

**Mutual of Omaha - Medicare
Small Provider Teleconference (ACT) - MINUTES
“Conditional Payments/Use of Value Code 44”
Wednesday, May 30, 2007
Chairperson: Janet Mateo**

The Small Provider Teleconference – “Conditional Payments and the Proper Use of Value Code 44” for the Northeast Region was called to order by Janet Mateo, Medicare Field Representative in the Chicago Field Office at 10:00 a.m. Central Time.

The teleconference began with an introduction to participants, Field Representatives from other regions, and other Provider Outreach and Education team members. Two staff members from the Medicare Secondary Payer Department also participated in the call and assisted with MSP related questions during the Q & a session. An overview of the Small Provider and Ask the Contractor Teleconferences was provided and participants were encouraged to visit our website at www.mutualmedicare.com to download teleconference minutes and to view other upcoming educational activities. Everyone was reminded to pay close attention to the start time for teleconferences in different regions, which may vary depending on where facility is located and the time zone. For example, if your facility is located in the Central region but is participating in a teleconference held in the Northeast region; the time zone is based on the Eastern Standard Time zone, which is one hour later.

Each participant who registered for the teleconference received a confirmation notice, the Conditional Payment presentation and several handouts. The handouts included two MSP claim examples, the MSP Required Fields list, the Crossover Claim Issues document, State ID Code, the Medicare Resource Card and the current list of Computer Based Training Courses. (CBT) The CBTs shown as under revision on the list are the NCD/LCD, HBO, Observation Services and Speech and Language Pathology. To ensure that all providers received the presentation, providers were called prior to the teleconference to acknowledge receipt of the presentation material and to remind everyone to dial into the call 15 minutes before the teleconference started.

The conference call lasted 1.0 hours beginning with the Conditional Payment presentation followed by a discussion of the crossover claim issues identified by the EDI department and Q& A session. During the presentation participants were in a listen only mode, but were given the opportunity to ask questions during the Q&A session. Everyone was reminded to keep the questions general in nature and to direct any beneficiary specific questions to customer service at (866) 580-5945.

The topics covered during the teleconference included:

- ❑ How to bill conditional payments claims
- ❑ Proper use of Value code 44/ Condition code 77
- ❑ Review of two MSP claim examples
- ❑ Cross over claim issues identified by EDI
- ❑ NPI/UB-04 Implementation
- ❑ MSP Resources Available

Following the presentation, participants were reminded that effective May 23, 2007, all hard copy adjustments must be submitted on the UB-04 claim. If an adjustment is made to an original claim

that was submitted electronically, adjustments could be submitted the same way unless the type of adjustment warrants a hard copy claim.

A brief overview of the NPPES Data Dissemination notice in the Federal register was provided and participants were encouraged to review the NPPES data to ensure that the information is correct. Participants were also encouraged to review Change Request 5595, Transmittal 1227 - the Medicare Fee for Service NPI Implementation Contingency Plan to be aware of the important information that is specific to primary and secondary providers.

Other resources discussed included the CMS Quarterly updates and the Medlearn Matters articles. The CMS Quarterly updates is a valuable resource that provides a listing of regulations and program instructions issued by CMS that impact facilities. The website address for the Medlearn Matters articles was also provided and participants were encouraged to visit www.cms.hhs.gov/MLNMattersArticles. Additional information on CMS links and Mutual of Omaha Medicare links can be found on the Medicare Resource Card.

Questions Raised During the Teleconference

When submitting an adjustment for a conditional payment claim with a \$0.00 amount received, should you report Condition code D5 or D9?

If you are trying to make another insurance company primary to Medicare, you should report Condition code D9 along with remarks on the claim.

Is the physician's NPI now required on the UB-04 or is there a grace period?

There is a grace period for secondary providers which includes referring, ordering, supervising, facility, care plan oversight, purchase service, attending, operating and "other" providers. Legacy numbers are acceptable for secondary providers until May 23, 2008. If a secondary provider's NPI is present, it will only be edited to assure it is a valid NPI.

How should we code a claim in a situation where the primary payer pays more than what Medicare pays? Should we report the value code 12 with the amount received from the primary payer in this situation?

Yes. Value code 12 should be reported on the claim with the amount received from the primary payer. If the primary payment is more than Medicare would have paid, the Medicare reimbursement is \$0.00.

How should we handle our MSP claims reported with value code 44 and the contractual amount, which are creating credit balances?

We are aware of this issue with MSP claims and the value code 44 and have reported it to the FISS Maintainer. Currently, there is no estimated time for the issue to be resolved. We will inform the provider community of the fix date as soon as it has been determined. Providers experiencing MSP issues relating to value code 44 should report them to Valerie in the MSP department a valerie.henningsen@mutualofomaha.com. Providers can also check the claim processing link on our website at www.mutualmedicare.com/claims/index.htm to check on the status of this problem and the anticipated resolution date.

Please clarify the use of value code 44. Should we report the payment amount received plus the contractual amount on the claim?

Yes. Value code 44 is used when a primary payer pays less than actual charges and less than the amount a provider is contractually obligated to accept as payment in full from an insurance company. Value code 44 is reported with the contractual amount and the appropriate MSP value codes is reported to show the actual amount received. Claim example 2 that was e-mailed to participants illustrates how value code 44 should be reported on claims.

Who should I call to report an auto accident that has not been updated on the CWF? Do we contact the Coordination of Benefits Contractor (COB)?

In order to update an auto liability record, you will need to contact the lead contractor. The COB should be able to give you the name and telephone number of the lead contractor assigned by the COB. CMS has assigned certain states to each Medicare office that initiates the subrogation for auto accidents, etc.

Do I need to submit a hard copy adjustment claims if our billing service no longer has access to our 2005 provider number?

Go ahead and submit hard copy adjustment claims using the UB-04 until you can resolve the issue you are having with your billing vendor. You need go back to your billing service to clarify why they have not had access to your provider number since 2005. Your facility should have been billing with your provider or legacy number until NPI was implemented on May 23, 2007.

Is the value code 12 used for retired beneficiaries?

Yes. Value code 12 is reported on a MSP claim when the beneficiaries is a 65 years of age (working aged) and covered by a Employer Group Health Plan (EGPH) through current employment (their own or a spouse's)

Who should I contact to update the CWF when the Medicare HMO is terminated?

I have been bounced around between the COB and the Medicare HMO.

The Medicare HMO is responsible for updating the CWF not the COB contractor. You need contact that Medicare HMO to update the information on the CWF or have the beneficiary to contact to HMO.

Is there a specific post office box or address that hard copy MSP adjustments should be mailed to?

Often times, we need to submit adjustments more than once before they are processed. You should be submitting your adjustments to the correct address if you are sending them to P.O. 1602 in Omaha. You should allow 30 days for the claim to process and the system to update.

The teleconference ended at 11:31 a.m. with 46 participants on the call from 17 facilities around the country.

Respectfully submitted by Janet Mateo, Medicare Field Representative, Chicago Field Office