

NGS Medicare Virtual Conference

Fall 2021

What You Need to Know When Responding to an
Additional Development Request

11/9/2021



Today's Presenters

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- Kim Thomas, CPC
 - Provider Outreach and Education Consultants

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Objectives

- This session will provide direction on responding to an ADR and the tools needed to locate the ADR and submit the medical documentation to support your Medicare claim.

Agenda

- ADR
- Submission of Medical Record Documentation
- Electronic Claim Attachments
- NGSConnex
- Navigating FISS
- Helpful Tips
- Resources
- Q&A

Additional Development Requests

The Additional Development Request

- An ADR is a request for documentation to support a Medicare claim
 - It is imperative that providers maintain a process or policy that ensures requested medical record documentation is collected efficiently and appropriately for review
 - Methods or techniques often utilized to ensure proper documentation is collected include
 - Mock Chart
 - Check List
 - Staff Members Assigned to Collect Documentation
 - Staff Members Assigned to Review Documentation Prior to Submission

ADR

ADR Letter Issued

- Claim suspends to status/location SB 6001
- ADR is sent to provider by mail or via EDI 277RFI
- Provider has 45 days to return records to the MAC

Claim Status – Records Received

- Once the records are received the claim will move to Status/Location (S/L) SM 5REC

Claim Status - Records Not Received By Day 45

- On day 46 the system will deny the claim and move it to S/L DB 9997
- Claim assigned reason code 56900

ADR

- Consider including methods and processes mentioned into your facility's policies/procedures will help ensure that
 - The appropriate documentation is obtained from any outside entities
 - The records are reviewed for accuracy by several staff members prior to submission
 - All necessary eligibility criteria has been met
 - All proper documentation is included in the medical record prior to submission
 - The correct claims payment is issued

ADR

- Utilize instructional information on the ADR to assist in creation of the checklist or mock chart

THIS CLAIM REQUIRES ADDITIONAL INFORMATION IN ORDER TO MAKE APPROPRIATE PAYMENT DETERMINATION AND PROCESSING. PROVIDED BELOW ARE RECOMMENDED SUPPORTING DOCUMENTS, BUT NOT AN ALL INCLUSIVE LIST. THE DOCUMENTATION SHOULD SUPPORT THE VERIFICATION OF THE ISSUE THAT GENERATED THIS REQUEST. FOR FURTHER INFORMATION, ENTER THE REASON CODE(S) LISTED BELOW IN THE APPROPRIATE FIELDS IN THE ON-LINE SYSTEM. WE ACCEPT DOCUMENTS VIA PAPER, FAX, CD/DVD AND ESMD

OMB #0938-0969

PLEASE NOTE:

****MEDICAL**** RECORDS ARE DUE TO THE MAC WITHIN 45 CALENDAR DAYS.

NON-MEDICAL RECORDS ARE DUE TO THE MAC WITHIN 14 CALENDAR DAYS.

**Records
DUE: 45 Days**

ADR

- The ADR provides helpful hints to help appropriate claims payment

MEDICARE REQUIRES A LEGIBLE IDENTIFIER FOR SERVICES PROVIDED AND ORDERED.

MEDICARE WILL ACCEPT CLEARLY LEGIBLE HANDWRITTEN SIGNATURES, HANDWRITTEN

INITIALS OR ELECTRONIC SIGNATURES. STAMPED SIGNATURES ARE NOT ACCEPTABLE ON

ANY MEDICAL RECORD.

**STAMPED
SIGNATURES**

ADR

PATIENT IDENTIFICATION, DATE OF SERVICE, AND PROVIDER OF THE SERVICE SHOULD BE CLEARLY IDENTIFIED ON THE SUBMITTED DOCUMENTATION. IF THE RENDERING PROVIDER SIGNATURE IS NOT CLEARLY LEGIBLE, ATTACH A SIGNATURE LOG/KEY THAT INCLUDES THE TYPED NAME OF THE PROVIDER WITH CREDENTIALS, THE SIGNATURE, AND THE INITIALS FOR EACH PROVIDER FOR WHICH THE RECORDS ARE REQUESTED. IF YOU QUESTION THE LEGIBILITY OF YOUR SIGNATURE, YOU SHOULD SUBMIT AN ATTESTATION STATEMENT IN YOUR DOCUMENTATION RESPONSE. IF THE SIGNATURE REQUIREMENTS ARE NOT MET, THE REVIEWER WILL CONDUCT THE REVIEW WITHOUT CONSIDERING THE DOCUMENTATION WITH THE MISSING OR ILLEGIBLE SIGNATURE. THIS COULD LEAD THE REVIEWER TO DETERMINE THAT THE MEDICAL NECESSITY FOR THE SERVICE BILLED HAS NOT BEEN SUBSTANTIATED.

PLEASE SUBMIT THE SUPPORTING DOCUMENTATION WITHIN 45 DAYS FROM THE DATE OF THIS NOTICE. THIS DOCUMENTATION MUST BE CLEAR AND LEGIBLE.

Date

Signature

Legibility

ADR

- The ADR does not provide an all-inclusive list of what should/should not be included for medical record submission
 - **Reminder:** It is important to review the records prior to submission to ensure **all applicable** documentation is included

Submission of Medical Record Documentation

Documentation Collaboration

- Examples of documentation that may assist in supporting services billed include
 - Discharge summary
 - Progress notes
 - Patient history and physical
 - Plan of care/treatment relative to this care
 - Physician's orders for all services billed
 - Therapy records
 - Test results
 - ABN (when applicable)
- Examples only, you should review the list contained in the ADR

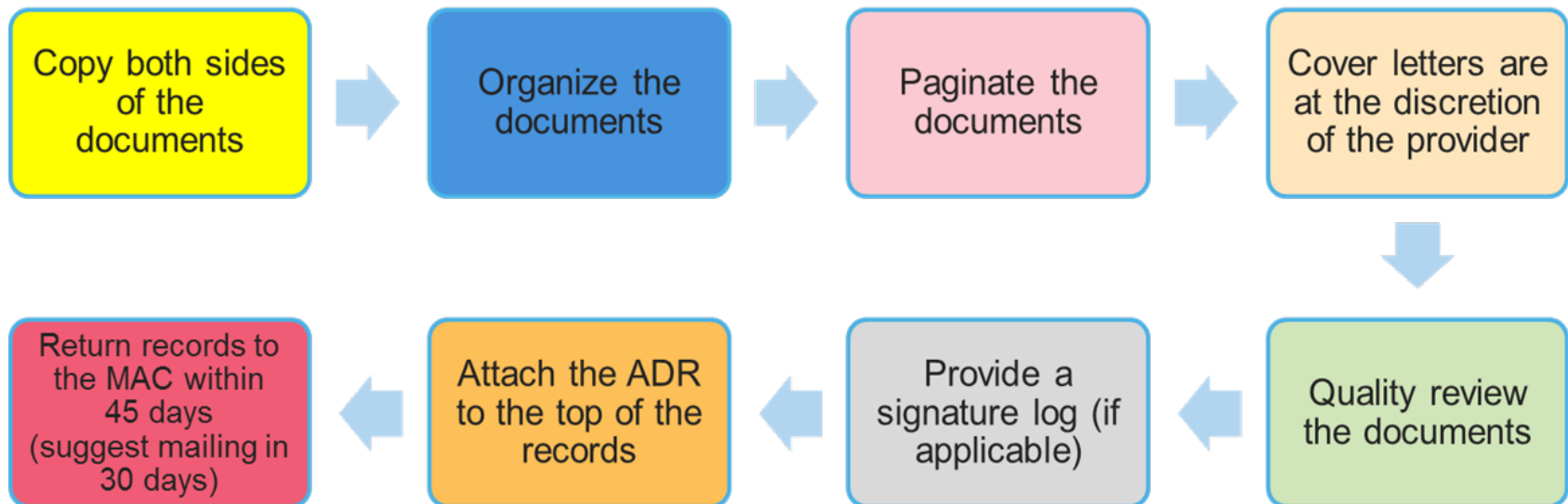
Documentation Preparation

- Prior to submission of documentation, it is imperative that all medical record documentation is completely reviewed to ensure
 - All pages are for the appropriate patient
 - PECOS – validation for all physicians involved in the patient's care for all DOS in the period of care
 - Any and all therapy evaluations and reevaluations are included
 - The patient's name is on each page (front and back where appropriate)
 - The correct dates of service for the claimed period of care
 - Dates and signatures are clear and appropriate
 - Legibility of all handwritten documentation

Documentation Preparation

- Prior to submission of documentation, review all records to ensure
 - Identifiable credentials for each clinician signature
 - Signature sheets as appropriate from agency and referring facility/office
 - Accuracy of documentation
 - All staples, paperclips, binder clips, sticky notes, rubber bands, etc. are removed prior to submission
 - Pages are not folded over, cut off or crinkled during copying/printing/faxing
 - Highlighter is not utilized
 - ADR is placed on the top of the medical record
 - Reminder: black ink copies best
 - Provider contact name and telephone number

Submission of Medical Record Documentation



Submission of Medical Record Documentation

- Do Not
 - Bind all records together
 - Highlight records
 - Attach sticky notes or tabs
 - Change or alter records
 - Copy one page as a pdf file

Records Not Returned Timely

- Claim will be denied with reason code 56900
 - Requested medical records were not received within the 45 day time limit; therefore, we are unable to determine the medical necessity of the services billed and this claim has been denied. If less than 120 days after denial notification on remittance advice, submit records to the contractor requesting records
 - Do not resubmit the claim

Ways to Return Medical Records – Electronic Attachments

J6

Submission of Medical Record Documentation



NGSConnex
esMD
EDI 275



National Government
Services Inc.
8115 Knue Rd
Indianapolis, IN 46250
Attn: Mail &
Distribution



National Government
Services Inc.
PO Box 6474
Indianapolis, IN
46206-6474



FAX: 315.442.4154

Always check www.NGSMedicare.com for the most current information

JK

Submission of Medical Record Documentation



NGSConnex

esMD

EDI 275



National Government
Services Inc.

8115 Knue Road
Indianapolis, IN 46250

ATTN: Mail &
Distribution



National Government
Services Inc.

PO Box 7108
Indianapolis, IN
46207-7108



FAX: 315.442.4390

Always check www.NGSMedicare.com for the most current information

CD/DVD to Submit Medical Records

- Records should be submitted in PDF format via an encrypted electronic media (CD, USB)
- To protect PHI, encryption using Secure-Zip is suggested
- Please do not submit the password information with the CD
- Provide the password in a separate mailing
- Each beneficiary should be saved as a separate file
- Please provide a contact name and phone number in the event an electronic media cannot be opened or read
- Electronic media that cannot be read or opened will be returned after five days with no response

NGS Value Added Transactions

- Why Early Adoption of Electronic Attachments Request and Response
 - Key driver for success is satisfied providers
 - Reduce provider administrative burden
 - Need to build trust to create collaborative partnership
 - Reduce pending claims, denials and appeals
 - Reduce phone calls
 - Automated end to end workflow for Part A and Part B

NGS Value Added Transactions 277RFI

- 277 Health Care Claim Request for Additional Information (277RFI)
 - What is it?
 - Electronic solution to the paper request for additional information
 - Why?
 - Reduce impact of delayed, lost, or misdirected mail
 - Transaction received immediately; can be saved and routed to appropriate areas
 - Early receipt allows additional time for response – expedites revenue cycle
 - Reduces denials and appeals
 - Automates the manual workflow process – reduces administrative costs
 - Provides electronic audit trail

NGS Value Added Transactions 277RFI

- 277 Health Care Claim Request for Additional Information (277RFI)
 - How?
 - NGS Companion Guide and additional information is available on NGS' [EDI Solutions](#) web page
 - Contact vendor for support
 - Clearinghouse solution
- Additional Information
 - The ability to access ADR information via FISS DDE is not impacted
 - There are some internal messages that may continue to generate only the hard copy letter

NGS Value Added Transactions 275 Claims Attachment

- What is it?
 - Electronic Solution for sending documentation to support a claim
- Why?
 - Paid up to 30 days earlier – expedites revenue cycle
 - Decrease the dependency on fax and mail
 - Decrease the number of appeals
 - Providers reporting up to 80% reduction in the number of medical review denials
 - Automates the manual workflow - reduces the administrative costs
- How?
 - NGS Companion Guide and additional information is available on NGS' [EDI Solutions](#) web page
 - Contact your vendor
 - Clearinghouse solution

NGS Value Added Transactions 275 Claims Attachment

- Two Models
 - Unsolicited model where the 275 transaction with documentation is sent with the claim
 - No need to wait for NGS to request the information – expedites the revenue cycle
 - Part A and Part B supports this model
 - Solicited model where the 275 transaction with documentation is sent in response to an additional development request (277RFI)
 - Part A and Part B supports this model
- The NGS Companion Guide includes detailed instructions for implementing the 275 for both models

Submit Medical Record Documentation Electronically

- [YouTube Video Submit Medical Record Documentation Electronically](#)



Ways to Return Medical Records – NGSConnex

What Is NGSConnex

- NGSConnex is a free, secure, web-based application developed by National Government Services
- 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!

Respond to MR ADR in NGSConnex

NATIONAL GOVERNMENT SERVICES
connex

National Government Services

Log

MBI LookUp | Connex User Guide | Contact

Home

My Provider Profile

My Claims

Eligibility

My Financials

View Remittance

My Appeals/Reopenings History

My History

My Inquiries

My User Profile

Providers

Search 1 - 5 of 6+ Show More

Select	PTAN	NPI	TIN (Last 5 Digits)	Provider/Supplier Name	Physical City	Physical State	Line of Business	Alerts
Select							Part A	Not Applicable
Select							HHH	Not Applicable
Select							Part B	Not Applicable
Select							Part A	Not Applicable
Select							Part A	Not Applicable

FEEDBACK

Claim Menu:

Claims

Medical Review ADRs

 Go

Navigating the MR ADR Panel

Medical Review Additional Documentation Requests (ADRs)

ADRs Awaiting Documentation

Respond to ADR not in list

Export

Search

1 - 10 of 10+

Beneficiary Name	Claim Number	ADR Date	ADR Status	Due Date	Case ID/Document Number	Nurse Review Decision	Remittance Advice Date (f Claim
			Awaiting Document...	5/6/2019			
			Awaiting Document...	5/4/2019			
			Awaiting Document...	4/21/2019			
			Awaiting Document...	4/15/2019			
			Awaiting Document...	4/11/2019			
			Awaiting Document...	4/8/2019			
			Awaiting Document...	4/4/2019			
			Awaiting Document...	3/31/2019			
			Awaiting Document...	3/30/2019			
			Awaiting Document...	3/25/2019			

Pagination Arrows

⏪ ⏩ ⏴ ⏵

Responding to MR ADR in List

- Locate the claim you are responding to and click the row

[illegible]

Medical Review ADR Details Panel

Medical Review ADR Details

Respond to ADRLoad Letter TextLoad Appeals Status1 of 1

ADR Date:	2/6/2019	Beneficiary Name:	XXXXX XXXXXX
Case ID/Document Number:	XXXXXXXXXXXXXX	Claim Number:	XXXXXXXXXXXXXX
ADR Status:	Awaiting Documentation	Medicare ID:	XXXXXXX
Due Date:	3/23/2019	Letter Text:	<div>Click the Load Letter Text button. MR ADR Letter content will display, if available.</div>
MR ADR Delivery Method:	Postal Address		
Documentation Receipt Date:			
Medical Review Initiated:			
Nurse Claim Review Completed:			
Remittance Advice Date (Part A):			
Claim Finalized Date (Part B):			
Nurse Review Decision:			
Additional Review Information:			
Date of Education:			

NOTE: The nurse review decision displayed reflects the decision rendered through the medical review process and is not a final claim determination. Refer to the Medicare Remittance advice for the final claim determination.

ADR Panel

Additional Documentation Request

Part A Providers

1 of 1+

Save

Submit

Create Date: 6/29/2018 08:16:00 AM

*Beneficiary Last Name: XXXXXX

*Beneficiary First Name: XXXXXX

*Medicare ID: XXXXXXXXXX

*DCN: XXXXXXXXXXXXXXXXXXXX

*Reason Code: #####

Provider Name: XXXXXXXX

Provider Address: XXXXXXXXX

Provider Address 2:

Provider City: XXXXXXXXX

Provider State: XX

Provider ZIP: XXXXXX

Provider NPI: XXXXXXXXXX

Provider PTAN: XXXXXX

All information will auto-populate based upon claim selected from list.

Note: This is the 5 character code beginning with 5 from the REASONS field on your ADR letter. If the second character is X, please do not submit through this portal. Instead utilize other methods for submission, listed on the ADR letter.

*Case ID Number: #####XXXXXXXXXXXXXXXXXXXXX

NOTE: Case ID Number should be 25 characters in length.

Respond to ADR not in List

Medical Review Additional Documentation Requests (ADRs)							
				ADRs Awaiting Documentation	Respond to ADR not in list	Export	Search
				1 - 10 of 10+			
Beneficiary Name	Claim Number	ADR Date	ADR Status	Due Date	Case ID/Document Number	Nurse Review Decision	Remittance Advice Date (If Claim
		3/22/2019	Awaiting Document...	5/6/2019			
		3/20/2019	Awaiting Document...	5/4/2019			
		3/7/2019	Awaiting Document...	4/21/2019			
		3/1/2019	Awaiting Document...	4/15/2019			
		2/25/2019	Awaiting Document...	4/11/2019			
		2/22/2019	Awaiting Document...	4/8/2019			
		2/18/2019	Awaiting Document...	4/4/2019			
		2/14/2019	Awaiting Document...	3/31/2019			
		2/13/2019	Awaiting Document...	3/30/2019			
		2/8/2019	Awaiting Document...	3/25/2019			

ADR Details

Additional Documentation Request



Save

Submit

Cancel

1 of 1+

Create Date: 3/30/2021 05:12:44 PM

*Beneficiary Last Name:

*Beneficiary First Name:

*Medicare ID:

*DCN:

*Reason Code:

Beneficiary and Claim
Information will not
auto-populate and
must be completed.

Note: This is the 5 character code beginning with 5 from the REASONS field on your ADR letter. If the second character is X, please do not submit through this portal. Instead utilize other methods for submission, listed on the ADR letter.

*Case ID Number:

NOTE: Case ID Number should be 25 characters in length.

Provider Name:

Provider Address:

Provider Address 2:

Provider City:

Provider State:

Provider ZIP:

Provider NPI:

Provider PTAN:

Provider information will
auto-populate based
upon provider selected
in NGSConnex.

Attach Supporting Documentation

- Step 1: In the **Attachments** panel, click the **New Record** button to add the documentation
- Step 2: Click the **Search** icon, next to the **Attachment Name** field
- Step 3: Click the **Browse** button to search for the applicable file
- Step 4: Once you locate the file you would like to upload, click **Open**

Attach Supporting Documentation

Attachments					New	Delete	Cancel	Search	1 - 1 of 1
Attachment Name	Size (In Bytes)	Type	Modified	Created By					
				XXXX###					

Navigation icons: << < > >>

Add Attachment



Please specify a File Name or URL:

File Name: Choose File No file chosen

Cancel

Submit Medical Review ADR Response

Additional Documentation Request

SaveSubmitCancel1 of 1+

Create Date: 8/13/2018 11:19:23

*Beneficiary Last Name: XXXXXXXX

*Beneficiary First Name: XXXXXXXX

*Medicare ID (Last 5 digits): XXXXXXXX

*ICN: XXXXXXXX

*Letter Number: XXX

Provider Name:

Provider Address:

Provider Address 2:

Provider City:

Provider State:

Provider ZIP:

Provider NPI:

Provider PTAN:

NOTE: If your letter number is not listed, please submit your ADRs via fax and/or mail.:

*Document number:

NOTE: Document Number should be 25 characters in length.:

Attachments

NewDeleteCancelSearch1 - 1 of 1

Attachment Name	Size (In Bytes)	Type	Modified	Created By
TEST	8,762docx		8/13/2018 11:...	

NGSConnex Helpful Tools

- [NGS Website](#)
 - Resources > NGSConnex
 - [NGSConnex User Guide](#)
- [YouTube Video: How to Use the Medical Review Additional Documentation Request Portal in NGSConnex](#)

Navigating Fiscal Intermediary Standard System (FISS) Direct Data Entry (DDE)

FISS DDE Main Menu

MAP1701 TC98548	NATIONAL GOVERNMENT SERVICES, #13001 UAT MAIN MENU	ACMMA561 02/13/13 C201313P 11:22:52
--------------------	---	--

01	INQUIRIES
02	CLAIMS/ATTACHMENTS
03	CLAIMS CORRECTION
04	ONLINE REPORTS

ENTER MENU SELECTION: █

PLEASE ENTER DATA - OR PRESS PF3 TO EXIT

Accessing ADRs in the Claim Summary Option

- ADRs can be accessed by filtering the claims by status/location (S/L)
 - ADRs are housed in S/LOC S B6001
- At the **Claims Inquiry** screen, type **SB6001** in the **S/LOC field** and press **<Enter>** – all claims in the SB6001 status and location will be displayed
 - **Note:** SB6001 status indicates that an ADR has been generated for a claim
- At the desired claim, type **S** to the left of the claim under the **SEL field** and press **<Enter>**

Accessing ADRs in the Claim Summary Option

- The ADR letter follows page 06 of the claim
- Please be sure to **not** press the **<P9>/<PF9>** key while viewing a claim in the SB6001 status—this will cause the claim to recycle and generate a second ADR letter
 - **Note:** requested records are due to NGS 30 days from the date the claim went to **S/LOC SB6001** in FISS

Inquiries Sub Menu

MAP1702
MXG9282

NATIONAL GOVERNMENT SERVICES, #13001 UAT
INQUIRY MENU

ACMFA561 03/11/20
A2020200 13:18:11

BENEFICIARY/CWF	10	ZIP CODE FILE	19
DRG (PRICER/GROUPER)	11	OSC REPOSITORY INQUIRY	1A
CLAIM SUMMARY	12	CLAIM COUNT SUMMARY	56
REVENUE CODES	13	HOME HEALTH PYMT TOTALS	67
HCPC CODES	14	ANSI REASON CODES	68
DX/PROC CODES ICD-9	15	CHECK HISTORY	FI
ADJUSTMENT REASON CODES	16	DX/PROC CODES ICD-10	1B
REASON CODES	17	CMHC PAYMENT TOTALS	1C
INVOICE NO/DCN TRANS	88	PROV PRACTICE ADDR QUER	1D
		NEW HCPC SCREEN	1E

ENTER MENU SELECTION:

Claim Summary Option 01/12

```
MAP1741                NATIONAL GOVERNMENT SERVICES, #13001 UAT        ACMFA561 04/01/21
KXT2938   SC            CLAIM SUMMARY INQUIRY                        A20212CF 05:29:13
                                NPI
                                MID          PROVIDER  S/LOC S B6001      TOB
OPERATOR ID KXT2938    FROM DATE          TO DATE          DDE SORT
MEDICAL REVIEW SELECT          DCN
                                MID          PROV/MRN  S/LOC          TOB   ADM DT   FRM DT THRU DT   REC DT
SEL  LAST NAME   FIRST INIT  TOT CHG   PROV REIMB PD DT   CAN DT REAS NPC #DAYS
      XXXXXXXXXX   XXX100      S B6001          131           022221 022221    013121
      ABCDEFG      H          3502.90           39700
                                PROCESS COMPLETED --- NO MORE DATA THIS TYPE
                                PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR PRESS PF3 TO EXIT
```

Reason Code File

- Claims waiting on medical documentation to be returned with the ADR will have reason code 39700
 - Narrative: A medical review additional development request has been sent to the provider. No further processing will occur on this claim until the requested data has been received from the provider

Review Reason(s) For ADR

```

MAP1711  PAGE 01  NATIONAL GOVERNMENT SERVICES #14013 UAT  ACMFA781 09/16/20
MXG9282  SC                      INST CLAIM UPDATE                      A20204AF 15:16:26
MID                      TOB 131 S/LOC S                      OSCAR                      SV:      UB-FORM
NPI                      TRANS HOSP PROV                      PROCESS NEW MID
PAT.CNTL#:                      TAX#/SUB:                      TAXO.CD: 282N00000X
STMT DATES FROM 092117 TO 092117 DAYS COV      N-C      CO      LTR
LAST PATIENT                      FIRST RICHARD                      MI      DOB 09031951
ADDR 1 123 MAIN ST                      2 SYRACUSE NY
3                      4                      CARR:
5                      6                      LOC:
ZIP 132000001 SEX M MS  ADMIT DATE      HR      TYPE 3 SRC 1 D HM      STAT 01
COND CODES 01 A6 02 09 03 15 04      05      06      07      08      09      10
OCC CDS/DATE 01 A1 090351 02 B1 090351 03 18 080117 04      05
06      07      08      09      10
SPAN CODES/DATES 01      02      03
04      05      06      07
08      09      10      FAC.ZIP 03301 2598
DCN
VALUE CODES - AMOUNTS - ANSI  MSP APP IND
01 A1      112.43  PR 1  02 76      26.00      03 78 033012598
04      05      06
07      08      09
39700 5FGFP                      <== REASON CODES
PRESS PF3-EXIT  PF5-SCROLL BKWD  PF6-SCROLL FWD  PF8-NEXT  PF9-UPDT
  
```

Reason Code File (17) Or PF1 (page 1)

MAP1881 NATIONAL GOVERNMENT SERVICES, #13001 UAT ACMFA561 04/01/21
KXT2938 SC REASON CODES INQUIRY A20212CF
06:07:17

MNT: CIE3820 082720

PLAN	REAS	NARR	EFF	MSN	EFF	TERM	EMC	HC/PRO	PP	CC
IND	CODE	TYPE	DATE	REAS	DATE	DATE	ST/LOC	ST/LOC	LOC	IND
1	5FGFP	E	060120				S B6000	S B6000		E
TPTP	A	B	NPCD	A	B	HD CPY A 2 B 2	NB	ADR 1	CAL DY 45	C/L L

-----NARRATIVE-----

MEDICARE REQUIRES A LEGIBLE IDENTIFIER FOR SERVICES PROVIDED AND ORDERED. MEDICARE WILL ACCEPT CLEARLY LEGIBLE HANDWRITTEN SIGNATURES,

HANDWRITTEN INITIALS OR ELECTRONIC SIGNATURES. STAMPED SIGNATURES ARE NOT ACCEPTABLE ON ANY MEDICAL RECORD. PATIENT IDENTIFICATION, DATE OF

SERVICE AND PROVIDER OF THE SERVICE SHOULD BE CLEARLY IDENTIFIED ON THE SUBMITTED DOCUMENTATION. IF THE RENDERING PROVIDER SIGNATURE IS NOT

CLEARLY LEGIBLE, ATTACH A SIGNATURE LOG/KEY THAT INCLUDES THE TYPED NAME OF THE PROVIDER WITH CREDENTIALS, THE SIGNATURE AND THE INITIALS

FOR EACH PROVIDER FOR WHICH THE RECORDS ARE REQUESTED. IF YOU QUESTION THE LEGIBILITY OF YOUR SIGNATURE, YOU SHOULD SUBMIT AN ATTESTATION

STATEMENT IN YOUR DOCUMENTATION RESPONSE. IF THE SIGNATURE REQUIREMENTS ARE NOT MET, THE REVIEWER WILL CONDUCT THE REVIEW WITHOUT CONSIDERING THE DOCUMENTATION WITH THE MISSING OR ILLEGIBLE SIGNATURE. THIS COULD LEAD THE REVIEWER TO DETERMINE THAT THE MEDICAL

NECESSITY FOR THE SERVICE BILLED HAS NOT BEEN SUBSTANTIATED.

PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT PF6-SCROLL FWD PF8-NEXT

Page 2 of Reason Code

MAP1881 NATIONAL GOVERNMENT SERVICES, #13001 UAT ACMFA561 04/01/21
KXT2938 SC REASON CODES INQUIRY A20212CF 06:10:46
MNT: CIE3820 082720

PLAN	REAS	NARR	EFF	MSN	EFF	TERM	EMC	HC/PRO	PP	CC
IND	CODE	TYPE	DATE	REAS	DATE	DATE	ST/LOC	ST/LOC	LOC	IND
1	5FGFP	E	060120				S B6000	S B6000		E
TPTP	A	B	NPCD	A	B	HD CPY A 2 B 2 NB ADR 1	CAL	DY 45	C/L	L

-----NARRATIVE-----

THIS ADDITIONAL DEVELOPMENT REQUEST (ADR) IS PART OF A SERVICE SPECIFIC POST-PAYMENT REVIEW.

***** WOUND DEBRIDEMENT SERVICES; HCPCS 11042*****

LOCAL COVERAGE DETERMINATION (LCD): DEBRIDEMENT SERVICES (L33614)

LOCAL COVERAGE ARTICLE: BILLING AND CODING: DEBRIDEMENT SERVICES (A56617)

1. HISTORY AND PHYSICAL
2. PROGRESS NOTES DOCUMENTING PHYSICAL FINDINGS AND EFFECTIVENESS OF TREATMENT
3. AN OPERATIVE NOTE OR PROCEDURE NOTE FOR THE DEBRIDEMENT SERVICE. THIS NOTE SHOULD DESCRIBE THE ANATOMICAL LOCATION TREATED, THE INSTRUMENTS USED, ANESTHESIA USED IF REQUIRED, THE TYPE OF TISSUE REMOVED FROM THE WOUND, THE DEPTH AND AREA OF THE WOUND AND THE IMMEDIATE POST PROCEDURE CARE AND FOLLOW-UP INSTRUCTIONS.
4. IDENTIFICATION OF THE WOUND LOCATION, SIZE, DEPTH AND STAGE EITHER

PROCESS COMPLETED --- PLEASE CONTINUE
PRESS PF3-EXIT PF6-SCROLL FWD PF8-NEXT

FYI

CONSIDER THE ABOVE LIST AS A DOCUMENTATION GUIDE WHILE PREPARING RECORDS IN RESPONSE TO THIS REQUEST; ALSO NOTE, THE ABOVE LIST IS NOT ALL INCLUSIVE. WE STRONGLY RECOMMEND RESPONDING TO ADRS IN 30-40 DAYS OR LESS TO ENSURE RECEIPT WITHIN THE 45 DAY TIME LIMIT. ON THE 45TH DAY, IF RECORDS HAVE NOT BEEN LOGGED INTO OUR SYSTEM AN AUTOMATIC DENIAL IS GENERATED.

Reminder - Claim Denial 56900

- Requested medical records were not received within the 45 day time limit; therefore, we are unable to determine the medical necessity of the services billed and this claim has been denied. If less than 120 days after denial notification on remittance advice, submit records to the contractor requesting records
- Do not resubmit the claim

Helpful Tips

Timely Submission of Medical Record Documentation

Staff Education

Responsibility

Medical Necessity

Comprehension
Of the Anti-Kickback
Statute & Stark Laws

Report
Fraud

Resources

- NGS articles
 - [Methods for Submitting an ADR](#)
 - [How to Find and Respond to TPE ADR](#)
 - [Additional Development/Documentation Request Timeline Calculator](#)
 - [NGSConnex User Guide](#)
 - [Respond to Medical Review ADRs](#)
 - [View/Search for MR ADR Submissions](#)
 - [View/Search for MR ADR Submission Documents](#)
 - [Check the Status of Medical Review ADRs](#)

Resources

- [NGS Medical Policy Page](#)
- [NGS Fraud & Abuse / UPIC Information](#)
- [NGS Email Updates Registration Page](#)
- [CMS CERT Web Page](#)
- [CMS BCRC Web Page](#)
- [CMS SMRC Web Page](#)
- [CMS RA Web Page](#)
- [CMS MAC Web Page](#)

Thank You!

- Questions?

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