

Socioeconomic tips

Medicare computer software changes

by the Division of Advocacy and Health Policy

This month's column centers on changes to Medicare's computer software that either already have been made or will be made later this year.

Check the card

The Centers for Medicare & Medicaid Services (CMS) changed its claims processing software to require an exact match on the beneficiary's first initial, surname, and health insurance claim number. This modification was made to avoid payments on behalf of the wrong beneficiary. To avoid having a claim denied, always submit the claim with the name and number exactly as they appear on the beneficiary's Medicare card because that is the information that matches CMS's files. If a beneficiary says the Medicare card is incorrect, refer him or her to the local Social Security field office, where the staff can change the name in Medicare's records and send the patient a new card with the correct name. For more information, go to <http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0516.pdf>.

Remittance advice codes

The remittance advice codes are updated three times a year. On April 4, an especially large number of codes were added to replace existing codes. A number of the changes occurred because codes with multiple meanings were split so that there are separate codes for each meaning. For example, code M45, "Missing/incomplete/invalid occurrence codes or dates," has been restricted to mean "Missing/incomplete/invalid occurrence code(s)" and code N299 has been added to mean "Missing/incomplete/invalid date(s)." A complete list of codes is available at <http://www.wpc-edi.com/codes>. For more information, go to <http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/MM3636.pdf>.

Processing crossover claims

For many years individual carriers have sent claim information automatically to certain secondary insurers. CMS is now consolidating the

Around the corner

- Economedix will hold teleconferences on Appealing Insurance Claims on May 18 and Practice Marketing Strategies and Techniques on June 8. For more information and to register, go to <http://yourmedpractice.com/ACS/>.
- ACS-sponsored basic and advanced coding courses will be held in Baltimore, MD, on May 19 and 20. For more information and to register, go to <http://www.facs.org/ahp/workshops/index.html>.

Medicare claims crossover process for automatic crossovers under a single coordination of benefits contractor (COBC).

Under the new process, surgeons will file a Medicare claim with their local carrier, which pays Medicare claims. If the claim is to be automatically transferred to the secondary payor, the claim and Medicare payment information is sent to the COBC. The COBC then transmits the claim and Medicare payment information to the secondary payor. CMS has been testing the consolidated crossover process with approximately 10 supplemental insurers and is now ready to move the remaining secondary insurers to the single COBC during the next few months.

There are a few pointers to remember when dealing with the new automatic crossover process, including the following:

- The claims will be passed to the secondary insurer only after the Medicare claim has been paid or, to put it another way, the claims will be passed to the secondary insurer only after the Medicare claims processing floor has been reached.
- Although the claim may pass to multiple insurers, only one will be named on the remit-

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tance advice. If a Medigap insurer is involved, that is the one that will be named.

- Certain situations may prevent the automatic crossover from occurring even though you have been notified of an apparently successful crossover.

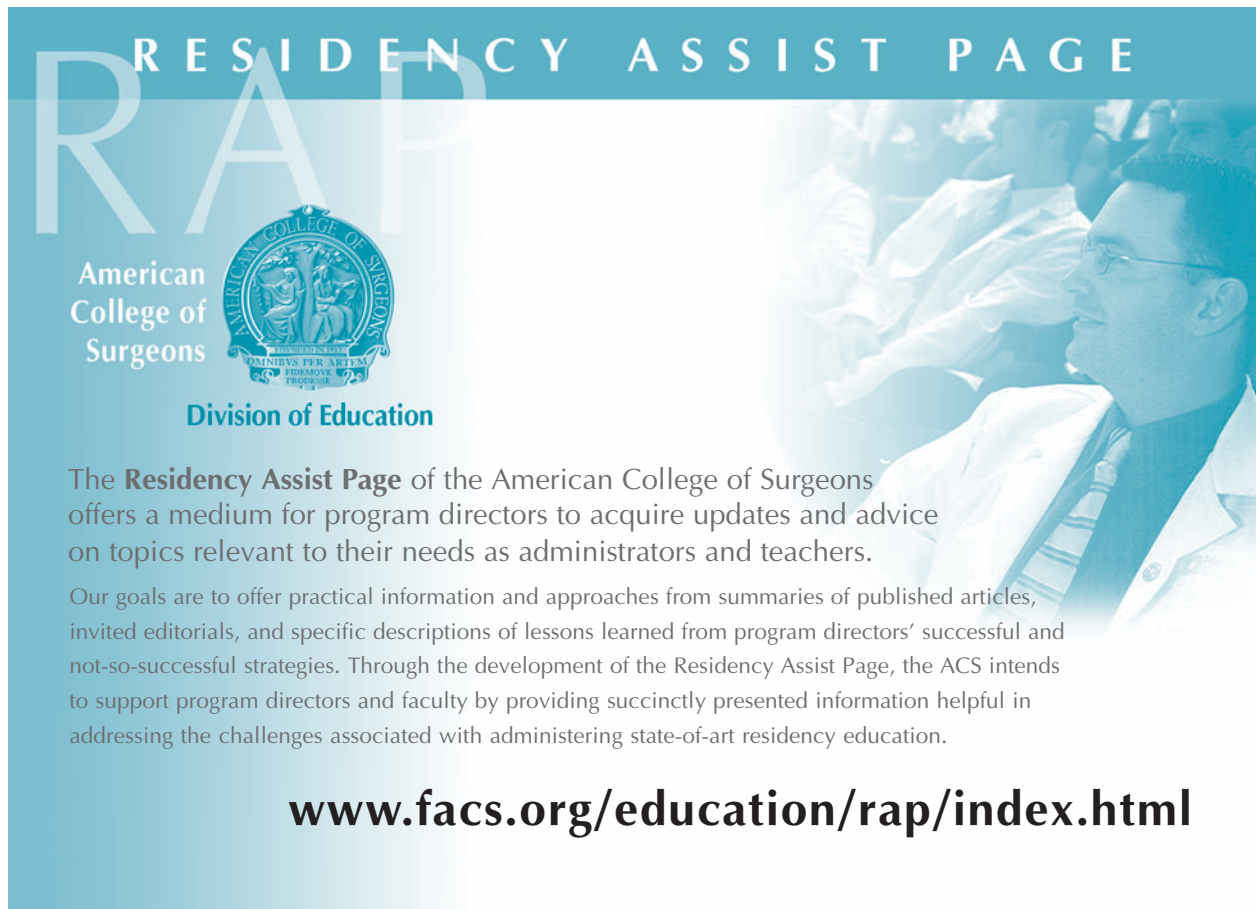
- CMS advises that physicians wait at least 15 working days after receiving the Medicare claims payment before inquiring about the secondary insurer's payment. They also suggest using the self-service tools of the secondary insurer to see if they have received the claim be-

fore submitting another one. Self-service tools include a Web site or telephone "hotline."

- Only the Medicare remittance advice (whether paper or electronic) should be used for supplemental billing.

- A list of secondary insurers who are using the COBC is posted at <http://www.cms.hhs.gov/medicare/cob/coba.coba.asp>.

For more information, go to <http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0504.pdf>. Ω



RESIDENCY ASSIST PAGE

RAP

American College of Surgeons
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The **Residency Assist Page** of the American College of Surgeons offers a medium for program directors to acquire updates and advice on topics relevant to their needs as administrators and teachers.

Our goals are to offer practical information and approaches from summaries of published articles, invited editorials, and specific descriptions of lessons learned from program directors' successful and not-so-successful strategies. Through the development of the Residency Assist Page, the ACS intends to support program directors and faculty by providing succinctly presented information helpful in addressing the challenges associated with administering state-of-art residency education.

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The banner features a teal background with a large, semi-transparent image of a man in a white lab coat and glasses, looking to the right. The text is overlaid on this background.