

DHA Billing Procedures for Medicare Beneficiaries – Frequently Asked Questions

1. Is billing Medicare done under the Third-Party Collections (TPC) or the Medical Services Account (MSA) cost recovery program

Answer: Medicare beneficiaries should only be seen in MTFs for emergency services and are classified as Civilian Emergency patients under the MSA cost recovery program.

2. Does this memorandum apply to all Civilian Emergency patient?

Answer: No. This memorandum only applies to those Civilian Emergency patients that carry Medicare insurance.

3. I do not have the CMS Certification Number (CCN) for my MTF. How do I obtain this?

Answer: Please email the DHA UBO Helpdesk at ubo.helpdesk@intellectsolutions.com.

4. If Medicare does not reimburse the entire claim amount, does the MTF balance bill the Medicare beneficiary?

Answer: MTFs that sign an Election Form agree not to balance bill Medicare beneficiaries and agree to only hold Medicare beneficiaries liable for deductibles, co-insurance and non-covered services pursuant to 42 CFR 489, Subpart C.

5. What write-off codes should Uniform Business Office (UBO) staff use for any amounts unpaid by Medicare?

Answer: Portions of the claim that are not paid by Medicare should be written off using code D05 "MEDICARE/MEDICAID" unless they are co-payment, deductible, or non-covered services which should be billed to the patient.

6. If there a specific time period that MTFs are allowed to bill?

Answer: MTFs that have signed an Election Form for CY 2020 are able to bill Medicare for dates of service within 2020.

7. What are the timely filing limits for billing Medicare?

Answer: Generally, claims must be filed with your Medicare Administrative Contractor (MAC) no later than one calendar year (12 months) from the date of service (DOS) or Medicare will deny the claim. Please check with your specific MAC for confirmation.

8. How will services provided to Medicare beneficiaries be handled for upcoming Calendar Years?

Answer: Currently, DHA UBO will continue to pursue MTFs signing of Election Forms for upcoming years.

9. Do I need to complete the CMS Form 1771 to include with the claim submittal?

Answer: No, a copy of the patient's chart including a minimum of admission history and physical, admission nurse's notes, all physician's orders, progress notes, and discharge summary may be submitted in lieu of CMS Form 1771 if it covers all information requested on the form.

10. My MTF is not covered under an Election Statement. What do I do if CMS denies payment?

Answer: The amount denied by CMS should be billed to the patient.

11. Does my MTF have to meet CMS state licensure requirements?

Answer: No, CMS has reviewed the federal enclave protection in the Constitution and determined that DoD MTFs do not have to meet the CMS requirements for state licensure.

12. Will CMS require an itemized bill to issue payment?

Answer: No, CMS will accept current inpatient bills from DoD pending DoD transition to a future billing solution that will support inpatient itemized bills.

13. What documentation does the MTF need to keep on file for Civilian Emergency patient with Medicare?

Answer: Medicare EOBs, documentation of denials management activities, payment documentation, and any general correspondence received from CMS.