

Part B Insider (Multispecialty) Coding Alert

In other news ...

- You can no longer submit Medicare Secondary Payer (MSP) claims or adjustments on paper, CMS says.

You must submit your MSP claims using the American National Standard Institute (ANSI) ASC X12N 837 4010-A1 format, according to Change Request 6426. This means CMS will reject any claims or adjustments sent in the wrong format.

Why: The change is designed to ensure that all providers submit as much information as CMS needs to process their claims and adjustments, according to the Change Request. For instance, many providers enter their adjustments directly into the Fiscal Intermediary Standard System (FISS) via Direct Data Entry (DDE); however, providers don't always use the CAS segments CMS needs to process their changes.

For those who meet the exception for submitting electronic Medicare claims, CMS has established a process for accepting paper claims. Eligible providers must submit their claims via FISS DDE showing Medicare as the primary payer. The claim will be rejected (and you must allow up to 75 days for processing).

You can then submit your hard copy adjustment to the rejected claim that includes all information regarding payment from the primary payer source.

Good to know: If your software vendor doesn't support the 837 format, you can use PCAce Pro32, a free Microsoft Windows based claims submission software, CMS says.

For more information about this process go to www.cahabagba.com/rhhi/claims/msp/index.htm.