How to retrieve the handout for this presentation

1. Select ***Catalog*** from the top menu
2. Select ***Part A (Home Health/Hospice)*** under the ***Category*** heading
3. Locate the handout (same name as the course)
4. Place a checkmark next to the handout and click ***Add to My Learning***
5. Select ***My Learning*** from the top menu
6. Locate the file
7. Click ***Start***

Direct Data Entry
Home Health

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CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Agenda

- Why use Direct Data Entry?
- References
- Eligibility
- Understanding DDE Basics
- Claim Entry

Agenda

- Status and Location
- Claims Inquiries
- Corrections
- Adjustments
- Cancels
- More About DDE

Why Use Direct Data Entry?

Direct Data Entry

- Enter and Submit Claims
- Correct, Adjust and Cancel Claims
- Inquire about Beneficiary Information/Eligibility
- Home Health Episode Information (Page 3) of HIQH

Direct Data Entry

- Other Possible Insurances (HMO and MSP)
  - HIQH and/or HIQA
- Track claims for payment, errors, ADR's
- View outlier payments
- View downcodes and reason for medical review denials

References

DDE

- Manual
  - www.palmettogba.com
  - Select Manuals
  - Select Direct Data Entry (DDE) User's Manual for Medicare Part A
  - Sign-on instructions
- Connectivity Issues
  - EDI Help Desk 1-866-749-4301

Home Health PPS and Billing Instructions

- www.cms.hhs.gov/manuals/
  - Select Internet Only Manuals
    - *Medicare Claims Processing Manual (CMS Pub. 100-04, Ch. 10)*
    - Medicare Claims Processing Manual (CMS Pub. 100-04, Ch. 25)

Eligibility

HIQH

Health Insurance Query for Home Health

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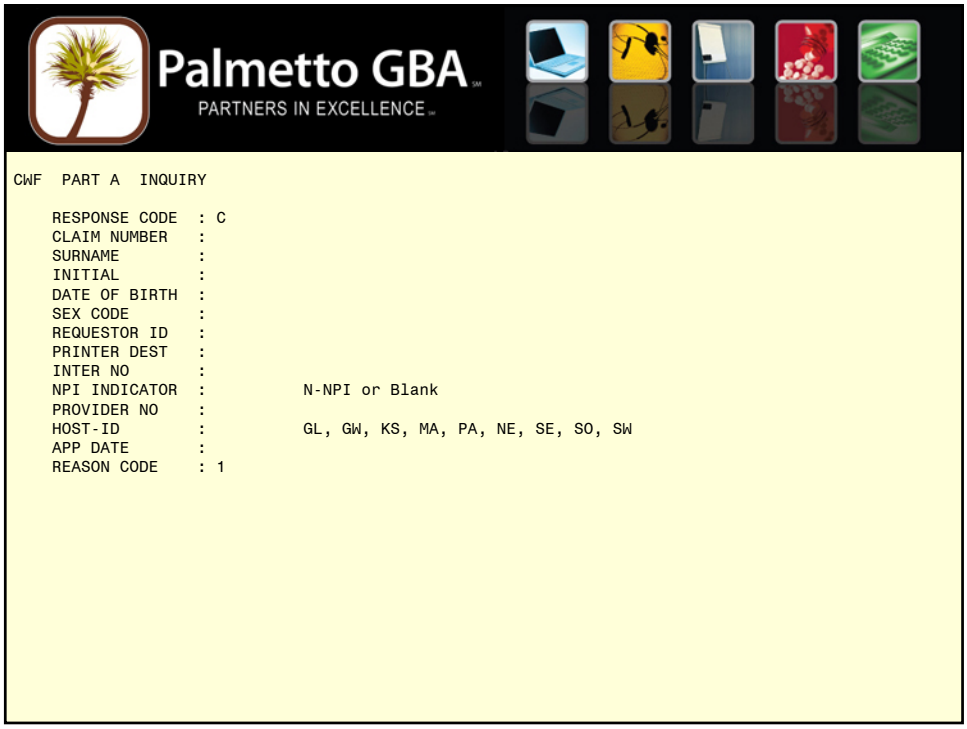
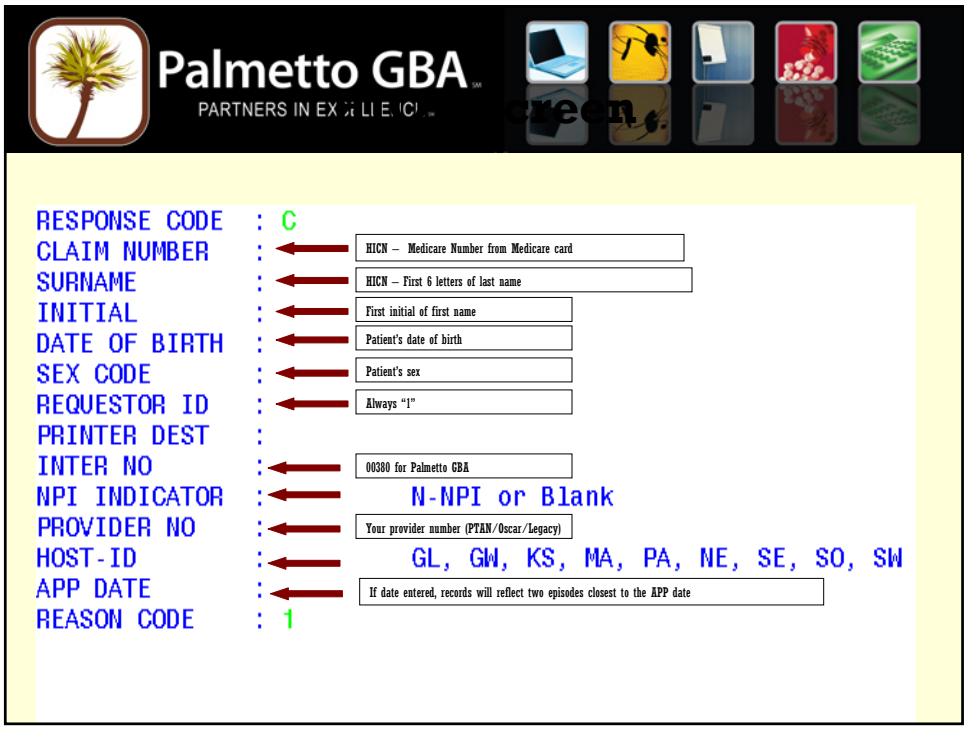
HIQH
CWF Part A Inquiry Screens

- At sign-on, type "HIQH" (HIQA) and Enter
- The CWF Part A Inquiry screen will display

DFHCE3549 Sign-on is complete (Language E).


Palmetto GBA
PARTNERS IN EXCELLENCE
CWF PART A INQUIRY
RESPONSE CODE : C
CLAIM NUMBER :
SURNAME :
INITIAL :
DATE OF BIRTH :
SEX CODE :
REQUESTOR ID :
PRINTER DEST :
INTER NO :
NPI INDICATOR : N-NPI or Blank
PROVIDER NO :
HOST-ID : GL, GW, KS, MA, PA, NE, SE, SO, SW
APP DATE :
REASON CODE : 1


Palmetto GBA
RESPONSE CODE : C
CLAIM NUMBER :
HICN – Medicare Number from Medicare card
SURNAME :
HICN – First 6 letters of last name
INITIAL :
First initial of first name
DATE OF BIRTH :
Patient's date of birth
SEX CODE :
Patient's sex
REQUESTOR ID :
Always "1"
PRINTER DEST :
INTER NO :
00380 for Palmetto GBA
NPI INDICATOR : N-NPI or Blank
PROVIDER NO :
Your provider number (PTAN/Oscar/Legacy)
HOST-ID : GL, GW, KS, MA, PA, NE, SE, SO, SW
APP DATE :
If date entered, records will reflect two episodes closest to the APP date
REASON CODE : 1

Palmetto GBA
PARTNERS IN EXCELLENCE

CWF Host Sites

- ✓ **GL – Great Lakes**
  IL, MI, MN, WI
- ✓ **GW – Great Western**
  ID, IA, KS, MO, MT, NE, ND, OR, SD, UT, WA, WY
- ✓ **KS – Keystone**
  DE, NJ, NY, PA
- ✓ **MA – Mid-Atlantic**
  IN, MD, OH, VA, WV,
- ✓ **PA – Pacific**
  AK, AZ, CA, HI, NV
- ✓ **NE – North East**
  CT, ME, MA, NH, RI, VT
- ✓ **SE – South East**
  AL, MS, NC, SC, TN
- ✓ **SO – South =** FL, GA
- ✓ **SW – South West**
  AR, CO, LA, NM, OK, TX

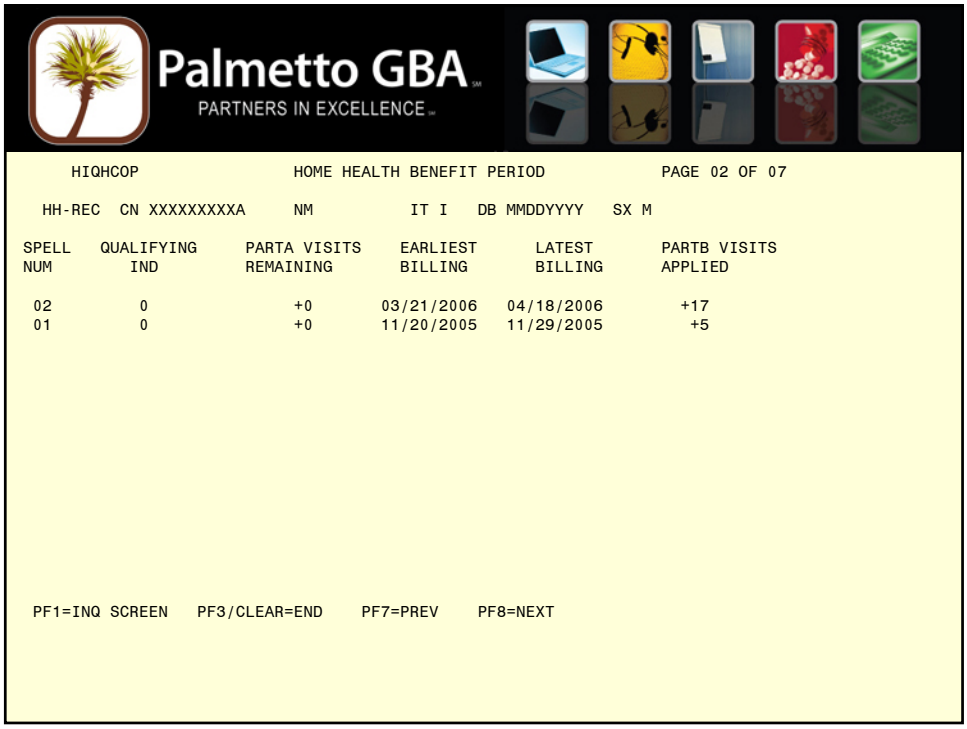
Palmetto GBA
PARTNERS IN EXCELLENCE

```
        HIQHCRO    CWF HOME HEALTH INQUIRY REPLY                PAGE 01 OF 07
IP-REC  CN XXXXXXXXXA     NM          IT     DB MMDDYYYY      SX F     INT 00380
PN Prov #     APP        REAS 1        DATETIME 120806          REQ 1
DISP-CODE 01   MSG UNCONDITIONAL ACCEPT

CORRECT    XXXXXXXXXA     NM          IT     DB           SX
A-ENT 070105 A-TRM 000000 B-ENT 070105 B-TRM 000000 DOD 000000
PARTB YR 06 DED-TBM 00000
FULL-NAME




 PF1=INQ SCREEN   PF3/CLEAR=END              PF8=NEXT
```

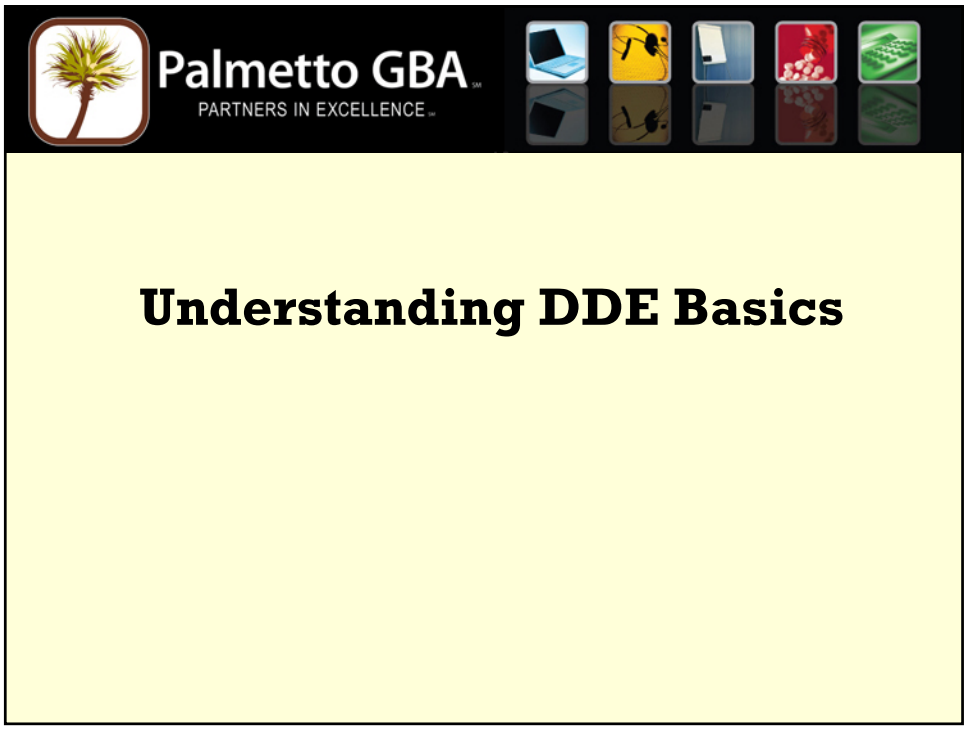

Palmetto GBA
PARTNERS IN EXCELLENCE
HIQHCOP HOME HEALTH BENEFIT PERIOD PAGE 02 OF 07
HH-REC CN XXXXXXXXXA NM IT I DB MMDDYYYY SX M
SPELL NUM
QUALIFYING IND
PARTA VISITS REMAINING
EARLIEST BILLING
LATEST BILLING
PARTB VISITS APPLIED
02 0 +0 03/21/2006 04/18/2006 +17
01 0 +0 11/20/2005 11/29/2005 +5
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT

Palmetto GBA
PARTNERS IN EXCELLENCE
HIQHCOP HOME HEALTH PPS EPISODE PERIODS PAGE 03 OF 07
HH-REC CN XXXXXXXXXA NM IT I DB MMDDYYYY SX M
START DATE
END DATE
INTER NUM
PROV NUM
DOEBA
DOLBA
PATIENT STAT
IND
06/01/2007 07/30/2007 00380 Prov# 06/01/2007 07/28/2007 01 0
09/01/2007 10/30/2007 00380 PROV# 09/01/2007 10/16/2007 01 0
Cancel Indicator 1 = Normal Processing. 2 = Auto-cancel of Rap. 3 = Full episode denial by medical review
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT

Palmetto GBA
PARTNERS IN EXCELLENCE
HIQHCOP MSP PERIODS PAGE 04 OF 07
MSP-REC CN XXXXXXXXXA NM IT M DB DDMMYYYY SX M
REC MSP DESCRIPTION EFF DATE TRM DATE INTER DOA
001 L LIABILITY 07/13/2001 01/07/2004 11110 06/06/2002
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT

Palmetto GBA
PARTNERS IN EXCELLENCE
HIQHCOP HMO PERIODS PAGE 05 OF 07
HMO-REC CN XXXXXXXXXA NM IT R DB DDMMYYYY SX F
PLAN OPT EFF DATE TRM DATE
H1036 C 03/01/98 01/31/00
H1036 C 01/01/94 07/31/97
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT

Palmetto GBA
PARTNERS IN EXCELLENCE
HIQHCOP CWF HOSPICE PERIODS PAGE 06 OF 07
HOSP-REC CN XXXXXXXXXA NM IT I DB DDMMYYYY SX M
HOSPICE DATE PERIOD OWNER CHANGE PERIOD OWNER CHANGE
START DATE1
TERM DATE1
PROV1
INTER 1
DOEBA DATE
DOLBA DATE
DAYS USED
START DATE2
PROV2
INTER 2
REVOCATION IND
NO DATA ON FILE FOR THIS BENEFICIARY
PF1=INQ SCREEN PF3/CLEAR=END PF7=PREV PF8=NEXT


Palmetto GBA
PARTNERS IN EXCELLENCE
Understanding DDE Basics

Standards and Conventions

- [TAB]
  - Press the TAB key to move forward between fields
- [CTRL-R]
  - If your screen "Freezes Up", hold down the CTRL key and press the R key to reset the screen
- (X)
  - Displays at the bottom of the screen when the system is processing your request. Do not press any key until the symbol goes away and the blinking cursor returns

Function Keys

- F1 Access reason code file
  - » From any claim page
- F3 Exit a menu or Submenu
- F4 Exit the Claims System
- F5 Scroll Back in a Screen Page

Palmetto GBA
PARTNERS IN EXCELLENCE

Function Keys

- F6 Scroll Forward in a Screen Page
- F7 View Previous Page
- F8 Page Forward
- F9 Update Data
  - Sends Claim to Palmetto GBA

Palmetto GBA
PARTNERS IN EXCELLENCE

Claims Entry

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Claims *Entry*

- Field names within the DDE system will not always follow the same order as the UB-04
- A "FORM LOCATOR" field has been added to the DDE manual to direct you to the appropriate field on the UB-04

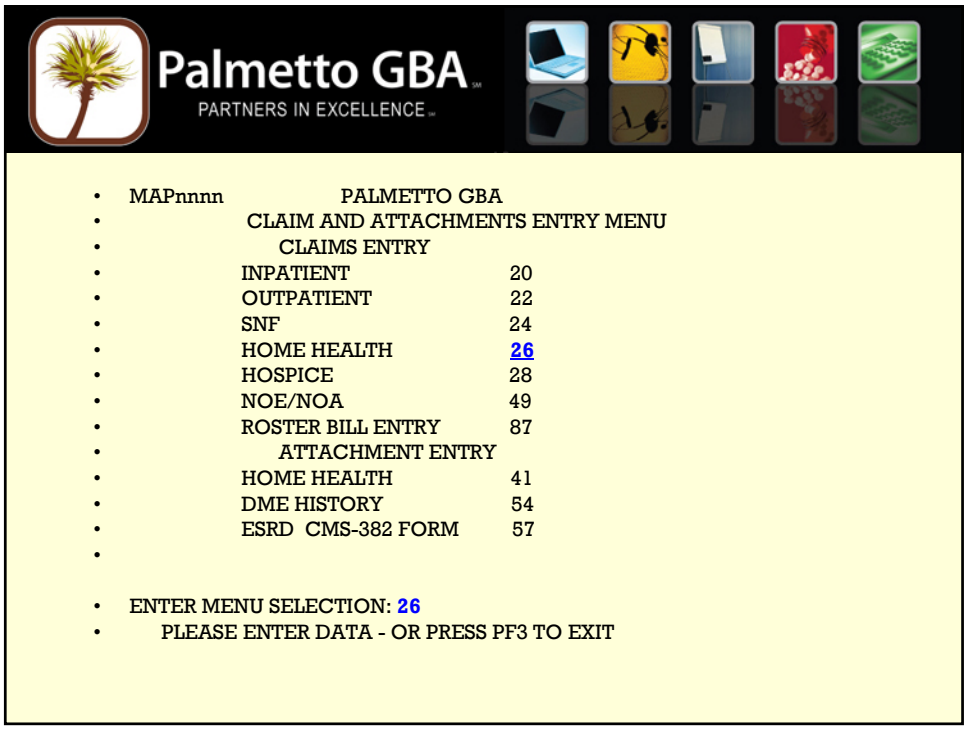
Claims Entry

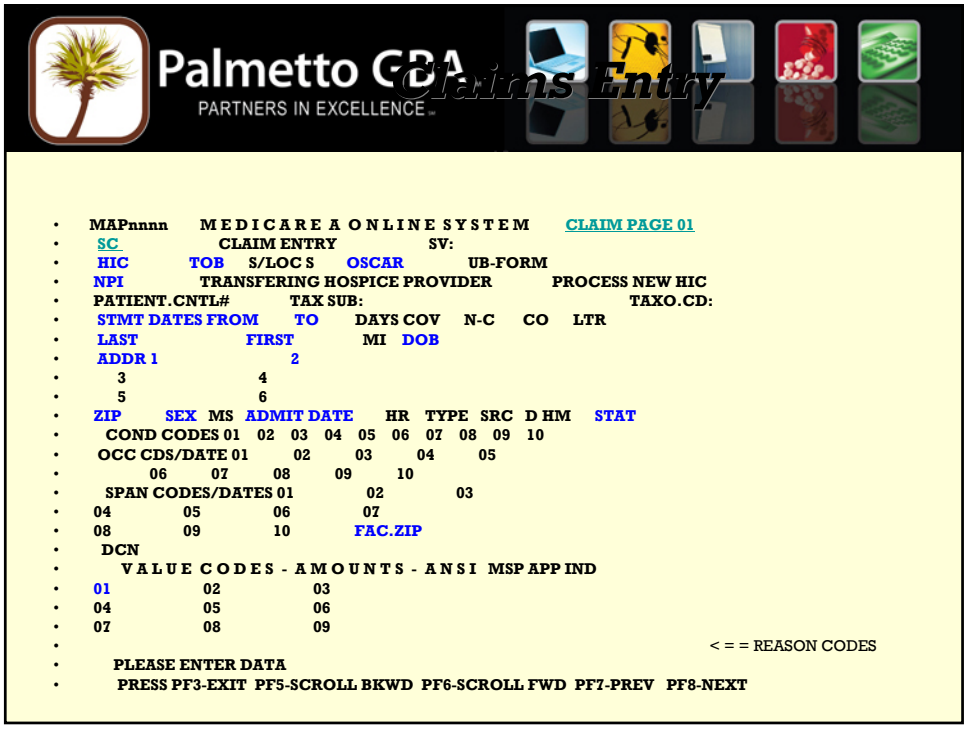
- Page 1 - Patient Information
- Page 2 - Revenue /HCPCS Codes and Charges
- Page 3 - Payer Information, DX/Procedure Codes
- Page 4 - Remarks
- Page 5 - Other Payer, MSP
- Page 6 - MSP, Other Inquiry

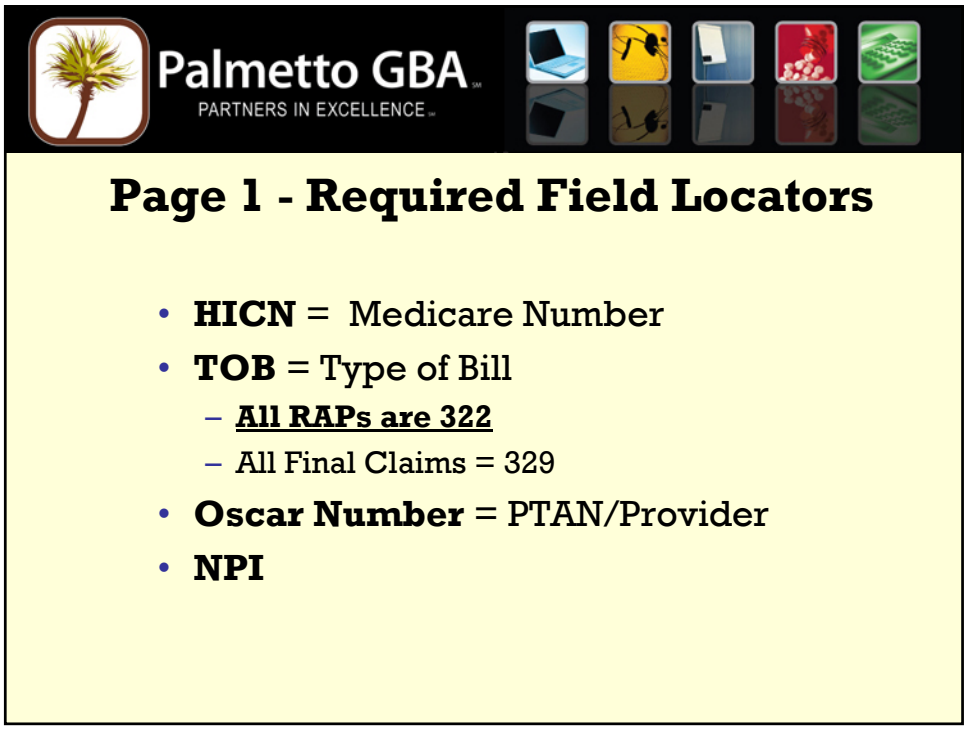
DDE Main Menu

DFHCE3549 Sign-on is complete (Language E).

Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1701 PALMETTO GBA
MAIN MENU FOR REGION A6504A9P
01 INQUIRIES
02 CLAIMS/ATTACHMENTS
03 CLAIMS CORRECTION
04 ONLINE REPORTS VIEW
ENTER MENU SELECTION: 02
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAPnnnn PALMETTO GBA
CLAIM AND ATTACHMENTS ENTRY MENU
CLAIMS ENTRY
INPATIENT 20
OUTPATIENT 22
SNF 24
HOME HEALTH 26
HOSPICE 28
NOE/NOA 49
ROSTER BILL ENTRY 87
ATTACHMENT ENTRY
HOME HEALTH 41
DME HISTORY 54
ESRD CMS-382 FORM 57
ENTER MENU SELECTION: 26
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT





Page 1 - Required Field Locators

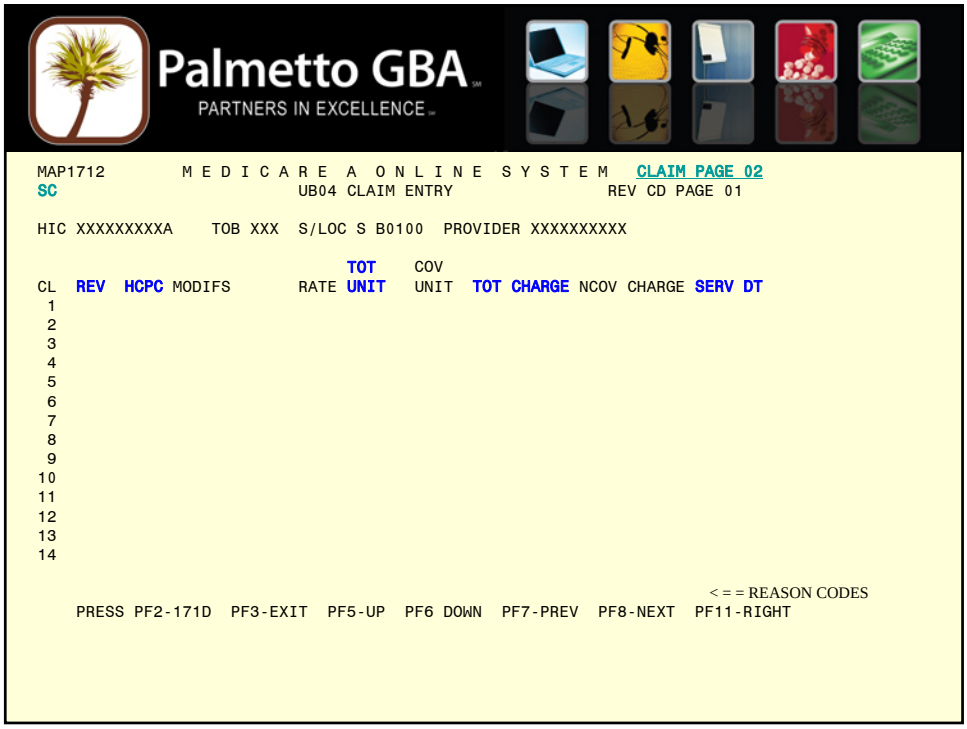
- **HICN** = Medicare Number
- **TOB** = Type of Bill
  - **All RAPs are 322**
  - All Final Claims = 329
- **Oscar Number** = PTAN/Provider
- **NPI**

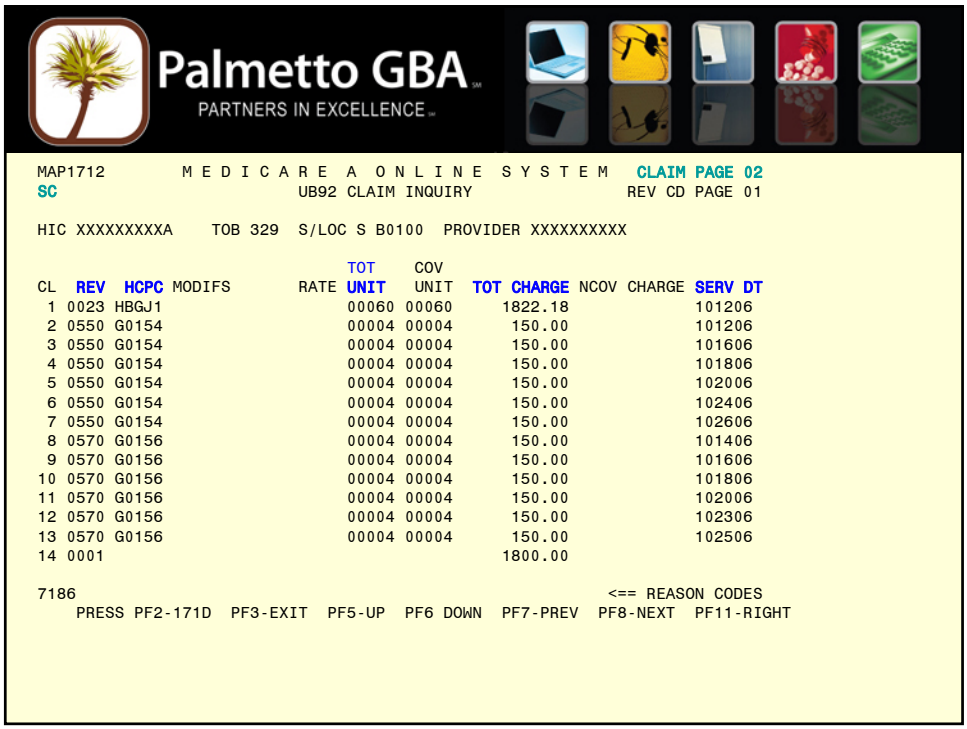
Page 1- Required Field Locators

- **Stmt Dates From – To**
  - Date is the same for RAP's
  - From and To date of the episode for final claim
- **Last and First name**
- **DOB** = date of birth (8 digits)
- **Addr 1** = street address
- **Addr 2** = city and state
- **Zip** = Beneficiary

Page 1- Required Field Locators

- **Sex** = 1 digit
- **Admit Date** = Admission
  - Remains the same until discharge
- **Stat** = Patient Status
  - **(All RAPs = 30)**
- **Fac. Zip** = Facility Zip Code
- **Value Code –** 61 = CBSA Code
  - 5 digit number/decimal/two zeros
  - Example: **XXXXX.00**


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1712 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 02
SC UB04 CLAIM ENTRY REV CD PAGE 01
HIC XXXXXXXXXA TOB XXX S/LOC S B0100 PROVIDER XXXXXXXXXX
CL REV HCPC MODIFS RATE UNIT COV UNIT TOT CHARGE NCOV CHARGE SERV DT
1
2
3
4
5
6
7
8
9
10
11
12
13
14
< = = REASON CODES
PRESS PF2-171D PF3-EXIT PF5-UP PF6 DOWN PF7-PREV PF8-NEXT PF11-RIGHT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1712 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 02
SC UB92 CLAIM INQUIRY REV CD PAGE 01
HIC XXXXXXXXXA TOB 329 S/LOC S B0100 PROVIDER XXXXXXXXXX
CL REV HCPC MODIFS RATE UNIT COV UNIT TOT CHARGE NCOV CHARGE SERV DT
1 0023 HBGJ1 00060 00060 1822.18 101206
2 0550 G0154 00004 00004 150.00 101206
3 0550 G0154 00004 00004 150.00 101606
4 0550 G0154 00004 00004 150.00 101806
5 0550 G0154 00004 00004 150.00 102006
6 0550 G0154 00004 00004 150.00 102406
7 0550 G0154 00004 00004 150.00 102606
8 0570 G0156 00004 00004 150.00 101406
9 0570 G0156 00004 00004 150.00 101606
10 0570 G0156 00004 00004 150.00 101806
11 0570 G0156 00004 00004 150.00 102006
12 0570 G0156 00004 00004 150.00 102306
13 0570 G0156 00004 00004 150.00 102506
14 0001 1800.00
7186
<== REASON CODES
PRESS PF2-171D PF3-EXIT PF5-UP PF6 DOWN PF7-PREV PF8-NEXT PF11-RIGHT

Page 2 – Required Field Locators

- **Rev = Revenue Codes**
  - 1st line - 0023 = Revenue Code for Home Health
  - Subsequent lines (2, 3, 4 etc.) = Revenue Codes for Disciplines
    - PT - Rev Cd = 0421(0)
    - OT - Rev Cd = 0431(0)
    - SLP - Rev Cd = 0441(0)
    - SN - Rev Cd = 0551(0)
    - MSW - Rev Cd = 0561(0)
    - AIDE - Rev Cd = 0571(0)
  - Last line - 0001 = 'Total' line
    - Totals for **each** column

Revenue Codes (con't)

- Subsequent lines (2, 3, 4 etc.) = Revenue codes for supplies
  - 0270 = Non-Routine Medical Supplies
  - 0623 = Wound Care Supplies
    - Do **not** duplicate on 0270
  - **Reminder**
    - Claims with receipt dates of October1, 2008 forward with a HIPPS code ending with a letter must report at least one of these supply revenue codes on the bill

Page 2 – Required Field Locators (con't)

- **HCPC** = Healthcare Common Procedure Code
  - HIPPS Code on line 1
  - Subsequent Lines (2, 3, 4 etc) = Corresponding Discipline HCPC 'G' Codes
    - PT - HCPC = G0151
    - OT - HCPC = G0152
    - SLP - HCPC = G0153
    - SN - HCPC = G0154
    - MSW - HCPC = G0155
    - AIDE - HCPC = G0156
  - Not required for supply revenue codes 0270 and 0623

Page 2 – Required Field Locators (con't)

- **TOT Unit** – Total Units
  - Enter on each line item
  - 1 unit = 15 minutes of care
    - Example: 4 = 1 hour of care
    - Example: 6 = 90 minutes of care
  - Not required for 0270 and 0623

Palmetto GBA
PARTNERS IN EXCELLENCE

Page 2 – Required Field Locators (con't)

- **TOT CHARGE** = Total visit charge for that line item
  - Determined by the provider
  - Supply 0270 and 0623
    - Total charge for each

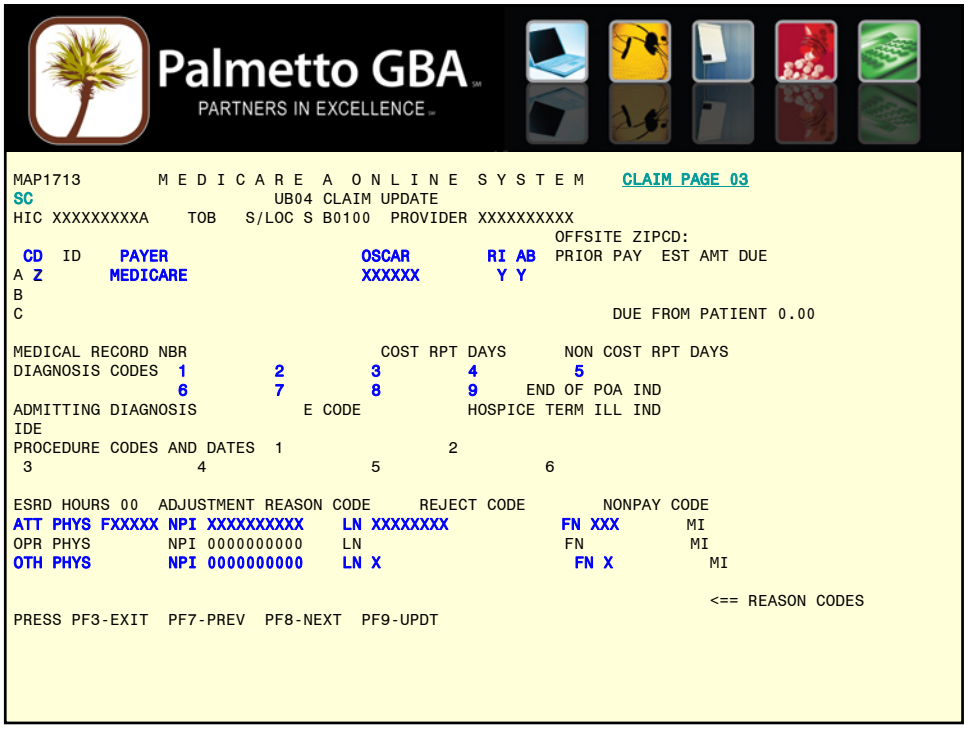
- **SERV DT =** Date of Service for that visit line
    - Supply 0270 and 0623
      - Any date between the 'From' and 'To' dates on the claim

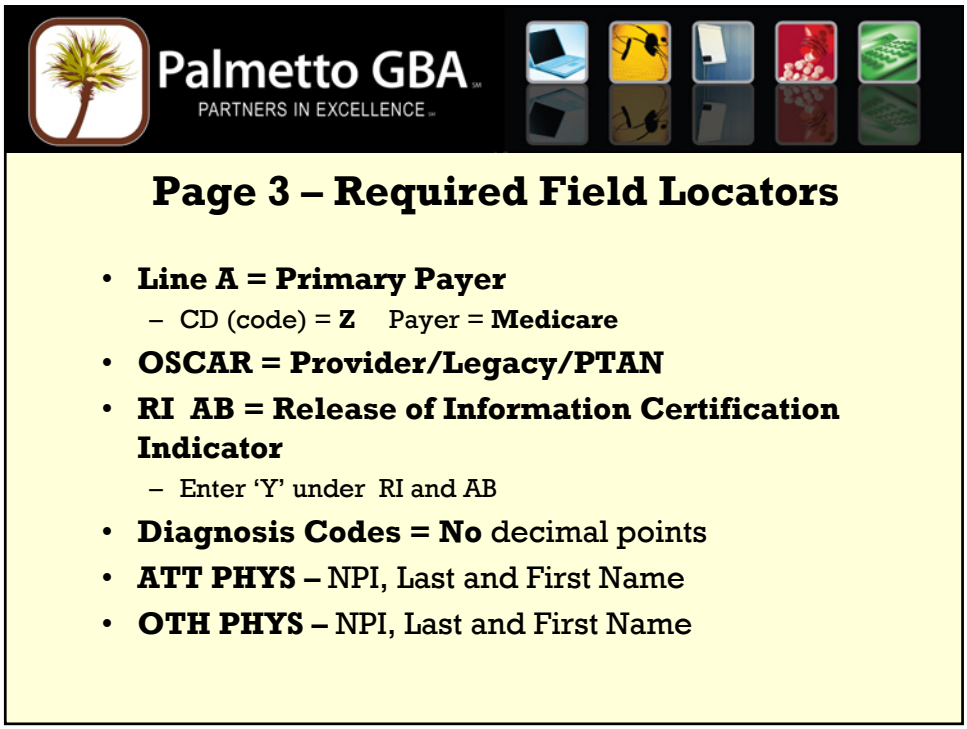
Palmetto GBA
PARTNERS IN EXCELLENCE

Need more then 14 lines?

- F6 to a new page (s) and <u>continue with line item billing</u>

- On the last page - last line, put revenue code 0001 and total of columns





Page 3 – Required Field Locators

- **Line A = Primary Payer**
  - CD (code) = **Z** Payer = **Medicare**
- **OSCAR = Provider/Legacy/PTAN**
- **RI AB = Release of Information Certification Indicator**
  - Enter 'Y' under RI and AB
- **Diagnosis Codes = No** decimal points
- **ATT PHYS –** NPI, Last and First Name
- **OTH PHYS –** NPI, Last and First Name

MAPnnnn M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 04
xx CLAIM ENTRY REMARK PAGE 01

HIC TOB S/LOC S PROVIDER

REMARKS ZIP:

- **Used by provider:**
  - **Communication to Palmetto GBA for anything unusual that you want the claims department to know, such as MSP (insurance) information**
  - **Reason for adjustment or cancel claim**
- **Used by Palmetto GBA**
  - **You may receive very important information from the claims department which may assist in the processing of your claim.**
  - **Medical Review denial reason**

47 PACEMAKER 48 AMBULANCE 40 THERAPY 41 HOME HEALTH
58 HBP CLAIMS (MED B) E1 ESRD ATTACH
ANSI CODES - GROUP: ADJ REASONS: APPEALS:
< = = REASON CODES
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF7-PREV PF8-NEXT PF9-UPDT

MAPnnnn M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 05
SC CLAIM ENTRY
HIC xxxxxxxxA TOB 329 S/LOC S PROVIDER XXXXXXXXX
INSURED NAME REL CERT-SSN-HIC SEX GROUP NAME DOB INS GROUP NUMBER
A

B

C

TREAT. AUTH. CODE
XXXXXXXXXXXXXXXXX

TREAT. AUTH. CODE

TREAT. AUTH. CODE

<== REASON CODES
PRESS PF3-EXIT PF7-PREV PF8-NEXT PF9-UPDT

Palmetto GBA
PARTNERS IN EXCELLENCE

- MAPnnnn M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 06
- xx CLAIM ENTRY
- HIC TOB S/LOC S PROVIDER
- MSP ADDITIONAL INSURER INFORMATION
- 1ST INSURERS ADDRESS 1
- 1ST INSURERS ADDRESS 2
- CITY ST ZIP
- 2ND INSURERS ADDRESS 1
- 2ND INSURERS ADDRESS 2
- CITY ST ZIP
- PAYMENT DATA
- DEDUCTIBLE COIN CROSSOVER IND PARTNER ID
- PAID DATE PROVIDER PAYMENT PAID BY PATIENT
- REIMB RATE RECEIPT DATE PROVIDER INTEREST
- CHECK/EFT NO CHECK/EFT ISSUE DATE PAYMENT CODE
- PRICER DATA
- DRG OUTLIER AMT TTL BLNDED PAYMT FED SPEC
- GRAMM RUDMAN ORIG REIMBURSEMENT AMT NET INL
- TECH PROV DAYS TECH PROV CHARGES
- OTHER INS ID CLINIC CODE
- <== REASON CODES
- PRESS PF3-EXIT PF7-PREV PAGE PF9-UPDT ENTER-CONTINUE

Palmetto GBA
PARTNERS IN EXCELLENCE

Claims Entry Con't…

- When you are finished entering the claim, press the F 9 function key to send claim
- If you are successful, an empty 1st claim page will appear for your next claim
- "Process Complete" will appear at the bottom of your screen
- If there are no front-end or back-end edits you will receive payment

Claims Entry

- **If your claim does <u>not</u> transmit after pressing F9**
  - You have errors
  - Look to the bottom left of your screen where you will see the reason codes
  - Follow the instructions for 'Corrections' later in this presentation
  - Once corrected - F9 again

Key Points - RAP

- Patient Status is **always** 30
- Enter on line 1 page 2 of claim
  - 0023 revenue code
  - HIPPS code
  - date of first billable visit
  - no charges
  - 0001 revenue code on line 2 is optional

Key Points - RAP

- First Episode
  - All date fields must match
    - Admission date, From and To date, 0023 line date
- Subsequent Episodes
  - From and To date is the first date of the next episode
  - 0023 line date is the **FIRST BILLABLE** visit in the episode

Key Points – Final Claim

- First Episode
  - Admission date, 'From' date and 0023 line date will match
  - The 'To' date is the 60th day **OR** an earlier discharge date from the episode
  - A discipline revenue code **MUST** be present and the date **MUST** match the date on the 0023 line

Key Points – Final Claim

- Subsequent Episode
  - 'From' and 'To' date are the dates of episode
  - 0023 line date is the **FIRST BILLABLE** visit date
  - A discipline revenue code **MUST** be present and the date **MUST** match the date on the 0023 line
- No-RAP LUPA
  - Submitted the same as any other final claim

Claim Inquiries

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Status/Location

- S/LOC = Status/Location of the claim
- **Know the Status and Location of your claims at all times**
  - Tells you what you can or cannot do to the claim
  - Alerts you to delays in reimbursement
- Description of all status and location codes may be found on Page 3 of DDE Manual

Status/Location

- Example: S/LOC = **T/B9997**
- First Position is Claims Current **Status**
  - 'T' status = Claim needs corrections
- Second Position is the **Claim Processing Type**
  - 'B' = claim is electronic
  - 'M' = claim is manual
    - Medical review may be processing
- The Third and Fourth Positions are the **Location** of the Claim in
- Last Two Positions are For Additional **Location** Information

Status Descriptions

- "S" status means the claim is still in process (no provider intervention can be made)
  - ALL incoming claims first go to the 'S' status
  - Cycling in CWF
  - In medical review
  - Wait for the claim to move to another status
  - Do NOT send another claim
  - Know how long the claim stays in 'S' status

Status Descriptions

- "P" status means the claim is completely processed
  - Claim can be adjusted or cancelled
  - Auto cancelled RAP (TOB 328) can be re-submitted
- "D" status means the claim is completely processed and denied by medical review
  - Can NOT be adjusted or cancelled
  - CAN be appealed

Status Descriptions

- "R" status means the claim is completely processed and was rejected
  - Look at the reason code on the rejected claim and resubmit a NEW claim WITH corrections noted from the reason code

Status Descriptions

- "T" status (RTP) means
  - the claim has been **R**eturned **T**o **P**rovider for correction (RTP)
  - Correct this claim.
  - Do NOT submit a new claim

Status Descriptions

- "I" status means the Intermediary has either inactivated OR specially processed your claim.
  - *RTPs more then 60 days old and suppressed claims are moved to an "I B9997" status for 3 yrs then purged
  - A new claim may be submitted

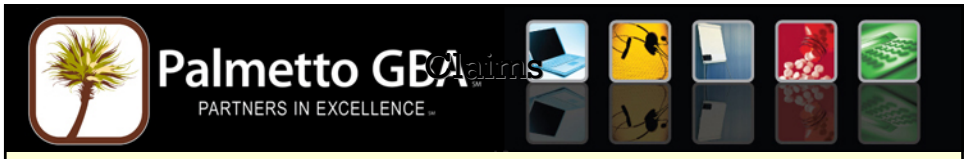
Main Menu

MAPnnnn PALMETTO GBA

MAIN MENU

01 INQUIRIES
02 CLAIMS/ATTACHMENTS
03 CLAIMS CORRECTION
04 ONLINE REPORTS VIEW

ENTER MENU SELECTION: 01
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

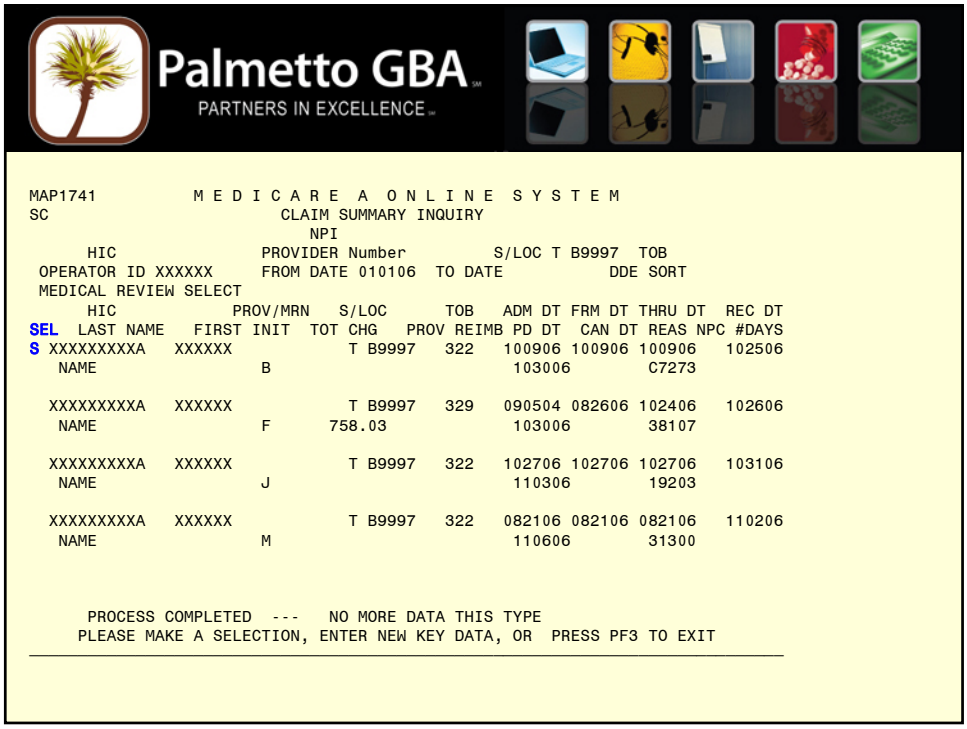


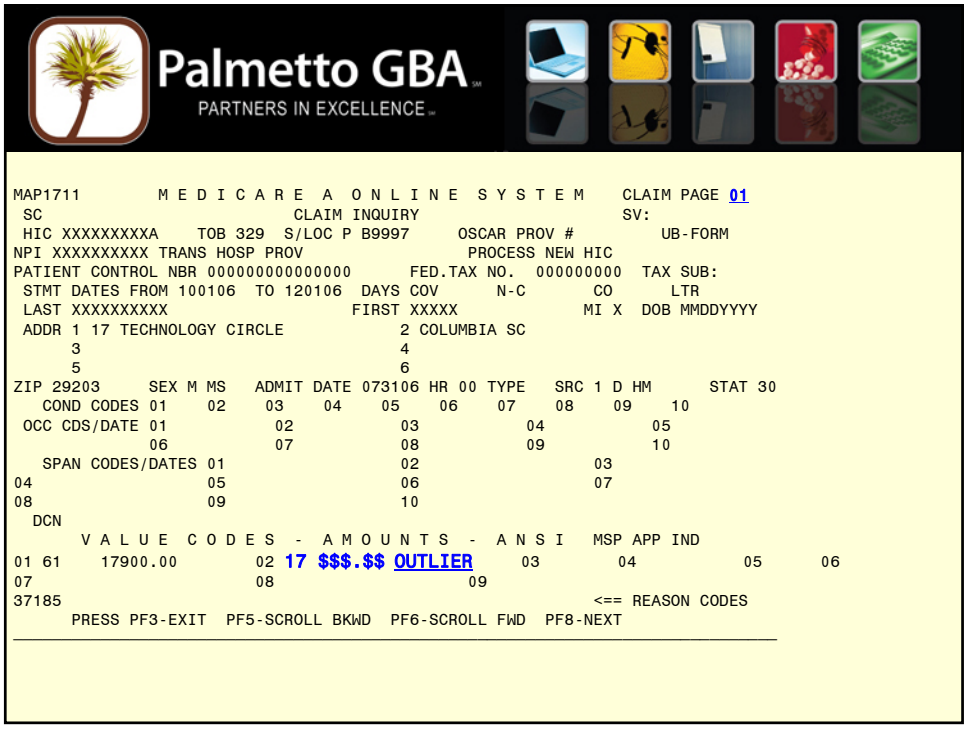
MAP1702 PALMETTO GOVT BENEFITS ADMINISTRATORS
INQUIRY MENU **(SUB-MENU)**

BENEFICIARY/CWF	10	HCPC CODES	14
DRG (PRICER/GROUPER)	11	DX/PROC CODES	15
CLAIMS	12	ADJUSTMENT REASON CODES	16
REVENUE CODES	13	REASON CODES	17
CLAIM COUNT SUMMARY	56	ANSI REASON CODES	68
CHECK HISTORY	FI		

ENTER MENU SELECTION: 12
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

```
MAPnnnn          M E D I C A R E   A   O N L I N E   S Y S T E M
 SC                        CLAIM SUMMARY INQUIRY
                              NPI
       HIC               PROVIDER              S/LOC          TOB
  OPERATOR ID XXXXXXXX   FROM DATE          TO DATE            DDE SORT
  MEDICAL REVIEW SELECT
       HIC            PROV/MRN   S/LOC      TOB   ADM DT FRM DT THRU DT  REC DT
 SEL  LAST NAME   FIRST INIT  TOT CHG   PROV REIMB PD DT  CAN DT REAS NPC #DAYS









     PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
 PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD
```


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1741 M E D I C A R E A O N L I N E S Y S T E M
SC CLAIM SUMMARY INQUIRY
NPI
HIC PROVIDER Number S/LOC T B9997 TOB
OPERATOR ID XXXXXX FROM DATE 010106 TO DATE DDE SORT
MEDICAL REVIEW SELECT
HIC PROV/MRN S/LOC TOB ADM DT FRM DT THRU DT REC DT
SEL LAST NAME FIRST INIT TOT CHG PROV REIMB PD DT CAN DT REAS NPC #DAYS
S XXXXXXXXXA XXXXXX T B9997 322 100906 100906 100906 102506
NAME B 103006 C7273
XXXXXXXXXA XXXXXX T B9997 329 090504 082606 102406 102606
NAME F 758.03 103006 38107
XXXXXXXXXA XXXXXX T B9997 322 102706 102706 102706 103106
NAME J 110306 19203
XXXXXXXXXA XXXXXX T B9997 322 082106 082106 082106 110206
NAME M 110606 31300
PROCESS COMPLETED --- NO MORE DATA THIS TYPE
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1711 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 01
SC CLAIM INQUIRY SV:
HIC XXXXXXXXXA TOB 329 S/LOC P B9997 OSCAR PROV # UB-FORM
NPI XXXXXXXXXX TRANS HOSP PROV PROCESS NEW HIC
PATIENT CONTROL NBR 000000000000000 FED.TAX NO. 000000000 TAX SUB:
STMT DATES FROM 100106 TO 120106 DAYS COV N-C CO LTR
LAST XXXXXXXXXX FIRST XXXXX MI X DOB MMDDYYYY
ADDR 1 17 TECHNOLOGY CIRCLE 2 COLUMBIA SC
3 4
5 6
ZIP 29203 SEX M MS ADMIT DATE 073106 HR 00 TYPE SRC 1 D HM STAT 30
COND CODES 01 02 03 04 05 06 07 08 09 10
OCC CDS/DATE 01 02 03 04 05
06 07 08 09 10
SPAN CODES/DATES 01 02 03
04 05 06 07
08 09 10
DCN
V A L U E C O D E S - A M O U N T S - A N S I MSP APP IND
01 61 17900.00 02 17 $$$.$$ OUTLIER 03 04 05 06
07 08 09
37185 <== REASON CODES
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF8-NEXT

Monitor Additional Development Requests (ADR'S)

- To see the *total number of claims* in ADR status:
  - At main menu select 01 for inquiry
  - Select 56 for Claims Count Summary
  - Tab to the S/LOC field and enter SB6001
  - Status/location SB6001 will show the total number of claims in ADR status

Monitor ADRs Via DDE

- **To view *individual claims* in ADR status:**
  - At Main Menu select 01 for inquiry
  - Select 12 for claims sub-menu
  - Tab to the S/LOC field and enter SB6001
  - To view/print ADR letter, select the claim and press enter
  - The ADR letter follows claim page 6
  - **DO NOT** press the F9 key while in these claims; it may generate another ADR

MAP1702 PALMETTO GOVT BENEFITS ADMINISTRATORS
INQUIRY MENU **(SUB-MENU)**

BENEFICIARY/CWF	10	HCPC CODES	14
DRG (PRICER/GROUPER)	11	DX/PROC CODES	15
CLAIMS	12	ADJUSTMENT REASON CODES	16
REVENUE CODES	13	REASON CODES	17
CLAIM COUNT SUMMARY	56	ANSI REASON CODES	68
CHECK HISTORY	FI		

ENTER MENU SELECTION: 56
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

MAP1371
SC

PROVIDER NPI S/LOC CAT

S/LOC	CAT	CLAIM COUNT	TOTAL CHARGES	TOTAL PAYMENT
	GT	46	71,451.77	18,795.34
P B9996	AD	2	00.00	1,985.58
P B9996	TC	8	7,925.00	18,795.34
P B9996	32	5	3,450.00	9,751.79
P B9996	33	3	4,475.00	9,043.55
S B90M1	TC	1	1,725.00	00.00
S B90M1	33	1	1,725.00	00.00
S B9000	AD	1	00.00	00.00
S B9000	TC	3	6,925.00	00.00
S B9000	32	1	00.00	00.00
S B9000	33	2	6,925.00	00.00
S B9099	TC	2	4,050.00	00.00
S B9099	32	2	4,050.00	00.00
T B9997	NM	32	50,826.77	00.00
T B9997	TC	32	50,826.77	00.00
T B9997	32	32	50,826.77	00.00

PROCESS COMPLETED --- PLEASE CONTINUE
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, PRESS PF3-EXIT, PF6-SCROLL FWD

Palmetto GBA
PARTNERS IN EXCELLENCE

Categories

- GT – Grand Total of all categories/all S/LOC
- TC – Total Count within each Status/Loc
- AD – Adjustments within each Status/Loc
- MP – Medical Policy (RTPs where first digit of the primary reason code **is** a 5)
- NM – Non-Medical (RTPs where first digit of the primary reason code is **NOT** a 5)

Palmetto GBA
PARTNERS IN EXCELLENCE

Check History Screen

CAP1702 ADMINISTRATORS

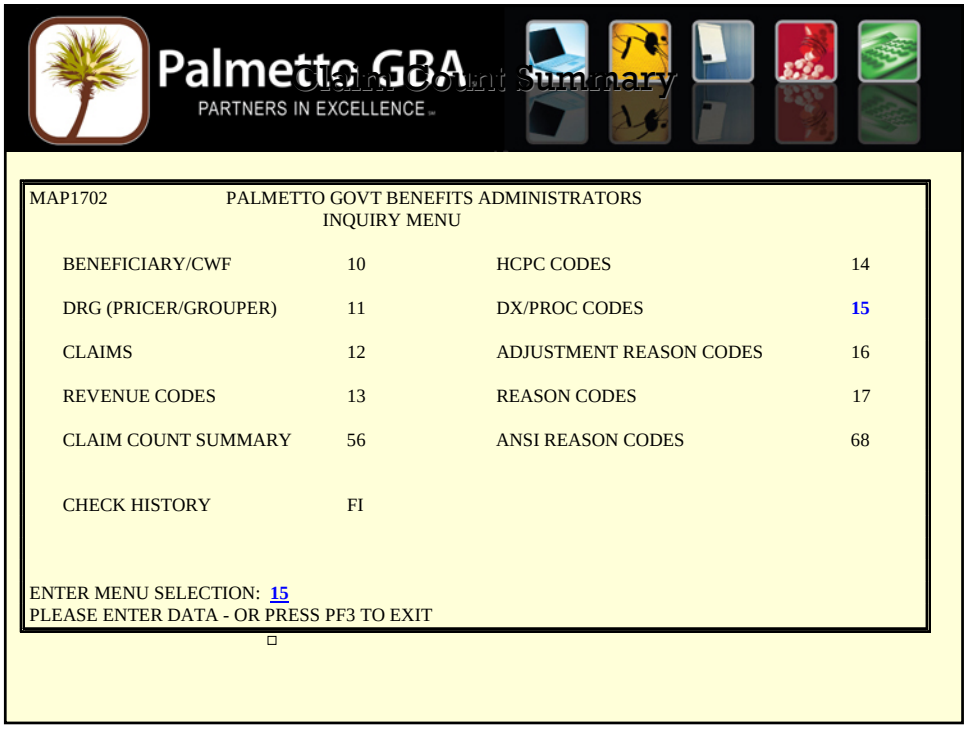
INQUIRY MENU

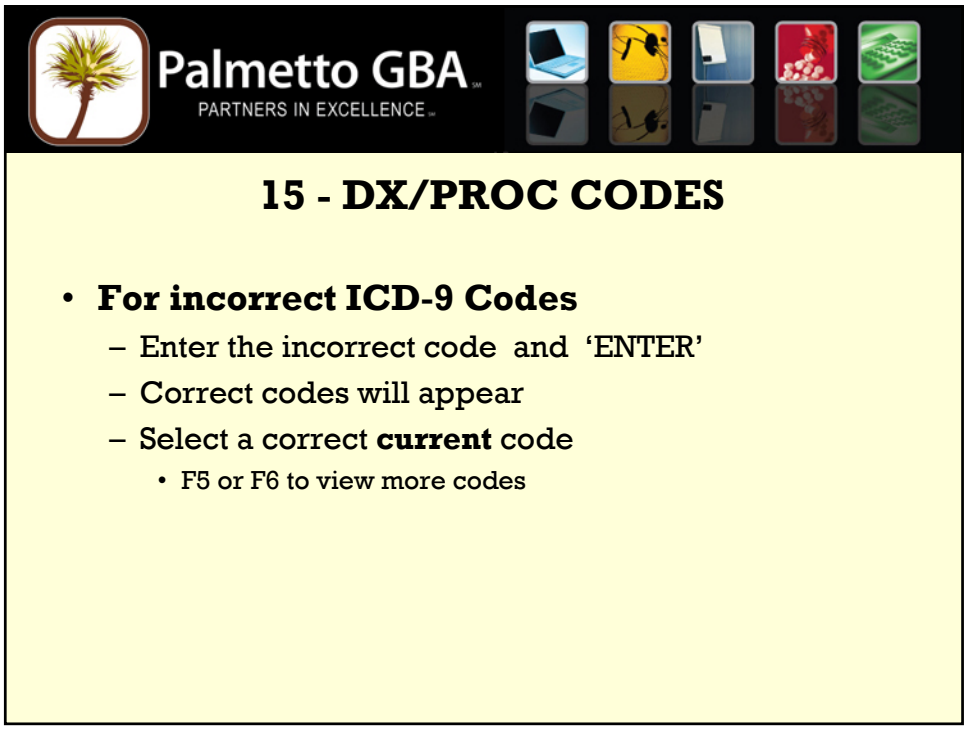
BENEFICIARY/CWF	10	HCPC CODES	14
DRG (PRICER/GROUPER)	11	DX/PROC CODES	15
CLAIMS	12	ADJUSTMENT REASON CODES	16
REVENUE CODES	13	REASON CODES	17
CLAIM COUNT SUMMARY	56	ANSI REASON CODES	68
CHECK HISTORY	FI		

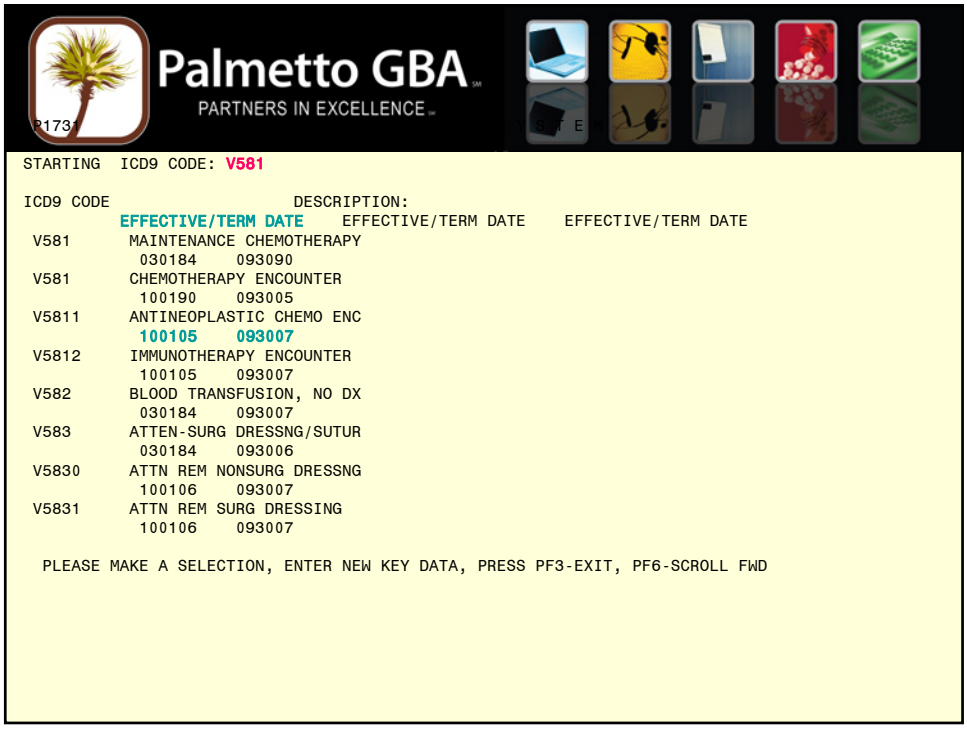
ENTER MENU SELECTION: FI
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

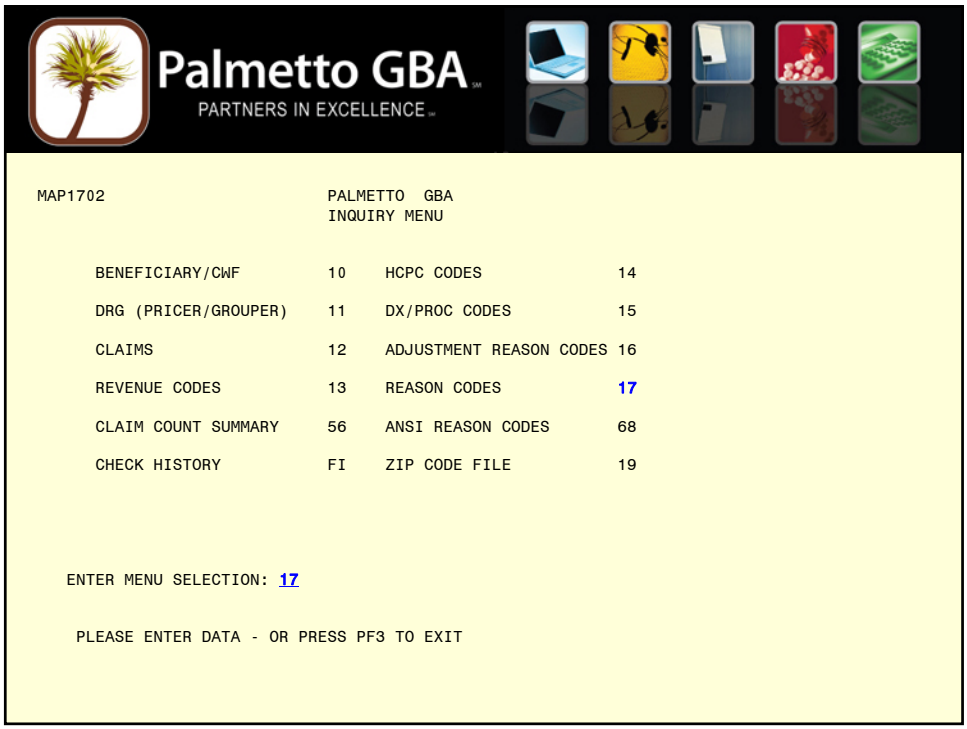
Palmetto GBA
PARTNERS IN EXCELLENCE
P1B0
PROV XXXXXX NPI 0000000000
CHECK # DATE AMOUNT
EFTXXXXXXX 061103 $1,083.81
EFTXXXXXXX 061031 $9,922.96
EFTXXXXXXX 061027 $5,911.01
PROCESS COMPLETED --- PLEASE CONTINUE
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

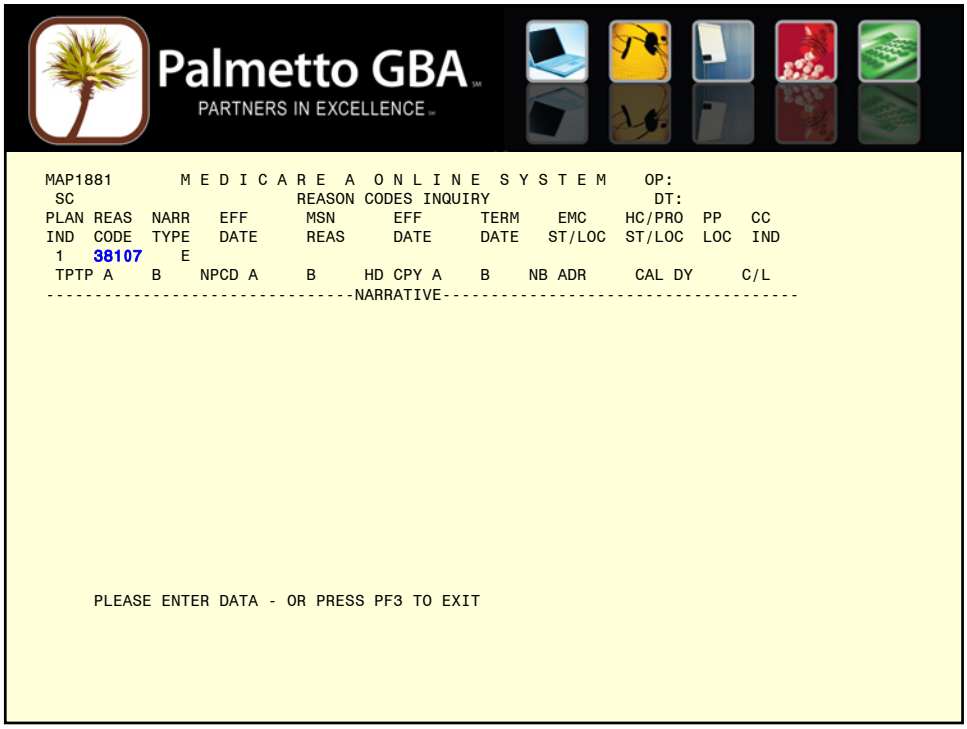
Palmetto GBA
PARTNERS IN EXCELLENCE
P1B0
PROV XXXXXX NPI 0000000000
CHECK # DATE AMOUNT
001531XXXX 061102 $3,307.04
001531XXXX 061101 $849.55
001530XXXX 061027 $1,379.28
PROCESS COMPLETED --- PLEASE CONTINUE
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

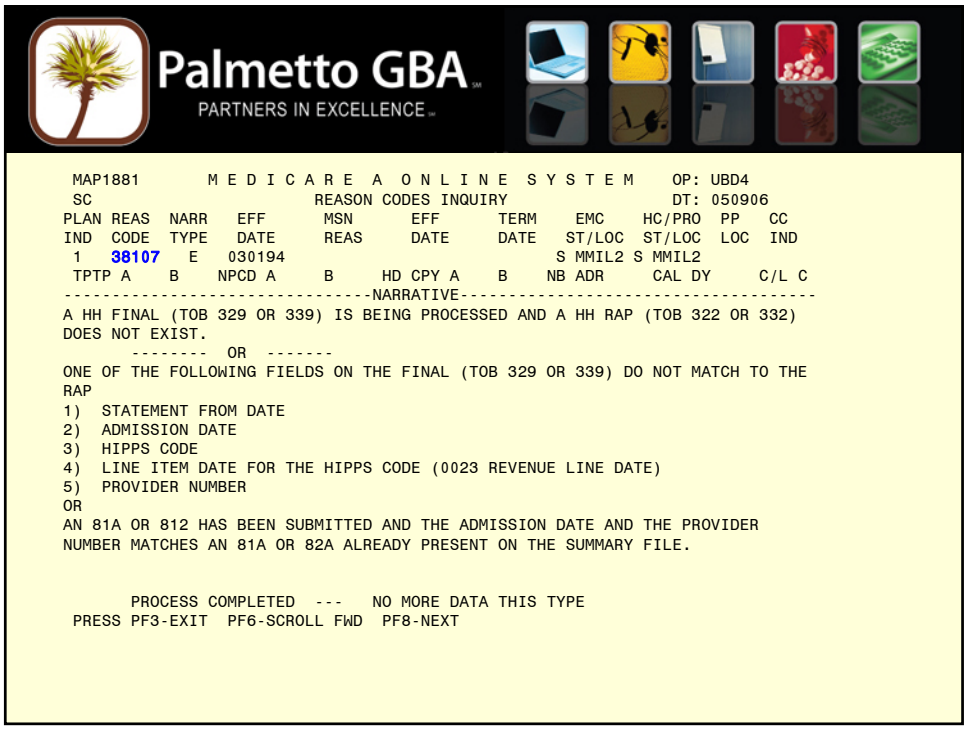

Palmetto GBA
PARTNERS IN EXCELLENCE
Claim Count Summary
MAP1702 PALMETTO GOVT BENEFITS ADMINISTRATORS
INQUIRY MENU
BENEFICIARY/CWF 10
DRG (PRICER/GROUPER) 11
CLAIMS 12
REVENUE CODES 13
CLAIM COUNT SUMMARY 56
CHECK HISTORY FI
HCPC CODES 14
DX/PROC CODES 15
ADJUSTMENT REASON CODES 16
REASON CODES 17
ANSI REASON CODES 68
ENTER MENU SELECTION: 15
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

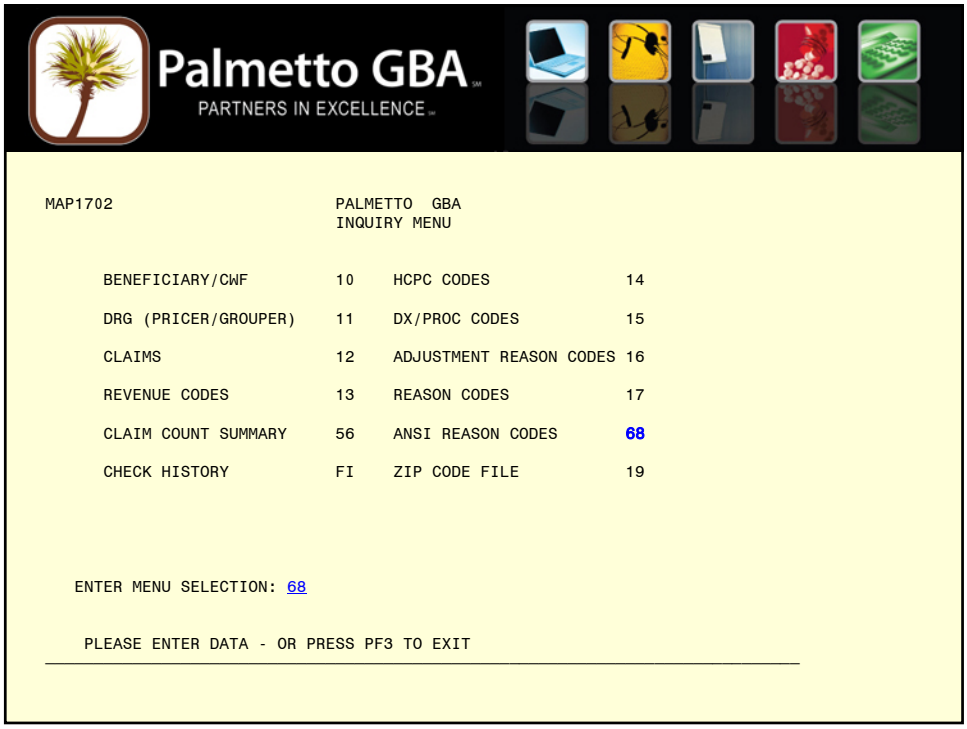

Palmetto GBA
PARTNERS IN EXCELLENCE
15 - DX/PROC CODES
• For incorrect ICD-9 Codes
– Enter the incorrect code and 'ENTER'
– Correct codes will appear
– Select a correct current code
• F5 or F6 to view more codes

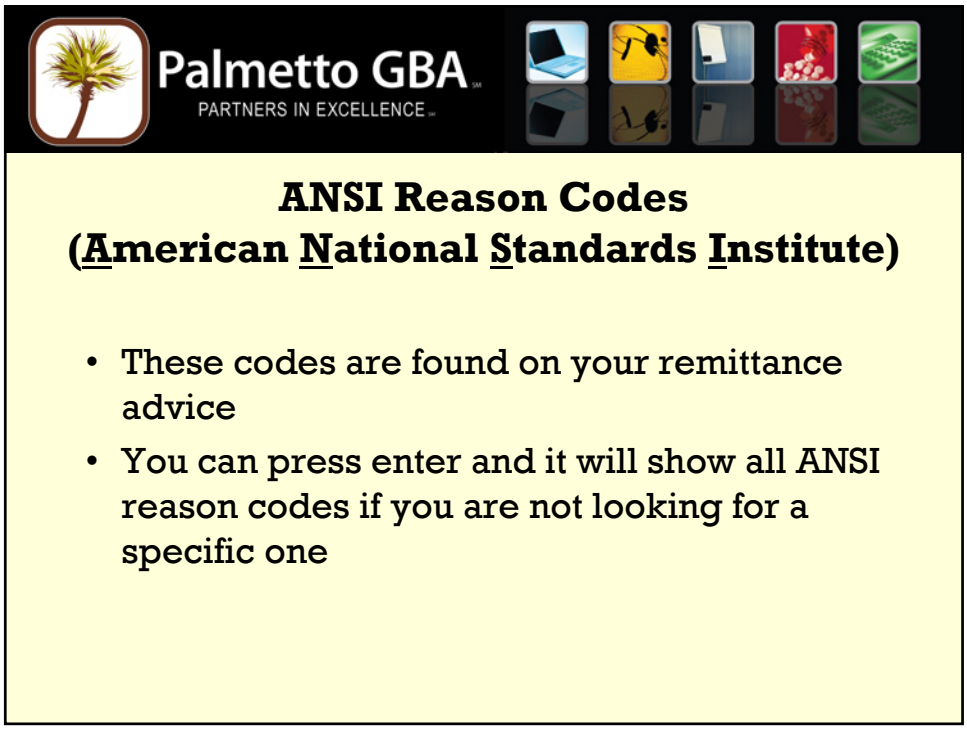

Palmetto GBA
PARTNERS IN EXCELLENCE
STARTING ICD9 CODE: V581
ICD9 CODE DESCRIPTION:
EFFECTIVE/TERM DATE EFFECTIVE/TERM DATE EFFECTIVE/TERM DATE
V581 MAINTENANCE CHEMOTHERAPY
030184 093090
V581 CHEMOTHERAPY ENCOUNTER
100190 093005
V5811 ANTINEOPLASTIC CHEMO ENC
100105 093007
V5812 IMMUNOTHERAPY ENCOUNTER
100105 093007
V582 BLOOD TRANSFUSION, NO DX
030184 093007
V583 ATTEN-SURG DRESSNG/SUTUR
030184 093006
V5830 ATTN REM NONSURG DRESSNG
100106 093007
V5831 ATTN REM SURG DRESSING
100106 093007
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, PRESS PF3-EXIT, PF6-SCROLL FWD

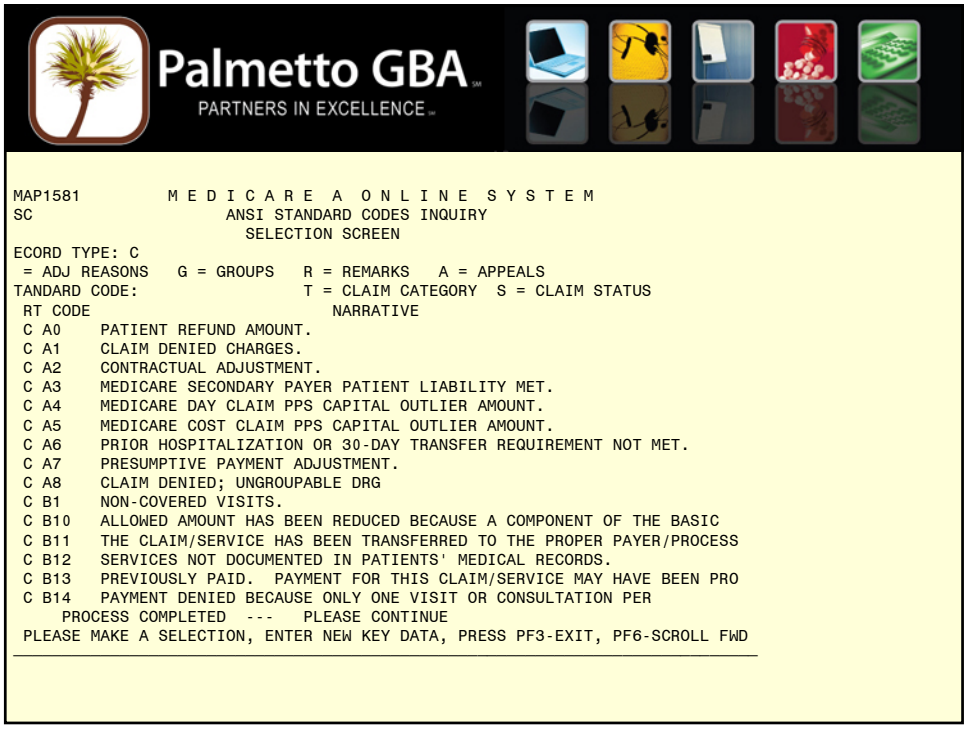

Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1702
PALMETTO GBA
INQUIRY MENU
BENEFICIARY/CWF 10
DRG (PRICER/GROUPER) 11
CLAIMS 12
REVENUE CODES 13
CLAIM COUNT SUMMARY 56
CHECK HISTORY FI
HCPC CODES 14
DX/PROC CODES 15
ADJUSTMENT REASON CODES 16
REASON CODES 17
ANSI REASON CODES 68
ZIP CODE FILE 19
ENTER MENU SELECTION: 17
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

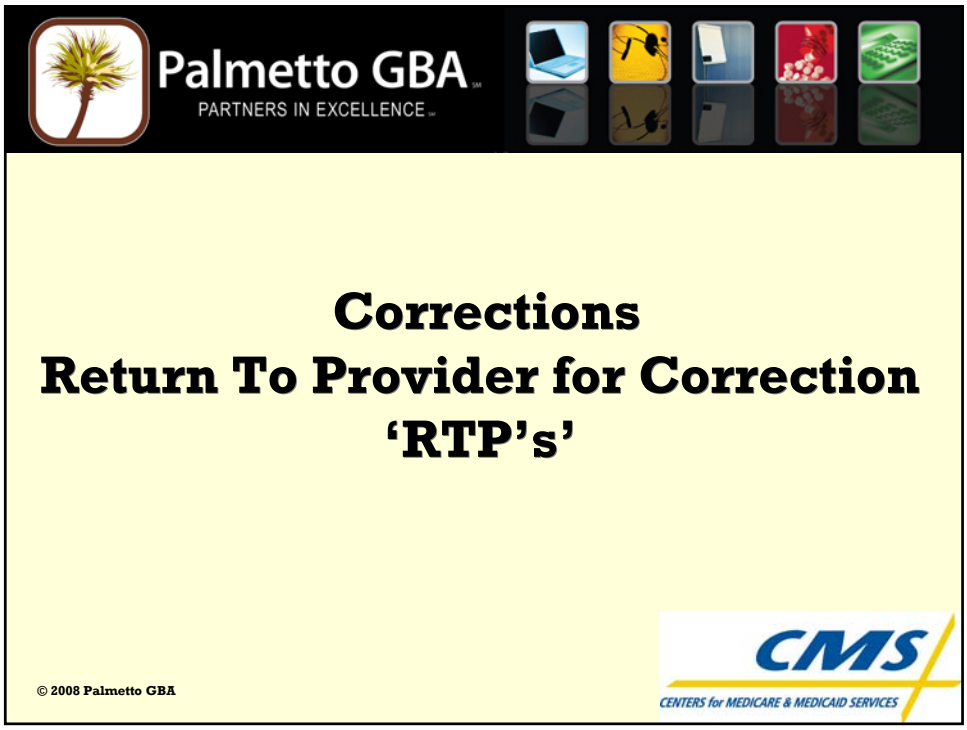

Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1881 M E D I C A R E A O N L I N E S Y S T E M OP:
SC REASON CODES INQUIRY DT:
PLAN REAS NARR EFF MSN EFF TERM EMC HC/PRO PP CC
IND CODE TYPE DATE REAS DATE DATE ST/LOC ST/LOC LOC IND
1 38107 E
TPTP A B NPCD A B HD CPY A B NB ADR CAL DY C/L
NARRATIVE
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1881 M E D I C A R E A O N L I N E S Y S T E M OP: UBD4
SC REASON CODES INQUIRY DT: 050906
PLAN REAS NARR EFF MSN EFF TERM EMC HC/PRO PP CC
IND CODE TYPE DATE REAS DATE DATE ST/LOC ST/LOC LOC IND
1 38107 E 030194 S MMIL2 S MMIL2
TPTP A B NPCD A B HD CPY A B NB ADR CAL DY C/L C
NARRATIVE
A HH FINAL (TOB 329 OR 339) IS BEING PROCESSED AND A HH RAP (TOB 322 OR 332)
DOES NOT EXIST.
-------- OR -------
ONE OF THE FOLLOWING FIELDS ON THE FINAL (TOB 329 OR 339) DO NOT MATCH TO THE
RAP
1) STATEMENT FROM DATE
2) ADMISSION DATE
3) HIPPS CODE
4) LINE ITEM DATE FOR THE HIPPS CODE (0023 REVENUE LINE DATE)
5) PROVIDER NUMBER
OR
AN 81A OR 812 HAS BEEN SUBMITTED AND THE ADMISSION DATE AND THE PROVIDER
NUMBER MATCHES AN 81A OR 82A ALREADY PRESENT ON THE SUMMARY FILE.
PROCESS COMPLETED --- NO MORE DATA THIS TYPE
PRESS PF3-EXIT PF6-SCROLL FWD PF8-NEXT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1702
PALMETTO GBA
INQUIRY MENU
BENEFICIARY/CWF 10
DRG (PRICER/GROUPER) 11
CLAIMS 12
REVENUE CODES 13
CLAIM COUNT SUMMARY 56
CHECK HISTORY FI
HCPC CODES 14
DX/PROC CODES 15
ADJUSTMENT REASON CODES 16
REASON CODES 17
ANSI REASON CODES 68
ZIP CODE FILE 19
ENTER MENU SELECTION: 68
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
ANSI Reason Codes
(American National Standards Institute)
• These codes are found on your remittance advice
• You can press enter and it will show all ANSI reason codes if you are not looking for a specific one


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1581 M E D I C A R E A O N L I N E S Y S T E M
SC ANSI STANDARD CODES INQUIRY
SELECTION SCREEN
ECORD TYPE: C
= ADJ REASONS G = GROUPS R = REMARKS A = APPEALS
TANDARD CODE: T = CLAIM CATEGORY S = CLAIM STATUS
RT CODE NARRATIVE
C A0 PATIENT REFUND AMOUNT.
C A1 CLAIM DENIED CHARGES.
C A2 CONTRACTUAL ADJUSTMENT.
C A3 MEDICARE SECONDARY PAYER PATIENT LIABILITY MET.
C A4 MEDICARE DAY CLAIM PPS CAPITAL OUTLIER AMOUNT.
C A5 MEDICARE COST CLAIM PPS CAPITAL OUTLIER AMOUNT.
C A6 PRIOR HOSPITALIZATION OR 30-DAY TRANSFER REQUIREMENT NOT MET.
C A7 PRESUMPTIVE PAYMENT ADJUSTMENT.
C A8 CLAIM DENIED; UNGROUPABLE DRG
C B1 NON-COVERED VISITS.
C B10 ALLOWED AMOUNT HAS BEEN REDUCED BECAUSE A COMPONENT OF THE BASIC
C B11 THE CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER/PROCESS
C B12 SERVICES NOT DOCUMENTED IN PATIENTS' MEDICAL RECORDS.
C B13 PREVIOUSLY PAID. PAYMENT FOR THIS CLAIM/SERVICE MAY HAVE BEEN PRO
C B14 PAYMENT DENIED BECAUSE ONLY ONE VISIT OR CONSULTATION PER
PROCESS COMPLETED --- PLEASE CONTINUE
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, PRESS PF3-EXIT, PF6-SCROLL FWD


Palmetto GBA
PARTNERS IN EXCELLENCE
Corrections
Return To Provider for Correction
'RTP's'
© 2008 Palmetto GBA
CMS
CENTERS for MEDICARE & MEDICAID SERVICES

MAP1701 PALMETTO GOVT BENEFITS ADMINISTRATORS
MAIN MENU FOR REGION A6504A7P

01 INQUIRIES

02 CLAIMS/ATTACHMENTS

03 CLAIMS CORRECTION

04 ON-LINE REPORTS VIEW

ENTER MENU SELECTION: **03**

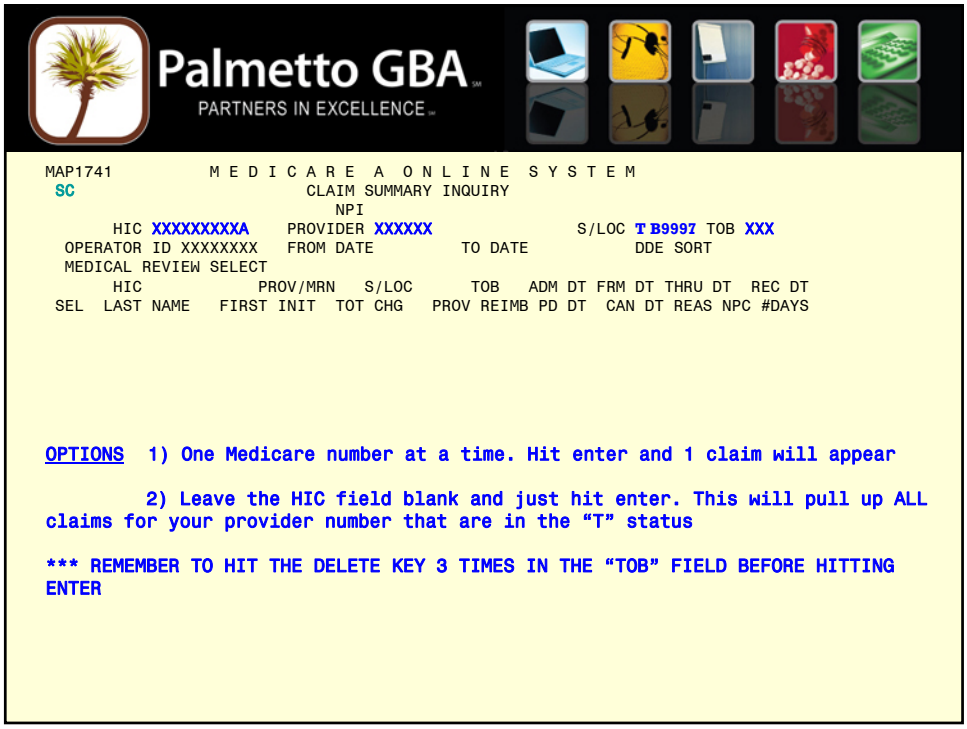
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

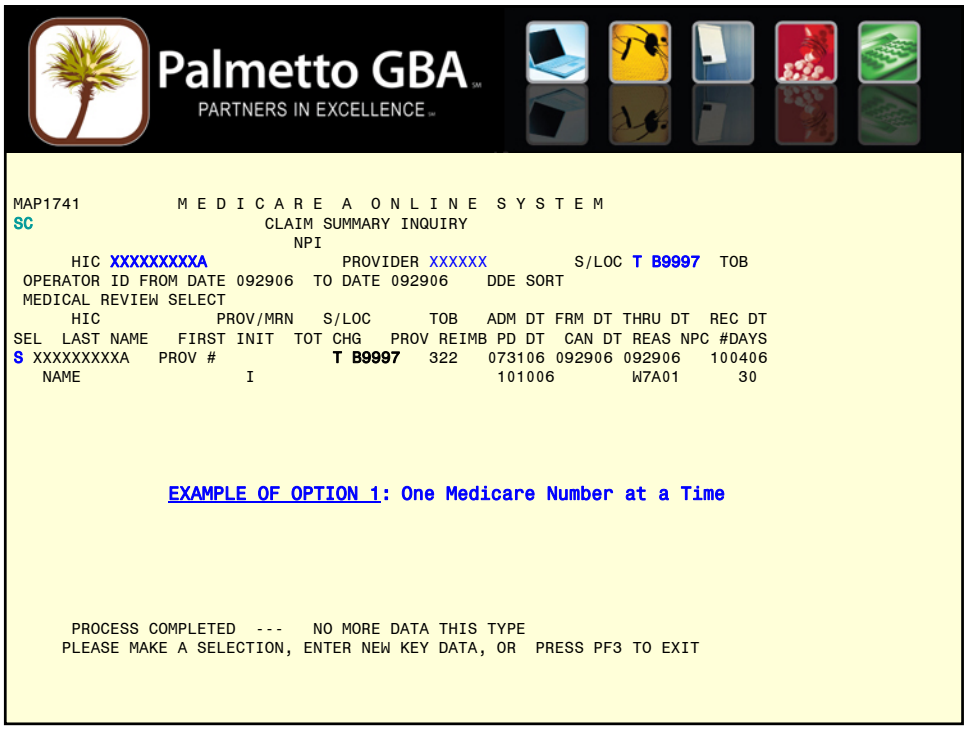
MAP1704 PALMETTO GOVT BENEFITS ADMINISTRATORS
CLAIM AND ATTACHMENTS CORRECTION MENU

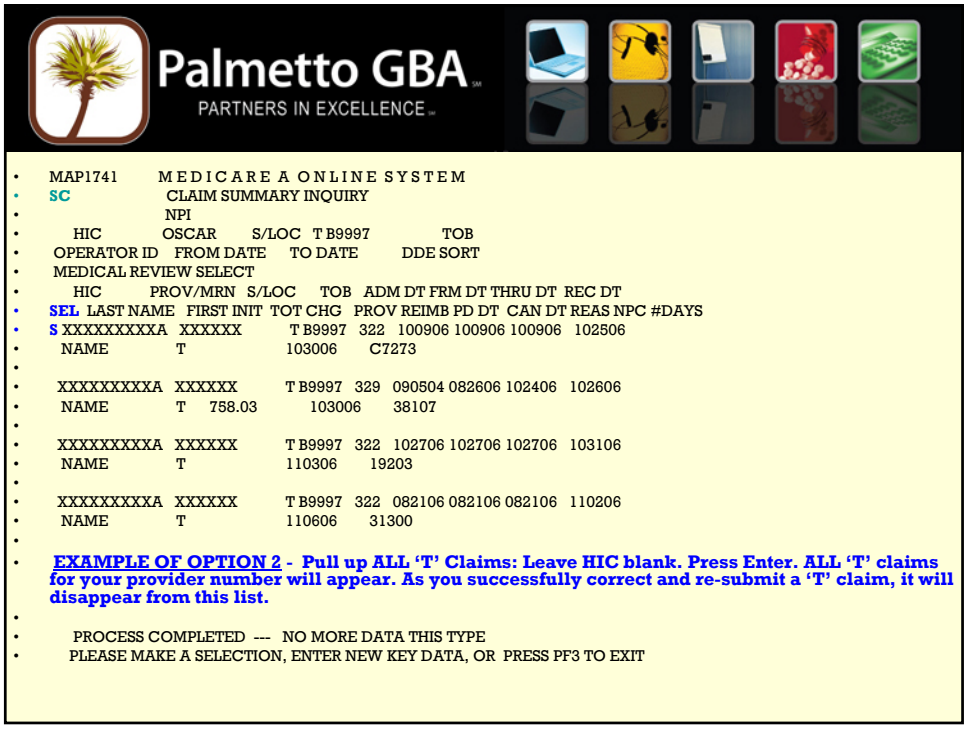
CLAIMS CORRECTION		
INPATIENT	21	
OUTPATIENT	23	
SNF	25	
HOME HEALTH	27	
HOSPICE	29	
CLAIM ADJUSTMENTS	CANCELS	
INPATIENT	30	50
OUTPATIENT	31	51
SNF	32	52
HOME HEALTH	33	53
HOSPICE	35	55
ATTACHMENTS		
PACEMAKER	42	
AMBULANCE	43	
THERAPY	44	
HOME HEALTH	45	

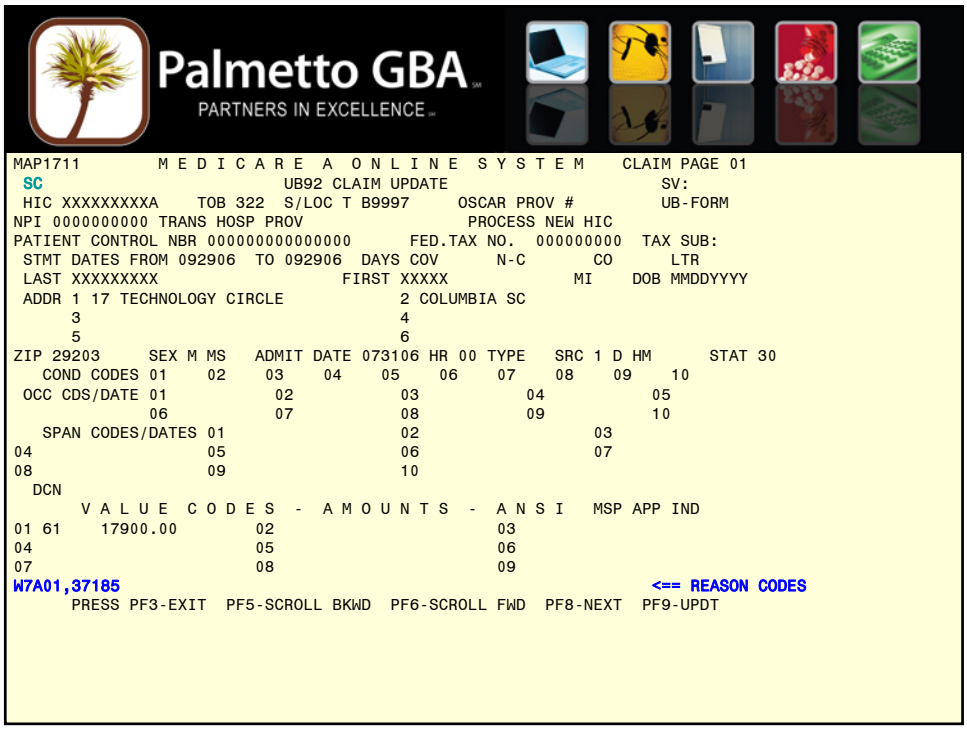
ENTER MENU SELECTION: 27

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1741 M E D I C A R E A O N L I N E S Y S T E M
SC CLAIM SUMMARY INQUIRY
NPI
HIC XXXXXXXXXA PROVIDER XXXXXX S/LOC T B9997 TOB XXX
OPERATOR ID XXXXXXXX FROM DATE TO DATE DDE SORT
MEDICAL REVIEW SELECT
HIC PROV/MRN S/LOC TOB ADM DT FRM DT THRU DT REC DT
SEL LAST NAME FIRST INIT TOT CHG PROV REIMB PD DT CAN DT REAS NPC #DAYS
OPTIONS 1) One Medicare number at a time. Hit enter and 1 claim will appear
2) Leave the HIC field blank and just hit enter. This will pull up ALL claims for your provider number that are in the "T" status
*** REMEMBER TO HIT THE DELETE KEY 3 TIMES IN THE "TOB" FIELD BEFORE HITTING ENTER

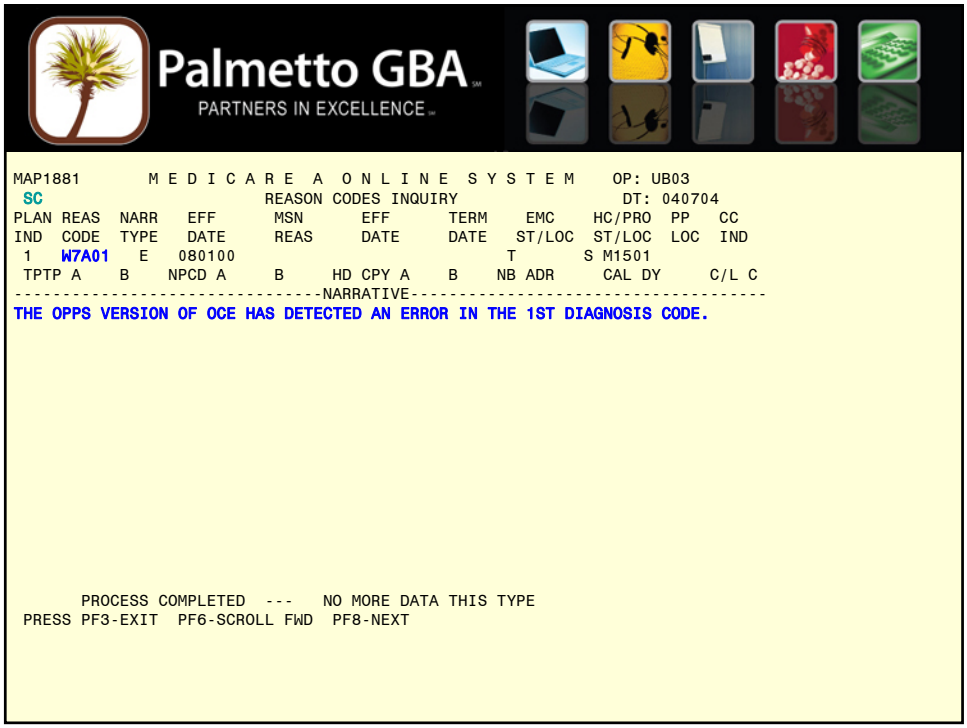

Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1741 M E D I C A R E A O N L I N E S Y S T E M
SC CLAIM SUMMARY INQUIRY
NPI
HIC XXXXXXXXXA PROVIDER XXXXXX S/LOC T B9997 TOB
OPERATOR ID FROM DATE 092906 TO DATE 092906 DDE SORT
MEDICAL REVIEW SELECT
HIC PROV/MRN S/LOC TOB ADM DT FRM DT THRU DT REC DT
SEL LAST NAME FIRST INIT TOT CHG PROV REIMB PD DT CAN DT REAS NPC #DAYS
S XXXXXXXXXA PROV # T B9997 322 073106 092906 092906 100406
NAME I 101006 W7A01 30
EXAMPLE OF OPTION 1: One Medicare Number at a Time
PROCESS COMPLETED --- NO MORE DATA THIS TYPE
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1741 M E D I C A R E A O N L I N E S Y S T E M
SC CLAIM SUMMARY INQUIRY
NPI
HIC OSCAR S/LOC T B9997 TOB
OPERATOR ID FROM DATE TO DATE DDE SORT
MEDICAL REVIEW SELECT
HIC PROV/MRN S/LOC TOB ADM DT FRM DT THRU DT REC DT
SEL LAST NAME FIRST INIT TOT CHG PROV REIMB PD DT CAN DT REAS NPC #DAYS
S XXXXXXXXXA XXXXXX T B9997 322 100906 100906 100906 102506
NAME T 103006 C7273
XXXXXXXXXA XXXXXX T B9997 329 090504 082606 102406 102606
NAME T 758.03 103006 38107
XXXXXXXXXA XXXXXX T B9997 322 102706 102706 102706 103106
NAME T 110306 19203
XXXXXXXXXA XXXXXX T B9997 322 082106 082106 082106 110206
NAME T 110606 31300
EXAMPLE OF OPTION 2 - Pull up ALL 'T' Claims: Leave HIC blank. Press Enter. ALL 'T' claims for your provider number will appear. As you successfully correct and re-submit a 'T' claim, it will disappear from this list.
PROCESS COMPLETED --- NO MORE DATA THIS TYPE
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1711 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 01
SC UB92 CLAIM UPDATE SV:
HIC XXXXXXXXA TOB 322 S/LOC T B9997 OSCAR PROV # UB-FORM
NPI 0000000000 TRANS HOSP PROV PROCESS NEW HIC
PATIENT CONTROL NBR 000000000000000 FED.TAX NO. 000000000 TAX SUB:
STMT DATES FROM 092906 TO 092906 DAYS COV N-C CO LTR
LAST XXXXXXXXX FIRST XXXXX MI DOB MMDDYYYY
ADDR 1 17 TECHNOLOGY CIRCLE 2 COLUMBIA SC
3 4
5 6
ZIP 29203 SEX M MS ADMIT DATE 073106 HR 00 TYPE SRC 1 D HM STAT 30
COND CODES 01 02 03 04 05 06 07 08 09 10
OCC CDS/DATE 01 02 03 04 05
06 07 08 09 10
SPAN CODES/DATES 01 02 03
04 05 06 07
08 09 10
DCN
V A L U E C O D E S - A M O U N T S - A N S I MSP APP IND
01 61 17900.00 02 03
04 05 06
07 08 09
W7A01,37185 <== REASON CODES
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF8-NEXT PF9-UPDT

Look Up Reason Code

- F1 from any Claim Page
  - F1 is a 'fast track' to sub-category 17 Reason Codes
  - Automatically displays the **first** reason code at the bottom of your claim page
    - Write down subsequent reason codes if there are any
  - Type in subsequent reason codes after viewing the first reason code



Palmetto GBA
PARTNERS IN EXCELLENCE

F3 Back To The Claim

Palmetto GBA
PARTNERS IN EXCELLENCE

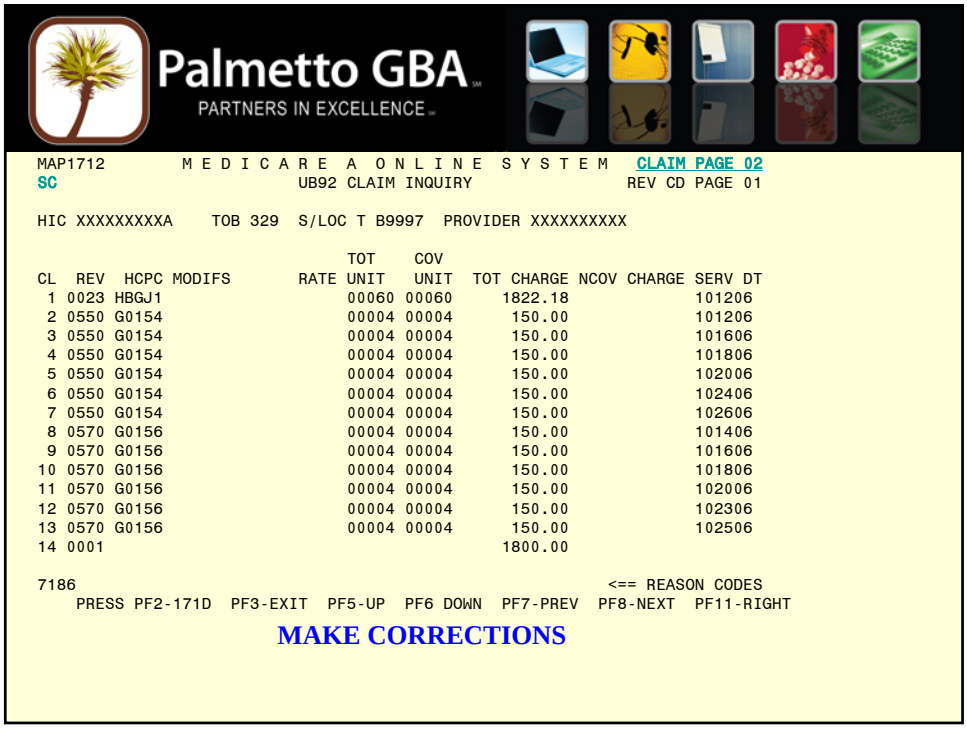
```
MAP1713          M E D I C A R E   A   O N L I N E   S Y S T E M    CLAIM PAGE 03
SC 15                          UB92 CLAIM UPDATE
HIC xxxxxxxxxA    TOB 322  S/LOC T B9997  PROVIDER xxxxxx
                                                    OFFSITE ZIPCD:
 CD  ID    PAYER                    OSCAR        RI AB  PRIOR PAY  EST AMT DUE
A Z       MEDICARE                  PROV #        Y Y         0.00        0.00
B                                                             0.00        0.00
C                                                             0.00        0.00
DUE FROM PATIENT        0.00        0.00

MEDICAL RECORD NBR 000000000000000    COST RPT DAYS      NON COST RPT DAYS
DIAGNOSIS CODES  1 V5830   2 9190    3 45932   4 4280     5 72887
                 6 V1302   7         8         9
ADMITTING DIAGNOSIS           E CODE           HOSPICE TERM ILL IND
IDE
PROCEDURE CODES AND DATES  1                2
 3                 4                5                6

ESRD HOURS 00  ADJUSTMENT REASON CODE     REJECT CODE        NONPAY CODE
ATT PHYS DXXXXX NPI XXXXXXXXXX    LN XXXXXXX             FN XXX       MI
OPR PHYS        NPI 0000000000    LN                     FN           MI
OTH PHYS        NPI 0000000000    LN                     FN           MI
7A01                                                       <== REASON CODES
           PRESS PF3-EXIT  PF7-PREV  PF8-NEXT  PF9-UPDT
```

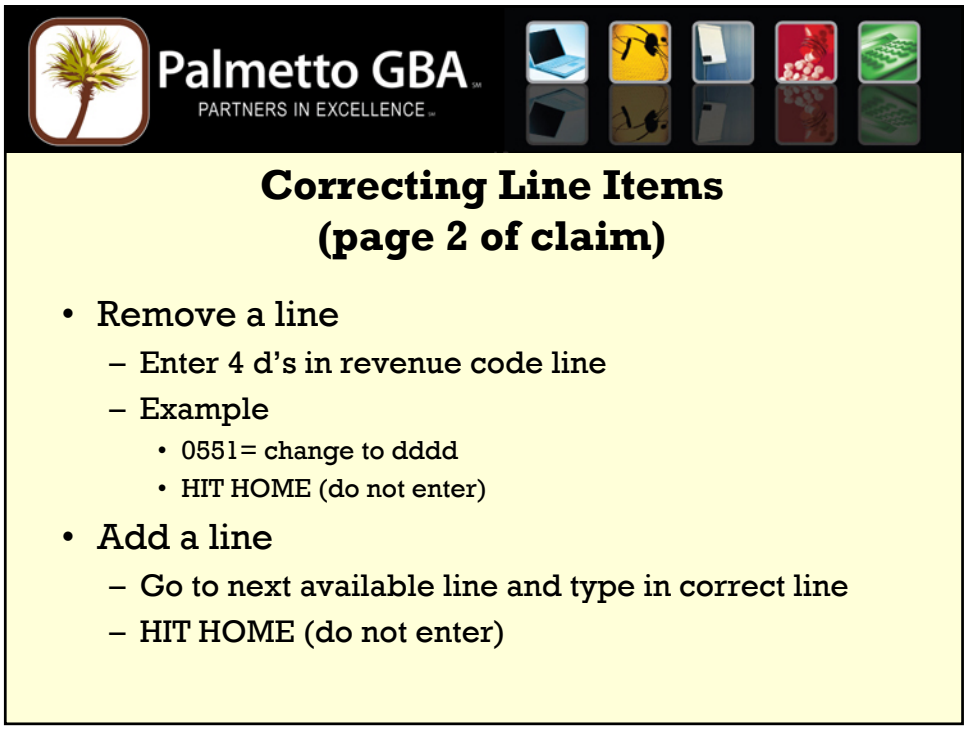
Sub-Category

- 'SC' top let corner of every claim page
  - Think of it as a "**S**hort **C**ut"
- Put your Cursor next to 'SC'
  - Type any 2 numbers from the **Inquiries** sub menu
  - Enter
  - F3 back to the claim
  - You do NOT have to back out to the main menu and you have NOT lost your claim

Sub-Category

- Especially useful when making corrections
- Example:
  - Reason code indicates wrong ICD-9 code
  - Type '15' (DX/PROC Codes) in SC and enter
  - Find a correct ICD-9 code
  - F3 back to the claim
  - Fix the diagnosis claim
  - F9 to send the claim





Correcting Line Items (page 2 of claim)

- Remove a line
  - Enter 4 d's in revenue code line
  - Example
    - 0551= change to dddd
    - HIT HOME (do not enter)
- Add a line
  - Go to next available line and type in correct line
  - HIT HOME (do not enter)

Correcting Line Items

- Total Line
  - Don't forget the total line may need to be removed and then re-entered

Now What?

- F9 the claim once you are completely finished with your corrections
  - 'Process Complete'
    - corrected claim has returned to Palmetto GBA
  - If claim does NOT transmit
    - Check reason codes bottom left of claim
    - Repeat corrections process
    - F9 again

Corrections Summary

- Select 02 Corrections from main menu
- Select 27 Home Health
- T B9997 will appear in the S/LOC field
- **Either enter one Medicare number <u>OR</u> leave HICN field blank**
  - **Leaving the HIC field blank allows you to pull up ALL claims in the 'T' status for your provider number**

Corrections Summary

- Make sure PTAN/NPI is present
- Tab over to 'TOB' and hit the delete key 3 times
- Enter
- Tab down and type an "S" next to the claim you want to select and correct
- Make the correction(s)

Corrections Summary

- Once the correction (s) is made F9 to update
- If the claim is fixed it will go
- You will now be able to enter another Medicare number **OR** select the next claim in 'T' status that needs corrected
- If the claim is not fixed, you will be given more reason codes

Correcting a wrong HIC# on an RTP

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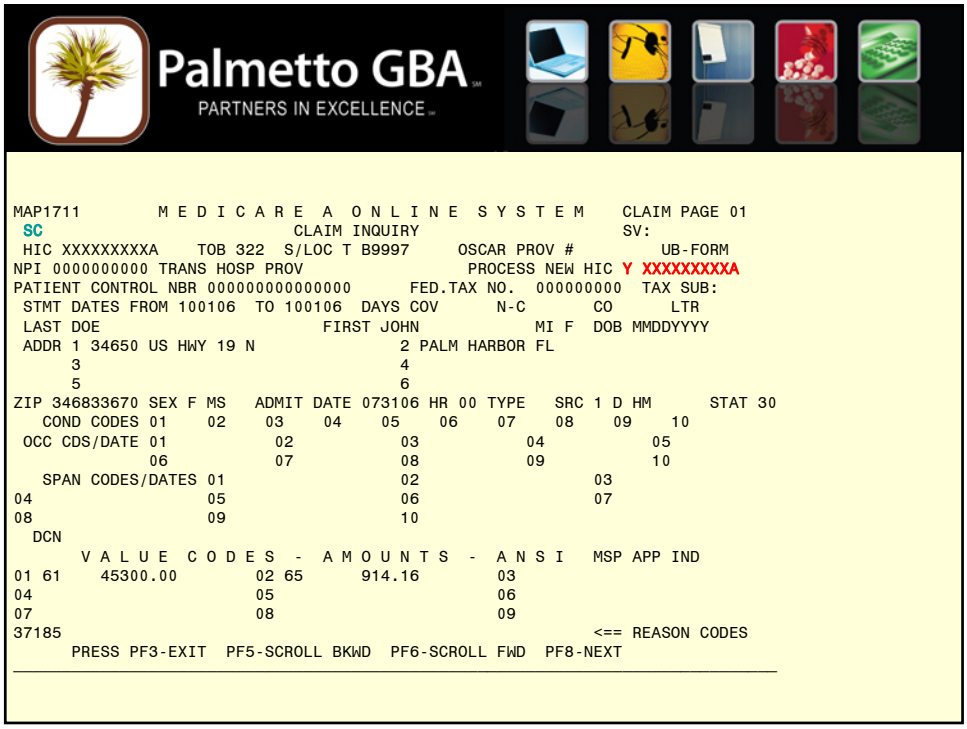

Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1711 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 01
SC CLAIM INQUIRY SV:
HIC XXXXXXXXA TOB 322 S/LOC T B9997 OSCAR PROV # UB-FORM
NPI 0000000000 TRANS HOSP PROV PROCESS NEW HIC Y XXXXXXXXA
PATIENT CONTROL NBR 000000000000000 FED.TAX NO. 000000000 TAX SUB:
STMT DATES FROM 100106 TO 100106 DAYS COV N-C CO LTR
LAST DOE FIRST JOHN MI F DOB MMDDYYYY
ADDR 1 34650 US HWY 19 N 2 PALM HARBOR FL
3 4
5 6
ZIP 346833670 SEX F MS ADMIT DATE 073106 HR 00 TYPE SRC 1 D HM STAT 30
COND CODES 01 02 03 04 05 06 07 08 09 10
OCC CDS/DATE 01 02 03 04 05
06 07 08 09 10
SPAN CODES/DATES 01 02 03
04 05 06 07
08 09 10
DCN
V A L U E C O D E S - A M O U N T S - A N S I MSP APP IND
01 61 45300.00 02 65 914.16 03
04 05 06
07 08 09
37185 <== REASON CODES
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF8-NEXT

Palmetto GBA
PARTNERS IN EXCELLENCE
Adjustments

MAP1701 PALMETTO GOVT BENEFITS ADMINISTRATORS
MAIN MENU FOR REGION A6504A7P

01 INQUIRIES

02 CLAIMS/ATTACHMENTS

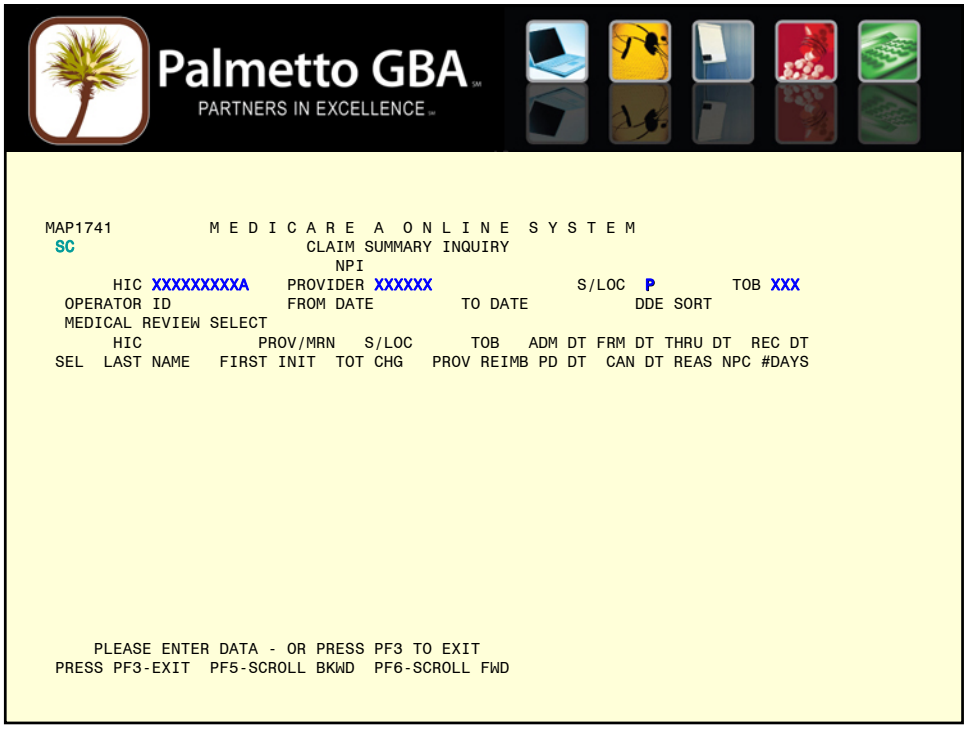
03 CLAIMS CORRECTION

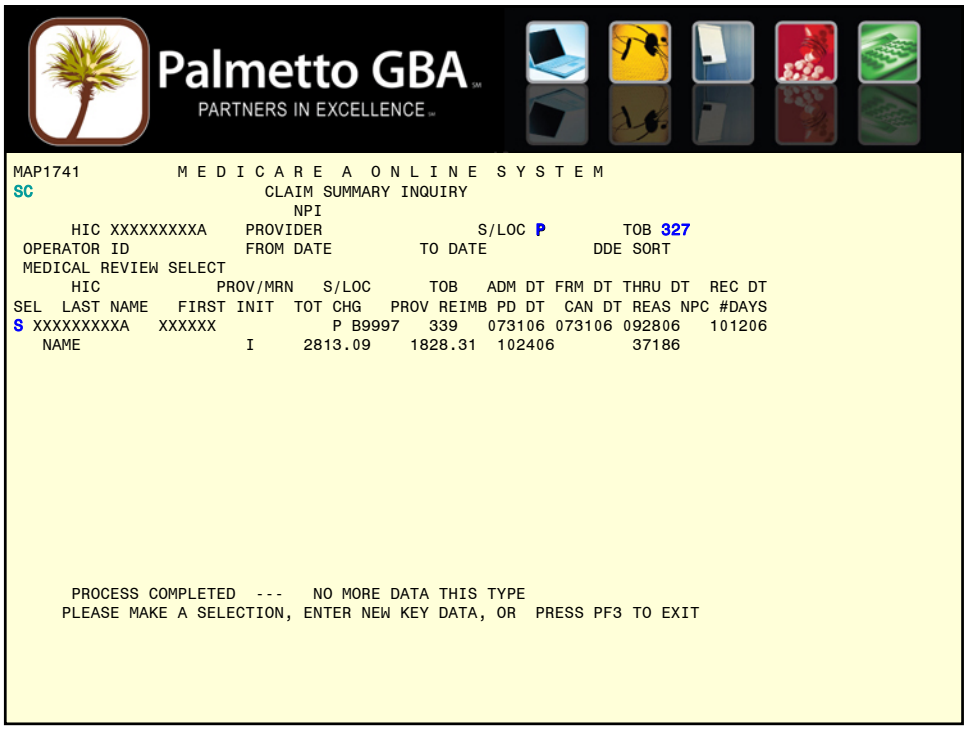
04 ON-LINE REPORTS VIEW

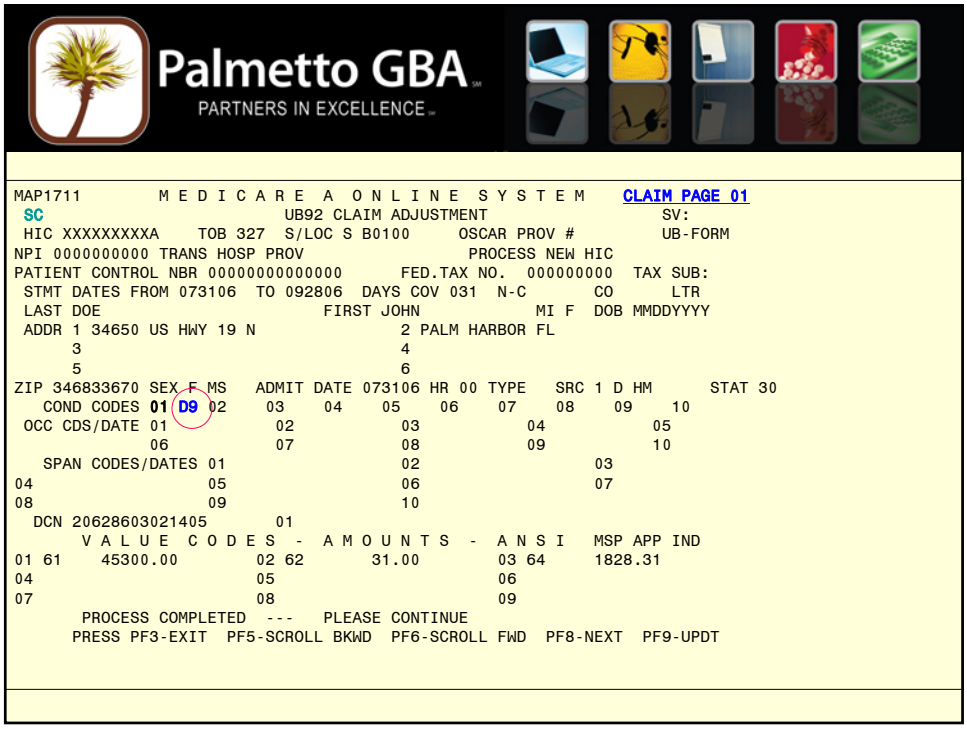
ENTER MENU SELECTION: **03**

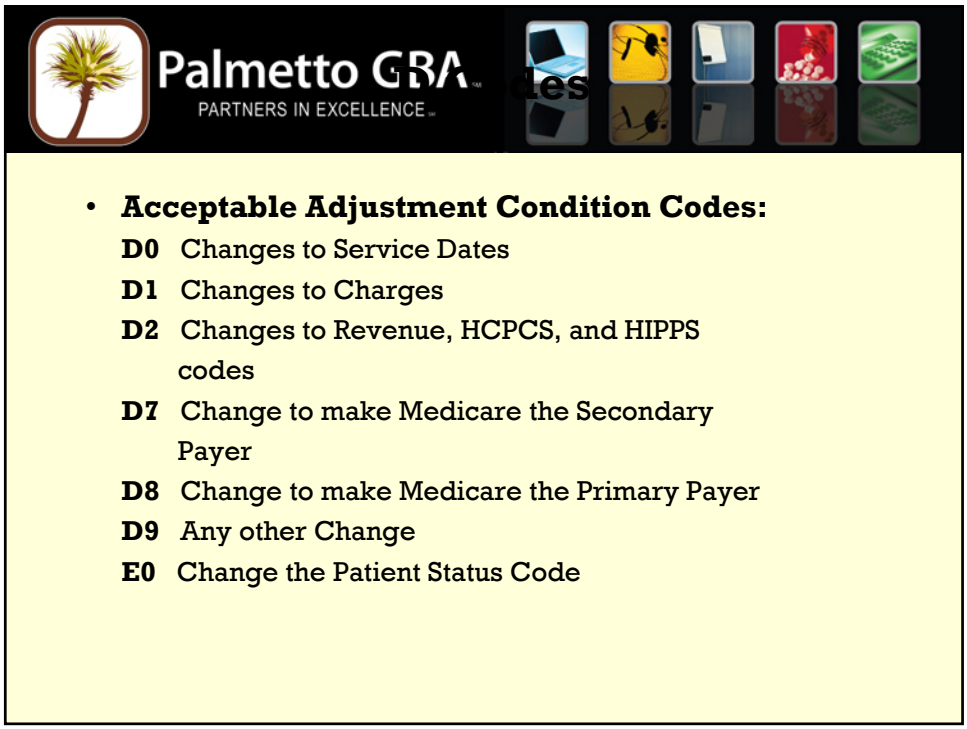
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

```
MAP1704                    PALMETTO  GBA
                CLAIM AND ATTACHMENTS CORRECTION MENU

                       CLAIMS CORRECTION
                INPATIENT               21
                OUTPATIENT              23
                SNF                     25
                HOME HEALTH             27
                HOSPICE                 29
                       CLAIM ADJUSTMENTS    CANCELS
                INPATIENT               30       50
                OUTPATIENT              31       51
                SNF                     32       52
                HOME HEALTH             33       53
                HOSPICE                 35       55
                       ATTACHMENTS
                PACEMAKER               42
                AMBULANCE               43
                THERAPY                 44
                HOME HEALTH             45
   ENTER MENU SELECTION: 33


    PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

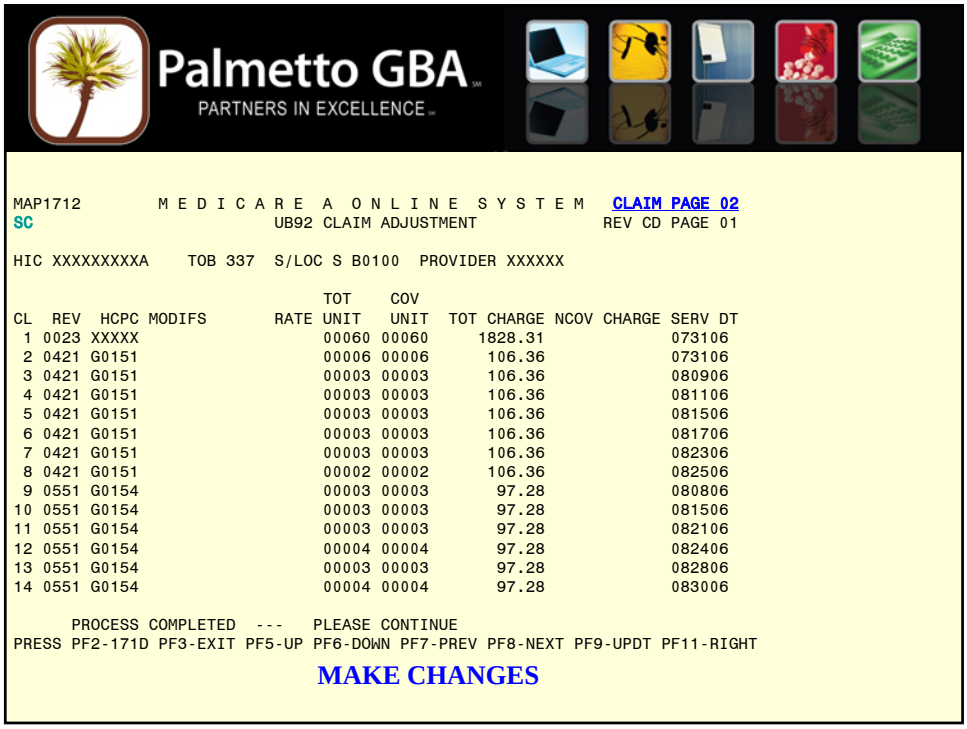

Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1741 M E D I C A R E A O N L I N E S Y S T E M
SC CLAIM SUMMARY INQUIRY
NPI
HIC XXXXXXXXXA PROVIDER XXXXXX S/LOC P TOB XXX
OPERATOR ID FROM DATE TO DATE DDE SORT
MEDICAL REVIEW SELECT
HIC PROV/MRN S/LOC TOB ADM DT FRM DT THRU DT REC DT
SEL LAST NAME FIRST INIT TOT CHG PROV REIMB PD DT CAN DT REAS NPC #DAYS
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD

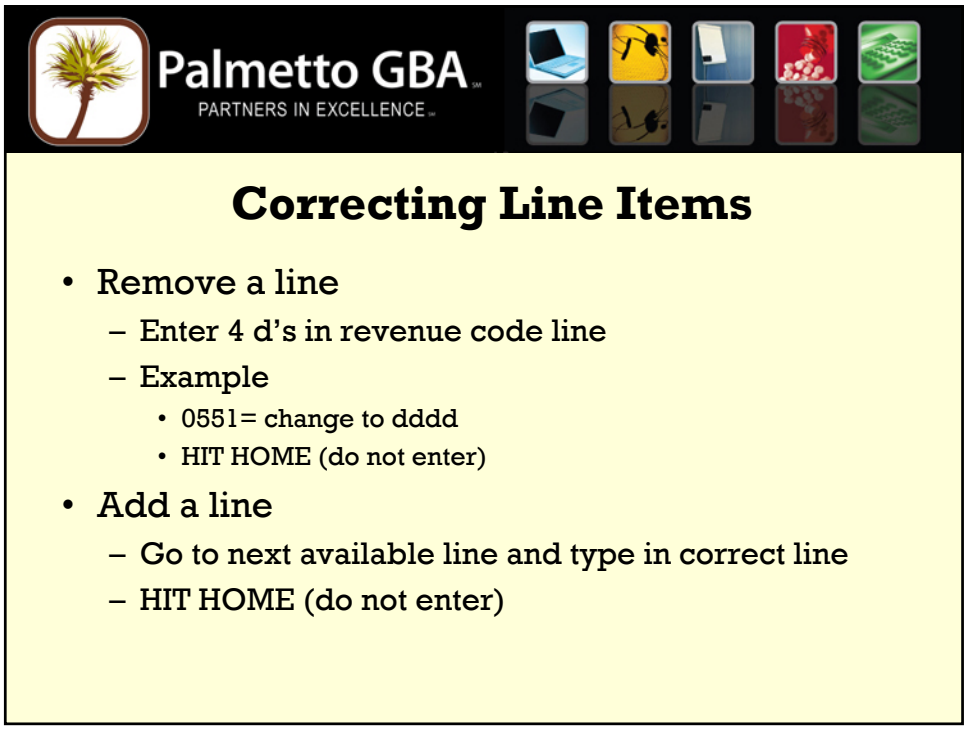

Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1741 M E D I C A R E A O N L I N E S Y S T E M
SC CLAIM SUMMARY INQUIRY
NPI
HIC XXXXXXXXXA PROVIDER S/LOC P TOB 327
OPERATOR ID FROM DATE TO DATE DDE SORT
MEDICAL REVIEW SELECT
HIC PROV/MRN S/LOC TOB ADM DT FRM DT THRU DT REC DT
SEL LAST NAME FIRST INIT TOT CHG PROV REIMB PD DT CAN DT REAS NPC #DAYS
S XXXXXXXXXA XXXXXX P B9997 339 073106 073106 092806 101206
NAME I 2813.09 1828.31 102406 37186
PROCESS COMPLETED --- NO MORE DATA THIS TYPE
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR PRESS PF3 TO EXIT





- **Acceptable Adjustment Condition Codes:**
  - **D0** Changes to Service Dates
  - **D1** Changes to Charges
  - **D2** Changes to Revenue, HCPCS, and HIPPS codes
  - **D7** Change to make Medicare the Secondary Payer
  - **D8** Change to make Medicare the Primary Payer
  - **D9** Any other Change
  - **E0** Change the Patient Status Code


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1712 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 02
SC UB92 CLAIM ADJUSTMENT REV CD PAGE 01
HIC XXXXXXXXXA TOB 337 S/LOC S B0100 PROVIDER XXXXXX
CL REV HCPC MODIFS RATE TOT UNIT COV UNIT TOT CHARGE NCOV CHARGE SERV DT
1 0023 XXXXX 00060 00060 1828.31 073106
2 0421 G0151 00006 00006 106.36 073106
3 0421 G0151 00003 00003 106.36 080906
4 0421 G0151 00003 00003 106.36 081106
5 0421 G0151 00003 00003 106.36 081506
6 0421 G0151 00003 00003 106.36 081706
7 0421 G0151 00003 00003 106.36 082306
8 0421 G0151 00002 00002 106.36 082506
9 0551 G0154 00003 00003 97.28 080806
10 0551 G0154 00003 00003 97.28 081506
11 0551 G0154 00003 00003 97.28 082106
12 0551 G0154 00004 00004 97.28 082406
13 0551 G0154 00003 00003 97.28 082806
14 0551 G0154 00004 00004 97.28 083006
PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF2-171D PF3-EXIT PF5-UP PF6-DOWN PF7-PREV PF8-NEXT PF9-UPDT PF11-RIGHT
MAKE CHANGES


Palmetto GBA
PARTNERS IN EXCELLENCE
Correcting Line Items
• Remove a line
– Enter 4 d's in revenue code line
– Example
• 0551= change to dddd
• HIT HOME (do not enter)
• Add a line
– Go to next available line and type in correct line
– HIT HOME (do not enter)

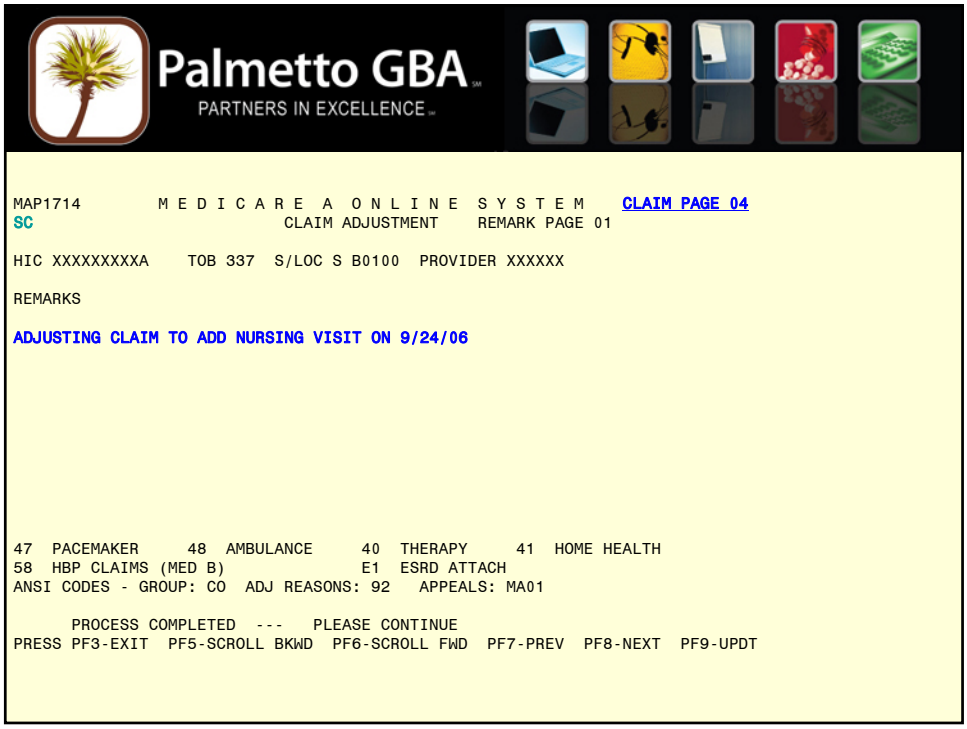
Palmetto GBA
PARTNERS IN EXCELLENCE

Correcting Line Items

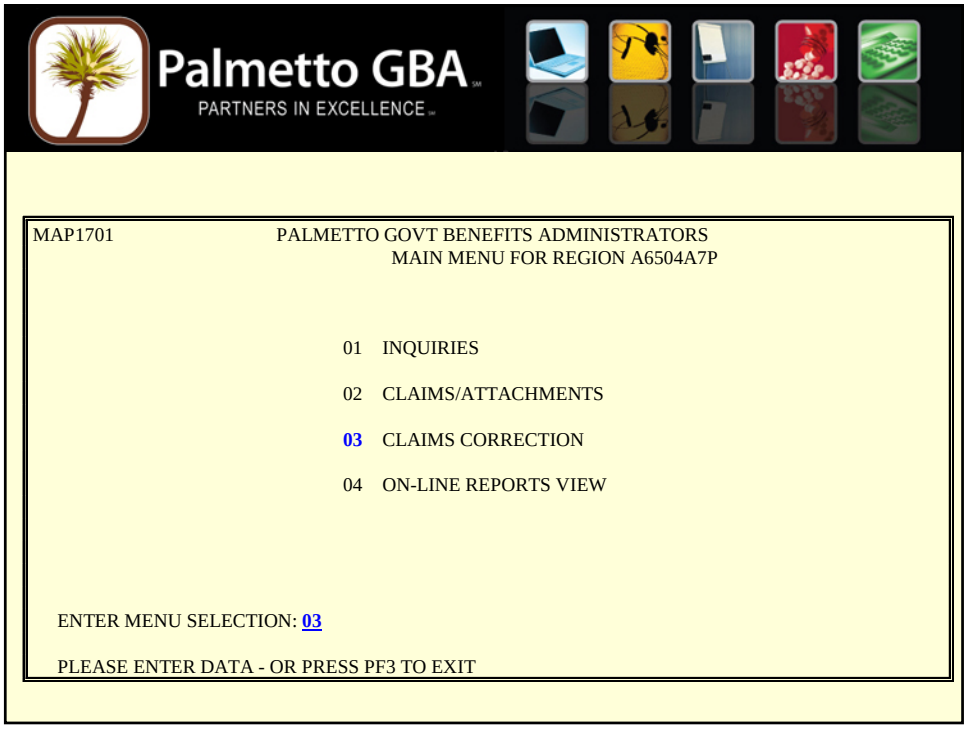
- Total Line
  - Don't forget the total line may need to be removed and then re-entered

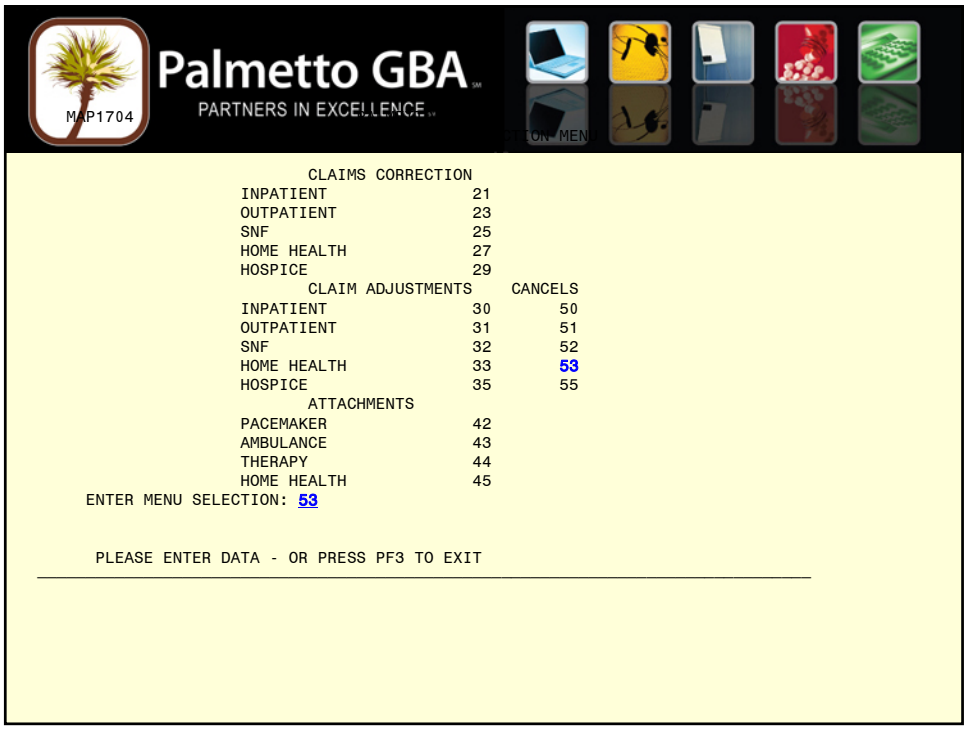
Palmetto GBA
PARTNERS IN EXCELLENCE

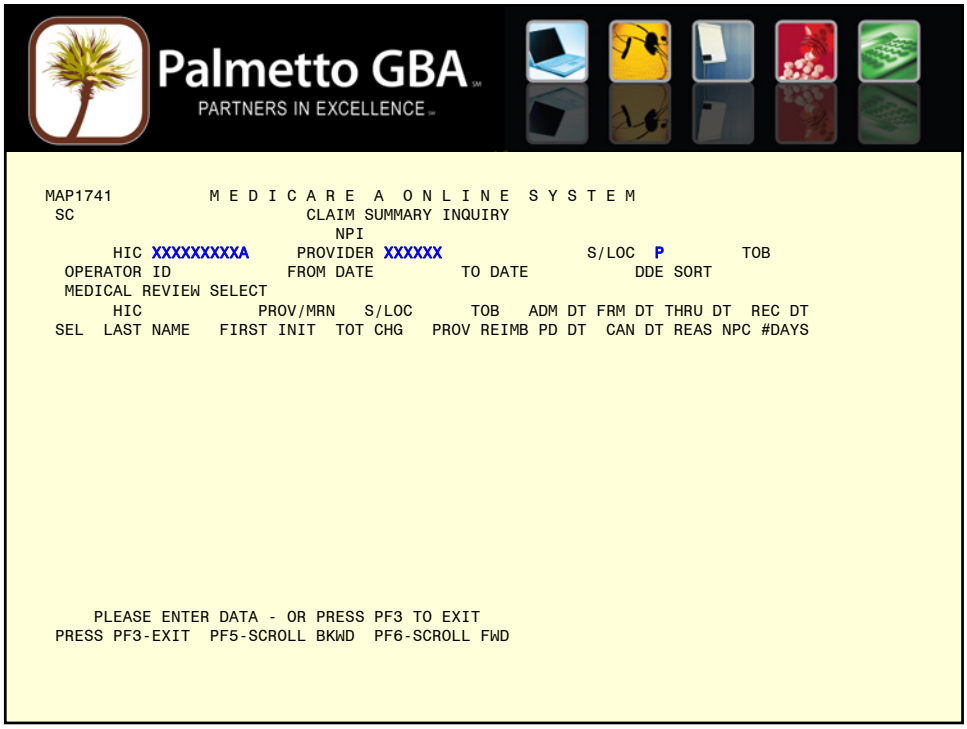
```
MAP1713        M E D I C A R E   A   O N L I N E   S Y S T E M     CLAIM PAGE 03
SC                          CLAIM ADJUSTMENT
HIC XXXXXXXXXA    TOB 337  S/LOC S B0100  PROVIDER XXXXXX
                                                        OFFSITE ZIPCD:
 CD  ID    PAYER                    OSCAR        RI AB  PRIOR PAY  EST AMT DUE
A Z       MEDICARE                  PROV #        Y Y         0.00        0.00
B                                                             0.00        0.00
C                                                             0.00        0.00
DUE FROM PATIENT        0.00        0.00

MEDICAL RECORD NBR 0000000000000000    COST RPT DAYS      NON COST RPT DAYS
DIAGNOSIS CODES  1 9190    2 45932   3 4280    4 72887    5 V1302
                 6         7         8         9
ADMITTING DIAGNOSIS           E CODE           HOSPICE TERM ILL IND
IDE
PROCEDURE CODES AND DATES  1                2
 3                 4                5                6

ESRD HOURS 00  ADJUSTMENT REASON CODE OT  REJECT CODE        NONPAY CODE
ATT PHYS DXXXXX NPI 0000000000    LN KILDARE             FN BEN       MI
OPR PHYS        NPI 0000000000    LN                     FN           MI
OTH PHYS        NPI 0000000000    LN                     FN           MI
      PROCESS COMPLETED  ---   PLEASE CONTINUE
           PRESS PF3-EXIT  PF7-PREV  PF8-NEXT  PF9-UPDT
```

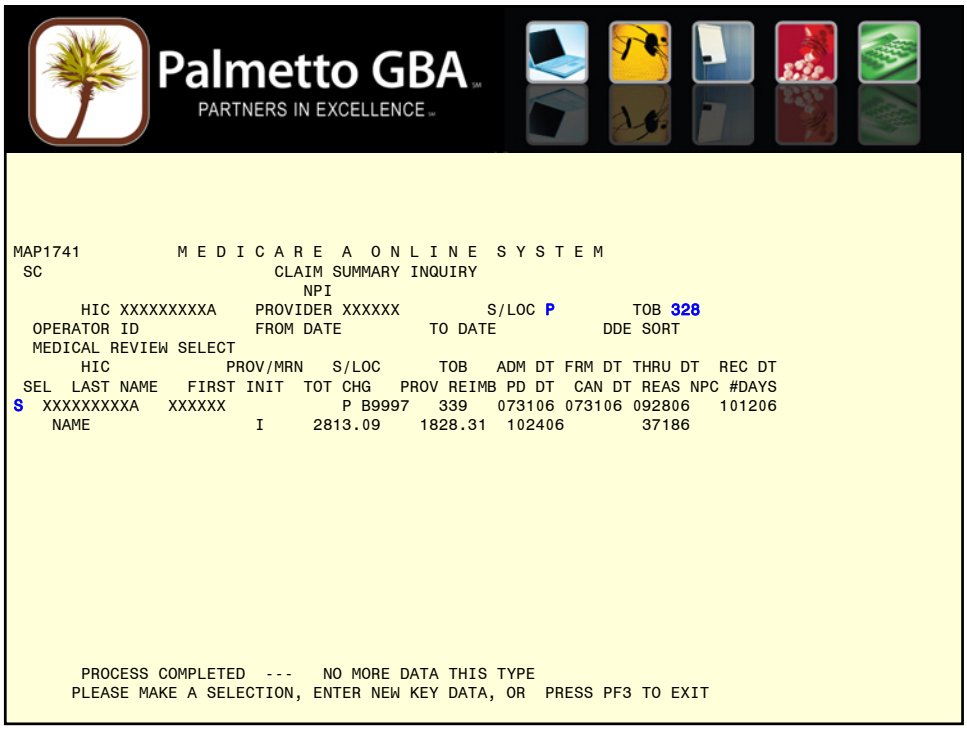

Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1714 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 04
SC CLAIM ADJUSTMENT REMARK PAGE 01
HIC XXXXXXXXA TOB 337 S/LOC S B0100 PROVIDER XXXXXX
REMARKS
ADJUSTING CLAIM TO ADD NURSING VISIT ON 9/24/06
47 PACEMAKER 48 AMBULANCE 40 THERAPY 41 HOME HEALTH
58 HBP CLAIMS (MED B) E1 ESRD ATTACH
ANSI CODES - GROUP: CO ADJ REASONS: 92 APPEALS: MA01
PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF7-PREV PF8-NEXT PF9-UPDT

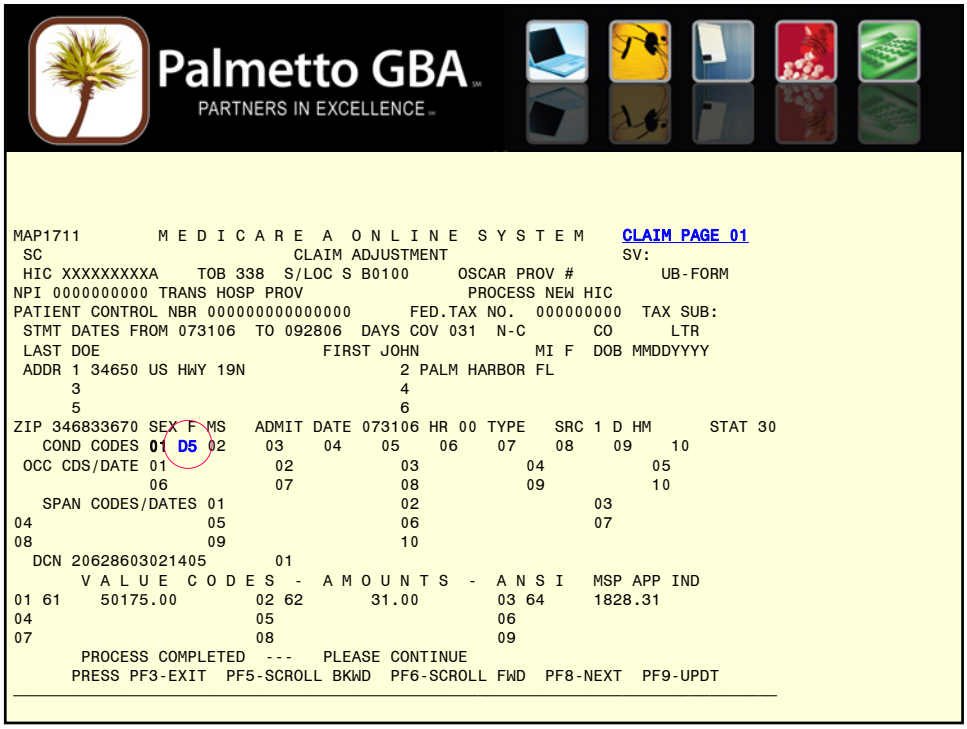
Palmetto GBA
PARTNERS IN EXCELLENCE
Cancellations

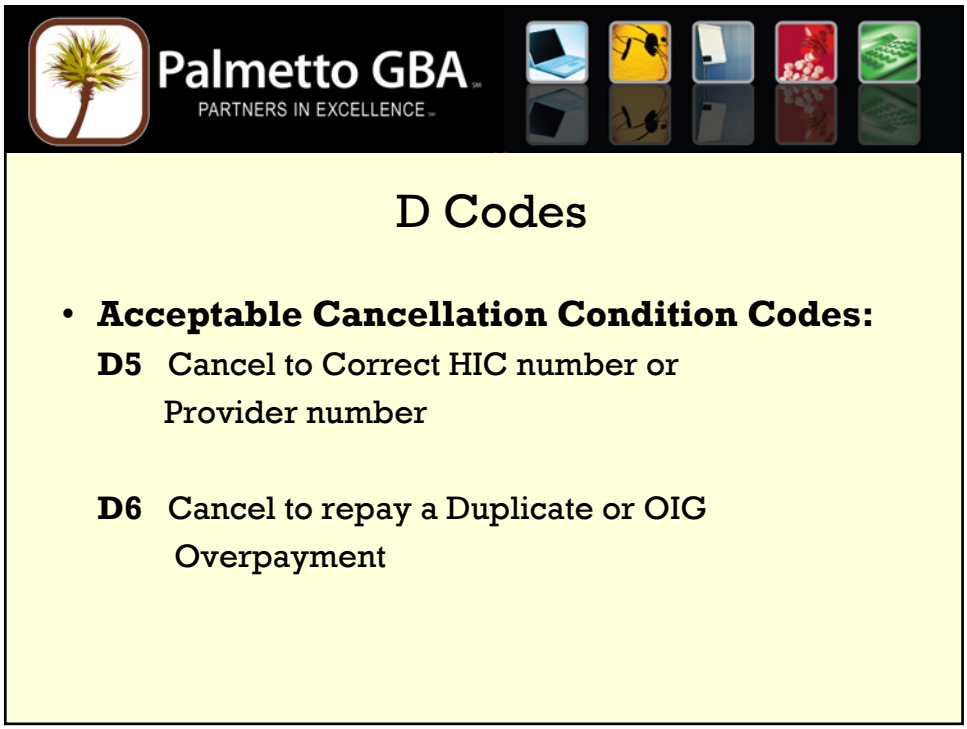

Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1701 PALMETTO GOVT BENEFITS ADMINISTRATORS
MAIN MENU FOR REGION A6504A7P
01 INQUIRIES
02 CLAIMS/ATTACHMENTS
03 CLAIMS CORRECTION
04 ON-LINE REPORTS VIEW
ENTER MENU SELECTION: 03
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1704
CLAIMS CORRECTION
INPATIENT 21
OUTPATIENT 23
SNF 25
HOME HEALTH 27
HOSPICE 29
CLAIM ADJUSTMENTS CANCELS
INPATIENT 30 50
OUTPATIENT 31 51
SNF 32 52
HOME HEALTH 33 53
HOSPICE 35 55
ATTACHMENTS
PACEMAKER 42
AMBULANCE 43
THERAPY 44
HOME HEALTH 45
ENTER MENU SELECTION: 53
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1741 M E D I C A R E A O N L I N E S Y S T E M
SC CLAIM SUMMARY INQUIRY
NPI
HIC XXXXXXXXXA PROVIDER XXXXXX S/LOC P TOB
OPERATOR ID FROM DATE TO DATE DDE SORT
MEDICAL REVIEW SELECT
HIC PROV/MRN S/LOC TOB ADM DT FRM DT THRU DT REC DT
SEL LAST NAME FIRST INIT TOT CHG PROV REIMB PD DT CAN DT REAS NPC #DAYS
PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1741 M E D I C A R E A O N L I N E S Y S T E M
SC CLAIM SUMMARY INQUIRY
NPI
HIC XXXXXXXXXA PROVIDER XXXXXX S/LOC P TOB 328
OPERATOR ID FROM DATE TO DATE DDE SORT
MEDICAL REVIEW SELECT
HIC PROV/MRN S/LOC TOB ADM DT FRM DT THRU DT REC DT
SEL LAST NAME FIRST INIT TOT CHG PROV REIMB PD DT CAN DT REAS NPC #DAYS
S XXXXXXXXXA XXXXXX P B9997 339 073106 073106 092806 101206
NAME I 2813.09 1828.31 102406 37186
PROCESS COMPLETED --- NO MORE DATA THIS TYPE
PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR PRESS PF3 TO EXIT



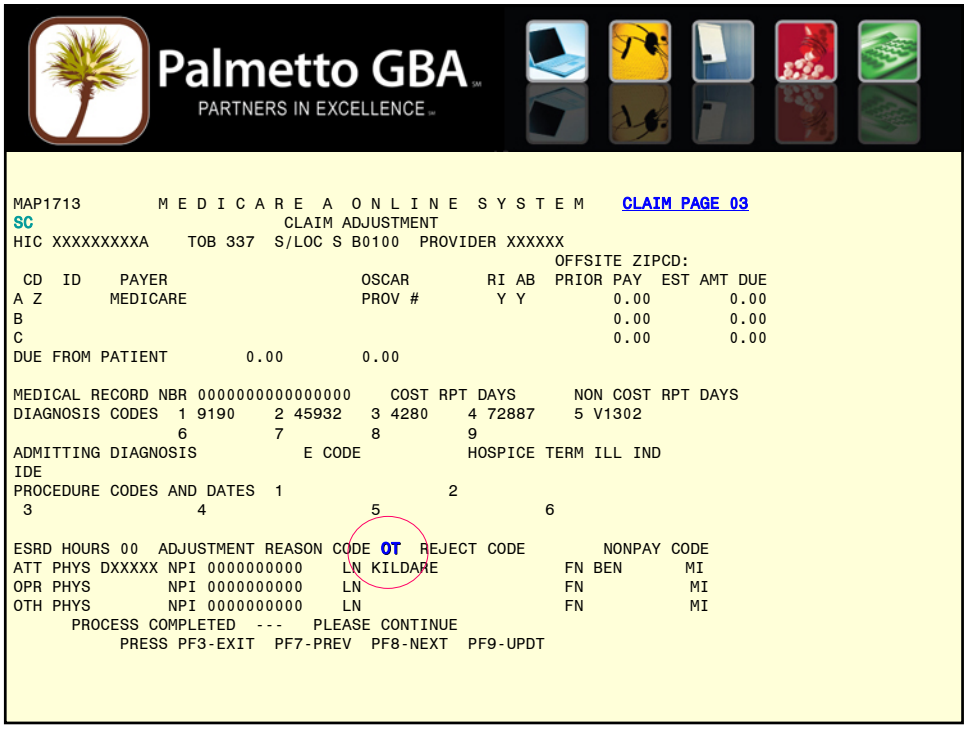


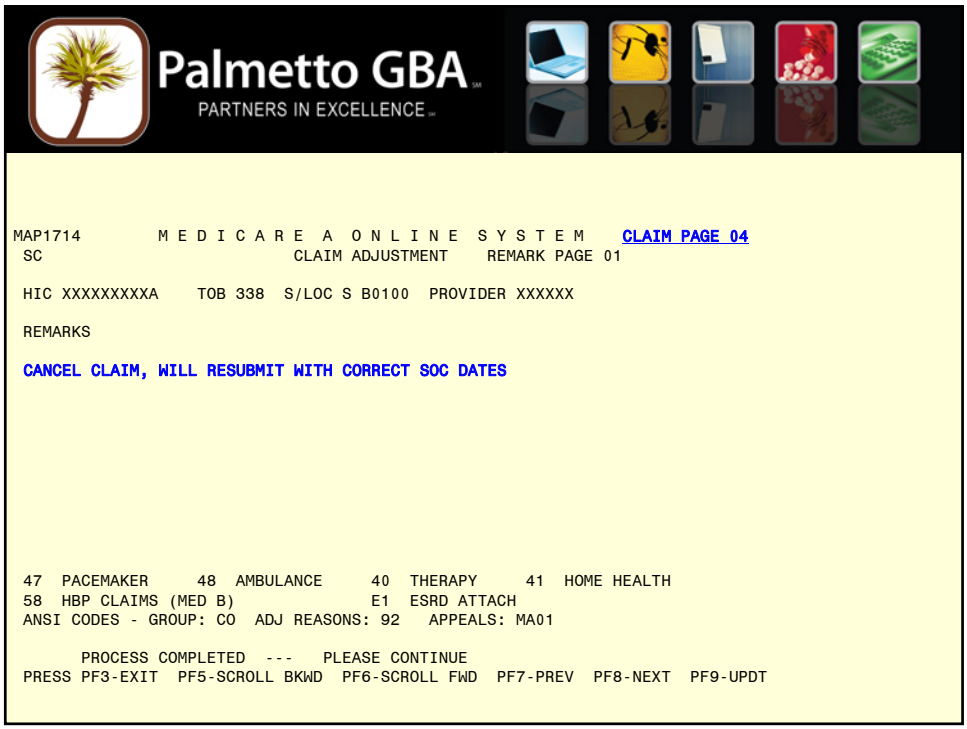
D Codes

- **Acceptable Cancellation Condition Codes:**

  D5 Cancel to Correct HIC number or Provider number

  D6 Cancel to repay a Duplicate or OIG Overpayment


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1713 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 03
SC CLAIM ADJUSTMENT
HIC XXXXXXXXXA TOB 337 S/LOC S B0100 PROVIDER XXXXXX
OFFSITE ZIPCD:
CD ID PAYER OSCAR RI AB PRIOR PAY EST AMT DUE
A Z MEDICARE PROV # Y Y 0.00 0.00
B 0.00 0.00
C 0.00 0.00
DUE FROM PATIENT 0.00 0.00
MEDICAL RECORD NBR 0000000000000000 COST RPT DAYS NON COST RPT DAYS
DIAGNOSIS CODES 1 9190 2 45932 3 4280 4 72887 5 V1302
6 7 8 9
ADMITTING DIAGNOSIS E CODE HOSPICE TERM ILL IND
IDE
PROCEDURE CODES AND DATES 1 2
3 4 5 6
ESRD HOURS 00 ADJUSTMENT REASON CODE OT REJECT CODE NONPAY CODE
ATT PHYS DXXXXX NPI 0000000000 LN KILDARE FN BEN MI
OPR PHYS NPI 0000000000 LN FN MI
OTH PHYS NPI 0000000000 LN FN MI
PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT PF7-PREV PF8-NEXT PF9-UPDT


Palmetto GBA
PARTNERS IN EXCELLENCE
MAP1714 M E D I C A R E A O N L I N E S Y S T E M CLAIM PAGE 04
SC CLAIM ADJUSTMENT REMARK PAGE 01
HIC XXXXXXXXXA TOB 338 S/LOC S B0100 PROVIDER XXXXXX
REMARKS
CANCEL CLAIM, WILL RESUBMIT WITH CORRECT SOC DATES
47 PACEMAKER 48 AMBULANCE 40 THERAPY 41 HOME HEALTH
58 HBP CLAIMS (MED B) E1 ESRD ATTACH
ANSI CODES - GROUP: CO ADJ REASONS: 92 APPEALS: MA01
PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF7-PREV PF8-NEXT PF9-UPDT

Cancel Claims

- There are 3 Steps
  - 1) Condition code on page 1
  - 2) Adjustment reason code OT on page 3
  - 3) Remarks on page 4
- Do NOT change page 2 (charges)

More About DDE

More about DDE…

- View a different page
  - F8 forward
  - Put cursor on claim page – type page number desired – press enter
- View outlier payment
  - Value Code Field = claim page one
- View medical review reason for denial
  - Remarks screen = claim page four

More about DDE…

- View downcode
  - Claim page **32**
    - Change claim page to 32 – press enter
    - HIPPS code billed will be shown along with the downcoded HIPPS code resulting in payment

More about DDE…

- Main Menu – 01 Inquiries – 12 Claims
- Make it work for you!
  - Enter one or all fields or a combination
  - Enter **one** status (S, T, P, R) **or** a S/LOC such as S/B6001 (ADR)
  - Remember delete 3x's in TOB field before pressing Enter

Thank you for attending