



# MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE

July 25, 2008

EFFECTIVE DATE

July 1, 2008

NUMBER

\* **SEE BELOW**

**SUBJECT:**

Fee Increases for Select Healthy Beginnings Plus Program Services

Michael Nardone, Deputy Secretary  
Office of Medical Assistance Programs

## **PURPOSE:**

The purpose of this bulletin is to notify providers that the Department of Public Welfare (Department) has increased fees for select Healthy Beginnings Plus program services effective with dates of service on and after July 1, 2008.

## **SCOPE:**

This bulletin applies to physicians, Certified Nurse Midwives (CNM), outpatient hospitals, home health agencies (HHA), independent medical surgical clinics, and birthing centers enrolled in the Medical Assistance (MA) Program who provide services to MA recipients in the Fee-for-Service delivery system, including ACCESS Plus. Physicians, CNMs, outpatient hospitals, HHAs, independent medical surgical clinics, and birthing centers who provide services to MA recipients in the managed care delivery system should direct any fee-related questions to the appropriate managed care organization.

## **BACKGROUND/DISCUSSION:**

After consultation with Healthy Beginnings Plus providers, the Medical Assistance Advisory Committee, and other stakeholders, the Department has increased the fees for select procedure codes under the Healthy Beginnings Plus program services in order to support continued access to these services by MA recipients.

## **PROCEDURE:**

Effective with dates of service on and after July 1, 2008, the Department has increased the fees for select Healthy Beginnings Plus program services for physicians, CNMs, outpatient hospitals, HHAs, independent medical surgical clinics, and birthing centers as follows:

\* **01-08-08, 05-08-04, 08-08-13, 31-08-17, 33-08-08, 47-08-01**

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number 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)

<b>Procedure Code</b>	<b>Pricing Modifier</b>	<b>Informational Modifier</b>	<b>Description</b>	<b>Current MA Fee</b>	<b>MA Fee Effective July 1, 2008</b>
99203	U9	HD	Second Trimester, Basic Maternity Care Visit	\$40.00	\$54.25
99204	U9	HD	Second Trimester, High Risk Maternity Care Visit	\$40.00	\$90.37
99205	U9	HD	Third Trimester, Basic Maternity Care Visit	\$40.00	\$117.54
99205	U9	HD, 21	Third Trimester, High Risk Maternity Care Visit	\$40.00	\$117.54
99214	U9	HD	Second Trimester, High Risk Maternity Care Visit	\$40.00	\$54.42
99215	U9	HD	Third Trimester, Basic Maternity Care Visit	\$40.00	\$78.05
99215	U9	HD, 21	Third Trimester High Risk Maternity Care Visit	\$40.00	\$78.05
99384	U8	HD	First Trimester Basic Maternity Care Package	\$121.00	\$221.00
99384	U9	HD	First Trimester High Risk Maternity Care Package	\$159.00	\$259.00
99384	UB	HD	Second Trimester Basic Maternity Care Package	\$183.00	\$283.00
99384	TG	HD	Second Trimester High Risk Maternity Care Package	\$297.00	\$397.00
99385	U8	HD	First Trimester Basic Maternity Care Package	\$121.00	\$221.00
99385	U9	HD	First Trimester High Risk Maternity Care Package	\$159.00	\$259.00
99385	UB	HD	Second Trimester Basic Maternity Care Package	\$183.00	\$283.00
99385	TG	HD	Second Trimester High Risk Maternity Care Package	\$297.00	\$397.00
99386	U8	HD	First Trimester Basic Maternity Care Package	\$121.00	\$221.00
99386	U9	HD	First Trimester High Risk Maternity Care Package	\$159.00	\$259.00
99386	UB	HD	Second Trimester Basic Maternity Care Package	\$183.00	\$283.00
99386	TG	HD	Second Trimester High Risk Maternity Care Package	\$297.00	\$397.00
99394	U9	HD	First Trimester Basic Maternity Care Package	\$121.00	\$221.00
99394	UB	HD	Second Trimester Basic Maternity Care Package	\$183.00	\$283.00
99394	TF	HD	First Trimester High Risk Maternity Care Package	\$159.00	\$259.00
99394	TG	HD	Second Trimester High Risk Maternity Care Package	\$297.00	\$397.00
99395	U9	HD	First Trimester Basic Maternity Care Package	\$121.00	\$221.00
99395	UB	HD	Second Trimester Basic Maternity Care Package	\$183.00	\$283.00

99395	TF	HD	First Trimester High Risk Maternity Care Package	\$159.00	\$259.00
99395	TG	HD	Second Trimester High Risk Maternity Care Package	\$297.00	\$397.00
99396	U9	HD	First Trimester Basic Maternity Care Package	\$121.00	\$221.00
99396	UB	HD	Second Trimester Basic Maternity Care Package	\$183.00	\$283.00
99396	TF	HD	First Trimester High Risk Maternity Care Package	\$159.00	\$259.00
99396	TG	HD	Second Trimester High Risk Maternity Care Package	\$297.00	\$397.00
99429		HD	Outreach Bonus for First Trimester Recruitment	\$100.00	\$200.00
H1002		HD	Outreach Visit	\$45.00	\$100.00

The MA Program Outpatient Fee Schedule has been updated to reflect these fee increases. Providers may access the on-line version of the fee schedule at the Office of Medical Assistance Programs (OMAP) website at:

<http://www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/Schedules/003675734.htm>