

MEDICARE PART A BULLETIN

January 20, 1997

General Medicare Bulletin G-264

TO: All Medicare Providers
FROM: Andy DePirro, Director Program Relations

SUBJECT: **IMPLEMENTATION OF NON-MEDICAL APPLICATIONS IN THE ARTIFICIAL INTELLIGENCE SYSTEM**

ATTENTION MEDICARE BUSINESS OFFICE MANAGER: Please distribute to the appropriate health care facility personnel.

As part of our continuous improvement process the intermediary implemented the Artificial Intelligence (AI) system in January 1995, to review 100% of claims for specific medical policy. The purpose of this bulletin is to announce the implementation of non-medical AI applications.

The new non-medical AI applications, will eliminate the manual review of claims that suspend for specific claim edits within the Florida Shared System (FSS). These applications will expedite claims processing, by eliminating manual intervention by the intermediary. The non-medical applications will make the following claim determinations after reviewing the data reported on the claim:

- Initiate a Return-To-Provider (RTP) transaction; or
- Release the claim from the AI system so that claims processing can continue in the FSS.

NON-MEDICAL AI APPLICATIONS

The following is a list of the types of service/situations the new non-medical AI applications will review:

- End Stage Renal Disease (ESRD) home support services (FSS reason code 36359);
- Hospital and Skilled Nursing Facility (SNF) inpatient interim claims (i.e., Type of bill codes X12, X13, and X14) that must be submitted in sequence (FSS reason code 38117, 38118, and 38119); and
- Radiology and Other Diagnostic services that are subject to units of service limitations (FSS reason codes 32411, 32412, and 32413).

NOTE: When billing for radiology and other diagnostic services, if the units reported on the claim exceed the allowable units (e.g., one per day or three per day, etc.), then the units must be verified. Once the number of units has been verified, and the units reported on the claim accurately depict the number of services performed, the words “UNITS VERIFIED” should be entered in form locator 84 (Remarks) of the HCFA-1450 (UB-92) claim format.

If the words UNITS VERIFIED are not entered correctly, the AI system will RTP the claim, for example:

- UNIT VERIFIED (spelled incorrectly) = RTP, or
- No space, or more than one space between the words UNITS and VERIFIED (e.g., UNITSVERIFIED; UNITS VERIFIED) = RTP.

Any questions regarding this bulletin may be addressed to the Medicare Part A Customer Service Department by calling (904) 355-8899.