

# 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?

