

Claims Submission Issues and Tips to Prevent Denials

Since Cahaba GBA, the J10 MAC, began processing claims for the Tennessee Part B providers, we have identified several claims submission issues that may be impacting your claims. Below are some tips to assist you in submitting your claims to Cahaba GBA. Please read all the tips and make adjustments to your current submission process as necessary to prevent denials of your submitted claims.

Physician Quality Reporting Initiative (PQRI) Claims

Issue: PQRI codes are being submitted on a claim without the qualifying encounter codes. The claim total is 0.00 since the PQRI code has no allowance. Currently these claims will reject and will not be allowed into the system. These claims will not count towards the PQRI bonus.

Claims Submission Tip: The PQRI codes only count toward a provider bonus if filed on the same claim as the qualifying encounter code.

- Please refer to the 2009 PQRI Implementation Guide that can be found on the CMS website. You will find a detailed example of filing a correct PQRI or ERx claim form on page 21 of the guide.
 - http://www.cms.hhs.gov/PQRI/Downloads/2009_PQRI_ImplementationGuide_062209_508.pdf
 - <http://www.cms.hhs.gov/ERxIncentive>

If you need additional assistance, please call our toll free Provider Contact Center at 1-877-567-7271.

Missing National Provider Identifier (NPI) of Referring Physician

Issue: Claims submitted without the NPI of the referring physician will reject on the front end and never make it into the system.

Claims Submission Tip: Ensure that the NPI for the referring physician is entered on the claim if applicable. Example: Claims for Consultations. This will allow the claim to pass thru the pre-pass EDI edits instead of rejecting.

Pricing Modifiers

Issue: Pricing modifiers are being submitted in the 2nd, 3rd, or 4th modifier fields. Examples of pricing modifiers that are being submitted incorrectly are AS and 78.

Claims Submission Tip: Pricing modifiers **must** be in the 1st modifier field to allow the pricing logic to correctly price your claim.

Additional information about Modifiers for Medicare Billing is available at:
http://www.cahabagba.com/part_b/education_and_outreach/general_billing_info/modifiers.htm

Modifiers 55/ 54 for Split Care During a Global Period

Issue: Claims are being submitted with the days of the split care entered in the Number of Services (NOS) field. The claim cannot auto price the service for split care from the NOS field. Example: 0750 is entered into the Number of Services (NOS) field in an attempt to bill 75 days of split care.

Claims Submission Tip: Split care days need to be submitted in the comment field on the EMC claims (NTE segment in the 2400 loop, with an ADD in the NTE01) or in box 19 of the 1500 form.

Modifier 50 (Bilateral Service)

Issue: Modifier 50 is being submitted with Number of Services (NOS) =2.

Claims Submission Tip: Modifier 50 already means NOS 2. The claim line must have NOS=1 or the claim will reject and deny.

Number of Services Greater Than 1

Issue: Claims are being submitted with number of services greater than one on surgery codes that require multiple surgery reduction calculations.

Claims Submission Tip: Surgery codes that require application of multiple surgery rules are listed in the Multi Proc column with an indicator of 2 on the MPFSDB file. This file is available on our website at

http://www.cahabagba.com/part_b/claims/fee_schedules/2009_fee_schedules.htm; click on National Medicare Physician Fee Schedule Relative Value File (Comma Delimited) and view Column Y

Surgery codes that require calculation of the multiple surgery reduction, will deny if submitted with NOS = 2 or more.

Invalid Health Insurance Claim (HIC) Numbers

Issue: Claims are being submitted with invalid HIC numbers. The HIC numbers are either missing numbers, have extra numbers, or beginning with an invalid alpha character.



Medicare Part B

Claims Submission Tip: The HIC number (Medicare Claim Number) must appear on the claim exactly as it does on the beneficiary's card.

Automated Development System(ADS) Letter for Invoice

Issue: Cahaba GBA processes compounded drugs for Implanted Pain Pump refills using J3490 KD, when a specific J code for the drug is not on the Average Sales Price (ASP) drug list. The provider's invoice for the compounded drug is used to price this code. If no invoice is submitted with the claim, an ADS letter to the provider will request the invoice.

Claims Submission Tip: Electronic Media Claim (EMC) submitters can avoid the ADS letters by adding the invoice total for the pump refill drugs in the comment field of their EMC claim. The invoice information is placed in the NTE segment in the 2400 loop, with an ADD in the NTE01. This segment has up to 80 characters. The 2400 loop is where the actual line charge is billed, so the NTE segment will be associated with the particular line where it's needed.

Additional information can be found in the [August 2009 Medicare Part B Newslines](#) on page 10 under the heading "News for Electronic Media Claim Submitters".