

C Medicare A CONNECTION



A Newsletter for MAC Jurisdiction 9 Providers

May 2012



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New edit to review Medicare OPPS payments exceeding charges

Provider types affected

This *MLN Matters*[®] article is intended for hospitals submitting claims to Medicare contractors (fiscal intermediaries (FIs) and A/B Medicare administrative contractors (MACs)) for outpatient prospective payment system (OPPS) services to Medicare beneficiaries.

Provider action needed

This article is based on change request (CR) 7771 which informs Medicare contractors about changes to FISS edits for outpatient prospective payment system (OPPS) claims. Please make sure your billing staff is aware of these changes and complies with any requests from Medicare contractors for additional information on OPSS claims.

Background

The U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG), recently issued several final audit reports regarding the "Review of Medicare Payments Exceeding Charges for Outpatient Services Processed" to various MACs. Audit findings in these reports include: providers reporting incorrect units of service and/ or incorrect Healthcare Common Procedure Coding System (HCPCS) codes, or use of HCPCS codes that do not reflect the procedures performed.

Based on findings in these reports, the Center for Medicare & Medicaid Services (CMS) is implementing a verification policy where the OPSS payment is greater than the billed charges on bill types 12x, 13x and 14x.

Contractors will suspend those claims receiving the verification edit for development and contact providers to resolve billing errors. If the contractor determines that the reimbursement is excessive and claim corrections are required, the contractor will return the claim to the provider. If the contractor determines that the billing is accurate and the reimbursement is not excessive, the contractor will override the edit and continue to process the claim.

Additional information

The official instruction, CR 7771 issued to your FI or A/B MAC regarding this change may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2463CP.pdf>.

If you have any questions, please contact your FI or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/CallCenterTollNumDirectory.zip>.

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