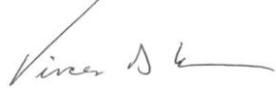




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| ISSUE DATE November 23, 2011 | EFFECTIVE DATE December 1, 2011 | NUMBER 99-11-11 |
| SUBJECT ClaimCheck® Claims Criteria - Update | BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs | |

IMPORTANT REMINDER: If you submit HIPAA compliant electronic healthcare claim transactions to the department, you need to be prepared for the ANSI X12 v5010 and NCPDP vD.0 upgrades in order to prevent the rejection of your claims. The CMS mandated compliance date for all covered entities to use the new standards is January 1, 2012. For additional information, visit the DPW website at:

<http://www.dpw.state.pa.us/provider/doingbusinesswithdpw/softwareandservicevendors/hipaa5010d.0upgradeinformation/index.htm>

PURPOSE:

The purpose of this bulletin is to issue an update to Attachment A of MA Bulletin 99-08-17, ClaimCheck® Claims Criteria, effective with claims received on or after December 1, 2011 for dates of service on and after October 1, 2010.

SCOPE:

This bulletin applies to providers enrolled in the Medical Assistance (MA) Program who submit professional and outpatient claims as indicated in the updated Attachment A, for services rendered to MA recipients in the Fee-for-Service (FFS) delivery system, including ACCESS Plus. This bulletin does not apply to providers who render services to MA recipients in either the HealthChoices or voluntary managed care delivery system.

BACKGROUND/DISCUSSION:

The Department of Public Welfare (department) issued MA Bulletin 99-08-17, "Implementation of ClaimCheck®" on October 20, 2008, informing providers that the department was implementing the ClaimCheck® claims editing and auditing software program effective November 3, 2008. MA Bulletin 99-08-17 included Attachment A, ClaimCheck®

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Visit the Office of Medical Assistance Programs Web site at
<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm>

Claims Criteria. The department is updating the attachment to indicate changes in exclusions from the program. The following are no longer excluded from ClaimCheck® editing and auditing:

- Durable Medical Equipment (DME),
- Family Planning, and
- SelectPlan for Women Program.

PROCEDURE:

For dates of service on and after October 1, 2010, providers should refer to the revised ClaimCheck® Claims Criteria (Attachment A) to determine exclusions from ClaimCheck® editing and auditing. For dates of service prior to October 1, 2010, providers should continue to refer to the original attachment.

Providers should continue to refer to MA Bulletin 99-08-17 for an explanation of ClaimCheck® processing.

ATTACHMENT:

[ClaimCheck® Claims Criteria \(Effective December 1, 2011 for Dates of Service on or After October 1, 2010\).](#)