




# Medical Assistance BULLETIN

<b>ISSUE DATE</b>  February 18, 2025	<b>EFFECTIVE DATE</b>  February 18, 2025	<b>NUMBER</b>  01-25-34, 09-25-36, 10-25-03, 28-25-01, 31-25-36
<b>SUBJECT</b>  Screening, Diagnostic, and Targeted Case Management Services for Eligible Juveniles Enrolled in Medical Assistance Prior to Release from a Carceral Setting	<b>BY</b>   Sally Kozak Deputy Secretary Office of Medical Assistance Programs	

**IMPORTANT REMINDER:** All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISE to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: <https://www.pa.gov/en/agencies/dhs/resources/for-providers/provider-enrollment-information/provider-enrollment-documents.html>

**PURPOSE:**

The purpose of this bulletin is to advise providers that effective February 18, 2025, the Medical Assistance (MA) Program will cover Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening and diagnostic services provided to eligible juveniles in the 30 days prior to release, and targeted case management (TCM) services, both physical and behavioral health, in the 30 days prior to and for at least 30 days following release from a carceral setting.

**SCOPE:**

This bulletin applies to physicians, certified registered nurse practitioners (CRNP), physician assistants (PA), independent laboratories, and hospital based medical clinics that render screening and diagnostic services and TCM services to MA beneficiaries in the MA Fee-for-Service (FFS) delivery system.

**BACKGROUND:**

Section 5121 of the Consolidated Appropriations Act, 2023 (CAA, 2023) requires state Medicaid agencies and Children’s Health Insurance Programs (CHIP) to cover in the 30 days prior to release, or within one week or as soon as practicable after release, specific screening and diagnostic services which meet reasonable standards of medical and dental practice, in accordance with EPSDT requirements to eligible juveniles who are post adjudication in carceral settings.

Section 5121 of the CAA, 2023 also requires state Medicaid agencies and CHIP to cover TCM services, including referrals to appropriate care and services available in the geographic region of the

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at:

<https://www.pa.gov/en/agencies/dhs/departments-offices/omap-info.html>

home or residence of the eligible juvenile, in the 30 days prior to release and for at least 30 days post release from a carceral setting.

An eligible juvenile is an individual under 21 years of age who was determined eligible for MA or an individual determined eligible for the mandatory eligibility group for former foster care children, immediately before or while an inmate of a public institution. Individuals in the mandatory eligibility group for foster care children include individuals 18 through 25 years old. See SHO# 24-004, "Provision of Medicaid and CHIP Services to Incarcerated Youth," July 23, 2024 (<https://www.medicaid.gov/federal-policy-guidance/downloads/sho24004.pdf>).

For the purposes of this bulletin, carceral settings are State Correctional Institutions and county prisons, as well as Youth Development Centers and Youth Forestry Camps, which are state run juvenile justice facilities where juveniles who are adjudicated delinquent may be placed.

Eligible juveniles may receive screening and diagnostic services. The EPSDT screening is an important and unique opportunity for providers to perform a comprehensive evaluation of a child's health and provide appropriate follow-up diagnostic and treatment services. The Department of Human Services (Department) issues and updates Pennsylvania's EPSDT periodicity schedule on an annual basis. The periodicity schedule reflects recommendations for pediatric care at intervals established by the American Academy of Pediatrics' Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents. The EPSDT periodicity schedule also includes recommendations from other nationally recognized medical organizations including the American College of Obstetricians and Gynecologists, the American Academy of Child & Adolescent Psychiatry, Centers for Disease Control, and Prevention and the United States Preventive Services Task Force (USPSTF).

Eligible juveniles may receive TCM services to gain access to providers who address medical, social, educational, and health-related social needs in the geographic area where they will be residing upon release. TCM services include:

- Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social, or other services;
- Development (and periodic revision) of a specific person-centered care plan based on the information collected through the assessment;
- Referral and related activities (such as scheduling appointments for the individual) to help the eligible individual obtain needed services, including activities that help link the individual with medical, social, and educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals specified in the care plan; and
- Monitoring and follow-up activities including activities and contacts that are necessary to ensure that the care plan is effectively implemented and adequately addresses the needs of the individual and which may be with the individual, family members, service providers, or other entities or individuals and conducted as frequently as necessary, and including at least one annual monitoring.

## **DISCUSSION:**

As a result of the CAA, 2023, the Department has made changes to its eligibility system. These changes allow eligible juveniles to be enrolled in the MA Program and receive services as

noted below. Eligible juveniles, which includes individuals under 21 and individuals ages 18 through 25 who are enrolled in the MA Program under the former foster care eligibility group, may receive screening and diagnostic services 30 days prior to release from a carceral setting. Eligible juveniles may also receive TCM services in the 30 days prior to release from a carceral setting and for at least 30 days following release.

In cases where the screening conducted by the carceral setting upon intake meets the requirements of an EPSDT screen, another screening is not required 30 days prior to release by the carceral setting. In these cases, the carceral setting should communicate results of the screening and follow-up diagnostic services to the TCM provider in the 30 days prior to the eligible juvenile's release period.

MA providers should note that while in the carceral setting, eligible juveniles are only eligible to receive screening, diagnostic, and TCM services. Upon the day the eligible juvenile is released from the carceral setting, they are eligible for all medically necessary MA services in their benefit package.

**PROCEDURE:**

*Individuals up to Age 21*

Providers should refer to the current 2024 EPSDT periodicity schedule, which can be found online at: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2024102901.pdf>. Subsequent EPSDT periodicity schedules can be found on the *What's New at OMAP* page of the Department's website at: <https://www.pa.gov/agencies/dhs/departments-offices/omap-info/whats-new-at-omap.html>.

*Individuals Aged 21 through 25*

For individuals ages 21 through 25, providers should screen using the 20-year period listed on the EPSDT periodicity schedule. Additionally, while cervical cancer screening does not appear on the EPSDT periodicity schedule, the USPSTF recommends this screen with cervical cytology alone every 3 years in women ages 21 to 29.

These procedure codes can be used by the following provider type (PT)/specialty (Spec) combinations with place of service (POS) 02 (Telehealth Provided Other than in a Patient's Home), 09 (Correctional Facility), 10 (Telehealth Provided in a Patient's Home), or 11 (Office) as indicated below.

<b>Procedure Code</b>	<b>Description</b>	<b>PT/Spec</b>
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded	09/All (CRNP), 10/100 (PA), 31/All (Physician)

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	09/All, 10/100, 31/All
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	09/All, 10/100, 31/All
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	09/All, 10/100, 31/All
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.	09/All, 10/100, 31/All
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	09/All, 10/100, 31/All
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	09/All, 10/100, 31/All
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	09/All, 10/100, 31/All
99242	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	09/All, 10/100, 31/All
99243	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	09/All, 10/100, 31/All

99244	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	09/All, 10/100, 31/All
99245	Office or other outpatient consultation for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using total time on the date of the encounter for code selection, 55 minutes must be met or exceeded.	09/All, 10/100, 31/All

These preventive exam procedure codes can be used by the following PT/Spec combinations with POS 09 or 11 as indicated below.

Procedure Code	Description	PT/Spec
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years	09/All, 10/100, 31/All
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	09/All, 10/100, 31/All

These laboratory procedure codes can be used by the following PT/Spec/POS combinations 01 (Inpatient Hospital) /183 (Hospital Based Medical Clinic)/22 (Outpatient Hospital Based Clinic) and 28/280/81 (Independent Laboratory) as indicated below.

Procedure Code	Description
82950	Glucose; post glucose dose (includes glucose)
86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)
86593	Syphilis test, non-treponemal antibody; quantitative
86631	Antibody; Chlamydia
86632	Antibody; Chlamydia, IgM
86694	Antibody; herpes simplex, non-specific type test
86696	Antibody; herpes simplex, type 2
86701	Antibody; HIV-1
86702	Antibody; HIV-2
86704	Hepatitis B core antibody (HBcAb); total
86705	Hepatitis B core antibody (HBcAb); IgM antibody
86706	Hepatitis B surface antibody (HBsAb)

86804	Hepatitis C antibody; confirmatory test (eg, immunoblot)
87110	Culture, chlamydia, any source
87273	Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2
87340	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg)
87341	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization
87389	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result
87390	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-1
87391	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; HIV-2
87467	Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; hepatitis B surface antigen (HBsAg), quantitative
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique
87623	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44)
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68), pooled result
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed
87660	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique

87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique
87808	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code[s] for other technical and interpretation services)
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision
88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision
88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision

These laboratory procedure codes can be used by the following PT/Spec/POS combinations as indicated below.

Procedure Code	Description	PT/Spec	POS
86703	Antibody; HIV-1 and HIV-2, single result	01/183	22
		28/280	81
		09/All	09, 11
		10/100	
		31/All	
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician	01/183	22
		28/280	81
		31/All	09, 11, 22

These laboratory procedure codes with or without the QW (Clinical Laboratory Improvement Amendments (CLIA) waived test) modifier can be used by the following PT/Spec/POS combinations as indicated below.

Procedure Code	Description	PT/Spec	POS	Modifier(s)
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)	01/183	22	No modifier; QW
		28/280	81	
		09/All	09,11	
		10/100		
		31/All		
82947	Glucose; quantitative, blood (except reagent strip)	01/183	22	No modifier; QW
		28/280	81	
		09/All	09,11	
		10/100		
		31/All		
82951	Glucose; tolerance test (GTT), 3 specimens (includes glucose)	01/183	22	No modifier; QW
		28/280	81	
		09/All	09,11	
		10/100		
		31/All		
83036	Hemoglobin; glycosylated (A1C)	01/183	22	No modifier; QW
		28/280	81	
		09/All	09,11	
		10/100		
		31/All		
86803	Hepatitis C antibody	01/183	22	No modifier; QW
		28/280	81	
		09/All	09,11	
		10/100		
		31/All		
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	01/183	22	No modifier; QW
		28/280	81	
		09/All	09,11	
		10/100		
		31/All		

NOTE: PT 10, Spec 100 is included because physician assistants can be listed as the rendering provider pursuant to MA Bulletin 01-22-05, 08-22-05, 09-22-04, 10-22-01, 31-22-05, entitled "Billing Procedure Update for Certified Registered Nurse Practitioners and Physician Assistants."

<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/MAB2022010701.pdf>.



For additional information, see MA Bulletin 01-12-67, "Clinical Laboratory Improvement Amendments Requirements," which may be viewed online at:

[https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/p\\_033918.pdf](https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/docs/publications/documents/forms-and-pubs-omap/p_033918.pdf).

The procedure codes in the charts above are on the MA Program Fee Schedule. Providers may access the on-line version of the fee schedule on the Department's website at:

<https://www.pa.gov/agencies/dhs/resources/for-providers/ma-for-providers/ma-fee-schedule.html>.

For EPSDT screenings and diagnostic services performed via telemedicine, providers should refer the beneficiary to a provider in the community for laboratory testing, dental services, or any other medically necessary services that must be performed in-person, including "catchup" services as needed, to ensure that the beneficiary receives the required screens and diagnostic services for the applicable periodicity period.

For screening and diagnostic services provided pre-release, the eligible juvenile will be in the FFS delivery system. Upon the day of release and continuing post release, the eligible juvenile will be assigned and receive MA covered behavioral health services from a behavioral health Managed Care Organization (MCO), assigned according to their county of residence. The eligible juvenile will select or be auto assigned to a physical health MCO and will have a period of MA FFS eligibility until their physical health MCO is assigned to provide MA benefits.

To receive payment for services provided to MA beneficiaries, including during the pre-release period, providers must be enrolled in the MA program. Information on how to complete and submit an enrollment application may be viewed by accessing the Enrollment Information page on the Department's website at the following link:

[http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S\\_001994](http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994). Providers may submit an online provider enrollment application using the Department's secure web portal following the instructions in the application. For questions about enrollment, providers can contact Provider Enrollment at 1-800-537-8862, option 2, then option 4.

For questions pertaining to the provision of screening, diagnostic, or TCM services to eligible juveniles, providers may contact the Department as noted below:

Email: [ra-pwcaascreensandcm@pa.gov](mailto:ra-pwcaascreensandcm@pa.gov)

Phone with voicemail: (717) 772-7358

Fax: (717) 213-8061