

FISS DDE Basics

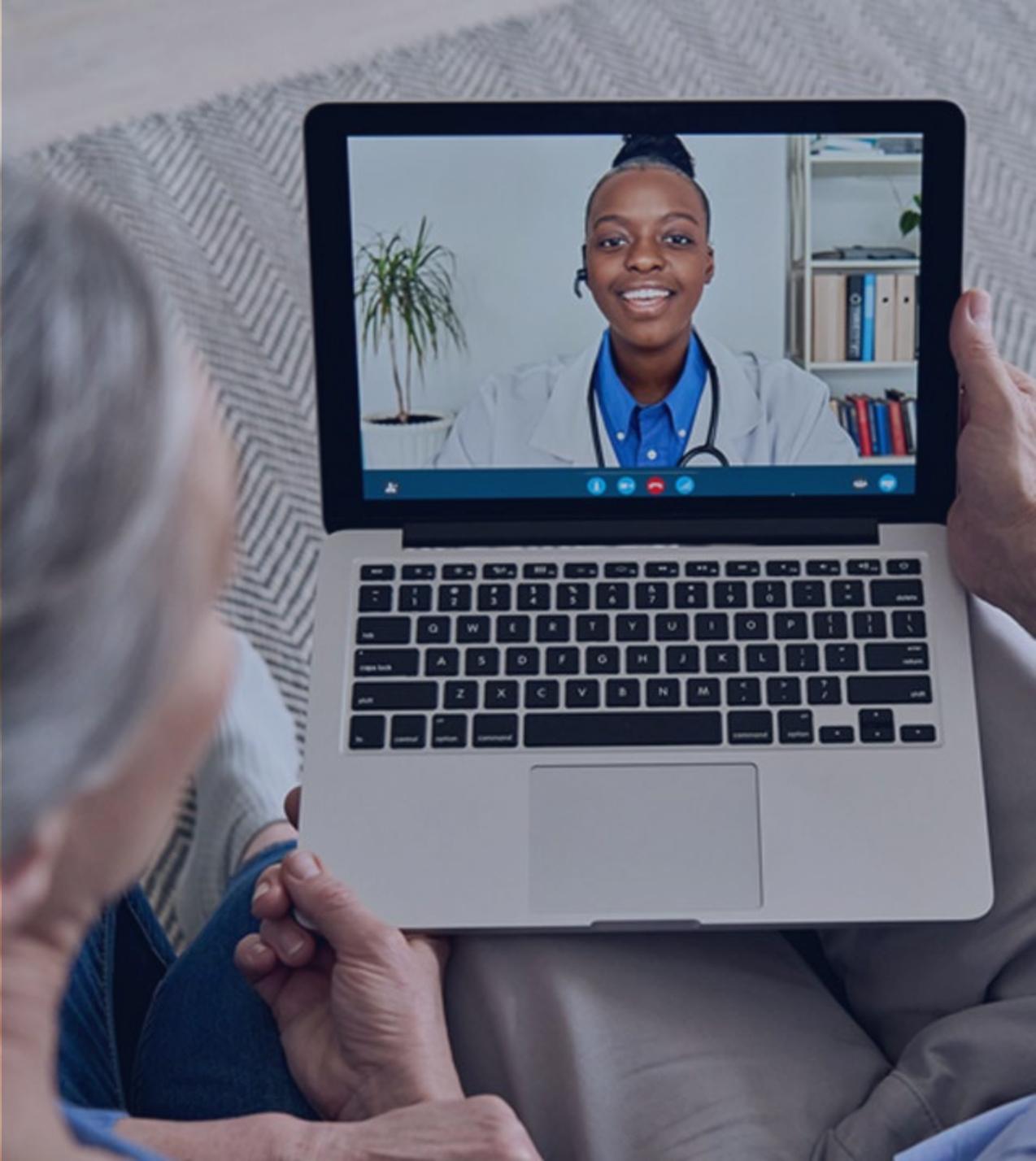
5/29/2024

Closed Captioning: *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*



Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the [CMS website](#).



Recording

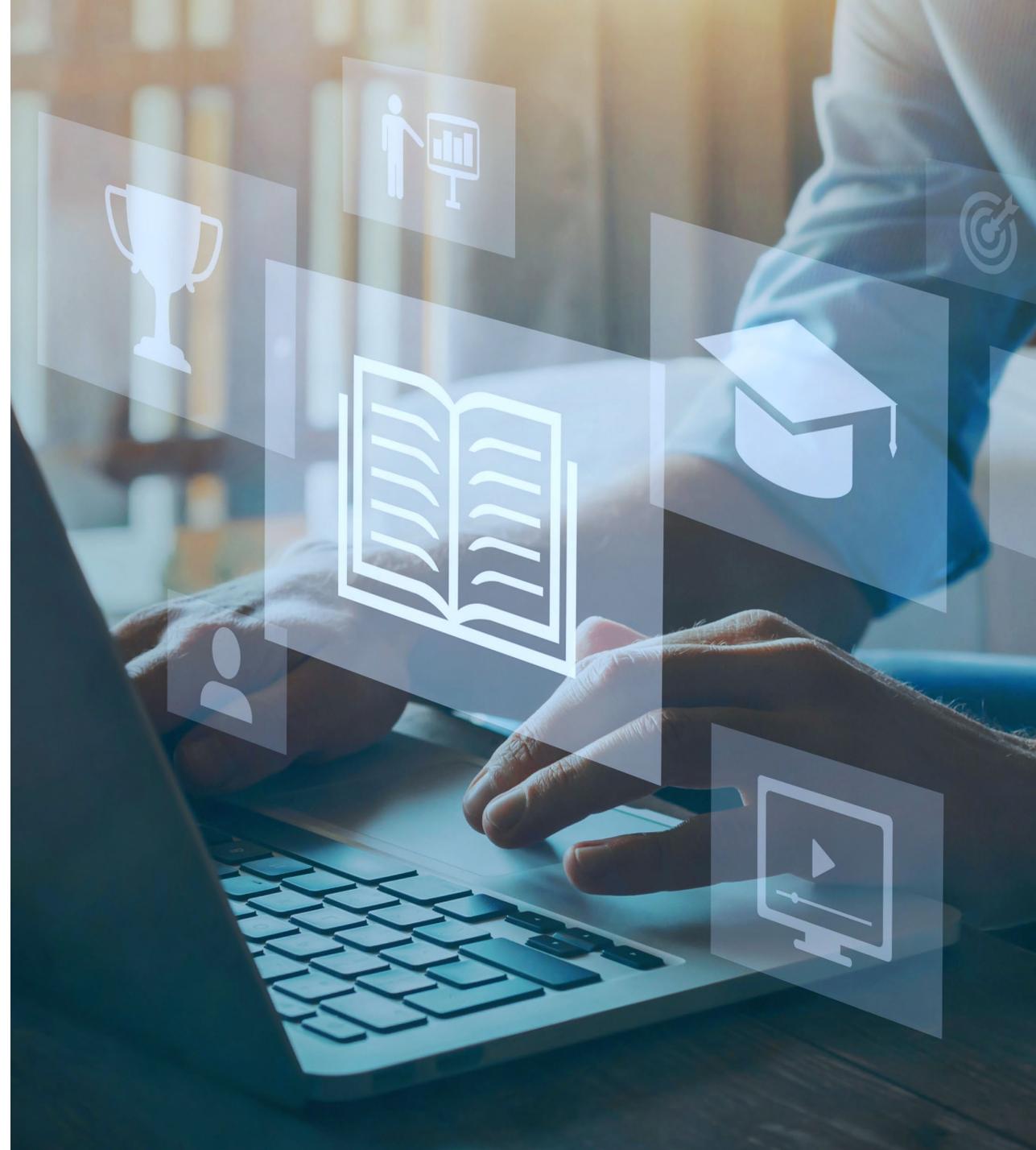
Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

Objective

After this session, attendees will be able to navigate throughout the FISS DDE system more effectively which will assist with claims being correctly submitted to Medicare the first time and help prevent claim RTP, rejections, and denials.

Today's Presenters

- Provider Outreach and Education Consultants
 - Andrea Freibauer
 - Mimi Vier





Agenda

[Introduction to FISS DDE](#)

[Inquires Submenu](#)

[Claims/Attachments Submenu](#)

[Claim Correction Submenu](#)

[Online Reports Submenu](#)

[Resources/References](#)

[Q&A](#)

Introduction to FISS DDE

What Is FISS DDE?

- The Fiscal Intermediary Standard Direct Data Entry (FISS DDE) system allows remote user connectivity to Medicare mainframe
 - MAC uses to process claims and maintain records
 - Providers use FISS DDE to
 - Access CWF
 - Research coding
 - Enter and track submitted claims
 - Correct/adjust/cancel claims
 - View reports

Accessing FISS DDE

- FISS DDE logon ID and password required
 - Enrollment information – [NGSMedicare.com website](https://www.ngsmedicare.com) > Claims > Electronic Submissions (EDI)
- User logon ID and password are for individual use only
 - Do not share with coworkers or other staff!
- Annual logon ID recertification
 - Not all regions due at same time
 - Users with active FISS DDE region logon ID sent access code by email to current primary contact email address on file with NGS EDI
 - Complete recertification within 10 business days of receiving code
 - If not recertified by due date, access suspended until complete

Navigating FISS DDE Screens

Function Keys	Navigation
F1/PF1	Access specific reason code file information about error received
F3/PF3	Returns to menu/submenu or to 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+)

FISS DDE Navigation Tips

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



Inquiries Submenu

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 MXG9282	NATIONAL GOVERNMENT SERVICES, #13001 UAT MAIN MENU	ACMFA561 08/11/15 C201531P 12:29:47
--------------------	---	--

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

ENTER MENU SELECTION:

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

01 - Inquiries Submenu

```
MAP1702          NATIONAL GOVERNMENT SERVICES, #13001 UAT  ACMFA561 08/08/23
MXG9282          INQUIRY MENU                               A20233CP 14:25:57

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    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
                                OUD DEMO 99                1F

ENTER MENU SELECTION: 

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

Beneficiary/CWF Option 10

- Information

- Benefit period
- Part A and Part B entitlement
- Deductible
- Preventive services
- Therapy cap amount
- HMO/MAO enrollment
- Home health
- Hospice
- Smoking cessation
- MSP

- Benefits

- Ensures claim 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

Beneficiary Inquiry: Patient and Entitlement Information

```
MAP1751 National Government Services, #13001 09/10/20
Kxt2938 SC ELIGIBILITY DETAIL INQUIRY
MID CURR XREF HIC PREV XREF HIC
TRANSFER HIC C-IND LTR DAYS
LN FN MI SEX
DOB DOD ELIG FROM ELIG THRU
ADDRESS: 1 2
          3 4
          5 6
          ZIP:

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

PLEASE ENTER DATA - MID, LN, FN, SEX, DOB AND ELIG FROM/THRU.

Press PF3-EXIT PF8-NEXT PAGE
```

Beneficiary Inquiry: HMO and Hospice Information

```
MAP1752 NATIONAL GOVERNMENT SERVICES, #13001 UAT ACMFA561 04/16/18
MXG9282 SC ELIGIBILITY DETAIL INQUIRY C201821P 14:38:26
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
```

CWF: Preventive Services Information

MAP175J		NATIONAL GOVERNMENT SERVICES, #13001 UAT						ACMFA561 03/23/20			
MXG928Z SC		ACCEPTED						A20202BF 10:46:50			
MID		NM	IT	DB	SX						
PRVN	SERV	TECH	D	PROF	D	PRVN	SERV	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	060214	060214	
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

CWF: Beneficiary and Benefit Period Information

```
MAP1755 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 04/16/18
MXG9282 SC ACCEPTED C201821P 15:18:07

CLAIM XXXXXXXXXXXX NAME XXXXXXXXXXXX D.O.B. XXXXXX SEX X INTER 58300

APP DT REASON CD 1 DATE/TIME 20181061443 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 1340.00 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 18 CASH 183.00 BLOOD 3 PSYCH 02200.00 PT OT
PRIR B: YR 17 CASH 183.00 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 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 04/16/18
MXG9282 SC ACCEPTED C201821P 15:49:13

DATA IND 0004000000 NAME XXXXXXXXXXXXXXXXXXXX ZIP 13000

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
```

CWF: HHA Episode Information

```
MAP1757 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 04/16/18
MXG9282 SC ACCEPTED C201821P 15:49:19

HH-REC CN XXXXXXXXXXXX NM XXXXXX IT X DB XXXXXXXXXXX SX X

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
```

CWF: Hospice Period Information

```
MAP1758 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 04/16/18
MXG9282 SC ACCEPTED C201821P 15:57:10

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
```

CWF: Smoking and Tobacco Use Cessation Information

```
MAP175K          NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 12/18/19
MXG9282   SC          A20201AF 10:56:14
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
```

CWF: MSP Information

```
MAP1759 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 04/16/18
MXG9282 SC ACCEPTED C201821P 16:09:26
MSP DATA PAGE 1 OF 3
EFFECTIVE DATE: 030512 SUBSCRIBER NAME:
TERMINATION DATE: 092712 POLICY NUMBER: XXXXXXXXXXXXXXXX
MSP CODE: D INSURER TYPE: A
PATIENT RELATIONSHIP: 01
REMARKS CODES:
INSURER INFORMATION
NAME: CRASH TEST DUMMIES INSURANCE COMPANY GROUP NO: XXXXXXXXXXXXXXXX
ADDRESS: 1 INSURANCE WAY NAME: XXXXXXXXXXXXXXXX
ANYTOWN NY 134111800
EMPLOYER DATA
NAME: EMPLOYEE ID:
ADDRESS: EMPLOYEE INFO:
PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT PF7-PREV PAGE PF8-NEXT PAGE
```

DRG (Pricer/Groupier) - Option 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) Inquiry

```

MAP1781 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 06/11/19
MXG9282 SC DRG/PPS INQUIRY A2019300 13:50:54
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 XXXXXX|
REVIEW CODE TOTAL CHARGES DOB OR AGE
APPROVED LOS COV DAYS LTR DAYS PAT LIAB
RETURNED FROM GROUPEX: GROUPEX 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
    
```

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

Claim Summary

```
MAP1741 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 12/12/18
MXG9282 SC CLAIM SUMMARY INQUIRY C2019100 14:16:27
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
```

Claim Summary Tip: Status/Location

Status	Location
Payment floor hold	P B9996
Processed claim (finalized)	P B9997
Denied claim	D B9997
Rejected claim	R B9997
RTP claims (correction by provider needed)	T B9997
All claims start here	S B0100
ADR (awaiting response/ medical records from provider)	S B6001
System 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

Revenue Codes - Option 13

- Information

- Verify

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

- Benefits

- What TOB can be used with revenue code
 - Determine if revenue code needs
 - HCPCS code
 - Units
 - Rate
 - Avoid reason code
 - 32206
 - 32242

Revenue Codes Inquiry

```
MAP1761          NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 06/13/18
MXG9282   SC          REVENUE CODE TABLE INQUIRY          C201831F 09:30:34

                REV CD
EFF DT          IND                TERM DT
NARR
                ALLOW:          HCPC:          UNITS:          RATE:
                EFF-DT TRM-DT    EFF-DT TRM-DT    EFF-DT TRM-DT    EFF-DT TRM-DT
                -----
                -----
                -----
                -----

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

Adjustment Reason Codes - Option 16

- Information

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

- Benefits

- Validates adjustment reason code entered on adjustment

Adjustment Reason Codes Inquiry

```
MAP1821          NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 07/03/18
MXG9282  SC          ADJUSTMENT REASON CODES INQUIRY       C201834F 11:03:05
                                SELECTION SCREEN          MNT: MXG9282 070318

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  A ADMIT DATE CORRECTION
1 AD  I This overpayment is a result of a Quality Improvement Organizati
1 AG  A ICD-9 DIAGNOSIS CODING CHANGE
1 AM  I This overpayment is a result of a Quality Improvement Organizati
1 AN  A PART A TO PART B REBILLING DEMONSTRATION
1 AR  I This claim adjustment is due to a review that reversed the
1 AS  O AMBULATORY SURGICAL CENTER
1 AT  A ORIGINALLY PROCESSED AS AUTO LIABILITY, NOW MAKE MEDICARE PRIME.
1 AU  A This overpayment is a result of a claim being processed with
1 AW  I An admission denial adjustment has been processed, however, the
1 BB  A This overpayment is a result of a same day transfer.
1 BC  A This overpayment is a result of the beneficiary file being
1 BD  A PROCESS AS DEMAND BILL, CC 20.
1 BE  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
```

Adjustment Reason Code Detail

```
MAP1822          NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 07/03/18
MAG9262  SC      ADJUSTMENT REASON CODE UPDATE SCRIN INQUIRY   C201834F 10:59:13
                                                    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
                    REASON CODE   : A

CLAIM TYPE   : A

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

PRESS PF3-EXIT  PF7-PREV PAGE
```

Reason Codes - Option 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 Inquiry

```

MAP1881          NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 07/06/18
MXG9282   SC          REASON CODES INQUIRY                C201831P 16:28:20
                                                    MNT: #124404 101515

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  U5220   E   122289   5.5     060198           R       R
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 SERVICES BILLED ON THE CLAIM WERE PROVIDED PRIOR TO THE DATE THE
BENEFICIARY WAS ENTITLED TO MEDICARE COVERAGE.  THEREFORE, NO MEDICARE
PAYMENT CAN BE MADE.  VERIFY THE HIC NUMBER AND DATES OF SERVICE.
* IF APPROPRIATE, CORRECT THE INFORMATION AND SUBMIT A NEW CLAIM OR UPDATE
RETURNED CLAIM.

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

Reason Codes – ANSI Information

MAP1882 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 07/10/18
MXG9282 SC ANSI RELATED REASON CODES INQUIRY C201831P 11:48:37
MNT: #124404 101515

REASON CODE: U5220

PIMR ACTIVITY CODE:

DENIAL CODE: NOPIMR

MR INDICATOR:

PCA INDICATOR:

LMRP/NCD ID :

ANSI CODES

ADJ REASONS: 26

GROUPS : PR

REMARKS : N30

APPEALS (A): N211

APPEALS (B): N211

CATEGORY : EMC F2

HC F2

STATUS : EMC 0091

HC 0091

PRESS PF3-EXIT PF7-PREV PAGE

Claim Count Summary - Option 56

- Information
 - S/LOC of claims pending
 - Category
 - Total claim count
 - Total dollar amount
 - Total payment
- Benefits
 - Provides daily snapshot of your pending claims inventory

Claim Summary Totals

PROVIDER		S/LOC	CAT		
NPI					
S/LOC	CAT	CLAIM COUNT	TOTAL CHARGES	TOTAL PAYMENT	
	GT	23	646,237.51	00.00	
P B7530	AD	2	78,600.00	00.00	
P B7530	TC	2	78,600.00	00.00	
P B7530	11	2	78,600.00	00.00	
P B7560	AD	3	930.80	00.00	
P B7560	TC	3	930.80	00.00	
P B7560	13	2	525.00	00.00	
P B7560	14	1	405.80	00.00	
P B7591	AD	1	17.10	00.00	
P B7591	TC	2	707.10	00.00	
P B7591	13	1	17.10	00.00	
P B7591	72	1	690.00	00.00	
S B90FB	TC	3	1,268.40	00.00	
S B90FB	13	3	1,268.40	00.00	
S B90F1	TC	1	422.80	00.00	
S B90F1	13	1	422.80	00.00	

PROCESS COMPLETED --- PLEASE CONTINUE

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

ANSI Reason Codes - Option 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                NATIONAL GOVERNMENT SERVICES,#13001 UAT  ACMFA561 07/25/18
MXG9282  SC                ANSI STANDARD CODES SEL INQUIRY      C201832P 13:08:55

RECORD TYPE:
C = ADJ REASONS  G = GROUPS  R = REMARKS  A = APPEALS
STANDARD CODE:  T = CLAIM CATEGORY  S = CLAIM STATUS
S RT CODE TERM DT                NARRATIVE

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

ANSI Code File Single Code Inquiry

```
MAP1582                NATIONAL GOVERNMENT SERVICES,#13001 UAT  ACMFA561 07/25/18
MXG9282  SC            ANSI STANDARD REASON CODES INQUIRY      C201832P 13:31:14
                                                                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      : 070907

STANDARD CODE : 209

NARRATIVE:

PER REGULATORY OR OTHER AGREEMENT. THE PROVIDER CANNOT COLLECT THIS
AMOUNT FROM THE PATIENT. HOWEVER, THIS AMOUNT MAY BE BILLED TO
SUBSEQUENT PAYER. REFUND TO PATIENT IF COLLECTED. (USE GROUP CODE OA)

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

Diagnosis/Procedure ICD-10 Codes - Option 1B

- Information

- Research ICD-10 codes
 - Description
 - Effective date
 - Termination date

- Benefits

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

Diagnosis/Procedure ICD-10 Codes Inquiry

```
MAP1C31          NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 07/26/18
MXG9282  SC          ICD-10-CM CODE INQUIRY                C201832P 08:55:59
DIAG/PROC:        STARTING ICD 10 CODE:
D/P ICD 10 CODE  SEQ CODE      DESCRIPTION:
      EFFECTIVE/TERM DATE

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

Type 'D' to access a diagnosis code, type 'P' to access a procedure code

Provider Practice Address Query - Option ID

- Information
 - Displays additional practice addresses for facility
 - Includes off-campus, outpatient, or provider-based department of hospital
- Benefit
 - View address from PECOS enrollment and verify information

Provider Practice Address Query

```
MAP1AB1          NATIONAL GOVERNMENT SERVICES, #13001 UAT  ACMFA561 03/27/19
MXG9282  SC      PROVIDER PRACTICE ADDRESS QUERY SUMMARY  A20192CF 12:35:38

NPI           OSCAR

PRAC           PRAC
SEL  NPI       OSCAR      EFF DT      TERM DT      ADDRESS          ZIP

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

Provider Practice Address Query Detail

```
MAP1AB2 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 03/27/19
MXG9282 SC PROVIDER PRACTICE ADDRESS QUERY INQUIRY A20192CF 12:37:04
MNT: PECOS 20170111

NPI XXXXXXXXXX OSCAR XXXXXX

PRAC EFF DT 01012011 PRAC TERM DT 12319999
PRACTICE LOCATION KEY XXXXXXXXXXXXXXXXXXXXXXXX
OTHER PRACTICE Y
TYPE OF PRACTICE
ADDRESS 1 2300 JACKSON ST
ADDRESS 2
CITY NEW YORK STATE NY ZIP 100000000
NPI EFF DT 01012011 NPI TERM DT 12319999

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

New HCPCS Codes - Option 1E

- 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

New HCPCS Screen

```
MAP1E01 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 03/23/20
MXG9282 SC NEW HCPC INFORMATION INQUIRY A20202BF 10:00:54
                                           PAGE: 01

CARRIER _   LOC   HCPC   MOD   IND   FEE TYPE
EFF DT  _   TRM DT   PROVIDER

E O F O C   ANES T M
F V E P A PC BASE Y S
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
```

Claims/Attachments Submenu

02 – Claims/Attachments

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

Entering Claim Data

- Six pages per claim
 - Page 01 corresponds to locators 1–41 of UB-04
 - Page 02 corresponds to locators 42–49 of UB-04
 - Page 03 corresponds to locators 50–57 and 66–79 of UB-04
 - Page 04 corresponds to locator 80 of UB-04
 - Page 05 corresponds to locators 58–65 of UB-04
 - Page 06 corresponds to locators 67–69 of UB-04
- Key in fields and use <Tab> key to advance to next field
 - Depending on TOB, cursor may skip fields not required
- Enter one claim at a time, except for roster bills

Claims Correction Submenu

03 – Claims Correction

```
MAP1704          NATIONAL GOVERNMENT SERVICES,#13001 UAT  ACMFA561 12/18/19
MXG9282          CLAIM AND ATTACHMENTS CORRECTION MENU  A20201AF 11:58:07

                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
                HOME HEALTH              45

ENTER MENU SELECTION:

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

Claims Correction Submenu Actions

- Correct RTP claims
 - Check RTP file regularly!
 - Not considered received by Medicare when in RTP
 - Can fail timely filing
- Adjust processed or rejected claims
 - Not all rejected claims can be adjusted
 - Adjustments must be done timely
- Cancel processed claims
 - Use sparingly – most claims should be adjusted

Tips for Adjustments and Cancels

- Report Adjustment Reason Code on Claim Page 03
 - Refer to Adjustment Reason Code file
 - Option 16 under Inquiries Submenu (01)
 - Report only one reason code on adjustment/cancel claim request
 - If more than one reason could apply, choose reason that best describes why adjusting or cancelling
- Report appropriate claim change CC on Claim Page 01
 - Reason code D1 used when only changing charges on claim
 - If reason code D9 is reported, indicate reason for adjustment in REMARKS field on Claim Page 04

Adjustment CCs (TOB XX7)

Condition Code	Description
D0	Change in service dates
D1	Change in charges
D2	Change in revenue code/HCPCS/HIPPS
D3	Second or subsequent interim PPS payment
D4	Change in diagnosis/procedure code
D7	Change to make Medicare secondary
D8	Change to make Medicare primary
D9	Other change
E0	Change in patient status
D0	Change in service dates

Cancel CCs (TOB XX8)

Condition Code	Description
D5	Incorrect Medicare number or provider number
D6	Duplicate payment or overpayment

Online Reports View Submenu

04 - Online Reports Submenu

MAP1705
TC98548

NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMA561 10/14/11
ONLINE REPORTS MENU C201145S 16:20:11

- 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

C008

Summary of Reports – Option R1

MAP1671 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMA561 10/21/11
TC98548 ONLINE REPORTS SELECTION INQUIRY C201145S 14:12:59
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

Claims Returned to Provider – Report 050

```

MAP1661          NATIONAL GOVERNMENT SERVICES, INC. #13001  ACPFA061 02/21/18
GXMS298          REPORT VIEW INQUIRY          C201813P 14:49:33
                REPORT 050 FREQUENCY D SCROLL L
KEY XXXXXX          PAGE 000001 SEARCH
REPORT: 050          SUBMITTER: XXXXXXXX          MEDICARE PART A - 13
CYCLE DATE: 02/20/18          CLAIMS RETURNED TO PRO
PROVIDER: XXXXXX          NPI: XXXXXXXXXXXX          FOR CYCLE DATE 02/20
                FOR PROVIDER          PROVIDER NAME
                -----          ADDRESS 1
                ADDRESS 2
                CITY          STATE ZIP

MID/CERT/SSNO      PCN/DCN          TYPE BILL  PROV/NPI          NAME
-----
XXXXXXXXXX          XXXXXXXXXXXXXXXXXXXX          131          XXXXXX          XXXXXX
                XXXXXXXXXXXXXXXXXXXX          XXXXXXXXXXXX

                38038 FOR DATES OF SERVICE ON OR AFTER 07/31/00, WHETHER
                EQUAL OR NOT, OUTPATIENT OPPTS TYPES OF BILLS (12X,
                ANY BILL CONTAINING CONDITION CODE 07) CANNOT HAVE
                THE PROVIDER NUMBERS ARE EQUAL UNLESS CONDITION CO

                ENTER NEW KEY DATA OR
PRESS PF2-SEARCH PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF11-RIGHT
    
```

Pending/Returned/Processed Claims – Report 201

```

MAP1661          NATIONAL GOVERNMENT SERVICES,#13001 UAT  ACMFA561 07/21/16
MXG9282          REPORT VIEW  INQUIRY          C201631P 09:25:28
                REPORT 201  FREQUENCY W  SCROLL L
KEY XXXXXX      PAGE 000976  SEARCH
REPORT: 201
CYCLE DATE:    7/15/16
BLUE CROSS CODE:
                MEDICARE PART A - 13
                SUMMARY OF PENDED CLAIM
                INPATIENT
                RECD   ADMIT
                DATE   DATE
NAME           MED REC NUMBER      HIC NUMBER      DATE   DATE
BENEFICIARY 1
    PAT CONTROL NBR: 2.3
                999000000A      03/21/16 05/11/07 0
BENEFICIARY 2
    PAT CONTROL NBR: NCD 260.1 NO EDIT
                999900000A      05/20/16 03/06/15 0
BENEFICIARY 3
    PAT CONTROL NBR: FS8088 A01-01
                C201441F      999990000A      09/19/14 06/04/14 0
BENEFICIARY 4
    PAT CONTROL NBR: FS8088 A01-05
                C201441F      999999000A      09/29/14 09/04/14 0
BENEFICIARY 5
    PAT CONTROL NBR: 1305011557IBCFVVKHB
                000002785922IA46  999999900A      08/15/14 03/13/13 0
BENEFICIARY 6
    PAT CONTROL NBR: 1511040909IBCQDSBOT
                000067297276IA06  999999990A      06/21/16 10/26/15 1
BENEFICIARY 7
                C2014200      999999999A      03/31/14 08/20/13 0
                ENTER NEW KEY DATA OR
                PRESS PF2-SEARCH PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF11-RIGHT
    
```

Report 201 – Right View (PF11)

```

MAP1661          NATIONAL GOVERNMENT SERVICES,#13001 UAT  ACMFA561 07/21/16
MXG9282          REPORT VIEW INQUIRY                      C201631P 09:39:56

                REPORT 201  FREQUENCY W  SCROLL R

KEY XXXXXX          PAGE 000976  SEARCH

REPORT: 201          |001                                PAGE:      976
CYCLE DATE: 7/15/1|S                                FREQUENCY: WEEKLY
BLUE CROSS CODE:   |      NPI: XXXXXXXXXXXX  PROVIDER NUMBER: XXXXXX
                  | FROM      THRU  ADJ  LAST  SUB  SUSP  TOTAL
NAME              | DATE      DATE  IND  TRAN  IND  TYPE  CHARGES  ADS
BENEFICIARY 1    |5/11/07 05/21/07 *  03/21/16 P  SUSP      9,000.00
                PAT CONTROL NBR|
BENEFICIARY 2    |3/06/15 03/28/16          06/02/16 A  SUSP  4,551,452.36
                PAT CONTROL NBR|
BENEFICIARY 3    |6/04/14 08/10/14          09/24/14 P  CWFD   541,290.51
                PAT CONTROL NBR|
BENEFICIARY 4    |9/04/14 09/09/14          09/29/14 P  SUSP   114,290.51
                PAT CONTROL NBR|
BENEFICAIRY 5    |3/13/13 03/15/13          01/14/15 P  SUSP   12,806.72
                PAT CONTROL NBR|
BENEFICIARY 6    |0/26/15 11/11/15          06/21/16 P  SUSP   232,984.22
                PAT CONTROL NBR|
BENEFICIARY 7    |8/20/13 08/23/13          09/12/14 P  SUSP    24,644.75

                ENTER NEW KEY DATA OR
PRESS PF2-SEARCH PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF10-LEFT
    
```

Report 201 – Claims Summary Totals

- Last page of report

	INP	OTP	SNF	HHA	HOSPICE	CCRF	
PENDING		106	1,071	0		0	0
CLAIMS		106	1,071	0		0	0
ADJUSTMENTS		0	0	0		0	0
PROCESSED		0	0	0		0	0
CLAIMS		101	1,805	0		0	0
PAID		91	1,583	0		0	0
REJECTED		10	222	0		0	0
ADJUSTMENTS		0	0	0		0	0
PAID		0	0	0		0	0
REJECTED		0	0	0		0	0
RETURNED		7	277	0		0	0
CLAIMS		7	277	0		0	0
ADJUSTMENTS		0	0	0		0	0

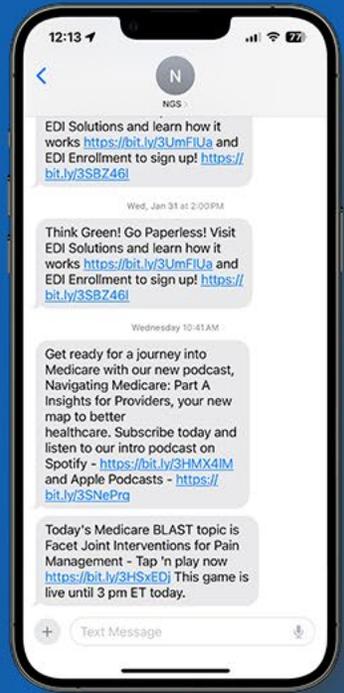
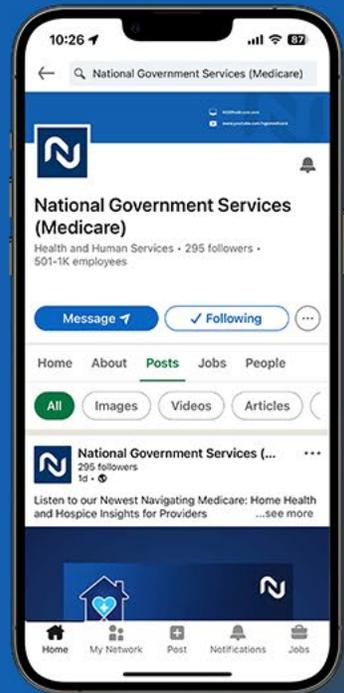
ENTER NEW KEY DATA OR
 PRESS PF2-SEARCH PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF11-RIGHT

G160

FISS DDE Resources

Resources and References

- [Our website](#)
 - [FISS DDE](#)
 - System requirements and login ID/password help
 - Part A > Claims > Electronic Submissions (EDI)
 - [FISS DDE Provider Online Guide](#)
 - Details and instructions for each menu item
 - Part A > Education > Job Aids & Manuals



Connect with us on social media

 [YouTube Channel](#)
Educational Videos

medicare **mobile**
Text NEWS to 37702; Text GAMES to 37702

 www.MedicareUniversity.com
Self-paced online learning

 [LinkedIn](#)
Educational Content

Listen to Our Part A Podcast



Navigating Medicare: Part A Insights for Providers

Listen to our podcast on Spotify and Apple Podcasts! We will have a new episode on the 1st and 3rd Wednesday of each month.

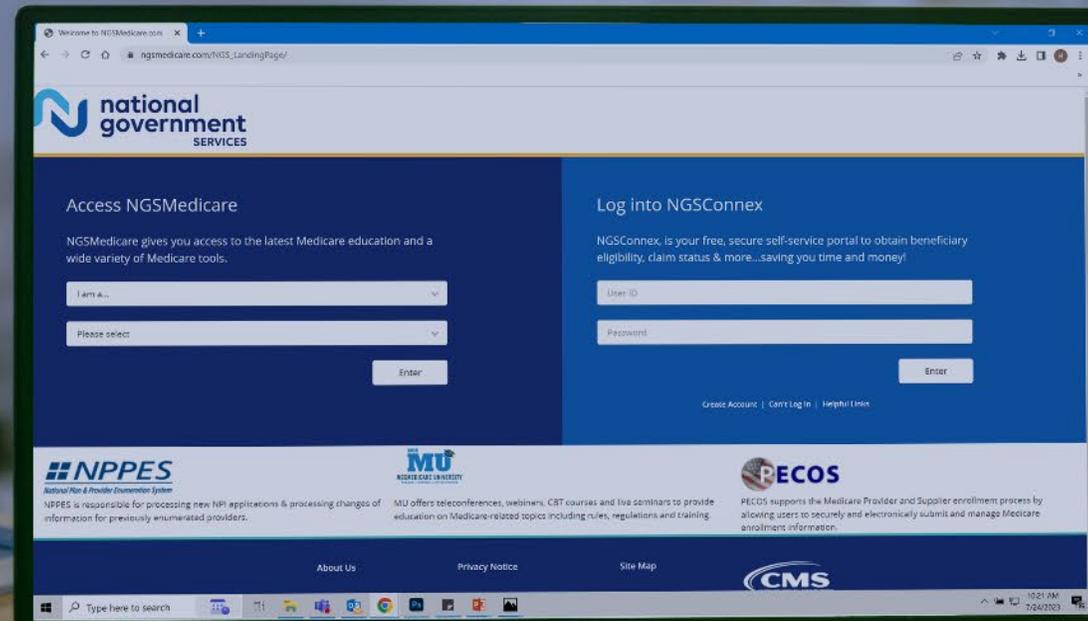
[Spotify:](#)



[Apple Podcasts:](#)



Find us online



www.NGS Medicare.com

Online resources, event calendar, LCD/NCD, and tools



IVR System

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



[NGSConnex](#)

Web portal for claim information



[Sign up for Email Updates](#)

Subscribe for Email updates at the top of any NGS Medicare.com webpage to stay informed of news

Questions?

Thank you!