


ISSUE DATE October 2, 2013	EFFECTIVE DATE July 1, 2012	NUMBER 08-13-39, 27-13-41
SUBJECT Correction to the Procedures for Reporting of Other Provider Preventable Conditions (OPPCs) for Federally Qualified Health Centers, Rural Health Clinics and Dentists		BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs

PURPOSE:

The purpose of this Medical Assistance (MA) Bulletin is to provide correction to the procedures for reporting of Other Provider Preventable Conditions (OPPCs) for Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC) and dentists described in MA Bulletin 01-12-30, et.al, titled "Provider Preventable Conditions", issued on June 15, 2012, and effective July 1, 2012. All other information contained in MA Bulletin 01-12-30, et.al, remains the same.

SCOPE:

This bulletin applies to enrolled FQHCs, RHCs and dentists, who report OPPCs under the Fee-For-Service delivery system. FQHCs, RHCs and dentists who report OPPCs under the MA managed care delivery system should address any questions related to payment policy and reporting requirements to the appropriate managed care organization (MCO).

BACKGROUND/DISCUSSION:

The Patient Protection and Affordable Care Act of 2010 (P.L. 111-148) (ACA), enacted March 23, 2010, required the United States Department of Health and Human Services (HHS) to promulgate regulations that prohibit payment by State Medicaid Programs for health care-acquired conditions (HCACs), effective July 1, 2011.

On June 6, 2011, the Centers for Medicare and Medicaid Services (CMS) established an umbrella term of provider preventable conditions (PPCs), which encompasses HCACs and OPPCs and promulgated regulations regarding Medicaid program payment prohibitions for PPCs.

On June 15, 2012, the Department of Public Welfare (Department) issued MA Bulletin 01-12-30, et.al, titled "Provider Preventable Conditions" that was effective July 1, 2012. This

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

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bulletin gave direction to MA enrolled providers regarding the reporting of PPCs, which includes HCACs and OPPCs. The Department inadvertently provided erroneous information regarding the manner in which FQHCs, RHCs and dentists are to report OPPCs to the Department in MA Bulletin 01-12-30, et.al.

PROCEDURE:

Reporting of OPPCs by FQHCs, RHCs and Dentists:

FQHCs and RHCs are required to report the applicable procedure code(s) with one or more of the following modifiers on the CMS 1500 claim form or 837 Professional (837P) electronic claim form when an OPPC occurs:

- PA defined as “Surgical or other invasive procedure on the wrong body part”
- PB defined as “Surgical or the invasive procedure on the wrong patient”
- PC defined as “Wrong surgery or other invasive procedure on the patient”.

The Department will deny the FQHC’s or RHC’s provider specific prospective encounter payment when an OPPC is reported on the claim.

Dentists are to report OPPCs using modifiers PA, PB, and/or PC in the “Remarks” section of the ADA claim form or in the “Billing Note” of the electronic dental (837-D) or Internet dental claim media. The Department will deny the dentist’s payment when an OPPC is reported on the claim.

FQHCs, RHCs and dentists are required to report OPPCs to the Department as directed in their MA Program Provider Handbooks. MA Program Provider Handbooks and Billing Guides may be viewed by accessing the following website link:

<http://www.dpw.state.pa.us/publications/forproviders/promiseproviderhandbooksandbillingguides/index.htm>.