



NGSMEDICARE UNIVERSITY
MEANINGFUL • INFORMATIVE • SIMPLIFIED EDUCATION



NGS Medicare Virtual Conference

Fall 2021

Learn What The Fiscal Intermediary Standard System Direct Date Entry Has To Offer

11/10/2021





Today's Presenters

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- Jhadi Grace
 - Provider Outreach and Education Consultants

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Objectives

- To provide an overview of the FISS DDE system
- To provide an understanding of what system tools are available
- To provide user tips that will enhance your use of the FISS DDE system

Agenda

- Access and Navigation
- Inquiry Options
- Adjustments
- Roster Bills
- Reports

FISS DDE What You Need to Know



What Is FISS DDE?

- Providers use FISS DDE to
 - Research coding
 - Submit claims
 - Track submitted claims
 - Correct, adjust and cancel claims
 - View reports

Accessing FISS DDE

- FISS logon ID and password required
 - [NGS Website](#)
 - Resources > EDI Enrollment
 - EDI Guided Enrollment User Guide
- User logon ID and password are for individual use only
 - Do not share with coworkers or other staff

Navigating Through FISS DDE

Program function key	Screen movement
F3/PF3	Return to menu/submenu or originating screen when using SC field
F4/PF4	Exit entire online system by terminating session
F5/PF5	Scroll backward within page of screen data
F6/PF6	Scroll forward within page of screen data
F7/PF7	Move backward one page at a time
F8/PF8	Move forward one page at a time
F9/PF9	Save, update, submit

Navigating Through FISS DDE

Program function key	Screen movement
F10/PF10	Return to left viewing screen
F11/PF11	Move to right viewing screen
<Ctrl>	Move down one line at a time
<Home>	Move to SC field
<Tab>	Move to next field on screen
SC field	Navigate to specific inquiry file utilize the F3/PF3 to return to the original page
Page field	Move to specific page within claim

Claims Status/Locations

- P B9997 – Claim processed
- S XXXXX – Claim suspended
- R B9997 – Claim rejected
- T B9997 – Claim returned
- D B9997 – Claim denied
- S B0100 – Beginning of claims system
- S B6001 – Waiting on a response to an ADR
- S B9099 – Suspended claim/response from CWF

Claim Status–Provider Action

- If claim has been returned (T B9997)
 - Log into FISS DDE
 - Make necessary claim corrections
 - Hit PF9 to resubmit claim
- If claim has been rejected (R B9997)
 - No action may be needed, determined by reason code
 - May have to resubmit (or adjust) claim, if appropriate
- If claim has been denied (D B9997)
 - Determine if an appeal is needed
 - Documentation must support services rendered

Inquiries Submenu

MAP1702
MXG9282

NATIONAL GOVERNMENT SERVICES, #13001 UAT
INQUIRY MENU

ACMFA561 03/11/20
A2020200 13:18:11

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

Utilize the "SC" field for any of these options

ENTER MENU SELECTION:

FISS DDE - SC Field

- Use these keyboard shortcuts to move throughout the system
 - SC field: allows you to navigate to another page within menu/submenu without having to return to main menu/submenu screen
 - F3/PF3 to return to previous screen

Scroll Option

```

MAP1711  PAGE 01  NATIONAL GOVERNMENT SERVICES #06201 UAT  ACMFA722 02/10/21
KXT2938  SC 13  INST CLAIM ENTRY  A20211CP 12:17:31
MID  TOB 131  S/LOC S B0100 OSCAR  SV:  UB-FORM
NPI  TRANS HOSP PROV  PROCESS NEW MID
PAT.CNTL#:  TAX#/SUB:  TAXO.CD:
STMT DATES FROM  TO  DAYS COV  N-C  CO  LTR
LAST  FIRST  MI  DOB
ADDR 1  2
3  4  CARR:
5  6  LOC:
ZIP  SEX  MS  ADMIT DATE  HR  TYPE  SRC  D HM  STAT
COND CODES 01  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
VALUE CODES - AMOUNTS - ANS I  MSP APP IND
01  02  03
04  05  06
07  08  09
PLEASE ENTER DATA
PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF7-PREV  PF8-NEXT
    
```

Revenue Code – Option 13 (MAP1761)

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

REV CD 0320
 EFF DT 070166 IND R TERM DT

NARR Radiology - Diagnostic - General Classification

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

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

Reason Code – Option 17

- FISS reason codes are five-digit alphanumeric codes that indicate the outcome of claim editing and processing
- Provides details to indicate why the claim met its disposition
 - When claim has been RTP, rejected or denied the reason code narrative provides instructions on how to resolve the claim issue(s)

Reason Codes Option 17 (MAP1881)

MAP1881 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 03/11/20
 MXG9282 SC REASON CODES INQUIRY A2020200 14:06:23

MNT: CIE3820 012820

PLAN	REAS	NARR	EFF	MSN	EFF	TERM	EMC	HC/PRO	PP	CC
IND	CODE	TYPE	DATE	REAS	DATE	DATE	ST/LOC	ST/LOC	LOC	IND
1	C7010	E	122289	27.1	060198		S MSPRA	S MSPRA		
TPTP	A X	B X	NPCD A N	B N	HD CPY A 9	B 9	NB ADR	CAL DY		C/L C

-----NARRATIVE-----

THE SERVICE DATES ON THIS CLAIM OVERLAP A HOSPICE ELECTION PERIOD AND
 CONDITION CODE 07 IS NOT PRESENT.

* IF APPROPRIATE MAKE CORRECTION AND RESUBMIT A NEW CLAIM.

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



Reason Codes Option 17 (MAP1882)

MAP1882	NATIONAL GOVERNMENT SERVICES #06201 UAT	
ACMFA722 09/14/21		
KXT2938 SC	ANSI RELATED REASON CODES INQUIRY	A20214AF 08:20:51
		MNT: A2021300 070221
REASON CODE: C7010		
PIMR ACTIVITY CODE:	DENIAL CODE: 100003	MR INDICATOR:
CWF NCD IND: N	PCA INDICATOR:	LMRP/NCD ID :
ANSI CODES		
<u>ADJ REASONS: B9</u>		
GROUPS : CO		
REMARKS :		
APPEALS (A) : N211		
APPEALS (B) : N211		
CATEGORY : EMC F2	HC F2	
STATUS : EMC 0188	HC 0188	
PRESS PF3-EXIT PF7-PREV PAGE		

ANSI Code – Option 68

- ANSI codes are used to explain the adjudication of the claim
 - A – Appeals
 - C – Adjustment reason
 - G – Groups
 - R – Reference remarks
 - S – Claim status
 - T – Claim category

ANSI Code Option 68 (MAP1581)

MAP1581 NATIONAL GOVERNMENT SERVICES #06201 UAT ACMFA722 09/14/21
KXT2938 SC ANSI STANDARD CODES SEL INQUIRY A20214AF 08:28:01

RECORD TYPE: C

C = ADJ REASONS G = GROUPS R = REMARKS A = APPEALS

STANDARD CODE: B9 T = CLAIM CATEGORY S = CLAIM STATUS

S RT CODE TERM DT NARRATIVE

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

ANSI Code Option 68 (MAP1582)

MAP1582 NATIONAL GOVERNMENT SERVICES #06201 UAT ACMFA722 09/14/21
KXT2938 SC ANSI STANDARD REASON CODES INQUIRY A20214AF 08:31:58
MNT: FSSJCRG1 04/03/15

RECORD TYPES ARE:

C = ADJ REASONS G = GROUPS R = REMARKS A = APPEALS

T = CLAIM CATEGORY S = CLAIM STATUS

RECORD TYPE : C

TERM DT :

EFF DT : 010195

STANDARD CODE : B9

NARRATIVE:

NOT COVERED BECAUSE THE PATIENT IS ENROLLED IN A HOSPICE.

THIS CHANGE TO BE EFFECTIVE 4/1/2008: PATIENT IS ENROLLED IN A
HOSPICE.

PROCESS COMPLETED --- PLEASE CONTINUE

PRESS PF3-EXIT PF7-PREV PAGE PF8-NEXT PAGE

ANSI Code Option 68 (MAP1581)

MAP1581 NATIONAL GOVERNMENT SERVICES #06201 UAT ACMFA722 09/14/21

KXT2938 SC ANSI STANDARD CODES SEL INQUIRY A20214AF 08:36:00

RECORD TYPE: A

C = ADJ REASONS G = GROUPS R = REMARKS A = APPEALS

STANDARD CODE: N211 T = CLAIM CATEGORY S = CLAIM STATUS

S RT CODE TERM DT NARRATIVE

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

ANSI Code Option 68 (MAP1582)

MAP1582 NATIONAL GOVERNMENT SERVICES #06201 UAT ACMFA722 09/14/21
KXT2938 SC ANSI STANDARD REASON CODES INQUIRY A20214AF 08:39:01
MNT: SYSTEM 07/02/10

RECORD TYPES ARE:

C = ADJ REASONS G = GROUPS R = REMARKS A = APPEALS

T = CLAIM CATEGORY S = CLAIM STATUS

RECORD TYPE : A

TERM DT :

EFF DT : 063003

STANDARD CODE : N211

NARRATIVE:

ALERT: YOU MAY NOT APPEAL THIS DECISION

PROCESS COMPLETED --- PLEASE CONTINUE

PRESS PF3-EXIT PF7-PREV PAGE

Claim Count Summary – Option 56

- The Claim Count Summary option provides a review of the total claim count and total dollar amount for claims pending in a specific location
- Updated in the system daily

Claim Count Summary – Option 56

- CAT - bill category identifies the type of claims in specific locations by the first two positions of the bill type and the following alpha categories
 - GT – Grand Total
 - TC – Total Count
 - AD – Adjustments
 - NM – Nonmedical Policy
 - MP – Medical Policy

Claim Summary Totals Option 56 (MAP1371)

MAP1371		NATIONAL GOVERNMENT SERVICES, #13001 UAT			ACMFA561 03/11/20	
MXG9282 SC		CLAIM SUMMARY TOTALS INQUIRY			A2020200 14:16:25	
S/LOC	PROVIDER NPI	CAT	S/LOC	TOTAL CHARGES	TOTAL PAYMENT	
		GT	19	247,346.57	86,382.98	
P B7530	AD		1	20,665.49	00.00	
P B7530	TC		2	43,880.49	00.00	
P B7530	11		2	43,880.49	00.00	
P B9996	TC		4	65,115.96	86,382.98	
P B9996	13		4	65,115.96	86,382.98	
S MKPCP	AD		2	274.30	00.00	
S MKPCP	TC		3	51,098.28	00.00	
S MKPCP	13		3	51,098.28	00.00	
S MKPJC	TC		4	86,424.54	00.00	
S MKPJC	11		1	14,181.67	00.00	
S MKPJC	12		1	3,797.50	00.00	
S MKPJC	13		2	68,445.37	00.00	
S MLESA	TC		1	01.00	00.00	
S MLESA	13		1	01.00	00.00	
S MNEWR	TC		1	01.00	00.00	

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

Invoice Number/DCN Translator – Option 88

- Allows the provider to identify a claim's invoice number when the DCN is known
- Allows the provider to identify the DCN when the claim's invoice number is known
- Up to five maybe entered per screen

Invoice Number/DCN Trans - 88 (MAPHDCN)

MAPHDCN
MXG9282

NATIONAL GOVERNMENT SERVICES, #13001 UAT
MEDICARE PART A
INVOICE NUMBER/DCN TRANSLATOR

ACMFA561 03/11/20
A2020200 14:09:55

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

F I S S D C N

INVOICE NUMBER

MSG: PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

PF1=
PF7=

PF2=
PF8=

PF3=END

PF9=PROCESS

PF4=

PF10=

PF5=

PF11=

PF6=

PF12=

Adjustments



Adjustments - Defined

- Adjustments are submitted to **change details** on processed claim
 - **Report services not previously billed**
 - Delete services billed in error
 - Correct DOS
 - Add/change units
 - Correct diagnosis codes
 - Change MSP rejected claim to primary

Which Claims Can Be Adjusted

- Adjustments only apply to claims in these S/LOCs
 - P/B9997 (Processed)
 - R/B9997 (Rejected) (limited use only)
 - Only rejected claims that have posted to CWF are eligible for adjustment
 - Example of rejections that post to CWF: Timely filing rejections
 - Example of rejections that do not post to CWF: Eligibility rejections

Reviewing the Tape-to-Tape Flag

- Indicates whether claim has posted to CWF
 - Log in to FISS DDE
 - Access Inquiries sub-menu (01) Claim Summary option (12)
 - Search for and select claim
 - Review claim page 02 - MAP171D
 - Look for “TPE-TPE” field
 - If value is “blank,” claim has posted to CWF
 - Must adjust claim to make changes
 - If value is “X,” claim did not post to CWF
 - Must resubmit new claim for processing

Reviewing the Tape-to-Tape Flag

```

MAP171D  PAGE 02  NATIONAL GOVERNMENT SERVICES #14013 UAT  ACMFA781 11/18/20
MXG9282  SC          INST CLAIM ADJUSTMENT          A20204DP 13:37:16
DCN ██████████ MID          RECEIPT DATE 111820 TOB 137
STATUS R LOCATION B9997  TRAN DT 000000  STMT COV DT 051120  TO 051120
PROVIDER ID          BENE NAME
NONPAY CD  GENER HARDCPY  MR INCLD IN COMP          CL MR IND
TPE-TO-TPE X  USER ACT CODE  WAIV IND  MR REV URC  DEMAND
REJ CD      MR HOSP RED    RCN IND  MR HOSP-RO  ORIG UAC
MED REV RSNS
OCE MED REV RSNS
  1  HCPC/MOD IN  SERV          -----REASON-CODES-----
REV HCPC MODIFIERS  DATE  COV-UNT  COV-CHRG  ADR
0306 87077          051120    1    89.00  FMR
ORIG          ORIG REV    MR      ODC
OCE OVR 0 CWF OVR  NCD OVR  NCD DOC  NCD RESP 1 NCD#          OLUAC
          NON      NON  DENIAL OVER ST/LC  MED  -----ANSI-----
LUAC COV-UNT  COV-CHRG  REAS  CODE OVER  TEC  ADJ  GRP -----REMARKS-----

TOTAL          LINE ITEM REASON CODES
PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF2-1712 PF3-EXIT PF5-UP PF6 DOWN PF7-PREV PF8-NEXT PF10-LEFT
  
```

Claim Status/Location Reminder

- RTP (T/B9997) claims can be corrected, but cannot be adjusted or cancelled
- Denied (D/B9997) claims can be appealed, but cannot be adjusted or cancelled
- Suspended (S) claims or those on the “payment floor” (P/B9996) are not finished processing yet and cannot be adjusted or cancelled

Claim Change Reason Codes for Adjustments

Code	Reason
D0 (zero)	Changes to service dates
D1	Changes to charges
D2	Changes to revenue/HCPCS/HIPPS rate codes
D3	Second or subsequent interim PPS bill
D4	Changes in ICD-10-CM diagnosis/procedure code <ul style="list-style-type: none"> • Use for IP acute care hospital, LTCH, IRF, and SNF
D7	Change to Medicare primary, conditional, or cost-avoided claim to make Medicare secondary
D8	Change to MSP claim to make Medicare primary
D9	Any other change to MSP/conditional claim Change to cost-avoided claim to make Medicare primary Any other change (Remarks required)
E0 (zero)	Change in patient status

FISS Adjustment Reason Code File

MAP1821 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 11/18/20
MXG9282 SC ADJUSTMENT REASON CODES INQUIRY A20204DP 13:52:28
SELECTION SCREEN MNT: MXG9282 111820

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	BF	BF	H	HPPS	FINAL NOT RECEIVED
1	BL	BL	A		This overpayment is a result of a claim being processed with
1	BM	TB	A		ORIGINALL PROCESSED A SBLACK LUNG, NOW MAKE MEDICARE PRIME.
1	CA	CA	I		This claim adjustment is a result of the cost outlier approval.
1	CB	CB	A		This overpayment is the result of the credit balance report.
1	CC	CC	A		This overpayment is a result of the change in the charge amount.
1	CD	CD	I		This overpayment is a result of a Quality Improvement Organizati
1	CE	OT	A		REVENUE CODE CORRECTION.
1	CF	CF	A		This overpayment is a result of a change in coverage.
1	CH	OT	O		CORRECTION OF OUTPATIENT CASH DEDUCTIBLE.
1	CI	OT	A		CORRECTION OF PATIENT CASH DEDUCTIBLE.
1	CN	OT	I		CHANGE IN COV TO NONCOV/NONCOV TO COV DAYS
1	CO	CO	I		This overpayment is a result of a Quality Improvement Organizati
1	CP	CP	I		This overpayment is a result of a partially approved cost outlie
1	CR	CR	A		A claim reconsideration adjustment has been processed.

PROCESS COMPLETED --- PLEASE CONTINUE

PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD

Avoid a Common Adjustment Error

- When claims reject, charges are placed into the “NCOV CHARGES” (noncovered charges) field on claim page 02
- Claim lines must be deleted and added as new covered charge lines when claim is adjusted
- Be sure the 0001 Totals line is re-added and calculated appropriately

Access the Claim

```
MAP1704      NATIONAL GOVERNMENT SERVICES,#13001 UAT  ACMFA561 11/19/20
MXG9282      CLAIM AND ATTACHMENTS CORRECTION MENU  A20204DP 12:18:07

                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: 31

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

Claim Summary Inquiry – MAP1741

```
MAP1741          NATIONAL GOVERNMENT SERVICES #06201 UAT   ACMFA722 09/13/21
KXT2938   SC          CLAIM SUMMARY INQUIRY                A20214AF 13:11:18
                                     NPI
MID          PROVIDER          S/LOC R          TOB 13
OPERATOR ID   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
```

MID would be entered to pull up claim for a specific beneficiary
S/LOC can be changed to a "P" for paid claims or "R" for rejected claims

PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD

Claim Adjustments

```

MAP1711 PAGE 01 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 11/19/20
MXG9282 SC INST CLAIM ADJUSTMENT A20204DP 12:26:47
MID ██████████ TOB 137 S/LOC S B0100 OSCAR ██████████ SV: UB-FORM
NPI ██████████ TRANS HOSP PROV PROCESS NEW MID
PAT.CNTL#: B01-0130 TAX#/SUB: TAXO.CD: ██████████
STMT DATES FROM 060120 TO 060120 DAYS COV N-C CO LTR
LAST ██████████ FIRST ██████████ MI J DOB ██████████
ADDR 1 ██████████ 2 LAKE RONKONKOMA
3 NY 4 CARR:
5 6 LOC:
ZIP 11779 SEX M MS U ADMIT DATE HR TYPE 3 SRC 1 D HM STAT 01
COND CODES 01 D1 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 10003 4201
DCN ██████████
VALUE CODES - AMOUNTS - ANS I MSP APP IND
01 A1 198.00 PR 1 02 A2 95.95 PR 2 03 76 75.00
04 78 100034201 05 06
07 08 09
PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF8-NEXT PF9-UPDT
    
```

Add Adjustment Reason Code

```

MAP1713 PAGE 03 NATIONAL GOVERNMENT SERVICES,#13001 UAT ACMFA561 11/19/20
MXG9282 SC INST CLAIM ADJUSTMENT A20204DP 12:51:38
MID [REDACTED] TOB 137 S/LOC S B0100 PROVIDER [REDACTED]
NDC CD OFFSITE ZIP ADJ MBI IND H
CD ID PAYER OSCAR RI AB EST AMT DUE
A Z MEDICARE [REDACTED] Y Y 0.00
B Y Y 0.00
C 0.00
DUE FROM PATIENT 0.00 0.00 SERV FAC NPI [REDACTED]
MEDICAL RECORD NBR [REDACTED] COST RPT DAYS NON COST RPT DAYS
DIAG CODES 01 H40031 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 H40031
PROCEDURE CODES AND DATES 01 02
03 04 05 06
ESRD HRS 00 ADJ REAS CD CE REJ CD NONPAY CD ATT TAXO
ATT PHYS NPI [REDACTED] M SC 18
OPR PHYS NPI [REDACTED] M SC 18
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
  
```

Claims/Attachments Submenu (02)

MAP1703
TC98548

NATIONAL GOVERNMENT SERVICES, #13001 UAT
CLAIM AND ATTACHMENTS ENTRY MENU

ACMMA561 02/13/13
C201313P 12:09:44

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

Roster Bill Entry



Roster Bill - Option 87

- Roster billing is a streamlined process for submitting Medicare claims for a large group of beneficiaries for influenza virus or pneumococcal vaccinations
- Up to **ten** beneficiaries can be reported on a single roster bill
- Creates ten UB04 claims

Roster Bill - Option 87

- Includes the following
 - Date of service
 - Type of bill
 - 12 - Hospital inpatient (Part B)
 - 13 - Hospital outpatient
 - 22 – SNF inpatient Part B
 - 23 – SNF outpatient
 - 34 – HH Part B
 - 72 – Independent/hospital based RDF
 - 75 – CORF
 - 85 - CAH

Roster Bill - Option 87

- NPI (auto populated)
- TAXO. Code (auto populated)
- FAC. Zip (auto populated)
- Revenue code
 - 636 – vaccine
 - 771 – administration code
- HCPCS
- Charges per beneficiary

Roster Bill - Option 87

- Four beneficiaries per roster bill screen
 - <F6/PF6> to scroll forward; up to ten beneficiaries can be billed
 - MID number
 - Last name
 - First name
 - Middle initial
 - Birth date
 - Sex

Roster Bill Entry 87 (MAP1681)

MAP1681 NATIONAL GOVERNMENT SERVICES #06201 UAT ACMFA722 02/10/21
KXT2938 SC VACCINE ROSTER FOR MASS IMMUNIZERS A20211CP 12:25:10

RECEIPT DATE:

OSCAR: DATE OF SERV: TYPE-OF-BILL:

NPI: TAXO.CD: FAC.ZIP

REVENUE CODE HCPC CHARGES PER BENEFICIARY

PATIENT INFORMATION

MID NUMBER	LAST NAME	FIRST NAME	INIT	BIRTH DATE	SEX
ADMIT DATE	ADMIT TYPE	ADMIT DIAG	PAT STATUS	ADMIT SRCE	

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

Online Reports Submenu



Summary of Reports

- 050 Claims Returned to Provider
 - Listing by provider of claims in RTP status (TB9997)
 - Daily report available online for five days
- 201 Pend Report
 - Summary of Pended claims, Processed claims, and returned claims
 - Last page of report Claim Summary Totals
 - Weekly report

Summary of Reports

- Credit Balance Report CMS 838 (R3)
 - Allows user to submit 838 detail page that identifies each credit balance

Summary of Reports (R1)

MAP1671 NATIONAL GOVERNMENT SERVICES, #13001 UAT ACMMA561 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

View a Report (R2)

MAP1661 NATIONAL GOVERNMENT SERVICES, #13001 UAT ACMMMA561 02/13/13
TC98548 REPORT VIEW INQUIRY C201313P 13:30:14
KEY XXX101 REPORT █ FREQUENCY SCROLL
PAGE SEARCH

PRESS PF2-SEARCH PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF11-RIGHT

Weekly 201 Pend Report

```

MAP1661          NATIONAL GOVERNMENT SERVICES #14211 UAT  ACMFA701 09/22/21
KXT2938          REPORT VIEW  INQUIRY          A20214BF 11:19:45
                REPORT 201  FREQUENCY W  SCROLL L

KEY              PAGE 000001  SEARCH

REPORT: 201      NATIONAL GOVERNMENT SERVICES #14211 UAT  - 14

CYCLE DATE:  9/17/21          SUMMARY OF PENDED CLAIM

BLUE CROSS CODE:          INPATIENT

                        RECD   ADMIT

NAME                 MED REC NUMBER      MID          DATE      DATE

PAT CONTROL NBR:

                        (MED)          (MSP)          (CWFR)
                        MEDICAL        MSP           CWF REGULAR

CLAIMS      COUNT      0           0           0
TOTAL CHARGES      0.00        0.00        0.00

ADJUSTMENTS  COUNT      0           0           0
TOTAL CHARGES      0.00        0.00        0.00

ENTER NEW KEY DATA OR

PRESS PF2-SEARCH PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD  PF11-RIGHT
    
```

Claim Summary Totals

```

MAP1661          NATIONAL GOVERNMENT SERVICES #14211 UAT  ACMFA701 09/22/21
KXT2938          REPORT VIEW INQUIRY          A20214BF 11:17:47
                REPORT 201 FREQUENCY W  SCROLL L
KEY              PAGE 000004  SEARCH
REPORT: 201      NATIONAL GOVERNMENT SERVICES #14211 UAT  - 14
CYCLE DATE: 9/17/21          CLAIMS SUMMARY TOTALS
BLUE CROSS CODE:      INP      OTP      SNF      HHA  HOSPICE      CORF
PENDING                3        9        0        0        0        0
  CLAIMS                3        8        0        0        0        0
  ADJUSTMENTS          0        1        0        0        0        0
PROCESSED              0        0        0        0        0        0
  CLAIMS                0        0        0        0        0        0
  PAID                  0        0        0        0        0        0
  REJECTED              0        0        0        0        0        0
  ADJUSTMENTS          0        0        0        0        0        0
  PAID                  0        0        0        0        0        0
  REJECTED              0        0        0        0        0        0
RETURNED               0        0        0        0        0        0
  CLAIMS                0        0        0        0        0        0
  ADJUSTMENTS          0        0        0        0        0        0
                PRESS PF2-SEARCH PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF11-RIGHT
    
```

Credit Balance Report - Inquiry

MAP1B21 NATIONAL GOVERNMENT SERVICES, #13001 UAT ACMA561 02/07/21
RZ05318 CREDIT BALANCE REPORT - FORM 838 INQUIRY C200919E 12:09:30

PROVIDER: XX0XXX STARTING MID: 838 ENTRY: y

MID	BENEFICIARY NAME	FROM	THRU	QUARTER	
---NUMBER---	-----LAST FI-----	TOB	DATE	DATE	ENDING

MSG:

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

Resources and References

- FISS DDE Provider Online Guide
 - [NGS website](#)
 - Education > Manuals
- [National Uniform Billing Committee](#)

Thank You!

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

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