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Medicare Secondary Payer – Claim Adjustments

8/10/2022

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Today's Presenters

- Provider Outreach and Education Consultants
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Objective

- Provide instructions on how to adjust claims due to MSP-related issues
  - Adjust
    - Medicare primary or conditional claim to MSP claim
    - MSP claim to Medicare primary or conditional claim
    - MSP or conditional claim to make other changes
    - Cost-avoided (rejected for MSP) claim to Medicare primary, conditional or MSP claim

Agenda

- 2022 MSP education
- MSP and your MSP responsibilities
- Preparing MSP-Related Adjustments Chart
- Using FISS DDE to submit adjustments
- What you should do now
- MSP Resources – Refer to Handout
- Questions and Answers

2022 MSP Webinar Series

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MSP Webinar Series

- 17 different MSP webinars
- Wednesdays except 5/5/2022 (Thursday)
  - March 2022
    - **3/9** = Fundamentals
    - **3/23** = Resources
  - April 2022
    - **4/6** = Identifying Primary Payers
    - **4/20** = Setting Up & Correcting CWF Records
    - **4/27** = MSP Rejections on Primary Claims

MSP Webinar Series

- May 2022
  - **5/4** = Working Aged with EGHP Provision
  - **5/5** = Disabled with LGHP Provision (Thursday)
  - **5/18** = ESRD with EGHP Provision
- June 2022
  - **6/1** = No-fault, Medical-payment and Liability Provisions
  - **6/15** = Submitting Claims When Primary Payer Makes Payment (MSP Billing)
  - **6/22** = MSP Billing Examples

MSP Webinar Series

- July 2022
  - **7/6** = Submitting Claims When Primary Payer Does Not Make Payment (Conditional Billing)
  - **7/20** = Conditional Billing Examples
  - **7/27** = MSP Claims That RTP
- August 2022
  - **8/3** = Conditional Claims That RTP
  - **8/10** = Adjustments Involving MSP
  - **8/17** = MSP Payment and Beneficiary Responsibility

Additional 2022 MSP Events

- Virtual conferences include MSP as topic
  - Typically held twice a year
- Let's Chat About MSP Part A webinars
  - For all Part A providers including HH+Hs and FQHCs/RHCs
  - Ask MSP-related questions (no PHI)
  - Event posted to our website but no presentation
  - Monthly, Thursdays except 11/29/2022 (Tuesday)
    - 1/27, 2/24, 3/31, 4/28, 5/26, 6/30, 7/28, 8/25, 9/29, 10/27, 11/29, 12/15

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; Medicare is primary unless criteria/conditions of another are met

Providers' MSP-Related Responsibilities

- Per Medicare provider agreement
  - Determine if we are primary for beneficiary's services
    - Identify payers primary to Medicare
      - Conduct MSP screening process = Check for MSP records in CWF and ask beneficiary/representative MSP questions
        - » Identify Proper Order of Payers for Beneficiary's Services
        - » CMS IOM Publication 100-05, *Medicare Secondary Payer Manual,* Chapter 3, Section 20.2.1
  - Submit claims to primary payer(s) before Medicare
  - Submit MSP claims if required or conditional claims

MSP Records in CWF – Available Information

- If MSP record(s) present, information includes
  - **MSP VC** and **primary payer code** for MSP provision
  - MSP effective date
  - MSP termination date, if applicable
  - Subscriber's name
  - Policy number
  - Patient's relationship to insured
  - Insurer's information

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

MSP VC	MSP Provision	Primary Payer Code
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 including medical-payment) or Set-Aside	D or T
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 or Set-Aside	L or S

Determine Proper Order of Payers

- Compare MSP record information to MSP information you collected
- Use your knowledge of MSP provisions
  - In general, Medicare is primary when beneficiary
    - Has no other coverage
    - Has other coverage but it doesn't meet MSP provision criteria or it meets MSP provision criteria but it is no longer available
  - In general, other coverage is primary when beneficiary
    - Has coverage that meets MSP provision criteria and it is available

Submit Claims According to Your Determination and Code Accurately

- If Medicare is primary, submit claim to
  - Us as primary with explanatory billing codes
- If another payer is primary, submit claim to
  - Primary payer first; follow up often
  - Medicare secondary, if required, with MSP billing codes
- If multiple payers are primary, submit claim to
  - Primary payer first, secondary next, etc.; follow up often
  - Medicare tertiary, if required, with MSP billing codes

MSP Fact

- Do not bill Medicare and another 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 MSP provisions except liability, refer to CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*, Chapter 3, Section 10.4
        - » For liability, refer to CMS IOM Publication 100-05, *Medicare Secondary Payer Manual*, Chapter 2, Section 40.2 (letter E)

Medicare Claim Types

- If primary payer
  - Paid in part, submit MSP (partial-pay) claim
  - Paid in full, submit MSP (full-pay) claim if required
  - Does not pay indicating Medicare is primary, verify Medicare is primary and if so, submit primary claim
  - Does not pay for valid reason, submit conditional claim
  - Does not pay promptly for accident (within 120 days; non-GHP), you may submit conditional claim

Adjust Claim Due to MSP-Related Issue

Adjustments – Defined

- Use TOB XX7
- Change details on finalized claim in FISS status locations
  - P B9997 (Processed)
  - R B9997 (Rejected) (limited use only)
    - Only if claim rejection posted to CWF
    - Example = Claims billed as primary that rejected for MSP (cost-avoided) with FISS reason code in range 34###

Adjust Claim Due to MSP-Related Issue – STEPS

1. Identify FISS status location of claim and reason(s) for claim change
2. Make claim adjustment due to 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 Claim Due to MSP-Related Issue

- Identify FISS status location of claim and reason(s) for claim change
  - T B9997 = RTP claims
  - P B9997 = Processed claims
  - R B9997 = Rejected claims

T B9997 – You Can Correct But Cannot Adjust These Claims

- RTP claims
  - Not finalized
  - Did not meet requirements
  - Have reason code(s) describing error(s)
- To change/correct these claims
  - Use FISS DDE, make changes/corrections, hit <F9/PF9> key to return, or
  - Resubmit new correct claim (leave RTP claim as is)

P B9997 – You Can Adjust These Claims

- Processed claims
  - Considered paid but may or may not have paid amount
  - Includes MSP claims, conditional claims and Medicare primary claims that did not reject due to MSP record
  - Finalized; met requirements
- To change/correct these claims, adjust
  - Do not cancel or resubmit (rejects as duplicate)

R B9997 – You Can Adjust These Claims

- Rejected claims
  - Considered processed but are not paid due to rejection
  - Includes claims billed as Medicare primary but that rejected due to MSP record (cost-avoided with FISS reason code in range 34###)
  - Finalized; met requirements except for MSP record
- To make changes/correct these claims, adjust
  - Do not cancel or resubmit (rejects as duplicate)

STEP 2 of Adjust Claim Due to MSP-Related Issue

- Make claim adjustment due to MSP-related issue
  - Prepare/submit adjustment (TOB XX7) via
    - FISS DDE
    - 837I
    - Hardcopy (UB-04/CMS-1450 claim form)
      - ASCA waiver not required
      - Submit to our Claims Department (Go to our website > Contact Us > 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-related issues
  - Submit Medicare tertiary claims via 837I claim
- FISS added MAP1719 (page 03) so you can enter CAS information from primary payer's RA
  - CAGCs, CARCs and amounts

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 different than billed
  - External code list website (X12.org)

STEP 3 of Adjust Claim Due to MSP-Related Issue

- Follow instructions in our website article
  - Correct or Adjust a Claim Due to an MSP-Related Issue
    - Includes "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
  - Change you want to make to claim
    - Make claim MSP, conditional, Medicare primary or any other 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
  - Report MSP claim coding on adjustment claim
    - Refer to our website article Prepare and Submit MSP Claim
- Code 2
  - Report conditional claim coding on adjustment claim
    - Refer to our website article Prepare and Submit MSP Conditional Claim
- Code 3
  - Report MSP or conditional claim coding on adjustment claim
    - Refer to both articles mentioned above as needed
    - When reporting CC D9 on adjustment, report remarks to explain reason

Comment Code 4

- Contact BCRC when
  - Medicare is primary to
    - GHP (MSP VCs 12, 13 or 43) and MSP record needs correction
    - NGHP (MSP VCs 14, 15, 41 or 47) and MSP record needs correction
      - Services related to accident; date benefits exhausted or case settled < DOS
- Submit adjustment once BCRC corrects MSP record
  - Report explanatory codes to indicate why we are primary
- Refer to our website articles
  - Correct Beneficiary's MSP Record
  - Prevent MSP Rejection on Medicare Primary Claim

Comment Codes 5 and 6

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

Comment Code 7

- If comment code 5 or 6 applies, contact BCRC if information is available that can correct MSP record
  - This prevents you from having to use remarks on future claims that are not related to that accident MSP record
    - Refer to our website article Correct Beneficiary's MSP Record

Comment 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 (E)
    - You 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 claim within one year of it'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
    - For all MSP provisions except liability, refer to 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 for MSP record)
      - 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 MSP claim and primary payer later takes their payment back from provider
      - You may adjust that MSP claim within one year of its process date
    - If original claim was processed as Medicare primary and primary payer later pays provider
      - You may adjust that primary claim beyond one-year timely filing since Medicare is being reimbursed
        - » If primary payer is liability, 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 us as primary, you billed primary payer and were paid
  - Adjust (XX7) claim and report CC = D7
- For additional instructions
  - Review comment codes 1, 8 (if primary payer = Liability) and 10
  - You may adjust claim beyond one-year timely filing (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 us as primary, you billed primary payer but they did not pay promptly (accidents only) or for valid reason
- Adjust (XX7) claim and report CC = D9
- For additional instructions
  - Review comment code 2
  - Not common to adjust 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 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 its 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)
- 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 its 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 primary payer and were paid
- 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 back to Medicare primary claim (as originally billed)
- 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 (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
  - Not common to adjust 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 (CC = 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 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 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

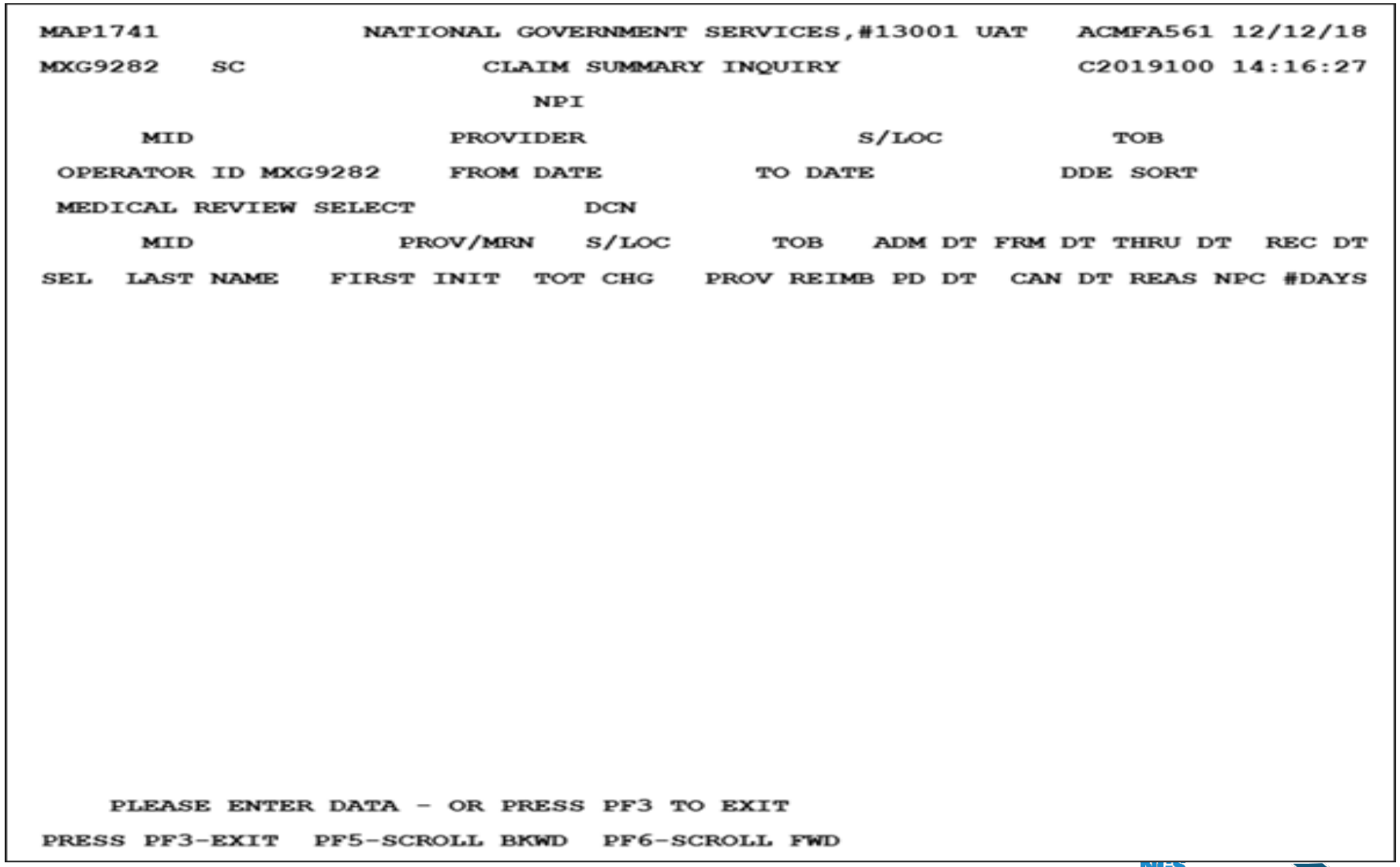
   ENTER MENU SELECTION:


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

Step 2: Access 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 adjust 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

Step 3: Make Adjustments to Claim

- When adjustment reason involves changing MSP information
  - Make 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 changing claim to MSP or conditional, report remarks per billing instructions on website (claim page 6 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
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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
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Step 3: Make Adjustments to Claim (Add/Change Primary Payer's RA Information)

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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> key 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 Medicare number and from/through dates of adjustment
  - 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
  - Ensure Total Charge line (0001) is re-added and calculated appropriately

Deleting/Rekeying Claim Lines

- Delete revenue code lines by placing a 'D' on first position of revenue code
  - Press <Home> key
  - Press <Enter> key
    - This deletes entire revenue code line
- Add new charges by first deleting Total Charge line (0001), adding new line(s)
- Ensure Total Charge line (0001) added and recalculated

MSP Fact

- There must be a matching MSP record 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

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Thank You!

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

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