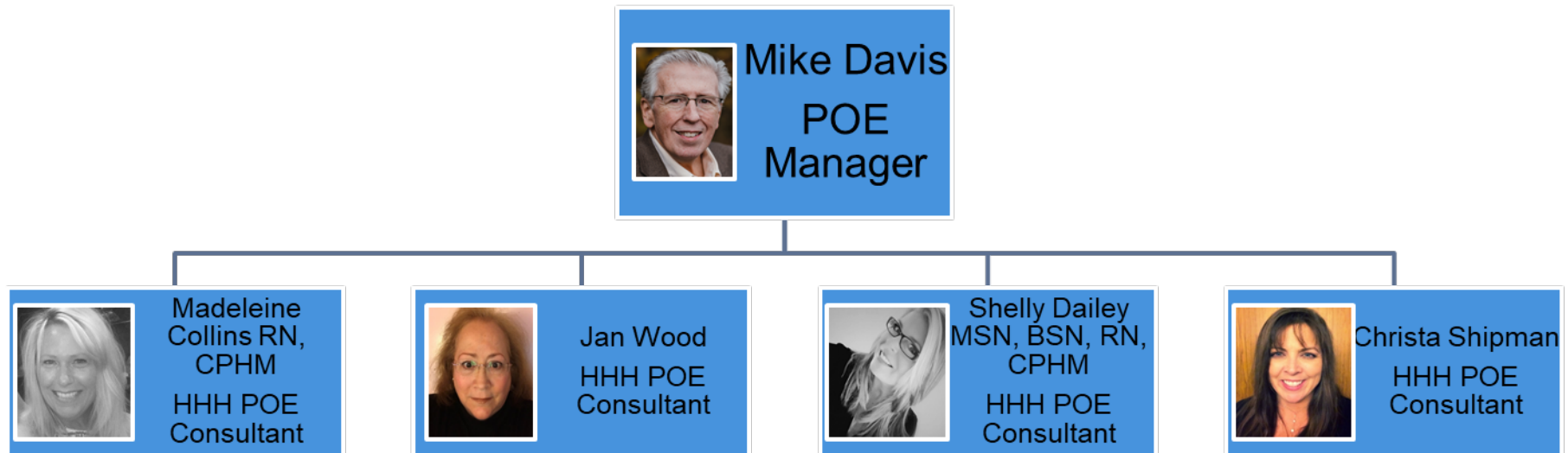# Responding to a Home Health or Hospice Additional Documentation Request

10/21/2021

Today's Presenters

Provider Outreach and Education Home Health and Hospice Team

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POE Manager

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- Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events
  - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Objectives

- Provide direction regarding how to respond to an ADR to support your Medicare claim

- Review helpful tools to find ADRs and submit medical record documentation

- Decrease denials for nonsubmission of medical record documentation (56900)

- Improve provider collaboration of medical record documentation

- Increase utilization of electronic medical record documentation submission (NGSConnex)

- Offer an increased understanding of FISS

Agenda

- ADR
- Submission of Medical Record Documentation
- NGSConnex
- Navigating FISS
- Helpful Hints
- References and Resources
- Question and Answer

Today's PowerPoint Presentation

- Once you are connected to the webinar, select Handouts

- Select the PowerPoint to download the presentation
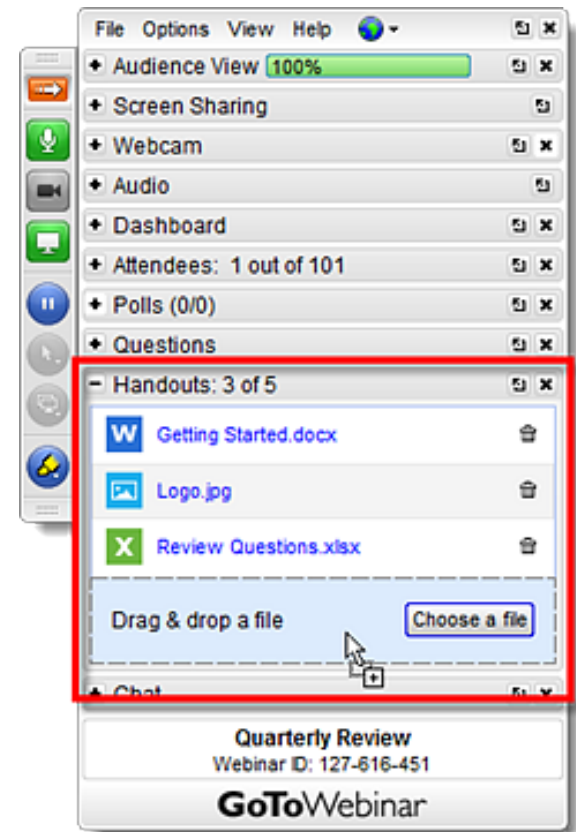
ADR

ADR

- An ADR is a request for documentation to support a Medicare claim
  - It is imperative that providers maintain a process or policy that ensures requested medical record documentation is collected efficiently and appropriately for review
  - Methods or techniques often utilized to ensure proper documentation is collected include
    - Mock Chart
    - Check List
    - Staff Members Assigned to Collect Documentation
    - Staff Members Assigned to Review Documentation Prior to Submission

ADR

System Issues ADR	• Claim suspends to status/location SB 6001 • ADR is sent to provider • Provider has 45 days to return records to the MAC
Records are NOT received by day 45	• On day 46 the system will deny the claim and move it to S/L DB 9997 • Claim assigned reason code 56900
Wait one week and recheck status/location	• If the records were received the claim will move to S/L SM 5REC • If denial code appears, recheck, call the PCC for assistance, if necessary

ADR

- Incorporating the methods and techniques mentioned into policies/procedures will assist in ensuring

  - Appropriate documentation is obtained from outside entities

  - Records are reviewed for accuracy by multiple people prior to submission

  - All eligibility criteria have been met

  - All proper documentation is included in the medical record prior to submission

  - Proper claims payment

ADR

- Utilize instructional information on the ADR to assist in creation of the checklist or mock chart

THIS CLAIM REQUIRES ADDITIONAL INFORMATION IN ORDER TO MAKE APPROPRIATE

PAYMENT DETERMINATION AND PROCESSING. PROVIDED BELOW ARE RECOMMENDED

SUPPORTING DOCUMENTS, BUT NOT AN ALL INCLUSIVE LIST. THE DOCUMENTATION

SHOULD SUPPORT THE VERIFICATION OF THE ISSUE THAT GENERATED THIS REQUEST.

FOR FURTHER INFORMATION, ENTER THE REASON CODE(S) LISTED BELOW IN THE

APPROPRIATE FIELDS IN THE ON-LINE SYSTEM. WE ACCEPT DOCUMENTS

VIA PAPER, FAX, CD/DVD AND ESMD   OMB #0938-0969

PLEASE NOTE:

MEDICAL RECORDS ARE DUE TO THE MAC WITHIN 45 CALENDAR DAYS.

Records DUE: 45 Days

NON-MEDICAL RECORDS ARE DUE TO THE MAC WITHIN 14 CALENDAR DAYS.

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ADR

- The ADR provides helpful hints to help appropriate claims payment

MEDICARE REQUIRES A LEGIBLE IDENTIFIER FOR SERVICES PROVIDED AND ORDERED.

MEDICARE WILL ACCEPT CLEARLY LEGIBLE HANDWRITTEN SIGNATURES, HANDWRITTEN

INITIALS OR ELECTRONIC SIGNATURES. STAMPED SIGNATURES ARE NOT ACCEPTABLE ON

ANY MEDICAL RECORD.

STAMPED SIGNAURES

ADR

PATIENT IDENTIFICATION, DATE OF SERVICE, AND PROVIDER OF **Date**

THE SERVICE SHOULD BE CLEARLY IDENTIFIED ON THE SUBMITTED DOCUMENTATION. IF

THE RENDERING PROVIDER SIGNATURE IS NOT CLEARLY LEGIBLE, ATTACH A SIGNATURE **Signature**

LOG/KEY THAT INCLUDES THE TYPED NAME OF THE PROVIDER WITH CREDENTIALS, THE

SIGNATURE, AND THE INITIALS FOR EACH PROVIDER FOR WHICH THE RECORDS ARE

REQUESTED. IF YOU QUESTION THE LEGIBILITY OF YOUR SIGNATURE, YOU SHOULD

SUBMIT AN ATTESTATION STATEMENT IN YOUR DOCUMENTATION RESPONSE. IF THE

SIGNATURE REQUIREMENTS ARE NOT MET, THE REVIEWER WILL CONDUCT THE REVIEW

WITHOUT CONSIDERING THE DOCUMENTATION WITH THE MISSING OR ILLEGIBLE **Legibility**

SIGNATURE. THIS COULD LEAD THE REVIEWER TO DETERMINE THAT THE MEDICAL

NECESSITY FOR THE SERVICE BILLED HAS NOT BEEN SUBSTANTIATED.

PLEASE SUBMIT THE SUPPORTING DOCUMENTATION WITHIN 45 DAYS FROM THE DATE OF

THIS NOTICE. THIS DOCUMENTATION MUST BE CLEAR AND LEGIBLE.

ADR

- The ADR does not provide an all-inclusive list of what should/should not be included for medical record submission

- **Reminder:** It is important to review the records prior to submission to ensure documentation supports eligibility criteria

Submission of Medical Record Documentation

Submission of Medical Record Documentation

- Documentation Collaboration
- Sources of documentation that may assist in supporting eligibility criteria include
  - Discharge summary
  - Progress notes
  - History and physical
  - Plan of care
  - Case Management records
  - Discharge Planning documentation
  - Therapy records
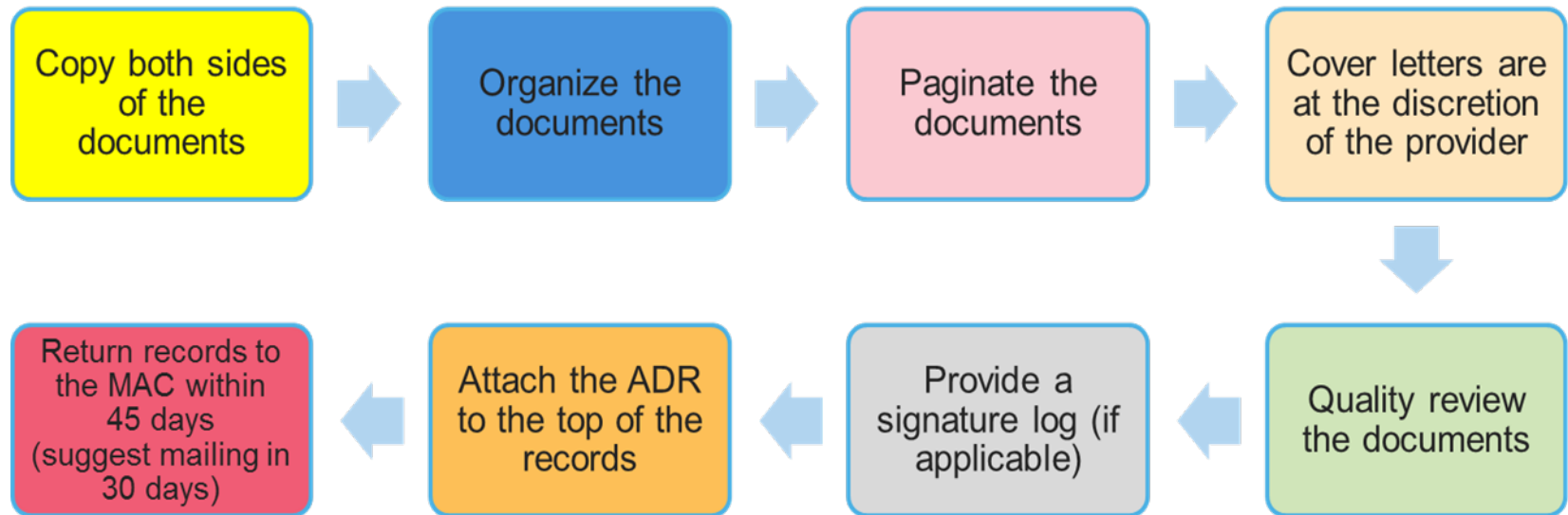 - Face-to-face encounter documentation

Submission of Medical Record Documentation

- Documentation Preparation
- Prior to submission of documentation, it is imperative that all medical record documentation is completely reviewed to ensure
  - All pages are for the appropriate patient
  - PECOS – Validation for all physicians involved in the patient's care for all DOS in the period of care
  - Appropriate OASIS submission
  - Any and all therapy evaluations and reevaluations are included
  - The patient's name is on each page (front and back where appropriate)
  - The correct dates of service for the claimed period of care
  - Dates and signatures are clear and appropriate
  - Legibility of all handwritten documentation
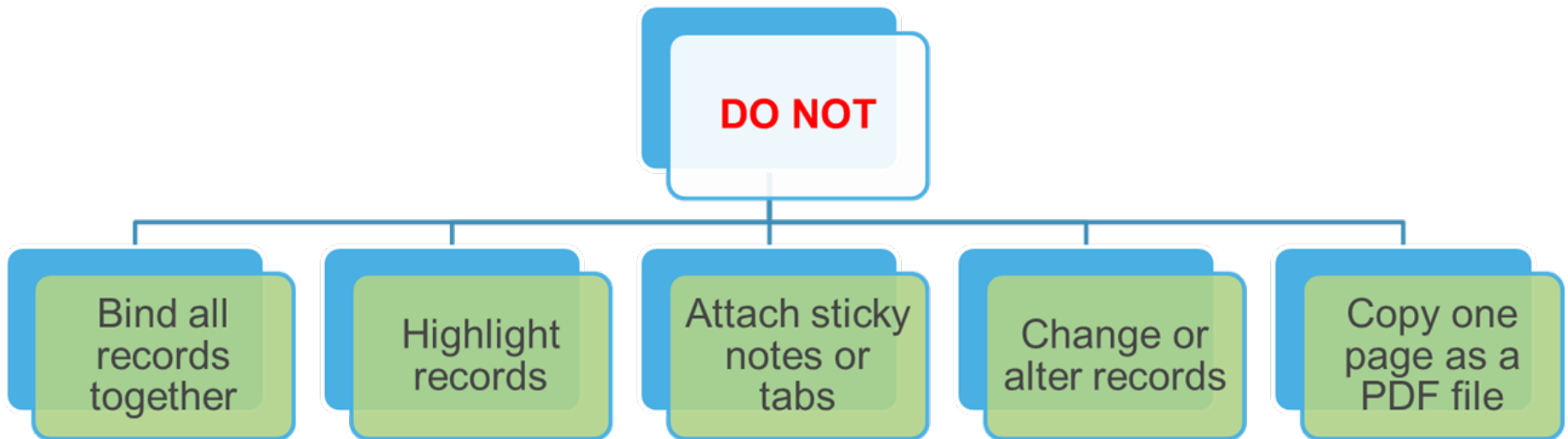
Submission of Medical Record Documentation

- Documentation Preparation
- Prior to submission of documentation, review all records to ensure
  - Identifiable credentials for each clinician signature
    - Signature sheets as appropriate from agency and referring facility/office
  - Accuracy of documentation
  - All staples, paperclips, binder clips, sticky notes, rubber bands, etc. are removed prior to submission
  - Pages are not folded over, cut off or crinkled during copying/printing/faxing
  - Highlighter is not utilized
  - ADR is placed on the top of the medical record
  - Reminder: Black ink copies best
  - Provider contact name and telephone number
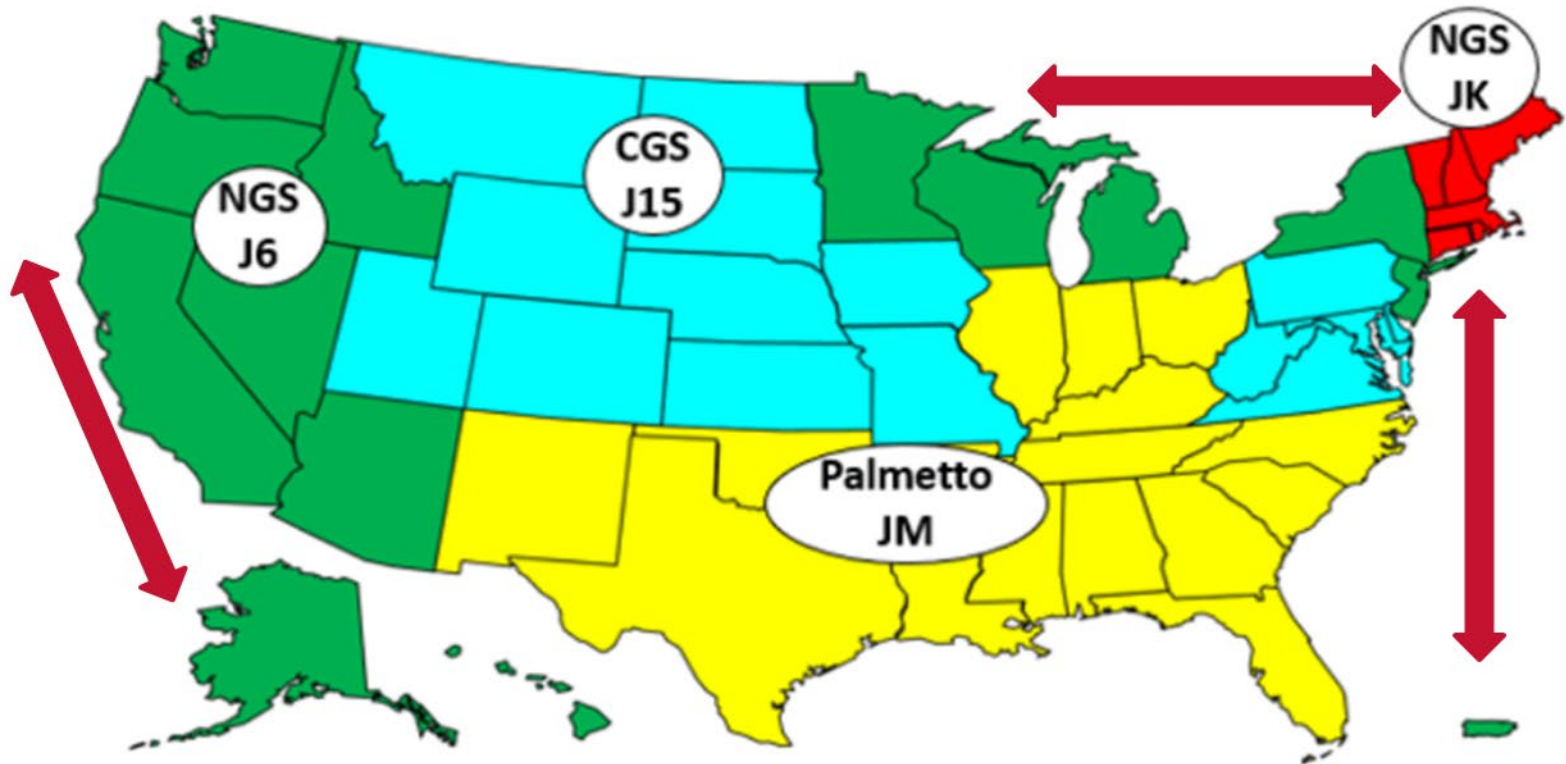
Submission of Medical Record Documentation

Copy both sides of the documents → Organize the documents → Paginate the documents → Cover letters are at the discretion of the provider ↓

Return records to the MAC within 45 days (suggest mailing in 30 days) ← Attach the ADR to the top of the records ← Provide a signature log (if applicable) ← Quality review the documents

Submission of Medical Record Documentation

Documentation Preparation

DO NOT

- Bind all records together
- Highlight records
- Attach sticky notes or tabs
- Change or alter records
- Copy one page as a PDF file

Submission of Medical Record Documentation
Home Health & Hospice Jurisdictions

Submission of Medical Record Documentation **J6**

NGSConnex
esMD

FedEx

National Government Services Inc.
8115 Knue Rd
Indianapolis, IN 46250
Attn: Mail & Distribution

MAIL

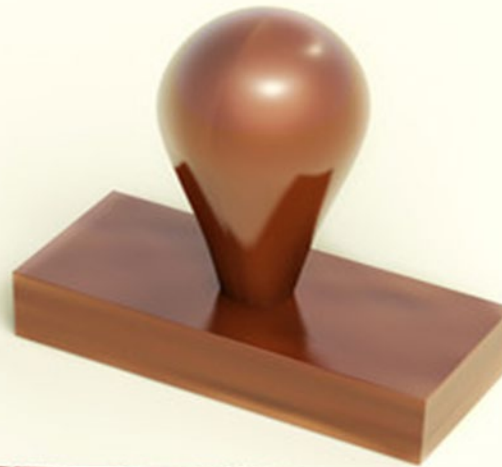National Government Services Inc.
PO Box 7108
Indianapolis, IN 46206-6474

FAX: 315.442.4154

Always check www.NGSMedicare.com for the most current information

Submission of Medical Record Documentation JK

NGSConnex
esMD

FedEx

National Government Services Inc.

8115 Knue Road Indianapolis, IN 46250

ATTN: Mail & Distribution

MAIL

National Government Services Inc.

PO Box 7108 Indianapolis, IN 46207-7108

FAX: 315.442.4390

Always check www.NGSMedicare.com for the most current information

56900 Denials

Records Not Received

NGSConnex

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Respond to MR ADR in NGSConnex

Navigating the MR ADR Panel

Responding to MR ADR in List

- Locate the claim you are responding to and click the row

Medical Review ADR Details Panel

Medical Review ADR Details   [Respond to ADR] [Load Letter Text] [Load Appeals Status]   1 of 1

ADR Date:	2/6/2019
Case ID/Document Number:	XXXXXXXXXXXXXX
ADR Status:	Awaiting Documentation
Due Date:	3/23/2019
MR ADR Delivery Method:	Postal Address
Documentation Receipt Date:	
Medical Review Initiated:	
Nurse Claim Review Completed:	
Remittance Advice Date (Part A):	
Claim Finalized Date (Part B):	
Nurse Review Decision:	
Additional Review Information:	
Date of Education:	

Beneficiary Name:	XXXXX XXXXXX
Claim Number:	XXXXXXXXXXXX
Medicare ID:	XXXXXXX
Letter Text:	

Click the Load Letter Text button. MR ADR Letter content will display, if available.

NOTE: The nurse review decision displayed reflects the decision rendered through the medical review process and is not a final claim determination. Refer to the Medicare Remittance advice for the final claim determination.

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ADR Panel

Additional Documentation Request

Part A Providers

Save | Submit | ↰

Create Date:	6/29/2018 08:16:00 AM
*Beneficiary Last Name:	XXXXXX
*Beneficiary First Name:	XXXXXX
*Medicare ID:	XXXXXXXXXX
*DCN:	XXXXXXXXXXXXXXXXX
*Reason Code:	#####

Provider Name:	XXXXXXX
Provider Address:	XXXXXXXX
Provider Address 2:	
Provider City:	XXXXXXXX
Provider State:	XX
Provider ZIP:	XXXXXX
Provider NPI:	XXXXXXXXXX
Provider PTAN:	XXXXXX

All information will auto-populate based upon claim selected from list.

Note: This is the 5 character code beginning with 5 from the REASONS field on your ADR letter. If the second character is X, please do not submit through this portal Instead utilize other methods for submission, listed on the ADR letter

*Case ID Number: #####XXXXXXXXXXXXXXXXXXXX

NOTE: Case ID Number should be 25 characters in length.

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Respond to ADR not in List

| Medical Review Additional Documentation Requests (ADRs) | | | ADRs Awaiting Documentation | Respond to ADR not in list | Export | Search | 1 - 10 of 10+ |

Beneficiary Name	Claim Number	ADR Date	ADR Status	Due Date	Case ID/Document Number	Nurse Review Decision	Remittance Advice Date (F Claim
		3/22/2019	Awaiting Document...	5/6/2019			
		3/20/2019	Awaiting Document...	5/4/2019			
		3/7/2019	Awaiting Document...	4/21/2019			
		3/1/2019	Awaiting Document...	4/15/2019			
		2/25/2019	Awaiting Document...	4/11/2019			
		2/22/2019	Awaiting Document...	4/8/2019			
		2/18/2019	Awaiting Document...	4/4/2019			
		2/14/2019	Awaiting Document...	3/31/2019			
		2/13/2019	Awaiting Document...	3/30/2019			
		2/8/2019	Awaiting Document...	3/25/2019			

ADR Details

Additional Documentation Request   Save   Submit   Cancel   1 of 1+

Create Date:	3/30/2021 05:12:44 PM
*Beneficiary Last Name:	
*Beneficiary First Name:	
*Medicare ID:	
*DCN:	
*Reason Code:	

Beneficiary and Claim Information will not auto-populate and must be completed.

Note:This is the 5 character code beginning with 5 from the REASONS field on your ADR letter. If the second character is X, please do not submit through this portal Instead utilize other methods for submission, listed on the ADR letter

*Case ID Number:

NOTE: Case ID Number should be 25 characters in length.

Provider Name:	
Provider Address:	
Provider Address 2:	
Provider City:	
Provider State:	
Provider ZIP:	
Provider NPI:	
Provider PTAN:	

Provider information will auto-populate based upon provider selected in NGSConnex.

Attach Supporting Documentation

- Step 1: In the **Attachments** panel, click the **New Record** button to add the documentation

- Step 2: Click the **Search** icon, next to the **Attachment Name** field

- Step 3: Click the **Browse** button to search for the applicable file

- Step 4: Once you locate the file you would like to upload, click **Open**

Attach Supporting Documentation

Submit Medical Review ADR Response

Navigating FISS

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Accessing ADRs in the Claim Summary Option

- ADRs can be accessed by filtering the claims by status/location
  - ADRs are housed in S/LOC S B6001
- At the **Claims Inquiry** screen, type **SB6001** in the **S/LOC field** and press **<Enter> -** all claims in the SB6001 status and location will be displayed
  - (SB6001 status indicates that an ADR has been generated for a claim)
- At the desired claim, type **S** to the left of the claim under the **SEL field** and press **<Enter>**
- The ADR letter follows page 06 of the claim
- Please be sure to **not** press the **<P9>/<PF9>** key while viewing a claim in the SB6001 status—this will cause the claim to recycle and generate a second ADR letter
- **Note:** requested records are due to NGS 30 days from the date the claim went to **S/LOC SB6001** in FISS

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FISS DDE Main Menu

```
MAP1701                NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMMA561 02/13/13
TC98548                            MAIN MENU                     C201313P 11:22:52


                              01      INQUIRIES

                              02      CLAIMS/ATTACHMENTS

                              03      CLAIMS CORRECTION

                              04      ONLINE REPORTS







        ENTER MENU SELECTION: █


        PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

Inquiries Sub-menu

```
MAP1702            NATIONAL GOVERNMENT SERVICES,#13001 UAT  ACMFA561 03/11/20
MXG9282                          INQUIRY MENU                 A2020200 13:18:11


        BENEFICIARY/CWF         10    ZIP CODE FILE            19
        DRG (PRICER/GROUPER)    11    OSC REPOSITORY INQUIRY   1A
        CLAIM SUMMARY           12    CLAIM COUNT SUMMARY      56
        REVENUE CODES           13    HOME HEALTH PYMT TOTALS  67
        HCPC CODES              14    ANSI REASON CODES        68
        DX/PROC CODES ICD-9     15    CHECK HISTORY            FI
        ADJUSTMENT REASON CODES 16    DX/PROC CODES ICD-10     1B
        REASON CODES            17    CMHC PAYMENT TOTALS      1C
        INVOICE NO/DCN TRANS    88    PROV PRACTICE ADDR QUER  1D
                                      NEW HCPC SCREEN          1E




        ENTER MENU SELECTION:
```

Claim Summary Option 01/12


```
MAP1741              NATIONAL GOVERNMENT SERVICES, #13001 UAT      ACMFA561 04/01/21

 KXT2938   SC              CLAIM SUMMARY INQUIRY              A20212CF 05:29:13

                               NPI

      MID                 PROVIDER          ➔    S/LOC S B6001       TOB

   OPERATOR ID KXT2938   FROM DATE              TO DATE            DDE SORT

   MEDICAL REVIEW SELECT          DCN

      MID              PROV/MRN   S/LOC        TOB    ADM DT    FRM DT THRU DT   REC DT

 SEL   LAST NAME   FIRST INIT   TOT CHG    PROV REIMB PD DT   CAN DT REAS NPC #DAYS

      XXXXXXXXX   XXX100      S B6001        131          022221 022221    013121

      ABCDEFG       H        3502.90                         39700



                        PROCESS COMPLETED   ---   NO MORE DATA THIS TYPE

             PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR  PRESS PF3 TO EXIT
```

Reason Code File (17) or PF1 (page 1)

```
MAP1881                    NATIONAL GOVERNMENT SERVICES,#13001      UAT    ACMFA561 04/01/21
  KXT2938   SC                  REASON CODES INQUIRY                                A20212CF
06:07:17
                                                      MNT: CIE3820   082720

 PLAN REAS   NARR    EFF      MSN       EFF       TERM     EMC     HC/PRO  PP      CC

 IND  CODE   TYPE    DATE     REAS      DATE      DATE     ST/LOC ST/LOC    LOC    IND

  1   5FGFP   E     060120                                 S B6000 S B6000         E

  TPTP A    B     NPCD A    B       HD CPY A 2  B 2  NB ADR 1    CAL DY 45  C/L L

     ----------------------------NARRATIVE----------------------------------
 MEDICARE REQUIRES A LEGIBLE IDENTIFIER FOR SERVICES PROVIDED AND ORDERED. MEDICARE WILL ACCEPT CLEARLY LEGIBLE HANDWRITTEN
SIGNATURES,
 HANDWRITTEN NITIALS OR ELECTRONIC SIGNATURES. STAMPED SIGNATURES ARE NOT ACCEPTABLE ON ANY MEDICAL RECORD. PATIENT
IDENTIFICATION, DATE OF
 SERVICE AND PROVIDER OF THE SERVICE SHOULD BE CLEARLY IDENTIFIED ON THE SUBMITTED DOCUMENTATION. IF THE RENDERING PROVIDER
SIGNATURE IS NOT
 CLEARLY LEGIBLE, ATTACH A SIGNATURE LOG/KEY THAT INCLUDES THE TYPED NAME OF THE PROVIDER WITH CREDENTIALS, THE SIGNATURE AND
THE INITIALS
 FOR EACH PROVIDER FOR WHICH THE RECORDS ARE REQUESTED. IF YOU QUESTION THE LEGIBILITY OF YOUR SIGNATURE, YOU SHOULD SUBMIT
AN ATTESTATION
 STATEMENT IN YOUR DOCUMENTATION RESPONSE. IF THE SIGNATURE REQUIREMENTS ARE NOT MET, THE REVIEWER WILL CONDUCT THE REVIEW
 WITHOUT CONSIDERING THE DOCUMENTATION WITH THE MISSING OR ILLEGIBLE SIGNATURE. THIS COULD LEAD THE REVIEWER TO DETERMINE
THAT THE MEDICAL
 NECESSITY FOR THE SERVICE BILLED HAS NOT BEEN SUBSTANTIATED.

                          PROCESS COMPLETED  ---   PLEASE CONTINUE
                          PRESS PF3-EXIT  PF6-SCROLL FWD  PF8-NEXT
```

Page 2 of Reason Code

```
MAP1881                        NATIONAL GOVERNMENT SERVICES,#13001 UAT   ACMFA561 04/01/21
  KXT2938    SC                      REASON CODES INQUIRY                  A20212CF 06:10:46
                                                           MNT: CIE3820  082720

 PLAN REAS    NARR    EFF      MSN       EFF      TERM      EMC        HC/PRO      PP      CC
 IND  CODE    TYPE    DATE     REAS      DATE     DATE      ST/LOC     ST/LOC      LOC  IND
  1   5FGFP    E    060120                                  S B6000    S B6000          E
  TPTP A    B    NPCD A     B     HD CPY A 2  B 2  NB ADR 1   CAL DY 45  C/L L
        --------------------------NARRATIVE----------------------------------
 THIS ADDITIONAL DEVELOPMENT REQUEST (ADR) IS PART OF A SERVICE SPECIFIC POST-PAYMENT REVIEW.
 ******** WOUND DEBRIDEMENT SERVICES; HCPCS 11042********
 LOCAL COVERAGE DETERMINATION (LCD): DEBRIDEMENT SERVICES (L33614)
 LOCAL COVERAGE ARTICLE: BILLING AND CODING: DEBRIDEMENT SERVICES (A56617)
 1. HISTORY AND PHYSICAL
 2. PROGRESS NOTES DOCUMENTING PHYSICAL FINDINGS AND EFFECTIVENESS OF
    TREATMENT
 3. AN OPERATIVE NOTE OR PROCEDURE NOTE FOR THE DEBRIDEMENT SERVICE. THIS
    NOTE SHOULD DESCRIBE THE ANATOMICAL LOCATION TREATED, THE INSTRUMENTS
    USED, ANESTHESIA USED IF REQUIRED, THE TYPE OF TISSUE REMOVED FROM THE
    WOUND, THE DEPTH AND AREA OF THE WOUND AND THE IMMEDIATE POST PROCEDURE
    CARE AND FOLLOW-UP INSTRUCTIONS.
 4. IDENTIFICATION OF THE WOUND LOCATION, SIZE, DEPTH AND STAGE EITHER
                        PROCESS COMPLETED   ---   PLEASE CONTINUE
                    PRESS PF3-EXIT  PF6-SCROLL FWD  PF8-NEXT
```

Helpful Hints

Helpful Hints

Timely Submission of Medical Record Documentation

Staff Education

Responsibility

Medical Necessity

Comprehension Of the Anti-Kickback Statute & Stark Laws

Report Fraud

To Ask a Question
Using the Question Box

Resources

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Online Resources

- [NGS Medical Policy & Review](#)
- [NGS Home Health & Hospice Education Portal](#)
- [NGS Connex Medical Record](#)
- [NGS Email List Serve](#)
- [NGS CERT](#)
- [CMS CERT](#)
- [CMS BCRC](#)
- [CMS SMRC](#)
- [CMS RA](#)
- [CMS MAC](#)

Medicare University

- Interactive online system available 24/7
- Educational opportunities available
  - Computer-based training courses
  - Teleconferences, webinars, live seminars/face-to-face training
- Self-report attendance
- [Medicare University Website](#)

Medicare University Self-Reporting Instructions

- Log on to the National Government Services [Medicare University site](#)
  - Topic = **Responding to an ADR**
  - Medicare University Credits (MUCs) = **1**
  - Catalog Number = **AA-C-06086**
  - Participant Code = **21268WASRD1**
  - For step-by-step instructions on self-reporting please visit the Get Credit for Completed Courses on the NGS website

Continuing Education Credits

- All National Government Services Part A and Part B Provider Outreach and Education attendees can now receive one CEU from AAPC for every hour of National Government Services education received.

- If you are accredited with a professional organization other than AAPC, and you plan to request continuing education credit, please contact your organization not National Government Services with your questions concerning CEUs.

Contact NGS

NGS Provider Call Center:

State/Region	Toll-Free Number	IVR	PCC Hours of Service
Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Washington, American Samoa, Guam, Northern Mariana Island	866-590-6724 TTY: 888-897-7523	866-277-7287	Monday–Friday 8:00 a.m.–4:00 p.m. PT Thursday, closed for training 12:00–2:00 p.m. PT
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	866-289-0423 TTY: 866-786-7155	866-275-7396	Monday–Friday 8:00 a.m.–4:00 p.m. ET Thursday, closed for training 2:00–4:00 p.m. ET
Michigan, Minnesota, New York, New Jersey, Wisconsin, Puerto Rico, U.S. Virgin Islands	866-590-6728 TTY: 888-897-7523	866-275-3033	Monday–Friday 8:00 a.m.–5:00 p.m. CT 9:00 a.m.–6:00 p.m. ET Thursday, closed for training 2:00–4:00 p.m. CT 3:00–5:00 p.m. ET

Thank You!

- Questions?

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