

	<b>MEDICAL ASSISTANCE BULLETIN</b> <b>COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE</b>		
	<b>NUMBER:</b> 06-96-03, 08-96-03, 11-96-20, 12-96-13, 13-96-06, 53-95-02	<b>ISSUE DATE:</b> September 30, 1996	<b>EFFECTIVE DATE:</b> October 1, 1996
<b>SUBJECT:</b> GA and GA-related Medical Assistance Deductible Procedures		<b>BY:</b>   Darlene C. Collins, M.Ed., M.P.H. Deputy Secretary for Medical Assistance Programs	

**PURPOSE:**

The purpose of this bulletin is to notify providers of the procedures related to the \$150 medical assistance deductible provision of Act No. 1996-35.

**SCOPE:**

This bulletin applies to all short procedure units (SPU's), ambulatory surgical centers (ASC's), general hospitals (inpatient and outpatient), rehabilitation hospitals (inpatient and outpatient), private psychiatric hospitals, and extended acute psychiatric inpatient care providers enrolled in the Medical Assistance Program.

**BACKGROUND/DISCUSSION:**

Act No. 1996-35, signed into law on May 16, 1996, made several changes to the Public Welfare Code which affect the Medical Assistance Program. One provision of the Act is the establishment of a \$150 medical assistance deductible for recipients of GA and GA-related medical assistance benefits.

Section 448 of Act No. 1996-35 states: "Recipients of general assistance and general assistance-related medical assistance shall be responsible for a one hundred fifty dollar (\$150) deductible each fiscal year for medical assistance-compensable ambulatory surgical center services, inpatient hospital services or outpatient hospital services, excluding laboratory and x-ray services."

OT - Occupational Therapy	60 - Medical
PS - Psychological Services	70 - Psychiatric
PT - Physical Therapy	80 - Medical Diagnostic - BC
	9B - Blood/Blood Products

**WHICH TYPES OF SERVICE WILL BE EXEMPT FROM THE DEDUCTIBLE?**

For provider types 11 and 12 billing for outpatient services on the Medical Services/supplies Invoice (MA 319), the following types of service are exempt from the deductible requirement:

<u>Laboratory</u>	<u>Diagnostic Radiology</u>
LT (TC)	RD (TC)
86 (BC)	54 (BC)

**HOW WILL A PROVIDER KNOW IF THE DEDUCTIBLE HAS BEEN MET?**

Providers should bill the Department for the service provided. If the deductible has not been met, the provider will see a message on the Remittance Advice indicating the amount applied to the deductible. This will alert the provider that a deductible amount should be collected from the recipient. THE PROVIDER SHOULD NOT COLLECT ANY DEDUCTIBLE AMOUNTS UNTIL THE REMITTANCE ADVICE STATEMENT IS RECEIVED.

WILL THE DEDUCTIBLE AMOUNT BE PRORATED FOR THE FIRST FISCAL YEAR?

The \$150 deductible amount will not be prorated for the period October 1, 1996 through June 30, 1997. The entire \$150 will be deducted from claims submitted during the period October 1, 1996 through June 30, 1997.

CLIENT MESSAGE:

For your information, the attached notice was mailed beginning September 18, 1996 to the recipients affected by the \$150 medical assistance deductible.

**ATTACHMENT:**

- Client Message

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

**The appropriate toll-free inquiry line for your provider type.**

Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap).