

Reducing Unprocessable Claims

3/25/2025

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Today's Presenters

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Objective

After today's session, you'll understand the importance of submitting a claim the first time with all the required facts for NGS to process the claim.



Agenda

- [Claim Requirements](#)
- [Reducing Claim Rejections for Beneficiary Eligibility](#)
- [Reducing Claim Rejections for Provider Information and Data](#)
- [Reducing Claim Rejections for Clinical Laboratory Improvement Amendment](#)
- [Reducing Claim Rejections for Missing Billed Charges](#)
- [Reducing Claim Rejections for Missing Documentation](#)
- [Reducing Claim Rejections for Drug Name Strength and Dosage](#)
- [Reducing Claim Rejections for Date Last Seen by Attending Physician for Routine Foot Care](#)
- [Reducing Claim Rejections for Place Where Services are Rendered](#)
- [Reducing Claim Rejections for Services Not Payable Under NGS Jurisdiction](#)
- [Reducing Claim Rejections for CPT and HCPCS Codes and Modifiers](#)

Claim Requirements

Claim Requirements

- If claims do not conform to NGS specifications, they will be returned
- NGS' initiative is to reduce the number of unprocessable claims
- Goal is to get your claims accurately processed the first time



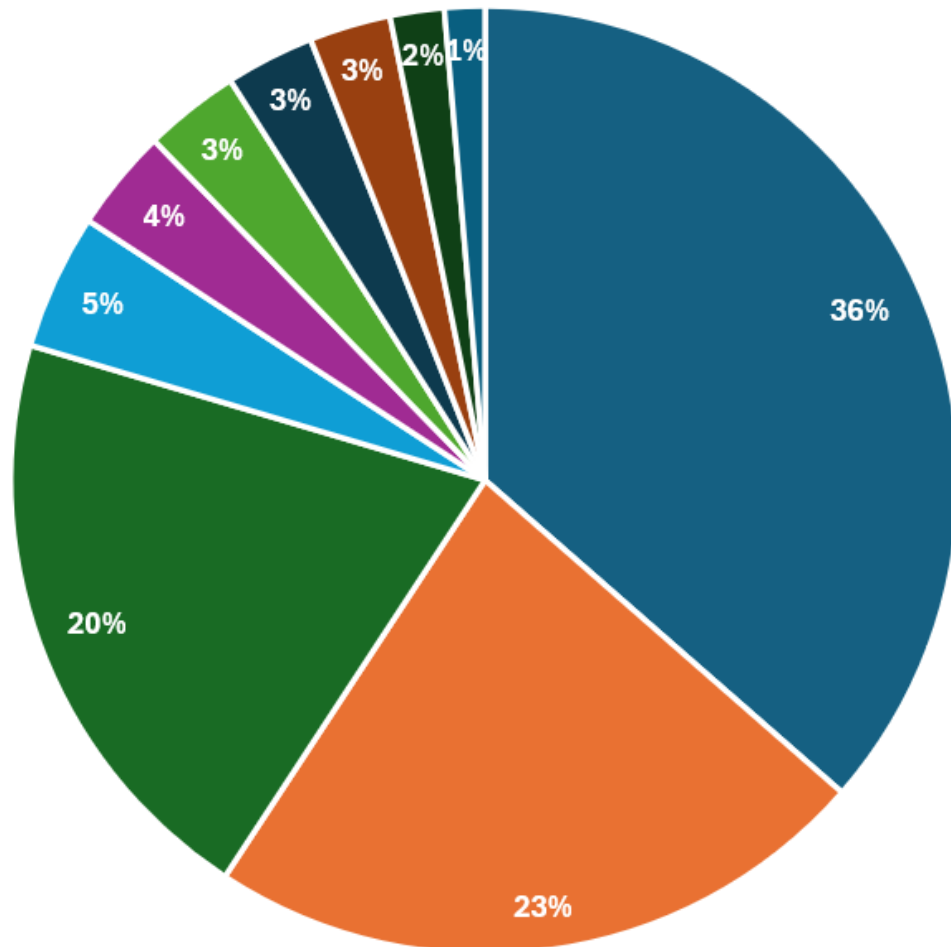
Unprocessable Claims

- Information is
 - Invalid
 - Missing
 - Insufficient
 - Incomplete
- Claims will be rejected
- Must submit a new claim
- No appeal rights granted
- Methods for rejection
 - Remittance advice shows an MA130
 - Additional remark code used to identify the error
- Paper claims are screened
 - Form letter sent back indicating the error
- Electronic claims
 - Fall initial edits

Remittance Example and References

Code	Description
CO-16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Additional information is supplied using remittance advice remarks codes. Note: Refer to the 835 Healthcare Policy Identification Segment (Loop 2110 Service Payment Information REF)
MOA Code MA27	Missing, incomplete or invalid entitlement number or name shown on the claim submitted
WPC References	X12 Claim Adjustment Group Codes <ul style="list-style-type: none">• Remittance Advice Remark Codes Reference• Claim Adjustment Reason Code Reference

Q4 2024 J6 and JK Claim Rejection Data

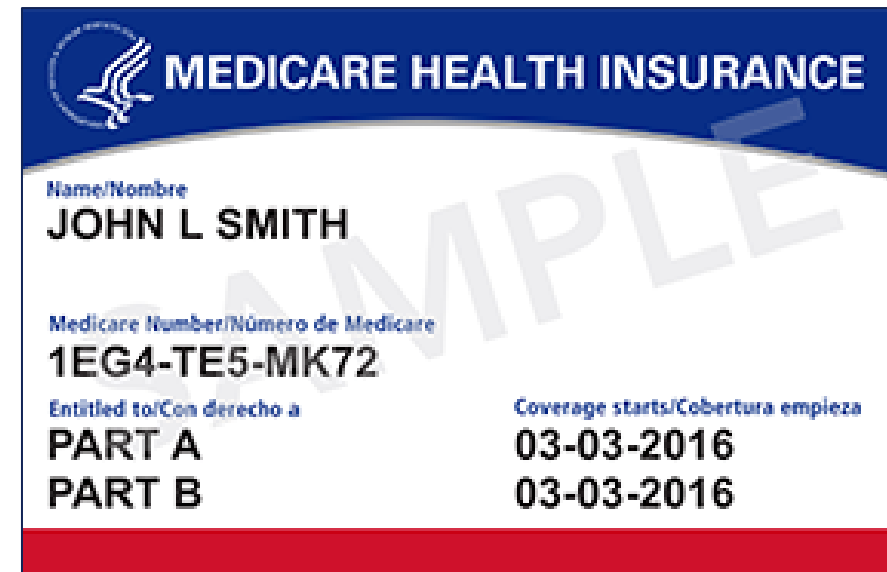


- 36% Patient identifier and RRB
- 23% Group, rendering and ordering
- 20% HCPCS/CPT and modifiers
- 5% Drug name strength and dosage
- 4% No charge indicated
- 3% Not NGS Jurisdiction
- 3% Missing date last seen and attending physician NPI for routine foot care
- 3% CLIA certification
- 2% Missing documentation
- 1% Invalid place where services were furnished

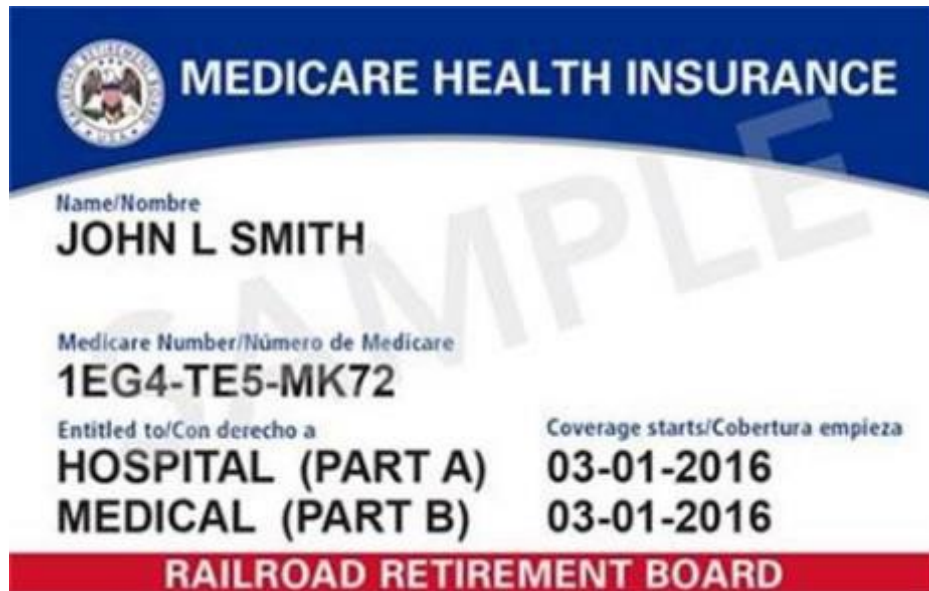
Reducing Claim Rejections for
Beneficiary Eligibility (36%)

Beneficiary Eligibility

- PR-31
 - Name or MBI was incorrect or missing
 - Date of death precedes date of service
 - Expenses incurred prior to coverage or after coverage terminated
 - Not covered by Medicare at time patient received services



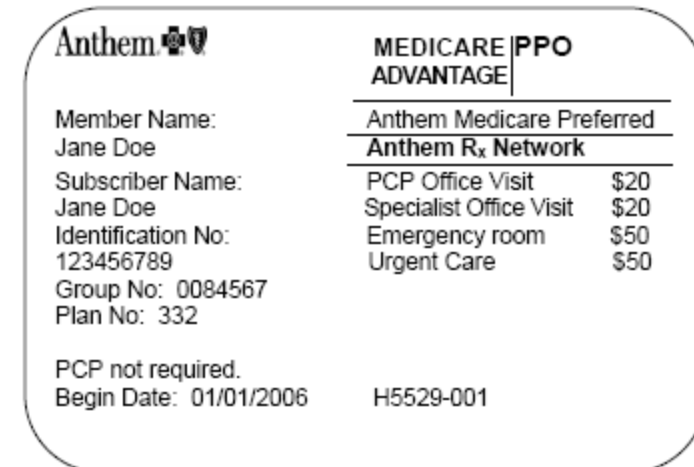
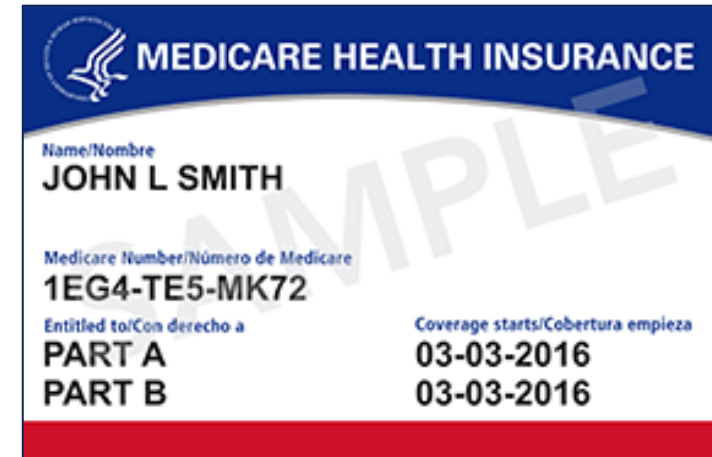
Railroad Retirement Board Eligibility



- N105
- Misdirected claim for RRB beneficiary
- Submit claims to the RRB carrier
 - Palmetto GBA
P.O. Box 10066
Augusta, GA 30999
866-749-4301

Medicare Advantage Eligibility

- OA-109
 - Yearly open enrollment
 - Usually October 15th–December 7th
- Private health plans for members' health care and claims must be sent to MA plan
- Screen beneficiaries
- Provider self service
 - NGSConnex



NGSConnex Beneficiary Eligibility Verification Requirements

- Four beneficiary data elements required
 - Last name
 - First name or initial
 - MBI
 - Date of birth

The screenshot shows the NGSConnex web application interface. At the top, there is a blue header with the 'connex' logo and a 'HOME' link. Below the header, a navigation menu on the left lists various services: Beneficiary Eligibility (selected), Part B Deductibles, Medicare Advantage, Medicare Secondary Payer, Crossover, Qualified Medicare Beneficiary, Home Health Plan, Hospice, Inpatient/SNF Spell History, End Stage Renal Disease, and Preventive Services. The main content area is titled 'Beneficiary Eligibility' and contains a 'Beneficiary Information' section with the following fields:

Medicare Number	Last Name	First Name
2DV		
MBI Term Date	Date of Birth	Date of Death
	12	
Sex	Address Line 1	Address Line 2
Female	PO BOX	
City	State	Zip
MINNEAPOLIS	MN	55405

A red box highlights a 'Printable View' button in the top right corner of the form area.

Steps to Successfully Check Eligibility

- Collect all insurance data from beneficiary
- [NGSConnex](#)
- Effective 11/18/2024, the beneficiary eligibility lookup function has been disabled on the IVR



Reducing Claim Rejections for
Provider Information and Data (23%)

Ordering and Referring Provider Information

- N264, N265, N285, N286 provider name and NPI
 - Provider who orders item or services
 - Provider who requests an item or service
 - Clinical laboratories
 - Diagnostic imaging
- Missing, incomplete or invalid provider identifier
 - Line items 17 and 17b or electronic equivalent
 - No nick names
 - First and last name as it appears in PECOS
 - Ordering = DK
 - Referring = DN
 - Supervising = DQ

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
17	Name of Referring physician or other source	2310A	NM103 (DN)	Referring provider last name	Required if claim involved a referral or services were ordered. When reporting the provider who ordered services such as diagnostic and lab utilized the Referring Provider Name (2310A) loop at the claim level. Required if a service or supply was ordered by a provider and that provider is a different entity than the rendering provider for this service line. When a claim involves multiple referring and/or ordering physicians, a separate claim must be billed for each ordering/referring physician.
			NM104	Referring provider first name	
			NM105	Referring provider middle name	
	Name of Ordering physician	2420E	NM103 (DN)	Referring provider last name	
			NM104	Referring provider first name	
			NM105	Referring provider middle name	
17a	Other ID number of Referring physician				
17b	NPI	2310A	REF02 (1C)	Referring provider primary ID	
			REF02 (1C)		Enter "XX" in the NM108 to indicate an NPI is present in the NM109. Enter the NPI of the referring/ordering physician listed in Item 17
			REF02 (1C)	Ordering provider primary ID	

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 06/00/0012

1. MEDICARE <input type="checkbox"/> (Medicare)		MEDICAID <input type="checkbox"/> (Medicaid)		TRICARE <input type="checkbox"/> (TRICARE)		CHAMPVA <input type="checkbox"/> (CHAMPVA)		GOVERNMENT HEALTH PLAN <input type="checkbox"/> (GOVERNMENT HEALTH PLAN)		SEVERE ILLNESS <input type="checkbox"/> (SEVERE ILLNESS)		OTHER <input type="checkbox"/> (OTHER)		16. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last name, first name, middle initial)				3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M F)				4. INSURED'S NAME (Last name, first name, middle initial)				17. INSURED'S POLICY GROUP OR FCDA NUMBER			
5. PATIENT'S ADDRESS (No., Street)				6. PATIENT RELATIONSHIP TO INSURED (Self Spouse Child Other)				7. INSURED'S ADDRESS (No., Street)				11. INSURED'S DATE OF BIRTH (MM DD YY) SEX (M F)			
CITY				STATE				CITY				STATE			
ZIP CODE				TELEPHONE (Include Area Code)				ZIP CODE				TELEPHONE (Include Area Code)			
8. OTHER INSURED'S NAME (Last name, first name, middle initial)				9. OTHER INSURED'S POLICY OR GROUP NUMBER				10. IS PATIENT'S CONDITION RELATED TO EMPLOYMENT (Current or Previous) YES NO				10. IS PATIENT'S CONDITION RELATED TO AUTO ACCIDENT? YES NO (PLACE SIGN)			
10. IS PATIENT'S CONDITION RELATED TO OTHER ACCIDENT? YES NO				10c. CLAIM CODES (Designated by NUCC)				11. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO (If yes, complete items 16, 17, and 18)				12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also authorize payment of government benefits either to myself or to the party who accepts assignment below.)			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also authorize payment of government benefits either to myself or to the party who accepts assignment below.)				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)				14. DATE OF CURRENT SERVICE (Include if Program is Claim)				15. OTHER DATE (Include if Program is Claim)			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (Name, Title, Address, City, State, ZIP Code)				18. DATE OF BIRTH (MM DD YY) SEX (M F)				19. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO)				20. OUTSIDE LAB CHARGES YES NO			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Include ICD-9-CM code(s) and description below)				22. PRELIMINARY CODES (Include ICD-9-CM code(s) and description below)				23. PRIOR AUTHORIZATION NUMBER				24. A. DATES OF SERVICE (From To) PLACE OF SERVICE (Specify Universal Organization) B. DIAGNOSIS (ICD-9-CM) C. CHARGES (ICD-9-CM) D. RENDERING PROVIDER ID #			
25. FEDERAL TAX ID NUMBER				26. PATIENT'S ACCOUNT NO.				27. COBERT ASSIGNMENT? YES NO				28. TOTAL CHARGE			
29. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include degrees or credentials and certify that the signature or the stamp apply to this bill and can't be a part thereof.)				30. SERVICE FACILITY LOCATION INFORMATION				31. BILLING PROVIDER INFO & P#				32. AMOUNT PAID			
32. BILLING PROVIDER INFO & P#				33. BILLING PROVIDER INFO & P#				34. BILLING PROVIDER INFO & P#				35. BILLING PROVIDER INFO & P#			

Rendering and Billing Provider Information

- Individual or Organization billing provider data
 - Type 1 (Individual)
 - Type 2 (Organization)
- Medical group or other entity entitled to bill and receive payment for physician services
 - Each physician/NPP rendering services under the group will be identified in 24J
- Line Item 33 or electronic equivalent
 - Billing provider

Steps to Successfully Check Provider Data

- [Data Files for Ordering and Referring](#)
- [National Plan & Provider Enumeration System](#)
- [Medicare Place of Service Code Set and Descriptions](#)
- [CMS-1500 Claim Form](#)
- [Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims](#)



Reducing Claim Rejections for
Clinical Laboratory Improvement
Amendment (3%)



Clinical Laboratory Improvement Amendments

- Quality standard for laboratory testing to ensure accuracy, reliability and timeliness of patient test results
- Different types of waivers are available
 - Effective for two years
- Some CLIA waived tests required modifier QW
 - Item 24D right of CPT/HCPCS code
- Enter ten-digit CLIA number for laboratory services billed by an entity performing CLIA-covered procedures
 - Item 23 or electronic equivalent

Steps to Successfully Check CLIA Information

- [Clinical Laboratory Fee Schedule](#)
- [Clinical Laboratory Improvement Amendments \(CLIA\)](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 16](#)



Reducing Claim Rejections for
Missing Billed Charges (4%)

Invalid Charges

- Each line submitted should have valid charge
- If there are no cents in charge amount, enter 00
- Codes with zero-charge used for reporting purposes may be billed with a 0.01
- Total charges in line Item 24F or electronic equivalent
- Multiple claim forms with “continued” or “see next page” or single total in Item 28 for multiple claim forms will be returned as unprocessable

HEALTH INSURANCE CLAIM FORM
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 08/12

1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (Champion) GROUP HEALTH PLAN (Group Health Plan) IS OR WAS (Is or Was) OTHER (Other)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM, DD, YY) SEX (M, F) 4. INSURED'S NAME (Last Name, First Name, Middle Initial) 5. PATIENT'S ADDRESS (No. Street) 6. PATIENT RELATIONSHIP TO INSURED (Self, Spouse, Child, Other) 7. INSURED'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) 8. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 9. OTHER INSURED'S POLICY OR GROUP NUMBER 10. IS THIS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT (Current or Previous) b. ALSO ACCIDENT? c. OTHER ACCIDENT? 11. INSURED'S POLICY OR GROUP OR FEDCA NUMBER 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government credits other to myself or to the party who accepts assignment below.) 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) 14. DATE OF CURRENT ILLNESS, INJURY, OR PRESENTLY CLAIM (MM, DD, YY) 15. OTHER DATE (MM, DD, YY) 16. DATE (MM, DD, YY) WHEN I AMABLE TO WORK IN CURRENT OCCUPATION 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (SSN, TIN, NPI) 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM, TO) 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? (YES, NO) 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Please list all in separate boxes) (ICD-9-CM) 22. PRESCRIPTION CODE ORIGINAL RFP NO. 23. PRIOR AUTHORIZATION NUMBER 24. A. DATE(S) OF SERVICE (From, To) B. PLACE OF SERVICE (ICD-9-CM) C. PROCEDURE, SERVICE, OR SUPPLY (ICD-9-CM) D. DIAGNOSIS (ICD-9-CM) 25. FEDERAL TAX ID NUMBER (SSN) 26. PATIENT'S ACCOUNT NO. 27. ACCOUNT ASSIGNMENT? (YES, NO) 28. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREE OR CREDENTIALS if only that the standards or the covering apply to the bill and on train a part thereof) 29. SERVICE FACILITY LOCATION INFORMATION 24F. \$ CHARGES (Loop 2400, field SV102) 28. TOTAL CHARGE (Loop 2300, field CLM02)

Line-item 24F= loop 2400, field SV102
 Line-item 28= loop 2300, field CLM02

Steps to Successfully Check Billed Charges

- [CMS-1500 Claim Form Completion Instructions](#)
- [Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims](#)



Reducing Claim Rejections for
Missing Documentation (2%)

Additional Documentation Requests

- NGS may need to analyze claims to determine compliance
 - Any claim submitted may be selected for review
- ADR letters will be generated
 - NGS may require clarification or documentation
 - If documentation is not submitted, claim rejects as unprocessable
- Each ADR will include
 - Contractor requesting the medical documentation
 - Services in question
 - Reason for the request
 - Which records are being requested
 - Date records are due
 - How and where to submit your records

Ways to Respond to ADRs

- Utilizing Paperwork Segment and esMD
 - Use one PWK Medicare Fax/Cover Sheet for each electronic claim documentation
 - Send the additional documentation after the claim has been electronically submitted with the PWK segment
 - [Medicare JK Part B PWK Fax/Mail Cover Sheet](#)
 - [Medicare J6 Part B PWK Fax/Mail Cover Sheet](#)
- Electronic Submission of Medical Documentation
 - Any provider who would like to electronically submit medical documentation may either
 - Build a gate
 - Procure gateway services
 - [Electronic Submission of Medical Documentation \(esMD\)](#)
- NGSConnex
 - See the [NGSConnex User Guide](#)

Ways to Respond to ADRs

- Fax
 - Some NGS ADR letters will contain specific fax numbers based on the department requesting the documentation
 - Submission to an incorrect fax number will delay claim processing
 - Verify the fax number used matches the fax number on the ADR letter
 - NOTE: If a fax number is not included in the ADR letter, then faxing the documentation is not allowed
- U.S. Mail, FedEx, UPS
 - A direct mailing address is included in all ADR letters
 - Send the original ADR with the requested documentation
 - Retain a copy of the ADR letter
 - Only send the requested documentation

Claim Additional Development Requests

- Common situations that would require additional documentation to process a claim
 - NOC codes or unlisted codes
 - Modifier 22 – Unusual Services
 - Modifier 52 – Reduced Services
 - Modifier 53 – Discontinued Services
 - Modifier 62 – Co-surgery
 - Modifier 66 – Team Surgery
- Check NGSConnex
- Consider the Electronic Claims Attachments 275/277
 - [Benefits of 275 Electronic Attachment](#)
 - [Benefits of 277 Electronic Attachment](#)

Steps to Successfully Provide Required Documentation

Additional Development Request Letters Guide

- [Ways to Respond](#)
- [Claim Additional Development Requests](#)
- [MR TPE Additional Development Requests](#)
- [Other Audit Contractor Additional Development Requests](#)
- [Overpayments Due to Contractor Audit Reviews](#)
- [EDI Solutions Benefits of Electronic Attachments ANSI 275](#)
- [EDI Solutions Benefits of the 277 RFI ANSI 277](#)



Reducing Claim Rejections for Drug
Name Strength and Dosage (5%)

Drug Name, Strength and Dosage

- When billing drugs or biologicals, name, dosage and invoice price must be entered in line item 19 of CMS-1500 paper claim form or electronically [Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims](#) in loop 2300/2400, NTE field
- Example of how the information should appear in notes section of claim
 - Drug: Liorseal
 - Dosage: 80,000 MCG
 - Invoice Price: \$2,376.37

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN DEER (LMS) OTHER
 (Medicare) (Medicaid) (TRICARE) (Champion) (Group Health Plan) (Deer) (Other)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM DD YY) SEX 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No. & Street) 6. PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS (No. & Street)

CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 9. IS PRESENT CONDITION RELATED TO: 10. IS THERE ANOTHER HEALTH BENEFIT PLAN? 11. INSURED'S POLICY OR GROUP OR FICA NUMBER

12. PATIENTS OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government credits after to myself or to the party and accept assignment below. 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM DD YY) QUAL 15. OTHER DATE (MM DD YY) QUAL 16. DATES (START AND END) TO WORK IN CURRENT OCCUPATION (MM DD YY) (MM DD YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)

19. ADDITIONAL CLAIM INFORMATION (Assigned by NTE)

20. OUTSIDE LAB? YES NO 21. PHYSICIAN OR SUPPLIER INFORMATION

22. PRIOR AUTHORIZATION NUMBER

LINE	A. DATE OF SERVICE (From MM DD YY To MM DD YY)	B. PLACE OF SERVICE (ICD-9-CM PROCEDURE)	C. PROCEDURE, SERVICE, OR SUPPLIER (ICD-9-CM PROCEDURE)	D. DIAGNOSIS (ICD-9-CM)	E. CHARGE	F. DAYS OF SERVICE	G. UNIT	H. PROVIDER ID #
1								NP1
2								NP1
3								NP1
4								NP1
5								NP1
6								NP1

25. FEDERAL TAX ID NUMBER 26. PATIENT'S ACCOUNT NO. 27. ACCOUNT ASSIGNMENT? 28. TOTAL CHARGE 29. AMOUNT PAID 30. PAID TO MUCC USE

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (Including degrees or credentials) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PIN#

Steps to Successfully Check Drug Name Strength and Dosage

- [Medicare Part B Drug Coverage](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 17, Drugs and Biologicals](#)
- [Unlisted Codes for Drugs and Biologicals \(J3490, J3590 and J9999\)](#)
- [CMS-1500 Claim Form Completion Instructions](#)
- [Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims](#)



Reducing Claim Rejections for Date
Last Seen by Attending Physician for
Routine Foot Care (3%)

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN DEOR (LIFE) OTHER
 (Medicare) (Medicaid) (TRICARE) (Champion) (Group Health Plan) (Deor) (Other)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M F) 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED (Self Spouse Child Other) 7. INSURED'S ADDRESS (No., Street)

8. CITY STATE ZIP CODE TELEPHONE (3rd or Area Code) 9. RESERVED FOR NUCC USE 10. IS PATIENT'S CONDITION RELATED TO EMPLOYMENT (Current or Previous) YES NO 11. INSURED'S POLICY OR GROUP OR FICA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government credits other to myself or to the party who accepts assignment below. SIGNED DATE 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY CLAIM (MM DD YY) 15. OTHER DATE (MM DD YY) 16. DATES OF AND HOURS TO WORK IN CURRENT OCCUPATION (FROM TO) (MM DD YY) (MM DD YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (Last Name, First Name, Middle Initial) 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO) (MM DD YY) (MM DD YY)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? \$ CHARGE (YES NO) 21. PHYSICIAN CODE ORIGINAL REF. NO. 22. PRIOR AUTHORIZATION NUMBER

24. A. DATE OF SERVICE (From To) (MM DD YY) (MM DD YY)	B. PLACE OF SERVICE (EMG)	C. PROCEDURE, SERVICE, OR SUPPLIER (CPT/HCPCS)	D. DIAGNOSIS (ICD-9-CM)	E. CHARGE	F. CHARGE	G. DATE OF BILL	H. NPI	I. ID	J. PROVIDING PROVIDER ID #
1									
2									
3									
4									
5									
6									

25. FEDERAL TAX ID NUMBER 26. PATIENT'S ACCOUNT NO. 27. ACCOUNT ASSIGNMENT? (YES NO) 28. TOTAL CHARGE 29. AMOUNT PAID 30. RESERVED FOR NUCC USE

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING ADDRESS OR CREDENTIALS (Certify that the diagnosis or the charges apply to this bill and set it with a post office.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & P.I.F. ()

Date Last Seen and Attending Physician

- Routine foot care
 - CPT/HCPCS G0127, 11055, 11056, 11057, 11719, 11720 and 11721
- Certain conditions require a patient to be under the care of a primary physician
 - **Claims must indicate the date last seen and NPI of attending physician**
 - Line item 19 or electronic equivalent
- Systemic condition modifiers: Q7, Q8 or Q9

Steps to Successfully Check LCDs

- Referral, DLS and NPI of attending physician requirements
 - [CMS-1500 Claim Form Completion Instructions](#)
- Routine foot care L33636/A57759
 - [Local Coverage Determinations](#)



Reducing Claim Rejections for Place
Where Services are Rendered (1%)

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN DEER/DC/LIFE/DC/DC OTHER		INSURED'S ID. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE	
5. PATIENT'S ADDRESS (No. & Street)		7. INSURED'S ADDRESS (No. & Street)	
CITY STATE ZIP CODE TELEPHONE (3-Digit Area Code)		CITY STATE ZIP CODE TELEPHONE (3-Digit Area Code)	
8. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PRESENT CONDITION RELATED TO:	
4. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT (Current or Previous)	
9. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? PLACE (State)	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT?	
4. INSURANCE PLAN NAME OR PROGRAM NAME		10c. CLAIM CODES (Designated by NUCC)	
13. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		15. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY ONSET		16. DATE OF BIRTH (Month, Day, Year)	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
19. ADDITIONAL CLAIM INFORMATION		20. OUTSIDE LAB? CHARGES?	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY		22. PRESCRIPTION CODE ORIGINAL RFP NO.	
23. A. DATES OF SERVICE FROM TO B. PLACE OF SERVICE C. PROVIDER'S SERVICES OR SUPPLIER D. DIAGNOSIS E. CHARGE F. DAYS OF WEEK G. H. I. J. PROVIDING PROVIDER ID #		23. PRIOR AUTHORIZATION NUMBER	
25. FEDERAL TAX ID NUMBER		26. PATIENT'S ACCOUNT NO.	
27. ACCOUNT ASSIGNMENT?		28. TOTAL CHARGE	
29. AMOUNT PAID		30. BILLING PROVIDER INFO & PAF	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER		32. SERVICE FACILITY LOCATION INFORMATION	

Place of Service

- Provide place where services are rendered
- Complete name, address, ZIP code where services were furnished
 - Hospital
 - Clinic
 - Laboratory
 - Patient's home
 - Physician's office
 - Diagnostic tests subject to anti-markup
- Line Item 32 or electronic equivalent

Steps to Successfully Check Place of Service

- [Medicare Place of Service Code Set and Descriptions](#)
- [CMS-1500 Claim Form](#)
- [Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims](#)



Reducing Claim Rejections for
Services Not Payable Under NGS
Jurisdiction (3%)

Place Where Services are Rendered

- Line item 32
 - If services were furnished in hospital, clinic, laboratory or any facility or physician's office, enter the name, address and ZIP code where the patient received care
 - Only one name, address and ZIP code may be entered in the block
 - P.O. Box is not acceptable
 - Do not include telephone numbers, commas, periods or other punctuation in address
 - Enter a space between city and state postal code
 - Provider must be enrolled in MAC for location from which they perform service

HEALTH INSURANCE CLAIM FORM
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PCIA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN DEER (LIFE) OTHER YES INSURED'S ID NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM DD YY) SEX 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No. & Street) 6. PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS (No. & Street)

CITY STATE 8. RESERVED FOR NUCC USE CITY STATE

ZIP CODE TELEPHONE (3rd or 4th Area Code) ZIP CODE TELEPHONE (3rd or 4th Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PRESENT CONDITION RELATED TO 11. INSURED'S POLICY OR GROUP OR FCDA NUMBER

4. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT (Current or Previous) 4. INSURED'S DATE OF BIRTH (MM DD YY) SEX

b. RESERVED FOR NUCC USE b. AUTO ACCIDENT? (PLACE CHECK) b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE c. OTHER ACCIDENT? b. INSURANCE PLAN NAME OR PROGRAM NAME

4. INSURANCE PLAN NAME OR PROGRAM NAME 10c. CLAIM CODES (Designated by NUCC) 6. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO (Please complete items 9, 10, and 10c)

12. PATIENTS OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of all medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party and accept assignment below. 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED DATE SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM DD YY) QUAL 15. OTHER DATE (MM DD YY) 16. DATE OF CURRENT CHANGE TO WORK IN CURRENT OCCUPATION (MM DD YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. QUAL 17b. NP 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? SCHEDULED YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Provide ICD-9-CM code in the box (SIC) ICD NO. 22. PHARMARKET CODE ORIGINAL RFP NO

A. B. C. D. 23. PRIOR AUTHORIZATION NUMBER

E. F. G. H. I. J. K. L.

24. A. DATE OF SERVICE From To B. C. PLACE OF SERVICE (Specify Universal Circumstances) D. PROVIDER'S IDENTIFICATION NUMBER E. DIAGNOSIS F. CHARGE G. DAYS OF SERVICE H. UNIT PRICE I. C. QML J. PROVIDING PROVIDER ID #

1 2 3 4 5 6

25. FEDERAL TAX ID NUMBER SSN GN 26. PATIENT'S ACCOUNT NO. 27. ACCOUNT ASSIGNMENT? (BY SUPPLIER USE) 28. TOTAL CHARGE 29. AMOUNT PAID 30. RESERVED FOR NUCC USE

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (Including degrees or credentials to certify that the statements on this cover apply to this bill and are made a part thereof) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & P/F ()



Durable Medical Equipment MAC

- Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS)
 - HCPCS code and modifier combinations
 - Example HCPCS A, B, E, J, K, L, Q and V
 - Part B services processed by DME Regional Contractors
 - Item 24D on CMS-1500 or the electronic equivalent
- Do not send these claims to NGS Medicare

Steps to Successfully Check Jurisdictions

- Know what codes are billable to DME MAC
- [DME MAC Jurisdiction A](#)
 - CT-MA-ME-NH-NY-RI-VT
- [DME MAC Jurisdiction B](#)
 - IL-MN-WI
- [CMS IOM Pub 100-04, Medicare Claims Processing Manual, Chapter 12-Physicians/Nonphysician Practitioners](#)



Reducing Claim Rejections for CPT and HCPCS Codes and Modifiers (20%)



Have Current Code Books

- CPT
 - Numeric coding system that describes the services and procedures provided by a physician
- HCPCS
 - Alpha numeric coding system used by a physician to report services
- ICD-10-CM code books
 - Used to select appropriate diagnosis codes

Medicare Physician Fee Schedule

The screenshot displays the National Government Services website interface. At the top, there is a blue header with the National Government Services logo on the left and a search icon on the right. Below the header, the main content area is divided into six white cards with blue borders. The 'Fee Schedules' card is highlighted with a black border. Each card contains an icon, a title, and a brief description of the service.

Service	Description
Medical Policies	Find LCDs and related billing and coding articles
Enrollment	Getting started, after you enroll, and revalidating your enrollment
Fee Schedules	Code pricing search, payment systems, limits, and fee schedule lookup
Claims and Appeals	Learn about claims, top errors, fees, MBI and appeals
Overpayments	Repayment schedules, and post-pay adjustment
Medicare Compliance	Medical Review, Prior Authorization, Fraud & Abuse, CERT, and more

Fee Schedule Lookup – Types

The screenshot shows the 'FEE SCHEDULE LOOKUP' page on the National Government Services website. The page includes a navigation bar with 'HOME', 'EDUCATION', 'RESOURCES', 'EVENTS', 'ENROLLMENT', and 'APPS'. Below the navigation bar, the breadcrumb 'Resources > Tools & Calculators' is visible. The main heading is 'FEE SCHEDULE LOOKUP'. Below this, a sub-heading 'Fee Schedule Lookup' is followed by instructions: 'To initiate a search, select a fee schedule type from the drop-down menu, complete all required fields, then select Search.' The primary form element is a dropdown menu labeled 'Select a Fee Schedule.' with a red asterisk indicating it is required. The dropdown menu is open, showing the following options: '--Select Fee Schedule--', 'ASC Fees', 'Ambulance', 'Anesthesia Conversion Factor', 'CP/CSW', 'Flu/PPV/Hepatitis', 'Home Infusion Therapy Services (HITS)', 'Medicare Physician Fee Schedule Pricing', and 'Opioid Treatment Program (OTP)'.

Fee Schedule Lookup

The screenshot shows the 'Fee Schedule Lookup' tool on the National Government Services website. The page has a dark blue header with the logo and navigation links: HOME, EDUCATION, RESOURCES (underlined), EVENTS, ENROLLMENT, and APPS. A search icon is in the top right. Below the header, the breadcrumb 'Resources > Tools & Calculators' is visible. The main heading is 'FEE SCHEDULE LOOKUP'. Below this, a sub-heading 'Fee Schedule Lookup' is followed by instructions: 'To initiate a search, select a fee schedule type from the drop-down menu, complete all required fields, then select Search.' The form contains five fields: 'Select a Fee Schedule:' with a dropdown menu showing 'Medicare Physician Fee Schedule Pricing'; 'Result Type:' with two radio buttons for 'Full Fee Schedule' and 'Specific To Fee Code'; 'Date of Service:' with a date input field showing 'mm/dd/yyyy' and a calendar icon; 'Procedure Code:' with an empty text input field; and 'Region:' with a dropdown menu showing '--Select Region--'. A dark blue 'Search' button is at the bottom of the form.

Fee Schedule Lookup – Regions

To initiate a search, select a fee schedule type from the drop-down

Select a Fee Schedule: *

Result Type: *

Date of Service: *

Procedure Code: *

Region: *

--Select Region--

- Connecticut
- Illinois (area 12)
- Illinois (area 15)
- Illinois (area 16)
- Illinois (area 99)
- Maine (area 03)
- Maine (area 99)
- Massachusetts (area 01)
- Massachusetts (area 99)
- Minnesota
- New Hampshire (area 40)
- New York (area 01)
- New York (area 02)
- New York (area 03)
- New York (area 04)
- New York (area 99)
- Rhode Island (area 01)
- Vermont (area 50)
- Wisconsin

--Select Region--

Search

Locality/Area and County Information

IL	MA	ME	NY
12-Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe, Montgomery, Randolph, St. Clair, Washington locality Payment Jurisdiction	01-Middlesex, Norfolk and Suffolk	03-York and Cumberland	01-Manhattan
15-DuPage, Kane, Lake, Will	99- All other Counties	99-All other Counties	02-Bronx, Brooklyn, Nassau, Rockland, Staten Island, Suffolk, Westchester
16-Cook			03-Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Sullivan, Ulster
99-All other Counties			04-Queens
			99-All other Counties

Fee Schedule Example

Fee Schedule Lookup

To initiate a search, select a fee schedule type from the drop-down menu, complete all required fields, then select **Search**.

Note: If your search does not display the fee schedule or effective date (range) you enter, access the CMS website to view and download [National Fee Schedules](#).

Select a Fee Schedule: *

Medicare Physician Fee Schedule Pricing

Result Type: *

Full Fee Schedule

Specific To Fee Code

Date of Service: *

11/19/2024

Procedure Code: *

33535

Region: *

Massachusetts (area 01)

Search

Fee Schedule Pricing Files

Medicare Physician Fee Schedule Pricing Fee Schedule

<u>Procedure Code</u>	<u>Effective Date</u>	<u>State/Territory</u>	<u>Locality</u>	<u>Short Description</u>
33535	03/09/2024	14212	01	Cabg arterial three

Non-OPPS Capped Payment Rates (NON-OPPS)

<u>Modifier</u>	<u>NON FAC PAR</u>	<u>NON FAC NON PAR</u>	<u>NON FAC LC</u>	<u>FAC PAR</u>	<u>FAC NON PAR</u>	<u>FAC LC</u>
(Details)	2525.46	2399.19	2759.07	2525.46	2399.19	2759.07

Database Policy Indicators

FEES

Payment Calculation

Policy Indicators

<u>Non-OPPS Capped Payment Rates (NON-OPPS)</u>						
<u>Modifier</u>	<u>NON FAC PAR</u>	<u>NON FAC NON PAR</u>	<u>NON FAC LC</u>	<u>FAC PAR</u>	<u>FAC NON PAR</u>	<u>FAC LC</u>
(Details)	2525.46	2399.19	2759.07	2525.46	2399.19	2759.07
Modifier Selected: (blank)						
<u>Status</u>	<u>Conversion Factor</u>	<u>Update Factor</u>	<u>Work RVU</u>	<u>FAC PE RVU</u>	<u>NON FAC PE RVU</u>	
A	33.2875	1.0000	44.75	16.48	16.48	
<u>Malpractice RVU</u>	<u>Work GPCI</u>	<u>Practice GPCI</u>	<u>Malpractice GPCI</u>	<u>Reduced Therapy Amt</u>	<u>Endoscopic Base</u>	
10.64	1.042	1.197	0.894	0.00		
<u>Global Surgery</u>	<u>Facility Pricing</u>	<u>PC/TC</u>	<u>Preoperative Percentage</u>	<u>Interoperative Percentage</u>	<u>Postoperative Percentage</u>	
090	1	0	09.00%	82.00%	09.00%	
<u>Multiple Surgery</u>	<u>Bilateral Surgery</u>	<u>Assistant At Surgery</u>	<u>Two Surgeons</u>	<u>Team Surgery</u>		
2	0	2	0	0		



Policy Indicators

- Procedure status indicators
- Global surgery
- Facility pricing
- Preoperative
- Interoperative
- Postoperative
- Multiple surgery
- Bilateral surgery
- Assistant at surgery
- Two surgeons
- Team surgery
- Use References: [Fee Schedule Lookup Details](#)

Not Otherwise Classified or Unlisted Codes and Documentation

- An unlisted code represents an item, service, or procedure for which there is no specific CPT or Level II alphanumeric HCPCS code
- Unlisted codes should be reported only if no other specific codes adequately describe the procedure or service
- Consider finding a CPT code that best describes service/procedure using the reduced service modifier 52
- Service/procedure(s) should be adequately documented in your medical record and submitted with each claim
 - Paper or electronic media claims
- Medicare allowable amounts are not established; therefore, allowance is based on the supporting documentation

Modifiers

- Two types of modifiers in MCS
 - CPT – numeric
 - HCPCS – letter and numeric
- Pricing modifiers
 - First field
- Statistical/informational modifiers
 - Second field
- Always enter pricing modifiers before statistical/informational modifiers

Modifiers – List Not All Inclusive

- Pricing Modifiers
 - Anesthesia modifiers
 - AA, AD, QK, QW, QX, QY, QZ
 - Assistant at surgery modifiers
 - AS, 80, 81, 82
 - Diagnostic modifiers
 - CT, FX, TC, 26
 - Evaluation and management
 - 24, 25, 57
 - Surgery modifiers
 - 50, 62, 66, 73, 74, 78
 - Shared care
 - 54, 55
- Statistical/informational modifiers
 - Coronary artery modifiers
 - LC, LD, LM, RC, RI
 - Eye lid modifiers
 - E1, E2, E3, E4
 - Finger modifiers
 - FA, F1, F2, F3, F4, F5, F6, F7, F8, F9
 - Toe modifiers
 - TA, T1, T2, T3, T4, T5, T6, T7, T8, T9
 - Side of body modifiers
 - LT, RT

Steps to Successfully Check CPT/HCPCS

- [MPFS available on our Fee Schedule Lookup page](#)
- [Fee Schedule Assistance](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual](#)
 - [Chapter 23 “Fee Schedule Administration and Coding Requirements”](#)
 - [Chapter 26 “Completing and Processing Form CMS-1500 Data Set”](#)
- [Unlisted and Not Otherwise Classified Procedure Codes](#)
- [Education > Medicare Topics > Billing](#)
- [Education > Manuals and Guides > Medicare Part B 101 Manual](#)



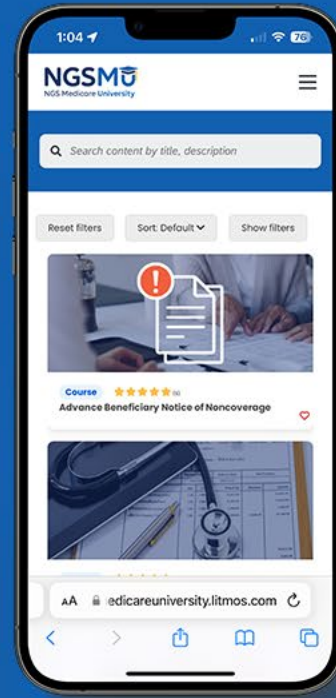
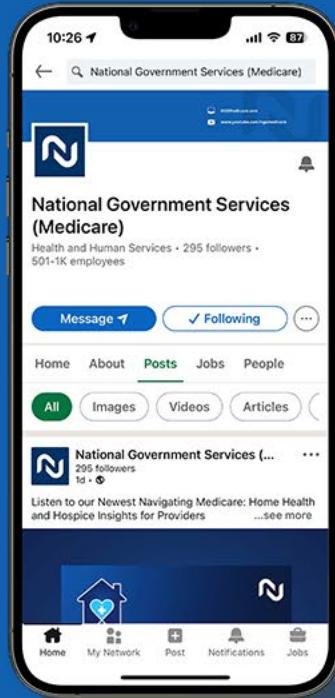
Claim Reminders

- Resubmit, redetermination or reopen
- Resubmit
 - Unprocessable denials
- Redetermination
 - Medical necessity claim denials
- Reopen
 - Minor clerical errors or omissions
- Reopenings for Minor Errors and Omissions



Questions?

Thank you!



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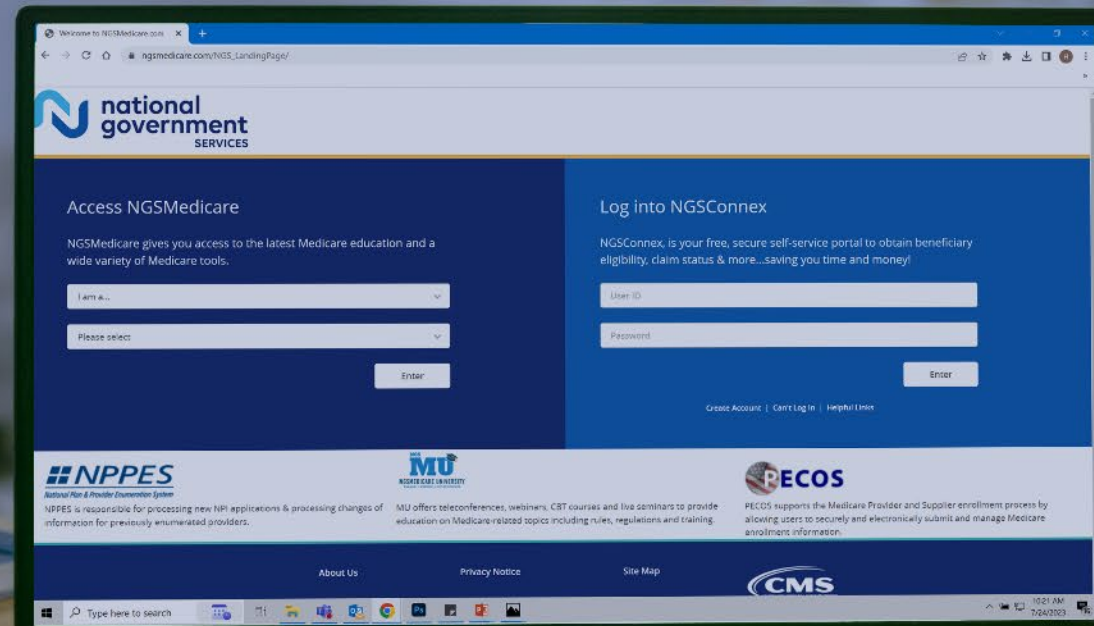


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