

180-Day Exception Request Detail Page

A 180-day Exception Request Detail Page must be completed and submitted with each requestor an exception to the 180-day billing limitation. To see whether your invoice(s) may be considered for a 180-day exception refer to Regulation 1101.68 (c) and (d) in Chapter 1101 of this handbook.

An Exception Request must be submitted with a newly completed invoice(s), documentation supporting any dates entered in section 5 of the Detail Page and copies of previously submitted invoices with copies of the remittance advice pages on which they appear.

The 180-Day Exception Request Detail Page must be completed as follows:

1. Facility Name -Enter the name of the facility as shown on the provider enrollment notice.
2. Provider Type/MAID -Enter the provider type and MAID number as shown on the provider enrollment notice.
3. Resident Name -Enter the resident's name.
4. Dates of Service -Enter the dates of service from the invoice (s).
5. 180-day exception is being requested due to -Check the appropriate block indicating the reason for requesting the exception.

A. Delay in processing the PA-162 by the CAO -check this block if the reason for requesting the exception is a delay in resident's MA eligibility.

1) Date application was mailed to CAO -Enter the date that the application was mailed to the CAO. This documentation may be in the form of an application (PA600), a dated transmittal, cover letter, etc., to the CAO.

2) Date of PA-162 -Enter the date of the PA-162. A copy of the PA-162 or a dated letter from the CAO must be submitted as documentation with the request for exception.

B. Delay in processing the third party/statement -Check this block if delay was due to processing of payment/denial by the third party resource.

1) Date payment was requested from the third party -Enter the date that payment was requested from the third party resource. Documentation of this date must be provided. This documentation may be in the form of a dated transmittal, cover letter, etc., to the third party.

2) Date payment/denial was processed by third party -Enter the process date of the third party statement or denial. A copy of the statement or denial must be submitted as documentation with the request for exception.

Completed by- Enter the name of the nursing facility representative completing this form.

Telephone number - Enter the telephone number of the nursing facility representative completing this form.

Date - Enter the date you are submitting the exception request

The bottom portion of the Detail Page contains a check-off list to help remind providers to submit a correctly completed invoice, signature or signed Signature Transmittal and documentation.

180-day Exception Requests must be mailed to:

Department of Public Welfare
Bureau of Long Term Care Programs
Division of Provider Services
Attention: 180 Day Exceptions
P .O. Box 8025
Harrisburg, PA 17105-8025

180-Day Exception Request Detail Page

1. Facility Name _____

2. Provider Type/MAID _____

3. Resident Name _____

4. Dates of Service _____

5. 180 – Day Exception Request Due to:

Delay in processing the PA – 162 by the CAO

Date application was mailed to CAO _____

Date if PA-162 _____

Delay in processing the third party statement

Date payment was requested from the third party _____

Date payment/denial was processed by third party _____

Completed by

Telephone Number _____

Date _____

Check list to help providers complete this form properly.