

Reducing Unprocessable Claims

7/29/2025

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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
 - [Beneficiary Eligibility](#)
 - [MSP and Non-MSP](#)
 - [Provider Information and Data](#)
 - [Missing Billed Charges](#)
 - [Missing Documentation](#)
 - [Drug Name Strength and Dosage](#)
 - [Date Last Seen by Attending Physician for Routine Foot Care](#)
 - [Services Not Payable Under NGS Jurisdiction](#)
 - [Absent Therapy Certification](#)
 - [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



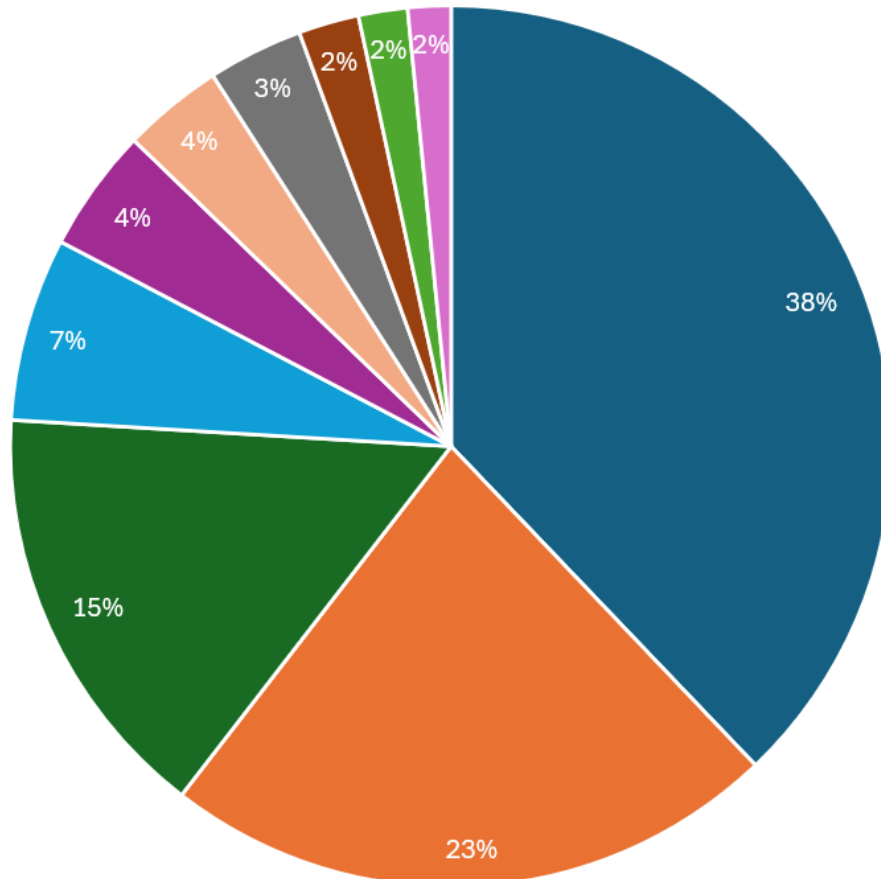
Unprocessable Claims

- 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

Q2 2025 J6 and JK Claim Rejection Data

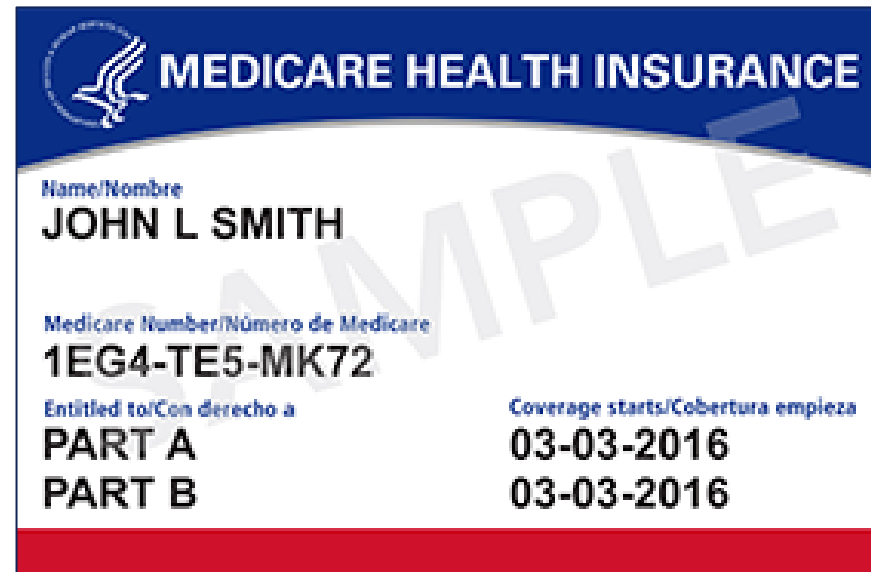


- 38% Patient identifier and RRB
- 23% Group, rendering, ordering and referring
- 15% HCPCS/CPT and modifiers
- 7% Other Insurance
- 4% No charge indicated
- 4% Missing date last seen or attending NPI for routine foot care
- 3% Not payable in NGS Jurisdiction
- 2% Drug name strength and dosage
- 2% Referral for therapy
- 2% Missing documentation

Reducing Claim Rejections for
Beneficiary Eligibility (38%)

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



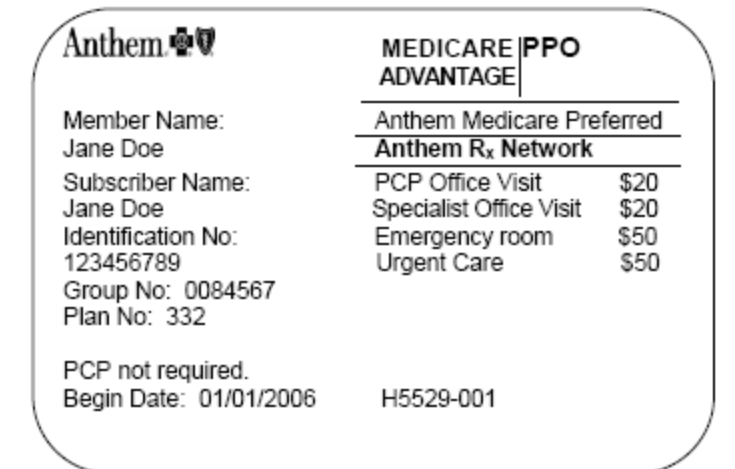
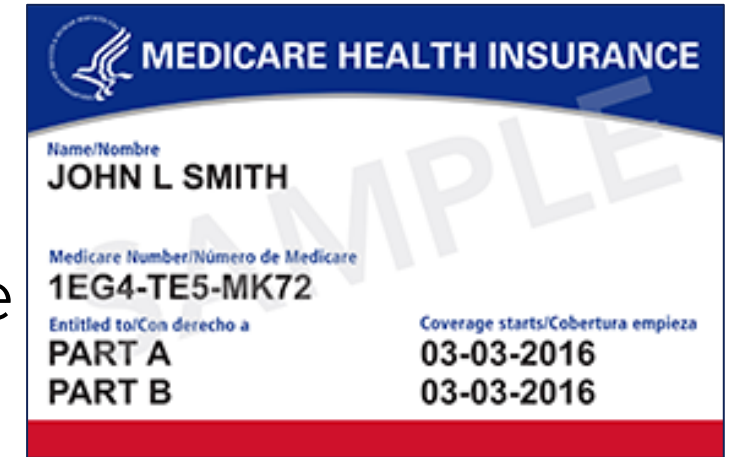
Railroad Retirement Board Eligibility

- 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



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

The screenshot displays the NGSConnex web application interface for beneficiary eligibility verification. The top navigation bar is dark blue with the 'connex' logo and a 'HOME' link. A 'Printable View' button is highlighted in the top right corner. The left sidebar contains a list of menu items: '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', 'Preventive Services', and 'CMS 1500 Claims'. The main content area is titled 'Beneficiary Eligibility' and contains a 'Beneficiary Information' section with the following fields:

Beneficiary Information		
Medicare Number	Last Name	First Name
20N		
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

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 MSP or Non-MSP Claims (7%)



Medicare Secondary Payer (MSP)

- Medicare is Secondary
 - Enter insured's policy or group number (Item 11) and proceed to Items 11a through 11c, also complete Items 4, 6 and 7
- Electronic Data Interchange
 - Indication of MSP, insurance type, COB payer paid amount – claim level, COB allowed amount – claim level, contractual obligations (OTAF) – claim level, claim adjudication date – claim level, line adjudication information, line adjustments, line adjudication date

Non-MSP

- When Medicare is Primary
 - If there is NO insurance primary to Medicare, enter the word “NONE” and proceed to Item 12
- Only acceptable verbiage in Item 11 is “None” or the policy number of the insured when MSP
- Entering any other information in this field will cause the claim to reject

SURANCE CLAIM FORM

DUAL UNIFORM CLAIM COMMITTEE (NUCC) 0012

MEDICARE <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICARE		MEDICAID <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICAID		OTHER <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER		1. INSURED'S ID NUMBER (For Prop)	
2. PATIENT'S BIRTH DATE MM DD YY		3. PATIENT'S SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME Last Name, First Name, Middle Initial		5. INSURED'S ADDRESS (No. & Street)	
6. POLICY OR GROUP NUMBER		7. EMPLOYMENT (Current or Former) <input type="checkbox"/> YES <input type="checkbox"/> NO		8. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		9. OTHER CLAIM (Designated by NUCC)	
10. NAME OF PROGRAM NAME		11. CLAIM CODES (Designated by NUCC)		12. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (Number of medical services to be rendered; physical services described below)	
14. DATE MM DD YY		15. OTHER DATE MM DD YY		16. HOSPITALIZATION DATES RELATES TO CURRENT FROM MM DD TO MM DD		17. OUTSIDE LAB <input type="checkbox"/> YES <input type="checkbox"/> NO	
18. NATURE OF ILLNESS OR INJURY (Provide ALL, even if not relevant to claim) A. <input type="checkbox"/> B. <input type="checkbox"/> C. <input type="checkbox"/> D. <input type="checkbox"/> E. <input type="checkbox"/> F. <input type="checkbox"/> G. <input type="checkbox"/> H. <input type="checkbox"/> I. <input type="checkbox"/> J. <input type="checkbox"/> K. <input type="checkbox"/> L. <input type="checkbox"/> M. <input type="checkbox"/> N. <input type="checkbox"/> O. <input type="checkbox"/> P. <input type="checkbox"/> Q. <input type="checkbox"/> R. <input type="checkbox"/> S. <input type="checkbox"/> T. <input type="checkbox"/> U. <input type="checkbox"/> V. <input type="checkbox"/> W. <input type="checkbox"/> X. <input type="checkbox"/> Y. <input type="checkbox"/> Z. <input type="checkbox"/>		19. PROVIDER'S OR SUPPLIER'S NAME, ADDRESS, CITY, STATE, ZIP CODE		20. DIAGNOSIS ICD-9-CM CODE		21. PRIOR AUTHORIZATION NUMBER	
22. NUMBER G01 G02 G03 G04 G05 G06 G07 G08 G09 G10 G11 G12 G13 G14 G15 G16 G17 G18 G19 G20 G21 G22 G23 G24 G25 G26 G27 G28 G29 G30 G31 G32 G33 G34 G35 G36 G37 G38 G39 G40 G41 G42 G43 G44 G45 G46 G47 G48 G49 G50 G51 G52 G53 G54 G55 G56 G57 G58 G59 G60 G61 G62 G63 G64 G65 G66 G67 G68 G69 G70 G71 G72 G73 G74 G75 G76 G77 G78 G79 G80 G81 G82 G83 G84 G85 G86 G87 G88 G89 G90 G91 G92 G93 G94 G95 G96 G97 G98 G99		23. PATIENT'S ACCOUNT NO.		24. SERVICE ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		25. TOTAL CHARGE \$	
26. PHYSICIAN OR SUPPLIER FEE OR CREDENTIALS (Number of medical services to be rendered; physical services described below)		27. SERVICE FACILITY LOCATION INFORMATION		28. BILLING PROVIDER INFO & Print ()		29. AMOUNT PAID \$	
DATE		4. NPI		5. NPI		6. NPI	

MSP Paper Claim Billing

- Must meet ASCA Requirements for Paper Claim Submissions
 - [ASCA Exception Criteria](#)
- Must be submitted on red and white CMS-1500 claim form (02/12)
- Line items 4, 6, 7 and 11
- Ensure Medicare is secondary via NGSConnex
- Attach copy of primary EOB

A background image showing a laptop screen with several overlapping document icons, including one with a checkmark and another with a pencil, suggesting electronic document processing or billing.

MSP Electronic Claim Billing

- Different electronic claim submission methods
 - Electronic 837P
 - Directly to Medicare (PC-ACE or NGSConnex)
 - Through clearinghouse or vendor via HIPAA-compliant software
- Required items on paper claim have electronic equivalents
 - [Electronic Data Interchange: Medicare Secondary Payer ANSI Specifications for 837P](#)

CMS MSP Model Questionnaire

- Providers may use this as a guide to help identify other payers that may be primary to Medicare
- This questionnaire is a model of the type of questions that may be asked to help identify MSP situations
 - Questionnaire was developed to be used in sequence
 - Instructions will direct the patient to the next appropriate question
- [Model MSP Questionnaire](#)

Steps to Successfully Submitting MSP and Non-MSP Claims

- [CMS-1500 Claim Form Completion Instructions](#)
- [Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims](#)
- [Medicare Secondary Payer ANSI Specifications for 837P](#)
- [NGS Website Medicare Secondary Payer \(MSP\)](#)



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	2420F**	NM103 (DN)	Referring provider last name	
			NM104	Referring provider first name	
			NM105	Referring provider middle name	
	Name of Ordering physician	2420E	NM103 (DK)	Ordering provider last name	
			NM104	Ordering provider first name	
			NM105	Ordering 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	

CARRAME

PATIENT AND INSURED INFORMATION

- NCM

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 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) 03/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN IS OR NO (LINE 10) OTHER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S DATE OF BIRTH (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

7. INSURED'S ADDRESS (No. Street)

8. CITY STATE ZIP CODE TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

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 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 ILLNESS, INJURY, OR PREGNANCY (MM DD YY) QUAL. 15. OTHER DATE (MM DD YY)

16. DATE (MM DD YY) WHEN I WOULD LIKE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTPATIENT YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Provide ALL to facilitate billing. Do not include ICD-9-CM code.)

22. PHYSICIAN OR SUPPLIER CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATES OF SERVICE (From To) B. PLACE OF SERVICE (Specify Unusual Circumstances) C. PROCEDURE, SERVICE, OR SUPPLY (Specify Unusual Circumstances) D. DIAGNOSIS (ICD-9-CM)

25. FEDERAL TAX ID NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ASSIGNMENT TO PHYSICIAN YES NO

28. SIGNATURE OF PHYSICIAN OR SUPPLIER (Including degrees or credentials if certified that the signature on this covers apply to this bill and not under a past billing)

29. SERVICE FACILITY LOCATION INFORMATION

30. TOTAL CHARGE \$

31. AMOUNT PAID \$

32. REMAINING BALANCE \$

33. PHYSICIAN OR SUPPLIER INFORMATION

34. PHYSICIAN OR SUPPLIER INFORMATION

35. PHYSICIAN OR SUPPLIER INFORMATION

36. PHYSICIAN OR SUPPLIER INFORMATION

37. PHYSICIAN OR SUPPLIER INFORMATION

38. PHYSICIAN OR SUPPLIER INFORMATION

39. PHYSICIAN OR SUPPLIER INFORMATION

40. PHYSICIAN OR SUPPLIER INFORMATION

41. PHYSICIAN OR SUPPLIER INFORMATION

42. PHYSICIAN OR SUPPLIER INFORMATION

43. PHYSICIAN OR SUPPLIER INFORMATION

44. PHYSICIAN OR SUPPLIER INFORMATION

45. PHYSICIAN OR SUPPLIER INFORMATION

46. PHYSICIAN OR SUPPLIER INFORMATION

47. PHYSICIAN OR SUPPLIER INFORMATION

48. PHYSICIAN OR SUPPLIER INFORMATION

49. PHYSICIAN OR SUPPLIER INFORMATION

50. PHYSICIAN OR SUPPLIER INFORMATION

51. PHYSICIAN OR SUPPLIER INFORMATION

52. PHYSICIAN OR SUPPLIER INFORMATION

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97. PHYSICIAN OR SUPPLIER INFORMATION

98. PHYSICIAN OR SUPPLIER INFORMATION

99. PHYSICIAN OR SUPPLIER INFORMATION

100. PHYSICIAN OR SUPPLIER INFORMATION

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

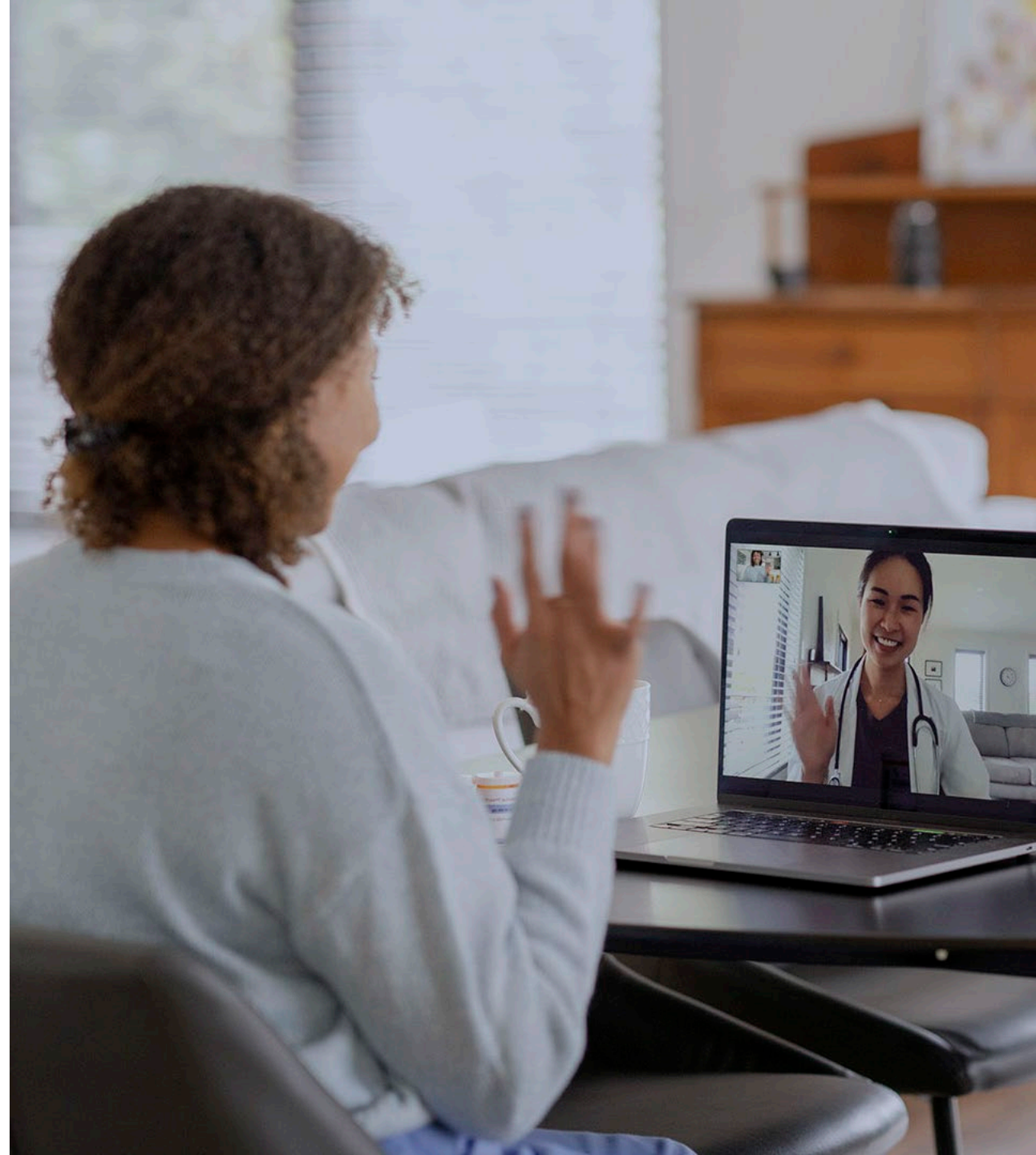
- Fax
 - Some NGS ADR letters will contain specific fax numbers based on the department requesting the documentation
 - Submission to an incorrect fax number will delay claim processing
 - Verify the fax number used matches the fax number on the ADR letter
 - NOTE: If a fax number is not included in 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 (2%)

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 OTHER		2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S DATE OF BIRTH		4. INSURED'S NAME (Last Name, First Name, Middle Initial)		5. INSURED'S DATE OF BIRTH	
6. PATIENT'S ADDRESS (No. & Street)		7. PATIENT'S RELATIONSHIP TO INSURED		8. INSURED'S ADDRESS (No. & Street)		9. INSURED'S CITY		10. INSURED'S STATE	
11. CITY		12. STATE		13. ZIP CODE		14. TELEPHONE (Include Area Code)		15. TELEPHONE (Include Area Code)	
16. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		17. IS PATIENT'S CONDITION RELATED TO:		18. INSURED'S POLICY OR GROUP OR FECA NUMBER		19. INSURED'S DATE OF BIRTH		20. OTHER CLAIM ID (Assigned by NUCC)	
21. OTHER INSURED'S POLICY OR GROUP NUMBER		22. EMPLOYMENT (Current or Previous)		23. AUTO ACCIDENT?		24. OTHER ACCIDENT?		25. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
26. RESERVED FOR NUCC USE		27. YES NO		28. YES NO		29. YES NO		30. YES NO	
31. RESERVED FOR NUCC USE		32. CLAIM CODES (Assigned by NUCC)		33. IS THERE ANOTHER HEALTH BENEFIT PLAN?		34. YES NO		35. YES NO	
36. INSURANCE PLAN NAME OR PROGRAM NAME		37. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.		38. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE		39. AUTHORIZED PERSON'S SIGNATURE		40. AUTHORIZED PERSON'S SIGNATURE	
41. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY COMB		42. OTHER DATE		43. DATE OF BIRTH		44. DATE OF BIRTH		45. DATE OF BIRTH	
46. NAME OF REFERRING PROVIDER OR OTHER SOURCE		47. NAME OF REFERRING PROVIDER OR OTHER SOURCE		48. NAME OF REFERRING PROVIDER OR OTHER SOURCE		49. NAME OF REFERRING PROVIDER OR OTHER SOURCE		50. NAME OF REFERRING PROVIDER OR OTHER SOURCE	
51. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		52. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		53. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		54. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		55. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)	
56. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		57. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		58. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		59. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		60. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)	
61. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		62. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		63. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		64. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		65. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)	
66. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		67. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		68. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		69. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		70. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)	
71. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		72. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		73. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		74. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		75. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)	
76. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		77. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		78. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		79. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		80. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)	
81. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		82. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		83. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		84. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		85. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)	
86. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		87. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		88. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		89. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		90. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)	
91. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		92. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		93. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		94. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		95. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)	
96. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		97. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		98. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		99. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)		100. ADDITIONAL CLAIM INFORMATION (Assigned by NUCC)	

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 (4%)

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 03/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN DEER (LINE) OTHER 1A. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 2A. PATIENT'S BIRTH DATE (MM/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 (Spouse/Child/Other) 7. INSURED'S ADDRESS (No. Street)

CITY STATE 9. RESERVED FOR NUCC USE CITY STATE

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

8. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: 11. INSURED'S POLICY OR GROUP OR FICA NUMBER

12. OTHER INSURED'S POLICY OR GROUP NUMBER 12A. EMPLOYMENT (Current or Previous) 12B. AUTO ACCIDENT? 12C. OTHER CLAIM ID (Designated by NUCC)

13. RESERVED FOR NUCC USE 13A. OTHER ACCIDENT? 13B. INSURANCE PLAN NAME OR PROGRAM NAME

14. RESERVED FOR NUCC USE 14A. CLAIM CODES (Designated by NUCC) 14B. IS THERE ANOTHER HEALTH BENEFIT PLAN? (YES/NO) (If yes, complete Item 14B, 14C, and 14D)

15. 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 benefits either to myself or to the party who accepts assignment below.) 15A. 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

16. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY CLAIM (MM/YY) 16A. OTHER DATE (MM/YY) 16B. DATE OF LAST DATE TO WORK IN CURRENT OCCUPATION (FROM/TO) (MM/YY)

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

18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 18A. OUTSIDE LAB? (YES/NO) 18B. CHARGES

19. A. B. C. D. E. F. G. H. I. J. 19A. PHYSICIAN OR SUPPLIER CODE 19B. ORIGINAL REF. NO. 19C. PRIOR AUTHORIZATION NUMBER

20. A. B. C. D. E. F. G. H. I. J. 20A. PHYSICIAN OR SUPPLIER CODE 20B. ORIGINAL REF. NO. 20C. PRIOR AUTHORIZATION NUMBER

21. A. B. C. D. E. F. G. H. I. J. 21A. PHYSICIAN OR SUPPLIER CODE 21B. ORIGINAL REF. NO. 21C. PRIOR AUTHORIZATION NUMBER

22. A. B. C. D. E. F. G. H. I. J. 22A. PHYSICIAN OR SUPPLIER CODE 22B. ORIGINAL REF. NO. 22C. PRIOR AUTHORIZATION NUMBER

23. A. B. C. D. E. F. G. H. I. J. 23A. PHYSICIAN OR SUPPLIER CODE 23B. ORIGINAL REF. NO. 23C. PRIOR AUTHORIZATION NUMBER

24. A. B. C. D. E. F. G. H. I. J. 24A. PHYSICIAN OR SUPPLIER CODE 24B. ORIGINAL REF. NO. 24C. PRIOR AUTHORIZATION NUMBER

25. FEDERAL TAX ID NUMBER 25A. SIGN IN 25B. PATIENT'S ACCOUNT NO. 25C. LOCATE ASSIGNMENT? (YES/NO) 25D. TOTAL CHARGE 25E. AMOUNT PAID 25F. RESERVED FOR NUCC USE

26. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING ADDRESS OR CREDENTIALS) 26A. SERVICE FACILITY LOCATION INFORMATION 26B. BILLING PROVIDER INFO & PIN# ()

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

HEALTH INSURANCE CLAIM FORM

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

PATIENT AND INSURED INFORMATION									
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN 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 (Include Area Code) ZIP CODE TELEPHONE (Include Area Code)									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: 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 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 ILLNESS, INJURY, OR PREGNANCY (MM DD YY) 15. OTHER DATE (MM DD YY) 16. DATE (MM DD YY) WHEN I WORK IN CURRENT OCCUPATION (MM DD YY)									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO) (MM DD YY)									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? YES NO 21. OUTSIDE LAB? YES NO									
22. PRIOR AUTHORIZATION NUMBER									
23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE OF SERVICE FROM TO B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.									
25. FEDERAL TAX ID NUMBER 26. PATIENT'S ACCOUNT NO. 27. ACCOUNT ASSIGNMENT? YES NO 28. TOTAL CHARGE 29. AMOUNT PAID 30. RESIDUAL TO NUCC USE									
31. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on this form apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PAYER									



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

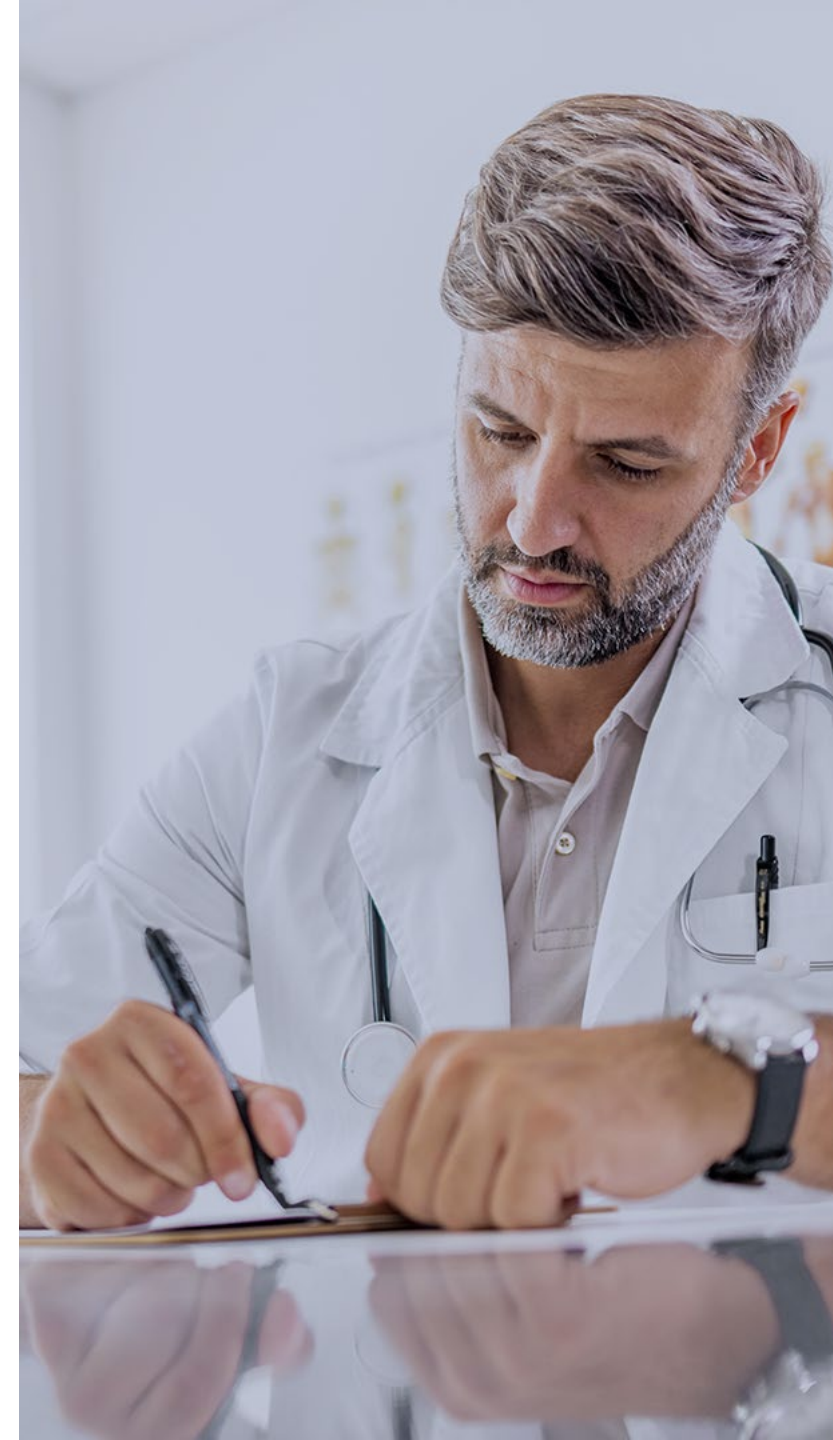
- Know what codes are billable to DME MAC
- [DME MAC Jurisdiction A](#)
 - CT-MA-ME-NH-NY-RI-VT
- [DME MAC Jurisdiction B](#)
 - IL-MN-WI
- [CMS IOM Pub 100-04, Medicare Claims Processing Manual, Chapter 12-Physicians/Nonphysician Practitioners](#)



Reducing Claim Rejections for Absent Therapy Certification (2%)

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



PATIENT AND INSURED INFORMATION									
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN DEER RCV (LNU) OTHER YES 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)									
5. PATIENT'S ADDRESS (No. & Street) 6. PATIENT RELATIONSHIP TO INSURED Spouse Child Other 7. INSURED'S ADDRESS (No. & Street)									
CITY STATE 8. RESERVED FOR NUCC USE CITY STATE									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT (Owner or Prepaid) b. AUTO ACCIDENT? c. OTHER ACCIDENT? 11. INSURED'S POLICY OR GROUP OR PECO NUMBER									
12. OTHER INSURED'S POLICY OR GROUP NUMBER 13. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT (Owner or Prepaid) b. AUTO ACCIDENT? c. OTHER ACCIDENT? 14. INSURED'S DATE OF BIRTH MM DD YY SEX M F									
15. OTHER CLAIM ID (Designated by NUCC) 16. INSURANCE PLAN NAME OR PROGRAM NAME 17. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO									
18. INSURED'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 or government credits due to myself or to the party who accepts assignment of benefits.)									
19. NAME OF REFERRING PROVIDER OR OTHER SOURCE 20. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO									
21. OUTSIDE LAB? YES NO 22. PRIOR AUTHORIZATION NUMBER									
23. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Provide ICD-9-CM code for primary diagnosis) ICD-9-CM									
24. A. DATE OF SERVICE FROM TO B. PLACE OF SERVICE C. PROVIDER'S NAME (Last Name, First Name, Middle Initial) D. PROVIDER'S ADDRESS (No. & Street) E. PROVIDER'S CITY F. PROVIDER'S STATE G. PROVIDER'S ZIP CODE H. PROVIDER'S PHONE NUMBER I. PROVIDER'S FAX NUMBER J. PROVIDER'S EMAIL ADDRESS									
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 (Include degrees or credentials if applicable to the title and use trade or post-nominal letters) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PAY ()									

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](#)



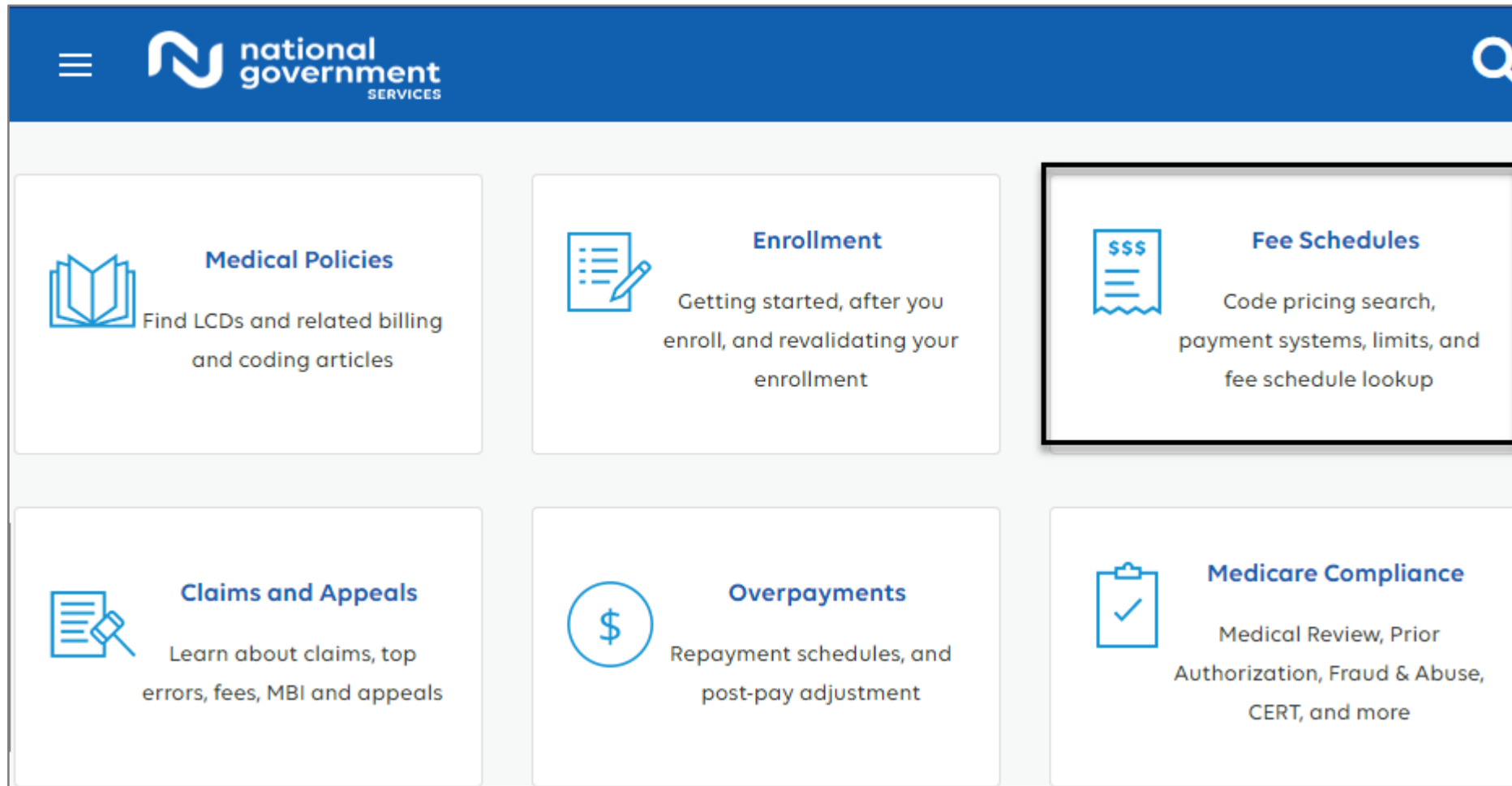
Reducing Claim Rejections for CPT and HCPCS Codes and Modifiers (23%)



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

The screenshot shows the 'FEE SCHEDULE LOOKUP' page on the National Government Services website. The page has a blue header with the logo and navigation links: HOME, EDUCATION, RESOURCES (highlighted), EVENTS, ENROLLMENT, and APPS. A search icon is in the top right. Below the header, a breadcrumb trail reads 'Resources > Tools & Calculators'. 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 main form area contains a label 'Select a Fee Schedule: *' and a dropdown menu. The dropdown menu is open, showing a list of options: '--Select Fee Schedule--', 'ASC Fees', 'Ambulance', 'Anesthesia Conversion Factor', 'CPVCSW', 'Flu/PPV/Hepatitis', 'Home Infusion Therapy Services (HITS)', 'Medicare Physician Fee Schedule Pricing', and 'Opioid Treatment Program (OTP)'.

NGSConnex Subscribe for Email Updates Part B Provider in Massachusetts (JK) ▾

national government SERVICES HOME EDUCATION ▾ **RESOURCES ▾** EVENTS ENROLLMENT APPS ▾ 🔍

Resources > Tools & Calculators

FEE SCHEDULE LOOKUP

Fee Schedule Lookup



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

Select a Fee Schedule: *

- Select Fee Schedule--
- ASC Fees
- Ambulance
- Anesthesia Conversion Factor
- CPVCSW
- Flu/PPV/Hepatitis
- Home Infusion Therapy Services (HITS)
- Medicare Physician Fee Schedule Pricing
- Opioid Treatment Program (OTP)

Fee Schedule Lookup

NCSConnex Subscribe for Email Updates Part B Provider in Massachusetts (JK) ▾

 [HOME](#) [EDUCATION ▾](#) [RESOURCES ▾](#) [EVENTS](#) [ENROLLMENT](#) [APPS ▾](#) 

[Resources](#) > [Tools & Calculators](#)

FEE SCHEDULE LOOKUP

Fee Schedule Lookup

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


Select a Fee Schedule: *

Medicare Physician Fee Schedule Pricing ▾

Result Type: *

☐ Full Fee Schedule
☐ Specific To Fee Code

Date of Service: *

mm/dd/yyyy 

Procedure Code: *

Region: *

--Select Region-- ▾

Search

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

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

Payment Calculation

Modifier Selected: (blank)						
Status	Conversion Factor	Update Factor	Work RVU	FAC PE RVU	NON FAC PE RVU	
A	33.2875	1.0000	44.75	16.48	16.48	
Malpractice RVU	Work GPCI	Practice GPCI	Malpractice GPCI	Reduced Therapy Amt	Endoscopic Base	
10.64	1.042	1.197	0.894	0.00		

Policy Indicators

Global Surgery	Facility Pricing	PC/TC	Preoperative Percentage	Interoperative Percentage	Postoperative Percentage	
090	1	0	09.00%	82.00%	09.00%	
Multiple Surgery	Bilateral Surgery	Assistant At Surgery	Two Surgeons	Team Surgery		
2	0	2	0	0		

FEES

Payment
Calculation

Policy
Indicators



Policy Indicators

- Procedure status indicators
- Global surgery
- Facility pricing
- Preoperative
- Intraoperative
- 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](#)

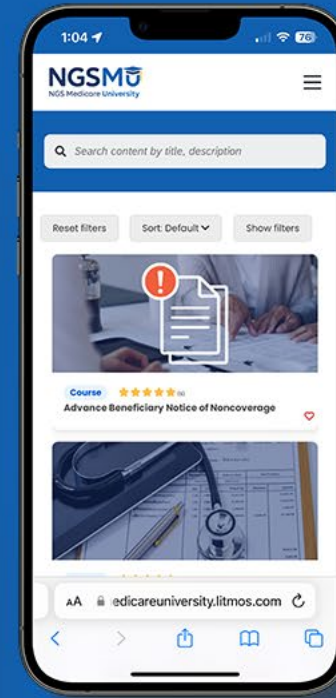
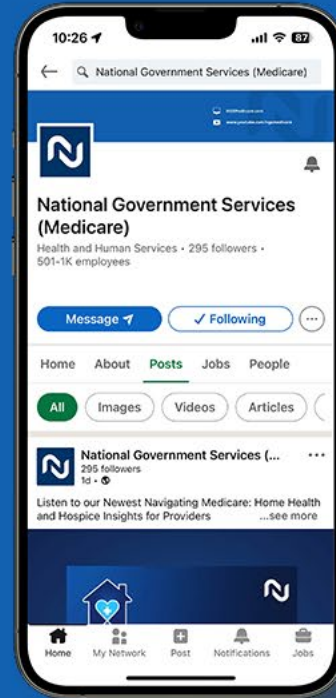


Claim Reminders

- 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!



Connect with us on social media



[YouTube Channel](#)
Educational Videos

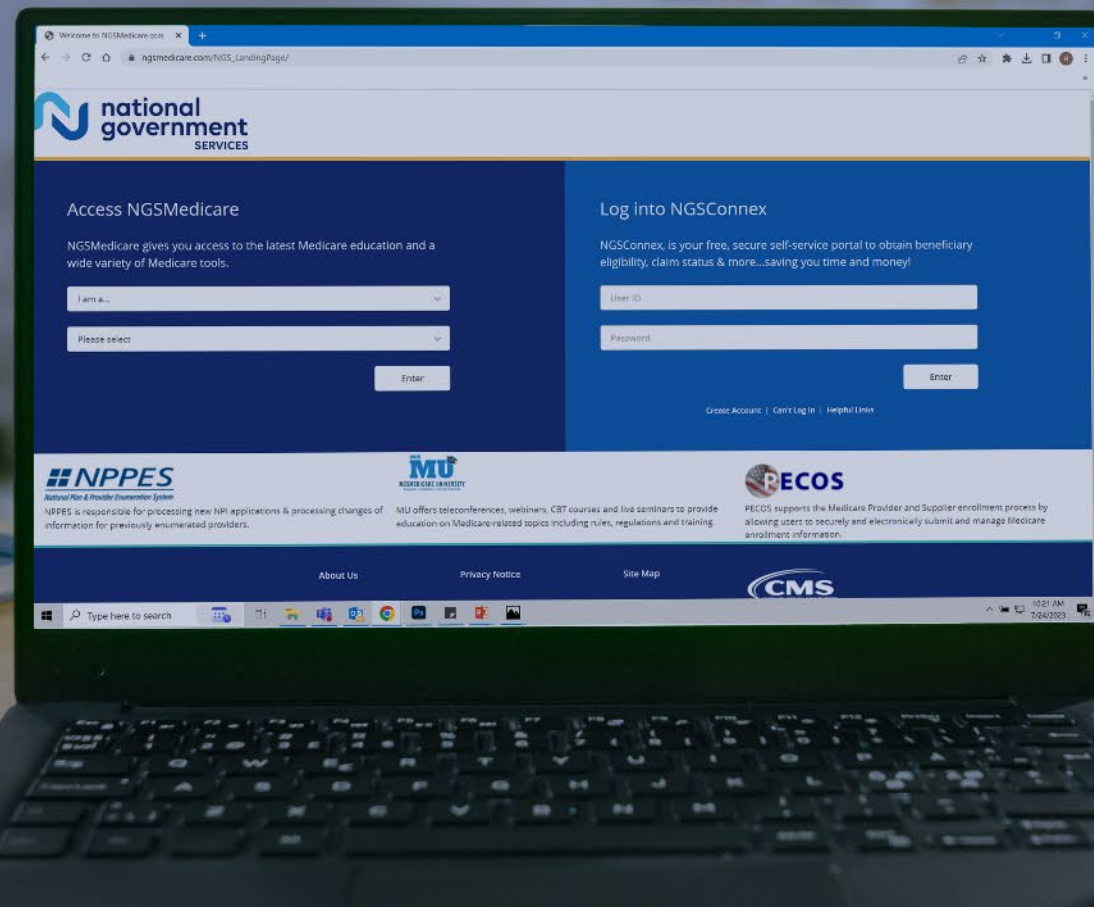


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Educational Content

Find us online



www.NGSMedicare.com

Online resources, event calendar, LCD/NCD, and tools



[IVR System](#)

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



[NGSConnex](#)

Web portal for claim information



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