Office of Long Term Living
Provider QUICK TIPS

#4

MEDICARE QUESTIONS AND ANSWERS

QUESTION	ANSWER
Form Locator 50 – if Medicare is not making paymen for the service period dues Medicare have to be listed or only payers actually making payment?	If the resident has Medicare Part A available it must be entered on the appropriate line of Form Locator 50, even when they are not making payment for the service period.
Where does the Medicare Coinsurance amount due from Medical Assistance (MA) go on the UB-04? This occurs when a Medicare patient is into coinsurance days and doesn't have Blue Cross. On the MA 309Cs this was located in fields #43-49. This happens often in our facility.	The amount due from MA for Medicare Coinsurance days is entered on the UB-04 when there are Medicare Coinsurance days, Facility days, Therapeutic leave days and/or Hospital Reserve Bed days. However when there is a situation where the provider is billing for all Medicare Coinsurance days the UB-04 should be completed as follows: Covered days (Form Locator 39-41) would be blank. Coinsurance days (Form Locator 39-41) will indicate the number of Coinsurance days being billed for that service month. The appropriate Form Locator (18 -28) would contain condition code X2 (Medicare EOMB on file.) Form Locator 42 (revenue coes) would contain Revenue Code 100 (Facility days) on Line 1. Form Locator 43 (Revenue Code description) should contain the words "facility days." Form Locator 44 (HCPS/Rates) should contain the facility's per diem rate. Form Locator 45 (Service Units) should be "0." Form Locator 47 (Total Charges) should be the amount due for the MA Coinsurance share (must be a positive amount.)
Form Locator 54 – If Medicare is on Line 50A, what is the amount that should be entered for the amount paid by Medicare? Should it be only the amount Medicare approved for Coinsurance days?	Yes. Enter the total amount Medicare aproved for the coinsurance days in the service period. Do not include amounts paid for full Medicare days. For more information, see the UB-04 Billing Guide at the DHS website: http://www.dhs.pa.gov/publications/forproviders/promisedeskreferences

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If a resident has not had a hospital stay since April 2002 he/she would not have qualified for Medicare payment since that time. When billing for straight MA days for January 2004, is MA the Primary? If not, why does Medicare have to be listed?	Currently we are requiring both Medicare and MA information. When billing with the UB-04, enter Condition Code X4 in the appropriate form locator (Form Locator 18-28.) When billing electronically enter the Reason Code 50 and a string of 13 ones (1111111111111) with the submission date entered as the date paid and 0.00 as the paid amount.
If a resident has days paid 100% by Medicare, does an amount have to be listed in Box 54? Medicare only looks for coinsurance from day number 21 to 100.	Days pain in full by Medicare are entered in Form Locator 56. The amount in Form Locator 54 on the UB-04 does not include amounts for days paid in full by Medicare.
Is the ICN required when billing for Medicare coinsurance? This indicates you need to bill Part A first to get an ICN.	MA is the payer of last resort. You must bill all other third parties prior to billing MA. When billing for coinsurance an ICN is required. Refer to General Regulation 1101.64 at: www.pacode.com/secure/data/055/chapter1101/s1101.64.html
Should all coinsurance days be included whether covered by MA or not?	No, the coinsurance days billed ot MA are to be entered as coinsurance days . Any coinsurance days covered by another resource (other than Medicare) should be entered as non-covered days.
Do Part B Premiums still have to be shown as a deduction from the Patient Pay?	Yes. Enter a Value Code 35 and the amount of the premium.
I need to know the Medicare paid date when filing electronic claims. I bill Medicare the same day I bill MA. I have no idea when Medicare will pay the claim. How does this affect my MA claim processing and payment receipt?	DHS is requesting the date of notification from Medicare on the status of your claim. MA is the payer of last resort. Providers must not bill the program for services rendered until all other resources are exhausted. Refer to General Regulation 1101.64 at: www.pacode.com/secure/data/055/chapter1101/s1101.64.html

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If a resident has Medicare and Blue Cross, but they don't pertain to the service period on the claim, do OI and Crossover need to be completed?	The information pertaining to Medicare would need to be completed on the Crossover screen. However, blue Cross does not cover long term care service and does not need to be entered.
Form Locator 50 – if the resident has 4 or more resources available, how is that entered on the UB-04?	Enter the resources that have actually made payment or the most relative to long term care services and MA.

For additional information, go to the PROMISe™ Web site: http://promise.dpw.state.pa.us/

Thank you for your service to our Medical Assistance Recipients. We value your participation.
Check the Department of Human Services' Web site often: www.dhs.pa.gov