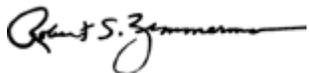


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Medical Assistance Program Fee Schedule Revision 1998 HCPCS Updates	BY  Robert S. Zimmerman, Jr., M.P.H. Deputy Secretary for Medical Assistance Programs
NUMBER:	05-98-03, 19-98-03, 23-98-05	
ISSUE DATE:	March 25, 1998	
EFFECTIVE DATE:	January 1, 1998	

PURPOSE:

The purpose of this bulletin is to issue changes to the Medical Assistance Program Fee Schedule.

SCOPE:

This bulletin applies to medical suppliers, pharmacies and home health agencies enrolled in the Medical Assistance Program.

BACKGROUND:

The changes are the result of implementing the 1998 updates to the Health Care Financing Administration Common Procedure Coding System (HCPCS). The federally required updates add new procedure codes which are compensable beginning January 1, 1998. There are no 1998 HCPCS codes being deleted from the Medical Assistance Fee Schedule for provider types 05, 19, and 23. Please keep this Medical Assistance Bulletin with your Medical Assistance Fee Schedule for reference.

PROCEDURE:

Effective January 1, 1998, the following HCPCS code is compensable on the Medical Assistance Program Fee Schedule for provider types 05 and 19.

<u>Type of Service</u>	<u>Procedure Code</u>	<u>Description</u>	<u>MA Fee</u>
AM	L 1843	Knee Orthosis; Single Upright, Thigh and Calf, with Adjustable Flexion Extension Joint, Medial Lateral and Rotation Control, Custom Fitted	\$392.81

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Bureau of Fee-For-Service Programs
 P.O. Box 8046
 Harrisburg, Pennsylvania 17101

or

Call the appropriate toll-free number for your provider type.

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