



Correcting RTP Claims via FISS DDE

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Today's Presenters

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Objectives

- Provide simple instructions for correcting a claim through the FISS DDE online system

Agenda

- What you need to know about claim correction
- How to correct an RTP claim in FISS DDE
 - Example of claim correction process
- Correcting MSP RTPs
- Tips, tidbits, and reminders
- References, resources, and wrap up
 - Questions

Polling Question #1

- Are you a current FISS DDE user?
 - Yes
 - No

Polling Question #2

- Are you responsible for doing the claims correction for your facility?
 - Yes
 - No

What You Need to Know About Claim Corrections



Why Correct a Medicare Claim?

- Because claim has been RTP
 - Claims in RTP status have been returned as unprocessable because they contain nonmedical errors
 - RTP claims are held in S/LOC T B9997
 - If no action is taken to resolve error that caused claim to RTP, eventually claim will drop off system without reimbursement
- To fix errors and resubmit claim without having to rekey/submit a new claim

For FISS DDE Users Only

- Claims correction is not available to non-FISS DDE users submitting claims via 837I electronic file or ASCA waiver providers submitting paper claims

Did You Know...

- Claims correction option is not mandatory
 - Providers always have option of submitting a brand new claim
 - Since claim has not posted to CWF, new claim will not reject as duplicate
 - Corrected claims go through same edits as new claim submissions

While You're In There...

- In addition to fixing errors that caused claim to RTP, providers can make any other necessary changes to allowable fields when submitting a claim through claim correction
 - If changing fields that cannot be updated in claims correction, submit as new claim
 - MID
 - Provider number
 - TOB

How to Correct an RTP Claim in FISS DDE

How to Correct an RTP Claim

- Access RTP claim
- Review reason(s) for RTP
- Make claim corrections
- Submit & verify claim resubmitted

Step 1: Access the Claim

- Log into FISS DDE
 - Select Claims Correction Menu (option 03)
 - Select one of the options from Claim and Attachments Correction Menu based on RTP claim type
 - Inpatient – 21
 - Outpatient – 23
 - SNF – 25
 - Home Health – 27
 - Hospice – 29

Step 1: Access the Claim

- Enter MID and DOS
 - List of RTP claims will be displayed
- Select claim to be corrected by placing 'U' in SEL field
 - Claim opens at page 1

Step 2: Review Reason(s) for RTP

- On claim page 1, reason code(s) listed on lower left corner
- Hit <F1/PF1> to review reason code file
 - Also available through Inquiries Submenu (01), Reason Code file (17)
- After reviewing reason code narrative, hit <F3/PF3> to return to claim

Claim Correction Tip

- If there are multiple reason codes assigned to a claim
 - Put your cursor on first character of additional reason code(s) before hitting <F1/PF1> to review the code narrative(s)
 - Or, over-key reason code to review narrative of each additional code(s)
 - Then hit <F3/PF3> to return to claim

Step 3: Make Corrections to Claim

- Changes can be made by entering/over-keying appropriate FISS DDE field
- When making changes to claim lines on claim page two, delete and rekey the line
 - Delete revenue code lines by placing a 'D' on first position of the revenue code
 - Press <Home> key, then press <Enter> key
 - This will delete entire revenue code line
 - Re-enter units, codes, rates; recalculate charges
- Make sure Total Charge line (0001) added and recalculated

Step 4: Submit & Verify Claim Resubmitted

- Review changes to ensure accuracy
- Hit <F9/PF9> to resubmit claim for processing
- Verify that claim was stored correctly by going into Inquiries submenu (Option 01) and choosing Claims Summary option (Menu 12)
 - Available next day after correcting claim (<F9/PF9>)
 - Key patient's MID and from and through dates of claim
 - Claim should appear with a 'S' in S/LOC field

What Happens Next...

- A claim submitted through claims correction goes through all the same system edits as an initial claim submission
- Processing of corrected claims can be affected by
 - Recent FISS DDE updates
 - Any errors made when entering corrections

Claim Correction Example: Correcting Admission Type, Recalculating Total Charges

Step 1: Access the Claim

```
MAP1704          NATIONAL GOVERNMENT SERVICES, #13001 UAT  ACMFA561 08/21/15
MXG9282          CLAIM AND ATTACHMENTS CORRECTION MENU    C201533P 15:17:53

                CLAIMS CORRECTION

                INPATIENT                21
                OUTPATIENT              23
                SNF                      25
                HOME HEALTH             27
                HOSPICE                  29

                CLAIM ADJUSTMENTS        CANCELS
                INPATIENT                30          50
                OUTPATIENT              31          51
                SNF                      32          52
                HOME HEALTH             33          53
                HOSPICE                  35          55

                ATTACHMENTS
                PACEMAKER                42
                AMBULANCE                43
                THERAPY                  44
                HOME HEALTH              45

                ENTER MENU SELECTION:  23

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

Step 1: Access the Claim

```
MAP1741          NATIONAL GOVERNMENT SERVICES #14013 UAT   ACMFA781 09/16/20
MXG9282   SC          CLAIM SUMMARY INQUIRY                A20204AF 15:10:43

                      NPI

      MID          PROVIDER          S/LOC T B9997   TOB 13
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
                      300001          T B9997   131          092117 092117   111717
                      R          326.00          061020          15361   98

PROCESS COMPLETED --- NO MORE DATA THIS TYPE
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR PRESS PF3 TO EXIT
```

Step 2: Review Reason(s) for RTP

```

MAP1711  PAGE 01  NATIONAL GOVERNMENT SERVICES #14013 UAT  ACMFA781 09/16/20
MXG9282  SC          INST CLAIM UPDATE          A20204AF 15:16:26
MID          TOB 131  S/LOC S B0100 OSCAR          SV:  UB-FORM
NPI          TRANS HOSP PROV          PROCESS NEW MID
PAT.CNTL#:          TAX#/SUB:          TAXO.CD: 282N00000X
  STMT DATES FROM 092117  TO 092117  DAYS COV    N-C    CO    LTR
  LAST PATIENT          FIRST RICHARD          MI    DOB 09031951
  ADDR 1 123 MAIN ST          2 SYRACUSE NY
  3          4          CARR:
  5          6          LOC:
ZIP 132000001 SEX M MS  ADMIT DATE          HR    TYPE 3 SRC 1 D HM    STAT 01
  COND CODES 01 A6 02 09 03 15 04    05    06    07    08    09    10
  OCC CDS/DATE 01 A1 090351 02 B1 090351 03 18 080117 04          05
          06          07          08          09          10
  SPAN CODES/DATES 01          02          03
04          05          06          07
08          09          10          FAC.ZIP 03301 2598
  DCN
  VALUE CODES - AMOUNTS - ANS I  MSP APP IND
01 A1    112.43  PR 1    02 76    26.00    03 78 033012598
04          05          06
07          08          09
15361          ← REASON CODES
  PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF8-NEXT  PF9-UPDT
  
```

Step 2: Review Reason(s) for RTP

```

MAP1881          NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 08/21/15
MXG9282   SC          REASON CODES INQUIRY                C201533P 14:59:15
                                                MNT: CMSSTD   040111
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  15361  E   122289
TPTP A   B   NPCD A   B   HD CPY A   B   NB ADR   CAL DY   C/L C
-----NARRATIVE-----
"TOTAL CHARGES" ERROR.
THE CHARGE AMOUNT REPORTED FOR REV CODE 001 MUST EQUAL THE SUM OF ALL THE
INDIVIDUAL LINE ITEM CHARGES.
*REVIEW INDIVIDUAL LINE ITEMS TO MAKE SURE THE CHARGE AMOUNTS ARE CORRECT.
*REVIEW THE ADDITION OF THE LINE ITEM CHARGES.  BE SURE THE SUM IS EQUAL TO
THE AMOUNT REPORTED FOR "TOTAL CHARGES" (REV CD 001) .
*ONLINE PROVIDERS MAKE APPROPRIATE CHANGES AND PF9 THE CLAIM.
*ALL OTHER PROVIDERS MAKE CORRECTION AND RETURN TO THE INTERMEDIARY.

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

Step 3: Make Corrections to Claim

```

MAP1711 PAGE 01 NATIONAL GOVERNMENT SERVICES #14013 UAT ACMFA781 09/16/20
MXG9282 SC INST CLAIM UPDATE A20204AF 15:16:26
MID TOB 131 S/LOC S B0100 OSCAR SV: UB-FORM
NPI TRANS HOSP PROV PROCESS NEW MID
PAT.CNTL#: TAX#/SUB: TAXO.CD: 282N00000X
STMT DATES FROM 092117 TO 092117 DAYS COV N-C CO LTR
LAST PATIENT FIRST RICHARD MI DOB 09031951
ADDR 1 123 MAIN ST 2 SYRACUSE NY
3 4 CARR:
5 6 LOC:
ZIP 132000001 SEX M MS ADMIT DATE HR TYPE 3 SRC 1 D HM STAT 01
COND CODES 01 A6 02 09 03 15 04 05 06 07 08 09 10
OCC CDS/DATE 01 A1 090351 02 B1 090351 03 18 080117 04 05
06 07 08 09 10
SPAN CODES/DATES 01 02 03
04 05 06 07
08 09 10 FAC.ZIP 03301 2598
DCN
VALUE CODES - AMOUNTS - ANS I MSP APP IND
01 A1 112.43 PR 1 02 76 26.00 03 78 033012598
04 05 06
07 08 09
15361
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF8-NEXT PF9-UPDT
    
```

Step 3: Make Corrections to Claim

```

MAP1712    PAGE 02    NATIONAL GOVERNMENT SERVICES #14013 UAT    ACMFA781 09/16/20
MXG9282    SC                INST CLAIM UPDATE                A20204AF 15:26:34

                                REV CD PAGE 01

MID                TOB 131  S/LOC S B0100  PROVIDER
UTN                PROG                REP PAYEE    RRB EXCL IND    PROV VAL TYPE
                                TOT      COV                SERV  RED
CL  REV  HCPC MODIFS    RATE UNIT  UNIT  TOT CHARGE NCOV CHARGE  DATE  IND
  1 0510 G0463 25PO                00001 00001    130.00                092117
  2 0636 90662 PO                00001 00001    174.00                092117
  3 0771 G0008 PO                00001 00001     22.00                092117
  4 D001                226.00
    
```

15361 ← REASON CODES

PRESS PF2-171D PF3-EXIT PF5-UP PF6-DOWN PF7-PREV PF8-NEXT PF9-UPDT PF11-RIGHT

Step 3: Make Corrections to Claim

```

MAP1712  PAGE 02  NATIONAL GOVERNMENT SERVICES #14013 UAT  ACMFA781 09/16/20
MXG9282  SC          INST CLAIM UPDATE          A20204AF 15:26:34

REV CD PAGE 01

MID          TOB 131  S/LOC S B0100  PROVIDER
UTN          PROG          REP PAYEE    RRB EXCL IND  PROV VAL TYPE
          TOT    COV
CL  REV  HCPC MODIFS    RATE UNIT  UNIT  TOT CHARGE NCOV CHARGE  DATE  IND
1  0510  G0463 25PO          00001 00001    130.00          092117
2  0636  90662 PO          00001 00001    174.00          092117
3  0771  G0008 PO          00001 00001    22.00          092117
0001          326.00
    
```

15361 <== REASON CODES

PRESS PF2-171D PF3-EXIT PF5-UP PF6-DOWN PF7-PREV PF8-NEXT PF9-UPDT PF11-RIGHT |

Step 4: Submit & Verify Claim Resubmitted <F9/PF9>

```

MAP1712    PAGE 02    NATIONAL GOVERNMENT SERVICES #14013 UAT    ACMFA781 09/16/20
MXG9282    SC                INST CLAIM UPDATE                A20204AF 15:26:34

                                REV CD PAGE 01

MID                TOB 131    S/LOC S B0100    PROVIDER
UTN                PROG                REP PAYEE        RRB EXCL IND    PROV VAL TYPE

                                TOT        COV                SERV        RED

CL  REV  HCPC  MODIFS    RATE UNIT    UNIT    TOT CHARGE  NCOV  CHARGE  DATE  IND
1  0510  G0463  25PO                00001 00001    130.00                092117
2  0636  90662  PO                00001 00001    174.00                092117
3  0771  G0008  PO                00001 00001     22.00                092117
    0001                326.00

15361

                                <== REASON CODES
PRESS PF2-171D PF3-EXIT PF5-UP PF6-DOWN PF7-PREV PF8-NEXT PF9-UPDT PF11-RIGHT |
    
```

Polling Question #3

- From which one of these S/LOCs would you be able to submit a correction in FISS DDE?
 - T B9997
 - S B9997
 - P B9997

Polling Question #4

- A claim is RTP due to an incorrect revenue code. The spelling of the patient's name can be updated while the claim is being corrected.
 - True
 - False

Correcting MSP RTP Claims

Correcting MSP RTPs

- Claims submitted as Medicare primary will RTP when accident-related MSP file is open
 - If patient's condition is not related to open accident file
 - Add remarks on claim page 04, "Services not related to open (name type of MSP accident record, e.g. no fault or workers' compensation) MSP record in CWF"
 - Press <F/PF9> key to submit corrected claim
 - Remarks will be read by system and, unless there is evidence to contrary on claim, will bypass MSP edits

Correcting MSP RTPs

- If accident-related policy is primary
 - Submit to primary insurance for reimbursement
 - Resubmit to Medicare as an MSP claim after primary claim has processed
- MSP claims submitted without appropriate coding/details will RTP
 - Payer code and name on claim page 3
 - MSP payment information on claim page 3 [<F11/PF11> right view]
 - Primary insurer information on claim pages 5 and 6

Claim Page 03 – Payer Code/Name

```

MAP1713  PAGE 03  NATIONAL GOVERNMENT SERVICES #14013 UAT  ACMFA781 09/16/20
MXG9282  SC          INST CLAIM UPDATE          A20204AF 15:38:07
MID          TOB 131  S/LOC S B0100  PROVIDER
NDC CD          OFFSITE ZIP          ADJ MBI          IND
  CD  ID  PAYER          OSCAR          RI AB          EST AMT DUE
A          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 10          11          12          13          14
15          16          17          18          END OF POA IND
ADMITTING DIAGNOSIS          E CODE          HOSPICE TERM ILL IND
IDE          GAF          0.0000          PRV E1165
PROCEDURE CODES AND DATES 07          08
09          10          11          12
ESRD HRS 00  ADJ REAS CD          REJ CD          NONPAY CD          ATT TAXO
ATT PHYS          NPI          L FOX          F          M T 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
31687          <-- REASON CODES |
PRESS PF3-EXIT PF5-BKWD PF6-FWD PF7-PREV PF8-NEXT PF9-UPDT PF11-RIGHT
  
```

NEW Claim Page 03 [Right View] – MSP Payment Information

```
MAP1719 PAGE 03 NATIONAL GOVERNMENT SERVICES #14013 UAT ACMFA781 09/16/20
MXG9282 SC INST CLAIM UPDATE A20204AF 15:45:42
MID TOB 131 S/LOC S B0100 PROVIDER
MSP PAYMENT INFORMATION
RI:
PRIMARY PAYER 1 MSP PAYMENT INFORMATION
PAID DATE: PAID AMOUNT: 0.00
GRP CARC AMT GRP CARC AMT
31687 <== REASON CODES
PRESS PF3-EXIT PF5-BKWD PF6-FWD PF7-PREV PF8-NEXT PF9-UPDT PF10-LFT PF11-RGHT
```



Claim Page 04 – Remarks

```
MAP1714 PAGE 04 NATIONAL GOVERNMENT SERVICES #14013 UAT ACMFA781 09/16/20
MXG9282 SC INST CLAIM UPDATE A20204AF 15:48:59

REMARK PAGE 01

MID TOB 131 S/LOC S B0100 PROVIDER

REMARKS

47 PACEMAKER 48 AMBULANCE 40 THERAPY 41 HOME HEALTH
58 HBP CLAIMS (MED B) E1 ESRD ATTACH
ANSI CODES - GROUP: ADJ REASONS: APPEALS:

31687 <== REASON CODES
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF7-PREV PF8-NEXT PF9-UPDT
```

Claim Page 05 – Primary Insurer Information

```
MAP1715    PAGE 05    NATIONAL GOVERNMENT SERVICES #14013 UAT    ACMFA781 09/16/20
MXG9282    SC                INST CLAIM UPDATE                A20204AF 15:49:49

MID                TOB 131  S/LOC S B0100  PROVIDER
INSURED NAME REL CERT-SSN-MID  SEX GROUP NAME    DOB    INS GROUP NUMBER
A
B
C

TREAT. AUTH. CODE

TREAT. AUTH. CODE

TREAT. AUTH. CODE

31687|                <== REASON CODES

PRESS PF3-EXIT  PF7-PREV  PF8-NEXT  PF9-UPDT
```

Claim Page 06 – Primary Payer Information

```
MAP1716 PAGE 06 NATIONAL GOVERNMENT SERVICES #14013 UAT ACMFA781 09/16/20
MXG9282 SC INST CLAIM UPDATE A20204AF 15:50:16

MID TOB 131 S/LOC S B0100 PROVIDER
MSP ADDITIONAL INSURER INFORMATION
1ST INSURERS ADDRESS 1
1ST INSURERS ADDRESS 2
CITY ST ZIP
2ND INSURERS ADDRESS 1
2ND INSURERS ADDRESS 2
CITY ST ZIP
PAYMENT DATA --- DEDUCTIBLE COIN CROSSOVER IND
PARTNER ID
PAID DATE PROVIDER PAYMENT .00 PAID BY PATIENT
REIMB RATE RECEIPT DATE 091620 PROVIDER INTEREST
CHECK/EFT NO CHECK/EFT ISSUE DATE PAYMENT CODE
PIP PAY AS CASH PRICER DATA HOSPICE PRIOR DYS
DRG OUTLIER AMT TTL BLNDED PAYMT FED SPEC
INIT DRG GRH ORIG REIMB AMT .00 NET INL
TECH PROV DAYS TECH PROV CHARGES
OTHER INS ID CLINIC CODE IOCE CLM PR FL
31687| <== REASON CODES
PRESS PF3-EXIT PF7-PREV PAGE PF9-UPDT ENTER-CONTINUE
```

FISS MSP RTP Reason Codes

Code	Description
31686	Paid amount on MAP103L/MAP1719 is not equal to charges; no CAGCs/CARCs
31687	Primary payer information is not on MAP103L/MAP1719 and Medicare is secondary
31688	Validate CARC based on paid date. Compare paid date to CARC effective date.
31689	Paid amount on MAP103L/MAP1719 does not match MSP VC amount

FISS MSP RTP Reason Codes

Code	Description
31690	Primary payer information is present for primary payer 2 but screen for primary payer 1 is blank or empty
31691	20 or fewer CAGC/CARC combinations on MAP103L/MAP1719 and total charges minus CARC amount(s) does not equal paid amount
31692	More than 20 CAGC/CARC combinations on claim. FISS will move ampersands (&) to 20th occurrence and assign this RC. Once field with ampersands (&) is corrected and claim is updated, RC will not assign
31693	Paid date on MAP103L/MAP1719 is incorrect or is not a valid date. Valid format MMDDYY

Polling Question #5

- A claim was RTP due to an open MSP no-fault file that is not related to the claim's services. How should you address this?
 - Contact the BCRC to close the file so that your claim can process as primary
 - Send the claim to the accident insurer
 - Correct the claim with remarks, "services not associated with MSP accident record"
 - Correct the claim with remarks, "services not related to open no-fault MSP record in CWF"

Claim Corrections: Tips, Tidbits and Reminders

Claim Correction Tip: SC Field

- Allows users to access options in the Inquiry menu without losing access to claim
 - Beneficiary/CWF (10)
 - Revenue Codes (13)
 - HCPCS Codes (1E)
 - Reason Codes (17)
- Press <Home> to move cursor to SC field
- Enter applicable menu number for screen you want to access in SC field
- Press <F3/PF3> to return to claim

Claim Correction Tip: DDE Sort

- Providers can use DDE Sort field on Claim Correction screen to sort RTP 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

Claim Correction Tip: DDE Sort

```
MAP1741          NATIONAL GOVERNMENT SERVICES #14013 UAT   ACMFA781 09/16/20
MXG9282   SC          CLAIM SUMMARY INQUIRY                A20204AF 15:10:43

                      NPI

      MID          PROVIDER          S/LOC T B9997  TOB 13
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
                300001          T B9997   131          092117 092117  111717
                      R      326.00          061020          15361      98

PROCESS COMPLETED --- NO MORE DATA THIS TYPE
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR PRESS PF3 TO EXIT
```

Provider-Initiated RTP Requests

- Providers who identify a correction that needs to be made to claim in process on FISS DDE system can contact PCC and request to have claim RTP
 - Not applicable to claims in a system problem or review location
- Provider Contact Centers
 - JK Part A: 888-855-4356
 - J6 Part A: 877-702-0990

How Does Timely Filing Affect Claim Corrections?

- RTP claims are considered “unprocessable” and follow all CMS regulations for timely filing of claims
 - Claims must be submitted within one year of date of service to be considered timely
- Claims updated through claim correction will display a new receipt date on system
 - New receipt date will be used to determine timeliness

Timely Filing Exceptions

- CR 7270 exceptions to one year calendar claim filing time limit
 - Administrative error
 - Retroactive Medicare entitlement
 - Retroactive Medicare entitlement involving state Medicaid agencies
 - Retroactive disenrollment from a MAO plan

050 RTP Report

- FISS DDE users can access a daily report that lists all current claims in RTP status
- From FISS DDE main menu choose
 - 04 Online Reports
 - ENTER>

```
MAP1701          NATIONAL GOVERNMENT SERVICES, #13001 UAT  ACMA561 02/13/13
TC98548                MAIN MENU                          C201313P 11:22:52

                01  INQUIRIES
                02  CLAIMS/ATTACHMENTS
                03  CLAIMS CORRECTION
                04  ONLINE REPORTS

ENTER MENU SELECTION: █

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

Accessing 050 RTP Report

- From MAP1705 select R2 – View a Report
- <Enter>
- From MAP1671 select Report No. 050
- <Enter>

```
MAP1705          NATIONAL GOVERNMENT SERVICES,#13001 UAT  ACMA561 02/13/13
TC98548          ONLINE REPORTS MENU                    C201313P 13:02:14

R1  SUMMARY OF REPORTS
R2  VIEW A REPORT
R3  CREDIT BALANCE REPORT - CMS 838

ENTER MENU SELECTION: █

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

```
MAP1671          NATIONAL GOVERNMENT SERVICES,#13001 UAT  ACMA561 02/13/13
TC98548          ONLINE REPORTS SELECTION  INQUIRY        C201313P 13:27:43
REPORT NO

SEL REPORT NO.  FREQUENCY  DESCRIPTION
█  050  DAILY  CLAIMS RETURNED TO PROVIDER
   201  WEEKLY  PENDING/RETURNED/PROCESSED CLM
   211  WEEKLY  SUBMITTED CREDIT BALANCES
   212  WEEKLY  OUTSTD MED AMT CREDIT BALANCES
   213  WEEKLY  DELETED CREDIT BALANCES
   630  WEEKLY  PROVIDER DISCLOSURE STATEMENT
   702  DAILY   ACS APPEALS RECEIVED

PROCESS COMPLETED --- NO MORE DATA THIS TYPE
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR PRESS PF3 TO EXIT
```

RTP Claim Suppression

- RTP claims can take six months or longer to purge from FISS DDE
- Suppressing an RTP hides those claims that you are not going to correct from the Claim Correction Menu option
 - All claims will continue to display in the Claim Summary option in the Inquiries menu until they purge from the system

RTP Claim Suppression

```

MAP1711  PAGE 01  NATIONAL GOVERNMENT SERVICES #14013 UAT  ACMFA781 09/16/20
MXG9282  SC          INST CLAIM UPDATE          A20204AF 15:16:26
MID          TOB 131  S/LOC S B0100 OSCAR          SV:  UB-FORM
NPI          TRANS HOSP PROV          PROCESS NEW MID
PAT.CNTL#:          TAX#/SUB:          TAXO.CD: 282N00000X
  STMT DATES FROM 092117  TO 092117  DAYS COV    N-C    CO    LTR
  LAST PATIENT          FIRST RICHARD          MI    DOB 09031951
  ADDR 1 123 MAIN ST          2 SYRACUSE NY
  3          4          CARR:
  5          6          LOC:
ZIP 132000001 SEX M MS  ADMIT DATE          HR    TYPE 3 SRC 1 D HM    STAT 01
  COND CODES 01 A6 02 09 03 15 04    05    06    07    08    09    10
  OCC CDS/DATE 01 A1 090351 02 B1 090351 03 18 080117 04          05
          06          07          08          09          10
  SPAN CODES/DATES 01          02          03
04          05          06          07
08          09          10          FAC.ZIP 03301 2598
  DCN
  VALUE CODES - AMOUNTS - ANS I  MSP APP IND
01 A1    112.43  PR 1    02 76    26.00    03 78 033012598
04          05          06
07          08          09
15361
          <== REASON CODES
  PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF8-NEXT  PF9-UPDT
  
```

RTP Claim Suppression

- Once an RTP claim has been suppressed it cannot be recalled and is no longer available for correction
 - Providers will need to submit a brand new claim in order to fix any errors on a claim that has been suppressed

Polling Question #6

- What happens to an RTP claim that is not corrected?
 - After about six months, it will be purged off the system
 - Claim will remain in Claims Correction forever
 - RTP will become a claim denial (D B9997)

Polling Question #7

- Timely filing for claims correction is based on the original submission receipt date.
 - True
 - False

Polling Question #8

- How can a provider permanently “hide” claims on Claim Correction option?
 - Claim should be cancelled
 - Claim should be corrected to remove all data
 - Claim should be suppressed

References and Resources



References

- FISS DDE Provider Online Guide
 - [Our website](#) > Part A > Education > Job Aids & Manuals
- Reminder on Deleting Revenue Code Lines in the Fiscal Intermediary Standard System Direct Data Entry System”
 - [Our website](#) > Part A > Education > Job Aids & Manuals

CMS References

- [CR6426 Instructions on utilizing 837 Institutional Claim Adjustment Segments \(CAS\) for Medicare Secondary Payer \(MSP\) Part A Claims. \(This CR Rescinds and Fully Replaces CR 6275\)](#)
- [CR8486 Instructions on Utilizing 837 Institutional Claim Adjustment Segment \(CAS\) for Medicare Secondary Payer \(MSP\) Part A Claims in Direct Data Entry \(DDE\) and 837I 5010 Claims Transactions](#)

Thank You!

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

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