



# MENTAL HEALTH BULLETIN

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF PUBLIC WELFARE

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OMH-94-07

SUBJECT

180 Day Exception Requests and Invoice  
Submission Time Frames

BY

  
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**SCOPE:** Medicaid Funded Mental Health Providers Enrolled in the Medical Assistance Program

**PURPOSE:**

The purpose of this MH Bulletin is to inform mental health service providers enrolled in the Medical Assistance program of the 180-day exception process for invoicing.

**BACKGROUND:**

On December 15, 1990, Medical Assistance Regulation, Section 1101-68, was published in the Pennsylvania Bulletin. This revised regulation established criteria for submitting invoices for services rendered to Medical Assistance recipients.

Under the above-cited regulation, all providers of Medical Assistance services are required to submit original invoices no later than 180 days from the end date of service unless the invoice meets specific criteria of the 180-day exception process.

On March 1, 1991, OMAP Bulletin #99-91-02 was published and distributed to all enrolled MA providers. This bulletin did not address the 180-day exception process that is exclusive to Medicaid funded mental health providers. Mental Health Bulletin OMH-93-97 obsoleted MA Bulletin #99-91-02 for Medicaid funded mental health providers only. This bulletin is issued to obsolete Mental Health Bulletin OM-91-07.

**DISCUSSION:**

An invoice which is submitted within the 180-day timeframe, but rejected due to provider error may be resubmitted. Providers must include the Claim Reference Number (CRN) and the Remittance Advice (RA) Number in

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

**Mental Health Services Hotline 800-433-4459**

the Remarks Section of the resubmitted invoice in order for payment to be made, (Resubmitted invoices DO NOT require special handling if they have passed the 180 day timeframe. However, all resubmitted invoices, including claim adjustments, must be received for final adjudication within 365 days of the end date of service.)

Providers can verify the Department's receipt of an invoice by noting the assignment of a ten digit CRN which appears in the second column of the RA. The CRN number contains the Julian calendar date on which the claim was received. If an invoice fails to appear on an RA within 45 days from the date of the submission, it must be resubmitted. Likewise, if an invoice is pended and does not appear on the BPL as approved or rejected, the claim may be resubmitted 45 days after the EA date of the pended claim.

Effective January 1, 1991, original invoices received after 180 days from the end date of service will be rejected unless they meet specific criteria for a 180-day exception.

**PROCEDURE:**

The Department will consider a request for a 180-day exception if it meets one or more of the three following criteria:

1. An eligibility determination was requested from the county assistance office (CAO) within 60 days of the end date of service. The Department must receive the provider's 180-day exception request within 60 days of the CAO's eligibility determination processing date;
2. The provider requested payment from a third party insurer within 60 days of the end date of service. The Department must receive the provider's 180-day exception request within 60 days of the date indicated on the third party denial or approval and/or
3. A provider enrolls in the PIA program to receive federal reimbursement for mental health services when service delivery began prior to the enrollment date. Within six months of the enrollment date, the provider must complete and submit all invoices in excess of 180 days. The invoices must be submitted in one complete package for special processing.

To submit a 180-day request, the provider must take the following steps:

1. Check the invoice in question to determine if it meets one or more of the above-cited criteria;
2. Complete an original invoice (the invoice must be a signed original - no file copies or photocopies will be accepted);

3. Include all supporting documentation along with documentation to and from the CAO and third-party insurer. Supporting documentation consists of the following:
  - evidence that the Medical Assistance application was submitted to the CAO within 60 days of the end date of service, and/or;
  - evidence that a payment request was submitted to a third- party insurer within 60 days of the end date of service. (The provider is responsible for identifying and using all the patient's medical resources before billing the Department.
4. Complete the 180-day Exception Request Detail Page and submit it to the Department with each exception request. (Instructions for its completion are attached);
5. Do not fold or staple the forms (use a large envelope).

The Department may request additional documentation to justify approval of an exception. If the requested information is not received within 30 days from the date of the Department's request, a decision will be made based on available information.

Exceptions will be granted on a one-time basis. Acceptance of invoices is not an indication of approval for payment. Normal processing edits will still occur prior to payment. Claims granted on exceptions and rejections due to provider error may be resubmitted for payment up to 365 days from the end date of service by referencing the initial excepted CRN.

Send the 180-day Exception Request Detail Page, for MA-funded mental health services only, supporting documentation, and an original completed invoice to:

Department of Public Welfare  
Office of Mental Health  
Division of Medicaid & Program Operations  
P.O. Box 2675  
Harrisburg, PA 17105  
ATTN: MA Operations Section

180-day exception requests that are denied will be returned to the provider with a letter of explanation. In the event the invoices can be changed and submitted again, the provider may do so.

**INSTRUCTIONS FOR COMPLETING  
THE 180-DAY EXCEPTION REQUEST DETAIL PAGE**

- Item 1 - Enter the provider's name.
- Item 2 - Enter the Medical Assistance identification number assigned to the provider.
- Item 3 - Enter the recipient's name.
- Item 4 - The date or range of service.
- Item 5 - If the exception request is based on a CAO delay in eligibility determination, enter the date the application was mailed to the CAO. Documentation of the mailing date must be provided. This documentation may be in the form of a dated transmittal, cover letter, etc., to the CAO.
- Item 6 - If applicable, enter the process date of the PA-162. A copy of the PA-162 form must be submitted as documentation with the request for an exception.
- Item 7 - If the exception request is based on a third party resource delay, enter the date the payment request was mailed to the third party. Documentation of the mailing date must be provided. This documentation may be in the form of a dated transmittal, cover letter, etc., to the third party.
- Item 8 - Enter the process date of the third-party statement. A copy of the resource statement must be submitted as documentation with the request for an exception.
- Item 9 - If applicable, enter the date the MA-87 was processed by DPW. A copy of the MA-87 must be submitted with the request for an exception.
- Item 10 - Actual date of enrollment as notified by the Department.
- Item 11 - Actual date service delivery began.
- Item 12 - If your claim was previously submitted to the Medical Assistance Program, enter the date the Medical Assistance invoice was mailed to the Department of Public Welfare.
- Item 13 - Place a check mark in the block(s) that describe why an exception is being requested.
- Item 14 - Signature of the representative responsible for requesting the 180-day exception and the date signed.

**MEDICAID FUNDED MENTAL HEALTH SERVICES**

**180-DAY EXCEPTION REQUEST DETAIL PAGE**

- |                                         |                                                         |
|-----------------------------------------|---------------------------------------------------------|
| 1. Provider's Name _____                | 7. Date Payment Request was Mailed to Third Party _____ |
| 2. Provider's MAID Number _____         | 8. Process Date of Third Party _____                    |
| 3. Recipient's Name _____               | 9. Process Date of MA 87 _____                          |
| 4. Date(s) of Service _____             | 10. Date of Provider Enrollment _____                   |
| 5. Date Application Mailed to CAO _____ | 11. Effective Date of Service Delivery _____            |
| 6. Process Date of PA-162 _____         | 12. Date Billing was Mailed to medical Assistance _____ |

13. 180-Day Exception Requested Due to:

- ( ) Delay in processing the PA-162 by CAO
- ( ) Delay in processing the third-party statement
- ( ) Delay in processing MA 87
- ( ) Delay in processing of PSR notification
- ( ) Delay in processing due to retroactive enrollment

14. \_\_\_\_\_  
Signature and Date