

# Indian Health Service

## Roundtable: Billing

## Medicare as Secondary

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# Third Party Billing (ABM)

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- Version: 2.6
- Patch: 36
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# Disclaimer

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# Acronyms

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AR	Accounts Receivable
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
EDI	Electronic Data Interchange
HCPCS	Healthcare Common Procedure Coding System
IT	Information Technology
MAC	Medicare Administrative Contractor
MSP	Medicare Secondary Payer
RPMS	Resource Patient Management System
SAR	Standard Adjustment Reason
TPB	Third Party Billing

# Overview

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- Posting and Rolling
- Secondary Claims Billing
- Medicare Secondary Payer Claims
- Tribal Self Insured and Medicare
- Troubleshooting and Issues
- Questions/Discussion

# Posting and Rolling

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# IHS Policy – Indian Health Manual

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- **Part 5 - Management Services**

- **Chapter 1 - Third-Party Revenue Accounts Management and Internal Controls**

- Section 5-1.3 Procedures

- G. [Claims and Billing](#)

- 4. Billing for Services

- *b. Secondary and tertiary claims must be billed within three (3) business days of the primary payment/denial.*

# RPMS Process for Rollbacks

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- Transaction data is posted into Accounts Receivable
- Rollback sends transaction data to 3PB and marks bill as COMPLETE
- Claims with other payer resources are re-opened with ROLLED-IN EDIT MODE status
- The bill must be posted to a zero balance (\$0.00) for the roll-back to occur
- A/R Technician responsible for posting must have sufficient access
  - Fileman Access Code: M
  - Required Keys: **ABMDZ EDIT CLAIM AND EXPORT, BARZROLL**
- Rollback must occur daily for each posting
- Rollback Bills Option (AR→ROL) should be ran on a regular basis



# Rollback Prompt Displaying Other Coverage

---

```
Original bill approved with the following:
```

```
P: PRESBYTERIAN HEALTH PLAN
```

```
S:
```

```
T:
```

```
CHECKING FOR UNBILLED SOURCES.
```

```
[1] NON-BENEFICIARY PATIENT
```

```
[2] DELTA DENTAL OF NEW MEXICO INC
```

```
Re-open claim for further billing? (Y/N)? YES
```

```
Claim Number: 31351 is now Open for Editing!
```

# Secondary Claims Billing

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# Identifying Secondary and Tertiary Claims

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## **Manual tracking**

- A/R Technician posts transactions to bill that result in a zero balance
- Once rolled, remittance is forwarded to biller to bill to next payer

## **Brief Claims Listing (BRRP)**

- Generate a claims listing for claims in the Rolled-In Edit Mode status

## **Rollback Detail (AR→RPT→RRM→ROD)**

- Generate a list of claims rolled for a specified time period

# Claims Listing Displaying Rolled Claim

---

PATIENT: LAST NAME, FIRST NAME F 06/15/1964 505-12-3456 HRN: 1122

- ```
=====
```
- |     |                     |                          |                                    |
|-----|---------------------|--------------------------|------------------------------------|
| (1) | <b>Claim# 31376</b> | 05/13/2023 OUTPATIENT    | GENERAL                            |
|     | INDIAN HOSP         | PRESBYTERIAN HEALTH PLAN | Status: <b>ROLLED-In Edit Mode</b> |
| (2) | Claim# 31338        | 04/10/2023 OUTPATIENT    | DERMATOLOGY                        |
|     | INDIAN HOSP         | BCBS OF NEW MEXICO       | Status: Uneditable (Billed)        |
| (3) | Claim# 31299        | 04/17/2023 OUTPATIENT    | GENERAL                            |
|     | INDIAN HOSP         | BCBS OF NEW MEXICO       | Status: Uneditable (Billed)        |

# Determine What to Bill

---

- Claims will appear with the Rolled-In Edit Mode status
- Processed payer will appear with the COMPLETE insurer status
- The biller must decide what to do with the open claim
  - If the active or pending insurance applies to the claim, then proceed to edit and approve to the next payer
  - If the active or pending insurance does not apply to the claim, then the claim may be closed (MGTP → OCMG)
    - Example, the rolled dental claim may show a pharmacy insurance as the only active insurance. This would be closed because it was determined that the pharmacy insurance isn't billed for the dental charges

# Claim Editor – Page 0

```
~~~~~ PAGE 0 ~~~~~
Patient: LAST NAME, FIRST NAME [HRN:1122] Claim Number: 31376
..... (CLAIM SUMMARY) .....
Pg-1 (Claim Identifiers) Pg-3 (Questions)
Location..: INDIAN HOSP | Release Info: YES Assign Benef: YES
Clinic....: GENERAL | Pg-4 (Providers)
Visit Type: OUTPATIENT | Attn: WELBY,MARCUS
Bill From: 05-13-2023 Thru: 05-13-2023 | Pg-5A (Diagnosis)
Pg-2 (Billing Entity) | 1) Flu Virus with COPD
BCBS OF NEW MEXICO COMPLETE | Pg-8 (CPT Procedures)
PRESBYTERIAN HEALTH PLAN ACTIVE | 1) OFFICE/OUTPATIENT VISIT EST
NON-BENEFICIARY PATIENT PENDING | 2) INFLUENZA A AG IF
PCC Visit Data | 3) INFLUENZA B AG IF
Prim Visit: 05/12/2023@10:0 Count: 1 | 4) IIV4 VACC NO PRSV 0.5 ML IM
Srv Cat: A Hsp Loc: <none> |
Last Visit: 04/01/2023@10:0 Loc: DHS |
Srv Cat: A Cl:01 Hsp Loc: <none> |
WARNING:250 - DOS after ICD Indicator Date
-----
*** Claim File ERRORS exist use the VIEW command to list them. ***
Desired ACTION (View/Appr/Pend/Close/Next/Jump/Quit): N//
```

# Editing the Secondary/Tertiary Claim

---

- Recommended to use visit types to reflect secondary billing
- Do not add or remove charges, providers, diagnosis codes unless fulfilling a payer requirement
- Add applicable value codes, occurrence codes, or condition codes if required by the payer
- Remember, prior payments/adjustments must add up to the total billed amount

|     |                   |
|-----|-------------------|
| 200 | PI PRIMARY        |
| 201 | CROSSOVER (INPT)  |
| 202 | CROSSOVER (OUTPT) |
| 204 | CROSSOVER (PROF)  |

# Approving to an Electronic Format

---

- **Claim Editor Page A – Prior Payments/Adjustments**
- Page displays only when a completed insurer is listed and the export mode is set to an electronic format (837I, 837P or 837D)
- Page must be reviewed for accuracy
- Standard Adjustment Reason (SAR) codes are listed for each adjustment
  - If missing, enter a valid SAR code
  - SAR Code entries may be located in Accounts Receivable, IADJ Option
- **All Payment and Adjustment entries must add up to the Current Bill Amount!**



Patient: LAST NAME, FIRST NAME [HRN:1122] Claim Number: 31376

..... (PRIOR PAYMENTS/ADJUSTMENTS) .....

|                     |           |                       |        |
|---------------------|-----------|-----------------------|--------|
| Payment Amount....: | ( 214.87) | ORIGINAL BILL AMOUNT: | 372.00 |
| Deductible Amount.: | 50.00     | Current Charges.....: | 372.00 |
| Co-pay/ins Amount.: | 32.73     | Current Bill Amount.: | 157.13 |
| Write Off.....:     | 0.00      |                       |        |
| Non-Covered Amount: | 74.40     |                       |        |
| Penalty Amount....: | 0.00      |                       |        |
| Grouper Allowance.: | 0.00      |                       |        |
| Refund.....:        | 0.00      |                       |        |
| Payment Credits...: | 0.00      |                       |        |

[1] INSURER: BCBS OF NEW MEXICO PRIORITY ORDER: 1 STATUS: COMPLETED

PAYMENT: ( 214.87)

|             |       |                 |                          |      |
|-------------|-------|-----------------|--------------------------|------|
| ADJUSTMENT: | 50.00 | [13] DEDUCTIBLE | [29] Deductible Amount   | [1]  |
| ADJUSTMENT: | 74.40 | [4] NON PAYMENT | [802] Contractual Adjust | [A2] |
| ADJUSTMENT: | 32.73 | [14] CO-PAY     | [602] Coinsurance Amount | [2]  |

[2] INSURER: PRESBYTERIAN HEALTH PLAN PRIORITY ORDER: 2 STATUS: ACTIVE

-----

\*\*Use the EDIT option to populate the Standard Adjustment Reason Code\*\*

Desired ACTION (Add/Edit/Quit): Q//

# Add the Check/Remit Date

```
[1] INSURER: BCBS OF NEW MEXICO          PRIORITY ORDER: 1      STATUS: COMPLETED
      PAYMENT: (      214.87)
      ADJUSTMENT:      50.00  [13] DEDUCTIBLE      [29] Deductible Amount      [1]
      ADJUSTMENT:      74.40  [4] NON PAYMENT      [802] Contractual Adjust      [A2]
      ADJUSTMENT:      32.73  [14] CO-PAY          [602] Coinsurance Amount      [2]

[2] INSURER: PRESBYTERIAN HEALTH PLAN    PRIORITY ORDER: 2      STATUS: ACTIVE
-----
**Use the EDIT option to populate the Standard Adjustment Reason Code**

Desired ACTION (Add/Edit/Quit): Q// E

Which insurer are you editing: (1-2): 1
Ok, let's edit BCBS OF NEW MEXICO

CLAIM CHECK OR REMIT DATE: 05/20/2023
```

# Review Current Bill Amount

---

| ..... (PRIOR PAYMENTS/ADJUSTMENTS) ..... |           |                              |               |
|------------------------------------------|-----------|------------------------------|---------------|
| Payment Amount....:                      | ( 214.87) | ORIGINAL BILL AMOUNT:        | 372.00        |
| Deductible Amount.:                      | 50.00     | Current Charges.....:        | 372.00        |
| Co-pay/ins Amount.:                      | 32.73     | <b>Current Bill Amount.:</b> | <b>157.13</b> |
| Write Off.....:                          | 0.00      |                              |               |
| Non-Covered Amount:                      | 74.40     |                              |               |
| Penalty Amount....:                      | 0.00      |                              |               |
| Groupier Allowance.:                     | 0.00      |                              |               |
| Refund.....:                             | 0.00      |                              |               |
| Payment Credits...:                      | 0.00      |                              |               |



# Determine if Adjustment Should be Included in Balance

---

Which insurer are you editing: (1-2): **1**

Ok, let's edit BCBS OF NEW MEXICO

CLAIM CHECK OR REMIT DATE: FEB 12,2023//

[4] PAYMENT 214.87

[1] ADJUSTMENT 50.00 [13] DEDUCTIBLE [29] Deductible Amount [1]

[2] ADJUSTMENT 74.40 [4] NON PAYMENT [802] Contractual Adjust [A2]

[3] ADJUSTMENT 32.73 [14] CO-PAY [602] Coinsurance Amount [2]

Which transaction: (1-4): 2

AMOUNT: (-99999.99-99999.99): 74.4//

ADJUSTMENT CATEGORY: 4// NON PAYMENT

ADJUSTMENT REASON: 802// Contractual Adjustment

STANDARD REASON: A2//

**Do you want to include in secondary balance? Y// N**

# Updated Current Bill Amount

---

```
..... (PRIOR PAYMENTS/ADJUSTMENTS) .....
Payment Amount....: ( 214.87) ORIGINAL BILL AMOUNT: 372.00
Deductible Amount.: 50.00 Current Charges.....: 372.00
Co-pay/ins Amount.: 32.73 Current Bill Amount.: 82.73
Write Off.....: 0.00
Non-Covered Amount: 74.40
Penalty Amount....: 0.00
Groupier Allowance.: 0.00
Refund.....: 0.00
Payment Credits...: 0.00
```

# Approving to the Next Payer

---

```
Desired ACTION (Add/Edit/Quit): Q// Q
```

```
Do You Wish to APPROVE this Claim for Billing? YES
```

```
Transferring Data....
```

```
Bill Number 31376B Created. (Export Mode: 837I (UB) 5010)
```

# Approving to a Paper Claim

---

- **Claim Editor Summary Page**
- Charges should reflect what was billed to the primary payer
- Write-offs column reflects all Non Payment, Adjustment and Penalty transaction types
- User has the ability to include adjustments in billed amount
- Amount in first line under BILL AMOUNT is what is uploaded to A/R
- **All Payment and Adjustment entries must add up to the Current Bill Amount!**

# Claim Editor Summary Page

## SUMMARY

=====

Active Insurer: NON-BENEFICIARY PATIENT

| Form             | Charges | Previous<br>Payments | Write-offs   | Non-cvd | Bill<br>Amount |
|------------------|---------|----------------------|--------------|---------|----------------|
| CMS-1500 (02/12) | 198.00  | <b>98.00</b>         | <b>80.00</b> | 0.00    | <b>20.00</b>   |
|                  | =====   | =====                | =====        | =====   | =====          |
|                  | 198.00  | 98.00                | 80.00        | 0.00    | 198.00         |

Do You Wish to APPROVE this Claim for Billing? YES



# Including Adjustment in Billed Amount

---

- System will display a summary of posted adjustments
- System will not include NON PAYMENT and WRITE OFF adjustment types in balance
- User may decide to include in balance
  - Non-covered items billable to the next payer or non-Indian patient

```
CURRENT ADJUSTMENTS:  
      Write-off:  80  
      Non-covered: 80          Co-insurance: 20  
Include any adjustments in billed amount?? Y// N
```

# Including Adjustment in Billed Amount

Do You Wish to APPROVE this Claim for Billing? YES

CURRENT ADJUSTMENTS:

|              |    |               |    |
|--------------|----|---------------|----|
| Write-off:   | 80 |               |    |
| Non-covered: | 80 | Co-insurance: | 20 |

Include any adjustments in billed amount?? Y// **YES**

Write-off Amount to bill: 80// **53** ← **ADDING NON-COVERED CHARGE TO BILL**

Ok, I will add \$53 to \$20 for a total billed amount of **\$73**

OK?? Y// **YES**

# Printing to the Paper CMS-1500

|                                                                                                                                                                                 |  |  |                                                              |  |                                                                            |  |  |                                                                     |  |                                                                                   |  |                 |  |                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------|--|----------------------------------------------------------------------------|--|--|---------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|--|-----------------|--|-----------------------|--|
| 4                                                                                                                                                                               |  |  |                                                              |  |                                                                            |  |  |                                                                     |  | NPI                                                                               |  |                 |  |                       |  |
| 5                                                                                                                                                                               |  |  |                                                              |  |                                                                            |  |  |                                                                     |  | NPI                                                                               |  |                 |  |                       |  |
| 6                                                                                                                                                                               |  |  |                                                              |  |                                                                            |  |  |                                                                     |  | NPI                                                                               |  |                 |  |                       |  |
| 25. FEDERAL TAX I.D. NUMBER                                                                                                                                                     |  |  | SSN EIN                                                      |  | 26. PATIENT'S ACCOUNT NO.                                                  |  |  | 27. ACCEPT ASSIGNMENT<br>(For govt. claims, see back)               |  | 28. TOTAL CHARGE                                                                  |  | 29. AMOUNT PAID |  | 30. Rsvd for NUCC Use |  |
| 859999999                                                                                                                                                                       |  |  | <input type="checkbox"/> <input checked="" type="checkbox"/> |  | 31351B-IH-6669                                                             |  |  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |  | \$ 198.00                                                                         |  | \$              |  |                       |  |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER<br>INCLUDING DEGREES OR CREDENTIALS<br>(I certify that the statements on the reverse<br>apply to this bill and are made a part thereof.) |  |  |                                                              |  | 32. SERVICE FACILITY LOCATION INFORMATION<br><b>INDIAN HEALTH HOSPITAL</b> |  |  |                                                                     |  | 33. BILLING PROVIDER INFO & PH # <b>505 249 4349</b><br><b>INDIAN HEALTH HOSP</b> |  |                 |  |                       |  |

- Form Locator 28 reflects total charge amount
- Block 29 is blank but can be set in the Visit Type section of the Insurer File →
  - Normally used to report Patient Payment

```

BLOCK 29: ??

Choose from:
    DO          PRINT
    DONT        DO NOT PRINT
BLOCK 29:
    
```

# Printing to the Paper UB-04

|                        |  |             |                   |                        |              |               |                   |                        |            |
|------------------------|--|-------------|-------------------|------------------------|--------------|---------------|-------------------|------------------------|------------|
| 0001                   |  | PAGE 1 OF 0 |                   | CREATION DATE          |              | 021318        |                   | 37200                  |            |
| 50 PAYER NAME          |  |             | 51 HEALTH PLAN ID |                        | 52 REL. INFO | 53 ASG. BEN.  | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE     | 56 NPI     |
| BCBS OF NEW MEXICO     |  |             | BCBS-PAPN         |                        | Y            | Y             | 21487             |                        | 7745613100 |
| PRESBYTERIAN HEALTH PL |  |             | 9900605           |                        | Y            | Y             |                   | 8273                   | BCBS-PAPN  |
| 58 INSURED'S NAME      |  |             | 59 P.REL.         | 60 INSURED'S UNIQUE ID |              | 61 GROUP NAME |                   | 62 INSURANCE GROUP NO. |            |

- Prior payments print in Form Locator 54
- Estimated amount due reflects copay, deductible and coinsurance amounts
  - If included, non covered or write offs are added to the estimated amount due

# Medicare Secondary Payer (MSP) Claims

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# Medicare Secondary Payer

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- MSP applies to
  - An Employer Group Health Plan (EGHP) for working aged beneficiaries.
  - A Large Group Health Plan (LGHP) for disabled beneficiaries.
  - Beneficiaries eligible for End Stage Renal Disease (ESRD).
  - Auto/medical/no-fault/liability insurance.
  - A Workers' Compensation plan. The Federal Black Lung Program.
  - Veterans Administration – in certain scenarios
- Individuals not subject to the MSP provision include:
  - Individuals enrolled in Part B only.
  - Individuals enrolled in Part A on the basis of a monthly premium.

# Billing for MSP Claims

---

- Confirm MSP Insurance Type code is valid for the service billed
- Verify the cumulative amounts paid by the primary [for all service lines] equals the ***total amount paid*** by the primary insurance
- Follow MAC guidance for billing electronic secondary claims

Patient: LAST NAME, FIRST NAME [HRN:99095]

Claim Number: 31379

(INSURERS)

PAGE 2 - INSURER INFORMATION

To: NOVITAS SOLUTIONS, INC.

Bill Type...: 131

PO BOX 3111

Proc. Code..: ICD

MECHANICSBURG, PA 17055-1857

Export Mode.: 837I (UB) 5010

(855)252-8782

**Flat Rate...: 383.00**

**MSP STATUS AS OF JAN 14, 2018: [E]-EMPLOYER GROUP HEALTH PLAN (EGHP)**

BILLING ENTITY

STATUS

POLICY HOLDER

[1] BEWARE INSURANCE

COMPLETED

LAST NAME, FIRST NAME

[2] **MEDICARE**

**ACTIVE**

LAST NAME, FIRST NAME

WARNING:073 - EMPLOYER NAME UNSPECIFIED

Desired ACTION (Add/Del/Pick/View/Next/Jump/Back/Quit): N//



Patient: LAST NAME, FIRST NAME [HRN:99095]

Claim Number: 31379

(CLAIM IDENTIFIERS)

- [1] Clinic.....: DIABETIC
- [2] Visit Type.....: OUTPATIENT**
- [3] Bill Type.....: 131
- [4] Billing From Date..: 05/14/2023
- [5] Billing Thru Date..: 05/14/2023
- [6] Super Bill #.....:
- [7] Mode of Export.....: 837I (UB) 5010
- [8] Visit Location.....: INDIAN HEALTH HOSPITAL

-----  
WARNING:071 - EMPLOYMENT INFORMATION UNSPECIFIED  
-----

Desired ACTION (Edit/View/Next/Jump/Back/Quit): N// E

Desired FIELDS: (1-8): 1-8// 2

[2] Visit Type.....: OUTPATIENT// **PI PRIMARY**

Patient: LAST NAME, FIRST NAME [HRN:99095]

Claim Number: 31379

..... (INSURERS) .....

PAGE 2 - INSURER INFORMATION

To: NOVITAS SOLUTIONS, INC.

PO BOX 3111

MECHANICSBURG, PA 17055-1857

(855)252-8782

Bill Type...: 131

Proc. Code..: CPT4

Export Mode.: 837I (UB) 5010

**Flat Rate...: N/A**

.....  
**MSP STATUS AS OF JAN 14, 2023: [E]-EMPLOYER GROUP HEALTH PLAN (EGHP)**  
.....

BILLING ENTITY

STATUS

POLICY HOLDER

=====

[1] BEWARE INSURANCE

=====

COMPLETED

=====

LAST NAME, FIRST NAME

[2] **MEDICARE**

**ACTIVE**

**LAST NAME, FIRST NAME**

-----  
WARNING:073 - EMPLOYER NAME UNSPECIFIED  
-----

Desired ACTION (Add/Del/Pick/View/Next/Jump/Back/Quit): N//

# Claim Editor Occurrence Codes - Part A

---

```
~~~~~ PAGE 9A ~~~~~
Patient: LAST NAME, FIRST NAME [HRN:99095] Claim Number: 31379
..... (OCCURRENCE CODES) .....

OCCR
CODE OCCURRENCE DESCRIPTION DATE
====
[1] 18 DATE OF RETIREMENT (PATIENT) 04-01-2002

Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit): N//
```

# Claim Editor Value Codes – Part A

---

```
~~~~~ PAGE 9D ~~~~~  
Patient: LAST NAME, FIRST NAME [HRN:99095] Claim Number: 31379  
..... (VALUE CODES) .....
```

| VALU<br>CODE<br>==== | VALUE CODE DESCRIPTION<br>=====                         | AMOUNT<br>===== |
|----------------------|---------------------------------------------------------|-----------------|
| [1] 12               | WORKING AGED BENEFICIARY/SPOUSE W/ EMPL GROUP HLTH PLAN | 50.00           |

Desired ACTION (Add/Del/Edit/View/Next/Jump/Back/Quit): N//

# Medicare and Tribal Self-Insured Plans

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# Definition

---

- A site that is a true tribal self-insured plan is
  - A plan where the tribe has a pot of money used to process and payment claims for the patient where the patient is a tribal employee or tribal member and the tribe pays for those premiums.
  - Not able to bill to the payer for these services
  - Medicare will be billed instead of billing the tribal self insured plan

# Process

---

1. Identify the self-insured plan
2. Identify Part A claim
3. Identify Part B claim
4. Approve claims to Tribal Self Insured plan
5. Adjust balance in Accounts Receivable
6. Roll back adjustments to complete bill in Third Party Billing
7. Edit Medicare Claim
8. Approve and Export

# Identify the Self-Insured Plan

---

- Menu Path: ABM → TMTP → INTM → EDIN
- Review Insurer File entry for Tribal Self-Insured plan
- Plans must be marked correctly for claim edits to apply

72 HOUR RULE:

NPI USAGE: NPI ONLY//

**TRIBAL SELF-INSURED?: ??**

Choose from:

**Y YES, TRIBAL SELF-INSURED**

**N NO, NOT TRIBAL SELF-INSURED**

**TRIBAL SELF-INSURED?: YES, TRIBAL SELF-INSURED**

ICD-10 EFFECTIVE DATE: OCT 1,2015//



# Approving to the Tribal Self-Insured Plan

---

- Make sure the MSP status has been updated in the Medicare section of the Registration Editor
- Use the split claim option to split off Part A or Part B claim (if applicable)
- Edit claim and approve to the tribal self-insured plan
- Export claim but do not mail out to payer
  - Can export to screen

# Posting in Accounts Receivable

---

- [Medicare Part A Claims](#)

- (Optional) Create Zero-Pay Collection batch and use this to post a zero-payment against the bill
- Post the adjustment to cover the amount of the bill
  - Adjustment Amount: **Enter amount to cover the amount of the bill**
  - Adjustment Category: **4 – Non Payment**
  - Adjustment Type: **645 – Chgs Excd Contrct fee Arrngmt**
- Current balance must be \$0.00
- Type Q to Quit and P to Post
- Use the Rollback to open the claim in Third Party Billing

# Display of Posted Adjustment for TSI

Claims for LAST NAME, FIRST NAME from 05/13/2023 to 05/13/2023 Page: 1

| Line # | DOS        | Claim #        | Billed<br>Amount | Current<br>Payments | Current<br>Adjust. | Current<br>Balance |
|--------|------------|----------------|------------------|---------------------|--------------------|--------------------|
| 1      | 05/13/2023 | 31378A-IH-1019 | 515.00           | 0.00                | 0.00               | 515.00             |

Select Command (Line # 1) : **A**

Adjustment Amount: **515**

Adjustment Category: **4 NON PAYMENT** NONPAY

Adjustment Type: **645 Chrgs Excd Contrct Fee Arrngmt**

# Posting in Accounts Receivable

---

- [Medicare Part B Claims](#)
- (Optional) Create Zero-Pay Collection batch and use this to post a zero-payment against the bill
- Post the adjustment to cover the amount of the bill
  - Adjustment Amount: **Enter amount to cover the amount of the bill**
  - Adjustment Category: **4 – Non Payment**
  - Adjustment Type: **696 – Non-covered Charge(s)**
- Current balance must be \$0.00
- Type Q to Quit and P to Post
- Use the Rollback to open the claim in Third Party Billing

# Display of Posted Adjustment for TSI

Claims for LAST NAME, FIRST NAME from 05/13/2023 to 05/13/2023 Page: 1

| Line #   | DOS               | Claim #               | Billed Amount | Current Payments | Current Adjust. | Current Balance |
|----------|-------------------|-----------------------|---------------|------------------|-----------------|-----------------|
| 1        | 05/13/2023        | 31378A-IH-1019        | 515.00        | 0.00             | 0.00            | 0.00            |
| 2        | 05/13/2023        | 31378B-IH-1019        | 383.00        | 0.00             | 0.00            | 383.00          |
| <b>3</b> | <b>05/13/2023</b> | <b>31377A-IH-1019</b> | <b>335.00</b> | <b>0.00</b>      | <b>0.00</b>     | <b>335.00</b>   |

Line #: 3

Select Command (Line # 3) : **A**

Adjustment Amount: **335**

Adjustment Category: **4 NON PAYMENT** NONPAY

Adjustment Type: **696 Non-covered Charge(s)**

# Don't Forget to Roll Back the Adjustment!

---

Original bill approved with the following:

P: TRIBAL HEALTH PARTNERS

S: MEDICARE

T:

Enter RETURN to continue:

CHECKING FOR UNBILLED SOURCES.

[1] MEDICARE

Re-open claim for further billing? (Y/N)? **YES**

Claim Number: 31378 is now Open for Editing!

# Approving the Part A Claim to Medicare

---

- Follow Medicare Part A billing requirements
- Occurrence Code 24 must be used along with the date of denial
  - Use the date after the discharge or end date of the claim
- Add the Value Code that reflects the patient's MSP status along with zero dollars (\$0.00) to reflect payment of zero
- Add Remarks to the Remarks to indicate the patient has Tribal Self-Funded Insurance
- Approve and export the claim
- Secondary claim may be submitted electronically

Patient: LAST NAME, FIRST NAME [HRN:1019] SPLIT Claim Number: 31378

..... (CLAIM SUMMARY) .....

\_\_\_\_\_ Pg-1 (Claim Identifiers) \_\_\_\_\_

\_\_\_\_\_ Pg-4 (Providers) \_\_\_\_\_

Location..: INDIAN HOSP

| Attn: WELBY, MARCUS

Clinic....: GENERAL

Visit Type: OUTPATIENT

Bill From: 05-13-2023 Thru: 05-13-2023

\_\_\_\_\_ Pg-5A (Diagnosis) \_\_\_\_\_

\_\_\_\_\_ Pg-2 (Billing Entity) \_\_\_\_\_

| 1) PERICARDITIS

TRIBAL HEALTH PARTNERS

COMPLETE

MEDICARE

ACTIVE

\_\_\_\_\_ Pg-3 (Questions) \_\_\_\_\_

\_\_\_\_\_ Pg-5B (ICD Procedures) \_\_\_\_\_

Release Info: YES Assign Benef: YES

WARNING:191 - OP VISIT(S) WITHIN 72 HOURS OF ADMISSION OR DISCHARGE

WARNING:250 - DOS after ICD Indicator Date

-----  
Desired ACTION (View/Appr/Pend/Next/Jump/Quit): N//



# Part A – Adding Occurrence Code

```
~~~~~ PAGE 9A ~~~~~
Patient: LAST NAME, FIRST NAME [HRN:1019] SPLIT Claim Number:
31378
..... (OCCURRENCE CODES) .....

OCCR
CODE OCCURRENCE DESCRIPTION DATE
====
[1] 24 DATE INSURANCE DENIED 05-14-2023
-----
WARNING:130 - DATE SPECIFIED IS AFTER THE PATIENT'S DISCHARGE DATE
-----
```

- **Note:** Date of Service for this claim is May 13, 2023 so denial date will be listed as May 14, 2023

# Part A – Adding Value Code to Reflect MSP

```
~~~~~ PAGE 9D ~~~~~
Patient: LAST NAME, FIRST NAME [HRN:1019]          SPLIT Claim Number: 31378
..... (VALUE CODES) .....

VALU
CODE          VALUE CODE DESCRIPTION          AMOUNT
=====
[1]    12    WORKING AGED BENEFICIARY/SPOUSE W/ EMPL GROUP HLTH PLAN    0.00
```



# Add Remark to Indicate TSI

```
~~~~~ PAGE 9F ~~~~~
Patient: LAST NAME, FIRST NAME [HRN:1019]          SPLIT Claim Number: 31378
..... (REMARKS) .....

          REMARKS
=====
(48 characters x 4 lines max)
-----
[1] PATIENT HAS TRIBAL SELF-FUNDED INSURANCE
[2]
[3]
[4]
-----

Desired ACTION (Next/Jump/Back/Quit): N//
```

# Medicare Part A – 837 Institutional File

---

- Loop 2300
- NTE Segment displays TSI Remark
- HI\*BH Segment displays Occurrence Code value
- HI\*BE Segment displays Value Code showing MSP Status

```
CLM*31378B-IH-1019*383.00***13:A:1**A*Y*Y~  
DTP*434*RD8*20230513-20230513~  
CL1*2*1*01~  
REF*EA*1019~  
NTE*ADD*PATIENT HAS TRIBAL SELF-FUNDED INSURANCE~  
HI*ABK:I010~  
HI*BH:24:D8:20210514~  
HI*BE:12:::0.00~
```



# Medicare Part A – 837 Institutional File

- Loop 2320
- CAS Segment reflects
  - CAS01: CO – Contractual Adjustment
  - CAS02: Standard Adjustment Reason code 45
  - CAS03: Amount of claim – must match claim amount in CLM02
- AMT Segment reflects zero dollar claim amount
- AMT Segment reflects Remaining Patient Liability
  - AMT01: EAF or Patient Liability Amount
- Loop 2430
- DTP Segment reflects denial date

```
SBR*P*18*TRIBAL SELF*****HM~  
CAS*CO*45*383*1~  
AMT*D*0~  
AMT*EAF*383~  
OI***Y***Y~  
.  
.  
DTP*573*D8*20230513~
```

# Approving the Part B Claim to Medicare

---

- Follow Medicare Part B billing requirements
- Add Remarks to the Remarks to indicate the patient has Tribal Self-Funded Insurance
- Approve and export the claim
- Secondary claim may be submitted electronically

Patient: LAST NAME, FIRST NAME [HRN:1019]

Claim Number: 31377

(CLAIM SUMMARY)

Pg-1 (Claim Identifiers)

Pg-4 (Providers)

Location..: INDIAN HOSP

Attn: WELBY, MARCUS

Clinic...: GENERAL

Pg-5A (Diagnosis)

Visit Type: PROFESSIONAL COMPONENT

1) PERICARDITIS

Bill From: 05-13-2023 Thru: 05-13-2023

Pg-8 (CPT Procedures)

1) OFFICE/OUTPATIENT VISIT NEW

2) DOPPLER ECHO EXAM HEART

Pg-2 (Billing Entity)

TRIBAL HEALTH PARTNERS

COMPLETE

MEDICARE

ACTIVE

Pg-3 (Questions)

Release Info: YES Assign Benef: YES

WARNING:191 - OP VISIT(S) WITHIN 72 HOURS OF ADMISSION OR DISCHARGE

WARNING:250 - DOS after ICD Indicator Date

Desired ACTION (View/Appr/Pend/Next/Jump/Quit): N//

# Add Remark to Indicate TSI

```
~~~~~ PAGE 9F ~~~~~
Patient: LAST NAME, FIRST NAME [HRN:1019] Claim Number: 31377
..... (REMARKS) .....

=====
(48 characters x 4 lines max)
-----

[1] TRIBAL SELF-FUNDED INSURANCE
[2]
[3]
[4]
-----

REMARKS:
TRIBAL SELF-FUNDED INSURANCE

Edit? NO//
```



# Medicare Part B – 837 Professional File

- Loop 2000A
- Medicare Subscriber Information
- SBR-05 reflects MSP Status
  
- Loop 2300
- NTE Segment displays TSI Remark

```
HL*2*1*22*0~  
SBR*S*18***12***MB~  
NM1*IL*1*LAST NAME*FIRST NAME***MI*301928304A~  
N3*PO BOX 3924~  
N4*FT WINGATE*NM*87404~  
DMG*D8*19290722*F~  
NM1*PR*2*MEDICARE****PI*04412~
```

```
CLM*31377B-IH-1019*335.00***22:B:1*Y*A*Y*Y~  
REF*EA*1019~  
NTE*ADD*TRIBAL SELF-FUNDED INSURANCE~  
HI*ABK:I010~
```

# Medicare Part B – 837 Professional File

- Loop 2320
  - CAS Segment reflects
    - CAS01: CO – Contractual Adjustment
    - CAS02: Standard Adjustment Reason code 45
    - CAS03: Amount of claim – must match claim amount in CLM02
  - AMT Segment reflects zero dollar claim amount
- Loop 2330B
- DTP Segment to reflect denial date

```
SBR*P*18*TRIBAL SELF*****HM~
CAS*OA*96*335*1~
AMT*D*0~
AMT*EAF*335~
OI***Y***Y~
NM1*IL*1*LAST*FIRST*****MI*10~
N3*PO BOX 3924~
N4*FT WINGATE*NM*87404~
NM1*PR*2*TRIBAL HLTH*****PI*99999~
DTP*573*D8*20230513~
```

# Issues and Troubleshooting

---



# Rollback not Asking for Claim to be Opened

- User receives message that there are no other billable sources even though a secondary payer is listed
- Check date of service on claim
  - Make sure backbilling check covers the service date
- Check the patient's eligibility for open coverage
- Claim may be opened in 3PB

```
Reviewing Bill 31053A-IH-10010 6578
BILL 31053A-IH-10010>PAYMENTS< >ADJUSTMENTS<
BILLED 212.00 3-P CRD 0.00 NON-PAY 60.00
PAY TOT 127.00 PAYMENTS 127.00 DED 0.00
ADJ TOT 85.00 PAY CRD 0.00 CO-PAY 25.00
WR OFFS 0.00 PENALTY 0.00
GROUPEX 0.00 STC 0.00
REFUND 0.00 TOTAL ADJ* 85.00
ROLLOVER 85.00 TOTAL PAY* 127.00

Pat: LAST NAME, FIRST NAME Visit Type.: OUTPATIENT
Bill Status:

Original bill approved with the following:

P: BCBS OF NEW MEXICO
S: NEW MEXICO MEDICAID
T:

Enter RETURN to continue:

CHECKING FOR UNBILLED SOURCES.
NONE

Since there are no unbilled sources no further billing is possible.
```

# Standard Adjustment Reason Code (SAR) Blank on Payment/Adjustment Page

---

- Posting technician used a local code to post an adjustment
- Review the Standard Adjustment Reason Inquiry Option (AR→PST→IADJ)
- Locate applicable adjustment code

# Standard Adjustment Reason Inquiry Option

---

=====  
Standard Adjustment Reason Code Inquiry

MAY 12,2021@19:32

Page 1  
=====

STANDARD

SHORT

CODE: A2

DESC: Contractual adjustment

RPMS 4

RPMS 802

CATEGORY: NON PAYMENT

REASON: Contractual Adjustment

FULL STANDARD CODE DESCRIPTION:

Contractual adjustment. Notes: Use Code 45 with Group Code 'CO' or use another appropriate specific adjustment code.

# Questions and Discussion

---



# Key Contact and Resource Information

| Contact                                                      | Purpose                                           | Links                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RPMS Feedback                                                | Enhancement requests                              | <a href="https://www.ihs.gov/RPMS/index.cfm?module=feedback&amp;option=add&amp;newquery=1">https://www.ihs.gov/RPMS/index.cfm?module=feedback&amp;option=add&amp;newquery=1</a>                                                                                                                                                               |
| RPMS Feedback                                                | Training requests                                 | <a href="https://ihsitsupport.servicenowservices.com/sp?id=sc_cat_item&amp;sys_id=c6e98d28db3f8810c4f6365e7c96194e&amp;sysparm_category=c5966d6bdbcb441033a53638fc96194a">https://ihsitsupport.servicenowservices.com/sp?id=sc_cat_item&amp;sys_id=c6e98d28db3f8810c4f6365e7c96194e&amp;sysparm_category=c5966d6bdbcb441033a53638fc96194a</a> |
|                                                              |                                                   | If unable to access ServiceNow please email support at <a href="mailto:itsupport@ihs.gov">itsupport@ihs.gov</a> and the request can be completed for you                                                                                                                                                                                      |
| Listserv (Business Office)                                   | Share experiences and questions with other sites  | <a href="https://www.ihs.gov/listserv/topics/signup/?list_id=122">https://www.ihs.gov/listserv/topics/signup/?list_id=122</a>                                                                                                                                                                                                                 |
| Tiered Support                                               | Set up/IIS support/Issues/General Support         | Elevate through appropriate tiered support structure. 1. Local IT or Informaticist 2. Area IT or Informaticist 3. IT Service Desk- User Support (IHS) <a href="mailto:ITSupport@ihs.gov">ITSupport@ihs.gov</a> or directly via ServiceNow Self Service Portal. At <a href="https://www.ihs.gov/itsupport/">https://www.ihs.gov/itsupport/</a> |
| Resource and Patient Management (RPMS) Clinical Applications | User manual<br>Technical Manual<br>Install Manual | <a href="https://www.ihs.gov/rpms/applications/">https://www.ihs.gov/rpms/applications/</a>                                                                                                                                                                                                                                                   |
| RPMS Training Website                                        | End-user training/support                         | <a href="https://www.ihs.gov/rpms/training/">https://www.ihs.gov/rpms/training/</a>                                                                                                                                                                                                                                                           |
| <b>RPMS Training Recording &amp; Material Repository</b>     | End-user training/support                         | <a href="https://www.ihs.gov/rpms/training/recording-and-material-library/">https://www.ihs.gov/rpms/training/recording-and-material-library/</a><br>Only IHS Web Account holders can access the library. D1 access <b>is not</b> required to create an IHS Web Account.                                                                      |



