

A CMS Medicare Administrative Contractor
<https://www.NGSMedicare.com>



Medicare Administrative Contractor National Government Services

Who Are We?

A Medicare Administrative Contractor (MAC) is a private health care insurer to whom the Centers for Medicare & Medicaid Services (CMS) has awarded geographic jurisdiction to process fee-for-service (FFS) Medicare claims for beneficiaries in a defined geographic area(s). In the United States, there are 12 MAC jurisdictions. National Government Services (NGS) serves as the Part A and Part B MAC for two of those jurisdictions, Jurisdiction K (CT, MA, ME, NH, NY, RI, VT) and Jurisdiction 6 (IL, MN, WI).

NGS serves as the Home Health and Hospice MAC for Jurisdiction K (CT, MA, ME, NH, RI, VT) and Jurisdiction 6 (NY, NJ, MI, WI, MN, ID, NV, WA, OR, CA, AZ, AK, HI, PR, Mariana Islands, American Samoa, Virgin Islands, Guam) and Federally Qualified Health Centers and Rural Health Clinics in 44 States, District of Columbia and five U.S. territories.

As a MAC, NGS is responsible for all aspects of claim processing in these geographic locations, including claim development for additional information, claim review, first level of appeal for claim denials and both underpayment and overpayment collection processes. NGS also effectuates claim review decisions on behalf of other CMS-authorized contractors such as Comprehensive Error Rate Testing (CERT) and the Recovery Audit Contractor (RAC) based on findings in their independent claim review activities. NGS is responsible for the full scope of provider education and communication needed for new and experienced Medicare providers, keeping them informed of new and changing guidelines for the Medicare Program. Visit [About Us](#) to learn more.

National Government Services Guide for New Providers

The NGS Provider Experience (PEX) Staff welcomes you to Medicare. Providers are responsible for knowing and following the rules and regulations that apply to all services billed to Medicare under their provider number. NGS offers a variety of provider self-service tools. We also provide education tailored to the needs of new Medicare providers and their billing staff, including information that outlines fundamental Medicare policies, programs, procedures, Medicare billing and how to use self-service tools.

This guide for new providers is designed to assist you with understanding the Medicare Program and learn about the resources available to you. You'll find everything you need to be successful in this guide. Detailed information is available on [our website](#). In order to assist our providers, their staff and billing companies, we also offer a New Provider Center on our website.

Please share this document with your office and billing staff.

The NGS PEX team worked collaboratively to create a new marketing approach highlighting our successful efforts within the Medicare community we serve that instantly identifies to our providers and partners our outreach and education efforts. **Our Pledge** promises our providers and partners innovative solutions and meaningful education in an effort to reduce burden while navigating the Medicare Program.

NGS Provider Experience – Our Pledge



Thank you for trusting the PEX team with your educational needs and we look forward to assisting you in the weeks and months to come.

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Welcome to Medicare

You successfully enrolled and have a Provider Transaction Access Number (PTAN), now what?

Here's a summary of what you can do to stay connected with National Government Services and ensure you have all of the resources available to you.

| When | What | Why | Who |
|--|--|---|---|
| Now | Subscribe to NGS Email Updates . | Obtain access to essential information you need to know about doing business with NGS Medicare. | Everyone in the office/practice who sees patients and/or will conduct business with NGS Medicare. |
| Now | Register for NGSConnex our secure internet provider portal. | Fast, free and easy way to save time and money doing business with NGS – get access to beneficiary eligibility, claim status, claim payment information and so much more. | Everyone in the office who will conduct business transactions with NGS Medicare. |
| Now | Explore the NGSMedicare.com website. | Learn about our website, training materials, events and doing business with NGS Medicare. | Everyone in the office/practice who sees patients and/or conducts business with NGS Medicare. |
| Before you bill a claim | Select and register for claims submission and remittance receipt method, explore our Electronic Data Interactive EDI Enrollment and EDI Solutions web pages. | Providers are required to submit claims electronically with few exceptions. | Provider office manager. |
| Before you call NGS | Understand the features available on our Interactive Voice Recognition (IVR) System and NGSConnex. View the Part B Provider IVR User Guide and visit our NGSConnex informational web page . | Fast, free and easy access to information - Providers are required to use the IVR or NGSConnex. | Everyone in the office who will conduct business transactions with NGS Medicare. |
| Before you file a claim correction or appeal | Learn about appeals and the different levels of appeals for filing. | You'll want the most efficient resolution. | Everyone in the office who will conduct business transactions with NGS Medicare. |
| Before you submit a change to Enrollment or Revalidate | Register for the Provider Enrollment Chain and Ownership System (PECOS). | Fast, free and easy way to check your enrollment information and submit enrollment applications. | Providers and office staff who handle credentialing. |

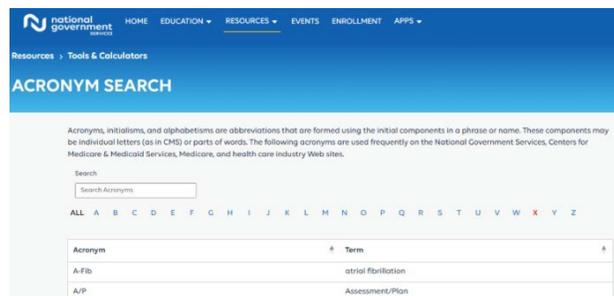
Provider Transaction Access Number (PTAN) and National Provider Identifier (NPI) Relationship

A PTAN is a Medicare-only number issued to providers by Medicare Administrative Contractors (MACs) upon enrollment to Medicare. MACs issue an approval/notification letter, including PTAN information, when enrollment is approved. A provider must have one NPI and will have one or more related PTAN(s) in the Medicare system which represents the providers enrollment. Separate PTAN(s) are assigned in certain circumstances, usually for providers who own multiple locations.

While only the NPI is submitted on claims, the PTAN is a critical number directly linked to a provider or supplier's NPI. A PTAN's use should generally be limited to a provider's communication with their MAC.

Acronyms

Our [Acronym Search](#) tool includes NGS and CMS frequently used acronyms. Easily find the meaning of acronyms by using our searchable index.



Email Updates

NGS maintains a free electronic mailing list to notify you via email of all changes and important, time sensitive Medicare information. Sign up for our Email Updates program today by clicking the [Subscribe for Email Updates](#) link located at the top of our website.



Contacting Us

Select [Contact Us](#) located on the top of our website for NGS' mailing addresses and Provider Contact Center (PCC) phone numbers.

PCC Representatives are available to:

- Clarify why a claim processed the way it did, assist with general Medicare information and billing questions, provide guidance for using the Interactive Voice Response (IVR) system and website, and assist with other complex issues that cannot be addressed through the IVR system. Note – each call is limited to three inquiries.

PCC Representatives are not able to:

- Provide claim status, beneficiary eligibility, information on what modifier, diagnosis code, CPT or HCPCS code to use for specific claims, answer inquiries for beneficiaries or their representatives, or preauthorize any type of service or supply. For questions that the PCC Representatives are not able to answer, providers must utilize our simple to use self-service tools.

Introduction to Self-Service Tools and Education for New Providers

NGS offers a variety of provider self-service tools. We also provide education tailored to the needs of new Medicare providers and their billing staff, including information that outlines fundamental Medicare policies, programs, procedures, Medicare billing and how to use self-service tools.

NGSConnex

[NGSConnex](#) is a free, secure, web-based application. NGSConnex provides access to a wide array of self-service functions that save you time and money. Every new provider or their staff should register to take advantage of all of the features offered including beneficiary eligibility, claim status, financial information, appeal, and inquiry submissions to name a few. Visit NGSConnex within the Resources section of our website for the information you need to sign up.



Interactive Voice Response (IVR)

The IVR is maintained on a separate line from the PCC. The IVR is available 24 hours a day, seven days a week. Menu options that require system access (e.g., the Common Working File) are limited to that systems availability.

Use the IVR to obtain information such as claim status, deductibles, check information, and other general information. Find your IVR phone number on [our website](#), click on Contact Us and select the Interactive Voice Response System link.



- [Part B Provider IVR User Guide](#)

The NGS [YouTube](#) channel provides educational videos for Medicare providers. Enjoy a number of informational YouTube videos published by NGS and the Centers for Medicare & Medicaid Services (CMS).



Educational Webinars

NGS offers multi-state education throughout the year. New providers and associated staff are encouraged to register and attend for the Introduction to Medicare Part I and Part II which is offered on a quarterly basis, and our New Provider/Front Office webinar. We offer regularly scheduled webinars for: NGSConnex, proper Medicare Part B claim submissions, steps to claim corrections, Medicare secondary paper, enrollment, and much more.

Providers are encouraged to provide Medicare beneficiaries preventive services. In addition to registering and attending our monthly preventive services webinars, visit NGS' [Preventive Services](#) web pages and CMS' MLN® Educational Tool: [Preventive Services](#) to learn about the covered preventive services available for your patients.

Upcoming events can be found on the [Events](#) page of our website. New providers and recently hired billing staff should check this web page often.

NGS webinar attendees can receive one CEU from the American Academy of Professional Coders (AAPC) for every hour of NGS education received.

Computer-Based Training

NGS developed computer-based training (CBT) courses which are available in our self-paced education portal, [Medicare University](#) (MU). This portal allows you to complete courses at your own pace when it's convenient for you.



Educational Manuals and Guides

Review our training manuals in the [Manuals and Guides](#) Education section of our website. We recommend you start with the [Medicare 101 Part B Manual](#)—a great resource for new Part B providers.

Educational Medicare Topics

Review a wide selection of articles developed by NGS for over 30 individual [Medicare Topics](#). Select the Education tab, then select Medicare Topics. Topics include Critical Care, Drugs and Biologicals, Medically Unlikely Edits, Evaluation and Management, Modifiers and many more.

Electronic Data Interchange (EDI)

Providers are required to submit claims electronically with limited exceptions. Providers are also encouraged to sign up to receive electronic remittance advice (ERA) notices. To access enrollment information for electronic products and services including EDI Software, view the [EDI Enrollment](#) and the [EDI Solutions](#) sections of our website located within Resources.



Fee Schedule Lookup and Assistance

Use our [Fee Schedule Lookup](#) tool to find fees for ASC, ambulance, CP/CSW and Medicare Physician Fee Schedule pricing. Anesthesia conversion factor fee schedules are also available on this web page as well as link to National Fee Schedules, Opioid Treatment Program and Home Infusion Therapy Services. Our [Fee Schedule Assistance](#) web page provides fee schedule definitions and includes locality/area information necessary for you to retrieve the proper fee for your area.

Frequently Asked Questions

Take time to review answers to common questions in our Frequently Asked Questions (FAQs) library which is updated on a quarterly basis. FAQs are located in the Education section of our website under [Help and FAQs](#).

Local Coverage Determinations (LCDs), Medical Policy Articles and National Coverage Determinations (NCDs)

Contractors publish LCDs to provide guidance to the public and medical community within a specified geographic area. Typically, LCDs specify whether a service is covered (**including under what clinical circumstances it is considered to be reasonable and necessary**), and correctly coded. They act as administrative and educational tools to assist providers in submitting correct claims for payment. Not every service covered by Medicare will have a published LCD.

Use our [Local Coverage Determination](#) search feature to find LCDs and related billing and coding articles. Official versions are housed in the [CMS Medicare Coverage Database](#).

Some medical policies are determined on a national basis by the CMS. These policies, called NCDs, describe the circumstances for Medicare coverage nationwide for a specific medical service, procedure or device. The NCD generally outlines the conditions for which a service is considered to be covered (or not covered) under Section 1862(a)(1)(A) of the Act or other applicable provisions of the Act. They are binding on all Medicare carriers and providers. Visit [CMS' National Coverage Determination](#) web page for NCDs.

Forms

Find the [forms](#) you need on our website. Form categories include Appeals, Coverage, Customer Care, Documentation, EDI, Enrollment, Other and Overpayments. As new forms are introduced, you'll find them here.

Claim Filing Instructions

Providers are required to submit claims to NGS Medicare Part B for their Medicare patients whether or not assignment is taken. The provision requiring mandatory filing of the claim by providers also states that the provider(s):

- are prohibited from charging for completing and filing the claim,
- assigned claims not filed within one year of the service date are not beneficiary responsibility
- who fail to submit a claim are subject to sanctions,
- must complete the claim form and must submit the claim to NGS and
- may not complete the claim and then ask the Medicare patient to submit the claim.

In order to stay in compliance with Medicare law, a physician who treats a Medicare beneficiary for a Medicare-covered service must either:

1. Enroll in Medicare and submit a claim on that beneficiary's behalf for those services.
2. Opt-out of Medicare and enter into a private contract with the beneficiary for those services or furnish the Medicare-covered services for free.

A physician who wants to treat (and receive payment from) a Medicare beneficiary will stay in compliance with the law by either enrolling in Medicare and filing claims on the beneficiary's behalf or by opting out of Medicare and entering into a private contract with the beneficiary.

Moreover, it is important to note that in order to receive a Medicare payment for covered items or services – whether directly from Medicare or from the beneficiary who is, in turn, reimbursed by Medicare, a provider or supplier must be enrolled in the Medicare Program.

See the [Code of Federal Regulations \(CFR\) Title 42, Part 424, Section 500](#) (270 KB) et seq. for the regulations regarding establishing and maintaining Medicare billing privileges.

Regulations on Charging for Claim Form Completion

The CMS has established Medicare policy concerning the practice by providers of charging Medicare patients for completion of Medicare forms. When you furnish covered services to Medicare beneficiaries, providers are required to submit claims for your services and cannot charge beneficiaries for completing or filing Medicare claims. NGS will monitor compliance with these requirements and offenders may be subject to a Civil Monetary Penalty of up to \$10,000 for each violation.

Top Claim Errors

Visit this web page for the current top claim errors, instructions about how to avoid them and valuable resources to guide you in submitting your claims correctly the first time. Visit Resources, Claims and Appeals, [Top Claim Errors](#).

CMS Resources

As a newly-certified provider, we encourage you to visit the CMS website to access more resources. You can obtain direct links from our website to important CMS resources by clicking on the [CMS logo](#) in the footer section of our website. Also, [The Medicare Learning Network®](#) has free educational materials for health care providers on CMS programs, policies, and initiatives.

Appeals

Providers, suppliers and beneficiaries have the right to appeal claim determinations made by NGS. The purpose of the appeals process is to ensure the correct adjudication of claims, there are [five](#)

[levels of appeals](#). Appeals activities conducted by NGS are governed by the CMS. Visit the [Appeals](#) section of our website for details, located within Resources.

Understanding your next steps are important for quick reimbursement. Providers are required to know the difference between a reopening and a redetermination.

- A reopening is a reprocessing of a claim to fix a minor mistake. Tell me more about [reopenings](#).
- A redetermination is an examination of a claim that includes analysis of documentation. Tell me more about [redeterminations](#).

Immediate Recoupment of Medicare Overpayments

Providers are encouraged to submit a one-time request for permanent immediate recoupment of any future Medicare overpayments. This allows NGS to deduct the overpayment amount from future payments for approved to pay claims. This also avoids interest accrual as long as the overpayment is satisfied by the due date. To learn more, view the [Overpayments](#) section of our website located within Resources.

Provider Enrollment

Changes to your Medicare enrollment must be made timely to stay compliant. Report the following changes within 30 days:

- Change(s) in ownership or control, including changes in authorized official(s)
- Change(s) in practice location
- Final adverse legal action(s)
- Independent Diagnostic Testing Facility supplier change(s) in general supervision
- Medicare Diabetes Prevention Program supplier change(s) in coach roster

All other changes to Medicare enrollment information must be reported within 90 days.

Visit the [Enrollment](#) tab on our website for instructional articles related to various enrollment functions such as revalidation, change existing provider enrollment information, deactivation, suspension and reactivation, and much more.

Tools & Calculators

We have a variety of tools to assist you with a number of tasks, here are some popular tools:

- **Medicare Secondary Payer Calculator:** Calculate an approximation of an MSP payment.
- **90-Day Global Period Calculator:** Determine when the global period ends for a major surgical procedure.
- **Prior Authorization HCPCS Code Inquiry Tool:** Determine whether your HCPCS code requires prior authorization with the entry of the HCPCS for the planned service(s).
- **Interactive Voice Response (IVR) Conversion Tool:** Convert last names, PTAN, health insurance claim number (HICN), Medicare Beneficiary Identifier (MBI) and/or document control number (DCN) for easy input into the IVR.

Visit [Tools & Calculators](#) within the Resources section to view what's available for you.

APPS

Visit our [APPS](#) page for direct links to NGSConnex, Medicare University, Provider Enrollment Chain and Ownership System (PECOS), YouTube, PC-ACE and more.

Navigating Part B Insights for Providers Podcast

Listen to our podcast, Navigating Medicare Part B Insights for Providers, on Spotify and Apple Podcasts! We will be posting a new episode on the 2nd and 4th Wednesday of each month. Visit our [Podcasts](#) page to learn how you can join via Spotify or Apple Podcasts.



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