



ISSUE DATE April 13, 2011	EFFECTIVE DATE January 3, 2011	NUMBER 01-11-03 , 08-11-05 , 09-11-04 , 24-11-04, 28-11-02 31-11-04, 33-11-03
SUBJECT SelectPlan for Women Program – Update to Covered Services		BY  Izanne Leonard-Haak, Acting Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to advise Medical Assistance (MA) providers that the Department of Public Welfare (Department):

- has added procedure code 86780 (Antibody; Treponema Pallidum) to, and removed procedure code 86781 (Antibody; Treponema Pallidum, Confirmatory Test (EG, FTA-ABS)), from the services covered under the SelectPlan for Women Program (SelectPlan), effective with dates of service on and after January 3, 2011 and;
- is issuing a revised SelectPlan for Women Covered Services Chart.

SCOPE:

This bulletin applies to family planning clinics, hospital outpatient clinics, certified registered nurse practitioners, certified nurse midwives, federally qualified health centers, rural health clinics, laboratories, pharmacies, medical suppliers, independent medical/surgical clinics and physicians that are family planning providers enrolled in the MA Program and who provide services to women enrolled in SelectPlan.

BACKGROUND/DISCUSSION:

On February 1, 2008, the Department issued MA Bulletin 01-08-02, et al, “Implementation of SelectPlan for Women”, to announce implementation of the SelectPlan for Women Program. The SelectPlan benefit package, also known as Health Care Benefit Package #15, provides coverage of selected family planning services, pharmaceuticals and devices for women who are not otherwise eligible for MA. MA Bulletin 01-08-02 included Attachment A, SelectPlan for Women Covered Services Chart. The Department subsequently revised the SelectPlan for Women Covered Services Chart in MA Bulletin 01-08-05, et al, effective April 1, 2008, MA Bulletin 01-08-09, et al, effective July 1, 2008, MA Bulletin 01-09-40, et al, effective August 15, 2009, and MA Bulletin 01-10-22, et al, effective August 1, 2010.

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>The appropriate toll-free number for your provider type.</p> <p>Visit the Office of Medical Assistance Programs Web site at http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm</p>
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The Department recently issued MA Bulletin 99-10-15, "2010 HCPCS Updates and Other Procedure Code and Procedure Code/Modifier Combination Changes", to announce changes to the MA Program Outpatient Fee Schedule as a result of implementing the 2010 HCPCS procedure codes updates, effective January 3, 2011. As part of the 2010 HCPCS update, procedure code 86781 (Antibody; Treponema Pallidum, Confirmatory Test (EG, FTA-ABS)) was end-dated and replaced with new procedure code, 86780 (Antibody; Treponema Pallidum). As a result of these updates, the Department is adding procedure code 86780 to, and removing procedure code 86781 from, the services covered under the SelectPlan. SelectPlan has covered procedure code 86781, since implementation of the program.

PROCEDURE:

As set forth above, the Department added procedure code 86780 to, and removed procedure code 86781 from, the services covered under the SelectPlan. SelectPlan providers should use procedure code 86780 when billing the MA Program for the treponema pallidum antibody test for SelectPlan recipients. Providers who billed the MA Program for the treponema pallidum antibody test using procedure code 86781 and were denied payment for claims submitted for dates of service on and after January 3, 2011, may resubmit their claims using procedure code 86780.

Accordingly, for dates of service on and after January 3, 2011, providers should refer to the revised SelectPlan for Women Covered Services Chart (Attachment A) when billing for services provided to women enrolled in SelectPlan. This chart identifies the provider type, provider specialty, place of service, pricing modifier, informational modifier, units of service, limits and any prior authorization requirements that will be used for SelectPlan. Providers are also reminded to use the appropriate modifier (FP) or diagnosis code (V25.0x-V25.9x) on the claim. Failure to use the appropriate procedure code, modifier or diagnosis combination, or correct place of service will result in an inappropriate claim payment or claim denial. Those services which require a modifier or diagnosis code are listed in Attachment A.

Instructions for completing the SelectPlan invoice are contained in the billing instructions section of the appropriate provider handbook. As a reminder, billing for SelectPlan services is consistent with billing for MA family planning services.

More information about SelectPlan for providers can be found at:
<http://www.selectplanforwomen.com>.

ATTACHMENT:

SelectPlan for Women Covered Services Chart, Revised January 3, 2011, ([Attachment A](#))