

NORIDIAN DIRECT DATA ENTRY (DDE) USER'S MANUAL FOR MEDICARE PART A

Introduction

The Fiscal Intermediary Shared System (FISS) is the processing system designated by the Centers for Medicare & Medicaid (CMS) to be used for Medicare Part A claims and Part B facility claims. DDE is a real-time FISS application giving providers interactive access for inquiries, claims entry and correction purposes. It also is a valuable tool for providers who use batch submissions to transmit electronic claims, to monitor claims and requested documentation as well as manage claim errors and check beneficiary information.

The purpose of this manual is to give DDE users an understanding of the information available in the DDE system, and instructions for entering and correcting claims.

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CHAPTER ONE – GETTING STARTED IN DDE

In this chapter, the user will be introduced to basic information about the Direct Data Entry (DDE) system and claim processing procedures.

Signing On

The process to access the DDE system may be site-specific according to the connectivity software used. Depending on the connectivity software, some or all of the following screens may appear. If the screens you see do not match these, watch for similar data entry fields.

DXC-VDC Menu		Centers for Medicare & Medicaid Services	
This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes all devices/storage media attached to this system. This system is provided for Government authorized use only. Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties. At any time, and for any lawful Government purpose, the government may monitor, record, and audit your system usage and/or intercept, search and seize any communication or data transiting or stored on this system. Therefore, you have no reasonable expectation of privacy. Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.			
Userid:	(or LOGOFF)	Time:	11:15:00
Password:		Date:	02/25/18
New Password:		Terminal:	LP00000
Account:		Model:	PC30-400
Transfer:		SMRT:	000000
Data contained in this system is confidential and proprietary. Use of this data for other than legitimate purposes authorized by CMS will be prosecuted. ---- CA TPX Session Management ----			
PF1=Help PF3=Logoff			

Sign-on Screen 1

USERID: Type your DDE RACF User ID and press [TAB]. You have three tries to be successful before your login will be disabled.

The facility must request access from Noridian Healthcare Solutions (Noridian) for each user. Users should keep their RACF User ID private and not share it with anyone.

PASSWORD: Type your password, then press [TAB]. This is the password you select. If you are a new provider using DDE and have had an individual RACF ID assigned to you, the first time you log-on, you will use the temporary password emailed to you from User Provisioning. The system will then prompt you to change the temporary password.

Your password will expire every 30 days for this screen. For security purposes, when your password is typed in, it will not appear on the screen.

Sign-on Screen 2

```

TERM: LPR00050 DATE: 08/28/09 HELP: NETWORK-ID: USED001
LOGMODE: SNX32704 TIME: 10:18:48 SEC: HOST: OKIPC1B
NO..MNEMONIC..SITE....APPLICATION/DESCRIPTION.....HOURS.....
01 ACPFA022 OKIPC1B AZ,UT,MT,ND,SD,WY FISS PROD 0000/2400
02 ACMFAS22 OKIPC1B AZ,UT,MT,ND,SD,WY FISS UAT 0000/2400
03
04
05
06
07
08
09
10
11
12
13
14
15
16
17
***** SELECTION SCREEN *****
PLEASE ENTER SELECTION BELOW, PF1 FOR HELP OR PF3 TO LOGOFF PAGE=ONLY
M24: REQUESTED SELECTION DOES NOT EXIST.
SELECTION=> |

```

Select the FISS Production number for your state and enter it in the "Selection" field at the bottom of the screen.

Sign-on Screen 3

```

fss0
A C P F A 0 2 2 MVS/ESA SP7.0.9 M2094 C I C S 6.5.0
NETNAME: LPR00050 TERMINAL: $483 DATE: 08/28/09 TIME: 10:18:58
AAAAAAAAAA 00000000 2222222222 2222222222
AAAAAAAAAA 0000000000 222222222222 222222222222
AA AA 00 0000 22 22 22 22
AA AA 00 00 00 22 22
AA AA 00 00 00 22 22
AAAAAAAAAA 00 00 00 22 22
AAAAAAAAAA 00 00 00 22 22
AA AA 00 00 00 22 22
AA AA 0000 00 22 22
AA AA 000 00 22 22
AA AA 0000000000 222222222222 222222222222
AA AA 00000000 222222222222 222222222222
KEY IN TRANSACTION CODE AND PRESS ENTER
DFH3504I SIGN ON COMPLETE

```

Type FSS0 (zero) at the top of the screen to go to the DDE menu screen.

Signing Off

Press [F3] to back out of each screen or from any screen on the system. Press [F4] and type "CSSF LOGOFF" to exit the DDE system. This process also may be modified slightly by your facility systems.

How To Change Your Password

When you log on the system the very first time, you will use a password set by the Noridian System Administrator. You should change your password as soon as you log on the first time.

The following guidelines apply:

1. Your password will expire every 30 days. On the day after it expires, when you type your password, the system will send you the message “YOUR PASSWORD HAS EXPIRED. PLEASE ENTER YOUR NEW PASSWORD”. The screen will now contain two lines, both reading “New Password”.
2. RULES FOR PASSWORDS:
 - a. Password length - 8 characters.
 - b. At least one of each of the 4-character types are required:
 - Uppercase Letters = ABCDEFGHIJKLMNOPQRSTUVWXYZ
 - Lowercase Letters = abcdefghijklmnopqrstuvwxyz
 - Numbers = 0123456789
 - Special Characters = \$@#. <+|&!*-%_>?:=
 - c. No more than 3 consecutive characters of the user’s name or USERID may be used in the password.
 - d. Consecutive repeating characters are not allowed – for example, the ‘ll’ in ‘allowed’ will cause an error. Characters can be repeated, for example ‘e’ in ‘Eve’ would be acceptable, but characters used more than once cannot be immediately next to each other in the password.
 - e. Only 3 unchanged positions of the current password can be used in the new password. An unchanged position means the same character in the same position, 1 thru 8, in the new password.
 - f. The following ‘words’ are restricted and may not be used in any position in the password:
 - IBM
 - RACF
 - PASSWORD
 - PHRASE
 - SECRET
 - IBMUSER
 - SYS1
 - g. The following abbreviations may not be used as the 1st characters of passwords:
 - APPL
 - APR
 - AUG
 - ASDF

- BASIC
- CADAM
- DEC
- DEMO
- FEB
- FOCUS
- GAME
- JAN
- JUL
- JUN
- LOG
- MAR
- MAY
- NET
- NEW
- NOV
- OCT
- PASS
- ROS
- SEP
- SIGN
- SYS
- TEST
- TSO
- VALID
- VTAM
- XXX
- 1234

3. Your cursor will be located at the first "New Password" message. Type in the NEW PASSWORD you selected. Nothing shows on the screen, but the cursor moves right. Press [TAB].
4. Type your NEW PASSWORD again. Press [ENTER].
5. The system displays the message: "SIGN ON IS COMPLETE" OR you will have an error and must start over. The error may be the two password entries not matching, or they do not adhere to the rules for passwords.
6. Type FSSØ (zero), press [ENTER]. The main menu displays.

The user may be restricted in how many "attempts to login" will be granted before disabling the login (normally this would be 3 attempts).

Menu Selections

Asterisked (*) options may not be applicable.

Claim and information is accessed through the DDE Main Menu. The menu and submenu options allow the user to either view or enter claims information.

Main Menu

01 Inquiries

02 Claims/Attachments

03 Claims Correction

04 Online Reporting

Inquiry Menu

10 Beneficiary/CWF

11 DRG (Pricer/Grouper)

12 Claim Summary

13 Revenue Codes

14 HCPC Codes

15 DX/PROC Codes ICD-10

16 Adjustment Reason Codes

17 Reason Codes

88 Invoice No/DCN translator

19 ZIP Code File

1A OSC Repository Inquiry

56 Claim Count Summary*

67 Home Health Payment Totals*

68 ANSI Reason Codes*

FI Check History

1B DX/PROC Codes ICD-10

1C CMHC Payment Totals

1D Prov Practice Addr Quer

1E New HCPC Screen

1F OUD DEMO 99

Claims Entry Menu

Claims Entry:

20 Inpatient

22 Outpatient 24 SNF

26 Home Health*

28 Hospice*

49 NOE/NOA*

87 Roster Bill Entry

Attachment Entry:

41 Home Health*

54 DME History*

57 ESRD CMS-382 Form

Claims Corrections Menu

Claims Correction:

21 Inpatient

23 Outpatient

25 SNF

27 Home Health*

29 Hospice*

Claim Adjustment:

30 Inpatient

31 Outpatient

32 SNF

33 Home Health*

35 Hospice*

Claim Cancels:

50 Inpatient

51 Outpatient

52 SNF

53 Home Health*

55 Hospice*

Attachments:

45 Home Health*

Online Reports Menu

R1 Summary of Reports R2 View a Report

R3 Credit Balance Report – CMS 838

Navigation

Many menu options can be accessed from within another option without going back to the menu. To do this, type the menu option in the SC field in the upper left corner of the screen and press [ENTER]. When you are ready to return, press [F3] once. Keying information that shows the user how to move within the screen, suspend a claim or exit the application is displayed at the bottom of each screen.

The PF keys move within the screens as defined on the bottom of the page. While in the claims inquiry and entry screens, you can move between screens one at a time by using the PF keys or move between screens by typing the desired page number in the page number field at the top of the screen and pressing [ENTER].

PF Function Keys

PF Function keys are used to direct the action to be taken within DDE, such as moving to other screens and updating (suspending) the claim record. To move to another application without going back to the menu, type the menu option number in the SC field in the upper left corner of the screen. Note: Some users may have to use the [ALT] key plus the number key instead of the PF key. For example, instead of [F1], the user may have to press [ALT] and [1].

PF KEY	FUNCTION
[F1]	DDE reason codes - while in claims screens, pressing the [F1] key will take the user directly to the reason code narrative screen.
[F2]	Jump key – this key allows the user to move from the claim charge screen (MAP 1712) to the same revenue line on the line item detail screen (MAP 171A).
[F3]	Exit – this key is used to exit to a prior application or menu, i.e., to return to the claims entry screens from the reason code screen, or to move from an inquiry screen to the menu, you would press [F3]. It is not used to move to a prior screen within the same application.
[F4]	System exit – this key terminates the DDE session.
[F5]	Scroll backward – when a page contains more data than can be displayed in one screen image, you can move backward to the beginning of the page by using the [F5] key.
[F6]	Scroll forward – when a page contains more data than can be displayed in one screen image, you can move forward to the beginning of the page by using the [F6] key.
[F7]	Page back – this key moves back one page at a time within the same application.
[F8]	Page forward – this key moves forward one page at a time within the same application.
[F9]	Update – this key suspends the data just entered into the processing cycle.
[F10]	Scroll left - when a page contains more data than can be displayed in one screen image, you can move to the left side of the page by using the [F10] key.
[F11]	Scroll right - when a page contains more data than can be displayed in one screen image, you can move to the right side of the page by using the [F11] key.

Standards And Conventions

ITEMS	DESCRIPTION
ARROWS	Use the arrow keys to move one character at a time in any direction within a field.
TAB	Press [TAB] to move forward between fields. Some keyboards may be equipped with a “back tab” key. If yours doesn’t, hold down [SHIFT] key and press [TAB] to move backward between fields. Tabbing backwards is helpful if the cursor is at the top of the screen and you need to move to the bottom of the screen.
CTRL R (RESET)	If your screen “freezes up” or “locks up”, hold down the [CTRL] key and press “R” to reset the screen if your keyboard does not have a [RESET] key. Note: Do not use this key combination if the clock symbol “X :” or X SYSTEM displays at the bottom of the screen. This lets you know the system is processing your request.
CURSOR	The cursor is the flashing underline that shows you where you are on the screen.

ITEMS	DESCRIPTION
NUMBERS	In the examples in this manual, an “X” indicates a place holder for any number 0-9. For example, 42X represents 420 through 429.
X : or X SYSTEM	When this symbol displays at the bottom of the screen, the system is processing your request. Do not press keys until this goes away.
END KEY	The end key is used to exit or clear a field.
HOME	The home key is used to move the cursor to a DDE-defined home field on the screen.

Document Control Number (DCN)

The Document Control Number (DCN) is a unique identifier assigned to each claim submitted to Medicare. The DCV is a 23-position number assigned by the system. This number helps track and manage claims throughout the processing cycle. The DCN is used to facilitate the retrieval of individual claims and ensure accurate processing and payment.

Field Position	Field	Definition
1	Century Code:	Code used to indicate the century the Document Control Number (DCN) was established. Valid values: 1 - 1900-1999 2 - 2000>
2-3	Year:	The last two digits of the year during which the claim was entered.
4-6	Julian Date:	Julian days corresponding to the calendar entry date of the claim.
7-10	Batch Sequence:	Primary sequencing field, beginning with 000 and ending with 9999.
11-12	Claim Sequence:	Secondary sequencing field, beginning with 00 and ending with 99.

Field Position	Field	Definition
13	Split/Demo Indicator:	<p>C - Medicare Choices claim</p> <p>E - ESRD Managed Care</p> <p>V - Veterans Administration (VA) Demo</p> <p>P - Encounter Claims</p> <p>Systems Filled with 0 when not used at site.</p>
14	Origin:	<p>Code designating claim origin.</p> <p>Valid values:</p> <p>0 - Unknown</p> <p>1 - EMC Tape/UB-04/CMS Format</p> <p>2 - EMC Tape/UB-04/Other Format</p> <p>3 - EMC Tape/Other (Other is defined as PRO automated adjustment for FISS)</p> <p>4 - EMC Telecom/UB-04 (DDE Claim)</p> <p>5 - EMC Telecom/Not UB-04</p> <p>6 - Other EMC/UB-04</p> <p>7 - Other EMC/Not UB-04</p> <p>8 - UB-04 Hard copy</p> <p>9 - Other Hard copy</p>
15-21	Reserved:	<p>First position of “reserved” area is being used in the Home Health A/B shift automated adjustment.</p> <p>Valid Values:</p> <p>H - 1St position indicates a system generated Trailer 16 adjustment</p> <p>P - In 2nd position indicates a system generated Trailer 15 adjustment</p> <p>Blank - In position 15-21 indicates reserved for future use</p>

Field Position	Field	Definition
22-23	Site Code:	When “Use Site Processing” on the Site Control record is set to Y, these positions of the DCN will coincide with the value indicated in the SITE field on the Operator Control File.

Claim Status/Location

When claims are received by the Medicare contractor, they pass through preliminary edits to validate the data submitted. If they do not pass these edits, they are returned to the provider for correction. If accepted, the claims continue through the processing cycle. At the end of each processing day, the incoming claims are transmitted to the Common Working File (CWF) host sites for validity, entitlement, remaining benefits, and deductible status. Most claims are accepted, and a response is sent back to the contractor the following day. The remainder will suspend for further action or reject. When the claim has completed processing, it is suspended until it has been in-house for the remainder of the waiting period. The waiting period, called the Payment Floor, is the period between the time the claim is received and accepted for processing and the time payment can be generated. Current CMS instructions define the payment floor as 14 days for electronic claims and 29 days for paper claims.

As the claim progresses through the processing system, its location is defined by the Status/Location codes. When a claim is submitted, it is “suspended”, Status Code “S”, for processing. It will remain in the suspense status as it moves through processing until it is completed or returned to the provider for correction. While a claim is in an “S” status, providers cannot make changes or additions to the claim record. The status/location codes contain 6 digits as follows:

Digit 1 – STATUS

CHARACTER	DEFINITION
A	Active
D	Deny
F	Force
I	Inactive
M	Manual Move
P	Paid
R	Reject

CHARACTER	DEFINITION
S	Suspense
T	Return to Provider
U	Return to QIO

Digit 2 – PROCESSING TYPE

CHARACTER	DEFINITION
B	Batch
M	Manual
O	Offline

Digits 3 and 4 – DRIVER LOCATION

CHARACTER	DEFINITION
01	Status/Location
02	Control
04	UB-04 Data
05	Consistency (I)
06	Consistency (II)
15	Administrative
25	Duplicate
30	Entitlement
35	Lab
40	ESRD
50	Medical Policy
55	Utilization
60	ADR
65	PPS/Pricer
70	Payment

CHARACTER	DEFINITION
75	Post Payment
80	MSP Primary
85	MSP Secondary
90	CWF
99	Session Term
AA-ZZ	Customer Defined

Digits 5 and 6 – LOCATION

CHARACTER	DEFINITION
00	00 – Batch Process
01	01 – CWF
02	02 – ADJ Orbit
10	10 – Inpatient
11	11 – Outpatient
12	12 – Special Claims
13	13 – Medical Review
14	14 – Program Integrity
16	16 – MSP
18	18 - Production QC
19	19 - System Research
21	21 – Waiver
65	65 – Non-DDE Pacemaker
66	66 – DDE Pacemaker
67	67 – DDE Home Health
96	96 – Payment Floor
97	97 – Final Online

CHARACTER	DEFINITION
98	98 – Final Offline
99	99 – Final Purged
22 through 64; 68 through 79; AA through ZZ	Customer Defined

Common Status/Location Codes

Driver Location and Description – 3rd thru 6th Digit (ex. SM2501)

Driver Location	Description
PB9996	Claims have completed processing and are being held in the payment floor.
PB9997	Claims have completed and have been released for payment.
PB9998	Claims have been finalized and no longer are online. These claims will have to be retrieved by Noridian before they can be worked.
SB6000/SB6001	Medical Review has sent out Additional Documentation Requests (ADRs) but the requested information has not yet been received.
SMSDEN/SMDENY; SM5XXX	Claims in these locations either are waiting to be reviewed by MR or have been reviewed and corrections need to be made by internal staff. MR staff will release claims for processing.
SB90FX-SB90M; SB9000 and SB9099	Claims are processing through CWF to verify patient information, days available, overlapping services, etc. as well as posting claim number (ICN) to file.
SMMADJ	Claims are hitting Medicare Secondary Payer (MSP) edits and have suspended for Noridian staff to work.
SMSPRX	Claims are processing through edits that have been automated.
SM0201	Claims in this location are adjustment or cancel claims to claims with medically denied lines. Adjudication staff verifies from the remarks why changes are being made or why the claim is being cancelled.
SM0401	Claims in this location are adjustment or cancel claims to claims with medically approved lines. Remarks are verified by adjudication staff. (Similar to SM0201)
SM0501	Claims in this location typically are no pay claims where remarks need to be verified to determine liability or remove denial information if claim is being adjusted to pay.
SM0601	SNF claims in this location are editing because the days billed need to be verified with days remaining or with the units billed with revenue code 0022. Non-SNF claims are suspended in this location because professional services are being billed incorrectly.

Driver Location	Description
SM1501	Claims in this location need name and dosage for unlisted drugs. Bilateral and non-covered procedures need appropriate remarks so claim can process correctly.
SM2501	Claims are duplicate or overlapping with the same date of service to other claims already in the system. Adjudication will verify if the services truly are duplicates or should be billed together on the same claim.
SM3001	Claims are past the appropriate guidelines for timely filing and need remarks as to why they are being submitted late. Claims meeting CMS guidelines will be approved and processed past these edits.
SM3501	Claims in this location need to be updated with the appropriate pricing by Noridian or will be returned to the provider to verify if the HCPC used is valid.
SM4001	ESRD claims typically editing out for too many runs billed within the appropriate month.
SM5501	INPT claims where adjudication needs to verify the days billed with the days actually remaining in CWF. Also LTR and co-insurance days need appropriate value codes and amounts.
SM6501	Claims in this location need to be edited for appropriate cost outlier billing.
SM7001	These are adjustment claims being reviewed by adjudication staff to verify the correct condition code was used for the adjustment claim.
SM9001	Claims in this location are editing for CWF related issues. Benefit days available, claims overlapping with other outpatient or inpatient claims, as well as HMO information are all reasons why claims may be in this location.
SM9501	Claims in this location have all non-covered lines. Adjudication staff verifies if the same reason code is on all the lines and rejects/denies the claim accordingly.
TB9996	Claims in this location have errors that need to be addressed by the provider and are being moved to the provider's RTP location. They will be available for correction the following day.
TB9997	Claims in this location need to be corrected by the provider. Be sure to check the remarks page for comments.