



### Reducing Unprocessable Claims

5/27/2025

**Closed Captioning**: Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.





### Today's Presenters

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Provider Outreach and Education Consultant



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Provider Outreach and Education Consultant



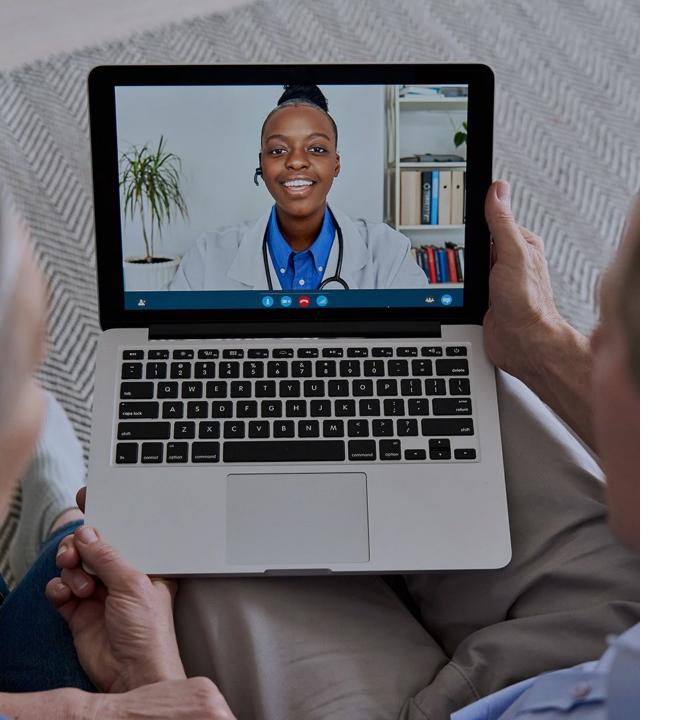


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### Objective

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

- <u>Claim Requirements</u>
- Reducing Claim Rejections
  - Beneficiary Eligibility
  - Provider Information and Data
  - <u>Clinical Laboratory Improvement Amendment</u>
  - Missing Billed Charges
  - Missing Documentation
  - Drug Name Strength and Dosage
  - <u>Date Last Seen by Attending Physician</u> <u>for Routine Foot Care</u>
  - <u>Services Not Payable Under NGS</u> <u>Jurisdiction</u>
  - Absent Therapy Certification and Therapy Modifiers
  - 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





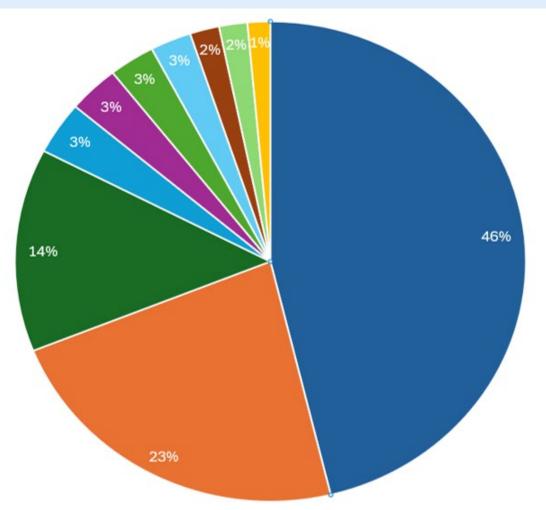
### Remittance Example and References

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	<ul> <li>X12 Claim Adjustment Group Codes</li> <li>Remittance Advice Remark Codes Reference</li> <li>Claim Adjustment Reason Code Reference</li> </ul>





### Q1 2025 J6 and JK Claim Rejection Data



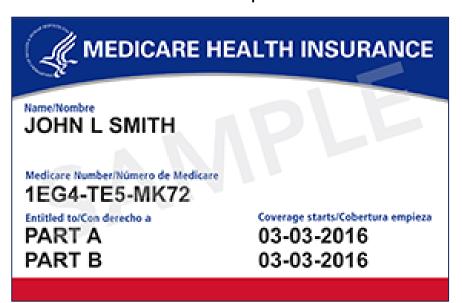
- 46% Patient identifier and RRB
- 23% Group, rendering and ordering
- 14% HCPCS/CPT and modifiers
- 3% No charge indicated
- 3% Drug name strength and dosage
- 3% Missing date last seen and attending physician NPI for routine foot care
- 3% Not NGS Jurisdiction
- 2% Missing documentation
- 2% CLIA certification
- 1% PT/OT certification and modifiers



# Reducing Claim Rejections for Beneficiary Eligibility (46%)

### **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

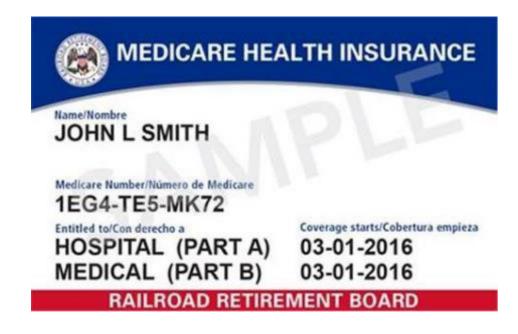






### Railroad Retirement Board Eligibility

- 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



Anthem.♥♥	MEDICARE PPO ADVANTAGE		\
Member Name: Jane Doe	Anthem Medicare Pre	ferred	-
Subscriber Name: Jane Doe Identification No: 123456789 Group No: 0084567 Plan No: 332	PCP Office Visit Specialist Office Visit Emergency room Urgent Care	\$20 \$20 \$50 \$50	-
PCP not required. Begin Date: 01/01/2006	H5529-001		



### Medicare Advantage Information Discontinued from the IVR

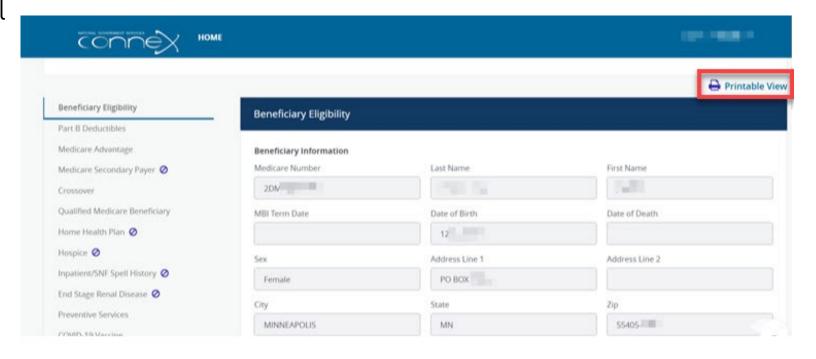
- Effective 3/14/2025
- Medicare Advantage information including the following will no longer be available on the IVR
  - Plan name of the administering insurance company name
  - Contract number
  - Plan name, number and option code description
- Information remains available on our provider portal, NGSConnex
- Note:
  - PCC representatives are not permitted to share eligibility information that can be obtained through self-service





## NGSConnex Beneficiary Eligibility Verification Requirements

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





## 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		
			NM103 (DN)	Referring provider last name			
		2310A	NM104	Referring provider first name	]		
	Name of Referring		NM105	Referring provider middle name	Required if claim involved a referral or services were ordered.		
	physician or other source		NM103 (DN)	Referring provider last name	When reporting the provider who ordered services such as diagnostic and lab utilized the Referring Provider Name (2310		
17		2420F**	NM104	Referring provider first name	loop at the claim level. Required if a service or supply was ordered by a provider and that provider is a different entity that		
			NM105	Referring provider middle name	the rendering provider for this service line. When a claim involves multiple referring and/or ordering physicians, a separ claim must be billed for each ordering/referring physician.		
1	100000000000000000000000000000000000000		NM103 (DK)	Ordering provider last name			
	Name of Ordering 243		NM104	Ordering provider first name	1		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NM105	Ordering provider middle name	1		
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		
			REF02 (1C)	Ordering provider primary ID	NM109. Enter the NPI of the referring/ordering physician listed item 17		





#### HEALTH INSURANCE CLAIM FORM APPRIORED BY HACIONAL UNIFORM CLASS COMMETTER SILVOCADES (Studiosus) (Minimus) (7040)(04) 4. PLICAPIEDE NAME CACHIGNO, FIRST Namo, Mottle In Ltd. NSURED'S ADDRESS on Steel FATIENT'S ACCRESS NO., Street DEPURE OF THE PROPERTY AND THE PARTY OF Sign Signatura Chica Chicar STATE 9. RESERVED FOR MUCO USE TRUMP HORse Shid ade Assa Code SLEPHICKS (Include Avea Code CTHER INSURED'S POLICY OR GROUP INJAMER ELPLOYMENTY (Current or Provious) D. PRINKRY NO FOR MUCC USE E AURO ACCORDATA D. OFHER CLAMID (Designated by INUCC) RESERVED FOR NUCCUSE OTHER ACCIDENTS INSURANCE PLKY WARE OR PROGRAM WARE E INDUTANCE PLAN NAME OF PROGRAM NAME C. IS THERE ANOTHER HEALTH GENERAL PLANT YMAN TO STYRING COMPANIE BATHS N, WA, AND NO. READ BACK OF FORM REFORM COUPLETING A BRONNS BRITISHS. 2. PATENTS OF AUTHORICED PERSONS SIGNATURE: Lautinion be released in yield of other information recessing INSUREDIS OR AUTHORIZED PERSONS SIGNATURE I WRITING payment of medical benefits to the undersigned physician or supplier by its grocess five date. I also risk and psyment of government tonefits either to missif in its the party who accepts assignment. YES NO 22 FB10.BB0100 CIV CPESSAL REP. NO. RESIDENCE RECEIVE PORTE ES CENCHOS **PICHOCPINO** SE SERVICE FACILITY LOCATION INFORMATION INCLUDING DEGREES OF CREDENTIALS dicartify that the statements on the revence again to this fall and can wade a part thereof."

### 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 (2%)



### 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 CLIAcovered 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 (3%)

### **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





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### 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
      - <u>Electronic Submission of Medical Documentation (esMD)</u>
- NGSConnex
  - See the <u>NGSConnex User Guide</u>



### 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 (3%)

## 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 <u>Medicare Part B</u> <u>CMS-1500 Crosswalk for 5010</u> <u>Electronic Claims</u> 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





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### 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
- 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%)

#### HEALTH INSURANCE CLAIM FORM APPRIORED BY NATIONAL UNIFORM CLASS COMMITTEE BLCCS 02/10 (Medicanal) (Medicana) (7040)(M) 2. PIXT BART'S NAME (Last Name, First Name, Middle Bridge LENSLINEER'S NAME CLASSINGS. First Name, Missing Inches S. PATIENT'S ACCPIESS INC., Street DEPARTMENT HILLAND CHARGE TO INSURED INSURED S ADDRESS DV. Steel Set Spruss Over Other STATE 9. RESERVED FOR MUCO USE TRUMP HORSE BY LINE WAS CORE IS APPROPRIE DECINOS ANDA COMO 13 15 PK TEMPS CONCIDENTED ATTO TO 4. OTHER INSURED'S POLICY OR GROUP BLAKER A. EMPLOYMENTY (Current or Provious) D. PRINKRYNED FOR MUCC USE E AURO ACCORDING? D. OFHER CLAMID (Designated to NUCC) e, regaring pinan nuoquae OTHER ACCIDENTS INSURANCE PLAN WARE OR PROGRAM WARE 4. MEUDANCE PLAN NAME OF PROCESMINAME OC CLAW CODES (Designated to NUCC) IS THERE ANCEHED HEALTH BEHERT PLANT YER IND If you complete terms 9, the and the BEAD BACK OF FORM REFORE COMPLETING A BIDANIS BIDEFORM. 2. PATERITS OF AUTHORISED PERSONS SIGNATURE I Authors to ensure of any metod or other information recessively. INSUREDIS OR AUTHORIZED PERSONS SIGNATURE I WENNING premark of medical benefits to the undersigned glysician or sugglier for its groupes five darw. I also request payment of government tonefits either to myself or to the party-who accepts as agreement IT HAME OF REFERENCE PROVIDER ON OTHER SOUNCE ADDITIONAL CLAIM INFORMATION (Designated by NUCC) **BCHARGES** YES NO PRINCIPATION CO. CPESSAL REP. NO. IS PRINCIPALITHORIZATION NUMBER KACHOR ROYCONNO SS Revalley NUCCUM hea SE SERVICE FACILITY LOCATION INFORMATION INCLUDING DEGREES OF CREDENTINGS dicards that the statements on the reverse agen, to this tall and are wade a part thereof?)

# 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
- Claim reminders
  - 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 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





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## 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



#### 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 Absent Therapy Certification and Therapy Modifiers (1%)

#### Certifying Physician/NPP

- Independent physical and occupational therapy services
  - Patients must be under the care of a physician or NPP
  - Claims must list the name and NPI of certifying physician or NPP
- Threshold reminder
  - Include modifier KX when services are medically necessary and when appropriate documentation is noted in patient's medical record







#### HEALTH INSURANCE CLAIM FORM APPROVED BY NATIONAL UNIFORM GLAM COMMITTEE BLUCG (02) (Medicand) (Minimum) (Medican) 2. PATRICT'S NAME CLASS Frame, Red Frame, Middle Initial L PUBLISHED SCHOOL CONTRACTOR PROTECTION AND PARTY IN LICE 5 PATIENT'S ADDRESS SIX. Short CARREST NO. ATTENDED TO MINUTED IN IN SUPED IS ADDRESS INC. SHOOL Stat Spouse Chip Other DECODE DELEPHONE On Lode Aven Code) E. OTHER INJURIES'S POLICY OR GROUP ILLINES A EMPLOYMENT (Current or Province) D RESERVED FOR BLUCCUSE ± AUTO ACCODENT? is other custom bides graded to huco OTHER ACCIDENTS ENTERWICE PLAN NAME OF PROGRAM NAME 4. NOUTHINGS PLAN NAME OF PROGRAM NAME IS THERE ANOTHER HEALTH GENERIT PLANT 1969 1960 this complete bring it, the and its READ BACK OF FORM REFORE COMPLETING & SIGNING BIRD FORM INSURED'S OR AUTHORIZED PERSONS SIGNATURE I WRITING pament of nedded benefits to the undersigned physician or supplier for MM | DO | 17 173. NPI **BCHAROES** YES NO C. PRINCERALINA EDIS OPERIOR. REP. NO. 9. PRINCE AUTHOR 24TON NUMBER SCHOOL OR SUPPLIES REFE RENDERING **HACHIOS** MODERAGE 20 AMOUNT PAID YES HOLLOWIG DEGREES ON CREDENTIALS contribute the statements on the revence apply to this tall and are made a part thereof a

#### Order and Referring

- Claims must list the name and NPI of ordering and referring
  - Line item 17 or electronic equivalent
  - Provider's first name, last name as it appears in PECOS
  - One qualifier identifying physician or NPP's role
    - DN ordering, DK referring, DQ supervising
  - Line item 17b or the electronic equivalent contains the NPI
- Coding reminder
  - Include an appropriate modifier to indicate the patient was under a therapy plan of care
    - GO services delivered under an outpatient occupational therapy plan of care
    - GP services delivered under an outpatient physical therapy plan of care





#### Steps to Successfully **Check Therapy** Requirements

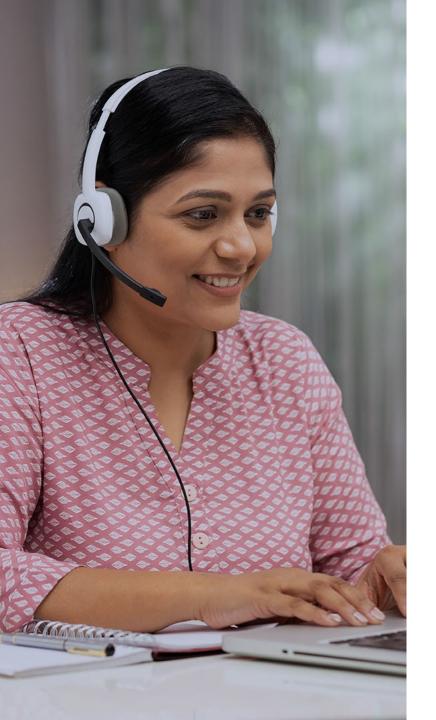
- Physical therapy L33631/A56566
  - Local Coverage Determinations
- CMS-1500 Claim Form **Completion Instructions**







# Reducing Claim Rejections for CPT and HCPCS Codes and Modifiers (23%)

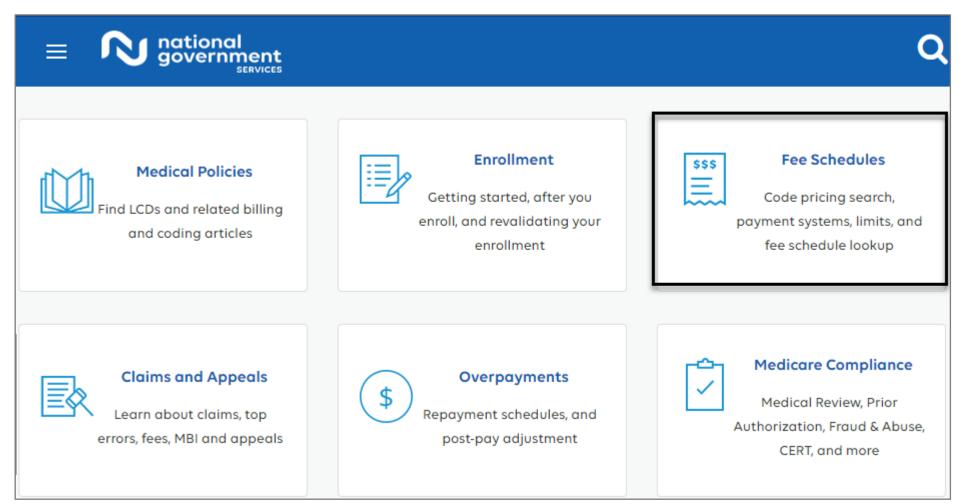


#### **Have Current Code Books**

- 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



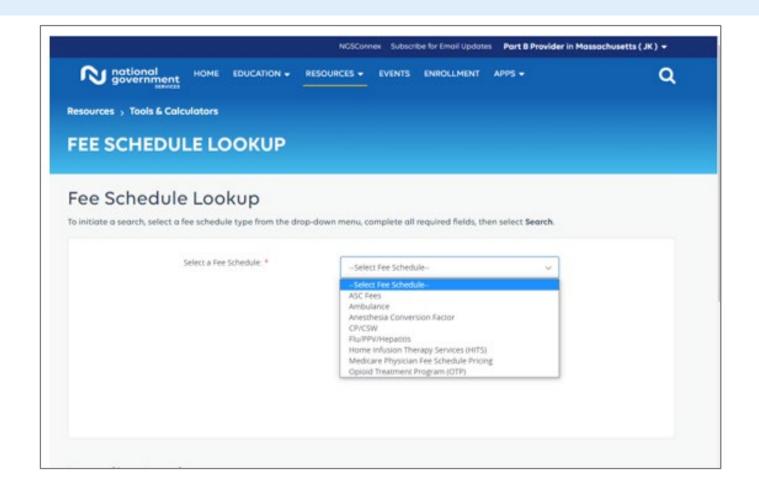
## Medicare Physician Fee Schedule





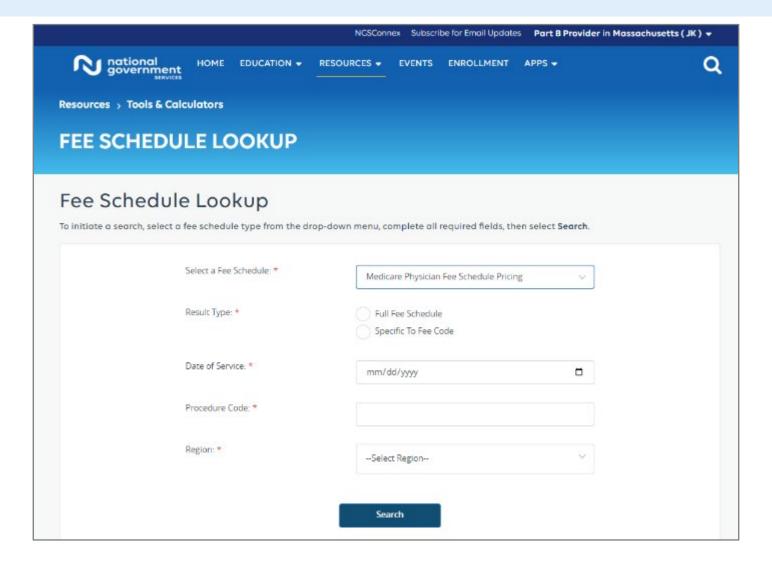


## Fee Schedule Lookup – Types





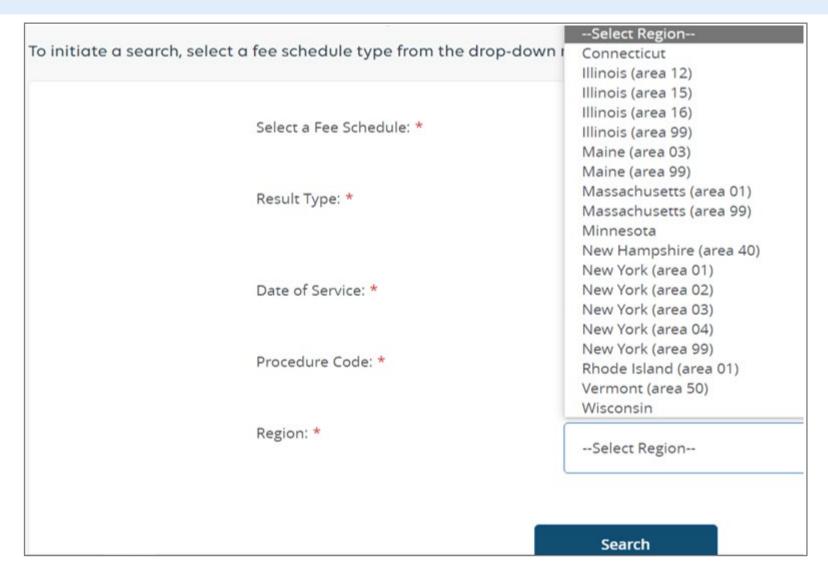
#### Fee Schedule Lookup







#### Fee Schedule Lookup – Regions







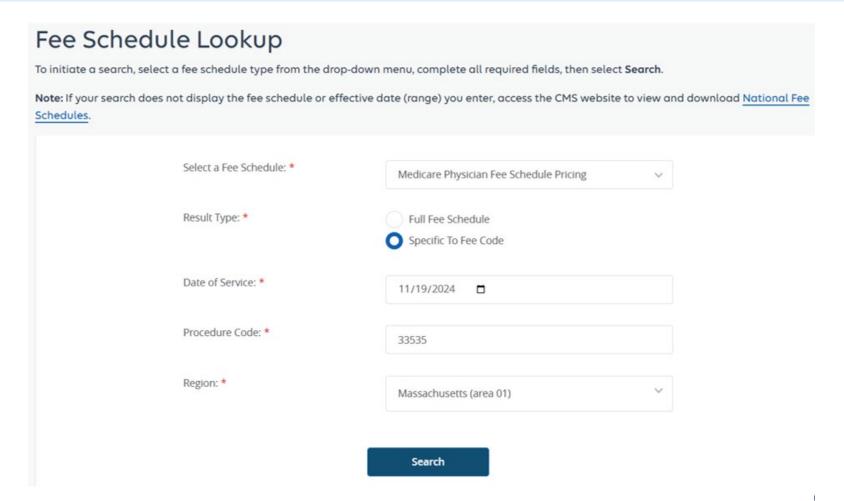
## Locality/Area and County Information

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 Pricing Files

#### Medicare Physician Fee Schedule Pricing Fee Schedule

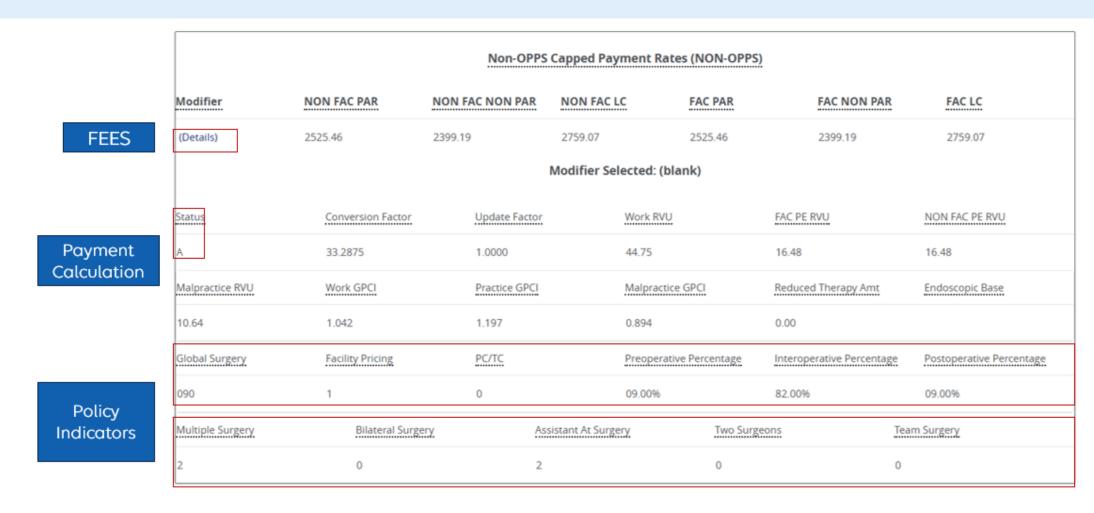
Procedure Code	Effective Date	State/Territory	Locality	Short Description
33535	03/09/2024	14212	01	Cabg arterial three

#### Non-OPPS Capped Payment Rates (NON-OPPS)

Modifier	NON FAC PAR	NON FAC NON PAR	NON FAC LC	FAC PAR	FAC NON PAR	FAC LC
(Details)	2525.46	2399.19	2759.07	2525.46	2399.19	2759.07



### Database Policy Indicators







#### **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: <u>Fee Schedule Lookup Details</u>







# 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"
  - <u>Chapter 26 "Completing and Processing Form CMS-1500 Data Set"</u>
- <u>Unlisted and Not Otherwise Classified</u> Procedure Codes
- <u>Education > Medicare Topics</u> > 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



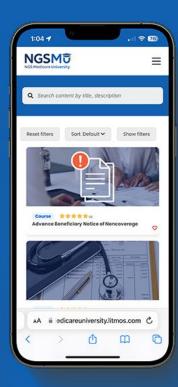


## Questions?

Thank you!







Connect with us on social media

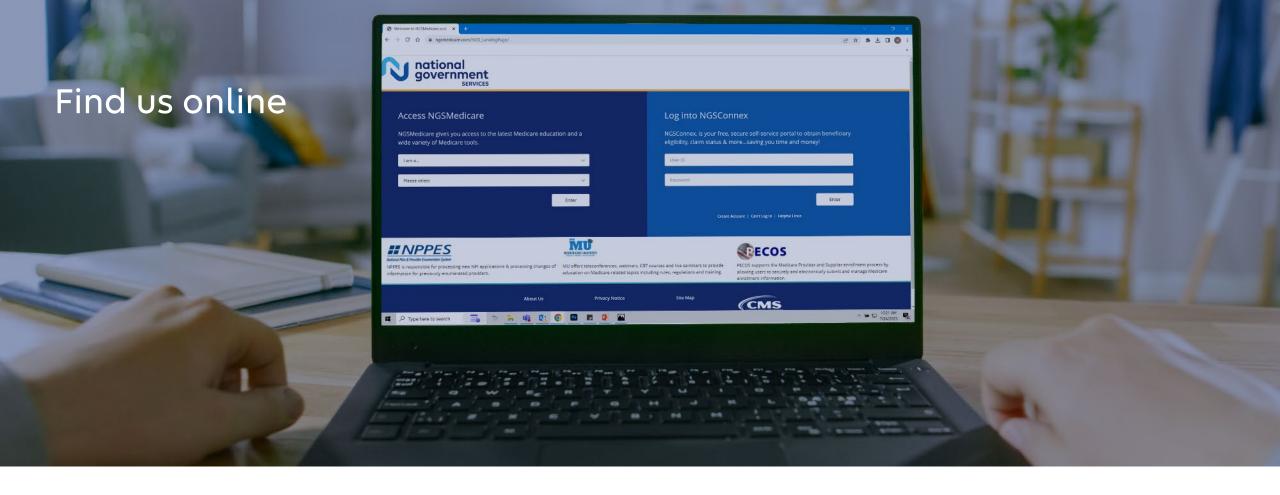














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#### **NGSConnex**

Web portal for claim information



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