




# Medical Assistance BULLETIN

ISSUE DATE	EFFECTIVE DATE	NUMBER
June 24, 2025	July 18, 2025	99-25-03
SUBJECT		BY
Updates to Screening Guidelines for Prior Authorization		 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/providers/provider-enrollment-information/provider-enrollment-documents.html>

## **PURPOSE:**

The purpose of this bulletin is to notify providers that the Department of Human Services (Department) will begin using Milliman Clinical Guidelines (MCG) care guidelines as the screening guidelines to determine medical necessity for services, items, procedures, or level of care provided to Medical Assistance (MA) beneficiaries, effective July 18, 2025.

## **SCOPE:**

This bulletin applies to all providers enrolled in the MA Program who render services to beneficiaries in the MA Fee-for-Service (FFS) delivery system. Providers rendering services in the MA Managed Care delivery system should address any prior authorization questions to the appropriate managed care organization.

## **BACKGROUND/DISCUSSION:**

The Department is mandated by Title XIX of the Social Security Act to implement a statewide utilization review program that safeguards against unnecessary or inappropriate use of services and excessive payments, that assesses the quality of those services, and that controls utilization of services. Prior authorization is meant to ensure that services are medically necessary and appropriate. Additionally, Section 443.6(b) of the Act of June 13, 1967, (P.L. 31, No. 21), known as the Human Services Code, requires MA providers to obtain prior authorization for certain services and items, including other services and items identified by the Department through publication in the *Pennsylvania Bulletin*. Prior authorization for certain services or items in the MA Program is necessary for MA providers to receive reimbursement.

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>

To enhance the consistency of review decisions, the Department contracted with InterQual, Inc. to use their nationally recognized medical review criteria, the Intensity Severity Discharge (ISD) Level of Care Criteria, for hospital admissions and continued stay reviews. The Department notified providers about the use of 1996 InterQual ISD Criteria for adults, the 1996 InterQual ISD Criteria for Pediatrics, and the 1993 ISD Criteria for Rehabilitation with the issuance of MA Bulletin 01-96-13, on June 1, 1996. On July 1, 1997, the Department advised providers about the use of the 1997 editions of the three InterQual ISD Criteria products with the issuance of MA Bulletin 01-97-12. Additionally, on August 28, 1998, the Department advised providers about the use of the 1998 editions of the three InterQual ISD Criteria products with the issuance of MA Bulletin 01-98-14. Finally, on December 1, 2014, providers were advised that the Department began using the InterQual Clinical Content – Imaging guidelines with the issuance of MA Bulletin 01-14-12. The Department will no longer use InterQual Clinical Content for any services after July 17, 2025.

The Department is transitioning its contract for care guidelines from InterQual to MCG and will begin using MCG care guidelines for screening to determine medical necessity for services, items, procedures, or level of care provided to MA beneficiaries, effective July 18, 2025. Prior authorization requests that are submitted prior to July 18, 2025, will be reviewed based on InterQual guidelines.

### **PROCEDURE:**

Effective July 18, 2025, the Department will begin to use the most current edition of MCG care guidelines for screening to determine medical necessity for the following types of covered services requiring prior authorization:

- Prosthetics, orthotics, and supplies.
- Durable medical equipment that has a purchase cost greater than \$600 and/or a rental term length greater than 3 months;
- Genetic medicine, including laboratory services;
- Imaging for advanced radiology studies, including computerized tomography scans, magnetic resonance angiogram scans, magnetic resonance imaging scans, magnetic resonance spectroscopy scans, nuclear medicine cardiology scans, positron emission tomography scans, and single photon emission computer tomography scans;
- Diagnostic procedures and tests;
- Inpatient and surgical care for inpatient admissions to acute care general hospitals reviewed under the automated utilization review process, with the exception of admissions for drug and alcohol detoxification services; and
- Home care including intermittent visits for skilled nursing, home health aide, physical therapy, occupational therapy, speech pathology, and audiology services.

### **OBSOLETE:**

This bulletin obsoletes MA Bulletins listed below where InterQual guidelines are required for service review decisions.

- MA Bulletin 01-96-13 titled, “InterQual Intensity/Severity/Discharge (ISD) Criteria for Review of Hospital Admissions”
- MA Bulletin 01-97-12 titled, “InterQual Intensity/Severity/Discharge (ISD) Criteria for Review of Hospital Admissions”
- MA Bulletin 01-98-14 titled, “InterQual Intensity/Severity/Discharge (ISD) Criteria for Review of Hospital Admissions”

**SUPERSEDED:**

MA Bulletin 01-14-12 titled, “Advanced Radiologic Imaging Services” will be superseded in part, by the issuance of this bulletin.