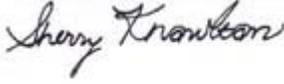


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Revised Billing Instructions for the HCFA-1500	BY  Sherry Knowlton Deputy Secretary for Medical Assistance Programs
NUMBER:	99-94-15	
ISSUE DATE:	November 4, 1994	
EFFECTIVE DATE:	November 4, 1994	

PURPOSE:

The purpose of this bulletin is to provide you with updated instructions on completing the federal common claim form, the HCFA-1500, when billing for services provided to Medical Assistance (MA) recipients.

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance Program with the exception of dentists, short procedure units, hospitals, and long term care facilities.

BACKGROUND:

On March 23, 1994, MA Bulletin 99-94-04 was issued informing providers of the implementation of the federal common billing form, the HCFA-1500. Attached to the bulletin were instructions for completing the HCFA-1500 when billing for services provided to MA recipients. Since the implementation of the HCFA-1500, the Department is finding that providers are completing this invoice incorrectly. The information contained in this bulletin is intended to clarify issues which may be confusing to our provider community.

DISCUSSION:

1. HCFA-1500 vs MA319, MA319C, or MA319A

The HCFA-1500 is not mandatory and does not replace the "Physician's Invoice or Medical Services/Supplies Invoice" (MA319, MA319C) or, when appropriate, the claim adjustment (MA319A). You have the option of billing MA using either the HCFA-1500 or the MA319, MA319C, or MA319A. **However, if you choose to use the HCFA-1500, you must follow the billing instructions attached to this bulletin. YOU CANNOT USE MEDICARE INSTRUCTIONS TO COMPLETE THE HCFA-1500 WHEN BILLING MEDICAL ASSISTANCE.**

2. Upper Right Hand Portion of Claim

Do not imprint, type, or write any information on the upper portion of the form. This area is used to stamp the claim reference number (CRN), which is vital to the claims processing system. Your claim cannot be processed without the CRN. **Please keep this area blank.**

3. Recipient Number

Complete Block 1A using the patient's **10-digit** recipient number, exactly as it appears on the ACCESS card. This block is **not** to be used for the patient's Social Security Number or any other identifier. The system will accept **only** the 10-digit recipient number. (Be sure to verify the recipient's eligibility by accessing the Eligibility Verification System (EVS) each time a service is provided.)

4. Provider and Payee I.D. Numbers

- a. Block 17A is to be used for the provider number or, in some instances, the license number of the referring physician. **DO NOT USE BLOCK FOR ATTENDING PHYSICIAN INFORMATION.**

- b. Block 24K is to be used for other insurance payments only. By inserting any information other than this, you may be paid incorrectly. **DO NOT USE THIS BLOCK FOR THE PROVIDER OR PAYEE IDENTIFICATION NUMBERS.**
- c. The provider's seven-digit Medical Assistance Identification Number (provider number) should be placed in Block 33 in the space after the "PIN #" on the form. The provider number is followed by a slash and the correct address code. **THE PROVIDER TYPE IS NOT REQUIRED ON THE HCFA-1500.**
- d. The seven-digit payee Medical Assistance Identification Number should be placed in Block 33, in the space after the "Group #" on the form, only when the payee is enrolled with the Department and the payee was issued a separate and distinct MAID #. The payee number is followed by a slash and the correct payee address code. **DO NOT COMPLETE THIS AREA IF THERE IS NOT A PAYEE DESIGNATED.**

5. Dates

The following instructions apply to the HCFA-1500 only. They do not apply to the MA319, MA319C, or MA319A.

- a. Hospitalization Dates Related to Current Services, Block 18

There is no time restriction for submitting intermittent bills for inpatient hospital visits.

- b. Date(s) of Service (From/To), Block 24A

For a single date of service, you are permitted to complete either the "From" or the "To" date.

6. Newborn Services

When billing for newborns who do not have a recipient number, be sure to use Attachment Code 26, in Block 19. You should attach an 8 ½" x 11" sheet for remarks. On the Remarks Sheet, you should put your provider number and the mother's recipient number, in addition to the mother's name, date of birth, and Social Security Number.

7. Remarks

When attaching an 8 ½" x 11" sheet for remarks, place your provider number and the recipient number on the Remarks Sheet. This will clearly identify the remarks with your claim, in the event they become separated.

8. Medical Suppliers

When billing for equipment rentals, complete the HCFA-1500 using only one date of service and one unit of service. You must complete Block 24A in either the "From" or the "To" date(s) of service. Use only one date. Block 24G "Units" will always be "1".

9. Laser Imprinted Invoices

If you submit laser printed HCFA-1500 invoices, you are required to stamp "**ORIGINAL**" in **RED** either on each invoice in Block 5 (Patient Address), or on the Signature Transmittal Form (MA307) directly below the block listing the number of invoices, tapes, and diskettes.

This will prevent your invoice from being returned in error, since a laser printed invoice can be easily mistaken for a photocopy of an original invoice. **PHOTOCOPIES OF INVOICES ARE NOT ACCEPTED BY MEDICAL ASSISTANCE.**

10. **Effective Immediately: A separate P.O. Box has been established for submitting HCFA-1500 claims. Please send claims submitted on the HCFA-1500 to: P.O. Box 8194 on the preprinted envelopes (ENV320).** If you do not use the preprinted envelopes, the address is: Office of Medical Assistance Programs, P.O. Box 8194, Harrisburg, Pennsylvania 17105.

PROCEDURE:

Please discard the instructions sent to you with MA Bulletin 99-94-04 and replace them with those attached to this bulletin.

Remember: Instructions for billing MA are different from Medicare's instructions. You must follow the attached billing instructions when billing for services provided to an MA recipient.

NOTE: MA DOES NOT SUPPLY THE HCFA-1500, WHICH IS A FEDERAL FORM. YOU MUST OBTAIN YOUR SUPPLY FROM THE PRINTING CONTRACTOR OF YOUR CHOICE.

Attachment:

- HCFA-1500 Billing Instructions for Medical Assistance

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free number for your provider type.

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