

Understanding Medicare Compliance for Part B Providers

Submitting Medical Documentation Electronically

11/7/2023

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Objectives

During this presentation we'll provide the benefits of using electronic technology to submit medical documentation to NGS. We'll also provide instructions for opting in to submitting electronic medical documentation and discuss the proper submission guidelines.

Today's Presenters

Provider Outreach and Education Consultants

- Jennifer Lee, MBA
- Jennifer DeStefano



Agenda

Unsolicited vs. Solicited Documentation

Jennifer Lee

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Jennifer Lee

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Jennifer Lee

X12 275 Electronic Attachment

Jennifer DeStefano

X12 277 Electronic Request for Additional Information

Jennifer DeStefano

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Jennifer DeStefano

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 Explained

▪ 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 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
- Documentation is only needed for limited situations

Unsolicited Criteria

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

Unsolicited Criteria, continued

- 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 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 through U.S. Mail
- Provides an immediate receipt for the documentation
- Reduces administrative burden
- Reduces denials
- Improves payment revenue cycle

Electronic Submission Options for Medical Documentation

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)

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

- Contact your vendor, clearinghouse or billing service to ensure they support the electronic attachment program
- 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 [our website](#)
- 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](#)
- Enroll for the attachment transactions with NGS through the online EDI enrollment tools on [our website](#)
- 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's 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, Cont.

- 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

Proper Documentation Guidelines

Proper Documentation Guidelines

- There are instances that will require supporting documentation to process your claim and/or appeal request
 - Be proactive – additional documentation will not be requested for an appeal
 - ✓ [What Documents are Needed](#)
- Only you can decide which documentation best supports your claim

Proper Claim Documentation Submission

■ Claims

- Submit 8 ½ x 11 sized documents only
- Documents larger or smaller than that size should be photocopied onto an 8 ½ x 11 sized paper
- If submitting multiple documents in one envelope, separate each document with either a paperclip or a rubber band. Please do not use staples
- Quality check your 1500 claim form – ensuring legibility in boxes 32 and 33

Proper Appeal Documentation Submission

▪ Appeal

- Submit 8 ½ x 11 sized documents only
- Documents larger or smaller than that size should be photocopied onto an 8 ½ x 11 sized paper
- If submitting multiple documents in one envelope, separate each document with either a paperclip or a rubber band. Please do not use staples
- Submit your documentation electronically via NGSConnex or the X12 275 Claim Attachment process rather than via a CD or flash/thumb drive

Proper ADR Documentation Submission

▪ ADR

- **Be sure to include the original ADR letter, not a photocopy**
 - ✓ Our scanning equipment is not able to read the barcode on a photocopied ADR letter
- Submit your documentation electronically via NGSConnex or the X12 275 Claim Attachment process rather than via a CD or flash/thumb drive

Proper Electronic Signature

■ Must Include

- Copy of the electronic signature protocol/procedure.
 - ✓ Describe the requirements that the physician uses his own ID and password to enter the system to sign the medical records; will be kept on file for future documentation requests

■ Unacceptable Examples

- The electronic signature is not dated and does not identify the physician
 - ✓ Plan of care is reviewed and discussed with nursing staff
 - ✓ Author: nurse – physician (e-signed)
- The electronic signature does not identify the physician
 - ✓ Monitor closely
 - ✓ Author nurse – physician (e-signed)
 - ✓ Date: 3/10/2019

Acceptable Electronic Signature

- Chart “Accepted by” with provider’s name
- “Electronically signed by” with provider’s name
- “Verified by” with provider’s name
- “Reviewed by” with provider’s name
- “Released by” with provider’s name
- “Signed before import by” with provider’s name
- Digitized signature: Handwritten and scanned into the computer
- “This is an electronically verified report by John Smith, MD”

Acceptable Electronic Signature

- “Authenticated by John Smith, MD”
- “Authorized by: John Smith, MD”
- “Digital Signature: John Smith, MD”
- “Confirmed by” with provider’s name
- “Closed by” with provider’s name
- “Finalized by” with provider’s name
- “Electronically approved by” with provider’s name
- [CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.4](#)
- [MLN Matters® MM6698: Signature Guidelines for Medical Review Purposes](#)

The background is a dark blue gradient. On the right side, there are large, overlapping, semi-transparent blue geometric shapes, including a large 'S' or 'R' curve and a diagonal band. In the bottom-left corner, there is a pattern of small, light blue dots.

NGSConnex

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

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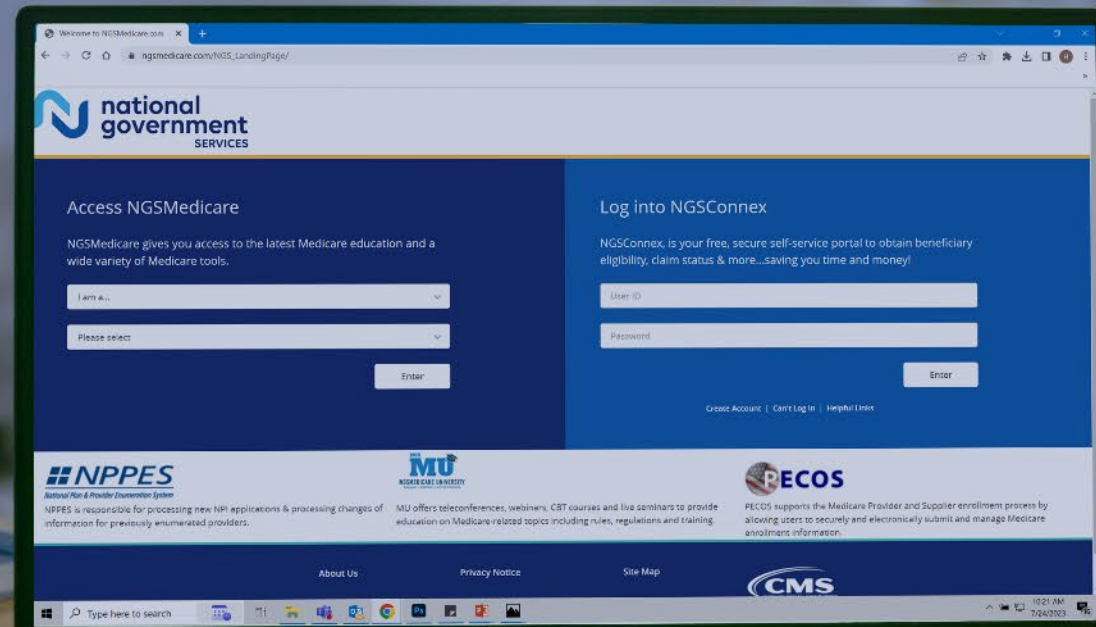
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Educational Content

Find us online



www.NGS Medicare.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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