

Overview of Advance Communication Engine System (NGS-ACE) Edit Module for Electronic Claim Submission

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Objectives

- NGS-ACE
- Explain How NGS-ACE Affects Your Claims
- Review the 277CA Claims Acknowledgement (277CA) Report

Agenda

- What is NGS-ACE
- Why is NGS implementing NGS-ACE
- NGS-ACE edits, messages and descriptions
- Reports
- Errors
- Resubmissions

What Is NGS-ACE

- We will be implementing our new NGS-ACE editing model in January 2022
- NGS-ACE applies business level edits to your electronically submitted claims
- For all Part B claims in Jurisdiction 6 (Illinois, Wisconsin, and Minnesota)
 - For all direct submitters as well as those who transmit claims via clearinghouses/billing services, in January 2022

Why The Enhancements?

- Decrease denial rates
- Improve billing inefficiencies
- Reduce appeal/reopening requests
- Reduce administrative costs and provider burden

Edit Messages and Descriptions

Smart Edit	Smart Edit Message	Smart Edit Description
mEV	The E/M code XXXXXX on this claim line is billed in addition to another E/M code. The billing provider should bill one E/M code per patient per day. Please review for payment accuracy.	(mEV) Multiple Different E/M Codes on Same Day for Same Rendering Provider The mEV System Rule identifies claims when multiple E/M codes are submitted on the same date of service.
BAG	Per LCD or NCD guidelines, procedure code XXXXXX has not met the associated Age relationship criteria for CMS ID(s) XXXXXX .	(BAG) LCD Part B Procedure Not Typical with Patient Age The BAG edit identifies claims containing CPT codes that can only be performed with a specified age per LCD/NCD.
BPO	Per LCD or NCD guidelines, procedure code XXXXXX has not met the associated Place of Service relationship criteria for CMS ID(s) XXXXXX .	(BPO) LCD Part B Invalid Place of Service The BPO edit identifies claims containing CPT codes that can only be performed in specified Place(s) of Service per LCD/NCD policy.

Edit Messages and Descriptions

Smart Edit	Smart Edit Message	Smart Edit Description
CSX	Procedure code XXXXXX is not typically performed for a patient whose gender is X .	(CSX) Procedure Not Typical with Patient Gender The CSX System Rule identifies claim lines that contain a patient's gender not typical for the procedure code.
ISX	Diagnosis code(s) XXXXXX is not typical for a patient whose gender is X .	(ISX) Diagnosis Not Typical with Patient Gender The ISX System Rule identifies claim lines that contain a diagnosis code not typical for a patient's gender.
mAS	Medicare statutory payment restriction for assistants at surgery applies to the procedure XXXXXX .	(mAS) Medicare No Payment for Assistant Surgeons The mAS edit identifies claim lines that contain an assistant surgeon modifier and a procedure code that Medicare typically does not allow reimbursement for surgical assistants.

Edit Messages and Descriptions

Smart Edit	Smart Edit Message	Smart Edit Description
mCO	Billing for co-surgeons is not permitted for the procedure XXXXX .	(mCO) Medicare Co-Surgeons Not Permitted The mCO edit identifies claim lines that contain a co-surgeon modifier and a procedure code that Medicare typically does not allow reimbursement for co-surgeons.
mGT	Per the Medicare Physician Fee Schedule, Procedure XXXXX describes the global code of a service or diagnostic test. Use of modifier XX is inappropriate for this procedure code.	(mGT) Medicare Global Test Only The mGT Medicare Rule identifies claim lines which have stand-alone global diagnostic test codes and the modifier 26 or TC are attached, this is indicated by the PC/TC Indicator of 4. Modifiers 26 and TC are inappropriate with these codes.

Edit Messages and Descriptions

Smart Edit	Smart Edit Message	Smart Edit Description
mPC	Per the Medicare Physician Fee Schedule, Procedure XXXXX describes the physician work portion of a diagnostic test. Modifier XX is not appropriate.	(mPC) Professional Component Only The mPC flag identifies the claim lines which have procedure codes, per the MPFS, a PC/TC indicator of 2, that represent the professional portion of selected diagnostic tests and the 26 or TC are not appropriate. The PC/TC concept does not apply since these services cannot be split into professional and technical components.
mTC	Per the Medicare Physician Fee Schedule, Procedure XXXXX describes only the technical portion of a service or diagnostic test. Modifier XX is not appropriate.	(mTC) Medicare Technical Component Only The mTC Medicare Rule identifies the claim lines which have procedure codes that represent the technical portion of selected diagnostic tests and a 26 or TC modifier is present. The PC/TC concept does not apply since these services cannot be split into professional and technical components.

Edit Messages and Descriptions

Smart Edit	Smart Edit Message	Smart Edit Description
mTS	Team Surgery is not permitted for Procedure XXXXX .	(mTS) Medicare Team Surgeons Not Permitted The mTS edit identifies claim lines that contain a team surgeon modifier and a procedure code that Medicare typically does not allow reimbursement for team surgeons.

277CA Report Changes

- NGS-ACE edits can be identified by the presence of the 2200D and/or 2220D STC data element
- When a 277CA is received
 1. Recognize the errors that occurred and begin a correct/resubmit action on specific claims
 2. Recognize transactions were accepted
 3. Use returned claim numbers for future status inquiries
- Reflects a data problem that must be addressed by resources in the providers billing area
- Billing staff will need reports produced in order to identify claim corrections before resubmission


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1SA^00~ *00~ *22^06102 *ZZ^ACETEST *211124^0718^^*00501^0000000001^0^P^:-
GS^HN^06102^ACETEST^20211124^071433^1^X^005010X214~
ST^277^0000000001^005010X214~
BHT^0085^08^21328^20211124^071433^TH~
HL^1^1^20^1~
NM1^PR^2^NGS INC IL^*****46^06102~
TRN^1^0610220211124000001~
DTP^050^D8^20211124~
DTP^009^D8^20211124~
HL^2^1^21^1~
NM1^41^1^TEST PART B^SUBMIT^A^***46^ACETEST~
TRN^2^837P06102BAG005T001~
STC^A1:19:PR^20211124^WQ^250~
QTY^AA^1~
AMT^YY^250~
HL^3^2^19^1~
NM1^85^2^PII^*****XX^9999999999~
TRN^1^PAS1000AX.NM1.0001~
STC^A1:19:PR^**WQ^250~
QTY^QC^1~
AMT^YY^250~
HL^4^3^FT~
NM1^QC^1^PII^PII^X^**MI^PII~
TRN^2^PAS1000AX.NM1.0001~
STC^A1:19:PR^20211124^U^250~
DTP^472^D8^20211123~
SVC^HC^G0102^250^*****1~
STC^A3:23:41^*U^*****SMARTEDIT PATTERN 20079 PER LCD OR NCD GUIDELINES PROCEDURE CODE G0102 HAS NOT MET THE ASSOCIATED AGE RELATIONSHIP CRITERIA FOR CMS ID(S) 210.1.~
STC^A3:23:41^*U^*****SMARTEDIT INFO A POTENTIAL CODING ERROR WAS IDENTIFIED WITH THIS CLAIM PLEASE SEE STC 2220D LOOP FOR SPECIFIC INFORMATION. IF YOU WISH TO CONTINUE WITHOUT UPDATES PLE
REF^FJ^20091006000000000008H0001~
DTP^472^D8^20211123~
SE^30^0000000001~
GE^1^1~
IEA^1^0000000001~

```


277CA Report Example - BPO

```
ISA*00*          *00*          *22*06102      *22*ACETEST      *211124*0723*^*00501*000000001*0*P*:-
GS*HM*06102*ACETEST*20211124*071953*1*X*005010X214~
ST*277*000000001*005010X214~
BHT*0085*08*21328*20211124*071953*TH~
HL*1*20*1~
NM1*PR*2*NGS INC IL****46*06102~
TRN*1*0610220211124000001~
DTP*050*D8*20211124~
DTP*009*D8*20211124~
HL*2*1*21*1~
NM1*41*1*TEST PART B*SUBMIT*A****46*ACETEST~
TRN*2*837F06102BP00005T001~
STC*A1:19:PR*20211124*WQ*250~
QTY*AA*1~
AMT*YY*250~
HL*3*2*19*1~
NM1*85*2*PII****XX*9999999999~
TRN*1*PAS1000AX.NM1.0001~
STC*A1:19:PR**WQ*250~
QTY*QC*1~
AMT*YY*250~
HL*4*3*PT~
NM1*QC*1*PHI*PHI*X***MI*PHI~
TRN*2*PAS1000AX.NM1.0001~
STC*A7:189*20211124*U*250~
DTP*472*D8*20211123~
SVC*HC:G0442*250*****1~
STC*A3:23:41**U*****SMARTEDIT PATTERN 4531 PROCEDURE CODE G0442 IS NOT TYPICALLY PERFORMED BY A PROVIDER IN PLACE OF SERVICE 21 (INPATIENT HOSPITAL).~
STC*A3:23:41**U*****SMARTEDIT PATTERN 20079 PER LCD OR NCD GUIDELINES  PROCEDURE CODE G0442 HAS NOT MET THE ASSOCIATED PLACE OF SERVICE RELATIONSHIP CRITERIA FOR CMS ID(S) 210.8.~
STC*A3:23:41**U*****SMARTEDIT INFO A POTENTIAL CODING ERROR WAS IDENTIFIED WITH THIS CLAIM  PLEASE SEE STC 2220D LOOP FOR SPECIFIC INFORMATION. IF YOU WISH TO CONTINUE WITHOUT UPDATES  PLA
REF*FJ*200910060000000008H0001~
DTP*472*D8*20211123~
SE*31*000000001~
GE*1*1~
IEA*1*000000001~
```


277CA Report Example - CSX

```
ISA*00~*00~*ZZ*06102~*ZZ*ACETEST~*211119*0938~*00501*000000001*0*P*~  
GS*HN*06102*ACETEST*20211119*093553*1*X*005010X214~  
ST*277*000000001*005010X214~  
BHT*0085*08*21323*20211119*093553*TH~  
HL*1*20*1~  
NM1*PR*2*NGS INC IL*****46*06102~  
TRN*1*0610220211119000001~  
DTP*050*D8*20211119~  
DTP*009*D8*20211119~  
HL*2*1*21*1~  
NM1*41*1*TEST PART B*SUBMIT*A***46*ACETEST~  
TRN*2*837P06102CSX003T003~  
STC*A1:19:PR*20211119*WQ*650~  
QTY*AA*1~  
AMT*YY*650~  
HL*3*2*19*1~  
NM1*85*2*PII*****XX*9999999999~  
TRN*1*PAS1000AX.NM1.0001~  
STC*A1:19:PR**WQ*650~  
QTY*QC*1~  
AMT*YY*650~  
HL*4*3*PT~  
NM1*QC*1*phi*phi*x***MI*phi~  
TRN*2*PAS1000AX.NM1.0001~  
STC*A1:19:PR*20211119*U*650~  
DTP*472*D8*20210902~  
SVC*HC:G0102*650*****1~  
STC*A3:23:41**U*****SMARTEDIT PATTERN 156 PROCEDURE CODE G0102 IS NOT TYPICALLY PERFORMED FOR A PATIENT WHOSE GENDER IS F.~  
STC*A3:23:41**U*****SMARTEDIT INFO A POTENTIAL CODING ERROR WAS IDENTIFIED WITH THIS CLAIM PLEASE SEE STC 2220D LOOP FOR SPECIFIC INFORMATION. IF YOU WISH TO CONTINUE WITHOUT UPDATES  
REF*FJ*20091006000000000008H0001~  
DTP*472*D8*20210902~  
SE*30*000000001~  
GE*1*1~  
IEA*1*000000001~
```


277CA Report Example mAS

```
ISA*00*      *00*      *ZZ*06102      *ZZ*ACETEST      *211116*1618**^*00501*000000001*0*P*~
GS*HN*06102*ACETEST*20211116*161631*1*X*005010X214~
ST*277*000000001*005010X214~
BHT*0085*08*21320*20211116*161631*TH~
HL*1**20*1~
NM1*PR*2*NGS INC IL****46*06102~
TRN*1*0610220211116000001~
DTP*050*D8*20211116~
DTP*009*D8*20211116~
HL*2*1*21*1~
NM1*41*1*TEST PART B*SUBMIT*A***46*ACETEST~
TRN*2*837P06102MAS007T000~
STC*A1:19:PR*20211116*WQ*950~
QTY*90*1~
AMT*YU*950~
HL*3*2*19*1~
NM1*85*2*PII****XX*999999999~
TRN*1*PAS1000AX.NM1.0001~
STC*A1:19:PR**WQ*950~
QTY*QA*1~
AMT*YU*950~
HL*4*3*PT~
NM1*QC*1*PHI*PHI*X***MI*PHI~
TRN*2*PAS1000AX.NM1.0001~
STC*A2:20:PR*20211116*WQ*950~
STC*A1:20:41*20211116*WQ*950*****SMARTEDIT PATTERN 54 PER MEDICARE GUIDELINES  A STATUTORY PAYMENT RESTRICTION FOR ASSISTANTS AT SURGERY
APPLIES TO PROCEDURE CODE 51784.~
REF*1K*0221320004100~
DTP*472*D8*20211003~
SE*27*000000001~
GE*1*1~
IEA*1*000000001~
```


Errors and Resubmission

- NGS-ACE applies business level edits to your electronically submitted claims
- The information for the edits are returned on the 277 Claim Acknowledgement (277CA) transaction that you currently receive
- This allows you to correct any errors and resubmit your claim before MCS receives them

Errors and Resubmit

- If you choose not to change the claims, you can resubmit in its original format and it will pass to the MCS claims adjudication system for processing
- J6 Part B only previous EDI duplicate claim edit is turned off

What's To Come?

- Stay tuned - [NGSMedicare](#)
- Edits go live in January 2022!
- Additional edits to be implemented

Thank You!

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

