

180-Day Exception Request Detail Page

Instructions for completing the 180-Day Exception Request Detail Page:

- Item 1 Enter the provider's name.
- Item 2 Enter the MA ID Number assigned to the provider.
- Item 3 Enter the recipient's name.
- Item 4 For inpatient services, enter the date the recipient was discharged, transferred, etc. For outpatient services, enter the date 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 form. 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 third party statement must be submitted as documentation with the request for an exception.
- Item 9 If applicable, enter the date the MA 424 was processed by the Department. A copy of the MA 424 must be submitted with the request for an exception.
- Item 10 If applicable, enter the "Date of Notice" from the PSR/DRG/CHR notification letter. A copy of the notification letter must be submitted with the request for an exception.
- Item 11 If your claim was previously submitted to the MA Program, enter the date the MA invoice was mailed to the Department of Public Welfare.
- Item 12 Place a check mark (√) in the block that describes why an exception is being requested.
- Item 13 The person responsible for requesting the 180-day exception must sign and date the form.
- Item 14 Enter the telephone number of the person whose signature appears in Item 13.

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1. Provider's Name _____

7. Date Payment Request was mailed to

third party _____

2. Provider Identification Number _____

8. Process date of third party

statement ____/____/____

3. Recipient's Name _____

9. Process date of the MA 87 ____/____/____

4. Discharge Date/Inpt. ____/____/____

10. PSR Notification Date ____/____/____

Date of Service Outpt. ____/____/____

11. Date Billing was mailed to

Medical Assistance ____/____/____

5. Date Application

Mailed to the CAO ____/____/____

6. Process Date of PA 162 ____/____/____

12. 180 – Day Exception Request Due to:

Delay in processing the PA – 162 by the CAO

Delay in processing the third party statement

Delay in processing the MA 87

Delay in processing of PSR Notification

13. _____
Signature and Date