



Related MLN Matters Article #: SE0728

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Reasons for Provider Notification of Medicare Claims Disputed/Rejected by Supplemental Payers/Insurers

Key Words

SE0728, Provider, MM3709, Notification, Disputed, Rejected, Payers, Insurers

Provider Types Affected

Physicians, providers, and suppliers submitting claims to Medicare Carriers, Fiscal Intermediaries (FIs), Part A/B Medicare Administrative Contractors (A/B MACs), and Durable Medical Equipment MACs (DME MACs)

Key Points

- MLN Matters article MM3709 describes the notification process to Medicare providers, when Medicare claims that should automatically cross to a supplemental payer/insurer are not crossed-over due to claim data errors.
- The notification is mailed to the correspondence address that is submitted by the provider, along with all other Medicare enrollment data and is maintained by the CMS Medicare contractors.
- There are also situations where provider notifications are sent **after** the claim has crossed to the supplemental payer/insurer.
- This occurs in situations where the insurer may not be able to process the Medicare claim for supplemental payment and rejects or disputes the claim back to the CMS Coordination of Benefits Contractor (COBC).
- When these situations occur, the COBC transmits a report containing the “disputed” claims to the Medicare contractor, who then notifies the provider, through a special automated correspondence, that the claim was not crossed automatically.
- Beginning in July 2007, provider notifications will include standardized language for claims that have been disputed by the supplemental payer/insurer and the dispute has been accepted by the COBC. The standardized language will read, “Claim rejected by other insurer,” and it will include a reason code.

- The following is a list of the reason codes that may be contained in the standardized language and the definition of each:

Dispute Reason Codes:

- 000100 - Duplicate Claim
 - 000110 - Duplicate Claim (within the same ISA – IEA loop)
 - 000120 - Duplicate claim (within the same ST-SE loop)
 - 000200 - Claim for Provider ID/State should have been excluded
 - 000300 - Beneficiary not on eligibility file
 - 000400 - Reserved for future use
 - 000500 - Incorrect claim count
 - 000600 - Claim does not meet selection criteria
 - 000700 - HIPAA Error
 - 009999 - Other
- When Medicare providers receive this notification, they may need to take appropriate action to obtain payment from the supplemental payer/insurer for all Dispute Reason Codes except for 000100, 000110, 000120, and 000400.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0728.pdf> on the CMS website.

If providers have any questions, they may contact their carrier, FI, A/B MAC, or DME MAC at their toll-free number found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

MM3709 may be referenced at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3709.pdf> on the CMS website.