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SUBJECT Revised Health Care Benefit Packages Provider Reference Chart (MA 446)		BY  Leesa M. Allen, 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.

PURPOSE:

The purpose of this bulletin is to issue the revised Health Care Benefit Packages (HCBP) Provider Reference Chart (MA 446).

SCOPE:

This bulletin applies to all Medical Assistance (MA) enrolled providers.

BACKGROUND/DISCUSSION:

The MA 446 is a reference tool that reflects the scope of MA benefits included in the healthcare benefit packages, consistent with the Medicaid State Plan. The MA 446 has been revised to reflect the streamlined benefit structure established in conjunction with Medicaid expansion. The Department of Human Services (Department) combined several adult benefit packages into one Adult Benefit Package, identified as HCBP 50. The benefit package for children (HCBP 01), Presumptive Eligibility for Pregnant Women (HCBP 06) and Medicare Cost Sharing Only (HCBP 09) remain unchanged.

The Family Planning Services program, which replaced SelectPlan for Women effective July 1, 2015, is identified by HCBP 15. This program provides family planning and family planning-related services, pharmaceuticals, and supplies for women and men who are not otherwise eligible for MA. Please refer to MA Bulletins 01-15-15 titled, "Family Planning Services", and 01-15-27 titled, "Implementation of ICD-10 Diagnosis Codes for the Family

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 Web site at <http://www.dhs.pa.gov/provider/healthcaremedicalassistance/index.htm>

Planning Services Program”, as well as any subsequent bulletins for more information and a list of covered services.

The MA 446 lists the provider type/specialties that may provide services to individuals enrolled in the MA Program under the HCBPs identified above. The MA 446 does not list provider types/specialties associated with Home and Community Based Waivers, the Act 150 Attendant Care Program, or state funded supports including funeral director’s services.

PROCEDURE:

Providers must verify the beneficiary’s MA eligibility by accessing the Eligibility Verification System (EVS). For more information on how to use EVS please view Provider Quick Tips # 11, “Eligibility Verification System”, by accessing the following link: http://www.dhs.pa.gov/cs/groups/webcontent/documents/communication/s_002924.pdf. The EVS response will give providers the beneficiary’s category, program status code, and the number of the HCBP under which the beneficiary is covered for the specific date of service.

Upon obtaining this information from EVS, providers should refer to the MA 446 to verify that their provider type/specialty is associated with the beneficiary’s HCBP. Use the MA 446 Legend to locate the descriptions of the “alpha” (letter) codes, which reflect the coverage or limitation of benefits as described in that HCBP for your provider type. Codes other than "Y" (Yes, covered) or "N" (No, not covered), denote limitations or exclusions under that specific HCBP.

NOTE: The MA 446 is only a quick reference tool. Providers should continue to verify beneficiary eligibility through EVS. Additionally, providers should continue to refer to PROMISe™, the online MA Program fee schedule, specific MA regulations, MA bulletins and their provider handbook for more detailed information on the limitations and exclusions for their provider type. Providers may access this information through the Department’s website: <http://www.dhs.pa.gov>

MA Bulletin 99-06-10, which included the previous version of the MA 446, is obsolete with the effective date of this bulletin.

ATTACHMENTS:

Health Care Benefit Packages Reference Chart

OFFICE OF MEDICAL ASSISTANCE PROGRAMS
HEALTH CARE BENEFIT PACKAGES
 REFERENCE CHART

This chart is a reference tool to be used when accessing EVS and determining which Health Care Benefit Package (HCBP) is assigned to the beneficiary. After locating your provider type, specialty code and the beneficiary's HCBP on this chart, refer to the Legend, which describes and defines key limitations associated with the services you can provide. **(Please be advised, this is only a quick reference tool. Remember to refer to specific Medical Assistance (MA) regulations, bulletins, provider handbooks and the MA Program fee schedule for more detailed information on the limitations and exclusions for your provider type.)**

HCBP 09 is for Medicare cost sharing only. There are no MA covered services associated with HCBP 09. For additional information about Medicare cost sharing, please see MA Bulletin 99-17-05, "Revised Health Care Benefit Packages Provider Reference Chart (MA 446)".

* The Family Planning Services program (HCBP 15) provides family planning and certain family planning-related services. For information and a list of services available under the Family Planning Services program, providers may view the on-line version of the MA Program Fee Schedule by accessing the following website link: <http://www.dhs.pa.gov/publications/forproviders/schedules/mafeeschedules/index.htm#.VI3MJXarTcs>.

Provider Type Description	Provider Type Code	Specialty Code	Specialty Code Description	Children's Package	Presumptive Eligibility for Pregnant Women	Medicare Cost Sharing Only	Family Planning Services	Adult Benefit Package
				HCBP 01	HCBP 06 <i>Ambulatory Services Only</i>	HCBP 09	HCBP 15 <i>* Limited. See above</i>	HCBP 50
Ambulatory Surgical Center	02	020	Ambulatory Surgical Center	Y	Y	C	Y	Y
Audiologist	20	200	Audiologist	Y	A	C	N	N
Audiologist	20	572	Early Intervention Services	Y	N	C	N	N
Birthing Center	47	470	Birth Center	Y	Y	C	N	Y
Case Manager	21	076	Peer Support	Y	Y	C	N	Y
Case Manager	21	211	HIV Targeted Case Management	Y	Y	C	N	Y
Case Manager	21	212	MA Case Management	Y	A	C	N	N
Case Manager	21	213	Early Intervention Supports Coordination	Y	N	C	N	N
Case Manager	21	218	IID Targeted Case Management	Y	Y	C	N	Y
Case Manager	21	221	MH Targeted Case Management Resource Coordination	Y	Y	C	N	Y
Case Manager	21	222	MH Targeted Case Management, Intensive	Y	Y	C	N	Y
Certified Nurse Midwife	33	335	Certified Nurse Midwife	Y	Y	C	Y	Y
Chiropractor	15	150	Chiropractor	Y	Y	C	N	Y
Clinic	08	074	Mobile Mental Health Treatment	Y	Y	C	N	Y
Clinic	08	076	Peer Support	Y	Y	C	N	Y
Clinic	08	080	Federally Qualified Health Center	Y	Y	C	Y	Y
Clinic	08	081	Rural Health Clinic	Y	Y	C	Y	Y

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				HCBP 01	HCBP 06 <i>Ambulatory Services Only</i>	HCBP 09	HCBP 15 <i>* Limited. See above</i>	HCBP 50
Clinic	08	082	Independent Medical / Surgical Clinic	Y	Y	C	Y	Y
Clinic	08	083	Family Planning Clinic	Y	Y	C	Y	Y
Clinic	08	084	Methadone Maintenance	Y	Y	C	N	Y
Clinic	08	086	Dental Clinic	Y	Y	C	N	F
Clinic	08	110	Psychiatric Outpatient	Y	Y	C	N	Y
Clinic	08	184	Outpatient Drug and Alcohol	Y	Y	C	N	Y
Clinic	08	340	Program Exception	Y	Y	C	Y	Y
Clinic	08	370	Tobacco Cessation	Y	Y	C	Y	B
Clinic	08	558	Behavior Specialist for Children with Autism	Y	A	C	A	A
Clinic	08	800	FQHC Therapeutic Staff Support	Y	A	C	N	N
Clinic	08	801	FQHC Mobile Therapy	Y	A	C	N	N
Clinic	08	802	FQHC Behavioral Specialist Consultant	Y	A	C	N	N
Clinic	08	803	FQHC Summer Therapeutic Activity Program (STAP)	Y	A	C	N	N
Clinic	08	804	RHC Therapeutic Staff Support	Y	A	C	N	N
Clinic	08	805	RHC Mobile Therapy	Y	A	C	N	N
Clinic	08	806	RHC Behavioral Specialist Consultant	Y	A	C	N	N
Clinic	08	807	RHC Summer Therapeutic Activity Program (STAP)	Y	A	C	N	N
Clinic	08	808	Psych Outpatient Therapeutic Staff Support	Y	A	C	N	N
Clinic	08	809	Psych Outpatient Mobile Therapy	Y	A	C	N	N
Clinic	08	810	Psych Outpatient Behavioral Specialist Consultant	Y	A	C	N	N
Clinic	08	811	Psych Outpatient (STAP)	Y	A	C	N	N
CRNP	09	090	Pediatric	Y	Y	C	Y	Y
CRNP	09	091	Obstetrics/Gynecology	Y	Y	C	Y	Y
CRNP	09	092	Family Health	Y	Y	C	Y	Y
CRNP	09	093	Nurse Practitioner (Primary Care)	Y	Y	C	Y	Y

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				HCBP 01	HCBP 06 <i>Ambulatory Services Only</i>	HCBP 09	HCBP 15 <i>* Limited. See above</i>	HCBP 50
CRNP	09	103	Family and Adult Psych Mental Health	Y	Y	C	Y	Y
CRNP	09	370	Tobacco Cessation	Y	Y	C	Y	B
CRNP	09	548	Therapeutic Staff Support	Y	A	C	N	N
CRNP	09	549	Mobile Therapy	Y	A	C	N	N
CRNP	09	558	Behavior Specialist for Children with Autism	Y	A	C	N	B
CRNP	09	559	Behavioral Specialist Consultant	Y	A	C	N	N
CRR	52	520	Community Residential Rehabilitation Group Home Child	Y	A	C	N	N
CRR	52	523	Community Residential Rehabilitation MH Host Home	Y	A	C	N	N
Dentist	27	270	Endodontist	Y	Y	C	N	F
Dentist	27	271	General Dentistry	Y	Y	C	N	F
Dentist	27	272	Oral/Maxillofacial Surgeon	Y	Y	C	N	F
Dentist	27	273	Orthodontist/ Dentofacial Orthopedist	Y	Y	C	N	F
Dentist	27	274	Pediatric Dental	Y	Y	C	N	F
Dentist	27	275	Periodontist	Y	Y	C	N	F
Dentist	27	277	Prosthodontist	Y	Y	C	N	F
Dentist	27	279	Oral/Maxillofacial Radiologist	Y	Y	C	N	F
Dentist	27	283	Cleft Palate	Y	Y	C	N	F
Dentist	27	370	Tobacco Cessation	Y	Y	C	N	B
DME/Medical Supplies	25	250	DME/Medical Supplies	Y	Y	C	Y	Y
Extended Care Facility	03	030	Nursing Facility	Y	N	C	N	Y
Extended Care Facility	03	031	County Nursing Facility	Y	N	C	N	Y
Extended Care Facility	03	032	ICF/IID 8 Beds or Less	Y	N	C	N	Y
Extended Care Facility	03	033	ICF/IID 9 Beds or More	Y	N	C	N	Y
Extended Care Facility	03	037	State LTC Unit	Y	N	C	N	Y
Extended Care Facility	03	038	State Center	Y	N	C	N	Y
Extended Care Facility	03	039	ICF/ORC	Y	N	C	N	Y
Extended Care Facility	03	040	Special Rehab	Y	N	C	N	Y
Extended Care Facility	03	042	VA Nursing Home	Y	N	C	N	Y

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				HCBP 01	HCBP 06 <i>Ambulatory Services Only</i>	HCBP 09	HCBP 15 <i>* Limited. See above</i>	HCBP 50
Extended Care Facility	03	382	Hospital Based	Y	N	C	N	Y
Home Health	05	025	Personal Emergency Response System	Y	Y	C	N	Y
Home Health	05	026	Home Infusion Therapy	Y	Y	C	N	Y
Home Health	05	050	Home Health Agency	Y	Y	C	N	H
Home Health	05	051	Private Duty Nursing	Y	A	C	N	Y
Home Health	05	250	DME / Medical Supplies	Y	Y	C	N	Y
Home Health	05	361	Personal Care – Agency	Y	A	C	N	N
Home Health	05	370	Tobacco Cessation	Y	Y	C	Y	A
Hospice	06	060	Hospice	Y	Y	C	N	G
Inpatient facility	01	010	Acute Care Hospital	Y	Y	C	N	Y
Inpatient facility	01	012	Medical Rehabilitation Hospital	Y	Y	C	N	Y
Inpatient facility	01	013	Residential Treatment Facility (JCAHO Certified) Hospital	Y	A	C	N	N
Inpatient facility	01	014	Inpatient Medical Rehab Unit	Y	Y	C	N	Y
Inpatient facility	01	016	Emergency Room Arrangement 1 (emergency)	Y	Y	C	N	Y
Inpatient facility	01	017	Emergency Room Arrangement 2 (urgent)	Y	Y	C	N	Y
Inpatient facility	01	018	Extended Acute Psych Inpatient Unit	Y	Y	C	N	Y
Inpatient facility	01	019	Drug and Alcohol Rehabilitation Hospital	Y	Y	C	N	Y
Inpatient facility	01	021	Short Procedure Unit	Y	Y	C	Y	Y
Inpatient facility	01	022	Private Psychiatric Unit	Y	Y	C	N	Y
Inpatient facility	01	023	Public Psychiatric Hospital	Y	N	C	N	Y
Inpatient facility	01	183	Hospital Based Medical Clinic	Y	Y	C	Y	Y
Inpatient facility	01	370	Tobacco Cessation	Y	Y	C	Y	B
Inpatient facility	01	441	Drug & Alcohol Rehab Unit	Y	Y	C	N	Y
Laboratory	28	280	Independent Laboratory	Y	Y	C	Y	Y
Medically Fragile Foster Care	40	400	Medically Fragile Foster Care	Y	A	C	N	N
Mental Health / Substance Abuse	11	076	Peer Support	Y	Y	C	N	Y

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				HCBP 01	HCBP 06 <i>Ambulatory Services Only</i>	HCBP 09	HCBP 15 <i>* Limited. See above</i>	HCBP 50
Mental Health / Substance Abuse	11	113	Partial Psych Hospitalization Children	Y	Y	C	N	N
Mental Health / Substance Abuse	11	114	Partial Psych Hospitalization Adult	N	Y	C	N	Y
Mental Health / Substance Abuse	11	115	Family Based Mental Health	Y	A	C	N	N
Mental Health / Substance Abuse	11	116	Licensed Clinical Social Worker	Y	A	C	N	N
Mental/Health / Substance Abuse	11	117	Licensed Social Worker	Y	A	C	N	N
Mental Health / Substance Abuse	11	118	Mental Health Crisis Intervention	Y	Y	C	N	Y
Mental Health / Substance Abuse	11	340	Program Exception	Y	Y	C	N	Y
Mental Health / Substance Abuse	11	442	Part Psych Hosp Child Therapeutic Staff Support	Y	A	C	N	N
Mental Health / Substance Abuse	11	443	Part Psych Hosp Child Mobile Therapy	Y	A	C	N	N
Mental Health / Substance Abuse	11	444	Part Psych Hosp Child Behavioral Specialist Consultant	Y	A	C	N	N
Mental Health / Substance Abuse	11	445	Part Psych Hosp Child (STAP)	Y	A	C	N	N
Mental Health / Substance Abuse	11	446	Part Psych Hosp Adult Therapeutic Staff Support	Y	A	C	N	N
Mental Health / Substance Abuse	11	447	Part Psych Hosp Adult Mobile Therapy	Y	A	C	N	N
Mental Health / Substance Abuse	11	448	Part Psych Hosp Adult Behavioral Specialist Consultant	Y	A	C	N	N
Mental Health / Substance Abuse	11	449	Part Psych Hosp Adult (STAP)	Y	A	C	N	N
Mental Health / Substance Abuse	11	450	Family Based Mntl Hlth Therapeutic Staff Support	Y	A	C	N	N
Mental Health / Substance Abuse	11	451	Family Based Mntl Hlth Mobile Therapy	Y	A	C	N	N
Mental Health / Substance Abuse	11	452	Family Based Mntl Hlth Behav Specialist Consultant	Y	A	C	N	N
Mental Health / Substance Abuse	11	453	Family Based Mntl Hlth (STAP)	Y	A	C	N	N
Mental Health / Substance Abuse	11	548	Therapeutic Staff Support	Y	A	C	N	N
Mental Health / Substance Abuse	11	549	Mobile Therapy	Y	A	C	N	N
Mental Health / Substance Abuse	11	558	Behavior Specialist for Children with Autism	Y	A	C	N	A

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				HCBP 01	HCBP 06 <i>Ambulatory Services Only</i>	HCBP 09	HCBP 15 <i>* Limited. See above</i>	HCBP 50
Mental Health / Substance Abuse	11	559	Behavioral Specialist Consultant	Y	A	C	N	N
Mental Health / Substance Abuse	11	561	Entity BSC – ASD (ABA)	Y	A	C	N	A
Mental Health / Substance Abuse	11	562	Entity BSC – TSS (ABA)	Y	A	C	N	A
Nurse	16	160	Registered Nurse	Y	A	C	N	N
Nurse	16	161	Licensed Practical Nurse	Y	A	C	N	N
Nurse	16	162	Psychiatric Nurse	Y	A	C	N	N
Nurse	16	572	Early Intervention Services	Y	N	C	N	N
Optometrist	18	180	Optometrist	Y	Y	C	N	D
Pharmacy	24	240	Independent	Y	Y	C	Y	Y
Pharmacy	24	241	Institutional Independent	Y	Y	C	Y	Y
Pharmacy	24	242	Chain	Y	Y	C	Y	Y
Pharmacy	24	243	Institutional Chain	Y	Y	C	Y	Y
Pharmacy	24	244	Long Term Care	Y	Y	C	Y	Y
Pharmacy	24	245	Mail Order	Y	Y	C	Y	Y
Physician	31	310	Allergy & Immunology	Y	Y	C	Y	Y
Physician	31	311	Anesthesiology	Y	Y	C	Y	Y
Physician	31	314	Dermatology	Y	Y	C	Y	Y
Physician	31	315	Emergency Medicine	Y	Y	C	Y	Y
Physician	31	316	Family Practice	Y	Y	C	Y	Y
Physician	31	318	General Practitioner	Y	Y	C	Y	Y
Physician	31	319	Surgery	Y	Y	C	Y	Y
Physician	31	322	Internal Medicine	Y	Y	C	Y	Y
Physician	31	328	Obstetrics and Gynecology	Y	Y	C	Y	Y
Physician	31	330	Ophthalmologist	Y	Y	C	Y	Y
Physician	31	331	Orthopedic Surgery	Y	Y	C	Y	Y
Physician	31	332	Otolaryngology	Y	Y	C	Y	Y
Physician	31	333	Pathology	Y	Y	C	Y	Y
Physician	31	336	Physical Medicine and Rehabilitation	Y	Y	C	Y	Y
Physician	31	337	Plastic Surgery	Y	Y	C	Y	Y
Physician	31	338	Neurology	Y	Y	C	Y	Y
Physician	31	339	Psychiatrist	Y	Y	C	Y	Y

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				HCBP 01	HCBP 06 <i>Ambulatory Services Only</i>	HCBP 09	HCBP 15 <i>* Limited. See above</i>	HCBP 50
Physician	31	341	Radiology	Y	Y	C	Y	Y
Physician	31	342	Preventive Medicine	Y	Y	C	Y	Y
Physician	31	343	Urologist	Y	Y	C	Y	Y
Physician	31	345	Pediatrics	Y	Y	C	Y	Y
Physician	31	347	Radiation Therapist	Y	Y	C	Y	Y
Physician	31	370	Tobacco Cessation	Y	Y	C	Y	B
Physician	31	548	Therapeutic Staff Support	Y	A	C	N	N
Physician	31	549	Mobile Therapy	Y	A	C	N	N
Physician	31	558	Behavior Specialist for Children with Autism	Y	A	C	N	A
Physician	31	559	Behavioral Specialist Consultant	Y	A	C	N	N
Podiatrist	14	140	Podiatrist	Y	Y	C	N	Y
Psychologist	19	190	General Psychologist	Y	A	C	N	N
Psychologist	19	370	Tobacco Cessation	Y	A	C	N	N
Psychologist	19	548	Therapeutic Staff Support	Y	A	C	N	N
Psychologist	19	549	Mobile Therapist	Y	A	C	N	N
Psychologist	19	558	Behavior Specialist for Children with Autism	Y	A	C	N	A
Psychologist	19	559	Behavioral Specialist Consultant	Y	A	C	N	N
Psychologist	19	572	Early Intervention Services	Y	N	C	N	N
Rehabilitation Facility	04	041	Comprehensive Outpatient Rehab Facility	Y	A	C	N	Y
Renal Dialysis Center	30	300	Renal Dialysis Center	Y	Y	C	N	E
Residential Treatment Facility	56	560	Residential Treatment Facility (Non-JCAHO Certified)	Y	A	C	N	N
Therapist	17	170	Physical Therapist	Y	I	C	N	I
Therapist	17	171	Occupational Therapist	Y	I	C	N	I
Therapist	17	173	Speech/Hearing Therapist	Y	I	C	N	I
Therapist	17	174	Art Therapist	Y	A	C	N	N
Therapist	17	175	Music Therapist	Y	A	C	N	N
Therapist	17	176	Physical Therapy / Early Intervention age 0-3	Y	N	C	N	N

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				HCBP 01	HCBP 06 <i>Ambulatory Services Only</i>	HCBP 09	HCBP 15 <i>* Limited. See above</i>	HCBP 50
Therapist	17	177	Occupational Therapy / Early Intervention age 0-3	Y	N	C	N	N
Therapist	17	178	Speech/Hearing Therapy/ Early Intervention age 0-3	Y	N	C	N	N
Tobacco Cessation	37	370	Tobacco Cessation	Y	Y	C	N	B
Transportation	26	260	Ambulance – Basic Life Support	Y	Y	C	N	Y
Transportation	26	261	Ambulance – Advanced Life Support	Y	Y	C	N	Y
X-Ray Clinic	29	291	Mobile X-Ray Clinic	Y	Y	C	N	Y

**OFFICE OF MEDICAL ASSISTANCE PROGRAMS
HEALTHCARE BENEFIT PACKAGES LEGEND**

A	Beneficiaries under age 21, only
B	Limited to 70 visits per calendar year**
C	Medicare Cost Sharing only. There are no MA covered services associated with HCBP 09.
D	Limited to two exams per calendar year**
E	Initial training for home dialysis, provided in a renal dialysis clinic, is limited to twenty-four (24) sessions per beneficiary or partner. Dialysis procedures provided as back-up to home dialysis are limited to seventy-five (75) per calendar year**
F	Diagnostic, preventative, restorative and surgical dental procedures, prosthodontics, and sedation. Limitations: Dentures 1 per lifetime. Exams / prophylaxis one visit / encounter per 180 days Crowns, periodontics, endodontics only with an approved benefit limit exception.** See MA Bulletin 27-11-47
G	Respite care may not exceed a total of 5 days in a 60-day certification period.**
H	Unlimited for first 28 days; limited to 15 days every month thereafter**
I	For beneficiaries age 21 and older, only covered when provided by a hospital, outpatient clinic, or home health provider
N	Not covered
Y	Yes, if medically necessary

** These benefit limits apply to MA adults, except that they do not apply to pregnant women (including through the postpartum period). Beneficiaries under 21 years of age are eligible for all medically necessary MA services.