PURPOSE:

The purpose of this bulletin is to notify enrolled providers that effective July 1, 1995 the Department of Public Welfare will be responsible for reimbursement of cleft palate services for medical assistance eligible individuals under 21 years of age.

BACKGROUND:

Effective June 30, 1995; the Department of Health is scheduled to transfer cleft palate services for medical assistance recipients, under 21 years of age, to the Department of Public Welfare. The Department of Health will continue to provide reimbursement for non-medical assistance eligible clients through their Cleft Palate Program. Only eligible medical assistance clients, under 21 years of age, will be covered by the Medical Assistance Program.

The Department of Public Welfare requires that providers be properly licensed and enrolled with the Medical Assistance Program to be eligible for reimbursement for cleft palate services.

PROCEDURE:

Effective July 1, 1995, all claims for medical assistance recipients for cleft palate services must be submitted to the Department for payment. All current medical assistance regulations and payment policies are in effect for the cleft palate services unless otherwise noted in the Cleft Palate Fee Schedule.

A fee schedule has been designed for use by the Federation of Cleft Palate Clinics and their associated providers and may be supplemented with the current Medical Assistance Program Fee Schedule for those procedures which are not included but currently covered by the Medical Assistance Program. A copy of the fee schedule can be obtained by contacting the Department.

Providers interested in receiving additional information regarding cleft palate services and/or the Federation of Cleft Palate Clinics should contact the nearest clinic listed below.

Providers, either currently enrolled in the Medical Assistance Program or interested in enrolling as a medical assistance provider for reimbursement or cleft palate services, should contact the Department at the following address:

Department of Public Welfare
Bureau of Outpatient Programs
Provider Enrollment Section
P.O. Box 8045
Harrisburg, PA 17105

Federation of Cleft Palate Clinics

Allentown Cleft Palate Clinic (610) 590-2214
Northwestern Pennsylvania Cleft Palate Institute (814) 870-6000
Lancaster Cleft Palate Clinic  (717) 394-3793
Children’s Hospital of Philadelphia  (215) 590-2214
St. Christopher’s Hospital for Children Cleft Palate Clinic  (215) 427-5293
University of Pittsburgh Cleft Palate/ Craniofacial Center  (412) 648-8383
Western Pennsylvania Hospital Cleft Palate Clinic  (412) 578-1845
Reading Hospital and Medical Center Cleft Palate Clinic  (610) 378-6106
Scranton Cleft Palate Clinic  (717) 348-7651
Williamsport Cleft Palate Clinic  (717) 321-1000
Cleft Palate Clinic of York County  (717) 843-8431

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
Bureau of Outpatient Programs
P.O. Box 8046
Harrisburg, Pennsylvania 17105
or call appropriate toll-free number
Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.