

Reducing Unprocessable Claims

11/19/2024

Closed Captioning: *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*

Today's Presenters

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Objective

After today's session, you'll understand the importance of submitting a claim the first time with all the required facts for NGS to process the claim.



Agenda

- [Claim Requirements](#)
- [Reducing Claim Rejections for Beneficiary Eligibility](#)
- [Reducing Claim Rejections for Provider Information and Data](#)
- [Reducing Claim Rejections for MSP and Non-MSP Claims](#)
- [Reducing Claim Rejections for Stay of Enrollment](#)
- [Reducing Claim Rejections for Absent Therapy Referral and Therapy Modifiers](#)
- [Reducing Claim Rejections for Date Last Seen by Attending Physician for Routine Foot Care](#)
- [Reducing Claim Rejections for Services Not Payable Under NGS Jurisdiction](#)
- [Reducing Claim Rejections for Missing Billed Charges](#)
- [Reducing Claim Rejections for Drug Name and Dosage](#)
- [Reducing Claim Rejections for CPT and HCPCS Codes and Modifiers](#)

Claim Requirements

Claim Requirements

- If claims do not conform to NGS specifications, they will be returned
- NGS' initiative is to reduce the number of unprocessable claims
- Goal is to get your claims accurately processed the first time



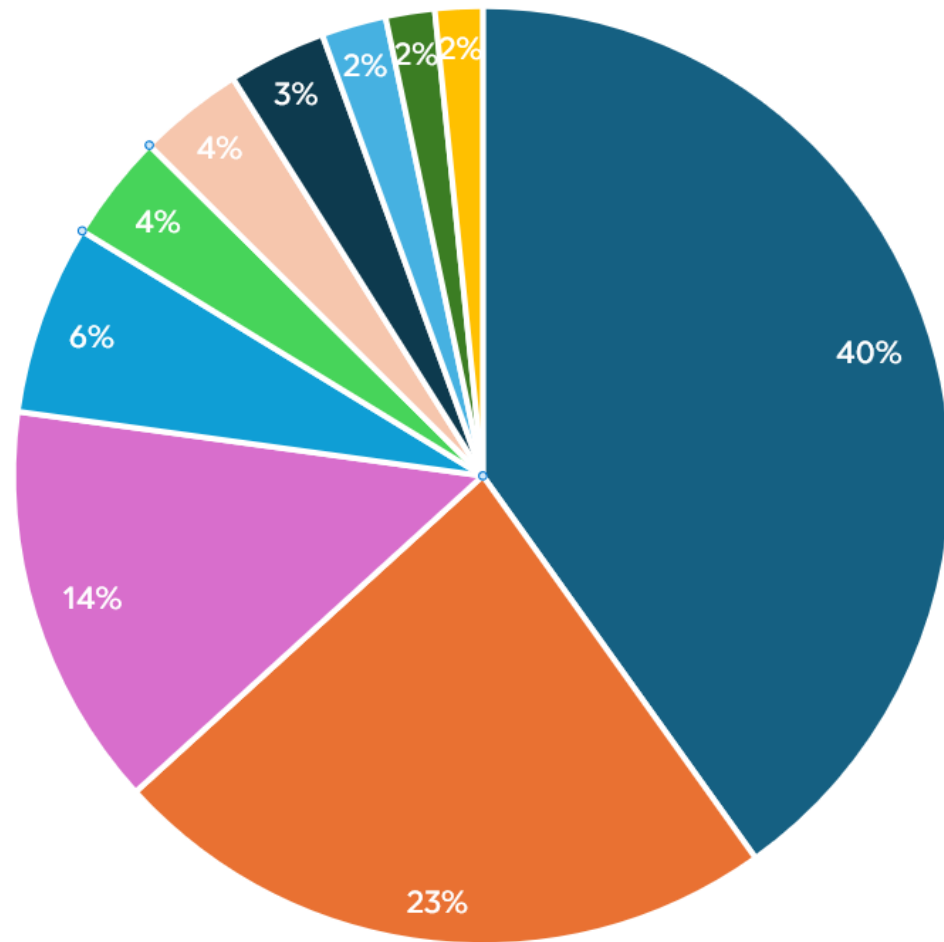
Unprocessable Claims

- Information is
 - Invalid
 - Missing
 - Insufficient
 - Incomplete
- Claims will be rejected
- Must submit a new claim
- No appeal rights granted
- Methods for rejection
 - Remittance advice shows an MA130
 - Additional remark code used to identify the error
- Paper claims are screened
 - Form letter sent back indicating the error
- Electronic claims
 - Fall initial edits

Remittance Example and References

Code	Description
CO-16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Additional information is supplied using remittance advice remarks codes. Note: Refer to the 835 Healthcare Policy Identification Segment (Loop 2110 Service Payment Information REF)
MOA Code MA27	Missing, incomplete or invalid entitlement number or name shown on the claim submitted
WPC References	X12 Claim Adjustment Group Codes <ul style="list-style-type: none">• Remittance Advice Remark Codes Reference• Claim Adjustment Reason Code Reference

Q3 2024 J6 and JK Claim Rejection Data

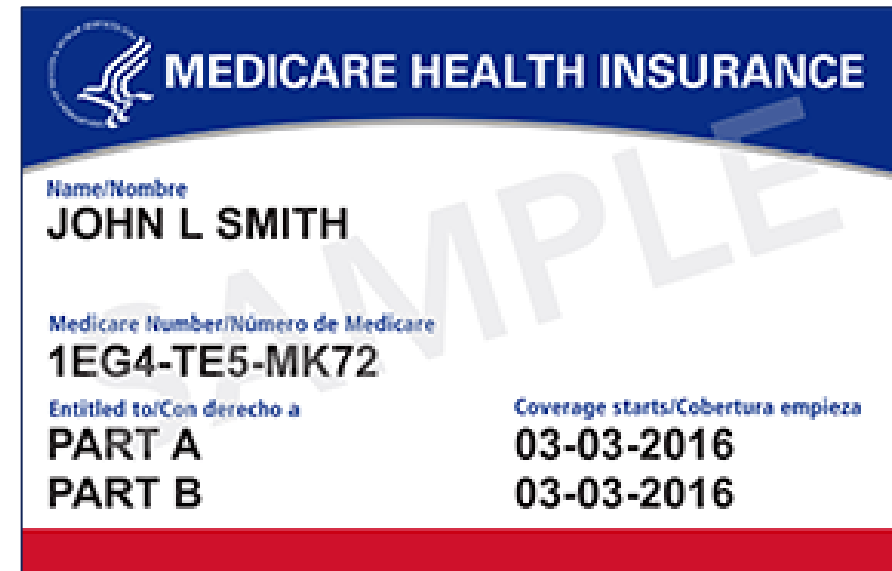


- 40% Patient identifier and RRB
- 23% Group and rendering and ordering provider
- 14% Invalid or missing HCPCS/CPT and modifiers
- 6% Stay of enrollment
- 4% No charge indicated
- 4% Not payable under NGS Jurisdiction
- 3% Missing date last seen and attending physician NPI for routine foot care
- 2% Drug name strength and dosage
- 2% Indication of primary or secondary payer
- 2% Missing therapy modifier(s) GN, GO and referral for therapy

Reducing Claim Rejections for
Beneficiary Eligibility (40%)

Beneficiary Eligibility

- PR-31
 - Name or MBI was incorrect or missing
 - Date of death precedes date of service
 - Expenses incurred prior to coverage or after coverage terminated
 - Not covered by Medicare at time patient received services



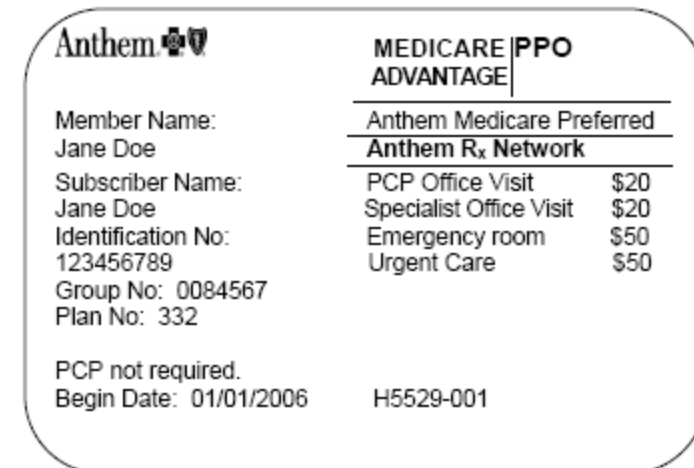
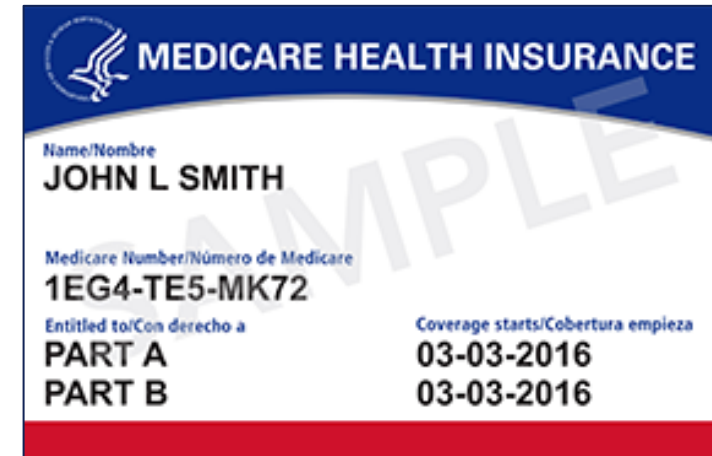
Railroad Retirement Board Eligibility



- N105
- Misdirected claim for RRB beneficiary
- Submit claims to the RRB carrier
 - Palmetto GBA
P.O. Box 10066
Augusta, GA 30999
866-749-4301

Medicare Advantage Eligibility

- OA-109
 - Yearly open enrollment
 - Usually October 15th–December 7th
- Private health plans for members' health care and claims must be sent to MA plan
- Screen beneficiaries
- Provider self service
 - IVR or NGSConnex



NGSConnex Beneficiary Eligibility Verification Requirements

- Four beneficiary data elements required
 - Last name
 - First name or initial
 - MBI
 - Date of birth

The screenshot shows the NGSConnex web interface for beneficiary eligibility verification. The header includes the 'connex' logo and a 'HOME' link. A 'Printable View' button is highlighted in the top right corner. The main content area is titled 'Beneficiary Eligibility' and contains a 'Beneficiary Information' section with the following fields:

Beneficiary Information		
Medicare Number	Last Name	First Name
2DM		
MBI Term Date	Date of Birth	Date of Death
	12	
Sex	Address Line 1	Address Line 2
Female	PO BOX	
City	State	Zip
MINNEAPOLIS	MN	55405

Steps to Successfully Check Eligibility

- Collect all insurance data from beneficiary
- Use our [Interactive Voice Response System](#)
- Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont
 - 877-869-6504
- Illinois, Minnesota, Wisconsin
 - 877-908-9499
- [NGSConnex](#)



Reducing Claim Rejections for
Provider Information and Data (23%)

Ordering and Referring Provider Information

- N264, N265, N285, N286 provider name and NPI
 - Provider who orders item or services
 - Provider who requests an item or service
 - Clinical laboratories
 - Diagnostic imaging
- Missing, incomplete or invalid provider identifier
 - Line items 17 and 17b or electronic equivalent
 - No nick names
 - First and last name as it appears in PECOS
 - Ordering = DK
 - Referring = DN
 - Supervising = DQ

Item No.	Claim Description	Loop	Field	Data Element Description	Requirements
17	Name of Referring physician or other source	2310A	NM103 (DN)	Referring provider last name	Required if claim involved a referral or services were ordered. When reporting the provider who ordered services such as diagnostic and lab utilized the Referring Provider Name (Z310A) loop at the claim level. Required if a service or supply was ordered by a provider and that provider is a different entity than the rendering provider for this service line. When a claim involves multiple referring and/or ordering physicians, a separate claim must be billed for each ordering/referring physician.
			NM104	Referring provider first name	
			NM105	Referring provider middle name	
	Name of Ordering physician	2420E	NM103 (DN)	Referring provider last name	
			NM104	Referring provider first name	
			NM105	Referring provider middle name	
17a	Other ID number of Referring physician				
17b	NPI	2310A	REF02 (1C)	Referring provider primary ID	
			REF02 (1C)		Enter "XX" in the NM108 to indicate an NPI is present in the NM109. Enter the NPI of the referring/ordering physician listed in Item 17
			REF02 (1C)	Ordering provider primary ID	

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/92

1. MEDICARE MEDICAID TRICARE CHAMPVA GOVT HEALTH PLAN OTHER (For Program in Item 1)

2. PATIENT'S NAME (Last name, first name, middle initial)

3. PATIENT'S ADDRESS (No. Street)

4. INSURED'S NAME (Last name, first name, middle initial)

5. PATIENT'S ADDRESS (No. Street)

6. PATIENT RELATIONSHIP TO INSURED

7. INSURED'S ADDRESS (No. Street)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last name, first name, middle initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY OR GROUP OR FIDA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.)

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY CLAIM

15. OTHER DATE

16. DATE PAYMENT LABEL TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. OUTPATIENT CHARGES

20. PHYSICIAN OR SUPPLIER ORIGINAL REF. NO.

21. PRIOR AUTHORIZATION NUMBER

22. DATE OF SERVICE

23. PROVIDER'S IDENTIFICATION NUMBER

24. SIGNATURE OF PHYSICIAN OR SUPPLIER (including degrees or credentials)

25. SERVICE FACILITY LOCATION INFORMATION

26. BILLING PROVIDER INFO & PAY #

Billing Provider Information

- Individual or Organization billing provider data
 - Type 1 (Individual)
 - Type 2 (Organization)
- Medical group or other entity entitled to bill and receive payment for physician services
 - Each physician/NPP rendering services under the group will be identified in 24J
- Line Item 33 or electronic equivalent
 - Billing provider

Steps to Successfully Check Provider Data

- [Data Files for Ordering and Referring](#)
- [National Plan & Provider Enumeration System](#)
- [Medicare Place of Service Code Set and Descriptions](#)
- [CMS-1500 Claim Form](#)
- [Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims](#)



Reducing Claim Rejections for MSP or Non-MSP Claims (2%)

Medicare Secondary Payer (MSP)

- Medicare is Secondary
 - Enter insured's policy or group number (Item 11) and proceed to Items 11a through 11c, also complete Items 4, 6 and 7
- Electronic Data Interchange
 - Indication of MSP, insurance type, COB payer paid amount – claim level, COB allowed amount – claim level, contractual obligations (OTAF) – claim level, claim adjudication date – claim level, line adjudication information, line adjustments, line adjudication date

Non-MSP

- When Medicare is Primary
 - If there is NO insurance primary to Medicare, enter the word “NONE” and proceed to Item 12
- Only acceptable verbiage in Item 11 is “None” or the policy number of the insured when MSP
- Entering any other information in this field will cause the claim to reject

The image shows a Medicare Insurance Claim Form (Form CMS-1500) with a red border. The form is titled "INSURANCE CLAIM FORM" and "UNIFORM CLAIM COMMITTEE (UCC) 0212". The form is filled out with various fields, including patient information, dates, and provider details. A red box highlights the field for "INSURANCE PLAN NAME OR PROGRAM NAME" (Item 11), which contains the word "NONE". Other fields include "MEDICARE", "GROUP HEALTH PLAN", "INSURED'S D. NUMBER", "PATIENT'S BIRTH DATE", "PATIENT RELATIONSHIP TO INSURED", "INSURED'S ADDRESS", "POLICY OR GROUP NUMBER", "EMPLOYMENT", "AUTO ACCIDENT?", "OTHER ACCIDENT?", "NAME OF PROGRAM NAME", "CLAIM CODES", "OTHER DATE", "HOSPITALIZATION DATES", "NATURE OF ILLNESS OR INJURY", "DATE OF SERVICE", "PLACE OF SERVICE", "PROCEEDINGS, SERVICES, OR SUPPLIES", "DIAGNOSIS", "CHARGE", "TOTAL CHARGE", "AMOUNT PAID", "PHYSICIAN OR SUPPLIER PRINTS OR CREDENTIALS", "SERVICE FACILITY LOCATION INFORMATION", "BILLING PROVIDER INFO", and "DATE".

Steps to Successfully Submitting MSP and Non-MSP Claims

- [CMS-1500 Claim Form Completion Instructions](#)
- [Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims](#)
- [Medicare Secondary Payer ANSI Specifications for 837P](#)
- [NGS Website Medicare Secondary Payer \(MSP\)](#)



Reducing Claim Rejections for Stay
of Enrollment (6%)

Stay of Enrollment

- Stay of enrollment (or “stay”) is a preliminary, interim status representing a pause in enrollment
 - Less burdensome than a deactivation or revocation of your Medicare enrollment
- Requirements for a Stay Two-Step Test
 - Non-compliant with at least one Medicare enrollment requirement
 - Can remedy the noncompliance by submitting an applicable form
 - [Form CMS-855](#)
 - [Form CMS-20134](#)
 - [Form CMS-588](#)

Stay of Enrollment – Key Points

- Remain enrolled in Medicare during the stay
- Claims during the stay period will be rejected
- Stay of enrollment lasts no longer than 60 days
 - A stay of less than 60 days may be imposed
- A stay ends on the earlier of the following dates
 - The date on which NGS decides you resume compliance with all Medicare enrollment requirements
 - The day after the imposed stay period expires

Steps to Successfully Manage Enrollment Records

- Keep enrollment records updated
- Acknowledge stay notification letters sent via:
 - Hard-copy mail
 - E-mail if valid email address is available
 - Fax if a valid fax number is available
 - [PECOS](#)
 - [CMS-855](#)
 - [CMS-20134](#)
 - [CMS-588](#)
 - [CMS-460](#)



Reducing Claim Rejections for
Absent Therapy Referral and
Therapy Modifiers (2%)



Certifying Physician/NPP

- Outpatient Physical and Occupational Therapy Services
 - Patients must be under the care of a physician/NPP
 - Claims must list the name and NPI of the certifying physician/NPP

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN DEER RISK (LTD) OTHER % INURED'S ID. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM, DD, YY) SEX (M, F, O) 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No. & Street) 6. PATIENT RELATIONSHIP TO INSURED (Self, Spouse, Child, Other) 7. INSURED'S ADDRESS (No. & Street)

8. CITY STATE 9. RESERVED FOR NUCC USE 10. CITY STATE

11. INSURED'S POLICY OR GROUP OR FICA NUMBER

12. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 13. IS PRESENT'S CONDITION RELATED TO: (a) EMPLOYMENT (Current or Former) (b) AUTO ACCIDENT? (c) OTHER ACCIDENT? (d) CLAIM CODES (Designated by NUCC)

14. OTHER INSURED'S POLICY OR GROUP NUMBER 15. INSURED'S DATE OF BIRTH (MM, DD, YY) SEX (M, F, O) 16. OTHER CLAIM ID (Designated by NUCC)

17. INSURANCE PLAN NAME OR PROGRAM NAME 18. IS THERE ANOTHER HEALTH BENEFIT PLAN? (a) YES (b) NO (Specify Complete with A, B, and C)

19. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment or government benefits other to myself or to the party who accepts assignment of claim. 20. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

21. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM, DD, YY) 22. OTHER DATE (MM, DD, YY) 23. DATE PATIENT UNABLE TO WORK (Current Occupation) (MM, DD, YY) (MM, DD, YY) (MM, DD, YY)

24. NAME OF REFERRING PROVIDER OR OTHER SOURCE (NPI) 25. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (MM, DD, YY) (MM, DD, YY)

26. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 27. OUTSIDE LARP (a) YES (b) NO (c) CHARGES

28. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Provide ICD-9-CM or ICD-10-CM code) 29. PHYSICIAN CODE ORIGINAL NPI NO. 30. PRIOR AUTHORIZATION NUMBER

31. A. DATE(S) OF SERVICE (From To) B. PLACE OF SERVICE (C) CPT/HCPCS D. PROVIDER'S SERVICES OR SUPPLIER (E) CHARGE (F) ICD-9-CM (G) ICD-10-CM (H) PROVIDING PROVIDER ID #

32. FEDERAL TAX ID NUMBER (G) (H) 33. PATIENT'S ACCOUNT NO. 34. ACCOUNT ASSIGNMENT? (a) YES (b) NO 35. TOTAL CHARGE (a) (b) 36. AMOUNT PAID (a) (b) 37. RESERVED FOR NUCC USE

38. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING ADDRESS OR CREDENTIALS (I certify that the statements on this invoice apply to the bill and are true to the best of my knowledge.) 39. SERVICE FACILITY LOCATION INFORMATION 40. BILLING PROVIDER INFO & PAYER ()

Order and Referring

- Claims must list the name and NPI of ordering and referring
 - Line item 17 (or electronic equivalent) – Provider’s first name, last name as it appears in PECOS and one qualifier identifying the physician/NPP’s role (DN, DK, DQ)
 - Line item 17b (or the electronic equivalent) – NPI
- Reminder
 - Include an appropriate modifier to indicate the patient was under a therapy plan of care
 - GO – Services delivered under an outpatient occupational therapy plan of care
 - GP – Services delivered under an outpatient physical therapy plan of care

Steps to Successfully Check Therapy Requirements

- Physical therapy L33631/A56566
 - [Local Coverage Determinations](#)
- [CMS-1500 Claim Form Completion Instructions](#)



Reducing Claim Rejections for Date
Last Seen by Attending Physician for
Routine Foot Care (3%)

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN DEOR (LIFE) OTHER
 (Medicare) (Medicaid) (TRICARE) (Champion) (Group Health Plan) (Deor) (Life) (Other)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
 3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M F)
 4. INSURED'S NAME (Last Name, First Name, Middle Initial)
 5. PATIENT'S ADDRESS (No., Street)
 6. PATIENT RELATIONSHIP TO INSURED (Self Spouse Child Other)
 7. INSURED'S ADDRESS (No., Street)
 8. RESERVED FOR NUCC USE
 9. RESERVED FOR NUCC USE
 10. RESERVED FOR NUCC USE
 11. INSURED'S POLICY OR GROUP OR FIDA NUMBER
 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits other to myself or to the party who accepts assignment below.
 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.
 14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY CLAIM (MM DD YY) QUAL ()
 15. OTHER DATE (MM DD YY)
 16. DATES OF WORK RELATED TO CURRENT OCCUPATION (FROM TO) (MM DD YY)
 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE ()
 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO) (MM DD YY)
 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
 20. OUTSIDE LAMP ()
 21. PHYSICIAN CODE ORIGINAL REF. NO.
 22. PRIOR AUTHORIZATION NUMBER
 23. PHYSICIAN OR SUPPLIER INFORMATION
 24. A. DATE(S) OF SERVICE (From To) (MM DD YY) B. PLACE OF SERVICE () C. PROVIDER(S), SERVICE(S), OR SUPPLIER(S) () D. DIAGNOSIS (ICD-9-CM) () E. CHARGES () F. DATE OF BILL () G. NPI () H. PROVIDING PROVIDER ID # ()
 25. FEDERAL TAX ID NUMBER ()
 26. PATIENT'S ACCOUNT NO. ()
 27. SERVICE ASSIGNMENT TO PROVIDER ()
 28. TOTAL CHARGE ()
 29. AMOUNT PAID ()
 30. SERVICE FACILITY LOCATION INFORMATION ()
 31. BILLING PROVIDER INFO & P.I.F. ()
 32. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING ADDRESS OR CREDENTIALS ()
 33. BILLING PROVIDER INFO & P.I.F. ()

Date Last Seen and Attending Physician

- Routine foot care
 - CPT/HCPCS G0127, 11055, 11056, 11057, 11719, 11720 and 11721
- Certain conditions require a patient to be under the care of a primary physician
 - **Claims must indicate the date last seen and NPI of attending physician**
 - Line item 19 or electronic equivalent
- Systemic condition modifiers: Q7, Q8 or Q9

Steps to Successfully Check LCDs

- Referral, DLS and NPI of attending physician requirements
 - [CMS-1500 Claim Form Completion Instructions](#)
- Routine foot care L33636/A57759
 - [Local Coverage Determinations](#)



Reducing Claim Rejections for
Services Not Payable Under NGS
Jurisdiction (4%)

Place Where Services are Rendered

- Line item 32
 - If services were furnished in hospital, clinic, laboratory, or any facility or physician's office, enter the name, address, and ZIP code where the patient received care
 - Only one name, address, and ZIP code may be entered in the block
 - PO Box is not acceptable
 - Do not include telephone numbers, commas, periods, or other punctuation in address
 - Enter a space between city and state postal code
 - Provider must be enrolled in MAC for location from which they perform service

HEALTH INSURANCE CLAIM FORM
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PCIA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN OTHER 16. INSURED'S ID NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM DD YY) SEX 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No. & Street) 6. PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS (No. & Street)

CITY STATE 8. RESERVED FOR NUCC USE CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ZIP CODE TELEPHONE (Include Area Code)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO 11. INSURED'S POLICY OR GROUP OR FCDA NUMBER

4. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT (Current or Previous) b. AUTO ACCIDENT? c. OTHER ACCIDENT? 12. IS THERE ANOTHER HEALTH BENEFIT PLAN?

5. RESERVED FOR NUCC USE b. YES NO PLACE (State) c. YES NO a. YES NO

6. INSURANCE PLAN NAME OR PROGRAM NAME 10c. CLAIM CODES (Designated by NUCC) 6. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO (Please complete items 9, 10, and 10c)

12. PATIENTS OR AUTHORIZED PERSONS SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. 13. INSURED'S OR AUTHORIZED PERSONS SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described above.

SIGNED DATE SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM DD YY) QUAL 15. OTHER DATE (MM DD YY) 16. DATE (P) AND CHANGE TO WORK IN CURRENT OCCUPATION (MM DD YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. 17c. 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM TO)

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? 21. PHARMACY CODE 22. PRIORITY AUTHORIZATION NUMBER

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Provide ICD-9-CM code in the below box) (ICD NO.) 23. PRIORITY AUTHORIZATION NUMBER

A. B. C. D. E. F. G. H. I. J. K. L.

24. A. DATES OF SERVICE FROM TO B. C. PLACE OF SERVICE (Specify Universal Organization) D. PROVIDER'S NAME (Last Name, First Name, Middle Initial) E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.

25. FEDERAL TAX ID NUMBER (SSN EIN) 26. PATIENT'S ACCOUNT NO. 27. ACCOUNT ASSIGNMENT? (If not, see item 28) 28. TOTAL CHARGE 29. AMOUNT PAID 30. RESERVED FOR NUCC USE

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include degrees or credentials to certify that the statements on this cover apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & P/F#



Durable Medical Equipment MAC

- Durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS)
 - HCPCS code and modifier combinations
 - Example HCPCS A, B, E, J, K, L, Q and V
 - Part B services processed by DME Regional Contractors
 - Item 24D on CMS-1500 or the electronic equivalent
- Do not send these claims to NGS Medicare

Steps to Successfully Check Jurisdictions

- Know what codes are billable to DME MAC
- [DME MAC Jurisdiction A](#)
 - CT-MA-ME-NH-NY-RI-VT
- [DME MAC Jurisdiction B](#)
 - IL-MN-WI
- [CMS IOM Pub 100-04, Medicare Claims Processing Manual, Chapter 12-Physicians/Nonphysician Practitioners](#)



Reducing Claim Rejections for
Missing Billed Charges (4%)

Invalid Charges

- Each line submitted should have valid charge
- If there are no cents in charge amount, enter 00
- Codes with zero-charge used for reporting purposes may be billed with a 0.01
- Total charges in line Item 24F or electronic equivalent
- Multiple claim forms with “continued” or “see next page” or single total in Item 28 for multiple claim forms will be returned as unprocessable

HEALTH INSURANCE CLAIM FORM
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN DEER (LIFE) OTHER
 Medicare Medicaid TRICARE Member CO (CO) (LIFE) (LIFE) (LIFE)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M F)
 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No. Street) 6. PATIENT RELATIONSHIP TO INSURED (Self Spouse Child Other)
 7. INSURED'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. RESERVED FOR NUCC USE 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PRESENT CONDITION RELATED TO:
 A. EMPLOYMENT (Current or Previous) YES NO
 B. AUTO ACCIDENT? YES NO PLACE (State)
 C. OTHER ACCIDENT? YES NO
 11. INSURED'S POLICY OR GROUP OR FICA NUMBER

12. PATIENTS OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits other than Social Security to the party who accepts assignment below.) 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)
 SIGNED DATE SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM DD YY) QUAL 15. OTHER DATE (MM DD YY) QUAL 16. DATES OF SERVICE PERIOD TO WORK IN CURRENT OCCUPATION (MM DD YY) (MM DD YY)
 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (Last Name, First Name, Middle Initial) 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (MM DD YY) (MM DD YY)
 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LABOR CHARGES YES NO
 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Provide ALL in vertical line below) (ICD-9-CM) 22. PHYSICIAN CODE ORIGINAL REF NO
 23. PRIOR AUTHORIZATION NUMBER

24. A. DATES OF SERVICE From To B. PLACE OF SERVICE (Specify Unusual Circumstances) C. PROCEDURE, SERVICE, OR SUPPLY (ICD-9-CM) D. DIAGNOSIS (ICD-9-CM) E. CHARGES (NPI) F. PROVIDING PROVIDER ID #

25. FEDERAL TAX ID NUMBER SSN GN 26. PATIENT'S ACCOUNT NO 27. ACCENT ASSIGNMENT? (YES NO) 28. TOTAL CHARGE \$ () 29. AMOUNT PAID 30. RESERVED FOR NUCC USE

31. SIGNATURE OF PHYSICIAN OR SUPPLIER (Include Degrees or Credentials to verify that the statement of this service applies to the patient and can be billed as part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION

Line-item 24F= loop 2400, field SV102
 Line-item 28= loop 2300, field CLM02

Steps to Successfully Check Billed Charges

- [CMS-1500 Claim Form Completion Instructions](#)
- [Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims](#)



Reducing Claim Rejections for Drug
Name Strength and Dosage (2%)

Drug Name, Strength and Dosage

- When billing drugs or biologicals, name, dosage and invoice price must be entered in line item 19 of CMS-1500 paper claim form or electronically [Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims](#) in loop 2300/2400, NTE field
- Example of how the information should appear in notes section of claim:
 - Drug: Liorseal
 - Dosage: 80,000 MCG
 - Invoice Price: \$2,376.37

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN DEER (LMS) OTHER
 (Medicare) (Medicaid) (TRICARE) (Champion) (Group Health Plan) (Deer) (Other)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM DD YY) SEX 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No. & Street) 6. PATIENT RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS (No. & Street)

CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 9. IS PRESENT CONDITION RELATED TO: 10. IS THERE ANOTHER HEALTH BENEFIT PLAN? 11. INSURED'S POLICY OR GROUP OR FCDA NUMBER

12. PATIENTS OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government credits after to myself or to the party and accept assignment below.) 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (MM DD YY) QUAL 15. OTHER DATE (MM DD YY) QUAL 16. DATES (BEGINNING AND ENDING) TO WORK IN CURRENT OCCUPATION (MM DD YY)

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (FROM MM DD YY TO MM DD YY)

19. ADDITIONAL CLAIM INFORMATION (Assigned by NTE)

20. OUTSIDE LAB? YES NO

21. SIGNATURE OF PHYSICIAN OR SUPPLIER (Includes degrees or credentials) 22. SERVICE FACILITY LOCATION INFORMATION 23. BILLING PROVIDER INFO & P.I.F. ()

24. FEDERAL TAX ID NUMBER 25. PATIENT'S ACCOUNT NO. 26. ACCOUNT ASSIGNMENT? (YES/NO) 27. TOTAL CHARGE 28. AMOUNT PAID 29. FINE FOR NUCC USE

30. SIGNATURE OF PHYSICIAN OR SUPPLIER (Includes degrees or credentials) 31. SERVICE FACILITY LOCATION INFORMATION 32. BILLING PROVIDER INFO & P.I.F. ()

Steps to Successfully Check Drug Name Strength and Dosage

- [Medicare Part B Drug Coverage](#)
- [Medicare Claims Processing Manual 100-04, Chapter 17, Drugs and Biologicals](#)
- [Unlisted Codes for Drugs and Biologicals \(J3490, J3590 and J9999\)](#)
- [CMS-1500 Claim Form Completion Instructions](#)
- [Medicare Part B CMS-1500 Crosswalk for 5010 Electronic Claims](#)



Reducing Claim Rejections for CPT and HCPCS Codes and Modifiers (14%)



Have Current Code Books

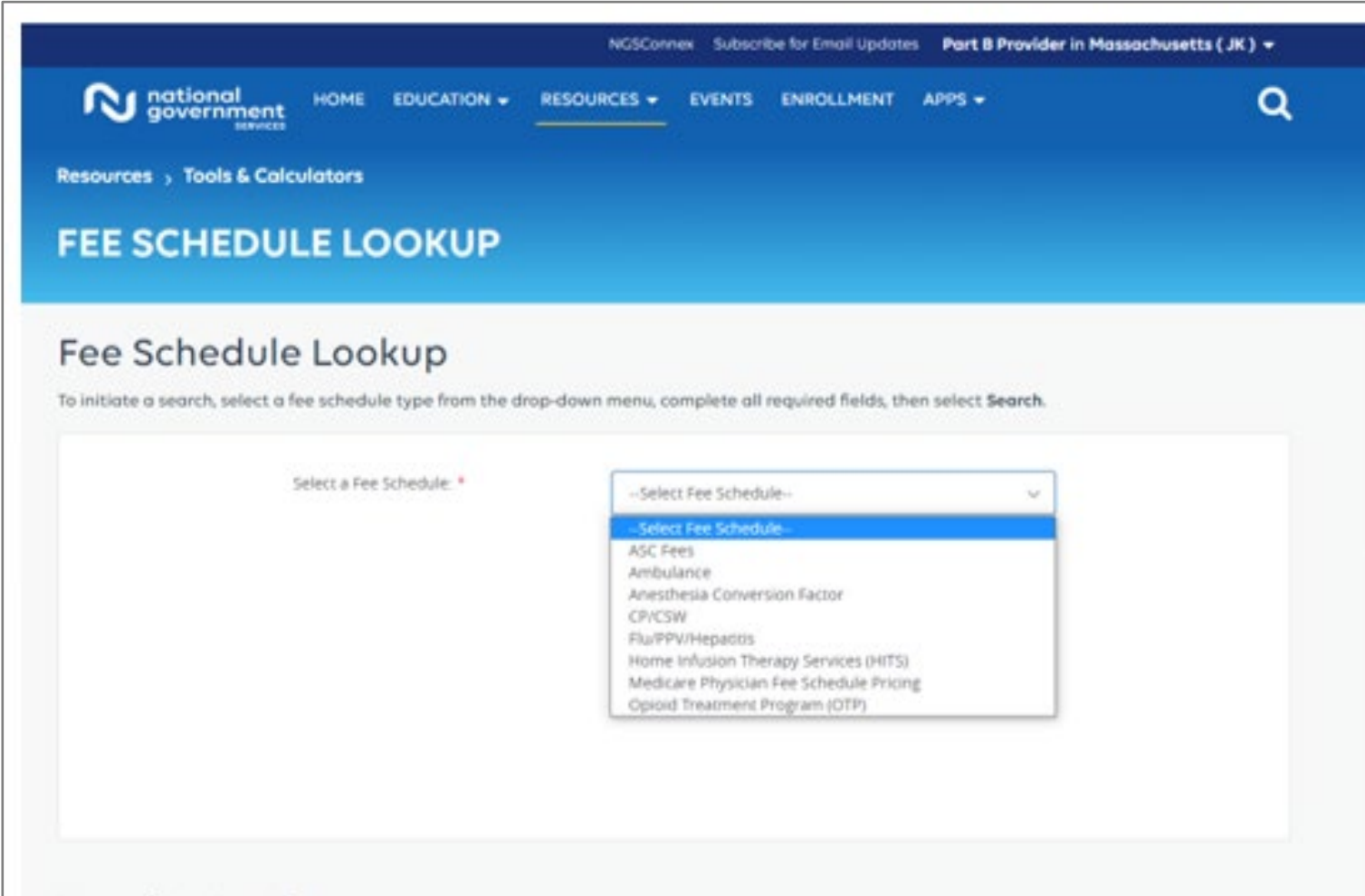
- CPT
 - Numeric coding system that describes the services and procedures provided by a physician
- HCPCS
 - Alpha numeric coding system used by a physician to report services
- ICD-10-CM code books
 - Used to select appropriate diagnosis codes

Medicare Physician Fee Schedule

The screenshot displays the National Government Services website interface. At the top, there is a blue header with the National Government Services logo on the left and a search icon on the right. Below the header, the main content area is divided into six white cards with blue borders. The 'Fee Schedules' card is highlighted with a black border. Each card contains an icon, a title, and a brief description of the service.

Service	Description
Medical Policies	Find LCDs and related billing and coding articles
Enrollment	Getting started, after you enroll, and revalidating your enrollment
Fee Schedules	Code pricing search, payment systems, limits, and fee schedule lookup
Claims and Appeals	Learn about claims, top errors, fees, MBI and appeals
Overpayments	Repayment schedules, and post-pay adjustment
Medicare Compliance	Medical Review, Prior Authorization, Fraud & Abuse, CERT, and more

Fee Schedule Lookup – Types



NGSConnex | Subscribe for Email Updates | Part B Provider in Massachusetts (JK) ▾

national government SERVICES | HOME | EDUCATION ▾ | **RESOURCES ▾** | EVENTS | ENROLLMENT | APPS ▾

Resources > Tools & Calculators

FEE SCHEDULE LOOKUP

Fee Schedule Lookup

To initiate a search, select a fee schedule type from the drop-down menu, complete all required fields, then select **Search**.

Select a Fee Schedule: ▾

- Select Fee Schedule--
- ASC Fees
- Ambulance
- Anesthesia Conversion Factor
- CP/CSW
- Flu/PPV/Hepatitis
- Home Infusion Therapy Services (HITS)
- Medicare Physician Fee Schedule Pricing
- Opioid Treatment Program (OTP)

Fee Schedule Lookup

NCSCConnex [Subscribe for Email Updates](#) [Part B Provider in Massachusetts \(JK\)](#)

national government SERVICES | HOME EDUCATION RESOURCES EVENTS ENROLLMENT APPS

Resources > Tools & Calculators

FEE SCHEDULE LOOKUP

Fee Schedule Lookup

To initiate a search, select a fee schedule type from the drop-down menu, complete all required fields, then select **Search**.

Select a Fee Schedule: *

Result Type: * Full Fee Schedule Specific To Fee Code

Date of Service: *

Procedure Code: *

Region: *

Fee Schedule Lookup – Regions

To initiate a search, select a fee schedule type from the drop-down

Select a Fee Schedule: *

Result Type: *

Date of Service: *

Procedure Code: *

Region: *

--Select Region--

- Connecticut
- Illinois (area 12)
- Illinois (area 15)
- Illinois (area 16)
- Illinois (area 99)
- Maine (area 03)
- Maine (area 99)
- Massachusetts (area 01)
- Massachusetts (area 99)
- Minnesota
- New Hampshire (area 40)
- New York (area 01)
- New York (area 02)
- New York (area 03)
- New York (area 04)
- New York (area 99)
- Rhode Island (area 01)
- Vermont (area 50)
- Wisconsin

--Select Region--

Search

Locality/Area and County Information

IL	MA	ME	NY
12-Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe, Montgomery, Randolph, St. Clair, Washington locality Payment Jurisdiction	01-Middlesex, Norfolk and Suffolk	03-York and Cumberland	01-Manhattan
15-DuPage, Kane, Lake, Will	99- All other Counties	99-All other Counties	02-Bronx, Brooklyn, Nassau, Rockland, Staten Island, Suffolk, Westchester
16-Cook			03-Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Sullivan, Ulster
99-All other Counties			04-Queens
			99-All other Counties

Fee Schedule Example

Fee Schedule Lookup

To initiate a search, select a fee schedule type from the drop-down menu, complete all required fields, then select **Search**.

Note: If your search does not display the fee schedule or effective date (range) you enter, access the CMS website to view and download [National Fee Schedules](#).

Select a Fee Schedule: *

Medicare Physician Fee Schedule Pricing

Result Type: *

Full Fee Schedule

Specific To Fee Code

Date of Service: *

11/19/2024



Procedure Code: *

33535

Region: *

Massachusetts (area 01)

Search

Fee Schedule Pricing Files

Medicare Physician Fee Schedule Pricing Fee Schedule

<u>Procedure Code</u>	<u>Effective Date</u>	<u>State/Territory</u>	<u>Locality</u>	<u>Short Description</u>
33535	03/09/2024	14212	01	Cabg arterial three

Non-OPPS Capped Payment Rates (NON-OPPS)

<u>Modifier</u>	<u>NON FAC PAR</u>	<u>NON FAC NON PAR</u>	<u>NON FAC LC</u>	<u>FAC PAR</u>	<u>FAC NON PAR</u>	<u>FAC LC</u>
(Details)	2525.46	2399.19	2759.07	2525.46	2399.19	2759.07

Database Policy Indicators

FEES

<u>Non-OPPS Capped Payment Rates (NON-OPPS)</u>						
<u>Modifier</u>	<u>NON FAC PAR</u>	<u>NON FAC NON PAR</u>	<u>NON FAC LC</u>	<u>FAC PAR</u>	<u>FAC NON PAR</u>	<u>FAC LC</u>
(Details)	2525.46	2399.19	2759.07	2525.46	2399.19	2759.07
Modifier Selected: (blank)						
<u>Status</u>	<u>Conversion Factor</u>	<u>Update Factor</u>	<u>Work RVU</u>	<u>FAC PE RVU</u>	<u>NON FAC PE RVU</u>	
A	33.2875	1.0000	44.75	16.48	16.48	
<u>Malpractice RVU</u>	<u>Work GPCI</u>	<u>Practice GPCI</u>	<u>Malpractice GPCI</u>	<u>Reduced Therapy Amt</u>	<u>Endoscopic Base</u>	
10.64	1.042	1.197	0.894	0.00		
<u>Global Surgery</u>	<u>Facility Pricing</u>	<u>PC/TC</u>	<u>Preoperative Percentage</u>	<u>Interoperative Percentage</u>	<u>Postoperative Percentage</u>	
090	1	0	09.00%	82.00%	09.00%	
<u>Multiple Surgery</u>	<u>Bilateral Surgery</u>	<u>Assistant At Surgery</u>	<u>Two Surgeons</u>	<u>Team Surgery</u>		
2	0	2	0	0		

Payment Calculation

Policy Indicators



Policy Indicators

- Procedure status indicators
- Global surgery
- Facility pricing
- Preoperative
- Interoperative
- Postoperative
- Multiple surgery
- Bilateral surgery
- Assistant at surgery
- Two surgeons
- Team surgery
- Use References: [Fee Schedule Lookup Details](#)

Not Otherwise Classified or Unlisted Codes and Documentation

- An unlisted code represents an item, service, or procedure for which there is no specific CPT or Level II alphanumeric HCPCS code
- Unlisted codes should be reported only if no other specific codes adequately describe the procedure or service
- Consider finding a CPT code that best describes service/procedure using the reduced service modifier 52
- Service/procedure(s) should be adequately documented in your medical record and submitted with each claim
 - Paper or electronic media claims
- Medicare allowable amounts are not established; therefore, allowance is based on the supporting documentation

Modifiers

- Two types of modifiers in MCS
 - CPT – numeric
 - HCPCS – letter and numeric
- Pricing modifiers
 - First field
- Statistical/informational modifiers
 - Second field
- Always enter pricing modifiers before statistical/informational modifiers

Modifiers – List Not All Inclusive

- Pricing Modifiers
 - Anesthesia modifiers
 - AA, AD, QK, QW, QX, QY, QZ
 - Assistant at surgery modifiers
 - AS, 80, 81, 82
 - Diagnostic modifiers
 - CT, FX, TC, 26
 - Evaluation and management
 - 24, 25, 57
 - Surgery modifiers
 - 50, 62, 66, 73, 74, 78
 - Shared care
 - 54, 55
- Statistical/informational modifiers
 - Coronary artery modifiers
 - LC, LD, LM, RC, RI
 - Eye lid modifiers
 - E1, E2, E3, E4
 - Finger modifiers
 - FA, F1, F2, F3, F4, F5, F6, F7, F8, F9
 - Toe modifiers
 - TA, T1, T2, T3, T4, T5, T6, T7, T8, T9
 - Side of body modifiers
 - LT, RT

Steps to Successfully Check CPT/HCPCS

- [MPFS available on our Fee Schedule Lookup page](#)
- [Fee Schedule Assistance](#)
- [CMS IOM Publication 100-04, Medicare Claims Processing Manual](#)
 - [Chapter 23 “Fee Schedule Administration and Coding Requirements”](#)
 - [Chapter 26 “Completing and Processing Form CMS-1500 Data Set”](#)
- [Unlisted and Not Otherwise Classified Procedure Codes](#)
- [Education > Medicare Topics > Billing](#)
- [Education > Manuals and Guides > Medicare Part B 101 Manual](#)



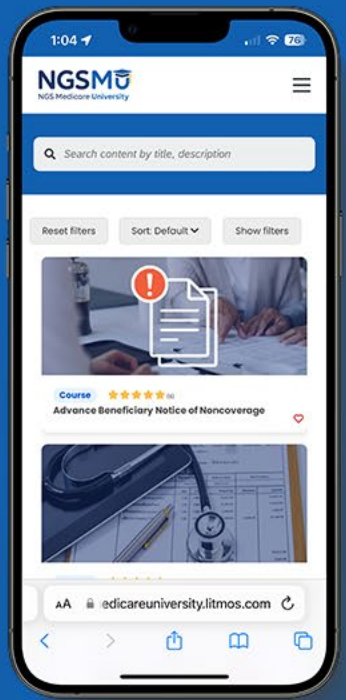
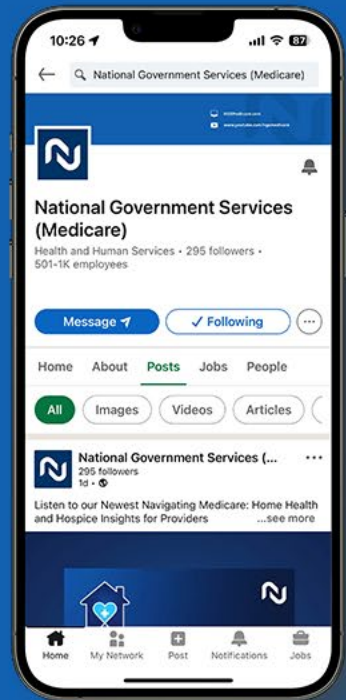
Claim Reminders

- Resubmit, redetermination or reopen
- Resubmit
 - Unprocessable denials
- Redetermination
 - Medical necessity claim denials
- Reopen
 - Minor clerical errors or omissions
- Reopenings for Minor Errors and Omissions




Questions?

Thank you!



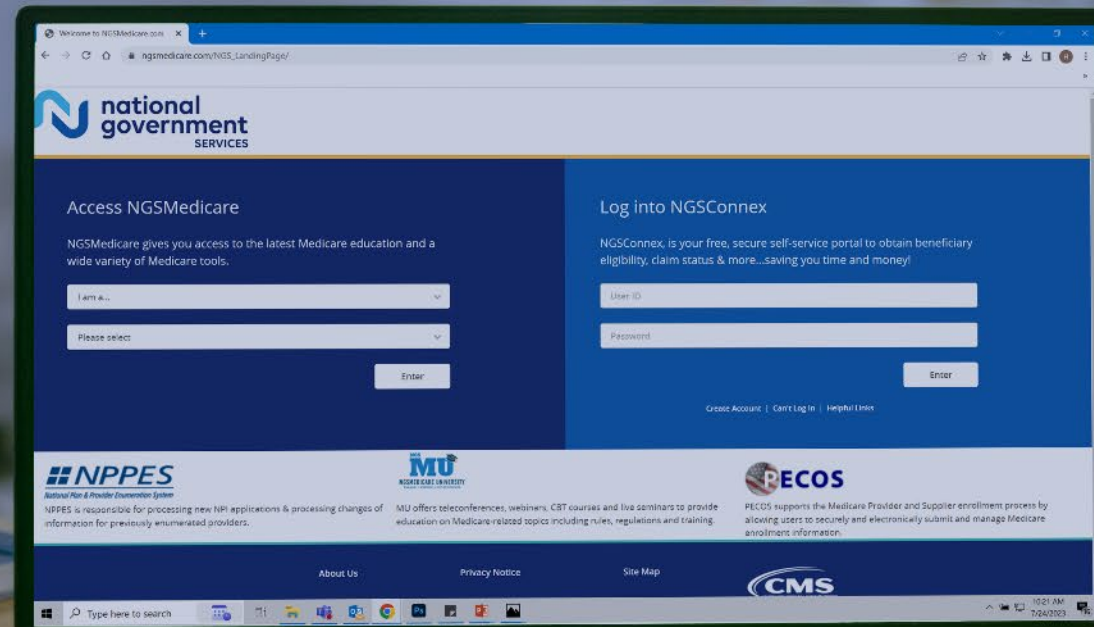
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Online resources, event calendar, LCD/NCD, and tools



[IVR System](#)

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



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Web portal for claim information



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