



## **Reporting of Pregnancy On All Claim Types**

This is a reminder to providers of the correct billing procedures to follow when a beneficiary is exempt from copayment requirements due to pregnancy.

Regulations at 55 Pa.Code §1101.63 (b) set forth the copayment requirements for beneficiaries receiving services under the Medical Assistance (MA) program. Beneficiaries are responsible to pay the provider the applicable copayment amounts set forth in this subsection with a few exceptions; one of those being a beneficiary who is pregnant at the time of service.

When submitting a claim for services provided to a pregnant beneficiary, providers are reminded to use the appropriate pregnancy indicator on the claim.

Claim type: Paper UB 04 Paper CMS1500 PES and Internet Professional Paper ADA Dental PES and Internet Dental Internet Institutional Inpatient and Outpatient PES Institutional Inpatient and Outpatient NCPDP Billing Instructions: B3 Indicator in Form Locator 18 Visit Code 09 Form Locator 24H Y in Pregnancy Field Pregnancy in Remarks Visit Code 09 in Comments Pregnancy Indicator Condition Code B3 Pregnancy Indicator 2

For further information on the MA copayment policy, please refer to MA Bulletin (MAB) 99-12-03. Included with this MAB is the copayment desk reference which lists all of the copayment exclusions and applicable billing instructions. Click on the following link to access the MAB:

http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin\_admin/d\_005971.pdf

Thank you for your service to our MA recipients. We value your participation. Check the department's website often at <u>www.dhs.pa.gov</u>

