procedure Code updates.

Effective, October 1, 2005, the Outpatient Service Authorization Request Form (MA 97) will be revised to accommodate the Department's changes from local procedure codes to national procedure codes for the services identified above. Many of the new national procedure codes being implemented require multiple modifiers for processing. The MA 97 form (Rev. Date 1/05) only accommodates 1 (one) modifier. The revised MA 97 form (Rev. Date 9/05) will accommodate up to 4 (four) modifiers. Providers have been notified through separate bulletins of the procedure codes and appropriate modifiers that are to be used when billing the MA FFS Program.

PROCEDURE:

Effective October 1, 2005, the Department will implement the revised MA-97 (Rev. Date 9/05)

Submission Procedure:

There will be a 30 day grace period from October 1, 2005 through October 31, 2005, whereby providers may submit a prior authorization request on either the old MA 97 (Rev. Date 1/05) or the revised MA 97 (Rev. Date 9/05).

Effective November 1, 2005, the Department will only accept the revised MA 97 (Rev. Date 9/05). Any prior authorization or program exception requests submitted on or after November 1, 2005, with old versions (Rev. Date 1/05 or prior) will be returned to the provider with instructions to resubmit on the revised form.

Obtaining the Revised MA 97 (Rev. Date 9/05):

Providers may photocopy the attached MA 97 or download it directly from the Department's Website at www.dpw.state.pa.us/omap/provinf/maforms/omapmaforms.asp. A supply of forms may be ordered, at no charge, using the Provider Order Form (MA 300X) or by ordering directly from the Department's website.

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.