

Chapter Seven – Quick Scenarios and FAQs

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CHAPTER SEVEN – HOW DO I...? Common Questions and Answers

Eligibility

1. How do I find out how much has been applied to the annual Part B therapy cap?
 - a. Due to recent changes by CMS to improve data accuracy across systems, this information is best obtained through a HIPAA Eligibility Transaction System (HETS)-based tool such as the Noridian Medicare Portal (NMP) or the Interactive Voice Response (IVR) toll-free line. The amount, applied year-to-date, represents submitted claims; it cannot include charges for services provided but not yet billed.
2. How do I find out if a beneficiary is enrolled in a Medicare Advantage (MA) plan?
 - a. This information is best obtained through a HETS-based tool such as the NMP or the IVR.
3. How do I find out if the beneficiary is enrolled in a Hospice or Home Health period that could cause my claim to reject?
 - a. This information is best obtained through a HETS-based tool such as the NMP or the IVR.
4. How can I find out if a beneficiary is eligible for a preventive test that is subject to a frequency limit?
 - a. Preventive services and the dates the beneficiary is eligible for coverage are best obtained through a HETS-based tool such as the NMP or the IVR.
5. How can I find out if the patient is eligible for a new benefit period or how many days are available in the current benefit period?
 - a. This information is best obtained through a HETS-based tool such as the NMP or the IVR. Keep in mind that this information is based on filed claims and does not reflect days used in stays not yet filed. It is very important that you ask the patient about hospital and SNF admissions within the previous 60 days so you will be aware of stays that have not been reported yet.

For additional information on (or to register for access to) the Noridian Medicare Portal, visit the [NMP website](https://www.noridianmedicareportal.com/web/nmp/home), <https://www.noridianmedicareportal.com/web/nmp/home> or the [NMP User Guidance webpage](https://med.noridianmedicare.com/web/portalguide), <https://med.noridianmedicare.com/web/portalguide>.

Claims

6. I see a claim with a “T” status in the Claims history, but I can’t call it up under the RTP’d claims in Claims Corrections (Menu 03).
 - a. If the claim has a Status/Location code TB9996, it will be moved to the RTP’d claims during the next batch cycle. Check the next day. If the claim has a Status/Location code TB9997, try adding the Medicare ID and dates of service in the selection criteria for the claims in Claims Corrections.
7. What does a status “I” mean? How do I correct the claim?

- a. Status “I” indicates the claim has been inactivated. Frequently, this means that the claim was suspended ([F9]) back into processing 3 or more times from a “T” status without be corrected properly or without adding requested information to the Remarks section. The claim cannot be corrected and will have to be submitted as a new claim. Before you do that, be sure to check the Remarks section of the inactivated claim to find out what information needs to be added.
8. How can I see the claim detail for a claim that is shown as offline?
 - a. After a period of time, claims are moved offline and can be retrieved within the timely filing period for the date of service by calling the Provider Contact Center. These claims are identified with Status/Location code PO9998.
9. My claim is getting a duplicate error, but I do not see any other claims in the claim' history with the same dates of service.
 - a. Expand the date range in your search criteria when you look in the Claims history. The dates of service may overlap, but not exactly match, the dates of service of your claim. If you still don't find a conflict, call the Provider Contact Center to see if the conflicting claim is from another provider.
10. How can I find out why a service was not paid?
 - a. Look at the information shown on the line item detail screen, MAP175D. The denial reason code appears on the second line from the bottom. Use [F1] to go to the reason code narrative and enter the denials reason code from the line item detail.
11. Where do I look to see when our next payment will be made?
 - a. Check History, Inquiry Menu option FI, lists that last 3 checks that were issued to your provider. If you received hard copy checks, this is a way to tell what payments may be in the mail. If you already have received the payments listed there, you can look at the information shown under Status/Location PB9996 in the Claim Count Summary, Inquiry Menu option 56. All the claims that have been completed and currently are aging through the payment floor are shown on the category GT, grand total, line. Because claims move to the payment floor as soon as they complete processing, not all of the money shown in the Total Payment field for the category GT line will be paid on the next check, but at least you will be able to see what should be paid sometime within the next 14 days. You also can look up the claims in the payment floor by entering just your NPI and Status/Location code PB9996 in the Claim Summary Inquiry screen (MAP1741). When you press [ENTER], a list of all the claims currently in the payment floor will appear, including the payment dates and amounts.
12. The Status/Location code indications the claim is being held for Medicare Review. How can I tell what records are needed?
 - a. Go to page 7 of the claim under the claims history found in option 12 of the Inquiry Menu. Press [F8] to see a list of the information requested. To see a complete list of claims being

held pending records, enter your NPI and SB0001 in the Status/Location field on the Claim Summary Inquiry screen. Press [ENTER].

13. How can I find out if a revenue code is valid for Medicare?
 - a. A listing of UB-04 revenue codes is found in [the CMS Internet Only Manuals \(IOM\) listing webpage](http://www.cms.hhs.gov/Manuals/IOM/list.asp), <http://www.cms.hhs.gov/Manuals/IOM/list.asp>. To see if a revenue code is allowed with for a particular type of bill, enter the revenue code in the Revenue Code screen under option 13 of the Inquiry Menu. A list of all bill types will appear, and if “Y” appears in the Allow field next to the type of bill, it is okay to use that revenue code for the type of claim.
14. Is there a way to find out if a HCPCS and revenue code can be used together?
 - a. If a HCPCS code is limited to certain revenue codes, the revenue codes will appear in the ALLOWABLE REVENUE CODES field when a HCPCS code is entered on the HCPC Information Inquiry Screen under option 1E of the Inquiry Menu.
15. How do I enter more than two modifiers on a line?
 - a. From page 2 of the Claims Entry Screens, press [F2] to go to the line item detail information. Add the additional modifiers in the MODIFIERS field on MAP171D.

Adjustment/Cancel/RTP

16. I want to correct a claim that isn't in DDE anymore. How can I do that?
 - a. Typically, claims can be corrected only within the timely filing period for the dates of service. Exceptions to this are corrections needed to refund money to the Medicare program and corrections needed to allow another provider's claims to process. If claims are offline (Status/Location PO9998) or have been removed from DDE, call the Provider Contact Center for assistance.
17. I need to adjust a claim, but don't know which condition code to use. The changes fit more than one code.
 - a. Use the Adjustment/Cancel Condition Code Reference Guide found at the end of Chapter 5. Start at the top and use the first condition code that describes a change in your claim.
18. Is there a way to get rid of a claim in corrections if we are not going to correct it at all or want to submit another claim through batch transmission?
 - a. Claims in a Status/Location TB9997 can be suppressed by putting a “Y” in the SV field in the upper right corner of claim page 1. This will suppress the claim from view in the listing of RTP'd claims so it will not be resubmitted inadvertently, but the claim still will appear in the claims history until it is purged from the system. Claims in any other status/location cannot be suppressed.
19. How do I correct the charge information from non-covered to covered?
 - a. This can be done only for line items that have not been medically denied. Please refer to the instructions in the General Information section of Chapter 5.