2022 NGS Medicare Spring Virtual Conference
Medicare for You

Medicare Secondary Payer Part A Top Claim Return to Provider and Rejection Reason Codes

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Today's Presenters

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Objectives

- Assist providers in understanding
    - Why claims are RTP or rejected and
    - How to submit claims correctly to prevent such RTP and rejected claims

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Agenda

- RTP claims

- Rejected claims

- Claim Adjustment Group Codes and Claim Adjustment Reason Codes

- Wrap-up and questions

RTP Claims

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Reason Code 34072

- Claim submitted
  - As Medicare primary but open Working Aged MSP record exists in CWF (MSP VC = 12, Payer code = A)
  - With OC 18 but retirement date is same as or prior to MSP record's effective date or is equal to claim's from date
  - With OC 25 date (benefits terminated by primary payer)
    - Prior to DOS and not equal to OC 18 date or
    - Within or after DOS but MSP record has spouse as policy holder

Avoiding/Correcting Reason Code 34072

- Check for MSP records in CWF through HETS, IVR, NGSConnex
- If record needs to be updated, BCRC handles
- Verify OC 18 date and resubmit claim
  - If incorrect, change it
  - If correct, add Remarks to indicate you verified
- Verify OC 25 date and resubmit claim
  - If incorrect, change it
  - Clarify if date applies to spouse's MSP record in Remarks

Rejected Claims

Reason Code 34538

- ## Claim submitted

  - ### As Medicare primary but open Working Aged MSP record exists in CWF (MSP VC = 12, Payer code = A) and

  - ### Claim did not contain reason Medicare is primary, such as a retirement date(s)

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Avoiding/Correcting Reason Code 34538

- ## If MSP record is correct, submit claim to EGHP
  - Once you receive payment, submit adjustment (TOB XX7) to this claim to change it to MSP claim
- ## If MSP record is incorrect because beneficiary and/or spouse retired
  - Submit adjustment to this claim to change it to Medicare primary (as originally billed) and code retirement dates (OC 18 for beneficiary and/or OC 19 for spouse)

Avoiding/Correcting Reason Code 34538

- If MSP record is incorrect because of a reason other than retirement

  - Contact BCRC to request update to MSP record

  - Once BCRC updates MSP record, submit adjustment to this claim to change it to Medicare primary (as originally billed)

Reason Code 34540

- Claim submitted
  - As Medicare primary but open Disability MSP record exists in CWF (MSP VC = 43, Payer code = G) and
  - Did not contain reason Medicare is primary
    - Such as a retirement date(s)/last date on which beneficiary or spouse was last actively employed

Avoiding/Correcting Reason Code 34540

- If MSP record is correct, submit claim to LGHP

  - Once you receive payment, submit adjustment (TOB XX7) to this claim to change it to MSP claim

- If MSP record is incorrect because beneficiary and/or spouse retired

  - Submit adjustment to this claim to change it to Medicare primary (as originally billed) and code retirement dates (OC 18 for beneficiary and/or OC 19 for spouse)

Avoiding/Correcting Reason Code 34540

- If MSP record is incorrect because of a reason other than retirement

  - Contact BCRC to request update to MSP record

  - Once BCRC updates MSP record, submit adjustment to this claim to change it to Medicare primary (as originally billed)

Did You Know

- You should not resubmit claims rejected for reason code 34538 or 34540 because they will be rejected as duplicate claims

Avoiding/Correcting Reason Codes 34538 and 34540

- BCRC contact information
  - Telephone: 855-798-2627
  - TTY/TTD: 855-797-2627 (hearing and speech impaired),
  - Monday-Friday, 8:00 a.m. – 8:00 p.m. ET (except holidays)
- Address for general MSP correspondence
  - Medicare – Data Collections
    P.O. Box 138897
    Oklahoma City, OK 73113-8897
  - Fax: 405-869-3307

Avoiding/Correcting Reason Codes 34538 and 34540

- Related Content

  - Collect and Report Retirement Dates on Medicare Claims

- Contacting the BCRC, refer to articles

  - Correct a Beneficiary's MSP Record

  - Prevent an MSP Rejection on a Medicare Primary Claim

  - Correct or Adjust a Claim Due to an MSP-Related Issue

Claim Adjustment Group Codes and Claim Adjustment Reason Codes

Claim Adjustment Group Codes

Group Code	Definition
CO	**Contractual Obligation** *Start: 5/20/2018*
OA	**Other Adjustment** *Start: 5/20/2018*
PI	**Payor Initiated Reduction** *Start: 5/20/2018*
PR	**Patient Responsibility** *Start: 5/20/2018*

Claim Adjustment Reason Codes – Examples

Adjustment Reason Code	Definition
1	**Deductible Amount** *Start: 1/1/1995*
2	**Coinsurance Amount** *Start: 1/1/1995*
3	**Co-payment Amount** *Start: 1/1/1995*
4	**The procedure code is inconsistent with the modifier used. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.** *Start: 1/1/1995	Last Modified: 3/1/2020*
5	**The procedure code/type of bill is inconsistent with the place of service. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.** *Start: 1/1/1995	Last Modified: 3/1/2018*

Reason Code 31686 RTP

- Dollar amount in PD AMT field is not equal to submitted charges and

- There are no entries in CAGC or CARC fields

Avoiding/Correcting Reason Code 31686

- Compare dollar amount in PD AMT field on MAP1719 to total charges

- If amounts are different, there should be a CAGC, CARC code and amount to explain difference

- Check primary payer's RA where they identify reason for difference by use of CAGCs/CARCs

- Enter CAGCs/CARCs on claim and resubmit

Reason Code 31687 RTP

- Claim submitted as Medicare primary but claim has other primary information on MAP1719 indicating another party is primary or

- Claim submitted as MSP but no information is present on MAP1719 for primary payer and, if applicable, for secondary payer

Avoiding/Correcting Reason Code 31687

- Determine if Medicare is primary or secondary
  - If Medicare is primary, remove any information on MAP1719 (check primary payers one & two)
  - If Medicare is secondary, determine from primary payer's RA which CAGCs/CARCs must be entered and verify there is no information added on primary payer two
  - If Medicare is tertiary, primary payers one & two must have information present, at least one CAGC/CARC pair must be entered for primary payer two

- Note: 0.00 may be entered in PD AMT field
  - No entry or blank space is not acceptable

Reason Code 31688 RTP

- There is an error with CARC code used

  - CARC not found on CARC file

  - CARC invalid

  - CARC not valid for DOS

    - Prior to CARC effective date

    - After CARC termination date

Avoiding/Correcting Reason Code 31688

- Go to X12.org/codes to verify the validity of the CARC used or to verify the effective or termination date of the CARC

- X12.org/codes has listing of CARCs

- May need to click on 'To Be Deactivated' or 'Deactivated' tab at top of listing

- Resubmit claim with valid CARC

Reason Code 31689 RTP

- Medicare is secondary or tertiary and dollar amount entered in PD AMT field on MAP1719 is not equal to dollar amount entered with MSP VC

Avoiding/Correcting Reason Code 31689

- Verify amount listed on claim page one (MAP1711)

- Verify same amount is listed on MAP1719

- Correct and resubmit claim

Reason Code 31690 RTP

- Medicare is not primary payer, information is present on MAP719 for primary payer two, but information is not present on MAP1719 for primary payer one

Avoiding/Correcting Reason Code 31690

- Determine if Medicare is secondary or tertiary

- If Medicare is secondary, remove any information on the screen for primary payer two

- If Medicare is tertiary, ensure there is information on the screen for primary payer one and primary payer two

Reason Code 31691 RTP

- Medicare is not the primary payer

- There are 20 or fewer CAGC/CARC combinations on MAP1719

- Total provider submitted charges minus the total CARC amounts is not equal to dollar amounts entered in PD amount field on MAP1719

Avoiding/Correcting Reason Code 31691

- Go to claim page three MAP1713 and then F11 to MAP1719

- Verify CAGCs/CARCs from primary payer are entered on MAP1719

- Ensure claim has

  - VC (and amount/zeros) and any OCs (and dates) on claim page one (MAP1711)

  - Payer name and payer code on claim page three

  - Any necessary Remarks on claim page four (MAP1714)

  - Insured information on claim page five (MAP1715)

  - Insurer information on claim page six (MAP1716)

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Reason Code 31692 RTP

- Claim has more than 20 CAGC/CARC combinations so FISS will move ampersands (&) to 20th occurrence and assign this reason code

- Once field with ampersand is corrected and claim updates, this reason code will not assign again

Avoiding/Correcting Reason Code 31692

- When more than 20 CAGC/CARC combinations are used on MAP1719, FISS will try to combine like CAGC/CARCs into one and ampersands will be placed in 20th occurrence field and RTP claim

- While Medicare may not need 20 plus CAGC/CARC combinations, if this is needed for a claim to be crossed over for supplemental billing, provider can put information in Store and Forward Repository and resubmit claim

Reason Code 31693 RTP

- Medicare is not the primary payer and date entered in **PD DT** is either

    - Not valid, or;

    - In wrong format for primary payer one or primary payer two

        - Correct format is **MMDDYY**

Avoiding/Correcting Reason Code 31693

- Check **PD DT** that was entered on MAP1719 for primary payer one

- If this is a Medicare tertiary claim, check **PD DT** for primary payer two by using F6 key

- Verify that date(s) entered are valid and/or formatted correctly

- Correct as needed and hit F9 key to store

Wrap-Up and Questions

Thank You!

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

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