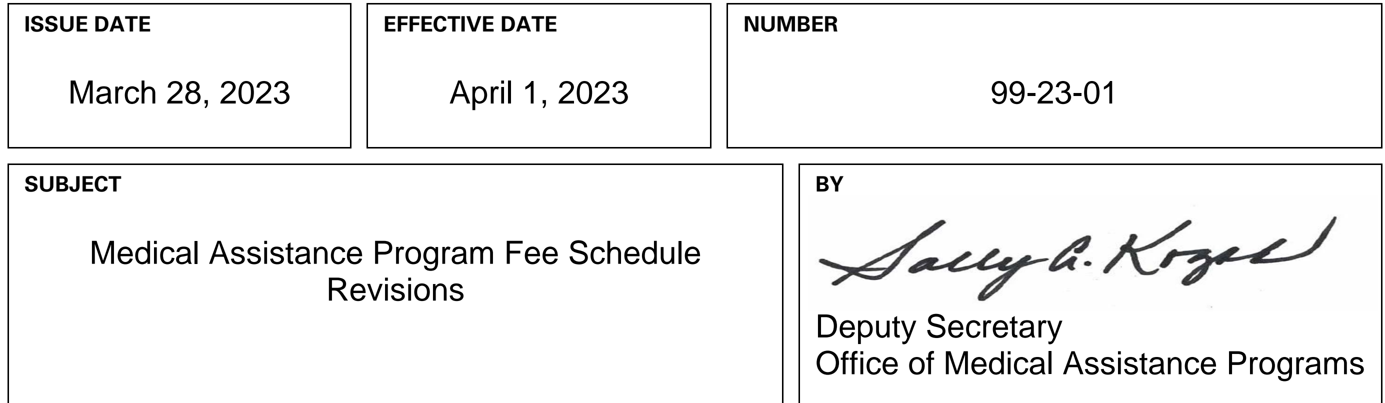
pennsylvania
DEPARTMENT OF HUMAN SERVICES

MEDICAL ASSISTANCE BULLETIN



ISSUE DATE	EFFECTIVE DATE	NUMBER
March 28, 2023	April 1, 2023	99-23-01

SUBJECT	BY
Medical Assistance Program Fee Schedule Revisions	Sally A. Kozel 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.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx.

PURPOSE:

The purpose of this bulletin is to advise providers of additions and updates to the Medical Assistance (MA) Program Fee Schedule and the issuance of updated physician and general hospital provider handbook pages regarding the prior authorization procedures for proton therapy services. These changes are effective for dates of services on and after April 1, 2023.

SCOPE:

This bulletin applies to all providers enrolled in the MA Program who render services to MA beneficiaries in the fee-for-service delivery system. Providers rendering services to MA beneficiaries in the managed care delivery system should contact the appropriate managed care organization with any prior authorization, coding, or billing questions.

BACKGROUND / DISCUSSION:

The Department of Human Services (Department) is adding six new procedure codes to the MA Program Fee Schedule based on stakeholder request and clinical review, some of which will require prior authorization as set forth in this bulletin. In addition, the Department is updating four procedure codes currently on the MA Program Fee Schedule, including Provider Type (PT), Provider Specialty (Spec), Place of Service (POS), modifiers, and fee change revisions.

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.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx.

Procedure Codes Being Added

The Department is adding the following procedure codes, and procedure code with modifier combinations to the MA Program Fee Schedule. These procedure codes may include the modifiers 80 (assistant surgeon) or SG (ASC/SPU facility support component) as shown below:

Procedure Codes and Modifiers			
58674	58674 (SG)	58674 (80)	77520
77522	77523	77525	92229

Prior Authorization Requirements

The following procedure codes being added to the MA Program Fee Schedule require prior authorization, pursuant to § 443.6(b)(7) (relating to reimbursement of certain medical assistance items and services) of the act of June 13, 1967, (P.L. 31, No. 21), known as the Human Services Code (Code):

Procedure Codes			
77520	77522	77523	77525

Providers must secure prior authorization approval of proton therapy services by following the instructions in the appropriate MA Program Provider Handbook at the link below.

Updates to Procedure Codes Currently on the MA Program Fee Schedule

Place of Service Additions

The Department is adding combinations PT 01 (Inpatient Hospital) / Spec 183 (Hospital Based Medical Clinic) / POS 22 (Outpatient Hospital Based Clinic) and PT 31 (Physician) / Spec ALL / POS 11 (Office) for the following procedure codes:

Procedure Codes and Modifiers	
52441	52442

Modifier Additions

The Department is adding the RR (rental) modifier, with the RT (right), LT (left), or 50 (bilateral) modifier, for the procedure code indicated below. Procedure codes with the RR modifier require prior authorization after three months of rental pursuant to § 443.6(b)(3) of the Code:

Procedure Codes and Modifiers		
E1800 (RR) (RT)	E1800 (RR) (LT)	E1800 (RR) (50)

Fee Revision

The regulation at 55 Pa. Code §1150.62(a) (relating to payment levels) provides that the MA fee may not exceed the Medicare Upper Payment Limit. As a result, the Department revised the fee for the following procedure code:

Procedure Code	Procedure Description	Current MA Fee	Revised MA Fee
Q4186	Epifix, per sq cm	$242.96	$157.64

Service Limits

The MA Program established service limits for some of these procedure codes. When a provider determines a MA beneficiary is in need of a service or item in excess of the established limits, the provider may request a waiver of the limits through the 1150 Administrative Waiver (Program Exception) process. For instructions on how to apply for a Program Exception, please refer to your appropriate provider handbook at the link below.

PROCEDURE:

Attached are the list of additions and updates resulting from this update to the MA Program Fee Schedule, effective April 1, 2023. Included in this document are the procedure codes, procedure code descriptions, procedure code modifiers, prior authorization requirements, limits, and post op days for the procedure codes discussed in this MA Bulletin. Procedure codes that require prior authorization are identified by a “Yes” under the “Prior Authorization Required” heading.

The Department updated the MA Program Fee Schedule to reflect these changes. Providers may access the online version of the fee schedule located on the Department’s website at the following link: https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx.

Attached are the pages being added to the Provider Handbook to reflect the prior authorization and program exception review of proton therapy services, effective April 1, 2023. Providers may access the Physicians 837 Professional / CMS-1500 Claim Form and General Hospitals 837 Institutional / UB-04 Claim Form Provider Handbooks at the following link: https://www.dhs.pa.gov/providers/PROMISe_Guides/Pages/PROMISe-Handbooks.aspx.

ATTACHMENTS:

1) Medical Assistance Program Fee Schedule Revisions, Effective April 1, 2023

2) Physicians 837 Professional / CMS-1500 Claim Form Handbook pages – Prior Authorization and Program Exception Review of Proton Therapy Services

3) General Hospitals 837 Institutional / UB-04 Claim Form Handbook pages – Prior Authorization and Program Exception Review of Proton Therapy Services

Medical Assistance Program Fee Schedule Revisions, Effective April 1, 2023											
PROCEDURE CODES BEING ADDED TO THE MEDICAL ASSISTANCE PROGRAM FEE SCHEDULE											
Procedure Code	**Description**	**Provider Type**	**Specialty**	**Place of Service**	**Pricing Modifier**	**Info Modifier**	**MA Fee**	**Prior Auth**	**MA units**	**Limits**	**Post op days**
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	01	021	24	SG		$776.00	No, but AUR and PSR process applies		N/A	N/A
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	02	020	24	SG		$776.00	No, but AUR and PSR process applies		N/A	N/A
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	31	All	21, 24			$649.88	No, but AUR and PSR process applies	per procedure	once per day	90 days
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	31	All	21, 24	80		$103.98	No, but AUR and PSR process applies	per procedure	once per day	90 days
77520	Proton treatment delivery; simple, without compensation	01	183	22			$653.24	Yes	per procedure	once per day	0 days
77520	Proton treatment delivery; simple, without compensation	31	All	11			$653.24	Yes	per procedure	once per day	0 days
77522	Proton treatment delivery; simple, with compensation	01	183	22			$653.24	Yes	per procedure	once per day	0 days
77522	Proton treatment delivery; simple, with compensation	31	All	11			$653.24	Yes	per procedure	once per day	0 days
77523	Proton treatment delivery; intermediate	01	183	22			$750.02	Yes	per procedure	once per day	0 days
77523	Proton treatment delivery; intermediate	31	All	11			$750.02	Yes	per procedure	once per day	0 days
77525	Proton treatment delivery; complex	01	183	22			$846.81	Yes	per procedure	once per day	0 days
77525	Proton treatment delivery; complex	31	All	11			$846.81	Yes	per procedure	once per day	0 days
92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral	01	183	22			$35.34	No	per procedure	once per day	N/A

92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral	08	082	49			$35.34	No	per procedure	once per day	N/A
92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral	18	180	11			$35.34	No	per procedure	once per day	N/A
92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral	31	All	11			$35.34	No	per procedure	once per day	N/A
UPDATES TO PROCEDURE CODES CURRENTLY ON THE MEDICAL ASSISTANCE PROGRAM FEE SCHEDULE											
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	01	021	24	SG		$776.00	No, but AUR and PSR process applies		N/A	N/A
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	02	020	24	SG		$776.00	No, but AUR and PSR process applies		N/A	N/A
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	01	183	22			$164.15	No	per procedure	once per day	0 days
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	31	All	11, 21, 24			$164.15	No, but AUR and PSR process applies	per procedure	once per day	0 days
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	01	183	22			$39.50	No	per procedure	once per day	0 days
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)	31	All	11, 21, 24			$39.50	No, but AUR and PSR process applies	per procedure	once per day	0 days

E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	24	240, 241, 242, 243, 245	11, 12	RR	RT-LT-50	$69.50	No, but PA required after 3 months rental	each	two per calendar month	N/A
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	24	240, 241, 242, 243, 245	11, 12	NU	RT-LT-50	$695.00	Yes	each	1 per extremity per 1,095 days (3 years)	N/A
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	25	250	11, 12	RR	RT-LT-50	$69.50	No, but PA required after 3 months rental	each	two per calendar month	N/A
E1800	Dynamic adjustable elbow extension/flexion device, includes soft interface material	25	250	11, 12	NU	RT-LT-50	$695.00	Yes	each	1 per extremity per 1,095 days (3 years)	N/A
Q4186	Epifix, per sq cm	24	240, 241, 242, 243, 245	11, 12			$157.64	Yes	per square centimeter	100 square centimeters per day	N/A
Q4186	Epifix, per sq cm	25	250	11, 12			$157.64	Yes	per square centimeter	100 square centimeters per day	N/A

PRIOR AUTHORIZATION AND PROGRAM EXCEPTION REVIEW OF PROTON THERAPY

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   B. Proton Therapy Services That Require a Program Exception
   C. Emergency Services
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III. Procedures to Submit Claims
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I. GENERAL REQUIREMENTS FOR PRIOR AUTHORIZATION AND PROGRAM EXCEPTION REQUESTS FOR PROTON THERAPY SERVICES

A. Proton Therapy Services That Require Prior Authorization

1. Proton therapy services provided in the hospital outpatient setting.
2. Proton therapy services provided on an outpatient basis to a Medical Assistance (MA) beneficiary who is admitted to an inpatient facility.
3. Proton therapy services provided in the office setting.

B. Proton Therapy Services That Require a Program Exception (1150 Waiver)

1. A request for proton therapy services that exceeds the MA Program Fee Schedule limit of 1 unit per day.

C. Emergency Services

Retrospective authorization or program exception is required for proton therapy services that are provided in the hospital outpatient setting or office setting on an emergency basis. The request must be submitted within thirty (30) days of the date of service, following the procedure in Section II. If it is determined that the service was not provided to treat an emergency medical condition or was not found to be medically necessary, as set forth in Department regulations and program bulletins, the prior authorization or program exception request will be denied.

D. Retrospective Reviews

Retroactive MA Eligibility

A prescriber may request authorization for outpatient hospital or office claims for proton therapy services provided to individuals who are determined to be eligible for MA retroactively (“late pickups”). The request must be submitted within thirty (30) days of the date the provider receives notice of the eligibility determination, following the procedure in Section II. If it is determined that the service was not medically necessary, the authorization request will be denied.

Individuals with Third Party Resources

For those individuals with Third Party Resources, including Medicare and private insurance, the Department will not require Prior Authorization (PA) or Program Exception (PE) approval of proton therapy services prior to the service being performed. In these instances, the rendering provider will submit its claim for cost sharing to the MA Program in the usual manner as set forth in the CMS 1500 Billing Guide for PROMIS*e*™. If the Third Party Resource denies payment for the proton therapy service or pays less than the MA Program fee, the prescriber may request retrospective approval from the Department within 30 days of the date of the Third Party Resource Explanation of Benefits (EOB).

II. PROCEDURE FOR REQUESTING PRIOR AUTHORIZATION OR A PROGRAM EXCEPTION FOR PROTON THERAPY SERVICES

A. Initiating the Prior Authorization or Program Exception Request

1. Who May Initiate the Request

   The prescribing practitioner must request prior authorization or a program exception.

2. How to Initiate the Request

   The Department accepts prior authorization requests for prior authorization by telephone at 1-800-537-8862, choose Option 2, then choose Option 3, and then choose Option 1, between 7:30 a.m. - 12 p.m. and 1:00 p.m. - 4:00 p.m. Monday through Friday.

   To request a PE to exceed the limit of 1 unit of service per day, follow the telephonic PA Process.

B. Information and Supporting Documentation that Must Be Available for the Prior Authorization Review

The information required at the time prior authorization is requested includes the following:

1. Prescribing practitioner's name, address, and office telephone number, or prescribing practitioner's Medical Assistance Identification (MAID) number and National Provider Identifier (NPI) number/taxonomy/zip code
2. Rendering provider's or facility's MAID number and NPI number/taxonomy/zip code
3. Beneficiary's name and Medical Assistance Identification number
4. Procedure code of the requested service
5. Diagnosis and ICD-10 diagnosis code
6. Clinical information to support the medical necessity for the requested service, including:
   a. Symptoms and their duration
   b. Physical examination findings
   c. Corresponding laboratory and/or imaging reports
   d. Treatments the beneficiary has received
   e. Reason the service is being requested
   f. Specialist reports or evaluations
   g. Clinical notes

C. Documentation Supporting the Need for a Service that Requires Prior Authorization or a Program Exception

The clinical information provided during the course of the prior authorization or program exception review must be verifiable within the patient's medical record. Upon retrospective review, the Department may seek restitution for the payment of the service and any applicable restitution penalties from the prescriber if the medical record does not support the medical necessity for the service. See 55 Pa.Code § 1101.83(b).

D. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization for proton therapy services, the determination of whether the requested service is medically necessary will be taken

into account.

E. Clinical Review Process

Prior authorization nurse reviewers will review the request for prior authorization and apply the clinical guidelines in Section D. above, to assess the medical necessity of the requested service. If the nurse reviewer determines that the requested service meets the medical necessity guidelines, then the nurse reviewer will approve the request. If the nurse reviewer determines that the guidelines are not met, then the request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization or a program exception may be approved when, in the professional judgment of the physician reviewer, the service is medically necessary to meet the medical needs of the beneficiary.

F. Timeframe for Review

The Department will make a decision on the prior authorization request within two (2) business days of receiving all information reasonably needed to make a decision regarding the medical necessity of the services. A decision may be made during the call if sufficient information is provided at that time. If additional information is requested and not received by the 15th day of the date of initial request, the request will be denied for lack of sufficient information.

The Department will make a decision on a program exception request based on the regulations set forth at 55 Pa.Code § 1150.63 within 21 days of receiving the request for a beneficiary less than 21 years of age.

G. Notification of Decision

The Department will issue a written notice of the decision to the beneficiary, the prescribing provider and the rendering provider (if applicable).

NOTE: An approved prior authorization or program exception request means only that the service has been determined to be medically necessary. It does not address the beneficiary's eligibility for the service on the date of service. It is the responsibility of the rendering provider to verify the beneficiary's eligibility through the Eligibility Verification System (EVS) on the date the service is provided.

H. Denials

If a prior authorization or program exception request is denied or approved other than as requested, the beneficiary has the right to appeal the Department's decision. The beneficiary has thirty (30) days from the date on the prior authorization notice to submit an appeal in writing to the address listed on the notice.

I. Prior Authorization or Program Exception Number

If the prior authorization or program exception request is approved, the Department will issue a prior authorization or program exception number, which is valid for the time period not to exceed a maximum of sixty (60) calendar days.

J. Duration of Approvals

A prior authorization or program exception approval is valid for a maximum of sixty

(60) calendar days.

K. Subsequent Approvals

If the treatment period exceeds sixty (60) calendar days, the provider must contact the Department by telephone at 1-800-537-8862 to request reevaluation and update the prior authorization or program exception every sixty (60) days.

III. PROCEDURES TO SUBMIT CLAIMS

A. Submission of Claims

Follow the instructions for submitting a claim for approved proton therapy found in the General Hospitals (including Outpatient Hospital Clinic, Emergency Room, Hospital Short Procedure Unit (SPU), and Outpatient Rehabilitation Hospital providers) and Physicians billing guides on the Department's website at the following address:

https://www.dhs.pa.gov/providers/PROMISe_Guides/Pages/PROMISe-Handbooks.aspx

Follow the instructions for submitting a claim for approved proton therapy as a program exception found in the Claims Submission Instructions for Services Approved via the 1150 Administrative Waiver on the Department's website at the following address:

https://www.dhs.pa.gov/providers/PROMISe_Guides/Pages/PROMISe-Handbooks.aspx

Providers who are unable to access the billing guide online may obtain a hard copy by calling 1-800-537-8862, prompt 4.

Follow the instructions for submitting an internet claim for approved proton therapy found in the PROMIS*e*™ Provider Internet User Manual on the Department's website at the following address:

https://promise.dpw.state.pa.us/promisehelp/manuals/PROMISeProviderInternetUserManual.pdf

B. Claims for Emergency Room Services

When proton therapy is provided as part of an emergency room treatment where the beneficiary is admitted directly to the inpatient setting from the emergency room, the service must be included on the inpatient invoice rather than being billed as an outpatient claim.

PRIOR AUTHORIZATION AND PROGRAM EXCEPTION REVIEW OF PROTON THERAPY

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  C. Documentation Supporting the Need for a Service That Requires Prior Authorization or a Program Exception
  D. Review of Documentation for Medical Necessity
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  G. Notification of Decision
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III. Procedures to Submit Claims
  A. Submission of Claims
  B. Claims for Emergency Room Services

I. GENERAL REQUIREMENTS FOR PRIOR AUTHORIZATION AND PROGRAM EXCEPTION REQUESTS FOR PROTON THERAPY SERVICES

A. Proton Therapy Services That Require Prior Authorization

1. Proton therapy services provided in the hospital outpatient setting.
2. Proton therapy services provided on an outpatient basis to a Medical Assistance (MA) beneficiary who is admitted to an inpatient facility.

B. Proton Therapy Services That Require a Program Exception (1150 Waiver)

1. A request for proton therapy services that exceeds the MA Program Fee Schedule limit of 1 unit per day.

C. Emergency Services

Retrospective authorization or program exception is required for proton therapy services that are provided in the hospital outpatient setting or office setting on an emergency basis. The request must be submitted within thirty (30) days of the date of service, following the procedure in Section II. If it is determined that the service was not provided to treat an emergency medical condition or was not found to be medically necessary, as set forth in Department regulations and program bulletins, the prior authorization or program exception request will be denied.

D. Retrospective Reviews

Retroactive MA Eligibility

A prescriber may request authorization for outpatient hospital or office claims for proton therapy services provided to individuals who are determined to be eligible for MA retroactively ("late pickups"). The request must be submitted within thirty (30) days of the date the provider receives notice of the eligibility determination, following the procedure in Section II. If it is determined that the service was not medically necessary, the authorization request will be denied.

Individuals with Third Party Resources

For those individuals with Third Party Resources, including Medicare and private insurance, the Department will not require Prior Authorization (PA) or Program Exception (PE) approval of proton therapy services prior to the service being performed. In these instances, the rendering provider will submit its claim for cost sharing to the MA Program in the usual manner as set forth in the CMS 1500 Billing Guide for PROMIS*e*™. If the Third- Party Resource denies payment for the proton therapy service or pays less than the MA Program fee, the prescriber may request retrospective approval from the Department within 30 days of the date of the Third Party Resource Explanation of Benefits (EOB).

II. PROCEDURE FOR REQUESTING PRIOR AUTHORIZATION OR A PROGRAM EXCEPTION FOR PROTON THERAPY SERVICES

A. Initiating the Prior Authorization or Program Exception Request

1. Who May Initiate the Request

The prescribing practitioner must request prior authorization or a program exception.

2. How to Initiate the Request

The Department accepts prior authorization requests for prior authorization by telephone at 1-800-537-8862, choose Option 2, then choose Option 3, and then choose Option 1, between 7:30 a.m. - 12 p.m. and 1:00 p.m. - 4:00 p.m. Monday through Friday.

To request a PE to exceed the limit of 1 unit of service per day, follow the telephonic PA Process.

B. Information and Supporting Documentation that Must Be Available for the Prior Authorization Review

The information required at the time prior authorization is requested includes the following:

1. Prescribing practitioner's name, address, and office telephone number, or prescribing practitioner's Medical Assistance Identification (MAID) number and National Provider Identifier (NPI) number/taxonomy/zip code
2. Rendering provider's or facility's MAID number and NPI number/taxonomy/zip code
3. Beneficiary's name and Medical Assistance Identification number
4. Procedure code of the requested service
5. Diagnosis and ICD-10 diagnosis code
6. Clinical information to support the medical necessity for the requested service, including:
   a. Symptoms and their duration
   b. Physical examination findings
   c. Corresponding laboratory and/or imaging reports
   d. Treatments the beneficiary has received
   e. Reason the service is being requested
   f. Specialist reports or evaluations
   g. Clinical notes

C. Documentation Supporting the Need for a Service that Requires Prior Authorization or a Program Exception

The clinical information provided during the course of the prior authorization or program exception review must be verifiable within the patient's medical record. Upon retrospective review, the Department may seek restitution for the payment of the service and any applicable restitution penalties from the prescriber if the medical record does not support the medical necessity for the service. See 55 Pa.Code § 1101.83(b).

D. Review of Documentation for Medical Necessity

In evaluating a request for prior authorization for proton therapy services, the determination of whether the requested service is medically necessary will be taken into account.

E. Clinical Review Process

Prior authorization nurse reviewers will review the request for prior authorization and apply the clinical guidelines in Section D. above, to assess the medical necessity of the requested service. If the nurse reviewer determines that the requested service meets the medical necessity guidelines, then the nurse reviewer will approve the request. If the nurse reviewer determines that the guidelines are not met, then the request will be referred to a physician reviewer for a medical necessity determination. Such a request for prior authorization or a program exception may be approved when, in the professional judgment of the physician reviewer, the service is medically necessary to meet the medical needs of the beneficiary.

F. Timeframe for Review

The Department will make a decision on the prior authorization request within two (2) business days of receiving all information reasonably needed to make a decision regarding the medical necessity of the services. A decision may be made during the call if sufficient information is provided at that time. If additional information is requested and not received by the 15th day of the date of initial request, the request will be denied for lack of sufficient information.

The Department will make a decision on a program exception request based on the regulations set forth at 55 Pa.Code § 1150.63 within 21 days of receiving the request for a beneficiary less than 21 years of age.

G. Notification of Decision

The Department will issue a written notice of the decision to the beneficiary, the prescribing provider and the rendering provider (if applicable).

NOTE: An approved prior authorization or program exception request means only that the service has been determined to be medically necessary. It does not address the beneficiary's eligibility for the service on the date of service. It is the responsibility of the rendering provider to verify the beneficiary's eligibility through the Eligibility Verification System (EVS) on the date the service is provided.

H. Denials

If a prior authorization or program exception request is denied or approved other than as requested, the beneficiary has the right to appeal the Department's decision. The beneficiary has thirty (30) days from the date on the prior authorization notice to submit an appeal in writing to the address listed on the notice.

I. Prior Authorization or Program Exception Number

If the prior authorization or program exception request is approved, the Department will issue a prior authorization or program exception number, which is valid for the time period not to exceed a maximum of sixty (60) calendar days.

J. Duration of Approvals

A prior authorization or program exception approval is valid for a maximum of sixty (60) calendar days.

K. Subsequent Approvals

If the treatment period exceeds sixty (60) calendar days, the provider must contact the Department by telephone at 1-800-537-8862 to request reevaluation and update the prior authorization or program exception every sixty (60) days.

III. PROCEDURES TO SUBMIT CLAIMS

A. Submission of Claims

Follow the instructions for submitting a claim for approved proton therapy found in the General Hospitals (including Outpatient Hospital Clinic, Emergency Room, Hospital Short Procedure Unit (SPU), and Outpatient Rehabilitation Hospital providers) and Physicians billing guides on the Department's website at the following address:

https://www.dhs.pa.gov/providers/PROMISe_Guides/Pages/PROMISe-Handbooks.aspx

Follow the instructions for submitting a claim for approved proton therapy as a program exception found in the Claims Submission Instructions for Services Approved via the 1150 Administrative Waiver on the Department's website at the following address:

https://www.dhs.pa.gov/providers/PROMISe_Guides/Pages/PROMISe-Handbooks.aspx

Providers who are unable to access the billing guide online may obtain a hard copy by calling 1-800-537-8862, prompt 4.

Follow the instructions for submitting an internet claim for approved proton therapy found in the PROMIS*e*™ Provider Internet User Manual on the Department's website at the following address:

https://promise.dpw.state.pa.us/promisehelp/manuals/PROMISeProviderInternetUserManual.pdf

B. Claims for Emergency Room Services

When proton therapy is provided as part of an emergency room treatment where the beneficiary is admitted directly to the inpatient setting from the emergency room, the service must be included on the inpatient invoice rather than being billed as an outpatient claim.