



MEDICAL ASSISTANCE BULLETIN
COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

SUBJECT

Delete Procedure Codes with Type of Service 35 from the Medical Assistance Program Fee Schedule

BY

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EFFECTIVE DATE: September 1, 1999

PURPOSE:

To notify providers of a pen and ink change to the Medical Assistance (MA) Program Fee Schedule.

SCOPE:

This bulletin applies to all enrolled independent medical/surgical clinics (Provider Type 10), outpatient hospital clinics (Provider Type 11), and rural health clinics and federally qualified health centers (Provider Type 26).

BACKGROUND:

The Office of Medical Assistance Programs issued a new provider-specific fee schedule in September 1999. Procedure codes 9 9 2 1 1-9 9 2 1 5, with type of service 35, are listed as compensable procedure codes for provider types 10, 11, and 26. These procedure codes with type of service 35, were erroneously listed on these provider-specific fee schedules.

PROCEDURE:

Providers should make a pen and ink change in the MA Program Fee Schedule to remove procedure codes 9 9 2 1 1-9 9 2 1 5 with type of service 35.

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.