

## Spring 2025 Virtual Conference

Understanding Medicare Compliance for Part B Providers

# Medicare Part B – Submitting Medical Documentation Electronically

6/3/2025



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# Today's Presenters

- Provider Outreach and Education Consultants
  - Jen DeStefano
  - Linda Klug
  - Paul Root





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## Objective

We will discuss the methods and benefits of using electronic technology to submit medical documentation to NGS.





# Agenda

- [Unsolicited vs. Solicited Documentation](#)
- [Electronic Submission Options for Medical Documentation](#)
- [Paperwork Segment \(PWK\)](#)
- [NGSConnex](#)
- [Resources](#)

# Unsolicited vs. Solicited Documentation



## Types of Medical Documentation

### Clinical Documentation

Includes but is not limited to; operative notes, consult notes, lab results, procedure notes, care plans.

# Unsolicited and Solicited Documentation

- **Solicited Documentation**

- NGS sends an Additional Development Request (ADR)
  - Information is necessary to process an initial claim
  - Information is necessary to review an already processed claim (post-payment review)
- The provider must submit documentation within the specified time frame on the ADR
  - 30-45 days

- **Unsolicited Documentation**

- Provider sends documentation upon submission of an initial claim without receiving an ADR from NGS
  - NGS has specific criteria when documentation should be included in the comment field of the claim
    - Required information cannot fit into the comment field of the claim, providers send documentation



# Unsolicited Criteria

- Examples of special circumstances where unsolicited documentation may be needed
  - Surgical NOC Procedure Codes
  - Nonsurgical NOC Procedure Codes
  - Drugs and Biologicals NOC Codes
  - Modifier 22 – Unusual Services
  - Modifier 53 – Discontinued Services
  - Modifier 62 – Cosurgery
  - Modifier 66 – Team Surgeons
  - Modifier GM – Ambulance Multiple Patients on One Ambulance Trip

# Unsolicited Criteria, continued

- 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

# Excessive Documentation

- Only submit documentation relevant to the service(s) /procedure(s) when responding to an ADR or sending unsolicited documentation
  - NGS doesn't need the beneficiary's entire medical record
- Submitting excessive documentation can result in
  - Increased administrative costs
  - Delays in claim processing
  - Claim denials



# Electronic Submission Options for Medical Documentation

# Benefits of Electronic Submission of Documentation

- Adoption of electronic processes eliminates paper use and reduces the administrative burden associated with printing and mailing
- Up to 50% reduction in both claim status verification and MR denials
- Participating providers experience payments up to 30 days faster
- ADRs can be sent electronically, replacing U.S. Mail, providing immediate receipt confirmation

# X12 275 Electronic Attachment

- X12 275 is an electronic transaction used to submit additional information to support the services/procedures on a claim
  - Additional Information to Support a Health Care Claim or Encounter
  - Claim Attachment
- Available for solicited (ADR issued) and unsolicited documentation
  - Provider receives an electronic acknowledgement (999 transaction) which provides an audit trail identifying NGS received the documentation



# X12 275 Electronic Attachment Redeterminations

- NGS providers may submit their redetermination by X12 275
- Include the Medicare Part B Redetermination Form with the necessary documentation
- NGSConnex is not the X12 275
  - NGS providers are encouraged to use NGSConnex to submit NGS first level appeals
  - Electronic submission

# 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

- X12 277 is an electronic transaction used to request additional information from a provider related to a claim
  - Healthcare Claim Request for Additional Information
  - Electronic ADR
- By sending an ADR electronically providers can expect
  - Expedited receipt
  - Elimination of lost/misdirected ADRs because it is routed to appropriate person/department
  - Allows for a quicker response time than mailed ADRs



# Registration Requirements

1. Contact your vendor, clearinghouse or billing service to ensure they support the electronic attachment program
2. Review, or send to vendor, the NGS Attachment Companion Guides
  - [NGS X12/HL7 Claim Attachment Companion Guide](#)
  - [277 Request Additional Information Companion Guide](#)
3. Download the appropriate guides posted at
  - [Washington Publishing Company](#)
  - [HL7 International](#)
4. Enroll for the attachment transactions with NGS
  - [NGS Website](#) > Resources > EDI Enrollment
5. Contact EDI Helpdesk with any questions
  - J6: 877-273-4334
  - JK: 888-379-9132
6. These complete instructions are located on the NGS Website > Resources > EDI Solutions
  - [How to Get Started - Five Easy Steps](#)

# Paperwork Segment (PWK)

# PWK

- PWK is a segment in the 837 electronic claim transaction that links an electronic claim with the supporting documentation submitted by the provider
- PWK indicators on the electronic claim notify NGS that documentation will be submitted to support a claim's service(s) or procedure(s)
- PWK is used to submit unsolicited documentation during initial claim processing
- Used when the comment field of the claim does not hold sufficient detail

# PWK Reviewed Documentation

- NGS will 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
    - Slides 9 and 10 provide examples of claims that may require additional documentation

# PWK Documentation Requirements


- Submit the claim first
  - Submit documentation promptly after claim is assigned an ICN
- Documentation accepted electronically, by mail, or by fax
  - Electronic is preferred
- NGS will hold all claims with completed PWK segment to permit time for document submission
  - The hold begins on the date the claim is received by NGS
    - Seven (7) calendar days for electronic and fax submissions
    - Ten (10) calendar days for mailed submissions
    - NGS has 60 days to review and finalize the claim from the date documentation is received
- Late or unsubmitted documentation that results in normal claims processing
  - This may involve sending an ADR
  - May result in claim rejection/denial



# PWK Cover Sheet

- Providers must complete and include the PWK coversheet for all submissions of unsolicited documentation
  - All fields are required
  - Incomplete coversheets will result in returned documentation
- Use the correct cover sheet per contract
  - JK [Medicare JK Part B PWK Fax/Mail/esMD Cover Sheet](#)
  - J6 [Medicare Part B PWK Fax/Mail/esMD Cover Sheet](#)

# Attachment Control Number

 **national government SERVICES**

MEDICARE

A CMS Medicare Administrative Contractor

**Medicare JK Part B PWK Fax/Mail/esMD Cover Sheet**

Complete all fields then fax, mail, or submit this form via the electronic submission of medical documentation (esMD) system to the applicable address/number provided at the bottom of the page. Complete **one (1)** Medicare JK Part B PWK Fax/Mail/esMD Cover Sheet for each electronic claim for which documentation is being submitted. This form should not be submitted prior to filing the claim and should only be submitted for JK Part B PWK claims.

Attachment Control Number (ACN) (Exactly as entered in the PWK loop on the claim):		Internal Control Number (ICN):
Beneficiary: Last Name	First Name	Medicare ID/Medicare Beneficiary Identifier Number (MBIN):
Date(s) of Service: From	To	Total Claim Billed Amount:
Provider's Name:		Contact Name and Phone Number:
National Provider Identifier (NPI):		Fax Number (If there is not a fax available at your office, enter "None"):
Provider Transaction Access Number (PTAN):		Total Number of Documentation Pages (including cover sheet):
Provider's Complete Address:		

- ACN is a unique identifier created by the provider using letters, numbers, and/or special characters
- To link the claim to the unsolicited documentation
  - Enter ACN on the claim when PWK segment is completed, and
  - Enter ACN on the cover sheet

# Complete the PWK Segment of 837

- Use the following elements on the 837 transaction
  - Loop 2300 (claim level) or 2400 (line level) may be used to report PWK
  - Segment PWK02 – identify method of documentation delivery
    - EL or FT – electronic
    - BM – mail
    - FX – fax
  - Segment PWK06 – ACN
    - Ensure ACN entered on the claim matches the ACN on the cover sheet

The background is a solid blue color with a complex, abstract pattern of overlapping geometric shapes. These shapes include various polygons, triangles, and rounded rectangles, some of which are semi-transparent, creating a layered, architectural effect. The shapes are distributed across the entire frame, with some larger, more prominent ones on the right side and smaller, more intricate ones on the left.

NGSConnex

# Use NGSConnex to Submit Documentation for ADRs and Appeals

- NGS prefers our providers use NGSConnex for all possible electronic inquiries and submissions of medical records
- NGSConnex capabilities include
  - Viewing an ADR
  - Viewing TPE decision letters
  - Submitting documentation to respond to an ADR
  - Tracking prior ADR documentation submissions
  - Filing a first level appeal with electronic documentation attached



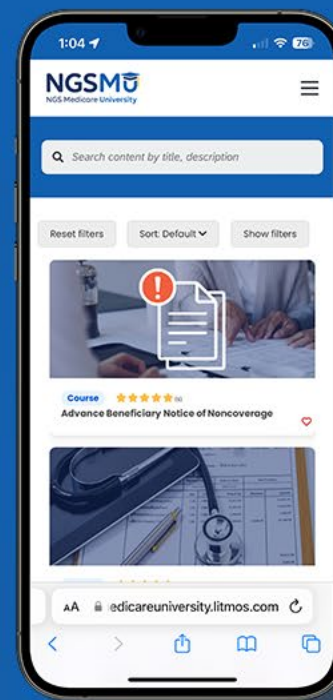
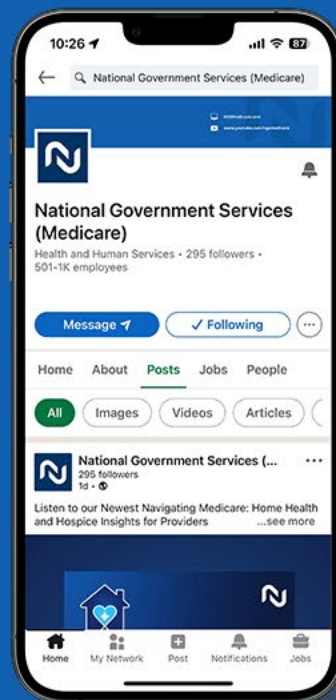
# Resources

# 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\*](#)
- [EDI Enrollment](#)
- [EDI Approved Entities List](#)
- [Part B NGSConnex User Guide](#)
- [Submit Medical Record Documentation Electronically](#)
- [NGSConnex](#)

# Questions?

Thank you!



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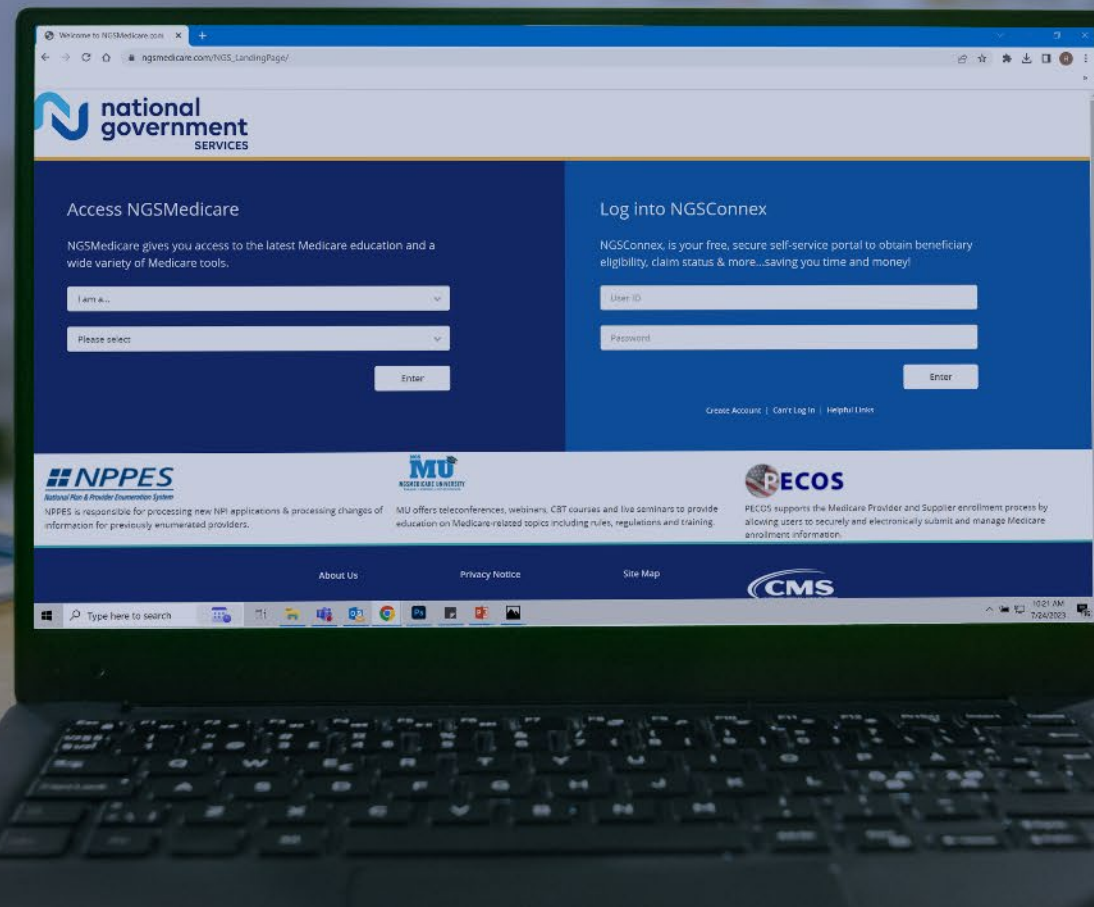


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Online resources, event calendar,  
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[IVR System](#)

The interactive voice response system  
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days a week to answer general inquiries



[NGSConnex](#)

Web portal for claim information



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