

# Overview of Advance Communication Engine System (NGS-ACE) Edit Module for Electronic Claim Submission

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# Objectives

- NGS-ACE
- Explain How NGS-ACE Affects Your Claims
- Review the 277CA Claims Acknowledgement (277CA) Report

# Agenda

- What is NGS-ACE
- Why is NGS implementing NGS-ACE
- NGS-ACE edits, messages and descriptions
- Reports
- Errors
- Resubmissions

# What Is NGS-ACE

- We will be implementing our new NGS-ACE editing model in January 2022
- NGS-ACE applies business level edits to your electronically submitted claims
- For all Part B claims in Jurisdiction 6 (Illinois, Wisconsin, and Minnesota)
  - For all direct submitters as well as those who transmit claims via clearinghouses/billing services, in January 2022

# Why The Enhancements?

- Decrease denial rates
- Improve billing inefficiencies
- Reduce appeal/reopening requests
- Reduce administrative costs and provider burden



# Edit Messages and Descriptions

Smart Edit	Smart Edit Message	Smart Edit Description
<b>mEV</b>	The E/M code <b>XXXXX</b> on this claim line is billed in addition to another E/M code. The billing provider should bill one E/M code per patient per day. Please review for payment accuracy.	(mEV) Multiple Different E/M Codes on Same Day for Same Rendering Provider The mEV System Rule identifies claims when multiple E/M codes are submitted on the same date of service.
<b>BAG</b>	Per LCD or NCD guidelines, procedure code <b>XXXXX</b> has not met the associated Age relationship criteria for CMS ID(s) <b>XXXXX</b> .	(BAG) LCD Part B Procedure Not Typical with Patient Age The BAG edit identifies claims containing CPT codes that can only be performed with a specified age per LCD/NCD.
<b>BPO</b>	Per LCD or NCD guidelines, procedure code <b>XXXXX</b> has not met the associated Place of Service relationship criteria for CMS ID(s) <b>XXXXX</b> .	(BPO) LCD Part B Invalid Place of Service The BPO edit identifies claims containing CPT codes that can only be performed in specified Place(s) of Service per LCD/NCD policy.

# Edit Messages and Descriptions

Smart Edit	Smart Edit Message	Smart Edit Description
<b>CSX</b>	Procedure code <b>XXXXX</b> is not typically performed for a patient whose gender is <b>X</b> .	(CSX) Procedure Not Typical with Patient Gender The CSX System Rule identifies claim lines that contain a patient's gender not typical for the procedure code.
<b>ISX</b>	Diagnosis code(s) <b>XXXXX</b> is not typical for a patient whose gender is <b>X</b> .	(ISX) Diagnosis Not Typical with Patient Gender The ISX System Rule identifies claim lines that contain a diagnosis code not typical for a patient's gender.
<b>mAS</b>	Medicare statutory payment restriction for assistants at surgery applies to the procedure <b>XXXXX</b> .	(mAS) Medicare No Payment for Assistant Surgeons The mAS edit identifies claim lines that contain an assistant surgeon modifier and a procedure code that Medicare typically does not allow reimbursement for surgical assistants.

# Edit Messages and Descriptions

Smart Edit	Smart Edit Message	Smart Edit Description
mCO	Billing for co-surgeons is not permitted for the procedure <b>XXXXX</b> .	(mCO) Medicare Co-Surgeons Not Permitted The mCO edit identifies claim lines that contain a co-surgeon modifier and a procedure code that Medicare typically does not allow reimbursement for co-surgeons.
mGT	Per the Medicare Physician Fee Schedule, Procedure <b>XXXXX</b> describes the global code of a service or diagnostic test. Use of modifier <b>XX</b> is inappropriate for this procedure code.	(mGT) Medicare Global Test Only The mGT Medicare Rule identifies claim lines which have stand-alone global diagnostic test codes and the modifier 26 or TC are attached, this is indicated by the PC/TC Indicator of 4. Modifiers 26 and TC are inappropriate with these codes.

# Edit Messages and Descriptions

Smart Edit	Smart Edit Message	Smart Edit Description
mPC	Per the Medicare Physician Fee Schedule, Procedure <b>XXXXX</b> describes the physician work portion of a diagnostic test. Modifier <b>XX</b> is not appropriate.	(mPC) Professional Component Only The mPC flag identifies the claim lines which have procedure codes, per the MPFS, a PC/TC indicator of 2, that represent the professional portion of selected diagnostic tests and the 26 or TC are not appropriate. The PC/TC concept does not apply since these services cannot be split into professional and technical components.
mTC	Per the Medicare Physician Fee Schedule, Procedure <b>XXXXX</b> describes only the technical portion of a service or diagnostic test. Modifier <b>XX</b> is not appropriate.	(mTC) Medicare Technical Component Only The mTC Medicare Rule identifies the claim lines which have procedure codes that represent the technical portion of selected diagnostic tests and a 26 or TC modifier is present. The PC/TC concept does not apply since these services cannot be split into professional and technical components.

# Edit Messages and Descriptions

Smart Edit	Smart Edit Message	Smart Edit Description
mTS	Team Surgery is not permitted for Procedure <b>XXXXX</b> .	(mTS) Medicare Team Surgeons Not Permitted The mTS edit identifies claim lines that contain a team surgeon modifier and a procedure code that Medicare typically does not allow reimbursement for team surgeons.

# 277CA Report Changes

- NGS-ACE edits can be identified by the presence of the 2200D and/or 2220D STC data element
- When a 277CA is received
  1. Recognize the errors that occurred and begin a correct/resubmit action on specific claims
  2. Recognize transactions were accepted
  3. Use returned claim numbers for future status inquiries
- Reflects a data problem that must be addressed by resources in the providers billing area
- Billing staff will need reports produced in order to identify claim corrections before resubmission

# 277CA Report Example - BAG

```
ISA*00*          *00*          *ZZ*06102          *ZZ*ACETEST          *211124*0718*^*00501*000000001*0*P*:-
GS*HN*06102*ACETEST*20211124*071433*1*X*005010X214~
ST*277*000000001*005010X214~
BHT*0085*08*21328*20211124*071433*TH~
HL*1**20*1~
NMI*FR*2*NGS INC IL****46*06102~
TRN*1*0610220211124000001~
DTP*050*D8*20211124~
DTP*009*D8*20211124~
HL*2*1*21*1~
NMI*41*1*TEST PART B*SUBMIT*A****46*ACETEST~
TRN*2*837F06102BAG005T001~
STC*A1:19:PR*20211124*WQ*250~
QTY*AA*1~
AMT*YY*250~
HL*3*2*19*1~
NMI*85*2*PII****XX*9999999999~
TRN*1*PAS1000AX.NM1.0001~
STC*A1:19:PR**WQ*250~
QTY*QC*1~
AMT*YY*250~
HL*4*3*PT~
NMI*QC*1*PII*PII*X***MI*PII~
TRN*2*PAS1000AX.NM1.0001~
STC*A1:19:PR*20211124*U*250~
DTP*472*D8*20211123~
SVC*HC:G0102*250*****1~
STC*A3:23:41**U*****SMARTEDIT PATTERN 20079 PER LCD OR NCD GUIDELINES - PROCEDURE CODE G0102 HAS NOT MET THE ASSOCIATED AGE RELATIONSHIP CRITERIA FOR CMS ID(S) 210.1.-
STC*A3:23:41**U*****SMARTEDIT INFO A POTENTIAL CODING ERROR WAS IDENTIFIED WITH THIS CLAIM PLEASE SEE STC 2220D LOOP FOR SPECIFIC INFORMATION. IF YOU WISH TO CONTINUE WITHOUT UPDATES PLE
REP*FJ*2009100600000000008H0001~
DTP*472*D8*20211123~
SE*30*000000001~
GE*1*1~
IEA*1*000000001~
```

# 277CA Report Example - BPO

```
ISA*00*          *00*          *22*06102          *22*ACETEST          *211124*0723**00501*000000001*0*P*:-
GS*HM*06102*ACETEST*20211124*071953*1*X*005010X214-
ST*277*000000001*005010X214-
BHT*0085*08*21328*20211124*071953*TH-
HL*1**20*1~
NM1*PR*2*NGS INC IL****46*06102-
TRN*1*0610220211124000001-
DTP*050*D8*20211124-
DTP*009*D8*20211124-
HL*2*1*21*1-
NM1*41*1*TEST PART B*SUBMIT*A***46*ACETEST-
TRN*2*837F06102BP0005T001-
STC*A1:19:PR*20211124*WQ*250-
QTY*AA*1-
AMT*YY*250-
HL*3*2*19*1-
NM1*85*2*PII****XX*9999999999-
TRN*1*PAS1000AX.NM1.0001-
STC*A1:19:PR**WQ*250-
QTY*QC*1-
AMT*YY*250-
HL*4*3*PT-
NM1*QC*1*PHI*PHI*X***MI*PHI-
TRN*2*PAS1000AX.NM1.0001-
STC*A7:189*20211124*U*250-
DTP*472*D8*20211123-
SVC*EC:G0442*250*****1-
STC*A3:23:41**U*****SMARTEDIT PATTERN 4531 PROCEDURE CODE G0442 IS NOT TYPICALLY PERFORMED BY A PROVIDER IN PLACE OF SERVICE 21 (INFANT HOSPITAL).~
STC*A3:23:41**U*****SMARTEDIT PATTERN 20079 PER LCD OR NCD GUIDELINES PROCEDURE CODE G0442 HAS NOT MET THE ASSOCIATED PLACE OF SERVICE RELATIONSHIP CRITERIA FOR CMS ID(S) 210.8.~
STC*A3:23:41**U*****SMARTEDIT INFO A POTENTIAL CODING ERROR WAS IDENTIFIED WITH THIS CLAIM PLEASE SEE STC 2220D LOOP FOR SPECIFIC INFORMATION. IF YOU WISH TO CONTINUE WITHOUT UPDATES PLS
REF*FJ*200910060000000008H0001~
DTP*472*D8*20211123-
SE*31*000000001-
GE*1*1-
IEA*1*000000001-
```



# 277CA Report Example - CSX

```
ISA*00~*00~*ZZ*06102~*ZZ*ACETEST~*211119*0938~*00501*00000001*0*P*~
GS*HN*06102*ACETEST*20211119*093553*1*X*005010X214~
ST*277*000000001*005010X214~
BHT*0085*08*21323*20211119*093553*TH~
HL*1*20*1~
NM1*PR*2*NGS INC IL*****46*06102~
TRN*1*0610220211119000001~
DTP*050*D8*20211119~
DTP*009*D8*20211119~
HL*2*1*21*1~
NM1*41*1*TEST PART B*SUBMIT*A***46*ACETEST~
TRN*2*837P06102CSX003T003~
STC*A1:19:PR*20211119*WQ*650~
QTY*AA*1~
AMT*YY*650~
HL*3*2*19*1~
NM1*85*2*PII****XX*9999999999~
TRN*1*PAS1000AX.NM1.0001~
STC*A1:19:PR**WQ*650~
QTY*QC*1~
AMT*YY*650~
HL*4*3*PT~
NM1*QC*1*phi*phi*x***MI*phi~
TRN*2*PAS1000AX.NM1.0001~
STC*A1:19:PR*20211119*U*650~
DTP*472*D8*20210902~
SVC*HC:G0102*650*****1~
STC*A3:23:41**U*****SMARTEDIT PATTERN 156 PROCEDURE CODE G0102 IS NOT TYPICALLY PERFORMED FOR A PATIENT WHOSE GENDER IS F.~
STC*A3:23:41**U*****SMARTEDIT INFO A POTENTIAL CODING ERROR WAS IDENTIFIED WITH THIS CLAIM PLEASE SEE STC 2220D LOOP FOR SPECIFIC INFORMATION. IF YOU WISH TO CONTINUE WITHOUT UPDATES
REF*FJ*20091006000000000008H0001~
DTP*472*D8*20210902~
SE*30*000000001~
GE*1*1~
IEA*1*000000001~
```

# 277CA Report Example mAS

```
ISA*00*      *00*      *ZZ*06102      *ZZ*ACETEST      *211116*1618**00501*000000001*0*P*~
GS*HN*06102*ACETEST*20211116*161631*1*X*005010X214~
ST*277*000000001*005010X214~
BHT*0085*08*21320*20211116*161631*TH~
HL*1**20*1~
NM1*PR*2*NGS INC IL****46*06102~
TRN*1*0610220211116000001~
DTP*050*D8*20211116~
DTP*009*D8*20211116~
HL*2*1*21*1~
NM1*41*1*TEST PART B*SUBMIT*A***46*ACETEST~
TRN*2*837P06102MAS007T000~
STC*A1:19:PR*20211116*WQ*950~
QTY*90*1~
AMT*YU*950~
HL*3*2*19*1~
NM1*85*2*PII****XX*999999999~
TRN*1*PAS1000AX.NM1.0001~
STC*A1:19:PR**WQ*950~
QTY*QA*1~
AMT*YU*950~
HL*4*3*PT~
NM1*QC*1*PHI*PHI*X***MI*PHI~
TRN*2*PAS1000AX.NM1.0001~
STC*A2:20:PR*20211116*WQ*950~
STC*A1:20:41*20211116*WQ*950*****SMARTEDIT PATTERN 54 PER MEDICARE GUIDELINES A STATUTORY PAYMENT RESTRICTION FOR ASSISTANTS AT SURGERY
APPLIES TO PROCEDURE CODE 51784.~
REF*1K*0221320004100~
DTP*472*D8*20211003~
SE*27*000000001~
GE*1*1~
IEA*1*000000001~
```



# Errors and Resubmission

- NGS-ACE applies business level edits to your electronically submitted claims
- The information for the edits are returned on the 277 Claim Acknowledgement (277CA) transaction that you currently receive
- This allows you to correct any errors and resubmit your claim before MCS receives them

# Errors and Resubmit

- If you choose not to change the claims, you can resubmit in its original format and it will pass to the MCS claims adjudication system for processing
- J6 Part B only previous EDI duplicate claim edit is turned off

# What's To Come?

- Stay tuned - [NGSMedicare](#)
- Edits go live in January 2022!
- Additional edits to be implemented

# Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

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