



**News Flash** – The Facilitator’s Guide: Companion to Medicare Physician Guide: A Resource for Residents, Practicing Physicians, and Other Health Care Professionals (October 2009) includes all the information and instructions necessary to prepare for and present a Medicare Resident, Practicing Physician, and Other Health Care Professional Training Program including instructions for facilitators, customization guide, a PowerPoint presentation with speaker notes, pre- and post-assessments, master assessment answer keys, and a course evaluation tool. This publication can be accessed at [http://www.cms.hhs.gov/MLNProducts/Downloads/facilitators\\_guide.zip](http://www.cms.hhs.gov/MLNProducts/Downloads/facilitators_guide.zip) on the CMS website.

MLN Matters® Number: SE0928

Related Change Request (CR) #: 6426

Related CR Release Date: N/A

Effective Date: N/A

Related CR Transmittal #: N/A

Implementation Date: N/A

## Further Clarification of Instructions on Using 837 Institutional Claim Adjustment Segments (CAS) for Medicare Secondary Payer (MSP) Part A Claims

### Provider Types Affected

Providers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), Medicare Administrative Contractors (MACs), and/or Regional Home Health Intermediaries (RHHIs)) for services provided to Medicare beneficiaries.

### Provider Action Needed



#### STOP – Impact to You

In change request (CR) 6426, the Centers for Medicare & Medicaid Services (CMS) instructed providers that it must utilize the CAS segment in the 837I when submitting MSP claims to their Medicare contractor. CR 6426 also informed providers that they cannot submit MSP claims using direct data entry (DDE) since the DDE process does not support the CAS segment adjustments as found in the

#### Disclaimer

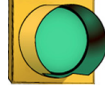
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837. CR6426 elicited questions from providers that CMS is addressing in this Special Edition (SE) article.



#### **CAUTION – What You Need to Know**

CMS wants providers, who normally submit claims via DDE, to know that they **may use the PCAce product Pro32 free billing software** which has MSP billing capabilities including the required CAS segment to identify CAS segment adjustments. However, providers **may use any 837 billing software deemed warranted to submit MSP claims.**



#### **GO – What You Need to Do**

In addition to submitting MSP claims with the CAS segments via the billing software, MSP adjustments should be submitted for MSP claims that were originally submitted via DDE on and prior to October 4, 2009 using the 837 transaction and billing software as noted above. DDE MSP adjustment claims will not be accepted. See the Background and Additional Information Sections of this article for further details regarding these changes.

## **Background**

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As stated in CR 6426, MSP provisions apply to situations where Medicare is not the beneficiary's primary insurance. Medicare's secondary payment for Part A MSP claims is based on:

- Medicare-covered charges, or the amount the physician (or other supplier) is Obligated to Accept as Payment in Full (OTAF), whichever is lower;
- What Medicare would have paid as the primary payer; and
- The primary payer(s) payment.

CR 6426 reminded you to include CAS segment related group codes, claim adjustment reason codes and associated adjustment amounts on your MSP 837 claims you send to your Medicare contractor. Medicare contractors need these adjustments to properly process your MSP claims and for Medicare to make a correct payment. This includes all adjustments made by the primary payer, which, for example, explains why the claim's billed amount was not fully paid.

As already mentioned, you may use the PCAce product Pro32 free billing software which has MSP billing capabilities including the required CAS segment to identify CAS segment adjustments. However, providers may use any 837 billing software deemed warranted to submit MSP claims. Check the website of your Medicare contractor for more details on billing software that they have available for you. You can find their website address at

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<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip>  
on the CMS website.

**NOTE:** This article does not alter the credit balance reporting process.

## Additional Information

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If you have questions, please contact your Medicare contractor at their toll-free number which may be found at

<http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip>  
on the CMS website.

You can find the MLN Matters® article related to CR 6426 at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6426.pdf> on the  
CMS website.

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