



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Division of Medical Assistance**  
600 Washington Street  
Boston, MA 02111

**MassHealth**  
**Chronic-Disease and Rehabilitation**  
**Inpatient Hospital Bulletin 82**  
**June 1999**

**TO:** Chronic-Disease and Rehabilitation Inpatient Hospitals Participating in MassHealth  
**FROM:** Bruce M. Bullen, Commissioner  
**RE:** INPATIENT CLAIMS SUBMISSION FOR DUALY ENTITLED MEMBERS

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**Background**

This bulletin revises procedures for the submission of inpatient claims for dually entitled members (MassHealth members who are also Medicare beneficiaries) for:

- noncovered Medicare Part A services; and
  - covered Medicare Part B ancillary services.
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**Acceptable Attachments**

Claims for dually entitled members for dates of service on or after July 1, 1999, must be submitted to Unisys on the UB-92 claim form with an acceptable Medicare Part A and Part B attachment.

Acceptable Medicare Part A and B attachments are:

- the Medicare remittance advice; and
- the Medicare determination letter.

The hospital Utilization Review (UR) letter is no longer acceptable.

MassHealth payment of the Medicare Part B coinsurance and deductible will continue to be processed automatically via crossover tape submitted to MassHealth by the Medicare intermediary.

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**Billing Guidelines**

You must follow the billing guidelines below when Medicare Part A benefits are no longer covered.

- In Item 39 of the UB-92 claim form, enter the appropriate value code (Rate ID) that corresponds to the member's level of care.
  - Enter all charges including Medicare Part B ancillary services and physician services in Items 42 through 47 on the UB-92 claim form.
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***Billing  
Guidelines***  
(cont.)

- You must enter in Item 54 (prior payments) on the UB-92 claim form the sum of the Medicare Part B payment plus the coinsurance and deductible amount. This amount will be deducted from the MassHealth payment.
  - If you are billing for physical, occupational, or speech therapy deemed by Medicare to be “maintenance” therapy, enter M in Item 43 (description field) on the UB-92 claim form. These charges should be indicated on the claim form but should not be indicated in the prior payment field as the facility is not receiving Medicare reimbursement for these services.
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***Questions***

If you have any questions about the billing process, please call the Unisys Provider Services Department at (617) 628-4141 or 1-800-325-5231.

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