



ISSUE DATE July 30, 2010	EFFECTIVE DATE August 1, 2010	NUMBER *See Below
SUBJECT SelectPlan for Women Program – Update to Covered Services		BY  Michael Nardone, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to:

- Notify Medical Assistance (MA) providers that the Department of Public Welfare (Department) is adding hemoglobin testing procedure code 85018 (blood count; hemoglobin (Hgb)), effective with dates of service on and after August 1, 2010, to and removing hemoglobin testing procedure code 83036 (glycosylated (A1C)), effective with dates of service after July 31, 2010, from the services covered under the SelectPlan for Women Program (SelectPlan); and
- Issue a revised Attachment A, 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, 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 under the Fee-for-Service delivery system.

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 for Women benefit package, also known as Health Care Benefit Package #15, includes 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

*01-10-22 , 08-10-24 , 09-10-21 , 24-10-19 , 28-10-03 , 31-10-26 , 33-10-03

<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 www.dpw.state.pa.us/PartnersProviders</p>

Attachment A under MA Bulletin 01-08-05, et al, effective April 1, 2008, MA Bulletin 01-08-09, et al, effective July 1, 2008, and MA Bulletin 01-09-40, et al, effective August 15, 2009.

SelectPlan providers have requested that the Department add the procedure code for hemoglobin testing to the services covered under the SelectPlan. Procedure code 85018 (blood count; hemoglobin (Hgb)) is used for routine hemoglobin testing to screen for low hemoglobin blood counts (anemia) as part of family planning services. The Department is removing procedure code 83036 (glycosylated (A1C)) from the list of services covered under SelectPlan. This procedure code is used for hemoglobin testing to monitor a patient's diabetes and is not part of family planning services. The Department is therefore adding procedure code 85018 for hemoglobin testing to the family planning services covered under SelectPlan and removing procedure code 83036.

PROCEDURE:

Effective August 1, 2010, the Department is adding procedure code 85018 for hemoglobin testing to the services covered under SelectPlan and removing procedure code 83036 for dates of service after July 31, 2010. For dates of service on and after August 1, 2010, SelectPlan providers should use procedure code 85018 when billing the MA Program for hemoglobin tests rendered to women enrolled in SelectPlan.

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 August 1, 2010, (Attachment A)