DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Medicare Learning Network
MLN Matters®
CMS
Information for Medicare Fee-For-Service Health Care Professionals

News Flash – Medicare is denying an increasing number of claims, because providers are not identifying the correct primary payer prior to claims submission. Medicare would like to remind providers, physicians, and suppliers that they have the responsibility to bill correctly and to ensure claims are submitted to the appropriate primary payer. Please refer to the "Medicare Secondary Payer (MSP) Manual," Chapter 3, and MLN Matters® Article SE1217 for additional guidance.

MLN Matters® Number: MM7816
Related Change Request (CR) #: CR 7816
Related CR Release Date: April 27, 2012
Effective Date: October 1, 2012
Related CR Transmittal #: R1083OTN
Implementation Date: October 1, 2012

Temporary Directions to Accommodate Organ Donor Complications Billing on 837I Claims

Provider Types Affected

This MLN Matters® Article is intended for providers and suppliers who submit claims to Medicare contractors (Fiscal Intermediaries (FIs) and/or A/B Medicare Administrative Contractors (A/B MACs)) for services provided to Medicare beneficiaries.

Provider Action Needed

STOP – Impact to You

This article is based on Change Request (CR) 7816 which instructs providers to use a temporary work around to enable the payment of claims for organ donor complications.

CAUTION – What You Need to Know

Traditionally for Medicare claims, the patient is always the beneficiary and therefore the patient relationship has always been a one-to-one match. However, Medicare policy has changed and

Medicare will now pay for complication services separately for a person who donates an organ donor to a Medicare beneficiary. In this case the one-to-one Patient Relationship no longer exists. In order to allow 837I claims for organ donor complications to enter into Medicare systems, a temporary work-around has been developed until a more permanent solution can be found.

GO – What You Need to Do

See the Background and Additional Information Sections of this article for further details regarding these changes and how to code claims for organ donor complications during this temporary process.

Background

The Centers for Medicare & Medicaid Services (CMS) is instructing that providers submitting Institutional Electronic Claim 837I for organ donor complications will:

- Show the patient relationship of "18" (Self) in Form Locator (FL) 59 (Patient's Relation to Insured) on all 837I claims.
- Submit the Medicare Beneficiary's information in the following FLs: 08 (Patient Name/Identifier), 09 (Patient Address), 10 (Patient Birth Date), and 11 (Patient Sex).
- Add a value of '39' along with the Donor's name to the 837I Loop 2300, Billing Note Segment NTE02 (NTE01 = ADD).

Providers using the UB-04 paper claim and direct data entry will:

- Show the patient relationship of "39" (Organ Donor) in Form Locator (FL) 59 (Patient's Relation to Insured); and
- Submit the Medicare Beneficiary's information in the following FLs: 08 (Patient Name/Identifier), 09 (Patient Address), 10 (Patient Birth Date), and 11 (Patient Sex).

Enter the Donor's Name in FL 80 (Remarks)Additional Information

The official instruction, CR7816, issued to your FIs and A/B MACs regarding this change may be viewed at http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1083OTN.pdf on the CMS website.

If you have any questions, please contact your FIs or A/B MACs at their toll-free number, which may be found at http://www.cms.hhs.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/CallCenterTollNumDirectory.zip on the CMS website.