

Spring 2025 Virtual Conference

Understanding Medicare Compliance for Part B Providers

Using NGSConnex to Prevent Eligibility Denials and Rejections

6/4/2025



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Objective

During this webinar, we'll cover common eligibility-based denials and rejections and demonstrate how to prevent them using resources within NGSConnex.

Today's Presenters

- Provider Outreach and Education Consultants
 - Christine Brauer
 - Laura Brown
 - Jen DeStefano





Agenda

- [Denials vs. Rejections](#)
- [NGSConnex](#)
- [Denials](#)
- [Rejections](#)
- [Resources](#)

Denials vs. Rejections

Denied Claims vs. Rejected Claims

Denied Claim

- Claim is adjudicated
 - Medical necessity not met
 - Benefits not available/exhausted
 - Submitted to the wrong payer
 - Filed late

Rejected Claim

- Claim is unable to be adjudicated
 - Errors or omissions on the claim
 - Incomplete, incorrect, missing elements

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 in different shades of blue, creating a sense of depth and movement. The pattern is more dense and detailed on the right side of the image, while the left side is relatively plain.

NGSConnex

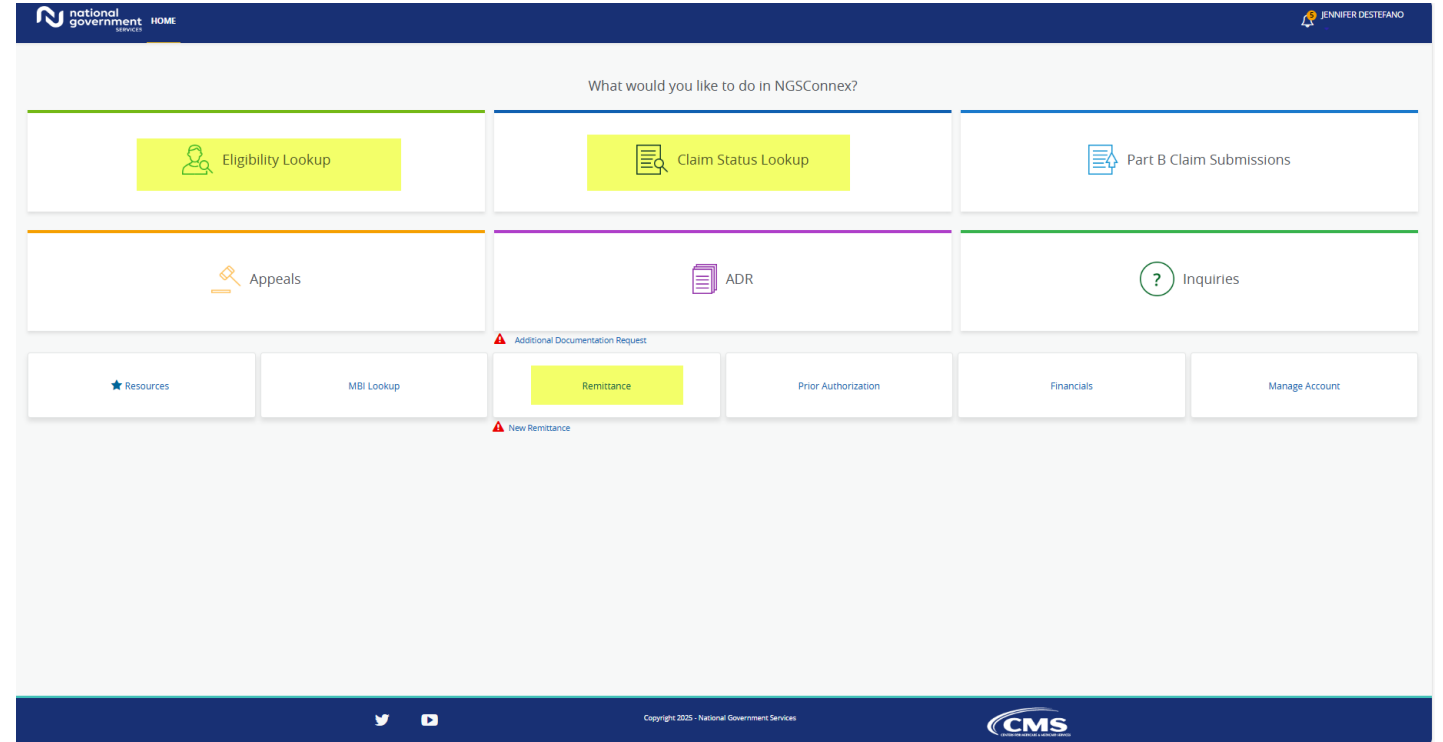
Important Note

- The NGSConnex screen shots in this presentation are subject to change
- The *NGSConnex User Guide* is the primary source for all current screen shots
 - [Part B NGSConnex User Guide](#)





NGSConnex Home Page

- Eligibility Lookup
- Claim Status Lookup
- Remittance



Beneficiary Eligibility Panel

Beneficiary Eligibility

Inactive Coverage

Part B Deductibles

Medicare Advantage

Medicare Secondary Payer

Crossover

Qualified Medicare Beneficiary

Home Health Plan

Hospice Notice Of Elections

Hospice Benefit Periods

Inpatient/SNF Spell History

End Stage Renal Disease

Preventive Services

Audiology Screening

Hepatitis Screening

COVID-19 Vaccine

Flu Vaccine

Pneumococcal Vaccine

Medicare Diabetes Prevention Program

Cardiac Rehabilitation

Intensive Cardiac Rehabilitation

Pulmonary Rehabilitation

Acupuncture Benefits

Smoking Cessation Counseling

Cognitive Assessment & Care Plan

Therapy

Beneficiary Eligibility

Beneficiary Information

Medicare Number

MBI Term Date

Sex

City

Last Name

Date of Birth

Address Line 1

State

MA

First Name

Date of Death

Address Line 2

Zip

Entitlement Information

Part A Entitlement Reason

0 Beneficiary insured due to a

Prior Part A Entitlement Date

Part B Entitlement Reason

0 Beneficiary insured due to a

Prior Part B Entitlement Date

Medicare Inactive Begin Date

Part A Entitlement Date

Prior Part A Termination Date

Part B Entitlement Date

Prior Part B Termination Date

Medicare Inactive End Date

Part A Termination Date

Part B Termination Date

Inactive Reason

Additional Information

Full Inpatient Days

56

Full SNF Days

0

Lifetime Psychiatric Days Remain

Copay Inpatient Days

30

Copay SNF Days

70

Lifetime Reserve Days Remain

Inpatient Ded Amt Remain

\$0.00

Inpatient Blood Ded Units Remain

3.0

Claim Status Lookup


- To search for claims, use **Filters**
 - Search **without** a Medicare identification number
 - Enter a From and To Service Date, with a maximum range of 14 days
 - Search **with** a Medicare identification number
 - If searching with a Medicare number, you will be limited to a one-year DOS span



The screenshot shows the 'Claim Status' page on the National Government Services portal. The header includes the logo, 'HOME', and a user profile icon. The breadcrumb trail is 'Home > Claim Status'. The main heading is 'CLAIM STATUS'. Below this, there's a section for provider selection with a dropdown menu labeled 'Provider', and fields for 'PTAN' and 'NPI'. To the right of these fields are links for 'Provider Profile' and 'Change Provider'. A note below the provider fields states: 'To search for claims use the filter options below. If searching without a Medicare Number, the From Service Date and To Service Date must be within a two week period. If searching with a Medicare number, you will be limited to a one year span.' The 'Filters' section contains three input fields: 'Medicare Number' (with a placeholder 'Enter Med Number'), 'From Service Date' (with a date '05/01/2024' and a calendar icon), and 'To Service Date' (with a date '05/10/2024' and a calendar icon). A blue 'Search' button is to the right of these fields, and a 'Reset Search' link is below it. A 'BACK' button is visible on the left side of the filters section.

Claim Status – Main View




	Claim Number ▾	Medicare Number	From Service Date ▾	To Service Date ▾	Claim Status ▾	Total Charges ▾
<input type="checkbox"/>	<div></div>	<div></div>	05/01/2024	05/01/2024	Pending	\$200.00
<input type="checkbox"/>			05/10/2024	05/10/2024	Pending	\$100.00
<input type="checkbox"/>			05/07/2024	05/07/2024	Denied	\$150.00
<input type="checkbox"/>			05/01/2024	05/01/2024	Rejected	\$200.00
<input type="checkbox"/>			05/03/2024	05/03/2024	Approved	\$300.00

Claim Details and Left Side Navigation

 **national government SERVICES** HOME


 


Home > Claim Status > Claim Details

CLAIM -  Beneficiary  Provider 

Claim Header

Claim Lines


Claim Overlap 

Duplicate Claim 


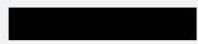

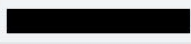
Remittance

Appeals Status

FEEDBACK


Claim Detail Navigation

Claim Header

Claim Number	Claim Status	Medicare Number	Claim Finalized Date
	W - Rejected		06/13/2024
Billing PTAN	Billing Provider NPI	Total Charges	Total Allowed Amount
		\$200.00	\$0.00
Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4
E119			
Diagnosis Code 5	Diagnosis Code 6	Diagnosis Code 7	Diagnosis Code 8

Claim Line Details – Denial Reason

Initiate Clerical Error Reopening

Initiate Redetermination

Claim Header

Claim Lines

Claim Overlap

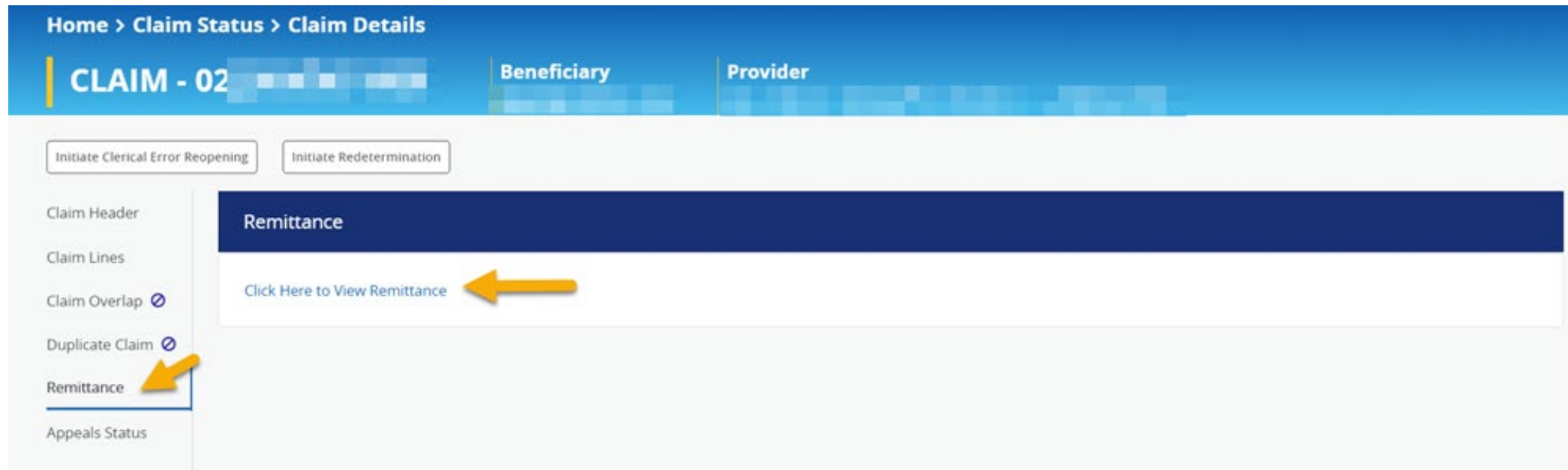
Duplicate Claim

Remittance

Claim Lines												
Line	Status	From Date	To Date	Procedure	Modifier 1-4	Diag Pointers	POS	Quantity	Billed Amt	Allowed Amt	Paid Amt	Denial Reason
01	D - Approved	01/25/2024	01/25/2024	99213	1 - 25	N/A	11	1.0	\$100.00	\$100.00	\$0.00	170

View Remittance From Claim Details

- Select Remittance from the left-side navigation



View Full Remittance

- Select Remittance tile from home page
- View by date and check/EFT number
- Select Download Remittance to view

The screenshot shows the 'Remittance' page in the National Government Services portal. The breadcrumb trail is 'Home > Remittance'. The page title is 'REMITTANCE'. On the right, there is a link for 'ADDITIONAL HELP'. Below the header, there is a search bar with fields for 'Provider', 'PTAN', and 'NPI'. To the right of the search bar are links for 'Provider Profile' and 'Change Provider'. A note states: 'To view a remittance, enter applicable search criteria and select the Search button. When printing your Remittance Advice statement, we can't guarantee it will print in your preferred format and/or print resolution.' On the left, there is a 'Custom Search' section with options: 'Last 7 Days', 'Last 14 Days', 'Last 30 Days', and 'Last 60 Days Unread'. The main content area shows a table with columns 'Check/EFT Number' and 'Remittance Advice Date'. A yellow banner indicates 'Note: Remittance advices for 01/22/2025 to 01/29/2025.' The table contains one row with a redacted 'Check/EFT Number' and the date '01/27/2025'. Below the table, it says '1 to 1 of 1 items'.

Home > Remittance

ADDITIONAL HELP

REMITTANCE

Provider PTAN NPI Provider Profile Change Provider

To view a remittance, enter applicable search criteria and select the Search button. When printing your Remittance Advice statement, we can't guarantee it will print in your preferred format and/or print resolution.

Custom Search

Last 7 Days

Last 14 Days

Last 30 Days

Last 60 Days Unread

Note: Remittance advices for 01/22/2025 to 01/29/2025.

Check/EFT Number	Remittance Advice Date
[Redacted]	01/27/2025

1 to 1 of 1 items

Remittance Sample

- WPC-EDI
 - Remittance Advice Remark Codes



NATIONAL GOVERNMENT SERVICES, INC.
PO BOX 7111
INDIANAPOLIS IN 46207-7111
877-869-6504

NPI: [REDACTED]
PAGE #: 1 OF 1
DATE: 02/07/24
CHECK/EFT #: [REDACTED]

PERF	PROV	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME C	[REDACTED]				MID	[REDACTED]	ACNT			ICN	[REDACTED]	ASG Y MOA MA01
		0202 020224 11		1.0	G0438		200.00	0.00	0.00	0.00	CO-50	200.00 0.00
REM: M127												
PT RESP		0.00			CLAIM TOTALS		200.00	0.00	0.00	0.00		200.00 0.00
												NET 0.00

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	1	200.00	0.00	0.00	0.00	200.00	0.00	0.00	0.00

GLOSSARY: Group, Reason, MOA, Remark and Adjustment Codes

CO Contractual Obligation. Amount for which the provider is financially liable. The patient may not be billed for this amount.

50 These are non-covered services because this is not deemed a 'medical necessity' by the payer. Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.

MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.

M127 Missing patient medical record for this service.

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, 3D effect. The shapes are primarily in shades of blue, ranging from a deep navy to a lighter, medium blue.

Denials

Patient Does Not Have Medicare Part B

- Message code **PR-31**
 - Patient cannot be identified as our insured
 - Not entitled to Medicare on DOS
 - DOS prior to entitlement date
 - Not enrolled
 - Lapse to premium payment
 - Terminated
- Resolution
 - Verify eligibility in self-service tools
 - If no coverage, discuss options with patient

Part B Entitlement Date in NGSConnex

- Location: Eligibility Lookup > Beneficiary Eligibility Information Panel

Entitlement Information		
Part A Entitlement Reason	Part A Entitlement Date	Part A Termination Date
0-Beneficiary insured due to a	04/01/2006	
Prior Part A Entitlement Date	Prior Part A Termination Date	
Part B Entitlement Reason	Part B Entitlement Date	Part B Termination Date
0-Beneficiary insured due to a	04/01/2006	
Prior Part B Entitlement Date	Prior Part B Termination Date	
Medicare Inactive Begin Date	Medicare Inactive End Date	Inactive Reason

Medicare Advantage Plan

- Message code **OA-109**
 - Claim/service not covered by this payer/contractor, you must send the claim/service to the correct payer/contractor
 - Most commonly identifies that the patient is an MA plan enrollee
- Resolution
 - Check eligibility file for MA plan information
 - Submit claim to MA plan

Medicare Advantage Plan NGSConnex

- Location: Eligibility Lookup > Medicare Advantage

Medicare Advantage

Effective Dt	Termination Dt	Administering Insurance Company	Plan Name	Contract Number	Plan Number	Plan Option Code Description
01/01/2025		ANTHEM INSURANCE COMPANIES, INC.	Anthem Medicare Preferred	H4036	801	C - Submit claims to the MA plan. Except

1 to 1 of 1 items

Plan Name

Anthem Medicare Preferred

<https://shop.anthem.com/medicare>
Phone Number: 8882307338

Plan Option Code Description

C - Submit claims to the MA plan. Exception: If an MA plan enrolled beneficiary elects the Medicare hospice benefit, submit claims to NGS.


Close

Hospice

- Message code **CO-B9**
 - Patient is enrolled in a hospice
- Remark code **N90**
 - Covered only when performed by the attending physician
- Resolution
 - Contact the hospice provider, or
 - File Clerical Reopening
 - **Modifier GV** – Attending physician is not employed/under arrangement by hospice provider
 - **Modifier GW** – Services provided are not related to terminal condition


Hospice NGSConnex

- Location: Eligibility Lookup > Hospice Notice of Election
 - NOE Revocation Indicator
 - 0 – Hospice benefits being used
 - 1 – Hospice benefits revoked, no longer being used

Hospice Notice Of Elections				
<input type="text" value="Search String"/>		<button>Search</button> Reset Search		
Notice of Election (NOE) ▾	NOE Receipt Date ▾	NOE Revocation Date ▾	NOE Revocation Indicator	NPI
11/05/2024	11/08/2024		0 - Not Revoked	
1 to 1 of 1 items				

Hospice NGSConnex

- Locations: Eligibility Lookup > Hospice Benefit Periods
- Benefit Period will always include
 - Start and End Date
 - DOEBA and DOLBA

Hospice Benefit Periods						
<input type="text" value="Search String"/>		<button>Search</button>		Reset Search		
Start Dt	End Dt	DOEBA	DOLBA	Days Used	NPI	Benefit Period
11/05/2024	12/18/2024	11/05/2024	12/18/2024	44		1
1 to 1 of 1 items						

Medicare Secondary Payer

- Message code CO-22
 - This care may be covered by another payer per COB
 - The patient has insurance that is primary to Medicare
- Resolution
 - Check eligibility file for the primary insurer
 - Submit claim to primary payer
 - You may submit an MSP claim once the primary has finalized the claim
- [Medicare Secondary Payer \(MSP\)](#)
- [Electronic Data Interchange: Medicare Secondary Payer ANSI Specifications for 837P](#)

MSP NGSConnex

- Location: Eligibility Lookup > Medicare Secondary Payer

Medicare Secondary Payer								
Note: If the 'Related Diagnosis Codes' field is blank there are no related diagnosis codes available. To obtain additional information, contact the primary insurer.								
Effective Dt	Termination Dt	Last Maintenance Dt	Indicator	Type	ORM Indicator	Policy Number	Group Number	Relationship Code/Description
01/01/2023		05/03/2023	Primary Payer to Medicare	12 - Working aged	N/A	050442476	10713601	01-Patient is insured
12/01/2019	12/31/2022	02/01/2023	Primary Payer to Medicare	12 - Working aged	N/A	050442476	01081001	01-Patient is insured

MSP NGSConnex

- Location: Eligibility Lookup > Medicare Secondary Payer

Medicare Secondary Payer							
Note: If the 'Related Diagnosis Codes' field is blank there are no related diagnosis codes available. To obtain additional information, contact the primary insurer.							
Type	ORM Indicator	Policy Number	Group Number	Relationship Code/Description	Source Code/Description	Related Diagnosis Codes	Insurer Name
I2 - Working aged	N/A	050442476	10713601	01-Patient is insured	21-11121-MIR Group Health Plan		HIGHMARK BLUE SHIELD ^ 1800 CENTER ST PO BOX 890089 CAMP HILL, PA 170111741
I2 - Working aged	N/A	050442476	01081001	01-Patient is insured	21-11121-MIR Group Health Plan		HIGHMARK BLUE SHIELD v

Rejections

Railroad Beneficiary

- Message code **CO-109**
 - Claim/service not covered by this payer/contractor
 - You must send the claim/service to the correct payer/contractor
- Remark code **N105**
 - This claim for these services needs to be sent to Palmetto; the Railroad Retirement Board Medicare Carrier
- Resolution
 - [Palmetto GBA](#) is the MAC that processes claims for railroad retirees, regardless of the state/territory where services were provided

Railroad Beneficiary in NGSConnex

- Location: Eligibility Lookup > Beneficiary Eligibility Information Panel

Beneficiary Eligibility

Note: Palmetto GBA is the Railroad Specialty MAC that processes Part B claims for Railroad Retirement Beneficiaries nationwide. Please contact palmettogba.com for further information related to this beneficiary.

Beneficiary Information

Medicare Number	Last Name	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
MBI Term Date	Date of Birth	Date of Death
<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex	Address Line 1	Address Line 2
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

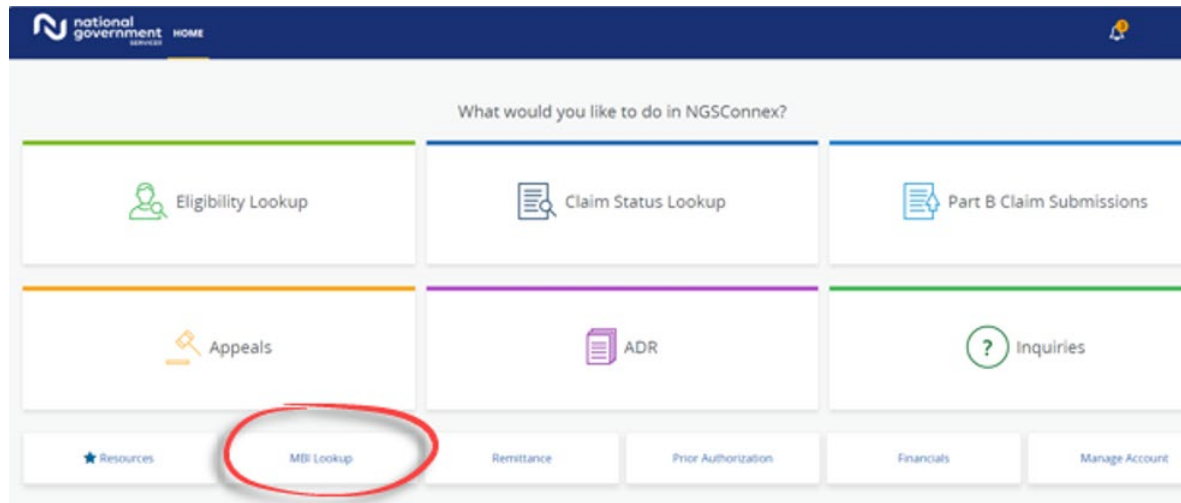
This banner displays when beneficiary is RR

Invalid MBI

- Message code **CO-16**
 - Claim/service lacks information or has submission/billing error(s)
- Remark code **N382**
 - Missing/incomplete/invalid patient identifier
- Resolution
- Is MBI entered correctly or missing from the claim
 - The MBI is 11 characters, using numbers 1-9 and uppercase letters A-Z, but not S, L, O, I, B and Z to prevent confusion with similar-looking numbers
- MBI Lookup Tool
 - MBI may have been changed by SSA
 - Must have the patient's SSN, full name, and DOB
- Contact the patient or caregiver to obtain or verify the provided MBI
- Submit a new claim with a valid MBI

NGSConnex MBI Lookup Tool


- Location: MBI Lookup



MBI Lookup

To look up a Medicare Beneficiary Identifier, please first verify your identity

☐ I am human


Privacy - Terms

Disclaimer

This tool is to be used only when a Medicare patient doesn't or can't give you his/her Medicare Beneficiary Identifier (MBI). The patient's first name, last name, date of birth, and social security number are required to get a unique match. The MBI is confidential so you'll have to protect it as Personally Identifiable Information and use it only for Medicare-related business.

MBI Lookup

- Location: MBI Lookup

MBI Lookup

Required fields are marked with an asterisk

Patient Information

Patient First Name * Patient Last Name * Patient Suffix

Patient SSN * Patient Date of Birth *

[Cancel](#) [Submit](#)

MBI Lookup

X##X##XXX###

Medicare Beneficiary Identifier for

Jane Doe

[Use this MBI](#)

[New MBI Lookup](#)

Resources

Resources

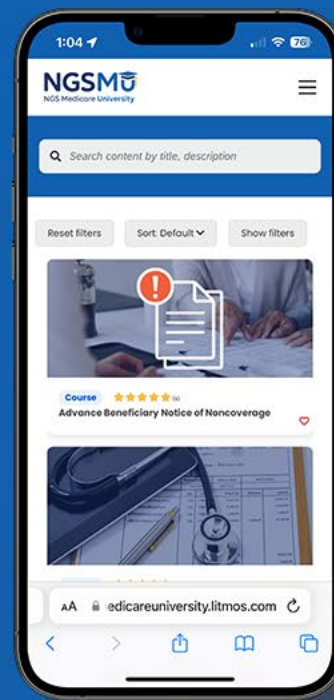
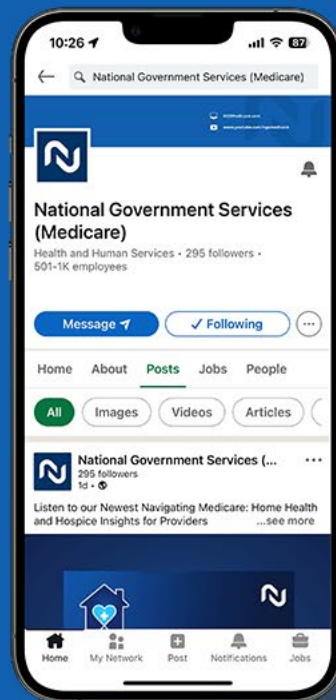
- [Professional Services During a Patient Hospice Election](#)
- MLN Fact Sheet® [Checking Medicare Eligibility](#)
- [HIPAA Eligibility Transaction System \(HETS\)](#)
- [Checking Eligibility and Knowing your Point of Contact](#)





Questions?

Thank you!



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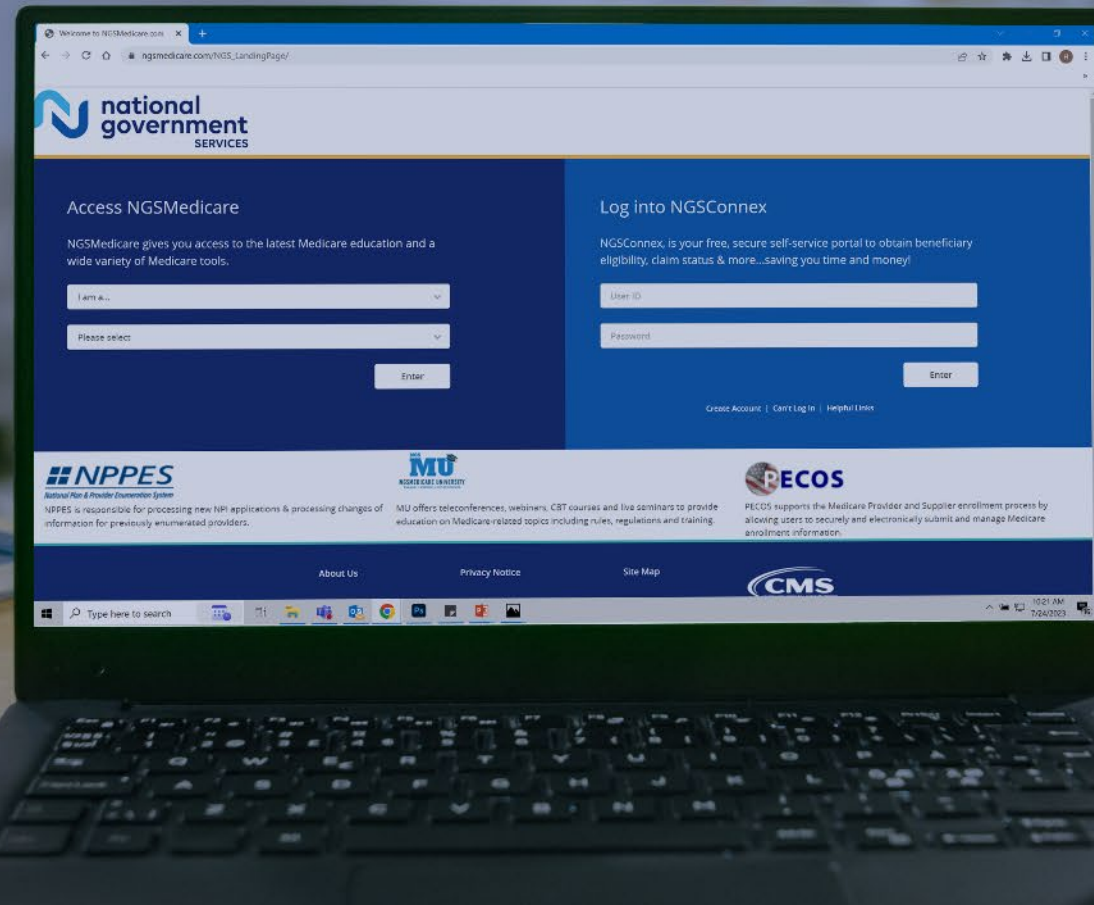


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www.NGSMedicare.com

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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