Medicare Secondary Payer – Adjustments Involving MSP

8/11/2021

Today's Presenters

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Objectives

- Advise providers how to adjust claims due to an MSP-related Issue
  - Adjust Medicare primary or conditional claim to MSP claim
  - Adjust MSP claim to Medicare primary or conditional claim
  - Adjust MSP or conditional claim to make other changes
  - Adjust cost-avoided (rejected for MSP) claim to a Medicare primary, conditional or MSP claim

Agenda

- MSP and your MSP responsibilities
- Adjust claim due to a MSP-related issue
- Preparing MSP-Related Adjustments Chart
- Using FISS DDE to submit adjustments
- What you should do now
- MSP resources – Refer to handout
- Questions and answers

MSP and Your MSP Responsibilities

What is MSP?

- Beneficiary has coverage primary to Medicare
  - Based on federal laws known as MSP provisions
    - Help determine proper order of payers
    - Make certain payers primary to Medicare
    - Each has criteria/conditions that must be met
      - If all are met; services are subject to that provision making other insurer primary and Medicare secondary
      - If one or more are not met; services are not subject to that provision and Medicare is primary unless criteria/conditions of another MSP provision are met

Providers' MSP Responsibilities

- Determine proper order of payers for beneficiary
  - Identify payers by conducting MSP screening process
    - Must check for MSP record(s) in CWF using CMS' HETS (X12 270 transmission and 271 response), NGSConnex or our IVR system for every service
    - May need to collect MSP information by asking MSP questions, using CMS' model MSP questionnaire or compliant form, for every IP admission or OP encounter unless exception applies
    - CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*, Chapter 3, Sections 20.1 and 20.2.1
- Submit claims to primary payer(s) before Medicare
- Submit MSP claims or conditional claims as appropriate

MSP Records in CWF – Value Codes and Primary Payer Codes for MSP Provisions

MSP VC	MSP Provision	Primary Payer Code (Conditional = C)
12	Working aged, age 65 and over, EGHP, 20 or more employees	A
13	ESRD with EGHP in coordination period	B
14	No-Fault (automobile and other types)	D
15	Workers' Compensation or Set-Aside	E or W
16	Public Health Services; research grants	F
41	Federal Black Lung Program	H
43	Disabled, under age 65, LGHP, 100 or more employees	G
47	Liability Insurance	L

Proper Order of Payers

- Providers must determine which plan is primary, secondary, tertiary, etc., payer
  - Compare any MSP information in CWF to collected MSP information and use your knowledge of MSP Provisions
    - Document your decision
      - In general, Medicare is primary when
        - » Beneficiary has no other coverage
        - » Beneficiary has other coverage but it doesn't meet MSP provision criteria
        - » Beneficiary has other coverage, it meets MSP provision criteria but it is not available
      - In general, other payer(s) is primary when
        - » Beneficiary has other coverage that meets MSP provision criteria and it is available

Submit Claims According to Determination You Make and Code Claims Accurately

- If you determine
  - Medicare is primary
    - Submit Medicare primary claim and report explanatory billing codes
  - Another payer is primary
    - Submit claim to payer first, then submit MSP claim with MSP billing codes
  - More than one payer is primary
    - Submit claims to those payers first, in proper order, then submit Medicare tertiary (or greater) claim
      - Follow-up with primary payers; Medicare's timely filing regulations apply

MSP Fact

- Do not bill Medicare and another primary payer at same time
  - If you receive primary payments from both
    - Determine who is correct primary payer
      - If it is the other payer, adjust (do not cancel) Medicare claim within 60 days of receipt of their payment
        - » For all MSP provisions except liability, see CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*, Chapter 3, Section 10.4
        - » For liability, see CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*, Chapter 2, Section 40.2 (letter E)

Claim Types

- If primary payer
  - Pays in part
    - Submit MSP claim; known as MSP partial-pay claim
  - Pays in full
    - Submit MSP claim, known as MSP full-pay claim, when required
  - Does not pay, citing Medicare is primary
    - Submit Medicare primary claim (first verify Medicare is primary)
  - Does not pay for a valid reason
    - Submit conditional claim
  - Does not pay promptly (120 days; accidents only)
    - May submit conditional claim

Adjust a Claim Due to an MSP-Related Issue

Adjustments – Defined

- Adjustments = TOB XX7
- Submitted to change details on a finalized claim
- Can be done to claims in these FISS status locations:
  - P B9997 (Processed)
  - R B9997 (Rejected) (limited use only)
    - Only rejected claims that posted to CWF are eligible for adjustment
    - Example of rejections that post to CWF = claims billed as primary that reject for MSP (cost-avoided) in FISS reason code range 34xxx

Adjust a Claim Due to an MSP-Related Issue – STEPS

1. Identify FISS/DDE status location of claim and reason(s) for claim change
2. Make claim adjustment due to an MSP-related issue
3. Follow instructions in our website article "Correct or Adjust a Claim Due to an MSP-Related Issue"

STEP 1 of Adjust a Claim Due to an MSP-Related Issue

- Identify FISS/DDE status location of claim and reason(s) for claim change
  - FISS/DDE status locations:
    - T B9997 (RTP claims)
    - P B9997 (Processed claims)
    - R B9997 (Rejected for MSP claims)

T B9997 – Providers May Correct Claims but Cannot Adjust Them

- MSP and conditional claims in T B9997 are RTPd with reason code(s) indicating error(s)
  - Claims are not finalized
    - Failed to meet Medicare's claim coding or submission requirements
- To make changes/correct these claims
  - Correct in FISS DDE (<F9/PF9> key to store claim) or
  - Resubmit a new corrected claim
  - Note: You cannot adjust these claims

P B9997 – Providers May Adjust Claims

- MSP and conditional claims in P B9997 are processed
  - Claims are finalized; met Medicare's claim coding and/or submission requirements
  - To make changes/correct these claims, adjust them
- Medicare primary claims in P B9997 are processed
  - Claims are finalized; met Medicare's claim coding and/or submission requirements
    - Did not reject due to an open MSP record in CWF
  - To make changes/correct these claims, adjust them

R B9997 – Providers May Adjust Claims Rejected for MSP

- Medicare primary claims in R B9997 are processed but rejected in reason code range 34xxx (cost-avoided)
  - Claims are finalized
  - Met Medicare's claim coding and/or claim submission requirements but rejected due to open MSP record in CWF
- To make changes/correct these claims
  - Adjust them; do not appeal claims

Tip: Adjust Processed and Cost-Avoided Claims; Do Not Resubmit

- When you want to make a change to a processed claim or cost-avoided claim for an MSP-related reason, you must adjust that claim
- If you resubmit a new claim, it will reject as a duplicate claim

STEP 2 of Adjust a Claim Due to an MSP-Related Issue

- Make claim adjustment due to an MSP-related issue
  - Prepare/submit adjustment (TOB XX7) via
    - FISS DDE,
    - 837I, or
    - Hardcopy (UB-04/CMS-1450 claim form)
      - ASCA waiver not required
      - Submit to our Claims Department; address is on our website
      - Contact Us > P.O. Box Mailing Addresses > Claims

Using FISS DDE

- As of 1/1/2016, per CR8486, providers can
  - Use FISS DDE to
    - Submit MSP, conditional and Medicare tertiary claims
    - Correct MSP, conditional and Medicare tertiary claims
    - Adjust claims for MSP reasons
  - Submit Medicare tertiary claims via 837I claim (hardcopy submission with ASCA waiver no longer required)
- FISS process was updated to allow above actions
  - Additional MAP (MAP1719) was added to allow providers to enter adjustments from CAS of primary payer's RA (835)
    - CAGCs, CARCs and amounts
    - Note: MAP103L was added to allow MACs to key hardcopy claims

Reporting CAGCs and CARCs

- CAGC(s) from primary payer's RA (835)
  - Identifies general category of payment adjustment
  - Required when primary payer adjusts billed charges
  - Options
    - CO (Contractual Obligations)
    - OA (Other Adjustments)
    - PI (Payer Initiated Reductions)
    - PR (Patient Responsibility)
- CARC(s) from primary payer's RA (835)
  - Communicates an adjustment
  - Explains why primary payer paid differently from amount billed to them
  - External Code Lists/X12

STEP 3

- Follow instructions in our website article
  - Correct or Adjust a Claim Due to an MSP-Related Issue
    - Instructions include a “Preparing MSP-Related Adjustments” chart
      - Within chart are 11 different comment codes which
        - » Provide additional instructions for completing specific adjustment
        - » Should not be reported on claim adjustment

Preparing MSP-Related Adjustments (TOB XX7) Chart

- This chart lists
  - Claim's current status
    - Medicare primary, MSP, conditional or cost-avoided claim
  - Change you want to make to claim
    - Make claim MSP, primary or conditional or any other type of change (change to claim coding)
  - Example of situation in which this adjustment would apply
  - Reason for claim change (condition code – CC)
    - Report on adjustment: D7, D8 or D9 (defined on next slide)
  - Comment codes 1 through 11
    - Review applicable comment codes and follow additional instructions

Reason for Claim Change – Condition Code

- When you prepare adjustment, determine which CC best describes reason for adjustment
  - CC = D7
    - Adjustment of Medicare primary, conditional, or cost-avoided claim to make Medicare secondary
  - CC = D8
    - Adjustment of MSP claim to make Medicare primary
  - CC = D9 (Use Remarks in FL 80 to explain adjustment)
    - Adjustment of MSP or conditional claim to make any other change
    - Adjustment of cost-avoided claim to make Medicare primary

Comment Codes 1, 2 and 3

- Code 1
  - On adjustment, report MSP claim coding
    - Refer to article Prepare and Submit a Medicare Secondary Payer Claim
- Code 2
  - On adjustment, report conditional claim coding
    - Refer to article Prepare and Submit an MSP Conditional Claim
- Code 3
  - On adjustment, report MSP or conditional claim coding
    - Refer to both articles mentioned above as needed
    - When reporting CC D9 on adjustment, report remarks to explain reason

Comment Code 4

- Code 4
  - Contact BCRC and, on adjustment, report explanatory billing codes
    - Contact BCRC when you determine Medicare is primary
      - To GHP (MSP VCs 12, 13 or 43) and MSP record requires correction
      - To NGHP (MSP VCs 14, 15, 41 or 47) and MSP record requires correction
        - » Examples: Services are related to accident but benefits exhausted or case settled prior to claim's DOS
    - Once BCRC corrects MSP record, submit adjustment
      - Report explanatory billing codes that indicate reason Medicare is primary
  - Refer to articles
    - Correct a Beneficiary's MSP Record
    - Prevent an MSP Rejection on a Medicare Primary Claim

Comment Codes 5 and 6

- Code 5
  - On adjustment, report remarks:
    - "Services not related to open accident MSP record __" (insert record's VC)
      - Claim rejected due to open accident MSP record (VC 14, 15, 41, or 47), you determined claim is not related to that accident and claim is not a current accident (no trauma dx code)
- Code 6
  - On adjustment, report OC 05 with current DOA and remarks:
    - "Services not related to open accident MSP record __" (insert record's VC)
      - Claim rejected due to open accident MSP record (VC 14, 15, 41 or 47), you determined claim is not related to that accident but claim is a current accident (trauma diagnosis code) for which you determined there is no primary payer

Comment Codes 7 and 8

- Code 7
  - If comment code 5 or 6 applies, contact BCRC if information is available that can correct open MSP record
    - This prevents you from having to use remarks on future claims that are not related to that open accident MSP record
    - Refer to article Correct a Beneficiary's MSP Record
- Code 8
  - If primary payer is liability (VC 47), refer to CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*, Chapter 2, Section 40.2. letter E
    - You have already accepted payment from Medicare and should have withdrawn your claim/lien against liability insurance/settlement

Comment Codes 9 and 10

- Code 9
  - You may adjust this claim within one year of such claim's processed date
    - Do not cancel claim; this is inappropriate
- Code 10
  - You must repay Medicare within 60 days from date you received payment from another payer that is primary to Medicare for same service for which Medicare paid
    - See CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*, Chapter 3, Section 10.4

Comment Code 11

- Code 11
  - If submitting adjustment via FISS DDE
    - Change noncovered days/charges back to covered (as originally billed before claim was rejected)
      - You must delete noncovered charge lines and rekey each as covered (Place a ‘D’ on claim line, hit <HOME> key, then hit <ENTER> key)

Timeliness of Adjustments

- Most adjustments are subject to one-year timely filing requirement just as other Medicare claims
  - Exceptions:
    - If original claim was processed as an MSP claim and a primary payer later takes their payment back from provider
      - You may adjust that MSP claim within one year of it's process date
    - If original claim was processed as a Medicare primary claim and a primary payer later makes payment to provider
      - You may adjust that primary claim beyond one-year timely filing period since Medicare is being reimbursed
      - If liability is primary payer, instructions are provided in Comment Code 8

Preparing MSP-Related Adjustments (TOB XX7) Chart

Medicare Primary Claim to MSP Claim

- Claim's current status
  - Medicare primary
- Change you want to make
  - Change to MSP claim
- Example of situation
  - After billing Medicare as primary, you billed a primary payer and received payment
- Adjust (XX7) claim and report CC: D7
- For additional instructions
  - Review comment codes 1, 8 (if primary payer is Liability VC 47) and 10
  - You may adjust claim beyond one-year timely filing period (except liability)

Medicare Primary Claim to Conditional Claim

- Claim's current status
  - Medicare primary
- Change you want to make
  - Change to conditional claim
- Example of situation
  - After billing Medicare as primary, you billed a primary payer but they did not pay promptly (accidents only) or for a valid reason
- Adjust (XX7) claim and report CC: D9
- For additional instructions
  - Review comment code 2
  - It's not common to adjust claim in this situation since payment won't change

MSP Claim – Change Coding Only

- Claim's current status
  - MSP
- Change you want to make
  - Change MSP claim coding
- Example of situation
  - After billing as MSP, you identified a needed change in MSP claim coding (i.e., change in MSP VC amount)
- Adjust (XX7) claim and report CC: D9
- For additional instructions
  - Review comment codes 3 and 10
  - Claim remains MSP

MSP Claim to Conditional Claim

- Claim's current status
  - MSP
- Change you want to make
  - Change to conditional claim
- Example of situation
  - After billing as MSP, you received retraction from primary payer (they cited a valid reason for retraction other than Medicare is primary)
- Adjust (XX7) claim and report CC: D9
- For additional instructions
  - Review comment codes 2 and 9
  - You may adjust MSP claim within one year of it's processed date

MSP Claim to Medicare Primary Claim

- Claim's current status
  - MSP
- Change you want to make
  - Change to Medicare primary claim
- Example of situation
  - After billing as MSP, you received retraction from primary payer (they cited Medicare is primary as reason for retraction)
- Adjust (XX7) claim and report CC: D8
- For additional instructions
  - Review comment codes 4 and 9
  - You may adjust MSP claim within one year of it's processed date

Cost-Avoided Claim to MSP Claim

- Claim's current status
  - Primary claim rejected for MSP (cost-avoided)
- Change you want to make
  - Change to MSP claim
- Example of situation
  - After billing Medicare as primary (claim rejected for MSP), you billed a primary payer and received payment
- Adjust (XX7) claim and report CC: D7
- For additional instructions
  - Review comment codes 1 and 11

Cost-Avoided Claim to Conditional Claim

- Claim's current status
  - Primary claim rejected for MSP (cost-avoided)
- Change you want to make
  - Change to conditional claim
- Example of situation
  - After billing Medicare as primary (claim rejected for MSP), you billed a primary payer but they did not pay promptly or for a valid reason
- Adjust (XX7) claim and report CC: D9
- For additional instructions
  - Review comment codes 2 and 11

Cost-Avoided Claim to Medicare Primary Claim

- Claim's current status
  - Primary claim rejected for MSP (cost-avoided)
- Change you want to make
  - Change to Medicare primary claim
- Example of situation
  - After billing Medicare as primary (claim rejected for MSP), you verified that Medicare is primary
- Adjust (XX7) claim and report CC: D9
- For additional instructions
  - Review comment codes 4, 5, 6, 7 and 11

Conditional Claim to MSP Claim

- Claim's current status
  - Conditional claim
- Change you want to make
  - Change to MSP claim
- Example of situation
  - After billing Medicare conditionally, you received payment from primary payer
- Adjust (XX7) claim and report CC: D7
- For additional instructions
  - Review comment codes 1, 8 (if primary payer is Liability VC 47) and 10
  - You may adjust claim beyond one-year timely filing period (except liability)

Conditional Claim – Change Coding Only

- Claim's current status
  - Conditional claim
- Change you want to make
  - Change to claim coding
- Example of situation
  - After billing Medicare conditionally, you identified a needed change in MSP claim coding (i.e., change in MSP VC)
- Adjust (XX7) claim and report CC: D9
- For additional instructions
  - Review comment code 3
  - Claim remains conditional

Conditional Claim to Medicare Primary Claim

- Claim's current status
  - Conditional claim
- Change you want to make
  - Change to Medicare primary claim
- Example of situation
  - After billing Medicare conditionally, you determined Medicare is primary
- Adjust (XX7) claim and report CC: D9
- For additional instructions
  - Review comment code 4
  - It's not common to adjust claim in this situation since payment won't change

Using FISS DDE to Submit Adjustment

How-to Adjust a Claim in FISS DDE

- Steps:
  1. Gather required information
  2. Access processed/rejected claim
  3. Make claim adjustments
  4. Submit and verify claim adjustment

Step 1: Gather Required Information

- Claim change reason code (D7, D8, D9)
  - Describes reason claim is changing
  - Two-digit alpha-numeric code
    - Enter on claim page 1 (condition code)
- FISS DDE adjustment reason code
  - Describes reason for adjustment
  - Two-digit alpha code
    - Enter on claim page 3 in adjustment reason code field
    - Listing in FISS DDE Inquiry menu (01) Adjustment Reason Code file (16) (MAP1821)
    - Example = OT (Other)

Step 2: Access the Claim

- Log into FISS DDE
- Select Claims Correction Menu (option 03)
- Select option from Claim and Attachments Correction Menu
  - Based on processed/rejected claim type
    - Inpatient – 30
    - Outpatient – 31
    - SNF – 32
    - Home Health – 33
    - Hospice – 35

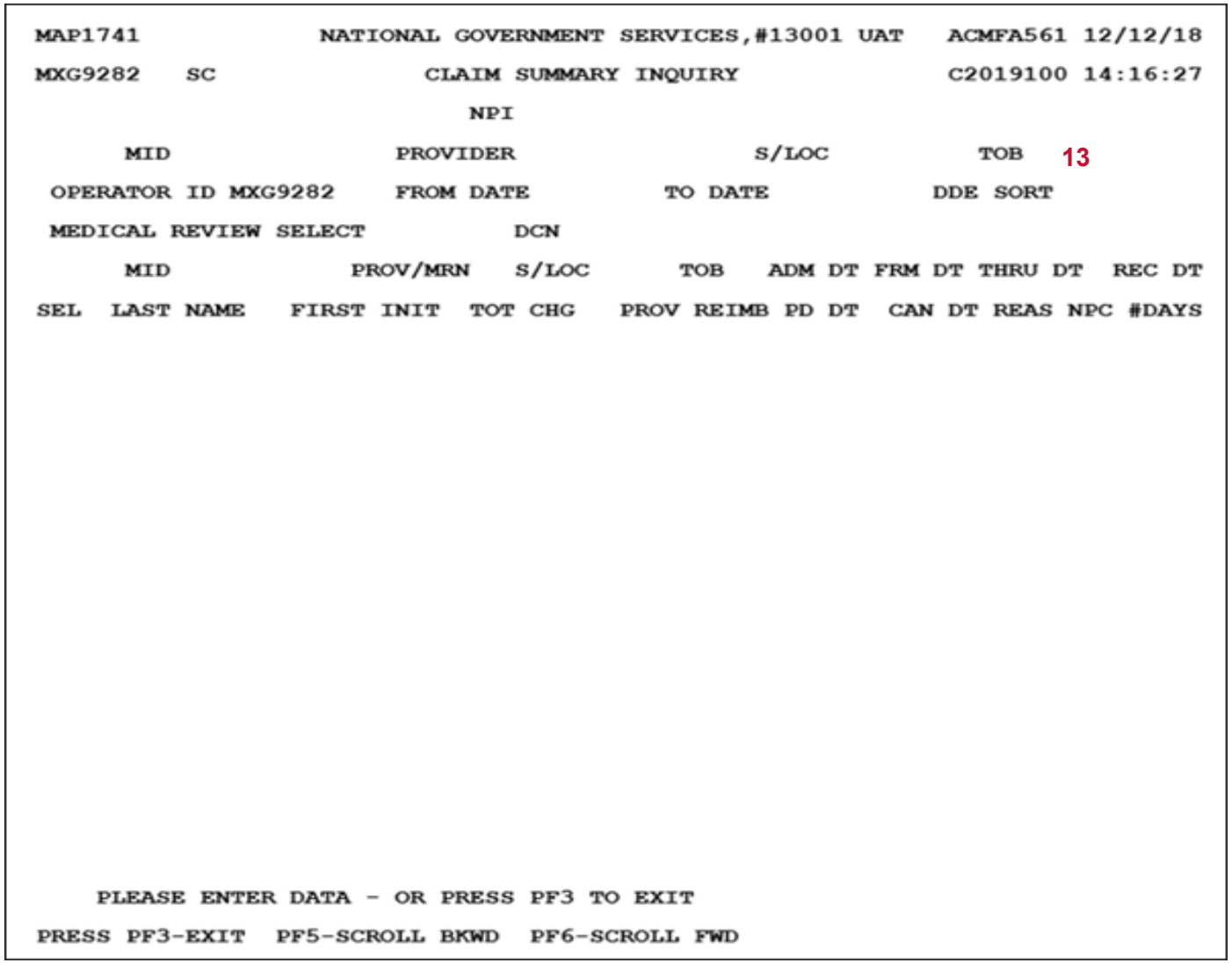
Step 2: Access the Claim

```
MAP1703          NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 06/12/18
MXG9282           CLAIM AND ATTACHMENTS ENTRY MENU         C201831F 14:56:54

                          CLAIMS ENTRY

                    INPATIENT                20
                    OUTPATIENT               22
                    SNF                      24
                    HOME HEALTH              26
                    HOSPICE                  28
                    NOE/NOA                  49
                    ROSTER BILL ENTRY        87

                          ATTACHMENT ENTRY

                    HOME HEALTH              41
                    DME HISTORY              54
                    ESRD  CMS-382 FORM       57

  ENTER MENU SELECTION:


   PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

Step 2: Access the Claim

- Enter Medicare ID (MID) number and DOS
  - List of processed claims will be displayed
  - To view list of rejected claims that can be adjusted, overwrite ‘P’ in status field with ‘R’
- Select claim to be adjusted by placing ‘U’ in SEL field
  - Claim opens at page 1
  - TOB automatically changes to XX7
  - System pulls in DCN of claim to be adjusted

Step 2: Access the Claim



Step 3: Make Adjustments to Claim

- Enter claim change reason code in CC field on claim page 1
  - One claim change reason code reported per adjustment
    - If more than one applies, choose most appropriate one
- Make appropriate changes to claim
  - Depends on adjustment reason
- When adjustment reason involves changing MSP information
  - Make appropriate changes on claim page 1 (MSP CCs, OCs, VCs) and other relevant pages
- When adjustment reason involves making changes to claim lines
  - Make appropriate adjustments on claim page 2
    - Change units, codes, rates; recalculate total charges

Step 3: Make Adjustments to Claim

- Enter FISS adjustment reason code on claim page 3
- Depending on reason for adjustment, may need to access MSP page(s)
  - Hit <F11/PF11> key from claim page 2
- Enter remarks on claim page 4
  - When adjustment requires some explanation
  - When CC D9 is used, remarks are mandatory
    - Will be read by a claims reviewer
  - Remarks otherwise not mandatory for adjustments
  - If you are changing claim to MSP or to conditional claim, report remarks per billing instructions on our website (claim page 6 is used for primary insurer address)

Step 3: Make Adjustments to Claim

```
 MAP1711   PAGE 01  NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 09/17/18
 MXG9282   SC               INST CLAIM ADJUSTMENT             C201842F 14:08:16
 MID XXXXXXXXXX    TOB 137  S/LOC S B0100 OSCAR XXXXXX         SV:    UB-FORM
NPI 0000000000 TRANS HOSP PROV                  PROCESS NEW MID
PAT.CNTL#: XXXXXXXXXXXX          TAX#/SUB:                  TAXO.CD:
 STMT DATES FROM 121417  TO 121417  DAYS COV      N-C        CO      LTR
 LAST XXXXX                       FIRST XXXXXXX          MI    DOB XXXXXXXX
 ADDR 1 123 ANYSTREET DR                 2
 3 BRONX NY                            4                                CARR:
 5                                     6                                 LOC:
ZIP 104725040 SEX F MS   ADMIT DATE         HR    TYPE   SRC 1 D HM       STAT 30
   COND CODES 01 D7 02    03    04    05    06    07    08    09    10
 OCC CDS/DATE 01           02           03           04           05
              06           07           08           09           10
   SPAN CODES/DATES 01                  02                  03
04                  05                  06                  07
08                  09                  10                  FAC.ZIP
  DCN XXXXXXXXXXXXXXX
      V A L U E  C O D E S  -  A M O U N T S  -  A N S I   MSP APP IND
01 A1      100.00        02 A2       19.00        03 76       80.00
04                       05                       06
07                       08                       09
       PROCESS COMPLETED  ---   PLEASE CONTINUE
      PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF8-NEXT  PF9-UPDT
```

Step 3: Make Adjustments to Claim

```
MAP1712   PAGE 02  NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 09/17/18
MXG9282   SC               INST CLAIM ADJUSTMENT             C201842F 15:33:23
                                                  REV CD PAGE 01
MID XXXXXXXXXX    TOB 137  S/LOC S B0100  PROVIDER XXXXXX
UTN                  PROG       REP PAYEE
                                TOT    COV                              SERV    RED
CL  REV  HCPC MODIFS     RATE UNIT   UNIT  TOT CHARGE NCOV CHARGE  DATE    IND
 1 0513 90845                 00001 00001      195.00
 2 0001                       00001 00001      195.00

      PROCESS COMPLETED  ---   PLEASE CONTINUE
PRESS PF2-171D PF3-EXIT PF5-UP PF6-DOWN PF7-PREV PF8-NEXT PF9-UPDT PF11-RIGHT
```

Step 3: Make Adjustments to Claim (Adjustment Reason Code)

```
MAP1713   PAGE 03  NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 09/17/18
MXG9282   SC               INST CLAIM ADJUSTMENT             C201842F 14:11:44
MID XXXXXXXXXX    TOB 137  S/LOC S B0100  PROVIDER XXXXXX
NDC CD                              OFFSITE ZIP        ADJ MBI              IND H
 CD  ID    PAYER                      OSCAR        RI AB             EST AMT DUE
A Z       MEDICARE                    XXXXXX                              0.00
B                                                                         0.00
C                                                                         0.00
DUE FROM PATIENT        0.00        0.00    SERV FAC NPI  0000000000
MEDICAL RECORD NBR                    COST RPT DAYS      NON COST RPT DAYS
DIAG CODES 01 29630     02           03           04           05
06           07           08           09                 END OF POA IND
ADMITTING DIAGNOSIS            E CODE            HOSPICE TERM ILL IND
IDE                    GAF          0.0000     PRV
PROCEDURE CODES AND DATES 01 9412    121492 02
03                04                05                06
ESRD HRS 00  ADJ REAS CD OT  REJ CD        NONPAY CD     ATT TAXO
ATT PHYS        NPI 0000000000    L XXXXXXX            F XXXX      M    SC
OPR PHYS        NPI 0000000000    L                    F           M    SC
OTH OPR         NPI 0000000000    L                    F           M    SC
REN PHYS        NPI 0000000000    L                    F           M    SC
REF PHYS        NPI 0000000000    L                    F           M    SC
      PROCESS COMPLETED  ---   PLEASE CONTINUE
PRESS PF3-EXIT PF5-BKWD PF6-FWD PF7-PREV PF8-NEXT PF9-UPDT PF11-RIGHT
```

Step 3: Make Adjustments to Claim (Add/Change Primary Payer's RA Information)

```
MAP1719    PAGE 03  NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 09/17/18
MXG9282    SC                INST CLAIM ADJUSTMENT             C201842F 14:13:08
MID XXXXXXXXXX     TOB 137   S/LOC S B0100   PROVIDER XXXXXX
                  M S P   P A Y M E N T   I N F O R M A T I O N
RI:

PRIMARY PAYER 1  MSP PAYMENT INFORMATION

PAID DATE:             PAID AMOUNT:          0.00

GRP      CARC        AMT                   GRP      CARC        AMT
GRP      CARC        AMT                   GRP      CARC        AMT
GRP      CARC        AMT                   GRP      CARC        AMT
GRP      CARC        AMT                   GRP      CARC        AMT
GRP      CARC        AMT                   GRP      CARC        AMT
GRP      CARC        AMT                   GRP      CARC        AMT
GRP      CARC        AMT                   GRP      CARC        AMT
GRP      CARC        AMT                   GRP      CARC        AMT
GRP      CARC        AMT                   GRP      CARC        AMT
GRP      CARC        AMT                   GRP      CARC        AMT


       PROCESS COMPLETED  ---   PLEASE CONTINUE
PRESS PF3-EXIT PF5-BKWD PF6-FWD PF7-PREV PF8-NEXT PF9-UPDT PF10-LFT PF11-RGHT
```

Step 4: Submit and Verify Claim Adjustment

- Review changes to ensure accuracy
- Hit <F9/PF9> to resubmit claim for processing
- Verify claim was stored correctly by going into Inquiries submenu (Option 01) and choosing Claims Summary option (Menu 12)
  - Available next day after updating claim (<F9/PF9>)
  - Key patient's Medicare number and from and through dates of adjustment claim
  - Adjustment should appear in 'S' Location
  - TOB = XX7

Reminder: Adjusting Claims That Rejected for MSP

- When claims are rejected for MSP
  - FISS places charges into "NCOV CHARGES" (noncovered charges) field on claim page 02
- When these rejected claims are adjusted
  - Claim lines must be deleted and added as new covered charge lines
  - Be sure the 0001 Totals line is re-added and calculated appropriately

Deleting/Rekeying Claim Lines

- Delete revenue code lines by placing a ‘D’ on the first position of the revenue code
  - Press the <Home> key
  - Press the <Enter> key
    - This will delete the entire revenue code line
- Add new charges by first deleting Total Charge (0001) line, adding new line(s)
- Make sure Total Charge line (0001) added and recalculated

MSP Fact

- There must be a matching MSP record present in CWF for your MSP or conditional claim (or adjustment claim) to process
- You may need to contact the BCRC

Polling Question #1

- Providers can adjust claims in FISS status location T B9997
  - True
  - False

Polling Question #2

- Providers should always report a claim change reason code (condition code) on an adjustment claim
  - True
  - False

Polling Question #3

- When a provider receives a claim rejection in the range 34XXX, they should submit a new corrected claim
  - True
  - False

Polling Question #4

- When providers adjust claims, they should use TOB XX7
  - True
  - False

Polling Question #5

- If adjusting a primary claim to MSP, Medicare will accept it beyond the one year Medicare timely filing limitation
  - True
  - False

What You Should Do Now

- Review MSP Resources handout
- Share information with staff
- Continue to learn more about MSP
- Continue to attend educational sessions
- Develop and implement policies that ensure providers MSP responsibilities are met
- Submit adjustment claims for MSP reasons when appropriate

Online Assessment and Questions

- Follow-up email
  - In addition to receiving Medicare University Course Code for this webinar, attendees will be asked to complete an online assessment
- Questions?
  - Do not enter any beneficiary or claim-related questions in webinar question box
  - Contact our PCC with such questions

MSP Resources – See Handout

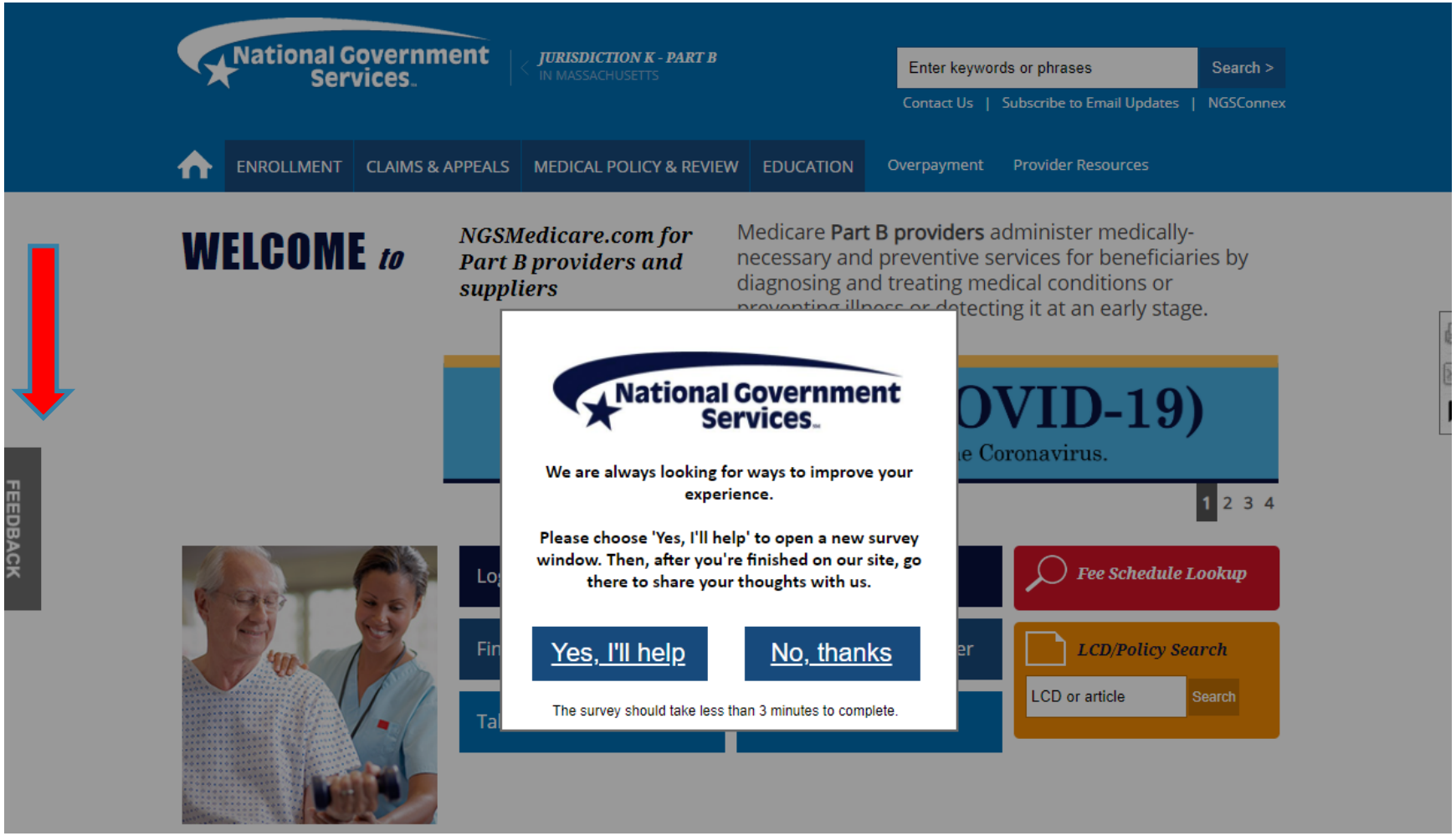
Education Tab on our Website

- For a complete listing of our educational activities, visit the Education mega tab on our website
- Our Education includes links to
  - Webinars, Teleconferences & Events Calendar
  - Medicare University
  - New Provider Center
  - POE Advisory Group
  - And much more
- Easiest, fastest way to be aware of POE information

Deleting Revenue Code Lines Article

- Visit our website for article “Reminder on Deleting Revenue Code Lines in the Fiscal Intermediary Standard System Direct Data Entry System” under Education > Job Aids & Manuals

Your Feedback Matters!
NGSMedicare



Your Feedback Matters!
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Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

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