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From: Quality Reporting Notification
Sent: Tue 11/15/16 1:12 PM
To: ASCQR Initiative Discussions
Subject: When to Check Your Remittance Advice Part 2



In the [first part](#) of this two-part series on successful Quality Data Code (QDC) submission, we focused on **when** to assess your Remittance Advice/Explanation of Benefits (RA/EOBs). Let's now look at **how** to check your RA/EOBs to determine if your QDC submission is on track.

Here are some quick questions to ask:

- *Does the RA indicate a place of service (POS) code "24- Ambulatory Surgical Center"?*
If the correct POS of 24 is not submitted on the claim, the QDCs will not be captured, and your ASC will not receive credit for their presence on the claim. System upgrades can cause the POS to revert to "11-Office," so be sure to check this field regularly on your RA.
- *Do you have a billable charge above the QDC with the corresponding and appropriate remark code on the RA?*
To have a submitted QDC applied to fulfill the ASC Quality Reporting (ASCQR) Program requirement, there must be a billable charge above the QDC with the appropriate remark code.
- *Does the QDC appear 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).
- *Do you see the RA/EOB remark code N620?*
If so, the QDCs on your claims have been accepted by Medicare billing and then received into the data warehouse.

Remember that to successfully meet the ASCQR Program requirement, QDCs must be submitted on at least 50 percent of Medicare claims if your ASC has greater than 240 Medicare claims per year.

Those are questions for you; you probably have questions for us. We're available by phone at 866.800.8756, or by email at <https://cms-ocsq.custhelp.com>.