




<b>ISSUE DATE</b>  August 23, 2019	<b>EFFECTIVE DATE</b>  August 19, 2019	<b>NUMBER</b> 01-19-13, 08-19-15, 09-19-13, 24-19-10, 25-19-01, 28-19-02, 31-19-13, 33-19-13
<b>SUBJECT</b>  Family Planning Services Program	<b>BY</b>   Sally A. 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:  
[http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S\\_001994](http://www.dhs.pa.gov/provider/promise/enrollmentinformation/S_001994).

**PURPOSE:**

The purpose of this bulletin is to:

- notify providers of updates to the Family Planning Services program fee schedule,
- issue an updated Family Planning Services Covered Services Chart and
- issue an updated Family Planning Services Covered Drugs and Devices chart.

**SCOPE:**

This bulletin applies to Medical Assistance (MA) enrolled family planning providers, including family planning clinics, outpatient hospital clinics, certified registered nurse practitioners, certified nurse midwives, federally qualified health centers, rural health clinics, laboratories, pharmacies, medical suppliers, independent medical/surgical clinics and physicians who render services in the MA fee-for-service delivery system.

**BACKGROUND/DISCUSSION:**

The Department of Human Services (Department) implemented the Family Planning State Plan option, known as Family Planning Services on July 1, 2015. Family Planning Services provides coverage of family planning and certain family planning-related services, pharmaceuticals and supplies for men and women who are not otherwise eligible for MA benefits and have income at or below 215% of the federal poverty level.

**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:  
<http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>.

### Revisions to Hepatitis B Screening Code

The Department issued MA Bulletin 99-19-04, “2019 Healthcare Common Procedure Coding System Updates and Fee Adjustments and Other Procedure Code Changes”, to announce changes to the MA Program Fee Schedule, effective August 19, 2019. These changes include a revised description for procedure code G0499 as noted below:

<b>Procedure Code</b>	<b>Old Description</b>	<b>New Description</b>
G0499	Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to HBSAG (anti-HBS) and hepatitis B core antigen (anti-HBC)	Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG), antibodies to HBSAG (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result

### Provider-Performed Microscopy Procedure (PPMP) Codes

The Department also issued MA Bulletin 01-19-01, “Updates to Laboratory Services on the Medical Assistance Program Fee Schedule; Prior Authorization for Noninvasive Prenatal Screening (NiPS)”, effective January 14, 2019. These updates include the addition of Provider Type/Specialty/Place of Service combinations to the following PPMP procedure codes currently covered under Family Planning Services:

<b>Procedure Code</b>	<b>Description</b>
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81001	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy
Q0111	Wet mounts, including preparations of vaginal, cervical or skin specimens
Q0112	All potassium hydroxide (KOH) preparations

Limitations, fees, prior authorization requirements and additional information about the PPMP codes above, can be found in MA Bulletin 01-19-01 at the link below:

<http://www.dhs.pa.gov/provider/BulletinSearch/bulletinselected/index.htm?bn=01-19-01>

As a result of the above changes, the Department updated the “Family Planning Services: Covered Services Chart.”

Additionally, the Department has updated the “Family Planning Covered Drugs and Devices” chart.

**PROCEDURE:**

Providers should refer to the updated “Family Planning Services: Covered Services Chart” and the “Family Planning Covered Drugs and Devices” chart attached to this bulletin for services rendered on and after August 19, 2019.

**ATTACHMENTS:**

Family Planning Services: Covered Services Chart, Effective August 19, 2019  
Family Planning Covered Drugs and Devices chart, Effective January 28, 2019