



State of New Jersey
Department of Human Services
Division of Medical Assistance and Health Services

MEDICAID ALERT

December 1994

TO: Home Care Providers (Using the UB-92 Claim Form)

SUBJECT: Discontinued Use of Occurrence Code 23 to Indicate the Exhaustion of Medicare Benefits

EFFECTIVE: For Claims with Dates of Service On And After January 1, 1995

PURPOSE: To inform home care providers who use the UB-92 claim form of the replacement OCCURRENCE CODES for OCCURRENCE CODE 23.

BACKGROUND: The Division of Medical Assistance and Health Services and Unisys, its fiscal agent, in the past, have permitted providers to indicate the exhaustion or unavailability of MEDICARE benefits for a Medicaid recipient through the entry of OCCURRENCE CODE 23 in BOX 28 of the UB-82 claim form. The presence of this OCCURRENCE CODE eliminated the need to include an "Explanation of Medicare Benefits (EOMB)" form, supporting the exhaustion or unavailability of MEDICARE benefits as an attachment to the claim being submitted to MEDICARE for consideration of payment.

With the adoption of the UB-92 claim form, OCCURRENCE CODE 23 was reclassified as reserved for national assignment and was replaced with OCCURRENCE CODES A3, B3, and C3 that can be used to indicate the exhaustion or unavailability of MEDICARE benefits.

ACTION: Effective for claims with dates of service on or after January 1, 1995, home care providers who use the UB-92 claim form are to discontinue the use of OCCURRENCE CODE 23 to indicate that MEDICARE benefits are exhausted or not available. (See the revised Section 6 of the Fiscal Agent Billing Supplement - Instructions for the Completion of the UB-92 Claim Form, Page 6-55). Instead, home care providers are to begin immediately to use OCCURRENCE CODES A3, B3, or C3 in Field 32 for reporting the exhaustion or unavailability of Medicare benefits on home care provider claims submitted on UB-92 claim forms.

When submitting a claim to Medicaid for consideration of payment for a dually eligible Medicare/Medicaid recipient, where MEDICARE benefits have been exhausted or unavailable, the provider must indicate the presence of MEDICARE coverage on the claim form by entering the MEDICARE Payer ID in the appropriate identification field.

