



MEDICAL ASSISTANCE BULLETIN
COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE

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35-04-01, 36-04-02

ISSUE DATE:
February 13, 2004

EFFECTIVE DATE:
February 6, 2004

SUBJECT: Elimination of the Use of the Long Term Care Invoice
(MA 309C)

BY:

A handwritten signature in black ink, appearing to read "David S. Feinberg".

David S. Feinberg
Deputy Secretary for Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to notify State Mental Retardation Centers, Private Intermediate Care Facilities for the Mentally Retarded, State Restoration Centers, Long Term Care Units located at State Mental Hospitals, County Nursing Facilities and General Nursing Facilities of the elimination of the MA 309C claim form effective February 6, 2004, and the availability of training on the proper completion of the UB 92 claim form.

IMPORTANT REMINDER: The Department of Public Welfare's new claims processing system, PROMISe™, is scheduled to be implemented on March 1, 2004. PROMISe™ will not accept claims that are not compliant with the Federal Health Insurance Portability and Accountability Act (HIPAA) requirements related to the submission of electronic claims in a standard format. Providers that have not become HIPAA certified by submitting a test file in the HIPAA format need to take steps to begin this process immediately. Information on the new formats is available at www.dpw.state.pa.us/omap/hipaa/omaphipaa.asp or by calling 1-800-248-2152.

SCOPE:

This bulletin applies to all State Mental Retardation Centers, Private Intermediate Care Facilities for the Mentally Retarded, State Restoration Centers, Long Term Care Units located at State Mental Hospitals, County Nursing Facilities and General Nursing Facilities enrolled in the Medical Assistance (MA) Program who provide long term care services under the fee-for-service delivery system.

BACKGROUND:

The Health Insurance Portability and Accountability Act (HIPAA) became public law on August 21, 1996 (P.L. 104-191). The primary goal of the law is to make it easier for people to maintain health insurance and to help the industry control administrative costs by standardizing healthcare transactions for all health plans, clearinghouses and providers who submit claims electronically.

HIPAA is divided into five Titles or Sections. Title II is called Administrative Simplification. The goal of Administrative Simplification is

to reduce health care administrative costs and promote quality and continuity of care by facilitating electronic data interchange. One of the standards established by HIPAA is national transaction and code sets.

The Department of Public Welfare (Department) has already adopted the HIPAA compliant code sets and electronic billing format for long term care facilities.

DISCUSSION:

The Department adopted the use of the 837I Institutional for electronic submission of claims for long term care facilities in order to become compliant with HIPAA effective October 3, 2003.

Since HIPAA addressed claims submitted in electronic format only, the Department opted to implement the use of the UB 92 for long term care paper claims submissions with the implementation of the Provider Reimbursement and Operations Management Information System (PROMISe™) on March 1, 2004.

PROCEDURE:

The last day that the Department will accept the MA 309C will be February 6, 2004. If you currently submit claims on the MA 309C, you will want to submit your January 2004 claims as quickly as possible after January 31, 2004.

The Department will begin accepting the UB 92 for long term care facility services effective February 9, 2004.

Provider handbooks and billing guides can be found on the Office of Medical Assistance Programs' website at <http://www.dpw.state.pa.us/omap/provinf/omapprovhb.asp>.

Any 180-Day Billing Exceptions received after February 4, 2004, which meet the exception criteria will be returned if submitted with the MA 309C invoice asking providers to resubmit with services billed on the UB 92.

Some of the most notable coding changes are:

1. The use of a Type Of Bill (Form Locator 4). This item identifies the type of provider and the type of bill being submitted.
2. The use of Occurrence Codes and Spans to report periods of hospitalization.
3. The use of Value Codes to report deductions from the patient pay.
4. The use of Revenue Codes to report the days being billed.

If you have questions about the completion of the form, you may call the toll free number 800-932-0939.

If you haven't registered or received PROMISe™ training, go to the website, www.dpw.state.pa.us/omap and follow the instructions for registration in the PROMISe™ Information section.

To obtain copies of the UB 92 (also known as the CMS 1450) claim form, contact the U.S. Government Printing Office at (202) 512-1800 or your local Medicare carrier. You may use the following link to obtain the UB 92 (CMS 1450) claim form, <http://www.dpw.state.pa.us/general/DPWExternalLinkDisclaimer.asp?url=http://www.cms.gov/forms>.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Department of Public Welfare
Bureau of Long Term Care Programs
P. O. Box 8025
Harrisburg, Pennsylvania 17105-8025
800-932-0939

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.