



ISO ClaimSearch Medicare Secondary Payer Reporting Service

INFORMATION REGARDING CMS DISPOSITION AND COMPLIANCE CODES

DISPOSITION CODES

01 – Record Accepted for Individual Identified as a Medicare Beneficiary and ORM

ISO will return these claims in the acknowledgement file. For ORM claims, ISO will continually check to see if you've updated your claim with any important CMS fields and, if so, we will send updated records to CMS. We will send an update if you've added or changed the ICD9 Codes, Description of Illness or Injury, TIN, TPOC dates, TPOC Amounts, Claimant 1 Information, or ORM Termination Date. If you've changed any key fields (injured party SSN or HICN, CMS Date of Incident, Plan Insurance Type, ORM Indicator), ISO will automatically detect this and will send a DELETE record followed by a new ADD record. After your claims receive a disposition of "01," if you realize the claim was sent to CMS in error, you can send a "DELETE THIS PARTY FROM CMS" indicator.

02 – Record Accepted for Individual Identified as a Medicare Beneficiary and No ORM

ISO will return these claims in the acknowledgement file. ISO will continually check to see if you've updated your claim with any important CMS fields and, if so, we will send updated records to CMS. We will send an update if you've added or changed the ICD9 Codes, Description of Illness or Injury, TIN, TPOC dates, TPOC Amounts, Claimant 1 Information. If you've changed any key fields (injured party SSN or HICN, CMS Date of Incident, Plan Insurance Type, ORM Indicator), ISO will automatically detect this and will send a DELETE transaction followed by a new ADD record. After your claims receive a disposition of "02," if you realize the claim was sent to CMS in error, you can send a "DELETE THIS PARTY FROM CMS" indicator.

SP – Record in Error

ISO will return these claims on the error file. *ACTION ITEM:* You must make the necessary corrections to your claim by sending an update or replacement to ISO ClaimSearch. When you do so, make sure you don't receive any Warning messages on your match report. A Warning message will not stop us from trying to send your claim to CMS again. ISO will recognize that you made a change to your claim and will try to re-send it in the next quarterly reporting period. We don't check to see what you've changed; only that you've updated/replaced your claim, so if you didn't make any/all of the necessary corrections, the claim will fail again.

51 – Injured Party Not Identified as a Medicare Beneficiary

These aren't truly errors because they don't count toward the 20% error threshold; however, ISO will return these claims on the error file because action is required by you. *ACTION ITEM:* You should update or replace the claim to remove the Medicare eligible indicator = YES. ISO will then begin to query these claims for you again to alert you know if the person becomes eligible in the future. If you learned that the person was eligible through the query process and properly updated the claimant in the database, there is no reason you should receive this error.

03 – Record Accepted for Individual Identified as a Medicare Beneficiary but Outside Medicare Coverage Period

ISO will return these claims on the acknowledgement file. Although CMS says that it “accepted” these records, the records are not actually being saved in its system. These are claims where the injured party is a beneficiary, but the Medicare coverage dates are outside the time period between the date of incident and TPOC or ORM Termination date. If you have ORM for these claims, you must continue to monitor the status of the injury. For ORM claims, ISO will continue to submit new ADD records on subsequent quarterly claim input files until we no longer receive an “03” disposition or until the ORM Termination Date is reported.

50 – The COBC did not finish processing the record in time to produce a response record within the 45-day turnaround.

This should happen only in rare circumstances. ISO will return these in the error file. You do not need to do anything. ISO will automatically re-submit your claim during the next quarterly reporting period.

COMPLIANCE CODES

Compliance Codes 01 & 03

These compliance codes inform you of late submissions. No action needs to be taken.

Compliance Code 02

This compliance code is sent if the TIN in the TIN Reference File couldn't be validated by the COBC. If you receive this code, please contact ISO since ISO builds the TIN Reference File for you. You may not have provided ISO with the correct TIN to use for your company.

Need More Information?

For more information, please call ISO ClaimSearch Customer Support at 1-800-888-4476 or send e-mail to ClaimsearchMSP@iso.com.