
 <p>COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF AGING Harrisburg, PA 17101</p>	PENNSYLVANIA DEPARTMENT OF AGING	
	1. File Number: ATAB # 08-07-01	2. Disposition: Reads in Conjunction with APD #04-07-01
	3. Issuance Date: February 26, 2008	4. Effective Date: February 26, 2008
	5. Program Area: Transportation	
	6. Origin: Bureau of Home & Community Based Services	7. Contact: Division of Consumer Community Support Services (717) 783-6008

AGING TECHNICAL ASSISTANCE BULLETIN

SUBJECT: PDA WAIVER VS. DEPARTMENT OF PUBLIC WELFARE (DPW) MEDICAL ASSISTANCE TRANSPORTATION PROGRAM (MATP) FUNDS/MEDICAL ASSISTANCE (MA) FEE FOR SERVICE FUNDS

TO: EXECUTIVE STAFF
AREA AGENCIES ON AGING
DPW, OFFICE OF MA PROGRAMS

FROM: 
Nora Dowd Eisenhower
Secretary
Pennsylvania Department of Aging

PURPOSE: The purpose of this Aging Technical Assistance Bulletin (ATAB) is to inform you that the PDA Payor of Last Resort Policy (See Attachment 1) states that any individual age 60 and older who is also eligible for MA shall have their transportation trips to MA eligible **medical destinations** funded entirely through the DPW MATP. AAAs shall not use Aging Services Block Grant funds to pay for any medical trip that could be funded through the MATP. AAAs shall also not use PDA Waiver funds or any other funds provided by the Department to pay for medical trips that could be funded through MATP. Attachment 2 contains a list of the phone numbers of the MATP providers in the Commonwealth sorted by county.

There are numerous trip types that the MATP does not fund. These are: emergency ambulance transportation, non-emergency medically necessary ambulance transportation, transportation to sheltered workshops, transportation to day care programs, transportation to any service not covered through the DPW's MA Program, transportation as part of inpatient treatment, exceptional transportation service as defined at 55 PA. Code 2070.4, Air Travel, attendants, stretcher service, door-through-door service, transportation for visitation purposes, transports to non-medical services and transportation during severe inclement weather when it is deemed unsafe. When the AAA has a Waiver Consumer that cannot be transported by the MATP provider

because of one or more of the aforementioned reasons, then the AAA shall attempt to obtain the MA Fee for Service Provider to transport the consumer and bill MA for the trips. It is important to note that PDA Waiver funds, Aging Services Block Grant funds and other PDA funds are to be used as the payor of last resort.

All PDA Waiver consumers also have one of fourteen MA HealthCare Benefits Packages (See Attachment 3). Depending on the type of HealthCare Benefits Package that the PDA Waiver consumer has, he or she may be eligible for non-emergency ambulance service. It is our understanding that non-emergency ambulance service is used considerably by consumers in the PDA Waiver Program. Since the MATP does not fund non-emergency medically necessary ambulance transportation for MA eligible medical destinations, the next step would be to determine if the medical trip could be funded by MA Fee for Service. If transportation is included in the PDA Waiver consumer's MA HealthCare Benefits Package, then MA Fee for Service may pay for the trip. **MA Fee for Service will never pay for any consumer, including PDA Waiver consumers, that uses ambulance transportation service to go from their home to a Doctor's office.** Therefore, the PDA Waiver would need to fund any trips for PDA Waiver consumers who need to go from their homes to the Doctor's Office and from the Doctor's Office to their homes.

If a PDA Waiver consumer's HealthCare Benefits Package includes Specialty codes 260 or 261 and provider type code 26 (See Attachment 3), the following trip origins to trip destinations using non-emergency ambulance service should be billed to the applicable MA HealthCare Benefits package and not the PDA Waiver. Residence to Hospital; Hospital to Residence; Hospital to Residential, domiciliary, custodial facility (nursing home, not skilled nursing facility); Residence to Residential, domiciliary, custodial facility (nursing home, not skilled nursing facility); Hospital to Skilled Nursing facility; Physician's Office (includes HMO non-hospital facility, clinic, etc.) to Hospital; Residence to Non-Hospital based dialysis facility; Non-Hospital based dialysis facility to Hospital; Non-Hospital based dialysis facility to Residence; Residence to Hospital based dialysis facility (hospital or hospital-related); Hospital based dialysis facility (hospital or hospital-related to residence); Scene of an accident or acute event to Hospital; Scene of an accident or acute event to Site of transfer (for example, airport or helicopter) between types of ambulance; Site of transfer (for example, airport or helicopter) between types of ambulance to Hospital; Hospital to Hospital; Hospital to Site of transfer (for example, airport or helicopter) between types of ambulance; Skilled Nursing facility to Hospital; Residential, domiciliary, custodial facility (nursing home, not skilled nursing facility) to Hospital; Residence to Diagnostic or therapeutic site other than a Physician or Hospital; Site of Transfer (for example, airport or helicopter) between types of ambulance to Site of transfer (for example, airport or helicopter) between types of ambulance; Residence to Skilled Nursing Facility; and Hospital to Diagnostic or therapeutic site other than Physician or Hospital. Ambulance providers must be enrolled in Medicaid as Provider Type 26, Provider Specialties 260 and/or 261 in order to provide the aforementioned trips to PDA waiver consumers. **Please note that it is the responsibility of a nursing facility to provide all non-emergency ambulance transportation to its Medical Assistance enrolled residents.**

Pursuant to 55 PA Code Section 1245.52, payment for MA ambulance transportation will be made subject to the following conditions:

- a) Ambulance transportation is medically necessary. For ambulance transportation to be considered medically necessary, one or more of the

following conditions shall be documented in the remarks section of the Medical Services/Supplies Invoice:

- (i) The patient is incapacitated as the result of injury or illness and transportation by van, taxicab, public transportation or private vehicle is either physically impossible or would endanger the health of the patient. The definition of incapacitated is incapable of sitting, standing or perambulating.
 - (ii) There is reason to suspect serious internal or head injury.
 - (iii) The patient requires physical restraints.
 - (iv) The patient requires oxygen or other life support treatment en route.
 - (v) Because of the medical history of the patient and present condition, there is reason to believe that oxygen or life support treatment is required en route.
 - (vi) The recipient requires transportation from a hospital to a non-hospital drug and alcohol detoxification facility or rehabilitation facility and the hospital has determined that the required services are not medically necessary in an inpatient facility.
- b) Free ambulance service is not accessible to the client.
 - c) The client has been transported to the nearest appropriate medical facility enrolled in the MA Program or from a hospital to a non-hospital drug and alcohol detoxification facility or rehabilitation facility.
 - d) The client has been transported to or from an appropriate medical facility in connection with services that are covered under the MA Program or the State-funded non-hospital drug and alcohol services under Act 152 of 1988 (P. L. 1239).

Pursuant to 55 PA Code Section 1245.54, Non-compensable Services and Items, payment will not be made for the following services and items.

- (1) Ambulance transportation to a physician's office or group practice.
- (2) Ambulance transportation for a medical service which is not covered under the MA Program, except for non-hospital drug and alcohol detoxification or rehabilitation facility services when a recipient presents to a hospital for inpatient drug and alcohol treatment and the hospital has determined that the required services are not medically necessary in an inpatient facility.
- (3) Ambulance transportation to a clinic, rural health clinic, hospital, skilled nursing facility or intermediate care facility not enrolled in the MA Program, except in an emergency situation. An emergency situation is when an item or service is required to sustain the life of a person or is critical to the health of a person.
- (4) Ambulance transportation of a deceased person to a morgue or funeral parlor.


(5) Ambulance transportation from one medical facility to another, unless it is for the purpose of obtaining necessary medical care which is unavailable at the facility in which the recipient is a patient and meets the requirements in § 1245.52 (relating to payment conditions).

(6) Ambulance transportation from one long term care facility to another, unless it is for the purpose of changing the patient's level of care or if the patient is transferred from a facility because its provider agreement has been terminated and the requirements in §1245.52 are met. Payment is not made if the ambulance is owned by the nursing facility.

(7) Ambulance transportation out-of-State, unless the nearest appropriate medical facility is located out-of-State.

(8) Ambulance transportation that is available from another insurance or health program of public agency.

If you have any questions, please contact Rocco Claroni at (717) 783-6008 or rclaroni@state.pa.us.

 COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF AGING Harrisburg, PA 17101	PENNSYLVANIA DEPARTMENT OF AGING	
	1. File number: APD # 04-07-01	2. Disposition: Read in conjunction with APD #85-07-01
	3. Issuance date: November 30, 2004	4. Effective date: November 30, 2004
	5. Program area: Passenger Transportation Services	
	6. Origin: Bureau Of Home and Community Based Services	7. Contact: Consumer Community Support Services Division (717) 783-6207

AGING PROGRAM DIRECTIVE

SUBJECT: Payer of Last Resort Policy

COPIES FOR:

Executive Staff	PA Council on Aging
Area Agencies on Aging	PennDOT, Bureau of Public Transportation
Administration on Aging (AoA)	Department of Public Welfare
PA Association of Area Agencies on Aging	Office of Social Programs
Comptroller	Pennsylvania Public Transportation Association

FROM:



Ivonne Gutiérrez Bucher
Director
Office of Community Services and Advocacy

**LEGISLATIVE/
REGULATORY
REFERENCE:**

PURPOSE: The purpose of this Aging Program Directive (APD) is to set forth the funding source that must be used to pay for the transportation costs for medical trips of older Medical Assistance (MA) eligible Pennsylvanians.

CONTENT:

Effective immediately, any individual age 60 and older who is also eligible for MA shall have their transportation trips to MA eligible medical destinations funded entirely through the Department of Public Welfare's Medical Assistance Transportation Program (MATP). Area Agencies on Aging (AAAs) shall not use Aging Services Block Grant (ASBG) funds to pay for any medical trip that could be funded through the MATP. AAAs can however, pay for non-medical trips for MA eligible individuals age 60 and older. Aging Services Block Grant funds are to be used as the payer of last resort. In the event that other funding sources are available such as the Medical Assistance Transportation Program, such funding sources are to be used first.

The same policy applies to consumers ages 65 and older who are funded through the Shared-Ride Program. If an individual is age 65 and older, the Shared-Ride Program administered by the Pennsylvania Department of Transportation, will pay 85% of the fare and the consumer or a third party such as the AAA will pay all or some portion of the remaining 15%. Any individual age 65 and older, who is also MA eligible, shall be funded with MATP funds if the individual's trip purpose is for MA eligible medical reasons. Shared-Ride funds cannot be used to fund the medical trip costs of MA eligible individuals who are ages 65 and older. Consequently, AAAs shall no longer pay any partial or full co-pay for MA eligible individuals ages 65 and older who are being transported to MA eligible medical destinations. It should be noted that AAAs could pay the co-pay for MA eligible individuals ages 65 and older who are being transported to non-medical destinations.

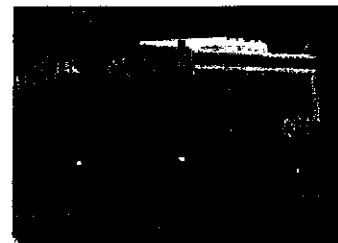
Attachment 2

Medical Assistance Transportation Program Contact List

MATP Contact List

Below is a list of Medical Assistant Transportation Program (MATP) contacts by county. Use these numbers to obtain information on how to enroll in MATP in your county.

[Learn more about MATP](#)


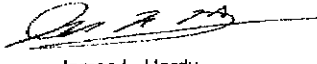


COUNTY	LOCAL TELEPHONE NUMBER	TOLL FREE NUMBER
Adams	717-337-1345	800-830-6473
Allegheny	412-350-4484	888-547-6287
Armstrong	724-548-3405	800-468-7771
Beaver	724-728-5633	800-262-0343
Bedford	814-623-6107	888-465-9304
Berks	610-921-2361	800-383-2278
Blair	814-946-1235	800-245-3282
Bradford	570-888-7330	800-242-3484
Bucks	215-794-5554	888-795-0740
Butler	866-638-0598	866-638-0598
Cambria	814-536-9031	888-647-4814
Cameron	877-282-4968	866-282-4968
Carbon	570-669-6380	800-990-4287
Centre	814-355-6807	800-822-2610
Chester	610-594-6930	877-873-8415
Clarion	814-226-7012	800-672-7116
Clearfield	814-765-1551	800-822-2610
Clinton	570-323-7575	800-222-2468
Columbia	570-784-8807	888-868-2320
Crawford	814-333-7090	800-210-6226
Cumberland	717-240-6340	800-315-2546
Dauphin	717-232-6100	800-309-8905
Delaware	610-490-3977	866-450-3766

Elk	877-282-4968	866-282-4968
Erie	814-455-3330	Same as Local
Fayette	724-430-4600	800-321-7433
Forest	814-927-8266	800-222-1706
Franklin	717-264-5225	800-548-5600
Fulton	717-485-0931	888-329-3276
Greene	724-627-6778	877-360-7433
Huntingdon	814-641-6408	800-817-3383
Indiana	724-463-3235	888-526-6060
Jefferson	814-938-3302	800-648-3381
Juniata	717-242-2277	800-348-2277
Lackawanna	570-963-6482	Same as Local
Lancaster	717-291-1243	800-892-1122
Lawrence	724-652-5588	888-252-5104
Lebanon	717-273-8901	877-738-9968
Lehigh	610-432-3200	800-932-8748
Luzerne	570-288-8420	800-679-4135
Lycoming	570-323-7575	800-222-2468
McKean	877-282-4968	866-282-4968
Mercer	724-662-6222	800-222-8797
Mifflin	717-242-2277	800-348-2277
Monroe	570-839-8210	888-955-6282
Montgomery	215-542-7433	215-542-7433
Montour	570-271-0833	Same as Local
Northampton	610-432-3200	800-932-8748
Northumberland	570-644-4463	800-479-2626
Perry	717-567-2490	877-800-7433
Philadelphia	267-515-6400	877-835-7412
Pike	570-775-5550	866-681-4947
Potter	814-544-7315	800-800-2560
Schuylkill	570-628-1425	888-656-0700
Snyder	570-522-1390	877-877-9021
Somerset	814-445-9628	800-452-0241

Sullivan	570-265-4057	800-242-3484
Susquehanna	570-853-4510	800-323-2051
Tioga	570-659-5330	800-242-3484
Union	570-522-1390	877-877-9021
Venango	814-432-9767	877-836-4699
Warren	814-723-1874	877-723-9456
Washington	724-223-8747	800-331-5058
Wayne	570-253-4280	800-662-0780
Westmoreland	724-832-2706	800-242-2706
Wyoming	570-288-8420	800-679-4135
York	717-845-7553	800-632-9063

Last modified on: October 9, 2007

	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE		
	ISSUE DATE <p style="text-align: center;">October 6, 2006</p>	EFFECTIVE DATE <p style="text-align: center;">September 1, 2006</p>	NUMBER <p style="text-align: center;">99-06-10</p>
SUBJECT <p style="text-align: center;">Revised HealthCare Benefits Packages Provider Reference Chart (MA 446)</p>		BY  James L. Hardy Deputy Secretary Office of Medical Assistance Programs	

PURPOSE:

The purpose of this bulletin is to issue the revised HealthCare Benefits Packages (HCBP) Provider Reference Chart (MA 446). Medical Assistance (MA) Bulletin 99-03-02, which included the previous version of the MA 446, effective January 31, 2002, is now obsolete with the effective date of this bulletin.

SCOPE:

This bulletin applies to all providers enrolled in the MA Program.

BACKGROUND/DISCUSSION:

The attached MA 446 was updated to reflect new PROMISe™ provider types and specialty codes, as well as certain benefit and service limits currently applicable under the MA Program. The revised MA 446 reflects the standard scope of MA benefits that recipients are eligible for consistent with the Medicaid State Plan, and does not list provider types/specialties associated with specialized additional programs or services, for example, such as Home and Community Based Waivers, the Act 150 Attendant Care Program, and state funded supports like funeral director's services.

The HCBP is comprised of 14 individual MA benefit packages, which were developed by grouping the MA recipient community into specific HCBPs based on the scope of MA benefits applicable to their categories of assistance.

PROCEDURE:

Providers must verify the recipient's MA eligibility by accessing the Eligibility Verification System (EVS) using information from the recipient's ACCESS card. The EVS response will give

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

providers the recipient's category, program status code, and the number of the HCBP under which the recipient is covered for the specific date of service. Upon obtaining this information from EVS, providers should refer to the MA 446 to verify whether the service or item is a covered benefit for the recipient. Use the MA 446 Legend to locate the descriptions of the "alpha" code which reflects the coverage or limitations of benefits as described in that HCBP for your provider type. Codes other than "Y" (Yes, if medically necessary) or "N" (Not covered) denote limitations or exclusions under that specific HCBP.

Providers should refer to specific MA regulations, bulletins and provider handbooks for more detailed information on the limitations and exclusions for their provider type at <http://www.dpw.state.pa.us/OMAP/Prov.main.asp>

ATTACHMENTS:

HCBP Reference Chart and HCBP Reference Chart Legend

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS
HEALTHCARE BENEFITS PACKAGES
REFERENCE CHART**

This chart is a reference tool to be used when accessing EYS and learning which HealthCare Benefits Package is assigned to the recipient. After locating your provider type, specialty code and the recipient's Benefits Package on this chart, refer to the Legend, which describes and defines the limitations associated with the services you can provide, Medicare Cost Sharing packages are represented by D, D¹, and D². Medicare pays first on these benefit packages. Medical Assistance (MA) pays for the Medicare cost sharing differently as to whether the service is covered by MA or Medicare. (Remember to refer to specific Medical Assistance regulations, bulletins, provider handbooks and fee schedule for more detailed information on the limitations and exclusions for your provider type.)

Provider Type Description	Provider Type Code	Specialty Code	Specialty Description	HC1	HC2	HC3	HC4	HC5	HC6	HC7	HC8	HC9	HC10	HC11	HC12	HC13	HC14
Ambulatory Surgical Center	02	020	Ambulatory Surgical Center	Y	Y	Y	Y	Y	Y	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Audiologist	20	200	Audiologist	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Audiologist	20	572	Early Intervention Services	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
Birthing Center	47	470	Birthing Center	Y	Y	Y	Y	Y	Y	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Case Manager	21	211	HIV Targeted Case Management	Y	Y	Y	Y	Y	Y	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Case Manager	21	212	MA Case Management	Y	N	N	N	N	T	N	N	N	N	N	N	N	N
Case Manager	21	213	Early Intervention Supports Coordination	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
Case Manager	21	218	MR Targeted Case Management	Y	Y	Y	Y	Y	Y	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Case Manager	21	221	MH Targeted Case Mgt, Resource Coordination	Y	Y	Y	Y	Y	Y	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Case Manager	21	222	MH Targeted Case Management, Intensive	Y	Y	Y	Y	Y	Y	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Certified Nurse Midwife	33	335	Certified Nurse Midwife	Y	Y	Y	Y	Y	X	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹

Provider Type Description	Provider Type Code	Specialty Code	Specialty Code Description	HCB 1	HCB 2	HCB 3	HCB 4	HCB 5	HCB 6	HCB 7	HCB 8	HCB 9	HCB 10	HCB 11	HCB 12	HCB 13	HCB 14
CRNP	09	093	Nurse Practitioner (Primary Care)	Y	G	G	G	G	Y	N	D/G	D	D/G	D ²	E	D/G	D/G
CRNP	09	370	Tobacco Cessation	Y	Y	Y	Y	Y	Y	Y	D ¹	D	D ¹	D ¹	N	D ¹	D ¹
CRNP	09	548	Therapeutic Staff Support	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
CRNP	09	549	Mobile Therapy	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
CRNP	09	559	Behavioral Specialist Consultant	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Chiropractor	15	150	Chiropractor	Y	G	G	G	G	Y	Y	D/G	D	D/G	D ¹	N	D ¹	D ¹
Clinic	08	080	Federally Qualified Health Center	Y	G	G	G	G	Y	Y	D/G	D	D/G	D ¹	N	D/G	D/G
Clinic	08	081	Rural Health Clinic	Y	G	G	G	G	Y	Y	D/G	D	D/G	D ¹	E	D/G	D/G
Clinic	08	082	Independent Medical / Surgical Clinic	Y	G	G	G	G	Y	N	D/G	D	D/G	D ²	E	D/G	D/G
Clinic	08	083	Family Planning Clinic	Y	Y	Y	Y	Y	Y	Y	D ¹	D	D ¹	D ¹	N	D ¹	D ¹
Clinic	08	084	Methadone Maintenance	Y	Y	Y	Y	Y	Y	Y	D ¹	D	D ¹	D ¹	E	D ¹	D ¹
Clinic	08	110	Psychiatric Outpatient	Y	S	S	S	S	Y	V	D/S	D	D/S	D/V	E	D/S	D/S
Clinic	08	184	Outpatient Drug and Alcohol	Y	Y	Y	Y	Y	Y	Y	D ¹	D	D ¹	D ¹	E	D ¹	D ¹
Clinic	08	370	Tobacco Cessation	Y	Y	Y	Y	Y	Y	Y	D ¹	D	D ¹	D ¹	N	D ¹	D ¹
Clinic	08	800	FQHC Therapeutic Staff Support	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Clinic	08	801	FQHC Mobile Therapy	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Clinic	08	802	FQHC Behavioral Specialist Consultant	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Clinic	08	803	FQHC Summer Therapeutic Activity Program	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N

Provider Type Description	Provider Type Code	Specialty Code	Specialty Code Description	HCB 1	HCB 2	HCB 3	HCB 4	HCB 5	HCB 6	HCB 7	HCB 8	HCB 9	HCB 10	HCB 11	HCB 12	HCB 13	HCB 14
Clinic	08	804	RHC Therapeutic Staff Support	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Clinic	08	805	RHC Mobile Therapy	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Clinic	08	806	RHC Behavioral Specialist Consultant	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Clinic	08	807	RHC Summer Therapeutic Activity Program	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Clinic	08	808	Psych Outpt Therapeutic Staff Support	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Clinic	08	809	Psych Outpt Mobile Therapy	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Clinic	08	810	Psych Outpt Behavioral Specialist Consultant	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Clinic	08	811	Psych Outpatient (Stap)	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
CRR	52	520	Community Residential Rehabilitation Group Home Child	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
CRR	52	523	Community Residential Rehabilitation MH Host Home	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Dentist	27	271	General Dentistry	Y	Y	Q	Q	Q	Y	Y	D ¹	D	D ¹ /Q	D ¹	N	D ¹ /Q	D ¹
Dentist	27	283	Cleft Palate	Y	Y	Q	Q	Q	Y	Y	D ¹	D	D ¹ /Q	D ¹	N	D ¹ /Q	D ¹ /Y
Dentist	27	370	Tobacco Cessation	Y	Y	Y	Y	Y	Y	Y	D ¹	D	D ¹	D ¹	N	D ¹	D ¹
DME/Medical Supplies	25	250	DME/Medical Supplies	Y	Y	M	M	M	Y	N	D ¹	D	D ¹ /M	D ²	N	D ¹ /M	D ¹
Extended Care Facility	03	030	Nursing Facility	Y	Y	Y	Y	Y	N	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹

Provider Type Description	Provider Type Code	Specialty Code	Specialty Code Description	HCB 1	HCB 2	HCB 3	HCB 4	HCB 5	HCB 6	HCB 7	HCB 8	HCB 9	HCB 10	HCB 11	HCB 12	HCB 13	HCB 14
Extended Care Facility	03	031	County Nursing Facility	Y	Y	Y	Y	Y	N	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Extended Care Facility	03	032	ICF/MR 8 Beds or Less	Y	Y	Y	Y	Y	N	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Extended Care Facility	03	033	ICF/MR 9 Beds or More	Y	Y	Y	Y	Y	N	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Extended Care Facility	03	037	State LTC Unit	N	Y	Y	Y	Y	N	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Extended Care Facility	03	038	State Mental Retardation Center	Y	Y	Y	Y	Y	N	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Extended Care Facility	03	039	ICF/ORC	Y	Y	Y	Y	Y	N	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Extended Care Facility	03	040	Special Rehab	Y	Y	Y	Y	Y	N	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Extended Care Facility	03	382	Hospital Based	Y	Y	Y	Y	Y	N	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Home Health	05	050	Home Health Agency	Y	Y	K	Y	K	Y	Y	D ¹	D	D ¹	D ¹	N	D ¹	D ¹
Home Health	05	051	Private Duty Nursing	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Home Health	05	250	DME / Medical Supplies	Y	Y	M	M	M	Y	N	D ¹	D	D ¹ /M	D ²	N	D ¹ /M	D ¹
Home Health	05	361	Personal Care - Agency	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Hospice	06	060	Hospice	Y	Y	Y	Y	Y	N	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Inpatient facility	01	010	Acute Care Hospital	Y	Y	H	Y	H	X	N	D ¹	D	D ¹	D ²	E/X	D ¹	D ¹
Inpatient facility	01	011	Private Psychiatric Hospital	Y	U	U	U	U	X	N	D ¹ /U	D	D ¹ /U	D ²	N	D ¹ /U	D ¹ /U
Inpatient facility	01	012	Medical Rehabilitation Hospital/Unit	Y	P	P	P	P	X	N	D ¹ /P	D	D ¹ /P	D ²	E/X	D ¹ /P	D ¹ /P
Inpatient facility	01	013	Residential Treatment Facility (JCAHO Certified) Hospital	Y	N	N	N	N	X/T	N	D ²	D	N	D ²	N	D ²	N

Provider Type Description	Provider Type Code	Specialty Code	Specialty Code Description	HCB 1	HCB 2	HCB 3	HCB 4	HCB 5	HCB 6	HCB 7	HCB 8	HCB 9	HCB 10	HCB 11	HCB 12	HCB 13	HCB 14
Inpatient facility	01	016	Emergency Room Arrangement 1(emergency)	Y	Y	Y	Y	Y	Y	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Inpatient facility	01	017	Emergency Room Arrangement 2 (urgent)	Y	Y	Y	Y	Y	Y	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Inpatient facility	01	018	Extended Acute Psych Inpatient Unit	Y	U	U	U	U	X	N	D ¹ /U	D	D ¹ /U	D ²	N	D ¹ /U	D ¹ /U
Inpatient facility	01	019	Drug and Alcohol Rehabilitation Hospital	Y	Y	L	Y	L	X	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Inpatient facility	01	021	Short Procedure Unit	Y	Y	Y	Y	Y	Y	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Inpatient facility	01	022	Private Psychiatric Unit	Y	U	U	U	U	X	N	D ¹ /U	D	D ¹ /U	D ²	N	D ¹ /U	D ¹ /U
Inpatient facility	01	023	Public Psychiatric Hospital	N	Y	L	Y	L	N	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Inpatient facility	01	027	Residential Treatment Facility JCAHO	Y	N	N	N	N	X/T	N	D ²	D	N	D ²	N	D ²	N
Inpatient facility	01	441	Drug & Alcohol Rehab Unit	Y	Y	L	Y	L	X	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Laboratory	28	280	Independent Laboratory	Y	Y	Y	Y	Y	Y	N	D ¹	D	D ¹	D ²	E	D ¹	D ¹
Medically Fragile Foster Care	40	400	Medically Fragile Foster Care	Y	N	N	N	N	T	N	N	N	N	N	N	N	N
Mental Health / Substance abuse	11	113	Partial Psych Hospitalization Children	Y	R	R	R	R	Y	V	D ¹ /R	D	D ¹ /R	D ¹ /R	N	D ¹ /R	D ¹ /R
Mental Health / Substance abuse	11	114	Partial Psych Hospitalization Adult	Y	R	R	R	R	Y	V	D ¹ /R	D	D ¹ /R	D ¹ /R	N	D ¹ /R	D ¹ /R
Mental Health / Substance abuse	11	115	Family Based Mental Health	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N

Provider Type Description	Provider Type Code	Specialty Code	Specialty Code Description	HC1	HC2	HC3	HC4	HC5	HC6	HC7	HC8	HC9	HC10	HC11	HC12	HC13	HC14
Mental Health / Substance abuse	11	116	Licensed Clinical Social Worker	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Mental/Health/ Substance abuse	11	117	Licensed Social Worker	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Mental Health / Substance abuse	11	118	Mental Health Crisis Intervention	Y	Y	Y	Y	Y	Y	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Mental Health / Substance abuse	11	442	Part Psych Hosp Child Therapeutic Staff Support	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Mental Health / Substance abuse	11	443	Part Psych Hosp Child Mobile Therapy	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Mental Health / Substance abuse	11	444	Part Psych Hosp Child Behav Specialist Consultant	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Mental Health / Substance abuse	11	445	Part Psych Hosp Child (Stap)	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Mental Health / Substance abuse	11	446	Part Psych Hosp Adult Therapeutic Staff Support	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Mental Health / Substance abuse	11	447	Part Psych Hosp Adult Mobile Therapy	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Mental Health / Substance abuse	11	448	Part Psych Hosp Adult Behav Specialist Consultant	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Mental Health / Substance abuse	11	449	Part Psych Hosp Adult (Stap)	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N

Provider Type Description	Provider Type Code	Specialty Code	Specialty Description	HCB 1	HCB 2	HCB 3	HCB 4	HCB 5	HCB 6	HCB 7	HCB 8	HCB 9	HCB 10	HCB 11	HCB 12	HCB 13	HCB 14
Mental Health / Substance abuse	11	450	Family Based Mntl Hlth Therapeutic Staff Support	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Mental Health / Substance abuse	11	451	Family Based Mntl Hlth Mobile Therapy	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Mental Health / Substance abuse	11	452	Family Based Mntl Hlth Behav Specialist Consultant	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Mental Health / Substance abuse	11	453	Family Based Mntl Hlth (Stap)	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Mental Health / Substance abuse	11	548	Therapeutic Staff Support	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Mental Health / Substance abuse	11	549	Mobile Therapy	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Mental Health / Substance abuse	11	559	Behavioral Specialist Consultant (BSC)	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Nurse	16	160	Registered Nurse	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Nurse	16	161	Licensed Practical Nurse	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Nurse	16	162	Psychiatric Nurse	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Nurse	16	572	Early Intervention Services	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
Optometrist	18	180	Optometrist	Y	G	G	G	G	Y	Y	D/G	D	D/G	D	E	D/G	D/G
Pharmacy	24	240	Independent Institutional	Y/C	Y	J	W	O	Y	Y	A	N	N	A	N	N	A
Pharmacy	24	241	Independent	Y/C	Y	J	W	O	Y	Y	A	N	N	A	N	N	A
Pharmacy	24	242	Chain	Y/C	Y	J	W	O	Y	Y	A	N	N	A	N	N	A
Pharmacy	24	243	Institutional Chain	Y/C	Y	J	W	O	Y	Y	A	N	N	A	N	N	A
Pharmacy	24	244	Long Term Care	Y/C	Y	J	W	O	Y	Y	A	N	N	A	N	N	A

Provider Type Description	Provider Type Code	Specialty Code	Specialty Description	HCB 1	HCB 2	HCB 3	HCB 4	HCB 5	HCB 6	HCB 7	HCB 8	HCB 9	HCB 10	HCB 11	HCB 12	HCB 13	HCB 14
Physician	31	318	General Practitioner	Y	G	G	G	G	Y	Y	D/G	D	D/G	D ¹	E	D/G	D/G
Physician	31	339	Psychiatrist	Y	Y	Y	Y	Y	Y	Y	D ¹	D	D ¹	D ¹	E	D ¹	D ¹
Physician	31	370	Tobacco Cessation	Y	Y	Y	Y	Y	Y	Y	D ¹	D	D ¹	D ¹	N	D ¹	D ¹
Physician	31	548	Therapeutic Staff Support	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Physician	31	549	Mobile Therapy	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Physician	31	559	Behavioral Specialist Consultant	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Podiatrist	14	140	Podiatrist	Y	G	G	G	G	Y	N	D/G	D	D/G	D ²	N	D/G	D/G
Psychologist	19	190	General Psychologist	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Psychologist	19	370	Tobacco Cessation	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Psychologist	19	548	Therapeutic Staff Support	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Psychologist	19	549	Mobile Therapist	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Psychologist	19	559	Behavioral Specialist Consultant	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Psychologist	19	572	Early Intervention Services	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
Rehabilitation Facility	04	041	Comprehensive Outpatient Rehab Facility	Y	N	N	N	N	T	N	D ²	D	N	D ²	N	D ²	N
Renal Dialysis Center	30	300	Renal Dialysis Center	Y	Y	N	Y	N	Y	N	D ¹	D	D ¹	D ²	N	D ¹	D ¹
Residential Treatment Facility	56	560	Residential Treatment Facility (Non-JCAHO Certified)	Y	N	N	N	N	X/T	N	N	N	N	N	N	N	N
Therapist	17	170	Physical Therapist	Y	N	N	N	N	T	N	D ²	D	D ²	D ²	N	D ²	D ²
Therapist	17	171	Occupational Therapist	Y	N	N	N	N	T	N	D ²	D	D ²	D ²	N	D ²	D ²
Therapist	17	173	Speech/Hearing Therapist	Y	N	N	N	N	T	N	D ²	D	D ²	D ²	N	D ²	D ²

Provider Type Description	Provider Type Code	Specialty Code	Specialty Code Description	HCBS 1	HCBS 2	HCBS 3	HCBS 4	HCBS 5	HCBS 6	HCBS 7	HCBS 8	HCBS 9	HCBS 10	HCBS 11	HCBS 12	HCBS 13	HCBS 14
Therapist	17	174	Art Therapist	Y	N	N	N	N	T	N	D ²	D	D ²	D ²	N	D ²	D ²
Therapist	17	175	Music Therapist	Y	N	N	N	N	T	N	D ²	D	D ²	D ²	N	D ²	D ²
Therapist	17	176	Physical Therapy/Early Intervention (EI) age 0-3	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
Therapist	17	177	Occupational Therapy/Early Intervention (EI) age 0-3	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
Therapist	17	178	Speech/Hearing therapy/Early Intervention (EI) age 0-3	Y	N	N	N	N	N	N	N	N	N	N	N	N	N
Tobacco Cessation	37	370	Tobacco Cessation	Y	Y	Y	Y	Y	Y	Y	D ¹	D	D ¹	D ¹	N	D ¹	D ¹
Transportation	26	260	Ambulance - Basic Life Support	Y	Y	I	Y	I	Y	Y	D ¹	D	D ¹	D ¹	N	D ¹	D ¹
Transportation	26	261	Ambulance - Advanced Life Support	Y	Y	I	Y	I	Y	Y	D ¹	D	D ¹	D ¹	N	D ¹	D ¹
X-Ray Clinic	29	291	Mobile X-Ray Clinic	Y	Y	Y	Y	Y	Y	N	D ¹	D	D ¹	D ²	E	D ¹	D ¹

**OFFICE OF MEDICAL ASSISTANCE (MA) PROGRAMS
HEALTHCARE BENEFITS PACKAGES (MA 446) LEGEND**

A	Limited to Barbiturates, Benzodiazepines, certain vitamins and over-the-counter drugs
C	For those recipients under 21 years of age who have Medicare in addition to MA, MA will pay for Barbiturates, Benzodiazepines, agents for symptomatic relief of cough and colds and certain over-the-counter drugs
D	Medicare pays first. MA pays only for the Medicare cost sharing
D ¹	Medicare pays first. MA pays for the Medicare cost sharing <i>AND the MA provider is included in the MA benefit package</i>
D ²	Medicare pays first. MA pays only for the Medicare cost sharing <i>AND the MA provider is NOT included in the MA benefit package</i>
E	Employability assessment only. CRNPs may receive payment through the collaborative agreement with their supervising physician.
G	Certain evaluation, management and consultation procedures are limited to a combined maximum of 18 visits per fiscal year (July 1 through June 30) by physicians, podiatrists, optometrists, CRNPs, chiropractors, outpatient hospital clinics, rural health clinics and FQHCs. If the recipient needs more than 18 visits, you may ask for an exception through the Department of Public Welfare. <i>Please refer to the procedure codes that apply to the 18-visit limit on the DPW website</i> http://www.dpw.state.pa.us/Resources/Documents/Pdf/18VisitLimit.pdf *
H	1 inpatient hospital admission per fiscal year *
I	Emergency transportation only; non-emergency transportation to a non-hospital drug and alcohol detox and rehab facility from the hospital when recipient presents to the hospital for inpatient drug and alcohol treatment
J	Legend and non-legend drugs not to exceed six prescriptions and refills per month
K	Up to 30 visits per fiscal year
L	Up to 30 days inpatient drug and alcohol facility services per fiscal year
M	Medical/surgical supplies – only when prescribed for the purpose of family planning or in conjunction with home health agency services. Durable medical equipment – only when used in conjunction with home health agency services
N	Not covered
O	Limited to legend birth control drugs
P	1 inpatient medical rehabilitation admission per fiscal year *
Q	Only in an inpatient or ASC/SPU setting
R	Up to 180 three-hour sessions, 540 total hours per fiscal year of psychiatric partial hospitalization service *
S	Up to five hours or 10-one-half hour sessions of psychotherapy per recipient in a 30 consecutive day period *
T	Recipients under age 21, only
U	Up to 30 days inpatient psychiatric facility services per fiscal year *
V	For SBP- psychiatric clinic - Up to seven hours or 14 one-half hour sessions of psychotherapy per recipient in a 30 consecutive day period; psychiatric partial hospitalization facility - up to 240 three-hour sessions, 720 total hours in a 365 consecutive day period
W	Limited to birth control drugs. LTC residents are eligible for all legend drugs
X	Outpatient services only
Y	Yes, if medically necessary

* These benefit limits apply only to MA adults, with the exception of pregnant women, including throughout the postpartum period. Recipients under 21 years of age are eligible for all medically necessary MA services.