

	<b>MEDICAL ASSISTANCE BULLETIN</b> <b>COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE</b>		
	<b>NUMBER:</b> 24-98-03, 25-98-03, 34-98-04, 35-98-12, 36-98-12	<b>ISSUE DATE:</b> October 14, 1998	<b>EFFECTIVE DATE:</b> November 1, 1998
<b>SUBJECT:</b> Revisions to Attachment Type Codes on Invoice Submissions		<b>BY:</b>   <b>Robert S. Zimmerman, Jr., M.P.H.</b> Deputy Secretary for Medical Assistance Programs	

**PURPOSE:**

To provide long term care facilities with revisions to their billing instructions.

**SCOPE:**

This bulletin applies to all county and general nursing facilities and all ICF-MR facilities enrolled in the Medical Assistance (MA) program.

**BACKGROUND:**

In an effort to obtain more accurate billing information from facilities and to assist Utilization Management Review (UMR) teams in their reviews, the Department developed new attachment codes. These codes will allow facilities to more accurately indicate Medicare liability of coverage for nursing facility services to the dually-eligible (Medicare and Medicaid) beneficiaries. The new codes will also identify more specifically the reasons for Medicare non-payment.

**DISCUSSION:**

The new **Attachment Codes** will be implemented November 1, 1998 for the nursing facility providers that use the MA 309C, Long Term Care Invoice, for billing purposes. We have revised the billing information as follows:

**Changes/corrections to the invoice completion instructions**  
Long Term Care Invoice (MA 309C)  
Items 68 through 71 – Attachment Type

**DELETE**

**Code # 20 Does not meet criteria for Medicare payment**

**ADD**

**Code # 40 Provider Notice of Medicare Non-coverage. No 3-day prior hospital stay.**

Use this code when: The beneficiary did not have a previous hospital stay of at least three days within the 30-day period prior to the nursing facility admission.

**Code # 41 Provider Notice of Medicare Non-coverage. Not transferred within 30 days of hospital discharge.**

Use this code when: The beneficiary was not transferred to the nursing facility within 30 days of the hospital discharge and no exception to the requirement was identified.

**Code # 42 Provider Notice of Medicare Non-coverage. 100 benefit days exhausted.**

Use this code when: The beneficiary has exhausted Medicare extended care benefits. Example: The beneficiary has used up

all 100 extended care benefit days in the benefit period.

**Code # 43 Provider Notice of Medicare Non-coverage. No 60-day break in daily skilled care.**

Use this code when: The benefit period of 100 days was exhausted and there was no 60 consecutive day break in daily skilled care.

**Code # 44 Provider Notice of Medicare Non-coverage. Medical necessity requirements not met.**

Use this code when: The beneficiary's medical need for services did not fall within Medicare's medical coverage parameters. Example: The beneficiary's needs did not require the level of a skilled nurse or therapist.

**Code # 45 Provider Notice of Medicare Non-coverage. Daily skilled care requirements not met.**

Use this code when: The beneficiary's need for skilled services decreased from daily to three times per week.

**PROCEDURE:**

Beginning November 1, 1998, Attachment Type codes 40, 41, 42, 43, 44, or 45 should be used in items 68 through 71 if the MA 309C invoice, if appropriate. The Department will initially pend MA 309Cs with Attachment Type Code 20. Beginning December 1, 1998, all MA 309Cs with Attachment Type code 20 will be rejected.

Effective November 1, 1998, the appropriate codes are:

05 - MEDICARE EOMB ON FILE.

07 - SSA 1453 ON FILE.

09 - MEDICARE DENIAL ON FILE.

10 - THIRD PARTY PAYMENT STATEMENT ON FILE.

11 - THIRD PARTY DENIAL ON FILE

15 - MEDICARE BENEFITS EXHAUSTED

40 - Provider Notice OF MEDICARE NON-COVERAGE. NO 3-DAY PRIOR HOSPITAL STAY.

41 - Provider Notice OF MEDICARE NON-COVERAGE. NOT TRANSFERRED WITHIN 30 DAYS OF HOSPITAL DISCHARGE.

42 - Provider Notice OF MEDICARE NON-COVERAGE. 100 BENEFIT DAYS EXHAUSTED.

43 - Provider Notice OF MEDICARE NON-COVERAGE. 60-DAY BREAK IN DAILY SKILLED CARE.

44 - Provider Notice OF MEDICARE NON-COVERAGE. MEDICAL NECESSITY REQUIREMENTS NOT MET.

45 - Provider Notice OF MEDICARE NON-COVERAGE. DAILY SKILLED CARE REQUIREMENTS NOT MET.

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

Bureau of Long Term Care Programs

Division of Provider Services

P.O. Box 8025

Harrisburg, PA 17105-8025

1-800-932-0939

Visit the Office of Medical Assistance Programs website at [www.dpw.state.pa.us/omap](http://www.dpw.state.pa.us/omap).