

MEDICARE PART A BULLETIN

June 11 1997

General Medicare Bulletin G-285

TO: All Medicare Part A Providers

FROM: Andy DePirro, Director Program Relations

SUBJECT: **NEW PROVIDER REPORT: DETAIL REPORT OF ADJUSTMENTS BY PROVIDER**

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

As a Medicare fiscal intermediary, we are continuously reviewing processes and procedures to give you, our customer, information that will provide a meaningful service as well as allow more ease in the management of your workload. One of these revised procedures resulted in the establishment of a new report relative to your claim adjustment/cancel processing. This report is the "Detail Report of Adjustments by Provider."

A detailed explanation and a sample of the "Detail Report of Adjustments by Provider" is attached for your information and review. Beginning in June 1997, a report will be distributed to your facility on a monthly basis, detailing any adjustment bills submitted for processing. The "Detail Report of Adjustments by Provider" will represent, a list of all adjustments/ cancels processed by your facility for a period of one month. We feel, this report will afford you the information necessary to perform an analysis of the reasons adjustment/cancel claims are being submitted for processing.

Adjustment claims cost both you and the intermediary time and money to reprocess and we feel you are concerned and committed to ensuring claims are billed and processed correctly the first time. We hope this information provided is helpful to you. We welcome any comments or suggestions you may have for improving this process or the usefulness of the information provided.

If you have any questions regarding this bulletin, please contact the Medicare Part A Customer Service Department by calling (904)355-8899.

DETAIL REPORT OF ADJUSTMENTS BY PROVIDER

<u>HEADING</u>	<u>DEFINITION</u>
RUN DATE	The date the report was produced by the intermediary
REPORT PERIOD	The period of time in which the data displayed on the report was processed
DETAIL REPORT OF ADJUSTMENTS BY PROVIDER	Title of the report
PROV	Number assigned to Provider by Medicare
HIC	Beneficiary's Health Insurance Claim Number
DCN	The Document Control Number assigned by the intermediary to the claim
MEDICAL RECORD NUMBER	Provider assigned medical record number
BENE NAME	Beneficiary's Name (Last Name, First Name)
TOB	Three digit code indicating the specific type of bill
FROM/THRU DATE	Beginning and ending dates of service for the claim
COND CD	A code used to identify conditions relating to this adjustment/cancel bill. This code indicates the reason the adjustment/cancel claim was submitted for processing: DO= Changes to service dates D1= Changes to charges D2= Changes in revenue codes/HCPCS D3= Second or subsequent interim Prospective Payment System (PPS) claim D4= Change in grouper input (diagnosis or procedure) D5= Cancel only to correct a HICN or provider identification number D6= Cancel only to repay a duplicate payment or

DETAIL REPORT OF ADJUSTMENTS BY PROVIDER

OIG overpayment

HEADING

DEFINITION

D7= Change to make Medicare the secondary payer
D8= Change to make Medicare the primary payer
D9= Any other change

TOTAL FOR
CONDITION CODE

The total number of adjustments/cancels claims
processed for the specific condition code reflected

TOTAL ADJUSTMENTS

The total number of adjustment/cancel claims
processed

NOTE: THE SAMPLE DETAIL REPORT OF ADJUSTMENTS BY PROVIDER ATTACHMENT IS NOT AVAILABLE IN THIS FORMAT. CONTACT THE CUSTOMER SERVICE DEPARTMENT (904/355-8899), TO REQUEST A COMPLETE COPY OF THIS BULLETIN.