

CMS Manual System

Pub 100-04 Medicare Claims Processing

Transmittal 593

Department of Health &
Human Services

Center for Medicare and
&
Medicaid Services

Date: JUNE 24, 2005

Change Request 3838

SUBJECT: Disposition of Misdirected Claims to the Carrier

I. SUMMARY OF CHANGES: The purpose of this instruction is to place information into the Medicare Claims Processing Manual that did not transition from the old Medicare Carriers Manual, section 3110. Also, the description of remittance advice remark code N127 listed in section 3110 was changed in August 2004. This instruction includes the current description of N127 that was published in August of 2004.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : N/A

IMPLEMENTATION DATE : N/A

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED

| R/N/D | CHAPTER / SECTION / SUBSECTION / TITLE |
|-------|--|
| R | 1/10.1.9/Disposition of Misdirected Claims to the Carrier |
| R | 1/10.1.9.3/A Local Carrier Receives a Claim for a UMWA Beneficiary |

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

Business Requirements

Manual Instruction

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

| | | | |
|-------------|------------------|---------------------|---------------------|
| Pub. 100-04 | Transmittal: 593 | Date: June 24, 2005 | Change Request 3838 |
|-------------|------------------|---------------------|---------------------|

SUBJECT: Disposition of Misdirected Claims to the Carrier

I. GENERAL INFORMATION

A. Background: The purpose of this instruction is to place information into the Medicare Claims Processing Manual that did not transition from the old Medicare Carriers Manual (MCM).

B. Policy: This instruction places information into the Medicare Claims Processing Manual that did not transition from the old MCM, section 3110. Also, the description of remittance advice remark code N127 listed in section 3110 was changed in August 2004. This instruction includes the current description of N127 that was published in August of 2004.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

| Requirement Number | Requirements | Responsibility ("X" indicates the columns that apply) | | | | | | | |
|--------------------|--|---|-------------|---------------------------------|-----------------------|---------------------------|-------------|-------------|--|
| | | F I | R H I | C a r r i e r | D M E R C | Shared System Maintainers | | | |
| | | | | | F I S S | M C S | V M S | C W F | |
| 3838.1 | Contractors and maintainers shall be in compliance with the instructions in Pub. 100-04, Medicare Claims Processing Manual, Chapter 1, Sections 10.1.9 and 10.1.9.3. | | | X | X | | X | X | |

III. PROVIDER EDUCATION

| Requirement Number | Requirements | Responsibility (“X” indicates the columns that apply) | | | | | | | | |
|--------------------|--------------|---|-------------|---------------------------------|-----------------------|---------------------------|-------------|-------------|-------------|-------|
| | | F I | R H I | C a r r i e r | D M E R C | Shared System Maintainers | | | | Other |
| | | | | | | F I S S | M C S | V M S | C W F | |
| 3838.2 | None. | X | X | X | X | X | X | X | X | |

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

| X-Ref Requirement # | Instructions |
|---------------------|--------------|
| | |

B. Design Considerations: N/A

| X-Ref Requirement # | Recommendation for Medicare System Requirements |
|---------------------|---|
| | |

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

| | |
|--|--|
| <p>Effective Date*: N/A</p> <p>Implementation Date: N/A</p> <p>Post-Implementation Contact(s): Appropriate Regional Office.</p> | <p>No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.</p> |
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*Unless otherwise specified, the effective date is the date of service.

10.1.9 - Disposition of Misdirected Claims to the Carrier

(Rev. 593, Issued: 06-24-05, Effective: N/A, Implementation: N/A)

This section applies to misdirected carrier claims that are payable by local carriers and have been sent to the wrong carrier or are payable by the *Railroad Retirement Board (RRB)*, the United Mine Workers of America (UMWA), or the Indian Health Service (IHS) but have been mistakenly sent to the local carrier. This section also applies to claims that are payable by Durable Medical Equipment Regional Carriers (DMERC) and have been sent to the wrong DMERC. Current processes per the DMERC statement of work should be followed for misdirected claims that have been mistakenly sent to the wrong DMERC. This section does not apply to misdirected claims that are payable by a DMERC, but have mistakenly been sent to the local carrier or vice versa. DMERCs and carriers should continue with current claims processing procedures for these claims.

10.1.9.3 – A Local Carrier Receives a Claim for a UMWA Beneficiary

(Rev. 593, Issued: 06-24-05, Effective: N/A, Implementation: N/A)

When the local carrier receives a request for Medicare payment that should be processed by the UMWA, return as unprocessable assigned services and deny unassigned services.

Use the following messages:

RA - Claim adjustment reason code 109 - Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.

Remark code N127 – *This is a misdirected claim/service for a United Mine Workers of America (UMWA) beneficiary. Please submit claims to them.*

MSN - 11.11 – This claim/service is not payable under our claims jurisdiction. We have notified your provider to send your claim for these services to the United Mine Workers of America for processing.

11.11 - Esta reclamación/servicio no se paga bajo nuestra jurisdicción de reclamaciones. Le hemos notificado a su proveedor que debe enviar la reclamación por estos servicios a la Unión de Trabajadores Mineros de América.