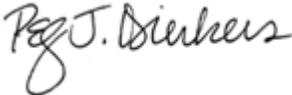


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Issuance of a Revised M A-309C Long Term Care Invoice	BY  Peg J. Dierkers, Ph.D. Deputy Secretary for Medical Assistance Programs
NUMBER:	24-99-01, 25-99-01, 34-99-03, 35-99-06, 36-99-06	
ISSUE DATE:	December 1, 1999	
EFFECTIVE DATE:	December 1, 1999	

PURPOSE:

To issue a revised version of the Medical Assistance (M A) Program Long Term Care Invoice (M A-309C).

SCOPE:

This bulletin applies to all state, county and general nursing facilities and all ICF-MR facilities enrolled in the M A program.

BACKGROUND/DISCUSSION:

In order to comply with Y2K changes and streamline the invoice process, a few changes have been made to the Long Term Care invoice. These changes are in addition to changes made to the invoice in October 1998. These changes are as follows:

- Item 20 - **Date Admitted** has been changed from a MUST, IF APPLICABLE field to a MUST field. You MUST enter the actual admission date on each invoice.
- Item 21 - **Admission Code** has been changed from a MUST, IF APPLICABLE field to a MUST field. You MUST enter the appropriate code to indicate where the resident was admitted from.
- Item 36 - **Facility Days** has been changed from a MUST to MUST, IF APPLICABLE. If you are not billing for facility days on the invoice, leave item 36 blank.
- Item 62 - **Amount Billed** has been enlarged to accommodate the amount that you are billing to Medical Assistance.

PROCEDURE:

You must enter the date the resident was admitted to the facility in item 20 - **Date Admitted** and the code indicating where they were admitted from in Item 21 - **Admission Code**. Currently, your invoices will reject if your invoice has an Admission Date in item 20 and there is no Admission Code in item 21. Eventually, invoices will be rejected when there is neither an admission date nor admission code. Admission Codes can be found in the Nursing Facility Services Handbook in the Billing Section.

Please use your existing supply of M A 309Cs before ordering the revised form, keeping in mind the above field changes. Revised M A-300Cs may be obtained by ordering from the Medical Assistance Provider Order Form (M A 300X). A revised billing instruction chapter to the Nursing Facility Services Handbook is being issued in a separate Medical Assistance Bulletin

Attachment

- M A-309C

<p>COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:</p> <p>Bureau of Long Term Care Programs Division of Provider Services P.O. Box 8025 Harrisburg PA 17105 8025 1-717-772-2570</p> <p style="text-align: center;">Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.</p>
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