



Informational Memo

Interim Process for 180-Day and 365-Day “Timely Filing” Edits: **Error Status Code (ESC) 545**

ODP Communication Number: Memo 064-10

AUDIENCE: Direct Service Providers that render and bill for Consolidated and Person/Family Directed Support (P/FDS) Waiver-funded services and Administrative Entities (AEs)

PURPOSE: This Informational Memo is intended to instruct providers and AEs how to proceed when a claim denial is received for Error Status Code (ESC) 545. The short description for ESC 545 is “Claim Past Filing Limit”. **The process described in this Informational Memo is an interim process.** A future communication will detail a finalized 180-day exception process established by the Office of Developmental Programs (ODP).

BACKGROUND

Medical Assistance (MA) Regulation, 55 Pa. Code § 1101.68(b)(1) established criteria for submitting invoices for services rendered to MA recipients. Please click on the hyperlink below to view the regulation:

<http://www.pacode.com/secure/data/055/chapter1101/s1101.68.html>

Under 55 Pa. Code Chapter 1101.68(b)(1), all providers of MA services are required to submit original invoices no later than 180-days from the date of service unless the invoice meets specific criteria of the 180-day exception process. With the implementation of the Prospective Payment System (PPS), instituted by ODP effective July 1, 2009, 55 Pa. Code Chapter 1101.68(b)(1) is applicable to providers that render waiver-funded services and are paid through the Pennsylvania (PA) Treasury.

ODP’s 180-day exception process is currently under development. Providers that submit claims for services funded through the Waivers, should follow the interim process outlined in this Informational Memo until the 180-day exception process has been finalized and issued by ODP.

Every ODP Waiver provider enrolled in the Provider Reimbursement and Operations Management Information System in electronic format (PROMISE™) system is required to sign a

“Provider Agreement for Outpatient Providers” and a waiver provider agreement. By signing these agreements, the provider agrees to “comply with all applicable State and Federal laws, regulations, and policies which pertain to participation in the Pennsylvania Medical Assistance Program”. Timely filing of an original claim within a maximum 180-day period is one such regulation that must be followed.

ODP INTERIM 180-DAY EXCEPTION PROCESS

ODP is currently in the process of defining the criteria and operational process that ODP will use for the 180-day exception process. **In the interim**, ODP direct service providers should do the following when a claim denies for ESC 545:

1. If the claim that set ESC 545 is a **resubmission** of a previously submitted claim that was billed within the 180-day claim submission time limit, then resubmit the claim and enter the original Internal Control Number (ICN) from the initial claim into the “Original ICN” field. By doing this, the provider will bypass the 180-day timely filing edit and be given a maximum of 365 calendar days from the date of service to correct the claim. Federal regulations allow up to 365 calendar days from the date of service for resubmission of a rejected original claim or claim adjustment.

The Department is not obligated to pay providers for services rendered that are not authorized on the Individual Supports Plan (ISP). Providers who engage in this practice are risking non-payment. ODP strongly discourages this practice; however, it is recognized that this situation may occur in rare instances when technical issues prevent the service from being authorized on the individual’s ISP in a timely manner. If this situation applies to you, ensure that the approval of the service by the AE is otherwise documented and submit a claim for the service. The claim will deny after processing because the service submitted on the claim will not be found on the individual’s ISP.

The purpose of submitting the claim before the service has been authorized on the ISP is to obtain an ICN number. The ICN number for the original denied claim should be entered on the claim that is resubmitted after the service is authorized on the individual’s ISP. Please note that the original claim **must** include the correct procedure code, Recipient Identification Number (RID), and 13-digit MPI and service location code that will eventually appear on the individual’s ISP at a future date. If followed exactly as stated, this process will give the provider up to 365 calendar days from the date of service to correct the issue and resubmit the claim.

2. If the claim that set ESC 545 is an **original claim**, please e-mail the ODP Claims Resolution Section at: ra-odpclaimsres@state.pa.us

In order for the ODP Claims Resolution Section to expedite a resolution, **ALL** of the following information **MUST** be included in the e-mail:

- ✓ Please enter “ESC545” in the subject line of the e-mail. Please ensure there are no spaces between “ESC” and “545”.

(This section continues on the next page.)

- ✓ In the body of the e-mail include the Internal Control Number (ICN) that denied for ESC 545. If more than one ICN denied for ESC 545 for the same individual, you are permitted to list all the ICNs in one e-mail as long as all the ICNs apply to the same individual.
- ✓ It is critical that the reason(s) why the claim was not submitted within the 180-day timeframe is included in the e-mail. Describe, where applicable, the efforts made to resolve the issue that delayed billing the service or services and what effort(s) have been made to prevent the same issue from reoccurring. Include any supporting documentation.
- ✓ Include the contact person's phone number, including area code, and e-mail address. The phone number and e-mail address should be for the provider's contact person at the provider's organization who would be best to speak to regarding this 180-day exception request.

After the ODP Claims Resolution Section reviews the e-mail and claim information, a final determination will be made to approve or deny the exception request for the 180 calendar day limit. The ODP Claims Resolution Section will communicate the determination, via e-mail, to the individual at the provider's organization who e-mailed the initial 180-day exception request. It is recommended that these requests are tracked by your organization as part of your financial management strategy.

PLEASE NOTE: All Base claims and all claims that contain services ineligible for Waiver funding are not subject to the timely filing regulations or the edit (ESC 545). Providers should consult with the applicable county regarding local policies.