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Subject: Quality Reporting Center's Biweekly News Blast: Remittance Advice



Quality Reporting Center's Biweekly News Blast

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With the year more than halfway over, now is a good time to make sure that your Quality Data Code (QDC) submissions are where they need to be—on at least 50% of your Medicare primary and secondary claims. You can do this by checking your Remittance Advice (RA).

What should you look for?

- The **place of service (POS) code**. It should be “24–Ambulatory Surgical Center.” Sometimes system upgrades can cause the POS to revert to “11–Office,” which will not give your ASC credit for the QDC placed on the claim.
- The **billable charge**. Ensure that you have an amount above the QDC with the corresponding and appropriate remark code on the RA.
- The **RA/EOB remark code**. The remark code should be “N620” if you used a zero-charge amount or “N572” if you used a one-cent charge amount. If one of these codes is appearing, then your claims were accepted by Medicare and received by the Medicare Administrative Contractor (MAC).

What if the QDC appears as denied by Medicare on the RA/EOB? That’s okay; the code is still being tracked as long as the QDC is affiliated with a charge that was paid by Medicare (as evidenced on the RA).

What if you have other questions about RAs? We have a resource with guidelines and examples of correctly submitted and incorrectly submitted claims at [Quality Reporting Center](#).

And you’re always welcome to call us with your questions at 866.800.8756, or email us at <https://cms-ocsq.custhelp.com>.

Join us tomorrow for “The Abstraction Challenge Show: Real Questions, Real Answers,” presented at 2:00 p.m. ET. Visit [Quality Reporting Center](#) for more information.