

**Troubleshooting DME MAC A Claims
Getting it Right the First Time!**


**DME MAC A
Outreach & Education
Team**

For Training Purposes Only
May 2nd – June 20th 2007

NHIC, Corp.
A CMS MEDICARE ADMINISTRATIVE CONTRACTOR



Pre-Test



Please turn in your
pre-test at this time

Disclaimer

This information is current as of April 2007. Any additional updates will be provided at the seminar.

Disclaimer

This seminar handout is meant only as an outline of the full seminar presentation. Additional information and discussion provided during the seminar will accompany these materials for a complete educational session. Use of these materials by entities other than NHIC, Corp. DME MAC Jurisdiction A may not fully reflect the educational intent for which they were developed.

Agenda

- Avoiding Common Claim Submission Errors (CSEs)
- Troubleshooting Scenarios
- Properly Obtaining a Valid ABN
- Understanding Your Remittance Advice
- Knowing Your Resources
- Open Discussion

Avoiding Common Claim Submission Errors

Common Reasons for Claim Submission Errors

- General types of deficiencies:
 - Billing/data entry errors
 - Billing for services that are not considered medically necessary
- What constitutes a claim submission error?
 - Data entry errors
 - Omissions

What Constitutes an Unprocessable Claim?

- Incomplete or missing required information
- Invalid information

Top Claim Submission Errors



Top Claim Submission Errors

- **M51 - Missing/incomplete/invalid procedure code(s) and/or dates**
- **Item 24D**
- **Possible causes:**
 - HCPCS code is not appropriate for the item being billed
 - **Example:**
 - **Incorrect** K0195 billed in conjunction with K0005
 - **Correct** E0990 billed in conjunction with K0005
 - HCPCS code expired
 - HCPCS code is incomplete
 - **Example:**
 - **Incorrect** K001
 - **Correct** K0001

Top Claim Submission Errors

- **CO 4 – procedure code is inconsistent with the modifier used or a required modifier is missing**
- **Item 24D**
- **Possible causes:**
 - Proper HCPCS modifiers not used or not used appropriately
 - **Example:**
 - **Incorrect** K0001RR
 - **Correct** K0001RRK?
 - **Example:**
 - **Incorrect** E0607
 - **Correct** E0607NU, RR, UE
 - **Note:** KS or KX modifier must be included

Top Claim Submission Errors

- **M83 - Did not indicate whether we are the primary or secondary payer**
- **Item 11**
- **Possible causes:**
 - Item 11 on CMS-1500 form was left blank
 - Item 11 on CMS-1500 form completed with "N/A"
- **Note:**
 - Medicare primary - indicate "None"
 - Medicare secondary - complete 11A-11D

Top Claim Submission Errors

- N265, N266 - Missing/incomplete/invalid name or provider identifier, for the rendering/referring/ordering/supervising provider
- Item 17 or 17a
- Possible causes:
 - Missing physician name
 - Incomplete physician name
 - Missing UPIN
 - Incomplete UPIN
 - Physician name and UPIN do not match

Top Claim Submission Errors

- N64 - The "from" and "to" dates must be different
- Item 24a
- Possible causes:
 - The "from" and "to" dates are the same
 - Example: diabetic supplies
 - Incorrect 03/01/2007 - 03/01/2007
 - Correct 03/01/2007 - 03/31/2007

Top Claim Submission Errors

- M77 - Missing/incomplete/invalid place of service
- Item 24b
- Possible causes:
 - Place of service left blank
 - Billing with an invalid place of service
 - Billing with place of service 11

Other Reasons for Claim Denials/Rejections

- The patient is not entitled to Medicare services
- The provider is not qualified to furnish the Medicare services billed
- Medicare is the secondary payer to other insurance
- Services are excluded by statute, national, or local coverage policy
 - For example:
 - No benefit for the service

Medical Necessity Denials/Issues

How Does DME MAC A Identify Medical Necessity Issues?

- Automated Systems
 - e.g., ICD-9-CM codes with HCPCS codes
- Manual Medical Review (MR)

Reasons Claims Deny for Medical Necessity

- Possible causes:
 - The item is not medically necessary based on the diagnosis code
 - HCPCS code is billed at a frequency that is considered not medically necessary
 - Insufficient documentation

Resubmit, Reopening or Redetermination?

- When do I resubmit my claim?
- When do I request a reopening?
- When should I request a redetermination?



When Can You Use the CMS-1500 Form?

- Physicians, practitioners, facilities, or suppliers with fewer than ten equivalent full-time employees
- Providers that submit an average of fewer than 10 claims/month (not more than 120 claims/year)
- Claims with multiple primary payers
- Other limited circumstances



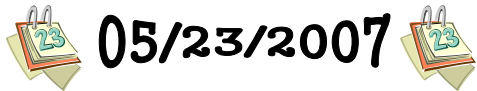
CMS 1500 Form Updated

- New form developed to accommodate the National Provider Identifier (NPI)
- CMS 1500 (08/05) version effective for use January 2, 2007



National Provider Identifier (NPI)

- NPI numbers should be obtained by May 23, 2007
- Don't risk disruption to your cash flow – Get your NPI now!



Troubleshooting Scenarios

Part 1 - Claims



Properly Obtaining a Valid Advance Beneficiary Notice (ABN)



Obtaining a Valid ABN

- What is the purpose of an ABN?
- Is there a specific form for an ABN?
- What are the time requirements for an ABN?

Obtaining a Valid ABN

- When can I get an ABN?
 - Not medically reasonable and necessary
 - Supplier number requirements not met
 - Unsolicited telephone contact for medical equipment and supplies
 - Medical equipment and/or supplies denied in advance
- Is it appropriate to get routine or blanket ABNs?

ABN Scenario

Billing Example

**ABN for Upgrades -
ABN on File**

- Bill two line items per claim
- Line 1 - HCPCS for beneficiary-requested upgrade item plus GA modifier
- Line 2 - HCPCS for doctor-ordered item plus GK modifier

ABN for Upgrades - ABN on File

1. IN REVENUE PERIODICAL USE										2. IN OUTSIDE LAB USE									
Last Upgraded Features										3. CHANGED:									
3. DDC1										4. ORIGINAL REF #									
4. DDC2										5. FROM ACTIVATION NUMBER									
1. A	2. B	3. C	4. D	5. E	6. F	7. G	8. H	9. I	10. J	11. K	12. L	13. M	14. N	15. O	16. P	17. Q	18. R	19. S	20. T
01	21	07	01	21	07	12	ED048	NZ	GA	1	725	00	1	9876543219					
01	21	07	01	21	07	12	ED041	NZ	GR	1	75	00	1	9876543219					
26. PEELED TAG ID NUMBER: 123456789										27. BALANCE DUE									
28. PARENT'S ACCOUNT NO: 9896451										29. TOTAL CHARGE: 300.00									
30. DATE OF SERVICE: 01/21/07										31. AMOUNT PAID: 0.00									
32. DATE OF BILLING: 01/21/07										33. BALANCE DUE: 0.00									

Understanding Your Remittance Advice

Understanding Your Remittance Advice

Steps to Correct a Denial

- Check the remittance advice (RA)
- Analyze the denial codes
 - Health Care Claim Adjustment Reason Codes
 - Remark Codes
- Correct the situation
 - Resubmit
 - Reopen
 - Redetermination



Example Remittance Advice

- Beginning June 1, 2018, the Standard Paper Remittance (SPR) will no longer be issued if you also receive an Electronic Remittance Advice (ERA). Please go to http://www.medicarehc.com/edownload/mrpsoftware_1026.html for further information.
- Providers must contact the National Supplier Clearinghouse to obtain a Medicare billing number and for change of addresses. Providers are required by law to submit claims for Medicare beneficiaries.

PERF	PROV	SERV DATE	POS	NOS	PROC	KODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME	BOE, JOHN		HIC	325456789A	ACNT		134.00	0.00	0.00	0.00	0.00	0.00
PROVIDER	0429 042965 12		1	L1825 RT			0.00	0.00	0.00	0.00	0.00	0.00
PT RES	0.00						0.00	0.00	0.00	0.00	0.00	0.00
ADJ TO TOTALS:	PREV PD						0.00	0.00	0.00	0.00	0.00	0.00
							CLAIM TOTALS	134.00	0.00	0.00	0.00	134.00
							INTEREST	0.00				0.00
							LATE FILING CHARGE				0.00	0.00
							NET					0.00
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							CLAIM TOTALS	134.00	0.00	0.00	0.00	134.00
							INTEREST	0.00				0.00
							LATE FILING CHARGE				0.00	0.00
							NET					0.00
TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT			
	2	232.00	0.00	0.00	0.00	232.00	0.00	0.00	0.00			0.00

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Analyze the Reason and Remark Codes

GLOSSARY: GROUP, REASON, MOA, REMARK AND REASON CODES

CO 16 Contractual obligation. The patient may not be billed for this amount. Claim/service lacks information which is needed for adjudication.

N257 Missing/incomplete/invalid billing provider/supplier primary identifier.
MA13 You may be subject to penalties if you bill the beneficiary for amounts not reported with the PR (Patient responsibility) group code.

MA130 Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information.

Troubleshooting Examples

Part 2 - Remittance Advice



Knowing Your Resources



CMNs

- EDI CMN Reject Report
 - www.medicarenhic.com/dme/edicmnreject.shtml

Remittance Advice

- Claim Adjustment Reason Codes
 - www.wpc-edi.com/codes/claimadjustment
- Remittance Advice Remark Codes
 - www.wpc-edi.com/codes/remittanceadvice
- CMS Remittance Advice Guide
 - www.cms.hhs.gov/MLNProducts/downloads/RA_Guide_Full_03-22-06.pdf

Coding

- Medical Policies
 - www.tricenturion.com/content/lcd_current_dyn.cfm
 - SADMERC Durable Medical Equipment Coding System (DMECS)
 - www3.palmettogba.com/dmecs/jsp/index.jsp

CMS

- **CMS Medicare Learning Network (MLN)**
 - www.cms.hhs.gov/MLNGenInfo
- **CMS MLN Matters**
 - www.cms.hhs.gov/MLNMattersArticles

DME MAC A Resources

- **Customer Service**
 - Provider: 866-419-9458
 - Beneficiary: 1-800-MEDICARE
 - 1-800-633-4227
- **Outreach and Education**
 - 781-741-3950
- www.medicarenhic.com/dme

DME MAC A ListServes

- **What is a ListServe?**
 - Email account that provides an opportunity for subscribers to receive reminders and announcements
 - Benefits of a ListServe - Be the first to:
 - Know important and time-sensitive Medicare program information and other important or urgent DME MAC A announcements
 - Learn about upcoming educational opportunities and training events
 - Know when our quarterly bulletins become available

Additional ListServes

- TriCenturion
 - www.tricenturion.com
- Centers for Medicare and Medicaid Services (CMS)
 - www.cms.hhs.gov/apps/maillinglists


Open Discussion



Evaluations



Post-Test



Please turn in your post-test at this time

Thank You