



Suspended Claims Regarding Modifier Usage

A significant number of services billed with a modifier 50 are pending in the claims processing system. Although each carrier uses the same Multi Carrier System (MCS), there can be differences in how claims move through the system. When WPS Medicare acquired the system from Wheatlands, we inherited known system issues that our staff is working diligently to resolve. We are currently working to resolve claims billed with a modifier 50 manually and are working to automate the system. We anticipate the system updates will be completed by mid-May, allowing future claims to process in an automated and timely manner. Once the necessary updates are complete, we will recycle the pending claims. This recycling will allow the claims to continue processing through the system. The claims may suspend for reasons unrelated to modifier usage prior to moving on to a final status.

Some of these claims could deny as unprocessable due to provider submission errors. In these cases, you need to evaluate your remittance advice, determine what corrections are needed, and resubmit your claim. Your remittance advice will contain a CO16 and MA130 along with a reason code relating to your correction needed. If your claim denies for reasons other than modifier usage, you may request a redetermination if appropriate.

In addition, work is currently underway to correct the processing for surgical procedures billed with modifiers 54/55. Please continue to watch the Website and future Listserv messages for updates.

Billing claims with correct modifier usage can be challenging. WPS offers many resources to help you submit your claims correctly the first time. Please review the following resources for helpful education on modifiers:

http://www.wpsmedicare.com/mac/education/b_modifiers.shtml