National AB MAC Ambulance Provider/Supplier Coalition Meeting

Medicare Part A and B
Provider Outreach and Education
Multi-MAC Collaboration Group

Wednesday, September 16, 2026

Medicare Part A and B Provider Outreach and Education Multi-MAC Collaboration Group

Provider Outreach and Education (POE) staff from each of the A/B Medicare Administrative Contractors (MACs) developed this material.

Disclaimer

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- This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.
- This presentation is a general summary that explains certain aspects of the Medicare Program but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference.
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Virtual Webinar

Instructions

Materials and Certificates

- We will email today's presentation and Certificate of Attendance to all attendees within 2 business days

• Have a Question?

- The "Chat Box" feature will remain **INACTIVE** for the entirety of this event
- Attendee microphones are muted
- At the end of the session, you will be able to raise your hand for questions
- We will unmute your mic and ask that you unmute your phone when we call on you
- Please identify the MAC your question is for
  - Please limit your interaction to one question per provider
- Questions **MUST NOT** include PHI, PII or claim specific detail

Acronym List / Table Example

Acronym	Definition
ADR	Additional Documentation Request
CERT	Comprehensive Error Rate Testing
CMS	Centers for Medicare & Medicaid Services
DOS	Dates of Service
ICN	Internal Control Number (claim)
MAC	Medicare Administrative Contractor
MR	Medical Review Department
NPI	National Provider Identifier
PECOS	Provider Enrollment Chain & Ownership System
PTAN	Provider Transaction Number
TIN	Tax Identification Number
TPE	Targeted Probe & Educate

Agenda

MAC Introductions	MAC Responsibilities
	Coalition Goals
Educational Material	MAC ADRs/TPE
	CERT
MAC Active Medical Reviews	
Pre-Submitted Questions	
Live Q&A	
MAC Demographics	
Key Takeaways	

MAC Speaker Introductions

CGS, First Coast, Noridian, Novitas, Palmetto GBA, Wellpoint Federal, WPS

Medicare Part A and B
Provider Outreach and Education
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MAC Responsibilities

- Enforce program integrity
- Issue decisions regarding appeal requests (redeterminations)
- Coordinate with CMS & other Medicare contractors
- Facilitate outreach & education
- Enroll providers & suppliers
- Process claims
- Reconcile Medicare reimbursement
- Respond to provider inquiries

National AB MAC Ambulance Provider/Supplier Coalition Goals

GOALS

- Improve Communication
- Support Innovation
- Preserve Integrity
- Provide Quality Customer Service
- Create a Responsible, Collaborative Provider Community
- Protect Beneficiaries and Providers

Educational Materials

MAC ADRs/TPE, & CERT

Medicare Part A and B
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Additional Documentation Requests (ADRs)

- Response required within 45 days

MAC ADRs

- **Pre-pay review:** Provider response/submission of medical records within 45 calendar days
- **Post-pay review:** Provider response/submission of medical records within 30 calendar days

- MACs have the authority to deny claims when records are not submitted timely

- For more information regarding ADRs visit the CMS website: Additional Documentation Request

Obtaining ADRs

- **Contractor Online Portal**
  - **CGS**: myCGS
  - **First Coast**: SPOT
  - **Noridian**: Noridian Medicare Portal
  - **Novitas**: Novitasphere
  - **Palmetto GBA**: eServices
  - **Wellpoint Federal**: NGSConnex
  - **WPS**: WPS Government Services
- **United States Postal Service**
- **Direct Data Entry (DDE)**

Check PECOS to ensure mailing address is correct

What to Submit in Response to an ADR

- Original copy of the ADR letter received
- ADR Response Cover Sheet – as appropriate (MAC Jurisdiction Specific)
- Provider Point of Contact Information (include the name of the person, title, telephone #, fax #, email, and availability)
- Any & All Medical Record Documentation for the Dates of Service Identified in the ADR

Responding to an ADR: Submission of Medical Records

MAC Portals

Electronic Submission of Medical Documentation (esMD)

Fax

Mail

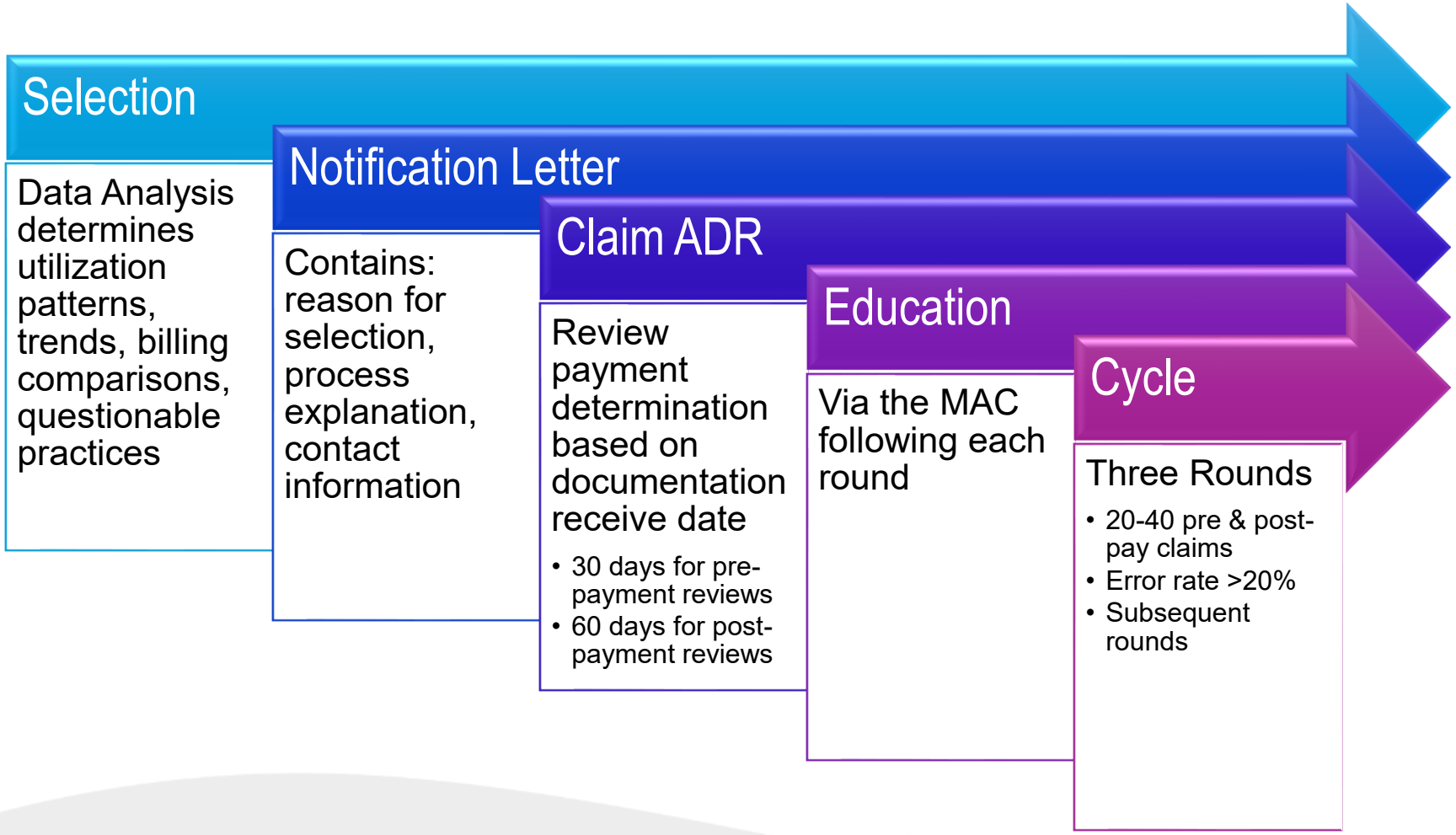
Paper

CD

CMS Targeted Probe and Educate (TPE)

- Uses one-on-one education to help reduce claim denials and appeals
- Increase MAC's accuracy by using data analysis to identify:
  - Who has high claim error rates or unusual billing practices
  - Items and services with high national error rates and a Medicare financial risk

TPE Process


Selection
Data Analysis determines utilization patterns, trends, billing comparisons, questionable practices
Notification Letter
Contains: reason for selection, process explanation, contact information
Claim ADR
Review payment determination based on documentation receive date
• 30 days for pre-payment reviews
• 60 days for post-payment reviews
Education
Via the MAC following each round
Cycle
Three Rounds
• 20-40 pre & post-pay claims
• Error rate >20%
• Subsequent rounds

Who's Asking for Medical Records?

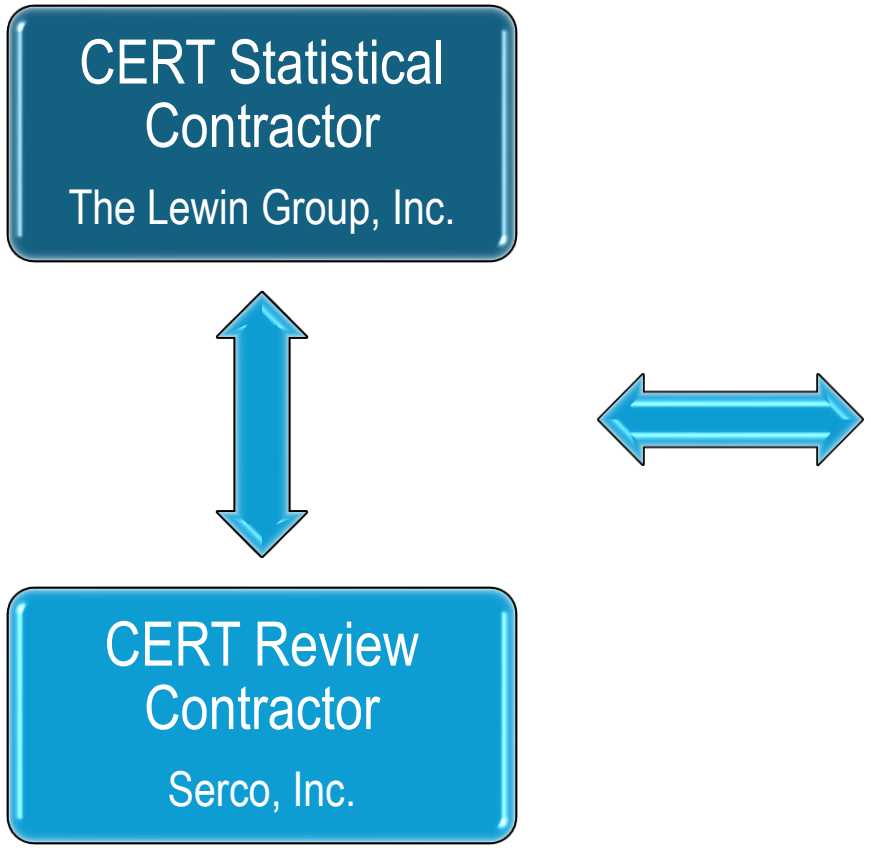
- Recovery Audit Contractor (RAC)
- Supplemental Medical Review Contractor (SMRC)
- Unified Program Integrity Contractor (UPIC)
- Comprehensive Error Rate Testing Contractor (CERT)

The CERT Program

Goals

- Measure the accuracy of Medicare's payments on a national level for each MAC region
- Assist CMS in understanding the educational needs of providers and contractors
- Prevent improper payments

The CERT Medicare Contractor



Comprehensive Error Rate Testing (CERT)

$$i_e^{di} = \sum_{k=1}^{a} \frac{N_k}{n_k} \sum_{j=1}^{n_k^d} e_{kj} = \sum_{k=1}^{a} W_k \sum_{j=1}^{n_k^d} e_{kj}$$

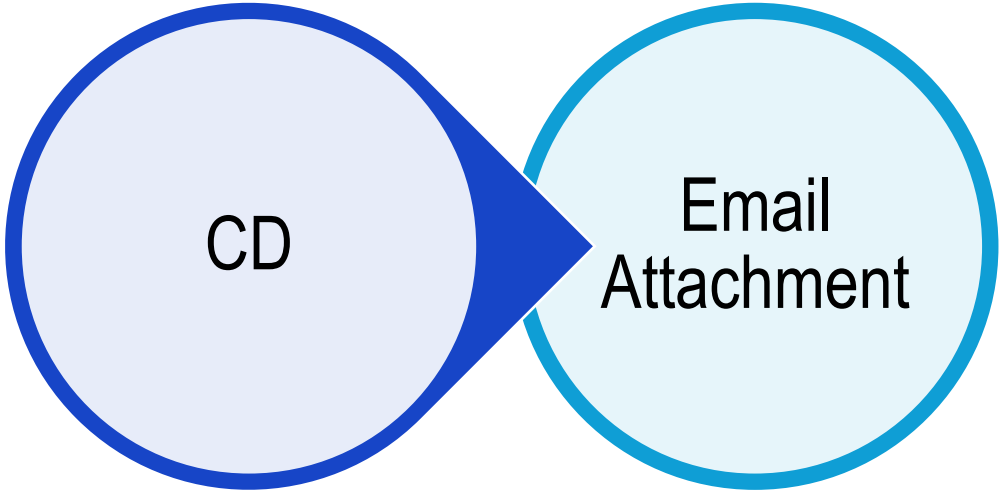
$$i_p^{di} = \sum_{k=1}^{a} \frac{N_k}{n_k} \sum_{j=1}^{n_k^d} p_{kj} = \sum_{k=1}^{a} W_k \sum_{j=1}^{n_k^d} p_{kj}$$

$

Effectuation of appeals
Finalization of expenditure data
Cutoff Date: Mid-Oct. of year reporting

Response to a CERT Request is Mandatory

- **Remember:**
  - This is not a HIPAA violation
  - Patient authorization is not required to respond
  - Billing providers are responsible for obtaining medical records from third parties (e.g.: hospitals, nursing homes, etc.)
  - A reply is still required if records cannot be located
  - Contact the CERT Documentation Center at 888.779.7477 with questions regarding requested documentation



*The email attachment(s) should be encrypted per HIPAA security rules

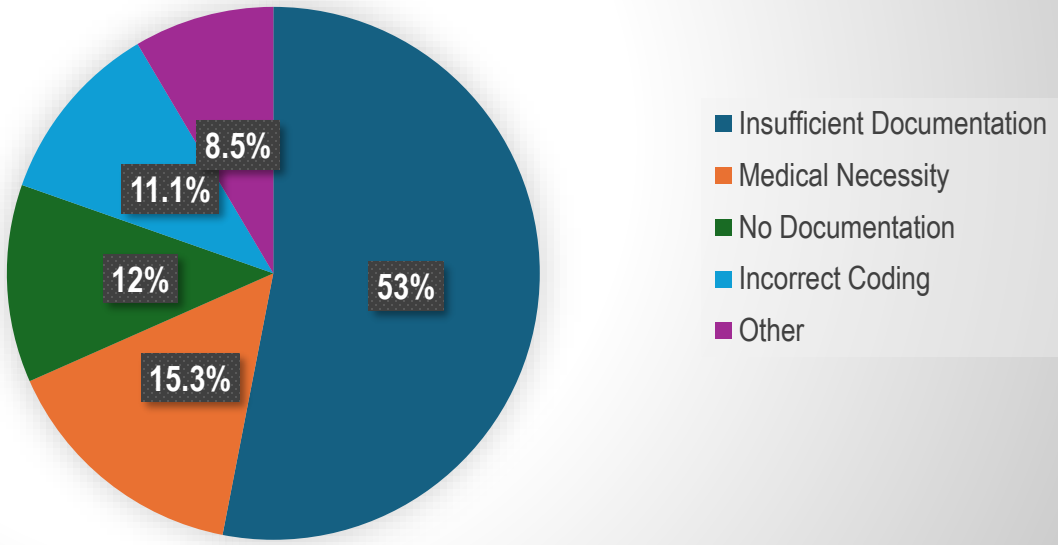
- **If encrypted, the password and CID# **must be** provided via phone to 888–779–7477 or via fax to (804) 261–8100
- ***Must contain only attachments in TIFF or PDF format

Improper Payment Categories

COMPREHENSIVE ERROR RATE TESTING CONTRACTOR'S 2025
National Improper Payment Rate
Errors Defined by Category

Each reporting year contains claims submitted **July 1 two years before the report through June 30 one year before the report**

For example, reporting year 2025 contains claims submitted July 1, 2023 through



2025 Medicare-Fee-for-Service Improper Payments

2025 National Improper Payment

Projected Improper Payments	Improper Payment Rate	Insufficient Documentation	Medical Necessity	No Documentation Submitted
$452,598,022	10.4%	$211,268,377	$112,602,711	$52,086,088

Medicare Fee-for-Service Supplemental Improper Payment Data

CERTs **Top** Denial: Insufficient Documentation

- **53% of the 2025 Error Rate**
- **The provider submitted documentation; however, it was insufficient in determining if the claim was payable**
- These types of denials can occur when:
  - Provider records are missing/inadequate
  - Signatures are missing/illegible

CERT Denials: Medical Necessity

- **15.3% of the 2025 Error Rate**
- **The provider submitted documentation; however, documentation to support medical necessity was lacking**
- These types of denials occur when:
  - Medicare coverage guidelines and payment policies were not met
  - Duration and/or frequency of a service was not within acceptable standards of medical practice
  - The service was not furnished in an appropriate setting, or by a qualified personnel
  - Service does not meet, or it exceeds a patient's medical need

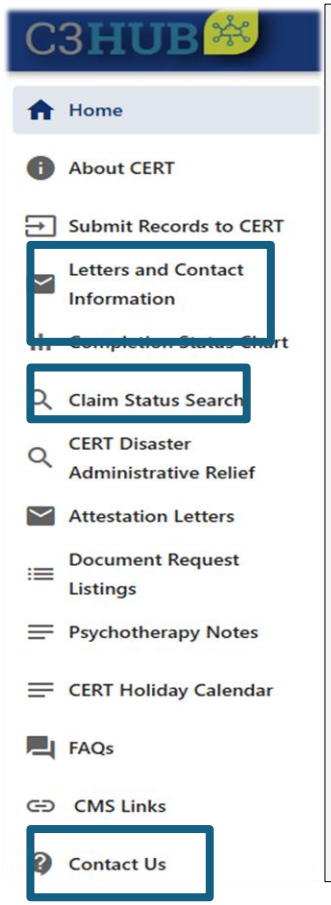
CERT Denials: No Documentation Submitted

- **12% of the 2025 Error Rate**
- The provider did not submit documentation upon request
- It is imperative that:
  - Providers keep contact information up-to-date
    - Ensure that contact information is correct in PECOS
  - Monitor the CERT electronic platform daily for documentation requests

Resources Related to the Top Three CERT Denials

- Signature Requirements & Authentication:
  - CFR, Title 42, Chapter IV, Subchapter B, Part 424.36 — Signature Requirements
  - CFR, Title 42, Chapter IV, Subchapter B, Part 410, Subpart B, Section 410.40 — Coverage of Ambulance Services
  - CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 3 — Verifying Potential Errors and Taking Corrective Actions, Section 3.3.2.4 Signature Requirements
- Physician Certification Statement Requirements:
  - CFR, Title 42, Chapter IV, Subchapter B, Part 410, Subpart B, Section 410.40 — Coverage of Ambulance Services
- Medical Necessity Requirements:
  - CFR, Title 42, Chapter IV, Subchapter B, Part 410, Subpart B, Section 410.40 — Coverage of Ambulance Services
  - CFR, Title 42, Chapter IV, Subchapter B, Part 410, Subpart B, Section 410.41 — Requirements for Ambulance Suppliers
  - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 10 — Ambulance Services
  - Medicare Claims Processing Manual, Pub 100-04, Chapter 15 — Ambulance

CERT C3 Hub



Welcome to the CERT C3HUB

The CERT C3HUB web site is designed to provide Medicare providers, suppliers, and contractors with information about the Comprehensive Error Rate Testing (CERT) Program and to facilitate coordination, collaboration, and communications between all stakeholders.

This website contains the following features:

- **About CERT** — This webpage covers a brief description about the CERT program and the functions of the two CERT contractors: The Review Contractor and the Statistical Contractor.
- **Submit Records to CERT** — This webpage provides instructions to providers and suppliers on how to submit medical documentation to the CERT Review Contractor. There are five submission methods.
- **Letter and Contact Information** — This webpage notifies providers and suppliers of the schedule the CERT Review Contractor uses to mail out the initial and subsequent Additional Documentation Request (ADR) letters. The timeline includes when providers and suppliers can expect to receive a telephone call. This webpage also identifies the source of the address the CERT Review Contractor will use to mail the initial and subsequent letters. It informs providers that telephone calls will be grouped in order to reduce multiple calls to the same provider. And provides instructions on how providers that have 10 or more PTAN/OSCAR numbers can join the chain address program.
- **Completion Status Chart** — This webpage provides the completion status of the active report periods that the CERT Review Contractor is working on.
- **Claim Status Search** — This webpage provides current status of a claim under CERT review.
- **CERT Disaster Administrative Relief** — This webpage provides guidance for how CERT claims processing is affected in the event of a natural disaster.
- **Attestation Letters** — This webpage provides a sample of the Disaster Attestation Letter. Providers and suppliers are required to submit this letter when the medical documentation requested to support a claim has been wholly or partially destroyed in a disaster. It also includes a sample of a Signature Attestation Letter that providers and suppliers can use when the signature is illegible/missing.
- **Documentation Request Listings** — This webpage includes a sample of the types of documents that the provider and supplier should include when they receive a CERT letter requesting medical records. This page allows the provider to select a specific documentation listing based on service within each claim/billing type.
- **Psychotherapy Notes** — This webpage contains CMS special instructions for providing documentation for psychotherapy claims.
- **CERT Holiday Calendar** — This webpage provides a calendar of holidays observed by the CERT program.
- **FAQs** — This webpage contains a word document with the most frequent questions asked about the CERT program. The last section contains instructions for navigating the tables using a keyboard.
- **CMS Links** — This webpage has hyperlinks to various CMS topics/resources related to CERT (e.g., CERT power point, Medicare Quarterly Provider Compliance Newsletter, and information on encryption).
- **Contact Us** — This webpage has the CERT Review Contractor's mailing address, telephone and fax numbers and email address.

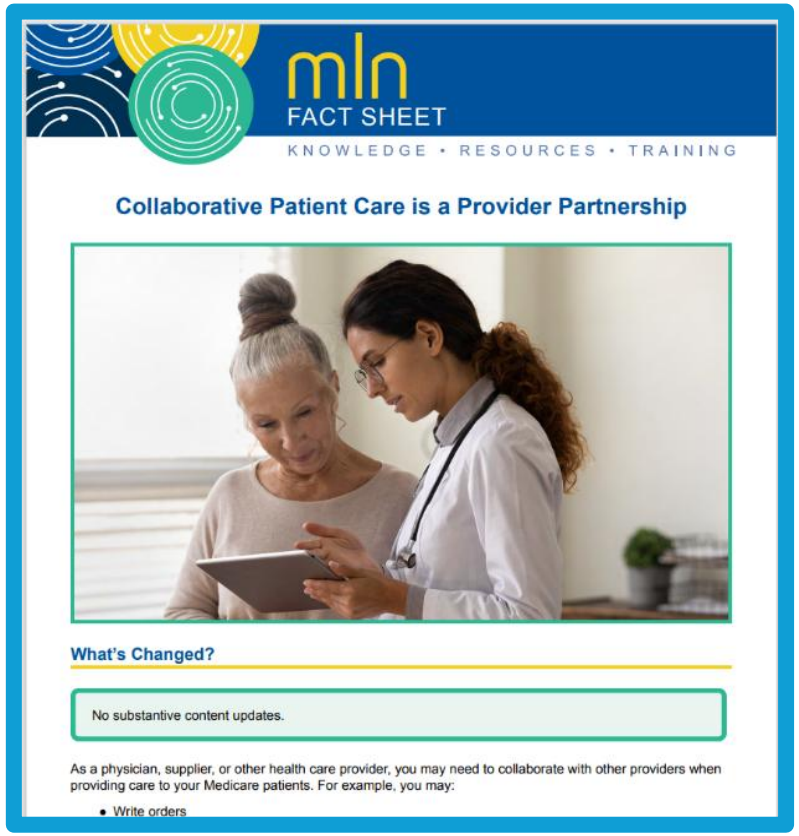
Announcements

Contact Us

CERT Documentation Center
8701 Park Central Drive, Suite 400-A
Richmond, VA 23227
Fax: 804-261-8100
Customer Service: 443-663-2699
Toll Free: 888-779-7477
Email: certprovider@empower.ai

C3HUB (cms.gov)

CERT MLN Resources



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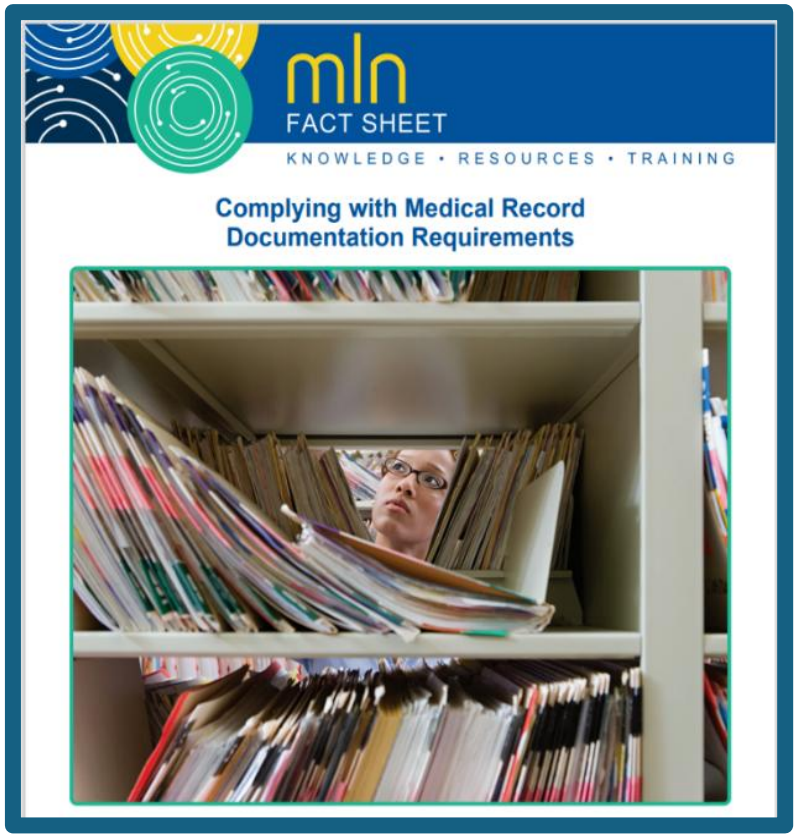

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MLN Homepage | CMS

CERT Resources

- CMS: Comprehensive Error Rate Testing (CERT)
- Improper Measurement in the Medicare Fee-For-Service Program
- The CERT A/B MAC Outreach & Education Task Force | CMS
- What's the Comprehensive Error Rate Testing Program?
- Provider Minute: The Importance of Proper Documentation
- CERT C3HUB

MAC Active Reviews

CGS, First Coast, Noridian, Novitas, Palmetto GBA, Wellpoint Federal, WPS

Medicare Part A and B
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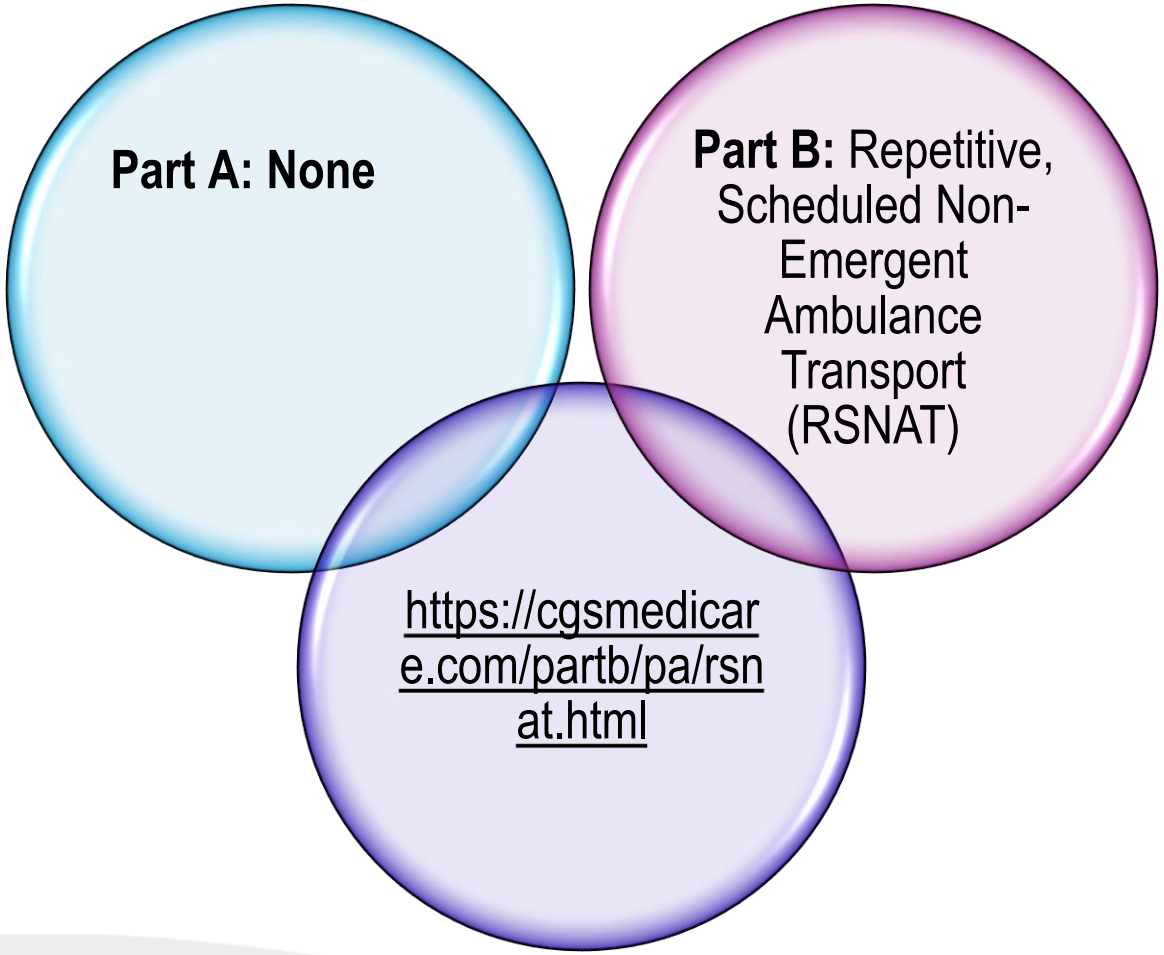
Active Ambulance Reviews

- Current ambulance topics being reviewed by each contractor
- May differ by contractor and/or jurisdiction
- May change throughout the year
  - Providers must monitor MAC websites for updates to current active review topics

CGS Active Ambulance Reviews



First Coast & Novitas Active Ambulance Reviews

No

Current

Active

Ambulance

Reviews

Noridian Active Ambulance Reviews

Part A	Part B
None	**A0426:** Ambulance Service, Advanced Life Support (ALS), Non-emergency Transport **A0428:** Ambulance Service, Basic Life Support (BLS), Non-emergency Transport

Palmetto GBA Active Ambulance Reviews

- Jurisdiction J (JJ) A/B — *(Ga., Ala., Tenn.)*
  - Part A: None
  - Part B Ambulance Services (Emergent):
    - A0425 — Ground Mileage
    - A0427 — Advanced Life Support, Emergency
    - A0429 — Basic Life Support, Emergency
- Jurisdiction M (JM) A/B — *(Va., W.Va., N.C., S.C.)*
  - Part A: None
  - Part B Ambulance Services (Emergent):
    - A0425 — Ground Mileage
    - A0427 — Advanced Life Support, Emergency
    - A0429 — Basic Life Support, Emergency
- Jurisdiction M (JM) HHH — *(Ala., Alaska, Fla., Ga., Ill., Ind., Ky., La., Miss., N.M., N.C., Ohio, Okla., S.C., Tenn., Texas)*
  - HHH: None
- National Railroad Benefit Part B —
  - Ambulance Services (Emergent):
    - A0425 — Ground Mileage
    - A0427 — Advanced Life Support, Emergency
    - A0429 — Basic Life Support, Emergency
    - A0431 — Rotary Wing Air Transport
    - A0436 — Rotary wing air mileage, per statute mile (in combination with air transport code)

Wellpoint Federal Active Ambulance Reviews

No Current Active Ambulance Reviews

WPS Active Ambulance Reviews

Jurisdiction 5 (J5) – Iowa, Kansas, Missouri, and Nebraska Part B

TPE Advanced Life Support (ALS) Ambulance (A0427)

Jurisdiction 8 (J8) – Indiana and Michigan Part A and B

J8A TPE Basic Life Support (BLS) Emergent Ambulance Transport (A0429)

J8B TPE Basic Life Support (BLS) Ambulance Service

J5 and J8 – Part B

Prior Authorization for Repetitive, Scheduled Non-Emergent Ambulance Transport (RSNAT)

Pre-Submitted Questions

CGS, First Coast, Noridian, Novitas, Palmetto GBA, Wellpoint Federal, WPS

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CGS Pre-Submitted Questions

None Submitted

First Coast Pre-Submitted Questions

Hospital-to-Hospital Transfers – Level of Care	Physician Certification Statement (PCS)	Diagnosis Codes on the Ambulance Claim
Question: For a non-emergency hospital-to-hospital transfer, must the physician's transport order specify the same ambulance level of service (e.g., BLS or ALS) that is billed by the ambulance supplier, or may the supplier bill the medically necessary level supported by the transport documentation even if it differs from the order?	**Question:** For a non-emergency hospital-to-hospital transfer, if the physician's transport order and the medical record support ambulance medical necessity, does Medicare also require a separate Physician Certification Statement (PCS) form for payment?	**Question**: For a hospital-to-hospital transfer, may the ambulance supplier report ICD-10-CM diagnosis codes and conditions provided by the sending hospital on the claim, or should diagnosis codes be based solely on the patient's condition documented during transport?
Answer: The ambulance level of service is based on the patient's condition as determined by the assessment conducted by the responding ambulance crew. The ambulance supplier may bill for the medically necessary level of service provided the transport documentation supports the patient's clinical needs and the level of care furnished during transport.	**Answer:** Yes, the PCS is required for patients who are under the direct care of a physician and are required for: scheduled non-emergency ambulance transport and unscheduled non-emergency ambulance transport. PCS requirement is located in this reference: https://medicare.fcso.com/medical-review/ambulance-physician-certification-statement	**Answer:** The reported diagnosis code/condition must be provided by the ambulance supplier, based on the ambulance crew assessment of the patient.

Noridian
Pre-Submitted Questions

None Submitted

Novitas Pre-Submitted Questions

- **Failed Discharge Home**
  - **Question:** If an ambulance provider transports a patient home following hospital discharge, but no caregiver, family member, or responsible party is available to receive the patient and transfer of care cannot be completed, is the return transport to the hospital separately billable to Medicare?
  - **Answer:** The absence of a caregiver does **not** by itself create a separately billable Medicare ambulance transport back to the hospital. The return trip must independently meet Medicare's ambulance policy of medical necessity and coverage requirements.
- **Transfer of Care Requirements**
  - **Question:** For a non-emergency hospital-to-hospital transfer, if the physician's transport order and the medical record support ambulance medical necessity, does Medicare also require a separate Physician Certification Statement (PCS) form for payment?
  - **Answer:** Yes, the PCS is required for patients who are under the direct care of a physician and are required for: scheduled non-emergency ambulance transport and unscheduled non-emergency ambulance transport.
    - PCS requirement is located in this reference: https://medicare.fcso.com/medical-review/ambulance-physician-certification-statement
- **Additional Transport Necessitated by Patient Safety**
  - **Question:** When a patient cannot be safely left at the destination due to the absence of an authorized representative or facility staff, what documentation is necessary to support payment for any additional transport required to ensure patient safety.
  - **Answer:** The absence of an authorized representative or facility staff alone does not automatically justify payment for a second means of transport. The documentation must demonstrate the reason the patient is unable to be left at the destination due to the assessment of the patient. The patient's condition must require ambulance transportation for the additional trip.

Novitas Pre-Submitted Questions

- **Receiving Facility Unable to Accept Patient**
  - **Question:** If an ambulance crew arrives at a receiving facility and the facility is unable or unwilling to accept the patient, under what circumstances would Medicare consider both the original transport and the subsequent transport payable?
  - **Answer:** Documentation must support the reason the facility is unable to accept the patient. Example: Emergency department at capacity with no space for additional patients.
- **Medical Necessity Documentation**
  - **Question:** What are the most common documentation deficiencies identified during ADR and CERT reviews for ambulance transports involving generalized weakness, debility, inability to ambulate, or bed-confinement?
  - **Answer:** The most common deficiency is the lack of details describing the patient's condition. Documentation is vague and does not support the condition of the patient. Documentation must paint the picture of the patient's condition.
    - **Novitas provides some excellent resources to assist ambulance suppliers and physicians with ambulance documentation:**
      - Repetitive Scheduled Non-Emergent Ambulance Transportation (RSNAT) Glossary Tool: https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00288982
      - Ambulance trip/run sheet record documentation: https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00150930
      - Provider Documentation Tool for non-emergent ambulance transportation: https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00288985
      - Ambulance prior authorization - Documentation checklist for medical professionals: https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00088255

Novitas Pre-Submitted Questions

- **Bed Confined Patients**
  - **Question:** What specific documentation elements most effectively support medical necessity for bed-confined patients during post-payment reviews and audits?
  - **Answer:** The resource, Provider Documentation Tool for Non-emergent Ambulance Transportation provides the documentation Novitas would expect to be documented to support bed-confinement.
    - Reference: https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00288985
- **Hospital Discharge Transports**
  - **Question:** What documentation should ambulance suppliers obtain from hospitals to support the medical necessity of discharged transport and reduce denial risk?
  - **Answer:** Medicare does not require ambulance suppliers/providers to obtain medical necessity documentation from the discharging facility as a condition of payment. However, hospital records may be helpful during a medical review or appeal to support the medical necessity of the transport. The primary documentation supporting medical necessity is based on the patient assessment and observations documented by the ambulance crew. A Physician Certification Statement (PCS), when required, must be completed by the patient's attending physician or authorized personnel.
    - Reference: Requirements for the ambulance physician certification statement can be located here: https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00150928

Novitas Pre-Submitted Questions

- **Top Ambulance Claim Denial Reasons**
  - **Question:** What are the most common reasons ambulance claims are currently being denied in Jurisdiction L, and what corrective actions would Novitas recommend providers implement?
  - **Answer:** The top claim errors are the same as any other provider:
    - Duplicate
    - This care may be covered by another payer per coordination of benefits
    - Expenses incurred prior to coverage
    - The time limit for filing has expired
  - Reference: Top claim denials https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00250503
- **Current CERT Findings**
  - **Question:** Are there any ambulance-specific CERT error trends that providers should be aware of, and what documentation issues are most frequently cited?
  - **Answer:** Novitas developed a CERT Insiders' Guide – Part B Third Quarter 2025 list the top Novitas ambulance cert errors https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00307791
    - Insufficient documentation:
      - Missing PCS
      - Missing Assignment of Benefits (AOB) to authorize the provider of ambulance services to bill Medicare, signed by the beneficiary or that of his or her representative, if the beneficiary was unable to sign the claim form for ambulance transportation

Novitas Pre-Submitted Questions

- **PCS Documentation**
  - **Question:** For repetitive non-emergency transport, what PCS deficiencies are most commonly identified during medical review?
  - **Answer:**
    - Missing PCS, Missing the date it was signed by the physician
    - A portion of the documentation on the PCS is not readable (legible)
    - The signature on the PCS is not readable (legible) and there is no typed or printed name on the PCS
    - The PCS does not support other documentation submitted
- **Pain-Related Transports**
  - **Question:** When severe pain is the primary reason for transport, what documentation elements are necessary to establish medical necessity when objective findings may be limited?
  - **Answer:** Ambulance services are covered only if furnished to a beneficiary whose medical condition at the time of transport is such that transportation by other means would endanger the patient's health: A patient must have a health problem to the degree that transport, such as a wheelchair van or private car, could put the patient's health and safety at risk. Documentation would need to support the above.
- **Claim Corrections & Reopenings**
  - **Question:** Can Novitas provide guidance on when ambulance suppliers should request a reopening versus filing a redetermination for billing or documentation-related corrections?
  - **Answer:** A redetermination is the first leave of an appeal, when the provider/suppler disagrees with Medicare's coverage, payment, or medical necessity decision. Must be requested within 120 days of the initial determination. A reopening, is not an appeal, it is a process used to correct a claim involving clinical or minor errors or omissions, such as, incorrect date of service, incorrect mileage.
    - For additional information refer to the Novitas appeals reference guide https://www.novitas-solutions.com/webcenter/portal/MedicareJL/pagebyid?contentId=00002675

Palmetto GBA Pre-Submitted Questions

Question

- We are preparing for a retraining session with our coders and I had a question regarding Box 19-Additional Claim Information on the CMS-1500 claim form.
- Currently, we have been including the patient's age/gender, reason for medical necessity, interventions performed, and sometimes intervention results in Box 19. I wanted to ask if all of this is truly required and whether this information is actually viewed by the adjuster during claim processing.
- Some of the information seems somewhat redundant since portions are already reflected elsewhere on the claim and/or in the medical documentation. We want to make sure we are educating and training our staff correctly and not over-documenting unnecessarily.

Answer

- In eServices, your claim must include indicators in (electronic claim PWK segments or Item 19 on the CMS-1500 claim form) when submitting documentation. These indicators alert Palmetto GBA that you have submitted required documentation.
  - Loop 2300
  - PWK01 (Attachment Report Type Code)
  - Use the values indicated in the TR3 to identify the type of attachment.
  - PWK02 (Attachment Transmission Code)
  - Indicates a code identifying how the attachment will be sent
  - PWK02 = BM (mail) FX (fax) or EL (electronically)
  - PWK05 (Identification Code Qualifier)
  - Required when PWK02 = BM, FX or EL
  - PWK05= AC
  - PWK06 (Attachment Control Number)
  - A value assigned by the provider/software vendor to uniquely identify the attachment
  - Must be 2–50 characters
  - Can be all numeric, all alphabetical, and/or a combination

Resources:

- Electronic Claims and Additional Documentation
- Services and Circumstances That Require Additional Documentation

Wellpoint Federal Pre-Submitted Questions

None Submitted

WPS Pre-Submitted Questions

None Submitted

Live Q & A

- Raise your hand and un-mute your phone mic
- We will unmute you in the Microsoft Teams platform
- Identify your MAC prior to stating your question
- Once we answer your question, please lower your hand and mute your phone
- Please limit each hand raise to one question

Medicare Part A and B
Provider Outreach and Education
Multi-MAC Collaboration Group

MAC Demographics

CGS, First Coast, Noridian, Novitas, Palmetto GBA, Wellpoint Federal, WPS

Jurisdictions, Websites, Provider Resources, & Contact Information

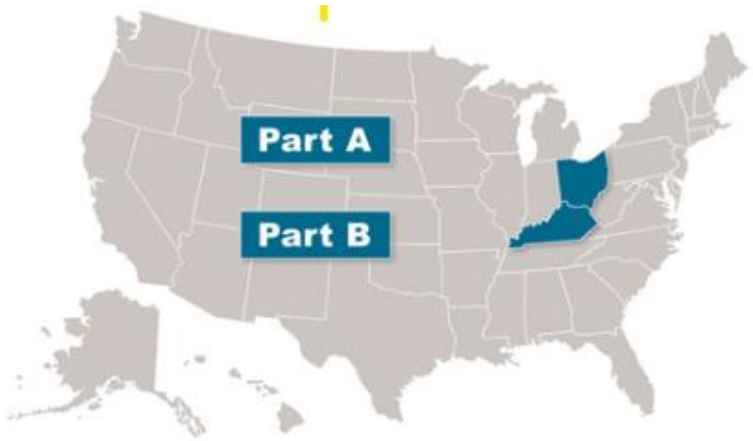
Medicare Part A and B
Provider Outreach and Education
Multi-MAC Collaboration Group

CGS Medicare Part A

Medicare Administrative Contractor

Jurisdiction 15

Includes Medicare Part A institutional providers in Kentucky and Ohio



www.cgsmedicare.com

Jurisdiction 15 Part A

Provider Resources

Assistance is available!

Education

Education & Events
Part A Calendar of Events
Educational Resources
Online Education Center
Part A News & Publications
Self-Service Options

Provider Enrollment

Provider Enrollment
Provider Enrollment Processes
Applications and Forms
Revalidation
PECOS
Tools, Tracking & Resources

Electronic Data Interchange

EDI Enrollment
EDI Online Application Status Tool
PC-Ace Pro32 Software
EDI Manuals and User Guides

myCGS Portal

myCGS
myCGS User Manual

Contact Us

Stay connected!

Provider Contact Center

1-866-590-6703

Monday – Friday 8 a.m. – 5 p.m. (EST)

Phone/FAX

Electronic Mailing List

Join the Electronic Mailing List

Social Media

Join the conversation — connect with us on:

Facebook

YouTube

LinkedIn

Social Media Links

Or our CGS Medicare App

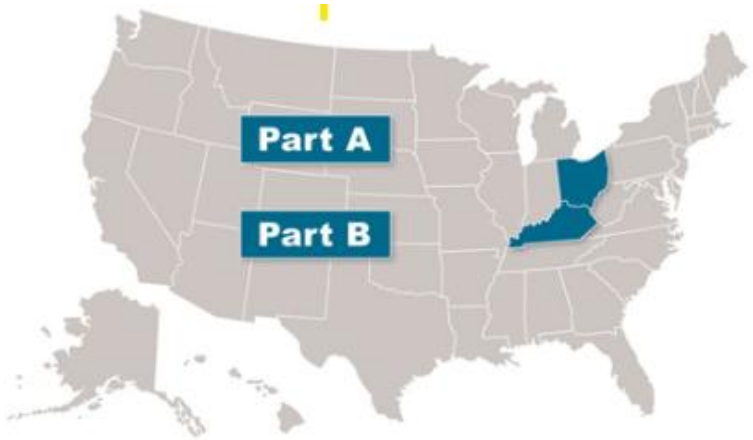
CGS Medicare Mobile App

CGS Medicare Part B

Medicare Administrative Contractor

Jurisdiction 15

Includes Medicare Part B physicians, practitioners, and suppliers (not DMEPOS) in Kentucky and Ohio



www.cgsmedicare.com

Jurisdiction 15 Part B

Provider Resources

Assistance is available!

Education

Education & Events
Part B Calendar of Events
Educational Resources
Part B New Provider Resource Center
Part B News & Publications
Self-Service Options

Provider Enrollment

Provider Enrollment
Provider Enrollment Processes
Applications and Forms
Revalidation
PECOS
Tools, Tracking & Resources

Electronic Data Interchange

EDI Enrollment
EDI Online Application Status Tool
PC-Ace Pro32 Software
EDI Manuals and User Guides

myCGS Portal

myCGS
myCGS User Manual

Contact Us

Stay connected!

Provider Contact Center

1-866-276-9558

Monday – Friday 8 a.m. – 5 p.m. (EST)

Part B Phone & Fax

Electronic Mailing List

Join the Electronic Mailing List

Social Media

Join the conversation — connect with us on:

Facebook

YouTube

LinkedIn

Social Media Links

Or our CGS Medicare App

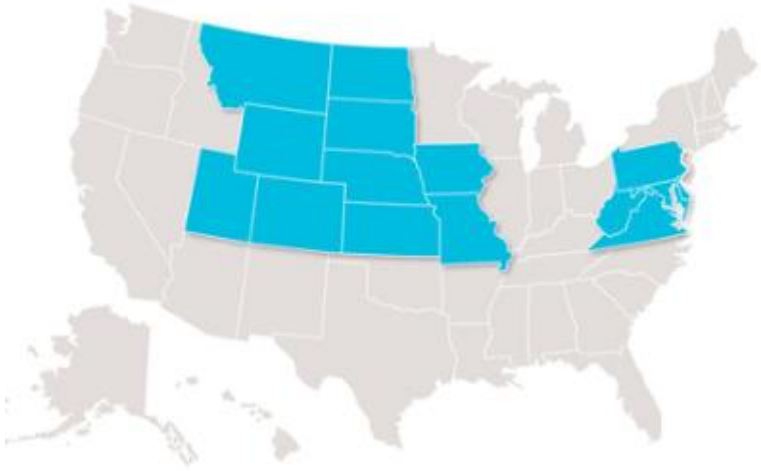
CGS Medicare Mobile App

CGS Medicare HHH

Medicare Administrative Contractor

Jurisdiction 15

Includes Home Health and Hospice providers in Colorado, Delaware, Iowa, Kansas, Maryland, Missouri, Montana, Nebraska, North Dakota, South Dakota, Pennsylvania, Utah, Virginia, West Virginia, Wyoming, District of Columbia



www.cgsmedicare.com

Home Health and Hospice

Provider Resources

Assistance is available!

Education
Education & Resources
HHH Calendar of Events
Educational Resources
Home Health & Hospice News & Publications
Home Health and Hospice New Provider Resource Center
Self-Service Options

Provider Enrollment
Provider Enrollment
Provider Enrollment Processes
Applications and Forms
Revalidation
PECOS
Tools, Tracking & Resources

Electronic Data Interchange
EDI Enrollment
EDI Online Application Status Tool
PC-Ace Pro32 Software
EDI User Guides

myCGS Portal
myCGS
myCGS User Manual

Contact Us

Stay connected!

Provider Contact Center

1-877-299-4500
Monday – Friday 8 a.m. – 4:30 p.m. (CT)
Home Health & Hospice Customer Service Phone / Fax

Electronic Mailing List

Join the Electronic Mailing List

Social Media

Join the conversation — connect with us on:
Facebook
YouTube
LinkedIn
Social Media Links

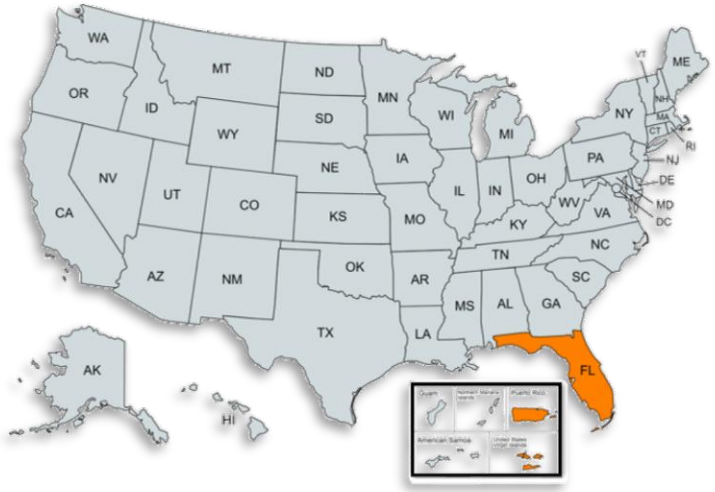
Or our CGS Medicare App

CGS Medicare Mobile App

First Coast Service Options

Medicare Administrative Contractor

Jurisdiction N (JN)
Florida, Puerto Rico and the US Virgin Islands



English
Medicare.fcso.com
Spanish
Medicare.fcso.com/es

Provider Resources

Assistance is available!

Education
Events and Event Registration
On-Demand Learning
Tutorials

Provider Enrollment
Enrollment Application Forms
Enrollment Application Assistance Tool
New Enrollment: What forms do I need to complete?
Check Your Application Status

Electronic Enrollment Submission
PECOS
Provider Enrollment Gateway

SPOT Portal
Portal Registration
User Resources

Additional Help
Welcome to Medicare
Tools Center

Contact Us

Get connected!

Customer Contact Center A

Florida/US Virgin Islands	1-888-664-4112
Puerto Rico	1-877-908-8433
IVR	1-877-602-8816

Customer Contact Center B

Florida/US Virgin Islands	1-888-454-9007
Puerto Rico	1-877-715-1921
IVR	1-877-847-4992

Monday – Friday 8 a.m. – 4 p.m. ET/CT

Phone numbers and mailing addresses

Electronic Mailing List

Latest news and updates

Social Media

Follow us on:

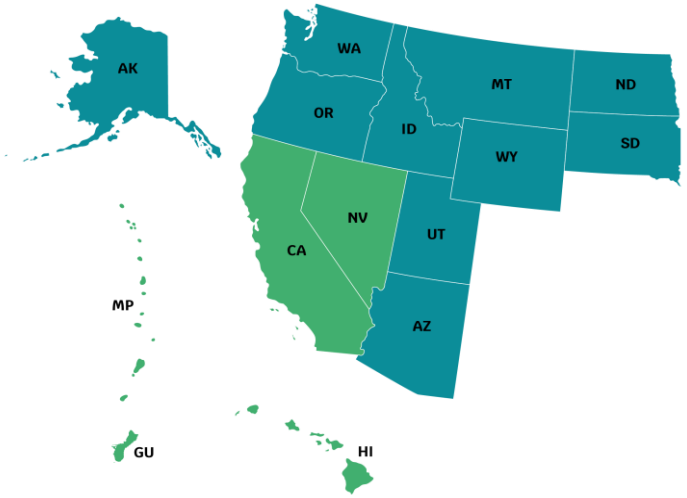
YouTube

LinkedIn

Noridian Healthcare Solutions

Medicare Administrative Contractor

Jurisdiction E (JE)
California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands



www.noridianmedicare.com

Provider Resources

Assistance is available!

Education
Part A Schedule of Events
Part A Ambulance
Part B Schedule of Events
Part B Ambulance

Provider Enrollment
Complex Specialties — Ambulance
Revalidation
PECOS and the Identity & Access Management System
Enrollment Contact Center

Medical Review
Part A Ambulance Documentation Requirements
Part B Ambulance Documentation Requirements
Prior Authorization for Repetitive, Scheduled Non-Emergent Ambulance Transport (RSNAT)

Noridian Medicare Portal (NMP)
NMP User Guide

Electronic Data Interchange (EDI) Support Services
About EDISS
EDISS Web

Contact Us

Get connected!

Provider Contact Center (PCC)

855-609-9960
Monday – Friday: 6 a.m. – 5 p.m. (PT)

Email Updates

Receive Medicare's "Latest Updates" each week!

Social Media

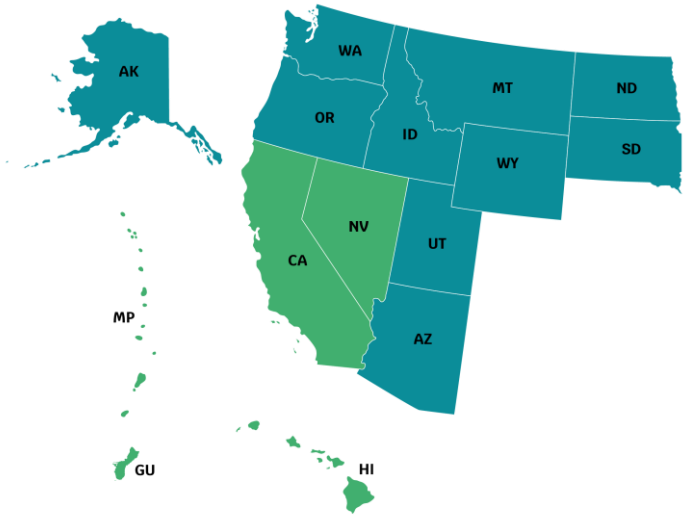
Follow us on
Facebook
YouTube
LinkedIn

Noridian Healthcare Solutions

Medicare Administrative Contractor

Jurisdiction F (JF)

Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming



www.noridianmedicare.com

Provider Resources

Assistance is available!

Education

Part A Schedule of Events
Part A Ambulance
Part B Schedule of Events
Part B Ambulance

Provider Enrollment

Complex Specialties — Ambulance
Revalidation
PECOS and the Identity & Access Management System
Enrollment Contact Center

Medical Review

Part A Ambulance Documentation Requirements
Part B Ambulance Documentation Requirements
Prior Authorization for Repetitive, Scheduled Non-Emergent Ambulance Transport (RSNAT)

Noridian Medicare Portal (NMP)

NMP User Guide

Electronic Data Interchange (EDI) Support Services

About EDISS
EDISS Web

Contact Us

Get connected!

Provider Contact Center (PCC)

877-908-8431
Monday – Friday: 8 a.m. – 6 p.m. (CT)

Email Updates

Receive Medicare's "Latest Updates" each week!

Social Media

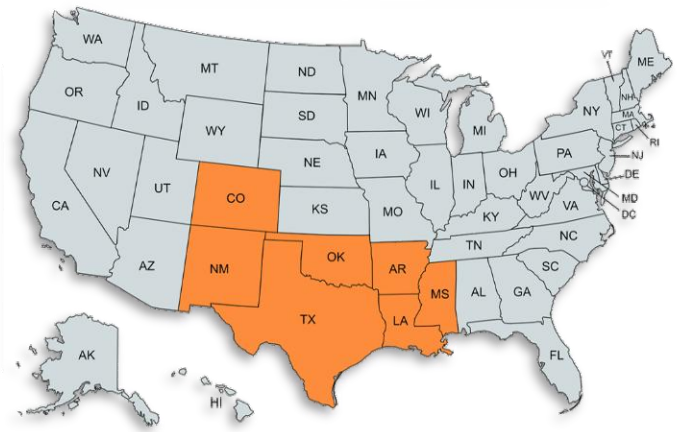
Follow us on
Facebook
YouTube
LinkedIn

Novitas Solutions

Medicare Administrative Contractor

Jurisdiction H (JH)

Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, and includes Indian Health Service (IHS) and Veterans Affairs (VA) nationally



www.novitas-solutions.com

Provider Resources

Assistance is available!

Education

Events and Registration
On-Demand Learning

Provider Enrollment

Enrollment Application Forms
Tutorials
Submission Options

Novitasphere Portal

Portal Enrollment
Features and Functionality

Electronic Billing – EDI

EDI Enrollment
PC-ACE Software
Electronic Remittance Advice

Additional Help

New Provider Roadmap
Self-Service Tools
Fee Schedules

Contact Us

Get connected!

Customer Contact Center

1-855-252-8782
Monday – Friday 8 a.m. – 4 p.m. ET/CT/MT
Phone numbers and mailing addresses

Electronic Mailing List

Latest news and updates

Social Media

Follow us on:
YouTube
LinkedIn

Indian Health Services

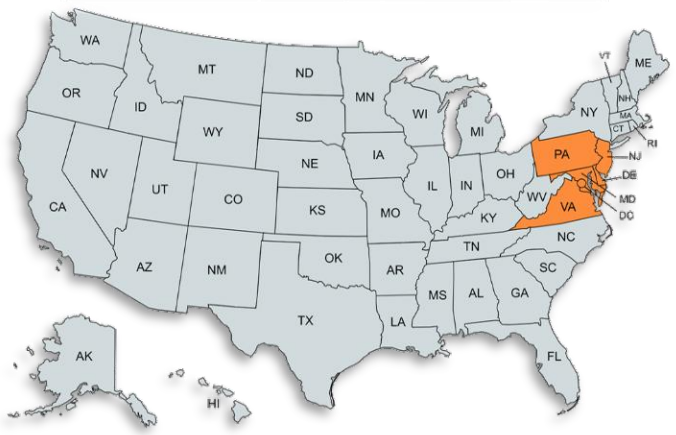
IHS Educational Events
Indian Health Services Reference Manual
Mailing Addresses
Electronic Mailing List

Novitas Solutions

Medicare Administrative Contractor

Jurisdiction L (JL)

Delaware, District of Columbia, Maryland, New Jersey, and Pennsylvania as well as Arlington and Fairfax counties in Virginia, and the cities of Alexandria, Fairfax, and Falls Church in Virginia for Part B services only



www.novitas-solutions.com

Provider Resources

Assistance is available!

Education

Events and Registration
On-Demand Learning

Provider Enrollment

Enrollment Application Forms
Tutorials
Submission Options

Novitasphere Portal

Portal Enrollment
Features and Functionality

Electronic Billing – EDI

EDI Enrollment
PC-ACE Software
Electronic Remittance Advice

Additional Help

New Provider Roadmap
Self-Service Tools
Fee Schedules

Contact Us

Get connected!

Customer Contact Center

1-877-235-8073
Monday – Friday 8 a.m. – 4 p.m. ET/CT/MT
Phone numbers and mailing addresses

Electronic Mailing List

Latest news and updates

Social Media

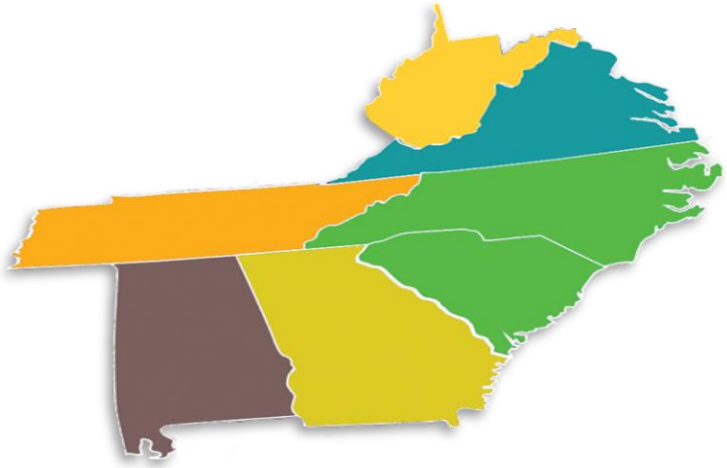
Follow us on:
YouTube
LinkedIn

Palmetto GBA Medicare Part A/B

Medicare Administrative Contractor

Jurisdiction J (JJ)
Alabama, Georgia, and Tennessee

Jurisdiction M (JM)
Virginia, West Virgina, North Carolina, and South Carolina



www.palmettogba.com

Provider Resources

Assistance is available!

Education

JJ Part A Events and Education
JJ Part A Education on Demand
JM Part A Events and Education
JM Part A Education on Demand
JJ Part B Events and Education
JJ Part B Education on Demand
JM Part B Events and Education
JM Part B Education on Demand

Provider Enrollment

JJ Part A Provider Enrollment
JJ Part B Provider Enrollment
JM Part A Provider Enrollment
JM Part B Provider Enrollment
Revalidation Lookup Tool
PECOS

Electronic Data Interchange

JJ Part A EDI Enrollment, Tools, Software and Technical Specifications, and FAQs
JM Part A EDI Enrollment, Tools, Software and Technical Specifications, and FAQs
JJ Part B EDI Enrollment, Tools, Software and Technical Specifications, and FAQs
JM Part B EDI Enrollment, Tools, Software and Technical Specifications, and FAQs

Contact Us

Stay connected!

Provider Contact Center **JJ Part A**
1-877-567-7271
Monday – Friday 8 a.m. – 6 p.m. (ET)

Provider Contact Center **JM Part A**
1-855-696-0705
Monday – Friday 8 a.m. – 4:30 p.m. (ET)

Provider Contact Center **JJ Part B**
1-877-567-7271
Monday – Friday 8 a.m. – 6 p.m. (ET)

Provider Contact Center **JM Part B**
1-855-696-0705
Monday – Friday 8 a.m. – 4:30 p.m. (ET)

Electronic Mailing List

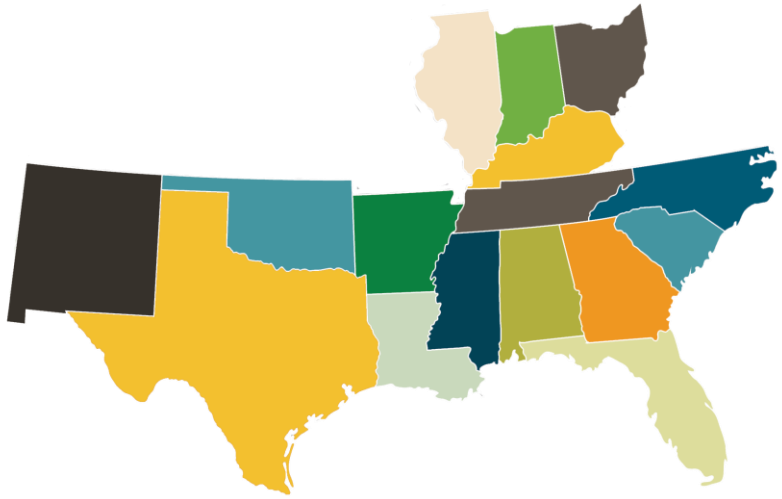
Join the Electronic Mailing List

Palmetto GBA Medicare HHH

Medicare Administrative Contractor

Jurisdiction M (JM)

Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee and Texas



www.palmettogba.com

Provider Resources

Assistance is available!

Education

JM HHH Events and Education
JM HHH Education on Demand

Provider Enrollment

JM HHH Provider Enrollment
New to Medicare Step-by-Step Guide
JM HHH Provider Enrollment Application Status Lookup Tool
Revalidation Lookup Tool
PECOS

Electronic Data Interchange

HHH EDI Enrollment, Tools, Software and Technical Specifications, and FAQ

Follow us on Social Media!

Contact Us

Stay connected!

Provider Contact Center **HHH**
1-855-696-0705
Monday – Friday 8 a.m. – 6 p.m. (ET)

Electronic Mailing List

Join the Electronic Mailing List

Palmetto GBA Medicare

Part B

Railroad Board Specialty Medicare Administrative Contractor (RRB SMAC)

RRB SMAC

All US States and Territories
Special contractor for Part B services for Railroad Medicare beneficiaries. The Railroad Retirement Board (RRB) works with CMS to ensure Railroad beneficiaries receive the same benefits as their SSA Medicare counterparts.

The RRB SMAC's jurisdiction covers Railroad Medicare patients nationwide for Part B services.

www.palmettogba.com/rr

Provider Resources

Assistance is available!

Education

RRB SMAC Events and Education
RRB SMAC Education on Demand

Provider Enrollment

RRB SMAC Provider Enrollment
RRB SMAC Update Enrollment Record
PTAN Lookup and Request Tool

Electronic Data Interchange

RRB SMAC Part B EDI Enrollment, Tools, Software and Technical Specifications, and FAQs

RRB SMAC Electronic Mailing List

Join the Electronic Mailing List

Palmetto GBA eServices

eServices Portal Functions and Features
eServices Login

Contact Us

Stay connected!

RRB SMAC Provider Contact Center

1-888-355-9165
Mon. – Friday 8:30 a.m. – 4:30 p.m. (ET/CT/MT)
Monday – Friday 8 a.m. – 4 p.m. (PT)

Interactive Voice Response (IVR)

1-877-288-7600
Monday – Friday 7 a.m. – 11 p.m. (ET)

Email RRB SMAC

Fax: (803) 264-9844

U.S. Mail

Palmetto GBA Railroad Medicare
P.O. Box 10066
Augusta GA 30999

FedEx, USPS, Certified Mail

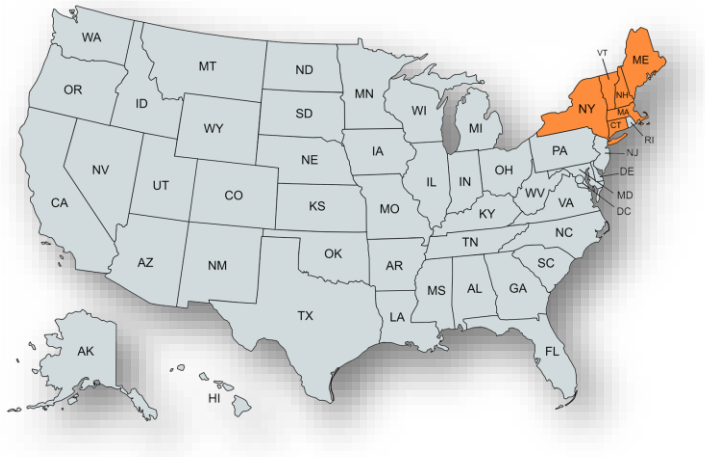
Palmetto GBA Railroad Medicare
2743 Perimeter Parkway, Bldg. 200
Augusta, GA 30999

Wellpoint Federal

Medicare Administrative Contractor

Jurisdiction K (JK)

Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont



www.wellpointfederal.com

National Government Services is now operating as Wellpoint Federal. During our transition period, providers should continue to use the National Government Services provider website/portals available at NGSMedicare.com.

Provider Resources

Assistance is available!

Education
Events
Self-Paced Online Learning

Provider Enrollment
Enrollment Application Forms
Part A Information and Resources
Part B information and Resources

NGSConnex
Portal Registration
User Guide

Claims and Billing
Claim Submission Options
Billing Information

Additional Help
New Provider Center
Production Alerts
Part A Fee Schedules and Pricers
Part B Fee Schedules

Contact Us

Get connected!

Part A Customer Contact Center

Customer Service 1-888-855-4356
IVR 1-877-567-7205
Monday – Friday 8 a.m. – 4 p.m. ET
Phone numbers and mailing addresses

Part B Customer Contact Center

Customer Service 1-866-837-0241
IVR 1-877-869-6504
Monday – Friday 8 a.m. – 4 p.m. ET
Phone numbers and mailing addresses

Subscribe to Electronic Mailing List

Latest news and updates

Social Media

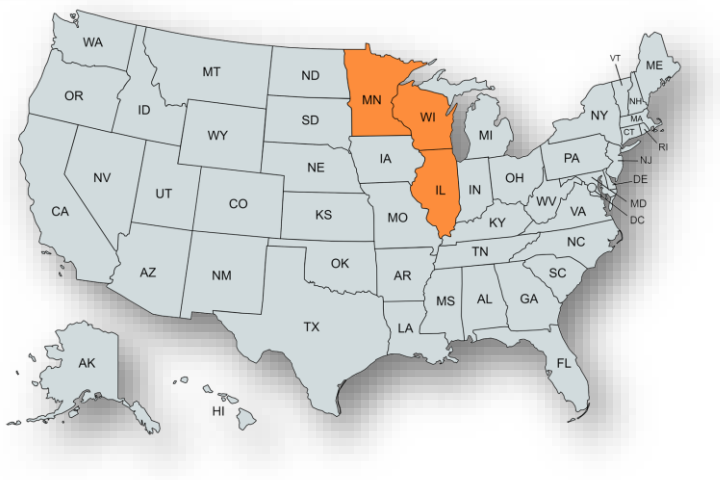
You Tube

Wellpoint Federal

Medicare Administrative Contractor

Jurisdiction 6 (J6)

Illinois, Minnesota, Wisconsin



www.wellpointfederal.com

National Government Services is now operating as Wellpoint Federal. During our transition period, providers should continue to use the National Government Services provider website/portals available at NGSMedicare.com.

Provider Resources

Assistance is available!

Education

Events

Self-Paced Online Learning

Provider Enrollment

Enrollment Application Forms

Part A Information and Resources

Part B information and Resources

NGSConnex

Portal Registration

User Guide

Claims and Billing

Claim Submission Options

Billing Information

Additional Help

New Provider Center

Production Alerts

Part A Fee Schedules and Pricers

Part B Fee Schedules

Contact Us

Get connected!

Part A Customer Contact Center

Customer Service 1-877-702-0990

IVR 1-877-309-4290

Monday – Friday 8 a.m. – 4 p.m. CT

Phone numbers and mailing addresses

Part B Customer Contact Center

Customer Service 1-866-234-7340

IVR 1-877-908-9499

Monday – Friday 8 a.m. – 4 p.m. CT

Phone numbers and mailing addresses

Subscribe to Electronic Mailing List

Latest news and updates

Social Media

You Tube

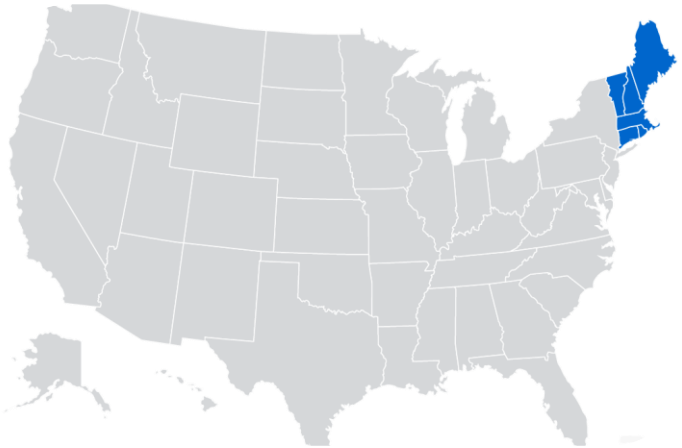
Wellpoint Federal

HHH

Medicare Administrative Contractor

Jurisdiction K (JK)

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont



www.NGSMedicare.com

National Government Services is now operating as Wellpoint Federal. During our transition period, providers should continue to use the National Government Services provider website/portals available at NGSMedicare.com.

Provider Resources

Assistance is available!

Education
Events
Self-Paced Online Learning

Provider Enrollment
Enrollment Application Forms
HHH Information and Resources

NGSConnex
Portal Registration
User Guide

Claims and Billing
Claim Submission Options
Billing Information

Additional Help
New Provider Center
Production Alerts
HHH Fee Schedules and Pricers

Contact Us

Get connected!

HHH Customer Contact Center

Customer Service	1-866-289-0423
IVR	1-866-275-7396

Monday – Friday 8 a.m. – 4 p.m. CT
Phone numbers and mailing addresses

Subscribe to Electronic Mailing List

Latest news and updates

Social Media

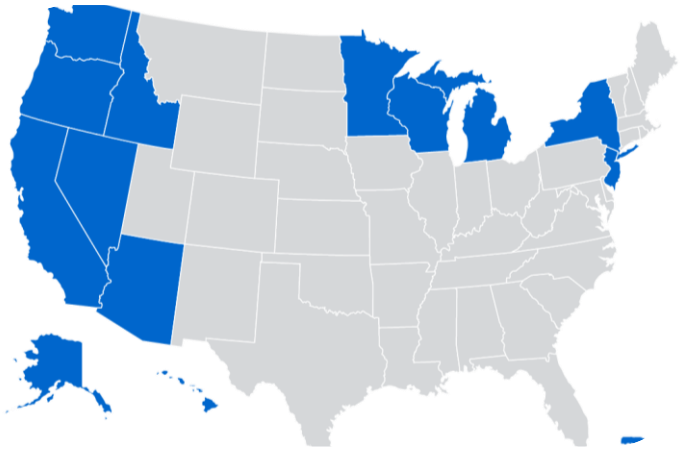
Wellpoint Federal

HHH

Medicare Administrative Contractor

Jurisdiction 6 (J6)

Alaska, American Samoa, Arizona, California, Guam, Hawaii, Idaho, Michigan, Minnesota, Nevada, New Jersey, New York, Northern Mariana Islands, Oregon, Puerto Rico, US Virgin Islands, Washington, and Wisconsin



www.NGSMedicare.com

National Government Services is now operating as Wellpoint Federal. During our transition period, providers should continue to use the National Government Services provider website/portals available at NGSMedicare.com.

Provider Resources

Assistance is available!

Education
Events
Self-Paced Online Learning

Provider Enrollment
Enrollment Application Forms
HHH Information and Resources

NGSConnex
Portal Registration
User Guide

Claims and Billing
Claim Submission Options
Billing Information

Additional Help
New Provider Center
Production Alerts
HHH Fee Schedules and Pricers

Contact Us

Get connected!

HHH Customer Contact Center

Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Washington, American Samoa, Guam, Northern Mariana Island

Customer Service 1-866-590-6724
IVR 1-866-277-7287
Monday – Friday 8 a.m. – 4 p.m. PT
Phone numbers and mailing addresses

HHH Customer Contact Center

Michigan, Minnesota, New York, New Jersey, Wisconsin, Puerto Rico, U.S. Virgin Islands

Customer Service 1-866-590-6728
IVR 1-866-275-3033
Monday – Friday 8 a.m. – 4 p.m. CT
Phone numbers and mailing addresses

Subscribe to Electronic Mailing List

Latest news and updates

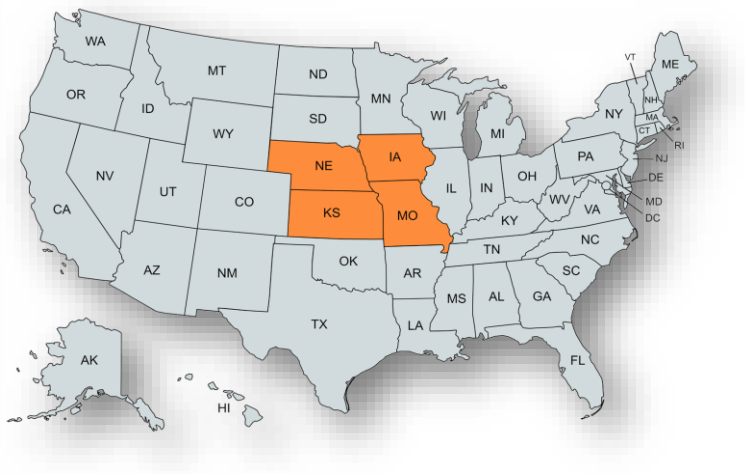
Social Media

Wisconsin Physicians Service

Medicare Administrative Contractor

Jurisdiction 5 (J5)

Iowa, Kansas, Missouri, Nebraska



www.wpsgha.com

Provider Resources

Assistance is available!

Education

Events
Encore Presentations

Provider Enrollment

Guides and Resources
Provider Enrollment Assistance Guide

WPS GHA Portal

Portal Registration
User Manual

Claims and Billing

Guides and Resources

Additional Help

New to Medicare
Self-Service Tools
Fee Schedules

Contact Us

Get connected!

Customer Contact Center

1-866-518-3285
Monday – Friday 7 a.m. – 5 p.m. CT
Phone numbers and mailing addresses

Electronic Mailing List

Latest news and updates

Social Media

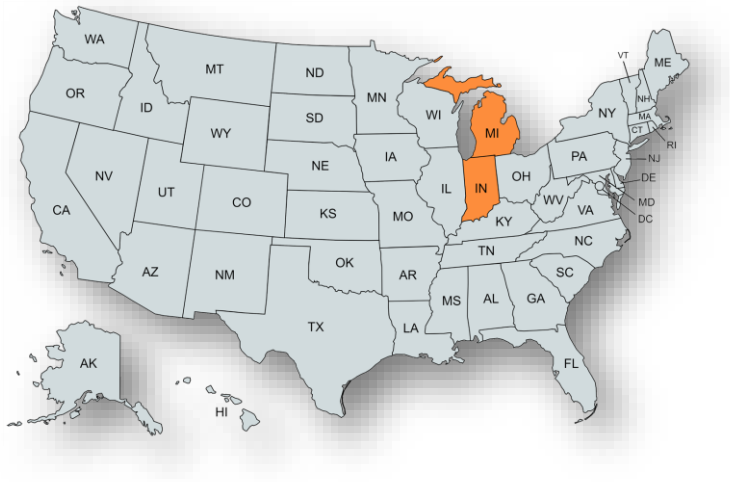
YouTube
Facebook

Wisconsin Physicians Service

Medicare Administrative Contractor

Jurisdiction 8 (J8)

Indiana and Michigan



www.wpsgha.com

Provider Resources

Assistance is available!

Education

Events
Encore Presentations

Provider Enrollment

Guides and Resources
Provider Enrollment Assistance Guide

WPS GHA Portal

Portal Registration
User Manual

Claims and Billing

Guides and Resources

Additional Help

New to Medicare
Self-Service Tools
Fee Schedules

Contact Us

Get connected!

Customer Contact Center

1-866-234-7331
Monday – Friday 8 a.m. – 5 p.m. ET
Phone numbers and mailing addresses

Electronic Mailing List

Latest news and updates

Social Media

YouTube
Facebook

Valuable Ambulance Guidance

CMS Training & Education: Ambulance Services Portal

Medicare Part A and B
Provider Outreach and Education
Multi-MAC Collaboration Group

Key Takeaways

- Know what jurisdiction you are in and who your MAC is
- Know the specific topics being reviewed in your jurisdiction
  - These change frequently and differ from MAC to MAC and contractor to contractor
- Submit ADR responses timely
- Monitor for MAC & CERT ADRs on a daily basis
  - If your MAC or the other Medicare contractors have an electronic platform, utilize it
- Utilize & share the resources provided today as appropriate
- Monitor your MAC website for upcoming ambulance related education, as well the next National AB MAC Ambulance Provider/Supplier Coalition Meeting

Thank You for Attending!

Medicare Part A and B
Provider Outreach and Education
Multi-MAC Collaboration Group