

Submitting Medical Documentation Electronically

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Objectives

- To provide instructions on, and the benefits of, using electronic technology to submit solicited and/or unsolicited medical documentation to NGS

Agenda

- Unsolicited Versus Solicited Documentation
- Benefits of Electronic Submission
- Electronic Submission Options for Medical Documentation
- The X12 275 Electronic Attachment
- The X12 277 Electronic Request for Additional Information
- Paperwork Segment (PWK)
- NGSConnex

Unsolicited Versus Solicited

Electronic Submission of Medical Documentation

- Solicited or unsolicited requests for clinical documentation
 - Includes but is not limited to operative notes, consult notes, lab results, procedure notes, care plans

Unsolicited Versus Solicited

- Solicited Documentation
 - NGS may need to request additional information with regard to claims submitted to the Medicare Program
 - The provider needs to respond to a request for medical records
 - Additional development requests

Unsolicited Versus Solicited

- Unsolicited Documentation
 - When the provider knows NGS requires additional information to process the claim
 - NGS has specific criteria when documentation should be attached to a claim
- **Note:** Documentation is only necessary in limited situations

Unsolicited Criteria

- The circumstances listed here *may require* additional information which may be submitted utilizing the PWK segment
 - Surgical NOC Procedure Codes
 - Nonsurgical NOC Procedure Codes
 - Drugs and Biologicals NOC Codes
 - **Modifier 22** – Unusual Services
 - **Modifier 53** – Discontinued Services
 - **Modifier 62** – Co-surgery

Unsolicited Criteria

- **Modifier 66** – Team Surgeons
- **Modifier GM** – Ambulance Multiple Patients on One Ambulance Trip
- Claims submitted with procedure codes **21031, 21032, 21110, 30120, 30400, 30410, 30420, 30430, 30435, 30450 and 69300** require medical necessity documentation
- Services submitted with **AS, 80, 81 and 82** modifiers and the procedure code has an assistant surgery indicator of zero require the operative notes
- Claims submitted with **greater than five surgeries** on the date of service

Benefits of Electronic Attachments

Benefits

- Eliminates paper
 - Reduces administrative burden associated with the paper process of printing and mailing
- Providers who are currently utilizing the claim attachment feature are reporting up to 50% reduction in claim status calls and up to 50% reduction in Medical Review denials
- Participating providers are reporting being paid up to 30 days sooner
- ADRs can be sent electronically to the provider, instead of NGS mailing the additional documentation letter

Additional Benefits

- Provides an immediate receipt for the documentation
- Reduced administrative burden
- Reduced denials
- Improved payment revenue cycle

Electronic Submission Options for Medical Documentation

The X12 275 Electronic Attachment

- The X12 275: Additional Information to Support a Healthcare Claim or Encounter transaction – replaces the paper documentation supporting the claim
 - Can be used for either an unsolicited basis or a solicited basis
 - Allows the provider to send the additional documentation at the same time the claim is submitted
 - Generates an electronic acknowledgement (999 transaction) which provides an audit trail of the receipt of the documentation
 - Eliminates lost or misdirected documentation
 - ACN must match the ACN value in the PWK06 segment

Appeal Requests via X12 275 Electronic Attachment

- Providers are now able to submit their claim appeal requests, including medical record documentation, through electronic transactions rather than a paper appeal process
 - First level appeals only
 - Scope of this implementation is only requesting the appeal and sending the documentation
 - Appeal decision will not be sent electronically

Required Elements for Appeal Requests via X12 275 Electronic

- When requesting an appeal using the 275 transaction it is required to include
 - 275 Appeal Indicator Requirements
 - In the 275 transaction, the BGN01 values are as follows
 - » 02 – indicates the transaction is an unsolicited attachment
 - » 11 – indicates the transaction is a response to a solicited request
 - » 15 – indicates the transaction is requesting an electronic appeal
- An electronically completed [Level 1: Redetermination Request Form](#)

OR

- Letter submitted electronically that includes the following
 - Beneficiary name
 - Medicare number/MBI
 - Specific service/items for which the appeal is being requested
 - Specific dates of service
 - Name of the party or representative of the party (the provider)

The X12 277 Electronic Request for Additional Information

- **The X12 277:** Healthcare Claim Request for Additional Information transaction – replaces the paper ADR letters
 - Expedites the receipt of the documentation requests
 - Allows for the request to be routed to the appropriate person/department, eliminating lost or misdirected requests
 - Facilitates a quicker turnaround time of the response

How to Get Started – Five Easy Steps

1. Contact your vendor, clearinghouse or billing service to ensure they support the electronic attachment program.
2. Review the NGS Attachment Companion Guides: NGS X12/HL7 Claim Attachment Companion Guide and 277 Request Additional Information Companion Guide. Send to your vendor or clearinghouse as needed. The guides can be found on the [our website](#).
3. Download the X12 275 v6020 and 277RFI v6020 TR3's and the HL7 Attachment Implementation Guide and C-CDA R2.1 guide, if needed. The X12 guides are available at [Washington Publishing Company](#); the HL7 guides are available at [HL7 International](#).
4. Enroll for the attachment transactions with NGS through the online EDI enrollment tools on the [our website](#).
5. Contact EDI Helpdesk with any questions
 - J6: 877-273-4334, JK: 888-379-9132

Paperwork Segment

PWK

- Part B JK and J6 providers have the option of electronically submitting, mailing, or faxing **unsolicited** documentation for electronically-submitted claims that require additional documentation for purposes of claim processing

PWK Documentation

- NGS will only review additional documentation when it is necessary to process a claim
 - Claims submitted with a PWK segment that would not otherwise suspend for review and/or require additional development, will process routinely without a waiting period
 - Documentation is to be submitted only after the claim has been electronically submitted with the PWK segment completed
 - Do not submit documentation before submission of the claim

PWK Documentation

- Submit documentation promptly
 - NGS will allow seven calendar days from the date we receive the claim for the documentation to be electronically transmitted or faxed; and we will allow ten calendar days from the receipt date of the claim for mailed documentation
 - Documentation that **is not received** or is received after the time frame has elapsed; we will begin normal processing procedures which might include an ADR
 - If no response is received within 45 calendar days after the date of the ADR the claim will be denied
 - When the documentation **is received**, the contractor has 60 days to make a determination on the claim

PWK Documentation Submission Options

- Electronic
 - Preferred method
 - X12 275 Transaction
- Mail and/or fax
 - Must use fax cover sheet
 - Longer turnaround time

PWK Electronic Claim Submission

- Complete PWK segment
 - Loop 2300/2400 of the 837 professional and institutional electronic transactions to notify NGS the intent to send documentation for that claim
- Segment PWK02 - identify method of documentation delivery
 - EL – electronic submission
 - BM – mail submission
 - FX – fax submission
- Segment PWK06 - The provider Attachment Control Number (ACN)
 - ACN must match the ACN value sent in the X12 275 transaction

NGSConnex

NGSConnex

- NGSConnex is a free, secure, web-based application developed by National Government Services just for you! NGSConnex provides access to a wide array of self-service functions that save you time and money, such as
 - Obtain beneficiary eligibility information
 - Query for your claims status
 - Initiate and check the status of redetermination and reopening requests
 - View your provider demographic information
 - Query for your financial data
 - Submit documents for an Additional Documentation Request
 - Submit Credit Balance Reports
 - And More

Responding to MR ADRs via NGSConnex

- Key Features
 - Respond to MR ADRs by attaching/uploading supporting documentation
 - Check the status of a MR ADR
 - View the history of previously submitted ADR responses
 - View a list of all claims for which a medical review ADR letter was issued (on or after 7/1/2018)
 - Initiate an inquiry related to Medical Review
 - Provides an electronic record of the documentation submitted and when the response was sent

Getting Started with NGSConnex

- Register/Create Account
 - Must complete the entire registration process during the same session
 - You will not be able to complete part of the steps and save the information and return to complete the process
 - **Be sure to have all required information ready and available**
 - NPI, PTAN and last five digits of TIN
 - Check number and check amount for an NGS Medicare check issued within the past 90 days
 - Visit the [NGSConnex portal](#)

Resources

Resources

- [JK Medicare Part B PWK Fax/Mail/esMD Cover Sheet](#)
- [J6 Medicare Part B PWK Fax/Mail/esMD Cover Sheet](#)
- CR 7306 [*Modifications to the Implementation of the PWK \(paperwork\) segment for X12N Version 5010*](#)
- MLN Matters® [*MM10397 Revised: Modifications to the Implementation of the Paperwork \(PWK\) Segment of the Electronic Submission of Medical Documentation \(esMD\) System*](#)

Resources

- [Benefits of Electronic Attachments](#)
- [Benefits of the 277 RFI](#)
- [EDI Enrollment](#)
- [EDI Approved Entities List](#)
- [NGSConnex User Guide](#)

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

