



MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE September 14, 2007	EFFECTIVE DATE July 1, 2007	NUMBER 15-07-01
SUBJECT Change in Recipient Access to Chiropractic Services	 Michael Nardone, Acting Deputy Secretary Office of Medical Assistance Programs	

IMPORTANT REMINDER: All Medical Assistance providers, regardless of method of claims submission will be required to register an NPI number with DPW. Learn more about the registration process and requirements at <http://www.dpw.state.pa.us/Business/NPIinfo/>

PURPOSE:

The purpose of this bulletin is to notify all providers that effective July 1, 2007, Medical Assistance (MA) recipients enrolled in the Department of Public Welfare's (Department) Health Choices mandatory MA managed care program, a voluntary managed care organization (MCO) or the fee-for-service (FFS) delivery system do not need a referral from the Primary Care Provider (PCP) in order to access chiropractic services.

SCOPE:

This bulletin applies to all enrolled MA Program providers who render services to MA recipients enrolled in either the managed care or FFS delivery systems.

BACKGROUND:

Act No. 42, signed on July 17, 2007, included the following provision: "When making payments for MA outpatient or capitation services, the Department shall not require a recipient to obtain a physician referral in order to receive chiropractic services." This provision governs chiropractic services covered under the MA Program delivered either under the FFS or managed care delivery system.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Call the appropriate HealthChoices, voluntary managed care organization, or ACCESS Plus toll free number.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.

DISCUSSION:

Effective July 1, 2007, recipients enrolled in HealthChoices, a voluntary MCO, or under the FFS delivery system may access chiropractic services without a referral from the recipient's PCP.

This requirement does not affect other coverage and payment policies and procedures related to the receipt of chiropractic services. Service limits consistent with MA regulations will continue. In addition, MCOs may continue to:

1. Limit recipient members' access to in-network chiropractic services in accordance with the Request for Proposal and contractual access standards.
2. Enforce Department approved prior authorization policies and procedures related to access to chiropractic services, with the exception of PCP referral.
3. Enforce Department approved prior authorization policies and procedures related to any service ancillary to chiropractic services such as x-rays.
4. Apply service limits consistent with MA regulations.

This bulletin obsoletes and replaces MA Bulletin 99-03-07 issued June 13, 2003.

This bulletin is obsolete effective July 1, 2008.

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