



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

MEDICAID ALERT

March 1995

TO: Nursing Facilities, Intermediate Care
Facilities/Mental Retardation and Residential
Treatment Centers

SUBJECT: Incorrect Billing for Hospital Leave of Absence

EFFECTIVE: Immediately

BACKGROUND: Long Term Care (LTC) claims are frequently submitted to the NJMMIS for payment with incorrect or missing leave of absence data. As a result of incorrect LTC claim submissions, hospital claims with overlapping dates of service are incorrectly identified as potential duplicate claims.

ACTION: Long Term Care claims that do not contain complete and accurate leave of absence periods and conflict with HOSPITAL SERVICE DATES will automatically be adjusted by the NJMMIS. Edit 803 - INPATIENT AND LTC DUPLICATE ERROR - will be posted to the LTC CLAIM when it is changed/adjusted to reflect the appropriate leave type and leave dates.

The following instructions further clarify the proper procedure for billing on the LTC Turnaround Document (TAD) for hospital leave of absence periods, if applicable.

1. When a recipient is admitted to a hospital and is expected to return to the facility, do not discharge the recipient. Record the hospital stay by completing "CD" field (block 23, 25, 27, 29, or 31) on the TAD with a Leave Of Absence (LOA) code "H" and the LOA period "FROM" and "TO" date field(s) (block 24, 26, 28, 30, or 32) with MONTH/DAY. Place an "A" (ACTIVE) in Discharge Code (block 12).
2. If the recipient's leave of absence continues into another service month, the LOA "TO" date must equal the "TO" date (last day of month entered in the "TO DOS" (block 11). The Discharge Code (block 12) must equal "A"

