

FastEMC Notes for Medicare Jurisdiction 6 Change Over

Well it has been a few weeks since the change from WPS Medicare to NGS Medicare and people are still having some difficulties. Let me go over the issues.

To handle the change correctly, a New Medicare Payer for "Medicare NGS" with Payer ID 06102 should have been added. The WPS Medicare payer was "00952" and should have a block as of date filled in so it will not be allowed.

So as of 9/7/13, when you add a claim for a new account or add a claim for an existing account, make sure you move to the Primary Payor field and hit F6 to select the right Medicare Payer. You can see the Payor ID In the upper right hand corner when you select the payer.

If you remember to make this change on the first page, it should display correctly on the Insurance screen as you work through the claim.

If you get to the insurance screen and the ID# following Medicare is not 06102 for Medicare NGS, then move to the Payer Name and press F6. Select the correct payer from the list and press ENTER, until you reach the Trig Field, then ESC to the next screen.

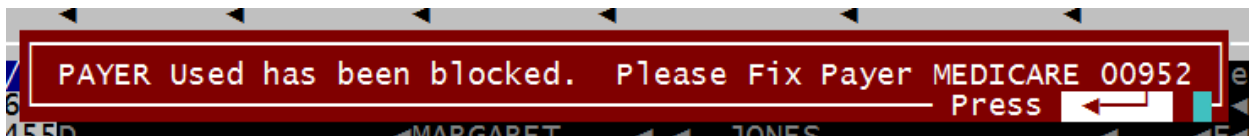
Type	SOP	InsTp	M-GAP#	Health Insurance Company	ID#	Office#	Trig	Type
I	MB			Medicare IL	00952	M001	X	E
M	MC			MEDICAID	00621	NOCD		E

Move across the screen by pressing ENTER a few times. Then press ESC to save.

Type	SOP	InsTp	M-GAP#	Health Insurance Company	ID#	Office#	Trig	Type
I	MB			Medicare NGS	06102		X	E
M	MC			MEDICAID	00621	NOCD		E

Continue to add the claim.

To make sure you do not accidentally use the old payer, when you save the claim a check is made to make sure you are not using the old Medicare Payer.



If you get this message, just press ENTER to clear the errors. It will drop you on the Payer Name, just press F6 and select the correct payer. Hit ENTER a few times to the Trig field then ESC to save. It should save without errors and you will be great. This will update the data stored on the Patient so next time you make a claim for that patient it will automatically go to Medicare NGS.

TAXONOMY Codes usually for Medicaid Payers – New Issue?

Taxonomy codes identify the specialty of the provider. In ANSI 5010 to date, it was reported for the Rendering Provider only. We have recently run into states that require the Taxonomy code for the BILLING PROVIDER when the practice is setup as a Group. Let us know if you are experiencing this issue in your state. So far we have made exceptions for NC, TX. But this might be a new edit that different Medicaid is using.

NGS Medicare claims where Place of Service is HOME (12).

It seems that NGS Medicare complies with the ANSI 5010 requirement that the Patient's Address be supplied in the Facility Loop when the service was done in a patient's home. When you type "12" into Place of Service on the Supplier Screen, the Patient Address will automatically load into the Facility fields. **This will require the ZIP code be the full 9 digits.** There is not getting around this edit.

At WPS Medicare, this edit was not applied so if you file claims that would use Place of Service 12, be sure to fill the 12 on the supplier screen and collect the 9 digit zip.

NOTE: Put the 9 digit zip back on the Patient address screen so it will default correctly on the next claim.