

Electronic Submission of Medical Records

7/16/2024

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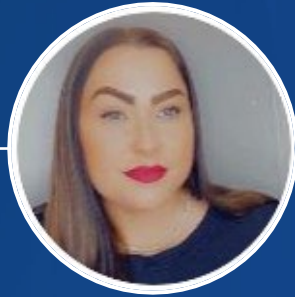
Objective

To provide the benefits of using electronic technology to submit medical documentation to NGS and instructions on enrolling to submit electronic medical documentation.

Today's Presenters

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Agenda

- [Unsolicited Versus Solicited Documentation](#)
- [Benefits of Electronic Submission](#)
- [Excessive Documentation](#)
- [Electronic Submission Options for Medical Documentation](#)
- [Paperwork Segment \(PWK\)](#)
- [NGSConnex](#)
- [Resources](#)

Unsolicited Versus Solicited



Electronic Submission of Medical Documentation

Solicited or Unsolicited Requests for Clinical Documentation

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

Unsolicited Versus Solicited

• **Solicited Documentation**

- NGS may need to request additional information regarding claims submitted to the Medicare Program
- The provider needs to respond to a request for medical records
 - Additional development requests

• **Unsolicited Documentation**

- When the provider knows NGS requires additional information to process the claim
- NGS has specific criteria when documentation should be attached to a claim
- Documentation is only needed for limited situations

Unsolicited Documentation Not Required

- When a description is placed in the comment field of the electronic claim, additional documentation is not required
- The services listed below are a few examples of those that wouldn't require documentation
 - Molecular lab tests
 - Hemophilia drugs under the MUE
 - Drugs that have a clear name and dosage in the description
 - Example: Pepcid 20 mg or CPT 93799 (terminology is reported as APBM less than 24 hours)

Unsolicited Criteria

- The circumstances listed here may require additional information which may be submitted utilizing the PWK segment
 - Surgical NOC Procedure Codes
 - Nonsurgical NOC Procedure Codes
 - Drugs and Biologicals NOC Codes
 - Modifier 22 – Unusual Services
 - Modifier 53 – Discontinued Services
 - Modifier 62 – Co-surgery
 - Modifier 66 – Team Surgeons
 - Modifier GM – Ambulance Multiple Patients on One Ambulance Trip

Unsolicited Criteria

- 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
- Claim scenarios that require additional documentation, as identified by the provider's billing history

Benefits of Electronic Attachments

Benefits

- Eliminates paper
 - Reduces administrative burden associated with the paper process of printing and mailing
- Up to 50% reduction in claim status calls
- Up to 50% reduction in MR denials
- Participating providers are reporting being paid up to 30 days sooner
- ADRs can be sent electronically to the provider vs. U.S. Mail
- Provides an immediate receipt for the documentation
- Reduces administrative burden
- Reduces denials
- Improves payment revenue cycle

Excessive Documentation

Excessive Documentation

- When using PWK and/or responding to a claim ADR, please submit only the documentation relevant to the service provided
 - NGS doesn't need the beneficiary's entire medical recordsSubmitting excessive documentation can lead to
 - Increased administrative costs
 - Claim denials
 - Delay in claim processing

Electronic Submission Options for Medical Documentation

X12 275 Electronic Attachment

- The X12 275: Additional Information to Support a Healthcare Claim or Encounter transaction – replaces the paper documentation supporting the claim
 - Can be used for either an unsolicited basis or a solicited basis
 - Allows the provider to send the additional documentation at the same time the claim is submitted
 - Generates an electronic acknowledgement (999 transaction) which provides an audit trail of the receipt of the documentation
 - Eliminates lost or misdirected documentation
 - ACN must match the ACN value in the PWK06 segment
 - The ACN is assigned by the provider or software

Appeal Requests via X12 275 Electronic Attachment

- Providers are now able to submit their claim appeal requests, including medical record documentation, through electronic transactions rather than a paper appeal process
 - First level appeals only
 - Scope of this implementation is only requesting the appeal and sending the documentation
 - Appeal decision will not be sent electronically

Required Elements for Appeal Requests via X12 275 Electronic

- When requesting an appeal using the 275 transaction it is required to include
 - 275 Appeal Indicator Requirements
 - In the 275 transaction, the BGN01 values are as follows
 - 02 – indicates the transaction is an unsolicited attachment
 - 11 – indicates the transaction is a response to a solicited request
 - 15 – indicates the transaction is requesting an electronic appeal
- An electronically completed [Level 1: Redetermination Request Form](#)
or
- Letter submitted electronically that includes the following
 - Beneficiary name
 - Medicare number/MBI
 - Specific service/items for which the appeal is being requested
 - Specific dates of service
 - Name of the party or representative of the party (the provider)

X12 277 Electronic Request for Additional Information

- The X12 277: Healthcare Claim Request for Additional Information transaction – replaces the paper ADR letters
 - Expedites the receipt of the documentation requests
 - Allows for the request to be routed to the appropriate person/department, eliminating lost or misdirected requests
 - Facilitates a quicker turnaround time of the response
- Payer Attachment Control Number – key to solicited transaction matching
 - When the attachment is solicited the ACN is in both the request (277 RFAI) and the response (275)
 - The ACN is assigned by the payer

How to Get Started – Five Easy Steps

- Contact your vendor, clearinghouse or billing service to ensure they support the electronic attachment program
- Review the NGS Attachment Companion Guides: NGS X12/HL7 Claim Attachment Companion Guide and 277 Request Additional Information Companion Guide. Send to your vendor or clearinghouse as needed
- The guides can be found on the [NGS Website](#)
- Download the X12 275 v6020 and 277RFI v6020 TR3's and the HL7 Attachment Implementation Guide and C-CDA R2.1 guide, if needed
- The X12 guides are available at [Washington Publishing Company](#); the HL7 guides are available at [HL7 International](#)
- Enroll for the attachment transactions with NGS through the online EDI enrollment tools on the [NGS Website](#)
- Contact EDI Helpdesk with any questions
 - J6: 877-273-4334, JK: 888-379-9132

Paperwork Segment

PWK

- Part B JK and J6 providers have the option of electronically submitting, mailing, or faxing unsolicited documentation for electronically-submitted claims that require additional documentation for purposes of claim processing

PWK Documentation

- NGS will only review additional documentation when it 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
 - Documentation is to be submitted only after the claim has been electronically submitted with the PWK segment completed
 - Do not submit documentation before submission of the claim

PWK Documentation, Cont.

- Submit documentation promptly
 - NGS will allow seven calendar days from the date we receive the claim for the documentation to be electronically transmitted or faxed; and we will allow ten calendar days from the receipt date of the claim for mailed documentation
 - Documentation that is not received or is received after the time frame has elapsed; we will begin normal processing procedures which might include an ADR
 - If no response is received within 45 calendar days after the date of the ADR the claim will be denied
 - When the documentation is received, the contractor has 60 days to make a determination on the claim

PWK Documentation Submission Options

- Electronic
 - X12 275 Transaction
 - Preferred method
- Mail and/or fax
 - Must use fax cover sheet
 - Longer turnaround time

PWK Electronic Claim Submission

- Complete PWK segment
 - Loop 2300/2400 of the 837 professional and institutional electronic transactions to notify NGS the intent to send documentation for that claim
- Segment PWK02 – identify method of documentation delivery
 - EL – electronic submission
 - BM – mail submission
 - FX – fax submission
- Segment PWK06 – The provider Attachment Control Number (ACN)
 - ACN must match the ACN value sent in the X12 275 transaction

NGSConnex

What is NGSConnex

- NGSConnex is a free, secure, web-based application developed by National Government Services just for you! NGSConnex provides access to a wide array of self-service functions that save you time and money, such as
 - Obtain beneficiary eligibility information
 - Query for your claims status
 - Initiate and check the status of redetermination and reopening requests
 - View your provider demographic information
 - Query for your financial data
 - Submit documents for an Additional Documentation Request
 - Submit Credit Balance Reports
 - And More

Responding to MR ADRs via NGSConnex

- Key Features
 - Respond to MR ADRs by attaching/uploading supporting documentation
 - Check the status of a MR ADR
 - View the history of previously submitted ADR responses
 - View a list of all claims for which a medical review ADR letter was issued (on or after 7/1/2018)
 - Initiate an inquiry related to Medical Review
 - Provides an electronic record of the documentation submitted and when the response was sent

Getting Started with NGSConnex

- Register/Create Account
 - Must complete the entire registration process during the same session
 - You will not be able to complete part of the steps and save the information and return to complete the process
 - Be sure to have all required information ready and available
 - NPI, PTAN and last five digits of TIN
 - Check number and check amount for an NGS Medicare check issued within the past 90 days
 - Visit the [NGSConnex portal](#)

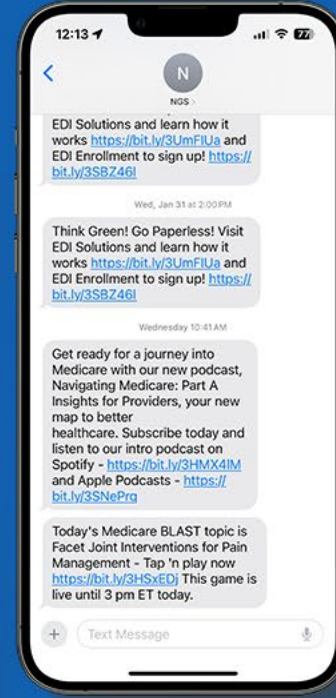
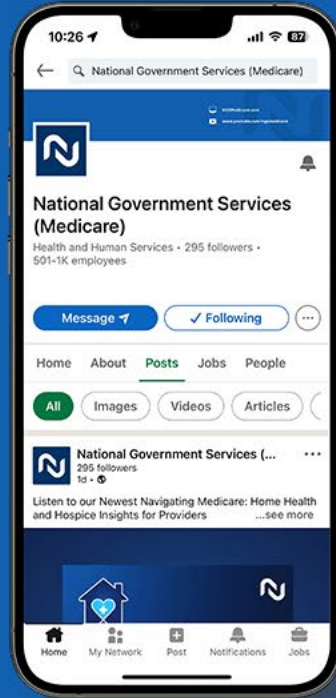
Resources

Resources

- [JK Medicare Part B PWK Fax/Mail/esMD Cover Sheet](#)
- [J6 Medicare Part B PWK Fax/Mail/esMD Cover Sheet](#)
- [CR 7306 Modifications to the Implementation of the PWK \(paperwork\)segment for X12N Version 5010](#)
- [MLN Matters® *MM10397 Revised: Modifications to the Implementation of the Paperwork \(PWK\) Segment of the Electronic Submission of Medical Documentation \(esMD\) System*](#)
- [Benefits of Electronic Attachments](#)
- [Benefits of the 277 RFI](#)
- [EDI Enrollment](#)
- [EDI Approved Entities List](#)
- [NGSConnex User Guide](#)
- [Submit Medical Record Documentation Electronically](#)

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



[NGSConnex](#)

Web portal for claim information



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