Making the Most of the FISS DDE Inquiries Submenu

May 2021

Today's Presenters

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Objectives

- Provide information on using FISS inquiry menu to help providers prevent claim RTP, rejections, and denials

- Review tools available to support claims being correctly submitted to Medicare the first time

- Share navigation tips to assist in moving throughout the system more effectively

Agenda – Inquiry Submenu Selections

- Beneficiary/CWF Menu
- DRG (Pricer/Grouper)
- Claim Summary
- Revenue Codes
- HCPCS Codes
- DX/Proc Codes ICD-9
- Adjustment Reason Codes
- Reason Codes
- Invoice No/DCN TRANS

- ZIP Code File
- OSC Repository Inquiry
- Claim Count Summary
- Home Health Payment Totals
- ANSI Reason Codes
- Check History
- DX/Proc Codes ICD-10
- CMHC Payment Total
- Prov. Practice Address Query
- New HCPCS Screen

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Introduction to FISS

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What is FISS?

- **System that allows remote user connectivity to Medicare mainframe**
  - MAC uses to process claims and maintain records
  - Providers use FISS to
    - Access CWF
    - Research coding
    - Enter and track submitted claims
    - Correct/adjust/cancel claims
    - View reports

Accessing FISS

- **FISS logon ID and password required**

  - Visit our website

    - Claims > Electronic Submissions (EDI)

- **User logon ID and password are for individual use only**

  - Do not share with coworkers or other staff

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Navigating FISS Screens

Function Keys	Navigation
F3/PF3	Returns to the menu/submenu or to the originating screen when using SC field
F4/PF4	Exits the entire online system by terminating the session
F5/PF5	Scrolls backward within a page of screen data
F6/PF6	Scrolls forward within a page of screen data
F7/PF7	Moves backward one page at a time
F8/PF8	Moves forward one page at a time
F9/PF9	Saves/updates/submits claim entry, correction, adjustment, cancel
F10/PF10	Returns the user to the left viewing screen (columns 1-80)
F11/PF11	Moves the user to the right viewing screen (columns 81+)

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Navigating FISS Screens

Function Keys	Navigation
SC	Navigates to specific inquiry file (use F3 to return to origination page)
Page	Moves to specific page within claim
<Ctrl>	Moves cursor down one line at a time
<Home>	Moves cursor to SC field
<Tab>	Moves to next field on screen
<Shift> + <Tab>	Moves to previous field on screen

Inquiries Submenu

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Benefits of Using the Inquiry Submenu

- **Perform research through various file options**
  - Verify claim data prior to claim submission
- **Prevent interruptions in Medicare cash flow**
  - Eliminate unnecessary claim RTP, rejections and denials
- **Decrease lost staff time**
  - Avoid need to correct/adjust claims after RTP or rejection
  - Avoid need to appeal claim denials

Main Menu

```
MAP1701              NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 03/11/20
MXG9282                            MAIN MENU                    A2020200 13:19:47


                 01      INQUIRIES

                 02      CLAIMS/ATTACHMENTS

                 03      CLAIMS CORRECTION

                 04      ONLINE REPORTS






         ENTER MENU SELECTION: _
```

Inquiries Submenu

```
MAP1702          NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 03/11/20
MXG9282                        INQUIRY MENU                 A2020200 13:18:11


        BENEFICIARY/CWF            10    ZIP CODE FILE            19
        DRG (PRICER/GROUPER)       11    OSC REPOSITORY INQUIRY   1A
        CLAIM SUMMARY              12    CLAIM COUNT SUMMARY      56
        REVENUE CODES              13    HOME HEALTH PYMT TOTALS  67
        HCPC CODES                 14    ANSI REASON CODES        68
        DX/PROC CODES ICD-9        15    CHECK HISTORY            FI
        ADJUSTMENT REASON CODES    16    DX/PROC CODES ICD-10     1B
        REASON CODES               17    CMHC PAYMENT TOTALS      1C
        INVOICE NO/DCN TRANS       88    PROV PRACTICE ADDR QUER  1D
                                         NEW HCPC SCREEN          1E




        ENTER MENU SELECTION:
```

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Part A

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Benefits of Beneficiary/CWF Option (Inquiry Submenu 10)

- Information
  - Benefit period
  - Entitlement for Part A and Part B
  - Deductible
  - Preventive services
  - Therapy cap amount
  - HMO
  - Home health
  - Hospice
  - Smoking cessation
  - MSP

- Benefits
  - Ensures claim is submitted to correct payer
  - Verifies date eligible for preventive service coverage
  - Avoid/correct RTP/rejection reason codes
    - 34XXX U5200
    - C7010 U5210
    - N5052 U5220
    - T5052 U5233

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Beneficiary Inquiry: Patient and Entitlement Information (MAP1751)

```
MAP1751              NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 05/17/21
MXG9282   SC                ELIGIBILITY DETAIL INQUIRY           A20212DP 10:36:45


MID                   CURR XREF HIC               PREV XREF HIC 000000000000
TRANSFER HIC 000000000000        C-IND 9     LTR DAYS
LN                         FN C                  MI M   SEX M
DOB           DOD          ELIG FROM 01012010  ELIG THRU 12312021
ADDRESS: 1                                     2 SYRACUSE NY
         3                                     4
         5                                     6
     ZIP:


                        CURRENT ENTITLEMENT
PART A EFF DT 060111   TERM DT          PART B EFF DT 060111  TERM DT


 CURRENT                  BENEFIT PERIOD DATA
FRST BILL DT           LST BILL DT         HSP FULL DAYS      HSP PART DAYS
SNF FULL DAYS      SNF PART DAYS     INP DED REMAIN          BLD DED PNTS


                          PSYCHIATRIC
PSY DAYS REMAIN      PRE PHY DAYS USED      PSY DIS DT          INTRM DT IND


    PROCESS COMPLETED  ---   PLEASE CONTINUE
         PRESS PF3-EXIT  PF8-NEXT PAGE
```

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Beneficiary Inquiry: HMO and Hospice Information (MAP1752)

```
MAP1752              NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 03/11/20
MXG9282   SC                 ELIGIBILITY DETAIL INQUIRY         A2020200 13:27:37
RI 1    MAMMO DT  00000000
                            PART B DATA
SRV YR 16    MEDICAL EXPENSE   166.00       BLD DED REM 3  PSY EXP
SRV YR       BLD DED                        CSH DED


                            PLAN DATA
ID CD           OPT CD        EFF DT              CANC DT
ID CD           OPT CD        EFF DT              CANC DT
ID CD           OPT CD        EFF DT              CANC DT

                          HOSPICE DATA
PERIOD    1ST DT                PROVIDER         INTER
OWNER CHANGE ST DT              PROVIDER         INTER
2ND ST DT          PROVIDER             INTER        TERM DT
OWNER CHANGE ST DT             PROVIDER         INTER
1ST BILL DT          LST BILL DT        DAYS BILLED


       PROCESS COMPLETED  ---   PLEASE CONTINUE
           PRESS PF3-EXIT  PF7-PREV PAGE  PF8-CWF INQUIRY
```

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Part A

CWF: Preventive Services Information (MAP175J)

```
MAP175J              NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 03/11/20
MXG9282    SC                        ACCEPTED                   A2020200 13:28:53
MID                        NM              IT       DB           SX
PRVN SERVC TECH D PROF D ¦ PRVN SERVC TECH D PROF D ¦ PRVN SERVC TECH D PROF D
CARD/80061 060111 060111   DIAB/82951 060111 060111   AAA /            060111 060111
CARD/82465 060111 060111   PCBE/G0101                 PTWR/G9143 0000          060112
CARD/83718 060111 060111                              IPPE/G0402 060111 060111
CARD/84478 060111 060111   PROS/G0102 060111 060111   IPPE/G0403 060111 060111
COLO/G0104 060111 060111   PROS/G0103 060111 060111   IPPE/G0404 060111 060111
COLO/G0105 060111 060111   PAPT/Q0091 GDR     GDR     IPPE/G0405 0000          060112
COLO/G0106 060111 060111   GLAU/      060111 060111   PULM/G0424 0072     0072
COLO/G0120 060111 060111   MAMM/      GDR     GDR     CR  /      0000     0000
COLO/G0121 060111 060111   PAPT/      GDR     GDR     ICR /      0000     0000
FOBT/G0107 TERM    TERM     HIBC/G0445 110811 110811   AWV /G0438 100914 100914
FOBT/G0328 060111 060111   HBV/       092816 092816   AWV /G0439 100914
FOBT/82270 070107 070107   SETS/93668 0072             BEHV/G0447 112911 112911
IPPE/G0344 SRV     SRV
IPPE/G0366 SRV     SRV
IPPE/G0367 SRV     0000
IPPE/G0368 0000    SRV
DIAB/82947 060111 060111
DIAB/82950 060111 060111
          PROCESS COMPLETED   ---   PLEASE CONTINUE
PRESS PF3-EXIT  PF6-SCROLL FWD  PF7-PREV PAGE  PF8-NEXT PAGE
```

Part A

CWF: Beneficiary and Benefit Period Information (MAP1755)

```
MAP1755              NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 03/11/20
MXG9282    SC _                          ACCEPTED                  A2020200 13:30:21

CLAIM              NAME              D.O.B.         SEX      INTER 58300

APP DT          REASON CD 1  DATE/TIME 20200711328  REQ ID BDMS
DISP CD 01    TYPE 3  CENT D.O.B     D.O.D
A:CURR-ENT DT 060111   TERM DT         PRI-ENT DT        TERM-DT
B:CURR-ENT DT 060111   TERM DT         PRI-ENT DT        TERM-DT

LIFE: RSRV 60  PYSCH 190

 CURRENT                  BENEFIT PERIOD DATA
FRST BILL DT  000000  LST BILL DT 000000  HSP FULL DAYS 60  HSP PART DAYS 30
SNF FULL DAYS 20  SNF PART DAYS 80  INP DED REMAIN  1408.00  BLD DED PNTS 3
PRIOR                    BENEFIT PERIOD DATA
FRST BILL DT  000000  LST BILL DT 000000  HSP FULL DAYS     HSP PART DAYS
SNF FULL DAYS    SNF PART DAYS    INP DED REMAIN        BLD DED PNTS

CURR B: YR 20  CASH 198.00  BLOOD 3  PSYCH 02200.00  PT         OT
PRIR B: YR 19  CASH 185.00  BLOOD 3  PSYCH 02200.00  PT         OT

     PROCESS COMPLETED  ---   PLEASE CONTINUE
        PRESS PF3-EXIT  PF7-PREV PAGE PF8-NEXT PAGE
```

CWF: HMO Enrollment Information (MAP1756)

```
MAP1756             NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 03/11/20
MXG9282   SC _                      ACCEPTED                   A2020200 13:31:32

DATA IND 0004000000  NAME                           ZIP 13205

PLAN: ENR CD
CURR PLAN:                      CUR ID        OPT 0  ENR        TERM
PRIR PLAN:                      PRI ID        OPT 0  ENR        TERM

OTHER ENTITLEMENTS OCCURRENCE CD/DATE 0            / 0

ESRD CD/DATE               /

CAT DATA: PSYCH 190  DISCHG         IND 0  DAYS USED      BLOOD

YR 89  APP           MET 00560.00  BLD 3  CO 08  FL 142  FRM        TO
IND      INT         ADM       FRM        TO          APP
ADJ IND    CALC DED           CMS  DT
YR 89  APP           MET 00560.00  BLD 3  CO 08  FL 142  FRM        TO
IND      INT         ADM       FRM        TO          APP
ADJ IND    CALC DED           CMS  DT

      PROCESS COMPLETED  ---   PLEASE CONTINUE
         PRESS PF3-EXIT  PF7-PREV PAGE PF8-NEXT PAGE
```

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CWF: HHA Episode Information (MAP1757)

```
MAP1757              NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 03/11/20
MXG9282   SC _                        ACCEPTED                 A2020200 13:32:31

HH-REC  CN                    NM            IT      DB              SX


                       TECHCOM    PROCOM
MAMMO RSK    MAMMO DATES  0000      0000
                         0000      0000
                         0000      0000


TRANSPLANT INFO:    COV IND    TRAN IND    DIS DATE
                                           000000
                                           000000
                                           000000



     EPISODE        EPISODE        DOEBA          DOLBA
      START           END
    00000000       00000000      00000000       00000000


   PROCESS COMPLETED   ---    PLEASE CONTINUE
       PRESS PF3-EXIT  PF7-PREV PAGE PF8-NEXT PAGE
```

Part A

CWF: Hospice Period Information (MAP1758)

```
MAP1758              NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 03/11/20
MXG9282    SC _                        ACCEPTED                A2020200 13:33:34

HOSPICE INFO FOR PERIODS 1 AND 2:

PERIOD    1ST  ST DATE              PROV           INTER
OWNER CHANGE ST DATE               PROV           INTER
2ND ST DATE          PROV           INTER       TERM DATE
OWNER CHANGE ST DATE               PROV           INTER
1ST BILLED DT        LAST BILLED DT
DAYS BILLED       REVO IND


PERIOD    1ST  ST DATE              PROV           INTER
OWNER CHANGE ST DATE               PROV           INTER
2ND ST DATE          PROV           INTER       TERM DATE
OWNER CHANGE ST DATE               PROV           INTER
1ST BILLED DT        LAST BILLED DT
DAYS BILLED       REVO IND




     PROCESS COMPLETED  ---  PLEASE CONTINUE
        PRESS PF3-EXIT  PF7-PREV PAGE PF8-NEXT PAGE
```

Part A

CWF: Smoking and Tobacco Use Cessation Information (MAP175K)

```
MAP175K              NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 03/11/20
MXG9282    SC _                                               A2020200 13:34:34
           SMOKING AND TOBACCO USE CESSATION COUNSELING SERVICES

           MID                    LN            FI    DOB            SEX
COUNSELING PERIOD:
   TOTAL SESSIONS:   00  00  00  00  00
HCPCS    FROM      THRU    PER QT TP PRF  HCPCS    FROM      THRU    PER QT TP PRF




          PROCESS COMPLETED  ---   PLEASE CONTINUE
             PRESS PF3-EXIT  PF7-PREV PAGE PF8-NEXT PAGE
```

Part A

CWF: MSP Information (MAP1759)

```
MAP1759              NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 03/11/20
MXG9282    SC _                      ACCEPTED                  A2020200 13:35:52
                           MSP DATA   PAGE 1  OF 3


   EFFECTIVE DATE: 030512    SUBSCRIBER NAME:
 TERMINATION DATE: 092712     POLICY NUMBER:
         MSP CODE: D            INSURER TYPE: A
                     PATIENT RELATIONSHIP: 01
                             REMARKS CODES:


            INSURER INFORMATION
   NAME: PREFERRED MUTUAL INSURANCE COMPA    GROUP NO:
 ADDRESS: 1 PREFERRED WAY                        NAME:


         NEW BERLIN       NY  134111800


         EMPLOYER DATA
    NAME:                                   EMPLOYEE ID:
 ADDRESS:                                   EMPLOYEE INFO:



    PROCESS COMPLETED  ---   PLEASE CONTINUE
         PRESS PF3-EXIT  PF7-PREV PAGE PF8-NEXT PAGE
```

Part A

CWF: Home Health Certification Information (MAP175L)

```
MAP175L             NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMMA561 03/26/13
  TC98548    SC         HOME HEALTH CERTIFICATION                C201323F 08:59:20



   REQ DATE                                              DOB XXXXXXXX
   032615        NAME   XXXXXX.XXXXXX.X



  REC   HCPCS     FROM DATE        REC   HCPCS     FROM DATE




              PROCESS COMPLETED  ---   PLEASE CONTINUE
                  PRESS PF3-EXIT  PF7-PREV PAGE PF8-NEXT PAGE
```

HETS

- HIPAA Eligibility Transaction System

- Available 24/7, except Mondays, 12:00─6:00 a.m. ET

- Provides same eligibility data as HIQA, with following exceptions

  - Currently does not provide

    - Lifetime psychiatric day availability

    - Hospice revocation information and election period breakdown*

    - Home health episode dates*

      - *Will be included in upcoming release

Where to Find Information on HETS

- CMS Website
  - Research, Statistics, Data and Systems > HIPAA Eligibility Transaction System (HETS) Help (270/271)
- CMS website has section devoted to HETS, including:
  - Vendor and registration information
  - HETS user guide
  - FAQs

Benefits of DRG (Pricer/Grouper) Option (Inquiry Submenu 11)

- Information
  - DRG code
  - Provider reimbursement
  - For IPPS hospitals only

- Benefits
  - Researching and verifying PPS information as it relates to an IP stay

DRG (Pricer/Grouper) (MAP1781)

```
MAP1781                   NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 03/11/20
MXG9282    SC                        DRG/PPS INQUIRY                 A2020200 13:47:01
DIAGNOSES:   1 _           2               3               4               5
             6             7               8               9               POA
PROCEDURES:  1             2               3               4               5
             6             7               8               9               NPI
 SEX       C-I       DISCHARGE STATUS          DT              PROV
 REVIEW CODE         TOTAL CHARGES            DOB              OR AGE
 APPROVED LOS        COV DAYS                 LTR DAYS         PAT LIAB
 RETURNED FROM GROUPER:                                 GROUPER VERSION
    DRG         INIT              MAJOR DIAG CAT           RETURN CODE
    PROC CD USED             DIAG CD USED            SEC DIAG USED
 RETURNED FROM PRICER:                                  PRICER VERSION
    RTN CD      WAGE INDEX              OUTLIER DAYS
    AVG# LENGTH OF STAY                 OUTLIER DAYS THRESHOLD
    OUTLIER COST THRES                  INDIRECT TEACHING ADJ#
    TOTAL BLENDED PAYMENT               HOSPITAL SPECIFIC PORTION
    FEDERAL SPECIFIC PORTION            DISP# SHARE HOSPITAL AMT
    PASS THRU PER DISCHARGE             OUTLIER PORTION
    PTPD + TEP                          STANDARD DAYS USED
    LTR DAYS USED                       PROV REIMB


    PLEASE ENTER DATA, PF3-EXIT, PF6-FWD, PF8-COST DISC, PF11-RIGHT, ENT-PROC
```

Benefits of Claim Summary Option (12)

- **Information**
  - Specific data from claim record for pending and processed claims by
    - MID
    - NPI
    - S/LOC
    - TOB
    - FROM/TO (MMDDYY)
    - DCN

- **Benefits**
  - Check claim status
  - Avoiding reason codes
    - 19301
    - 380XX
    - 38200
    - 56900

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Claim Summary (MAP1741)

```
MAP1741              NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 03/11/20
MXG9282    SC                  CLAIM SUMMARY INQUIRY                A2020200 13:48:35
                                    NPI
        MID _              PROVIDER              S/LOC              TOB
  OPERATOR ID MXG9282    FROM DATE         TO DATE            DDE SORT
  MEDICAL REVIEW SELECT          DCN
        MID              PROV/MRN   S/LOC       TOB   ADM DT FRM DT THRU DT  REC DT
 SEL   LAST NAME    FIRST INIT   TOT CHG   PROV REIMB PD DT  CAN DT REAS NPC #DAYS












      PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
 PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD
```

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Part A

Claim Summary Tip: S/Loc

- Use S/Loc field to filter claims

Status	Location
Payment floor hold	P B9996
Processed claim (finalized location)	P B9997
Denied claim	D B9997
Rejected claim	R B9997
RTP claims (claims should be worked)	T B9997
Beginning of the system (all claims start here)	S B0100
ADR (awaiting response/medical records)	S B6001
Suspense (awaiting response from CWF)	S B9099

Claim Summary Tips

- Use DDE Sort field to sort claims
  - D ─ Sorts in ascending receipt date order
  - H ─ Sorts in ascending HIC number order
  - M ─ Sorts in ascending order by medical record number
  - N ─ Sorts by beneficiary last name in ascending order
  - R ─ Sorts in ascending reason code order
- Use DCN field to retrieve claim based on DCN

Benefits of Revenue Code Option (Inquiry Submenu 13)

- **Information**
  - Verify
    - If revenue code can be submitted with TOB entered on claim
    - If HCPCS codes are needed
    - If units are needed

- **Benefits**
  - Determines what TOB can be used with revenue code
  - Determines if revenue code needs
    - HCPCS code
    - Units
    - Rate
  - Avoid reason code
    - 32206
    - 32242

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Revenue Code (MAP1761)

```
MAP1761              NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 03/11/20
MXG9282    SC                  REVENUE CODE TABLE INQUIRY       A2020200 13:49:33


             REV CD 0320
EFF DT 070166      IND R                          TERM DT

NARR Radiology - Diagnostic - General Classification

        ALLOW:              HCPC:              UNITS:              RATE:
  TOB    EFF-DT TRM-DT        EFF-DT TRM-DT       EFF-DT TRM-DT        EFF-DT TRM-DT
  ---    --------------      --------------      --------------      --------------
  11X    Y 070166            V                   N                   N
  12X    Y 070166            Y 080100            Y 070198            N
  13X    Y 070166            Y 100188            Y 070166            N
  14X    Y 070166 033106     Y 100188            Y 070166            N
  18X    Y 070166            V                   N                   N
  21X    Y 070166            V                   N                   N
  22X    Y 070166            Y 040101            Y 040101            N
  23X    Y 070166            Y 040101            Y 040101            N
  28X    Y 070166            V                   N                   N
  32X    N                   V                   N                   N

        PROCESS COMPLETED   ---   PLEASE CONTINUE
          PRESS PF3-EXIT  PF6-SCROLL FWD
```

Part A

Benefits of HCPCS Codes Option (Inquiry Submenu 14)

- Information
  - HCPCS code description
  - HCPCS code effective and termination date
  - Allowable revenue code
  - MPFS rate

- Benefits
  - Helps ensure claim has valid HCPCS code
  - Avoid reason code
    - 32402

HCPC Information (MAP1771)

```
MAP1771                 NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 03/11/20
MXG9282    SC                       HCPC INFORMATION   INQUIRY         A2020200 13:52:17
                                                                              PAGE: 01
CARRIER 13202   LOC 01   HCPC 70010   MOD          IND
EFF DT 010192   TRM DT         PROVIDER                        DRUG CODE


                E O F O C       ANES T M
EFF.     TRM.   F V E P A PC    BASE Y S
DATE     DATE   F R E H T TC    VAL  P I ALLOWABLE REVENUE CODES

010120          F O       O           M    032X 0333 034X 035X 040X
                                           061X 096X 097X 098X
010119          F O       O           M    032X 0333 034X 035X 040X
                                           061X 096X 097X 098X
010118          F O       O           M    032X 0333 034X 035X 040X
                                           061X 096X 097X 098X
010117          F O       O           M    032X 0333 034X 035X 040X
                                           061X 096X 097X 098X
HCPC DESCRIPTION
Radiological supervision and interpretation X-ray of lower back portion of br


       PROCESS COMPLETED  ---   PLEASE CONTINUE
PRESS PF3-EXIT PF5-UP PF6-DOWN PF11-RIGHT
```

HCPC Information (MAP1772/Right View)

```
MAP1772                NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 03/11/20
MXG9282    SC                     HCPC RATES   INQUIRY             A2020200 14:04:47
                                                                          PAGE: 02
CARRIER 13202  LOC 01  HCPC 70010  MOD        IND

EFF DT TRM DT    60%RATE    62%/REDU      REHAB         PROF    NFACPE VAR COIN

010120             70.120     70.120                   70.120

010119             69.650     69.650                   69.650

010118             69.570     69.570                   69.570

010117             77.990     77.990                   77.990




HCPC DESCRIPTION
Radiological supervision and interpretation X-ray of lower back portion of br


      PROCESS COMPLETED  ---   PLEASE CONTINUE
PRESS PF3-EXIT PF5-UP PF6-DOWN PF10-LEFT
```

Part A

Benefits of DX/Procedure Codes Option (Inquiry Submenu 15)

- **Information**
  - Diagnosis description
    - Effective and termination date
  - Procedure description
    - Effective and termination date
      - Enter 'P' to access procedure code information

- **Benefits**
  - Helps ensure claim has valid diagnosis code
    - ICD-9-CM codes are required on every claim with DOS prior to 10/1/2015
  - Avoid reason code
    - 7C702
    - 7C900

Diagnosis Code File (MAP1731)

```
MAP1731              NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 03/11/20
MXG9282    SC                    ICD-9-CM CODE INQUIRY          A2020200 13:55:10
STARTING   ICD9 CODE: V760

ICD9 CODE                          DESCRIPTION:
           EFFECTIVE/TERM DATE      EFFECTIVE/TERM DATE      EFFECTIVE/TERM DATE
   V760        SCREEN MAL NEOP-RESP ORG
               100185     093015
   V761        SCREEN MAL NEOP-BREAST
               100185     093097
   V7610       SCRN MAL NEO BREAST NOS
               100197     093015
   V7611       SCREEN MAMMOGRAM HI RISK
               100197     093015
   V7612       SCREEN MAMMOGRAM NEC
               100197     093015
   V7619       SCRN MAL NEO BREAST NEC
               100197     093015
   V762        SCREEN MAL NEOP-CERVIX
               100185     093015
   V763        SCREEN MAL NEOP-BLADDER
               100185     093015

   PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, PRESS PF3-EXIT, PF6-SCROLL FWD
```

Procedure Code File (MAP1731)

```
MAP1731                NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 03/11/20
MXG9282    SC                      ICD-9-CM CODE INQUIRY          A2020200 13:56:59
STARTING   ICD9 CODE: P5201

ICD9 CODE                          DESCRIPTION:
           EFFECTIVE/TERM DATE     EFFECTIVE/TERM DATE     EFFECTIVE/TERM DATE
  P5201       CATH DRAIN-PANCREAT CYST
                100185     093015
  P5209       PANCREATOTOMY NEC
                100185     093015
  P5211       PANCREATIC NEEDLE BIOPSY
                100185     093087
  P5211       CLOSED PANCREATIC BIOPSY
                100187     093015
  P5212       PANCREATIC BIOPSY NEC
                100185     093087
  P5212       OPEN PANCREATIC BIOPSY
                100187     093015
  P5213       ENDOSC RETRO PANCREATOG
                100189     093015
  P5214       CLO ENDOSC BX PANCRE DUC
                100189     093015

  PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, PRESS PF3-EXIT, PF6-SCROLL FWD
```

Part A

Benefits of Adjustment Reason Codes Option (Inquiry Submenu 16)

- Information
  - Two-digit adjustment reason code
  - Adjustment reason code narrative

- Benefits
  - Validates adjustment reason code entered on adjustment

Adjustment Reason Code (MAP1821)

```
MAP1821              NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 03/11/20
MXG9282    SC            ADJUSTMENT REASON CODES INQUIRY          A2020200 13:58:27
                              SELECTION SCREEN           MNT: MXG9282   031120
 CLAIM TYPES:
 I = INPATIENT/SNF, O = OUTPATIENT, H = HOME HEALTH/CORF, A = ALL CLAIMS
 PLAN CODE: 1         REASON CODE: _
S PC RC HC TYPE                        NARRATIVE
  1   AA AA A This change is due to an automated adjustment.
  1   AC OT A ADMIT DATE CORRECTION
  1   AD AD I This overpayment is a result of a Quality Improvement Organizati
  1   AG OT A ICD-9 DIAGNOSIS CODING CHANGE
  1   AM AM I This overpayment is a result of a Quality Improvement Organizati
  1   AN AN A PART A TO PART B REBILLING DEMONSTRATION
  1   AR AR I This claim adjustment is due to a review that reversed the
  1   AS OT O AMBULATORY SURGICAL CENTER
  1   AT TB A ORIGINALLY PROCESSED AS AUTO LIABILITY, NOW MAKE MEDICARE PRIME.
  1   AU AU A This overpayment is a result of a claim being processed with
  1   AW AW I An admission denial adjustment has been processed, however, the
  1   BB BB A This overpayment is a result of a same day transfer.
  1   BC BC A This overpayment is a result of the beneficiary file being
  1   BD OT A PROCESS AS DEMAND BILL, CC 20.
  1   BE SG A CANCEL/VOID, CHARGES BILLED IN ERROR
          PROCESS COMPLETED   ---   PLEASE CONTINUE
     PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, PRESS PF3-EXIT, PF6-SCROLL FWD
```

Part A

Adjustment Reason Code (MAP1822)

```
MAP1822              NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 03/11/20
MXG9282   SC _  ADJUSTMENT REASON CODE UPDATE SCRN INQUIRY    A2020200 14:02:20
                                                    MNT: FSSUADJ1 040509

CLAIM TYPES :
I = INPATIENT/SNF, O = OUTPATIENT, H = HOME HEALTH/CORF, A = ALL CLAIMS

PLAN CODE:                REASON CODE   : OC     HIGLAS REASON CODE   : OC

                          CLAIM  TYPE   : A

                          NARRATIVE
This claim adjustment was due to a changed, denied or added
procedure code.




            PRESS PF3-EXIT  PF7-PREV PAGE
```

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Part A

Benefits of Reason Codes Option (Inquiry Submenu 17)

- Information

  - Reason code narrative

  - Effective date

  - Status/location

  - Claim or line reason code

- Benefits

  - Provides information related to reason code, including what action to take on your claim

  - Provides information on reason code without needing to access a specific claim

Reason Codes (MAP1881)

```
MAP1881               NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 03/11/20
MXG9282    SC                   REASON CODES INQUIRY                 A2020200 14:06:23
                                                               MNT: CIE3820  012820
PLAN REAS    NARR    EFF      MSN      EFF      TERM    EMC     HC/PRO PP    CC
IND  CODE    TYPE    DATE     REAS     DATE     DATE    ST/LOC  ST/LOC LOC   IND
 1   C7010    E      122289   27.1     060198           S MSPRA S MSPRA
 TPTP A X  B X  NPCD A N     B N   HD CPY A 9  B 9  NB ADR     CAL DY      C/L C
 ----------------------------NARRATIVE------------------------------------
THE SERVICE DATES ON THIS CLAIM OVERLAP A HOSPICE ELECTION PERIOD AND
CONDITION CODE 07 IS NOT PRESENT.
* IF APPROPRIATE MAKE CORRECTION AND RESUBMIT A NEW CLAIM.




          PROCESS COMPLETED  ---   NO MORE DATA THIS TYPE
 PRESS PF3-EXIT  PF6-SCROLL FWD  PF8-NEXT
```

Part A

Reason Codes (MAP1882)

```
MAP1882                NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 03/11/20
MXG9282    SC          ANSI RELATED REASON CODES INQUIRY              A2020200 14:08:23
                                                                 MNT: CIE3820  012820

REASON CODE: C7010
PIMR ACTIVITY CODE:            DENIAL CODE: 100003              MR INDICATOR:
                              PCA INDICATOR:                   LMRP/NCD ID :

ANSI CODES
  ADJ REASONS: B9

  GROUPS     : CO

  REMARKS    :

  APPEALS (A): N211


  APPEALS (B): N211


  CATEGORY   :  EMC F2                    HC F2

  STATUS     :  EMC 0188                  HC 0188

           PRESS PF3-EXIT  PF7-PREV PAGE
```

Invoice No/DCN Trans Option (Inquiry Submenu 88)

- Information
  - Allow the provider to identify a claim's Invoice Number when the DCN is known
  - Also identifies the claim's DCN when the Invoice Number is known

- Benefits
  - Allows the provider to identify claims associated with an A&R invoice number

Invoice Number/DCN Trans (MAPHDCN)

```
MAPHDCN              NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 03/11/20
MXG9282                         MEDICARE PART A                A2020200 14:09:55
                       INVOICE NUMBER/DCN TRANSLATOR

PLEASE ENTER UP TO 5 DCNS ON THE LEFT OR 5 DCNS ON THE RIGHT. PRESS PF9.
THE EQUIVALENT DCNS WILL BE DISPLAYED IN THE OPPOSITE FIELD.

    F I S S   D C N                            INVOICE NUMBER

    _____                          _____


    _____                          _____


    _____                          _____


    _____                          _____


    _____                          _____



MSG:     PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
PF1=          PF2=         PF3=END     PF4=         PF5=         PF6=
PF7=          PF8=         PF9=PROCESS PF10=        PF11=        PF12=
```

Part A

Benefits of ZIP Code File Option (Inquiry Submenu 19)

- Information

    - Access to the ZIP code file in inquiry mode. The first ZIP code loaded on the ZIP code file displays first. The next ten (10) ZIP code records display in ascending order

- Benefits

    - A ZIP code may be entered to display a specific record

ZIP Code File (MAP1171)

```
MAP1171               NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 03/11/20
MXG9282    SC _                      ZIP CODE INQUIRY                 A2020200 14:12:36
ZIP CODE: 13207  PLUS-FOUR:
                                  RURAL        RURAL
SEL ZIP PLUS FOUR CARRIER  LOC    IND          IND2     PIND   PLUS4-FLAG   STATE

    13207 0000    13282     99     U            U        A         0         NY
    13208 0000    13282     99     U            U        A         0         NY
    13209 0000    13282     99     U            U        A         0         NY
    13210 0000    13282     99     U            U        A         0         NY
    13211 0000    13282     99     U            U        A         0         NY
    13212 0000    13282     99     U            U        A         0         NY
    13214 0000    13282     99     U            U        A         0         NY
    13215 0000    13282     99     U            U        A         0         NY
    13217 0000    13282     99     U            U        A         0         NY
    13218 0000    13282     99     U            U        A         0         NY
    13219 0000    13282     99     U            U        A         0         NY
    13220 0000    13282     99     U            U        A         0         NY
    13221 0000    13282     99     U            U        A         0         NY
    13224 0000    13282     99     U            U        A         0         NY
    13225 0000    13282     99     U            U        A         0         NY


    PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, PRESS PF3-EXIT, PF6-SCROLL FWD
```

Benefits of OSC Repository Option (Inquiry Submenu 1A)

- Information
    - This screen displays the occurrence span code repository record

- Benefits
    - For stays that necessitate the reporting of more than ten OSCs (i.e., more OSCs than the claim formats allow), LTCH, IPF and IRF

OSC Repository (MAP11A1)

```
MAP11A1    PG         NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 03/11/20
MXG9282    SC              DDE OSC REPOSITORY INQUIRY                   A2020200 14:14:34

    PROVIDER                          MID  _                    ADMIT DATE

    DOCUMENT CONTROL NUMBER   OSC FROM DATE TO DATE    OSC FROM DATE TO DATE




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

Benefits of Claim Count Summary Option (Inquiry Submenu 56)

- Information
  - S/LOC of claims pending
  - Category
  - Total claim count
  - Total dollar amount
  - Total payment

- Benefits
  - Provides daily snap shot of your pending claims inventory

Claim Summary Totals (MAP1371)

```
MAP1371              NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 03/11/20
MXG9282    SC           CLAIM SUMMARY TOTALS INQUIRY                A2020200 14:16:25


          PROVIDER                  S/LOC              CAT
          NPI
   S/LOC       CAT     CLAIM COUNT   TOTAL CHARGES         TOTAL PAYMENT
                GT         19            247,346.57              86,382.98
 P B7530        AD          1             20,665.49                  00.00
 P B7530        TC          2             43,880.49                  00.00
 P B7530        11          2             43,880.49                  00.00
 P B9996        TC          4             65,115.96              86,382.98
 P B9996        13          4             65,115.96              86,382.98
 S MKPCP        AD          2                274.30                  00.00
 S MKPCP        TC          3             51,098.28                  00.00
 S MKPCP        13          3             51,098.28                  00.00
 S MKPJC        TC          4             86,424.54                  00.00
 S MKPJC        11          1             14,181.67                  00.00
 S MKPJC        12          1              3,797.50                  00.00
 S MKPJC        13          2             68,445.37                  00.00
 S MLESA        TC          1                 01.00                  00.00
 S MLESA        13          1                 01.00                  00.00
 S MNEWR        TC          1                 01.00                  00.00
        PROCESS COMPLETED   ---   PLEASE CONTINUE
     PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, PRESS PF3-EXIT, PF6-SCROLL FWD
```

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Part A

Benefits of ANSI Reason Codes Option (Inquiry Submenu 68)

- **Information**
  - ANSI code narrative
  - Record type
    - Remittance group codes
    - Remittance remarks codes

- **Benefits**
  - Provides explanation of ANSI codes found on the RA
    - Appeals information
    - Responsible party

ANSI Code File (MAP1581)

```
MAP1581              NATIONAL GOVERNMENT SERVICES,#13001 UAT  ACMFA561 03/11/20
MXG9282   SC              ANSI STANDARD CODES SEL INQUIRY       A2020200 14:18:36

RECORD TYPE: C
C = ADJ REASONS   G = GROUPS    R = REMARKS    A = APPEALS
STANDARD CODE:                   T = CLAIM CATEGORY  S = CLAIM STATUS
S RT CODE  TERM DT              NARRATIVE
  C A0              PATIENT REFUND AMOUNT.
  C A1              CLAIM/SERVICE DENIED. AT LEAST ONE REMARK CODE MUST BE PROV
  C A2     010108  CONTRACTUAL ADJUSTMENT.
  C A3     101603  MEDICARE SECONDARY PAYER LIABILITY MET.
  C A4     040108  MEDICARE CLAIM PPS CAPITAL DAY OUTLIER AMOUNT.
  C A5              MEDICARE COST CLAIM PPS CAPITAL OUTLIER AMOUNT.
  C A6              PRIOR HOSPITALIZATION OR 30-DAY TRANSFER REQUIREMENT NOT ME
  C A7     070115  PRESUMPTIVE PAYMENT ADJUSTMENT.
  C A8              CLAIM DENIED; UNGROUPABLE DRG. THIS CHANGE TO BE EFFECTIVE
  C B1              NON-COVERED VISITS.
  C B10             ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE
  C B11             THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/
  C B12             SERVICES NOT DOCUMENTED IN PATIENT'S MEDICAL RECORDS.
  C B13             PREVIOUSLY PAID.  PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE B
  C B14             PAYMENT DENIED BECAUSE ONLY ONE VISIT OR CONSULTATION PER P
      PROCESS COMPLETED   ---    PLEASE CONTINUE
   PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, PRESS PF3-EXIT, PF6-SCROLL FWD
```

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ANSI Code File (MAP1582)

```
MAP1582                    NATIONAL GOVERNMENT SERVICES,#13001 UAT  ACMFA561 03/11/20
MXG9282    SC _              ANSI STANDARD REASON CODES INQUIRY      A2020200 14:20:26
                                                            MNT: FSSJCRG1 04/03/15


 RECORD TYPES ARE:
C = ADJ REASONS    G = GROUPS    R = REMARKS    A = APPEALS
                                 T = CLAIM CATEGORY S = CLAIM STATUS
                          RECORD TYPE   : C         TERM DT  :
                                                    EFF DT   :  010195

                          STANDARD CODE : B10


                          NARRATIVE:

ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC
PROCEDURE/TEST WAS PAID.   THE BENEFICIARY IS NOT LIABLE FOR MORE
THAN THE CHARGE LIMIT FOR THE BASIC PROCEDURE/TEST.




               PROCESS COMPLETED  ---   PLEASE CONTINUE
                    PRESS PF3-EXIT  PF7-PREV PAGE PF8-NEXT PAGE
```

Part A

Benefits of Check History Option (Inquiry Submenu FI)

- Information
  - Last three checks paid
    - Check number
    - Date
    - Amount

- Benefits
  - Use this option to reconcile your Medicare accounts

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Check History (MAP1B01)

```
MAP1B01                 NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 03/11/20
MXG9282    SC                      CHECK HISTORY                   A2020200 14:23:15


                        PROV     _                    NPI   0000000000

                        CHECK #    DATE        AMOUNT












NO CHECK DATA PRESENT
     PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

Part A

DX/Procedure Codes ICD-10 Option (Inquiry Submenu 1B)

- Information
  - Diagnosis description
    - Effective and termination date
  - Procedure description
    - Effective and termination date

- Benefits
  - Helps ensure claim has valid diagnosis code
    - ICD-10 codes are required on every claim with DOS on/after 10/1/2015
  - Avoid reason code
    - 7WEXC

DX/Procedure Codes ICD-10 (MAP1C31)

```
MAP1C31              NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 03/11/20
MXG9282   SC                  ICD-10-CM CODE INQUIRY            A2020200 14:26:06
DIAG/PROC:  D    STARTING ICD 10 CODE: N170

D/P ICD 10 CODE   SEQ CODE        DESCRIPTION:
                  EFFECTIVE/TERM DATE
D   N170               00         ACUTE KIDNEY FAILURE WITH TUBULAR NECROSIS
                  100115    093020
D   N171               00         ACUTE KIDNEY FAILURE WITH ACUTE CORTICAL NECROSIS
                  100115    093020
D   N172               00         ACUTE KIDNEY FAILURE WITH MEDULLARY NECROSIS
                  100115    093020
D   N178               00         OTHER ACUTE KIDNEY FAILURE
                  100115    093020
D   N179               00         ACUTE KIDNEY FAILURE, UNSPECIFIED
                  100115    093020
D   N181               00         CHRONIC KIDNEY DISEASE, STAGE 1
                  100115    093020
D   N182               00         CHRONIC KIDNEY DISEASE, STAGE 2 (MILD)
                  100115    093020
D   N183               00         CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)
                  100115    093020

   PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, PRESS PF3-EXIT, PF6-SCROLL FWD
```

Part A

CMHC Payment Total (Inquiry Submenu 1C)

- **Information**
  - CMHC payment and outlier totals for current year and one previous year.

- **Benefits**
  - Identifies the outlier payment total
  - Identifies the total amount of payment

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CMHC Payment Totals (MAP1D61)

```
MAP1D61              NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 04/16/18

MXG9282    SC                                                   C201821P 16:02:08

                            CMHC PAYMENT TOTALS


                  PROVIDER                        NPI


            SEL    YEAR      OUTLIER TOTAL    PAYMENT TOTAL
```

CMHC Payment Totals (MAP1D62)

```
MAP1D62            NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 04/16/18

MXG9282    SC                                               C201821P 16:02:08

                         CMHC PAYMENT TOTALS


PD DT SRCH        PROVIDER                      NPI                   YEAR


FR DATE                    DCN              VALUE CD 17    OPPS PYMT      RTC
                                           PAID DATE         TOTAL PAID
```

Provider Practice Address Query Option (Inquiry Submenu 1D)

- Information
  - Displays for the provider the additional practice addresses for a facility, this includes off-campus, outpatient, or provider-based department of a hospital

- Benefits
  - Allows the provider to see the address from the PECOS enrollment and verify the information,

Provider Practice Address Query (MAP1AB1)

```
MAP1AB1              NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 03/11/20
MXG9282    SC       PROVIDER PRACTICE ADDRESS QUERY SUMMARY    A2020200 14:35:47


NPI   _               OSCAR
                                    PRAC        PRAC
SEL  NPI               OSCAR        EFF DT      TERM DT   ADDRESS          ZIP
                                    03102008    08192016
                                    01052009    12319999
                                    08192016    12319999
                                    01012011    12319999
                                    07011966    12319999
                                    01012011    12319999
                                    07011966    12319999
                                    07011966    12319999
                                    07011966    12319999
                                    07011966    12319999
                                    07011966    12319999
                                    07011966    12319999
                                    07011966    12319999
                                    07011966    12319999
                                    07011966    12319999
                                    07011966    12319999
          PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR  PRESS PF3 TO EXIT
     PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL  FWD
```

Part A

Provider Practice Address Query (MAP1AB2)

```
MAP1AB2            NATIONAL GOVERNMENT SERVICES,#13001 UAT    ACMFA561 03/11/20
MXG9282    SC _      PROVIDER PRACTICE ADDRESS QUERY INQUIRY    A2020200 14:39:17
                                                      MNT: PECOS    20170111
NPI                   OSCAR

PRAC EFF DT            07011966    PRAC TERM DT           12319999
PRACTICE LOCATION KEY
OTHER PRACTICE Y
TYPE OF PRACTICE
ADDRESS 1
ADDRESS 2
CITY NEW YORK                         STATE NY    ZIP 100654870
NPI EFF DT            01232008    NPI TERM DT           01232008




PRESS PF3-EXIT  PF6-SCROLL FWD  PF7-PREV
```

Part A

New HCPCS Screen (1E) MAP1E01

```
MAP1E01              NATIONAL GOVERNMENT SERVICES #06201 UAT    ACMFA722 05/12/21

  KXT2938    SC              NEW HCPC INFORMATION INQUIRY          A20212CP 12:59:07

                                                            PAGE: 01


  CARRIER          LOC     HCPC        MOD        IND     FEE TYPE

  EFF DT           TRM DT          PROVIDER



                           E  O  F  O  C     ANES T M

  EFF.    TRM.             F  V  E  P  A PC   BASE Y S

  DATE    DATE             F  R  E  H  T TC   VAL  P I ALLOWABLE REVENUE CODES









  HCPC DESCRIPTION




            PROCESS COMPLETED  ---   PLEASE CONTINUE

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

Resources and References

FISS DDE Resources

- ## FISS logon ID and password requests
  - ### Our website
    - Part A > Claims > Electronic Submissions (EDI)

- ## FISS DDE Provider Online Guide
  - ### Our website
    - Part A > Education > Job Aids & Manuals

What You Should Do Now

- Share this presentation with other internal staff members

- Use this information to assist in using the Medicare Part A FISS Inquiries menu more effectively

- Update any internal procedure/system causing your facility to have claim rejections, RTP and denials

Thank You!

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

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