

Office of Medical Assistance Programs Fee-For-Service Subcommittee

Aug 7, 2024

Enrollment



- Enrollment continues to work clean applications under 30 days.
- We are expecting 15,172 revalidation applications this month.
- Providers are encouraged to use the option to revalidate multiple locations with a single application
- Providers must use the electronic portal to submit changes for Fee Assignments and CLIA
- Provider Enrollment information can be found @ [PROMISe Provider Enrollment | Department of Human Services | Commonwealth of Pennsylvania](#)

- Treat the application seriously. It is a legal agreement and a signed attestation to comply with a vast array of federal and state Medicaid rules...it is far more than just getting a “billing number”.
- Make sure your enrollers do good QC checks of your application content before submission. Minimize need to return apps for corrections and the associated delays. Your enrollers can and should check their app status in the portal.
- If you/your enrollers have questions about revalidation or enrollment status, the best thing to do is contact MA enrollment staff at: [800-537-8862](tel:800-537-8862) Option 2 Option 4

Policy Updates - MABs Issued Since May Meeting:



1. 99-24-03 - [2024 Healthcare Common Procedure Coding System \(HCPCS\) Updates, Fee Adjustments, and Other Procedure Code Changes](#), Issued and effective 5/28/24
2. 01-24-06 - [Updates to the Family Planning Services Program Fee Schedule](#), Issued and effective 5/28/24
3. 27-24-03 - [2024 Medical Assistance Program Dental Fee Schedule Update](#), Issued 6/5/24 and effective 5/28/24
4. [01-24-07 - A Medical Assistance Bulletin entitled - Prior Authorization of Lyfgenia \(lovotibeglogene autotemcel\) – Pharmacy Services](#), Issued 7/2/24 and effective 7/15/24
5. [01-24-08 - A Medical Assistance Bulletin entitled - Prior Authorization of Zynteglo \(betibeglogene autotemcel\) – Pharmacy Services](#), Issued 7/2/24 and effective 7/15/24
6. [01-24-09 - A Medical Assistance Bulletin entitled - Prior Authorization of Antidepressants, Other – Pharmacy Services](#), Issued 7/2/24 and effective 7/15/24
7. [01-24-10 - A Medical Assistance Bulletin entitled - Prior Authorization of Casgevy \(exagamglogene autotemcel\) – Pharmacy Services](#), Issued 7/2/24 and effective 7/15/24
8. [99-24-05 - A Medical Assistance Bulletin entitled - Ophthalmology Fee Updates](#), Issued 7/8/24 and effective 8/1/24

Upcoming MABs to be Issued:



1. “Updates to Screening Guidelines for Prior Authorization” (TBD)

Description: The purpose of this bulletin is to notify providers that the Department will begin using MCG care guidelines for screening guidelines to determine medical necessity for services, items, procedures, or level of care provided to MA Program beneficiaries.

2. “EVV Manual Compliance Percentage” (TBD)

Description: The purpose of this bulletin is to advise providers of changes to the manual edit thresholds for Electronic Visit Verification (EVV) records in both personal care services (PCS) and home health care services (HHCS), effective with dates of service on and after January 1, 2025.

3. “Ophthalmology Fee Increase” (TBD)

Description: The purpose of this bulletin is to advise providers that the Department will increase additional fees for certain ophthalmology services on the MA Program Fee Schedule.

Upcoming MABs to be Issued:



4. “Updates to The PROMISE™ Provider Handbook 837 Professional/CMS-1500 Claim Form, Appendix E – FQHC/RHC Handbook” (TBD)

Description: The purpose of this bulletin is to advise providers that the Department has updated The PROMISE™ Provider Handbook 837 Professional/CMS-1500 Claim Form, Appendix E – Federally Qualified Health Center (FQHC)/Rural Health Clinic (RHC) Handbook (Appendix E).

5. “Federally Qualified Health Center and Rural Health Clinic Payment for SARS-CoV-2 Vaccine Administration” (TBD)

Description: The purpose of this bulletin is to inform Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) that the Department is continuing the alternative payment methodology (APM) to pay the MA Program Fee Schedule rate for the administration of the novel coronavirus (SARS-CoV-2) vaccine during a SARS-CoV-2 vaccine-only visit, contingent upon Centers for Medicare & Medicaid approval.

6. “Updates to The PROMISE™ Provider Handbook - 837 Professional/CMS-1500 Claim Form and 837 Institutional/UB-04 Claim Form” (TBD)

Description: The purpose of this bulletin is to inform providers that the Department is revising the PROMISE™ Provider Handbook related to sections 7.1.2.1 for Hyperbaric Oxygen Therapy Services and 7.1.2.2 for Proton Therapy Services.

Upcoming MABs to be Issued:



7. “Updates to The PROMISe™ Provider Handbook - 837 Professional/CMS-1500 Claim Form and 837 Institutional/UB-04 Claim Form ” (TBD)

Description: The purpose of this bulletin is to issue updated handbook pages to clarify the Department’s policy and provider responsibilities related to sections 12.1 for Provider Preventable Conditions and 12.2.2 for Other Provider Preventable Conditions.

8. “Medical Assistance Program Fee Schedule Revisions” (TBD)

Description: The purpose of this bulletin to announce revisions to the MA Program Fee Schedule, including the addition of procedure codes, as well as fee adjustments, modifier updates, limit updates, and provider type/specialty combination updates.

Questions & Answers



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