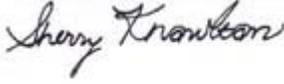


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Interim Agreement Felix et al. v. Casey et al.	BY  Sherry Knowlton Deputy Secretary for Medical Assistance Programs
NUMBER:	99-93-01, 1101-93-02	
ISSUE DATE:	January 28, 1993	
EFFECTIVE DATE:	January 7, 1993	

PURPOSE:

The purpose of this bulletin is to inform providers about the terms of the Felix et al. v Casey et al. interim agreement.

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance Program.

BACKGROUND:

On January 1, 1993, the Department implemented: 1) the General Assistance (GA) Basic Health Care Package which set new limits on some benefits for certain adult GA recipients; 2) dental services limits for all categorically needy and State Blind Pension adults age 21 and over; and 3) the exclusion of all legend and non-legend drugs prescribed for the symptomatic relief of coughs and colds for all categorically needy and State Blind Pension Adults age 21 and over, except nursing home residents.

This Bulletin references the following Medical Assistance (MA) Bulletins:

Basic Health Care For Adult General Assistance Recipients, MA Bulletin Number 99-92-07.

Changes in Medical Assistance Pharmaceutical Benefits, MA Bulletin number 01-92-19, 02-92-03, 03-92-08, 04-92-09, 10-92-09, 11-92-20, 12-92-16, 19-92-15, 26-92-05, 28-92-03, 29-92-03, 30-92-05, 33-92-04, 49-92-08.

Voucher System For The General Assistance Basic Health Care Package, MA Bulletin Number 01-92-17, 04-92-07, 07-92-02, 10-92-07, 11-19-18, 15-92-05, 19-92-13, 26-92-03, 30-92-03, 49-92-06.

Exceptions Process and Criteria Under The General Assistance Basic Health Care Package, MA Bulletin Number 1101-92-01.

Straddle Billing for Provider Type 12, MA Bulletin Number 12-92-17.

Dental Service Limits, MA Bulletin Number 03-92-07.

A class action suit, Felix et al. v. Casey et al. was filed in Federal District Court in Philadelphia related to the GA changes and the dental services limits. On January 15, 1993, plaintiffs and the Department, through legal counsel, signed an interim agreement effective January 7, 1993, which modifies some of the service limits in the GA Basic Health Care Package and the limits on dental services for adults.

The interim agreement remains in effect for 120 days or until final resolution of the case, whichever occurs first.

NOTE: COUGH AND COLD DRUG ECLUSIONS REMAIN IN EFFECT WITH NO MODIFICATION.

DISCUSSION:

I. The terms of the interim agreement which modify the GA Basic Health Package are as follows:

A. PHARMACEUTICAL SERVICES CHANGES

- 1.) Immunosuppressive agents, gastrointestinal drugs, hormones, and steroids are compensable and do not require an exception for coverage.
- 2.) Nine additional prescription vouchers will be issued to affected GA recipients for a total of 18 prescription vouchers.
- 3.) The 18 prescription vouchers can be used any time between January 1, 1993 and June 30 1993; use of the vouchers is not limited to three per month.

B. COPAYMENT CHANGES

- 1.) Any service that is approved through the exception process is not subject to the increased copayment amount. Copayments for services approved through the exception process are subject to the standard copayment amounts. Example: Prescription - \$1.00 per prescription and per refill.
- 2.) Recipients who were erroneously subjected to the GA Basic Health Care Package due to a miscoded Medical Assistance identification card or who elect to enroll in a Health Maintenance Organization (HMO) within a specified time period are eligible for a refund on any copayment increase in excess of the amount they would have paid had they been properly coded for enrolled in an H.M.O. on January 1, 1993. Recipients must present a receipt for information about where the copayment was paid in order to receive a refund.

NOTE: ALL OTHER SERVICES LIMITS AND REQUIREMENTS RELATED TO THE GA BASIC HEALTH CARE PACKAGE HAVE NOT BEEN MODIFIED AND REMAIN IN EFFECT.

II. The terms of the interim agreement which modify dental service limits for all categorically needy and State Blind pension adults age 21 and over are as follows:

A. REVISED DEFINITION OF EMERGENCY SERVICES

"Emergency dental services shall be defined as services that relieve pain, reduce swelling or treat evidence of infection or trauma due to an acute oral disease, infection, or facial injury of a specific tooth or several teeth, or supporting structure."

B. EXPANDED LIST OF COMPENSABLE PROCEDURES WHEN PROVIDED AS EMERGENCY SERVICES.

In addition to the emergency services procedure codes listed in MA Bulletin Number 03-92-07, the following procedures will be compensable when provided as emergency services:

Type Service	Procedure Code	Terminology
RADIOGRAPHS		
OE	D0250	EXTRAORAL – FIRST FILM
OE	D0260	EXTRAORAL – EACH ADDITIONAL FILM
OE	D3310	ROOT CANAL THERAPY (INCLUDING TREATMENT PLAN, CLINICAL PROCEDURES (X-RAYS)). NECESSARY MEDICATION AND FOLLOW-UP CARE
OE	X3311	ROOT CANAL THERAPY, ANTERIOR, OTHER THAN PASTE FILLING MATERIAL (EXCLUDING FINAL RESTORATION)
OE	D3320	ROOT CANAL THERAPY, BICUSPID, OTHER THAN PASTE FILLING MATERIAL (EXCLUDING FINAL RESTORATION)
OE	X3321	ROOT CANAL THERAPY, BICUSPID, PASTE RC FILLING MATERIAL (EXCLUDING FINAL RESTORATION)
OE	D3330	ROOT CANAL THERAPY, MOLAR, OTHER THAN PASTE FILLING MATERIAL (EXCLUDING FINAL RESTORATION)
OE	X3331	ROOT CANAL THERAPY, MOLAR, PASTE RC FILLING MATERIAL (EXCLUDING FINAL RESTORATION)

PERIAPICAL SERVICES

20	D3410	APICOECTOMY/PERIRADICULAR SURGERY-ANTERIOR
20	D3421	APICOECTOMY/PERIRADICULAR SURGERY-BICUSPID (FIRST ROOT)
20	D3425	APICOECTOMY/PERIRADICULAR SURGERY-MOLAR (FIRST ROOT)
20	D3426	APICOECTOMY/PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)

ORAL SURGERY

OTHER REPAIR PROCEDURES

20	D7960	FRENULECTOMY (FRENECTOMY OR FRENOTOMY) – SEPARATE PROCEDURE
20	D7970	EXCISION OF HYPERPLASTIC TISSUE – PER ARCH

MISCELLANEOUS SERVICES

OE	D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) – UNUSUAL CIRCUMSTANCES (MAXIMUM OF 3 VISITS)
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C. REMINDER: NO COPAYMENT FOR EMERGENCY DENTAL SERVICES

Services provided in an emergency situation are excluded from the copayment requirements.

NEXT STEPS:

1. Please make pen and ink changes to MA Bulletin Number 99-92-07, MA Bulletin Number 01-92-19, 02-92-03, 03-92-08, 04-92-09, 10-92-09, 11-92-20, 12-92-16, 19-25-15, 26-92-05, 28-92-03, 29-92-03, 30-92-05, 33-92-04, 49-92-08, and MA Bulletin Number 01-92-17, 04-92-07, 07-92-02, 10-92-07, 11-92-18, 15-92-05, 19-92-13, 26-92-03, 30-92-03, 49-92-06 adding immunosuppressive agents, gastrointestinal drugs, hormones and steroids to the list of compensable drugs and deleting them from the list of non-compensable drugs.
2. Please make pen and ink changes to MA Bulletin Number 01-92-17, 04-92-07, 07-92-02, 10-92-07, 11-92-18, 15-92-05, 19-92-13, 26-92-03, 30-92-03, 49-92-06 noting that categorically needy GA recipients will receive their full supply of pharmacy vouchers for the balance of the fiscal year. These vouchers are valid for the period January 1, 1993, through June 3, 1993, and can be used anytime during that period as long as the recipient remains eligible for pharmaceutical services.
3. Please make a pen and ink addition to MA Bulletin Number 99-92-07 and 1101-92-01 noting that copayment amounts for doctor/clinic visits, home health visits, and prescriptions beyond the limits or non-compensable legend drugs and medically necessary vaccines included on the Department's Drug Reference file which are approved through the exception process are not subject to the increased copayment amounts. The copayment amounts for services approved through the exception process are limited to the standard copayment amounts.
4. If recipients request receipts in order to verify payment of excess copayments, please provide receipts.
5. Continue to implement all other service limits and requirements related to the GA Basic Health Care Package.
6. Please revise the definition of emergency dental services in MA Bulletin Number 03-92-07 and include the additional procedures that are compensable when provided as emergency services.
7. Do not collect a copayment for emergency dental services.

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.