



## Part B Fax/Mail EMC Documentation Instructions and Cover Sheet

### Overview

The Fax/Mail Electronic Media Claims (EMC) Documentation feature enables Medicare Part B providers to submit all their claims electronically and take advantage of the 14-day payment floor for EMC. Claims that include these services can be filed electronically and the required documentation faxed or mailed to TrailBlazer.

The documentation requirements for each specified service are included in the guidelines that begin on the next page. If you wish to take advantage of this fax/mail feature, complete the following steps:

1. For electronic claims that require additional documentation, **indicate the method of your documentation submission (faxed or mailed) and the fax transmission date** or postmark in the following fields. (If you cannot locate these fields in your system, contact your software support personnel.)

| Loop         | Segment | Description   |
|--------------|---------|---|
| 2300 or 2400 | NTE01   | ADD = Additional information  |
| 2300 or 2400 | NTE02   | Date documentation was faxed or mailed<br>Fax MM/DD/YY or MM/DD/CCYY<br>Mail MM/DD/YY or MM/DD/CCYY |

2. Complete a Medicare Part B Fax/Mail EMC Documentation Cover Sheet for each electronic claim for which you are submitting additional documentation. The cover sheets can be found at the end of this document. The cover sheet and documentation must be faxed/mailed to the appropriate number/address indicated on the cover sheet. Please note there are separate cover sheets for each region TrailBlazer services.
3. Supporting documentation must be sent so that it is received by TrailBlazer within the following designated time frames:
  - Faxed documentation must be received within two days of the electronic claims submission.
  - Mailed documentation must be received within five days of the electronic claims submission.

### Important Tips

- If an electronic claim that requires supporting documentation is submitted but TrailBlazer does not receive the documentation within the designated time frames, the claim will be processed based on the information available and developed/denied based on claims processing guidelines.

- If faxed or mailed documentation is received but the electronic claim does not indicate that the required information is submitted, the claim will be processed based on the claim information only and developed/denied based on claims processing guidelines.
- If supporting documentation was not submitted via the method indicated on the electronic claim (e.g., documentation faxed but claim indicates it would be mailed), the claim will be processed based on the claim information only and developed/denied based on claims processing guidelines.

### **Contact Information**

For Electronic Data Interchange (EDI) questions, please contact the TrailBlazer Technology Support Center toll-free at (866) 749-4302.

Questions regarding Medicare Part B claims processing should be directed to the Part B Provider Contact Center at one of the following numbers:

- Colorado, New Mexico, Oklahoma, Texas – (866) 280-6520.
- Indian Health – (866) 448-5894.

### **Fax/Mail EMC Documentation Guidelines**

The following procedures require additional information for Medicare Part B claims processing. An operative report, invoice or a concise statement in the comment field of the electronic claim about the service is required where indicated.

***Note:** Providers are notified of special billing requirements in the Medicare newsletters as well as Local Coverage Determination (LCD) policies. If the billing requirements indicate additional documentation, the fax/mail guidelines will apply.*

### **Multiple Surgeries**

An operative report is required when more than five procedures with a “2” multiple surgery indicator are performed. Refer to the “Indicators” section of the Medicare fee schedule for each procedure code reported:

[http://www.trailblazerhealth.com/Tools/Fee Schedule/MedicareFeeSchedule.aspx](http://www.trailblazerhealth.com/Tools/Fee%20Schedule/MedicareFeeSchedule.aspx)

### **Not Otherwise Classified (NOC) Codes**

**Surgical NOC Procedure Codes:** An operative report is required. When multiple services are billed, the information submitted should clearly indicate to which service the NOC code applies.

**Non-Surgical NOC Procedure Codes:** A detailed description of the procedure must be provided in the comment field; a separate attachment is **not** required.

**Drugs and Biologicals NOC Codes:** A detailed description of the drug name and dosage must be provided in the comment field of the claim; a separate attachment is **not** required. In certain circumstances, an invoice is required on drugs specified by Medicare.

## **Therapy Services Performed by Persons Other Than Licensed Therapy Professionals**

For dates of service July 1, 2010, and after:

- Claims for therapy services personally performed by physicians and qualified Non-Physician Practitioners (NPPs) must contain the name and professional degree of the performing professional.
- Claims for therapy services not personally performed by the physician or NPP must contain the following information:
  - Name and therapy degree of performing therapy professional.
  - Name of academic institution having conferred therapy degree.
  - Date of graduation.
  - Name and professional degree of supervising physician/NPP.

### **Modifier 22 – Unusual Services**

Modifier 22 requires an operative report **and** a separate concise statement about how the service differs from the usual. This modifier should only be reported with procedure codes that have a global period of 000, 010 or 090 days.

### **Modifier 52 – Reduced Services**

- **Surgical Procedures:** An operative report **and** a concise statement as to how the service performed differs from the usual are required for surgical procedures.
- **Non-Surgical Procedures:** Provide a concise statement as to how the service performed differs from the usual in the comment field of the electronic claim; a separate attachment is **not** required.

**Note:** *If a statement explaining the reduction of the service or procedure is not submitted with the surgical or non-surgical procedure, the code billed with the 52 modifier **will be denied.***

### **Modifier 53 – Discontinued Procedure**

An operative report is required for surgical procedures.

### **Modifier 62 – Cosurgery**

An operative report is required from both surgeons, and it must demonstrate the medical necessity for two surgeons.

### **Modifier 66 – Team Surgeons**

An operative report is required for the “surgical team” concept.

### **Procedure Codes Requiring Additional Documentation**

The following procedures require an invoice:

- A4301.
- V2630.
- V2631.
- V2632.

- V2785.
- E1340.
- L8699.
- E1399.

### **Radiopharmaceuticals**

Please refer to the Radiopharmaceutical Coding and Invoice Requirements Web page for lists of codes that require an invoice at:

<http://www.trailblazerhealth.com/Payment/Fee Schedules/Radiopharmaceutical.aspx>

### **Medicare Secondary Payer (MSP)**

New Requirements for Claim Adjustment Segment (CAS) Segment Codes for MSP Claims – Effective **July 1, 2009**, CMS mandated that Medicare contractors process MSP claims using all claim adjustment reason codes and associated adjustment amounts on all inbound electronic claims. Providers will now be required to complete the CAS segments of the electronic MSP claims. Details on proper claim submission using CAS segments on the electronic MSP claims can be found in the Medicare Part B *Medicare Secondary Payer* manual on the TrailBlazer Web site at:

<http://www.trailblazerhealth.com/Publications/Training Manual/MSP.pdf>

Providers must take the CAS segment adjustment codes from the primary insurance remittance notice and populate those reason/remark codes in the necessary electronic fields. The CAS codes reflect adjustments made by the primary payer and explain why the claim's billed amount was not fully paid or when the primary payer allowed zero **or** paid zero.

A complete listing of the CAS codes can be found on the WPC Web site at:

<http://www.wpc-edi.com/reference/>

**Note:** All MSP claims should be submitted using the appropriate electronic fields to indicate how the primary insurer handled the claim. A copy of the primary insurer's explanation of benefits is **not** required and **should not be faxed** when submitting an electronic claim when payment was made by the primary payer.

## Medicare Part B Fax/Mail Cover Sheet

Use this form to fax or mail additional documentation. **Complete all fields** and fax or mail the form to the applicable address/number provided at the bottom of the page. Please review above information before submitting documentation.

|  |  |
|--|--|
| Date:  | Billing Provider's Name:                                     |
| NPI/PTAN:  | Contact and Phone Number:                                    |
| Beneficiary:   | HICN:  |
| Date(s) of Service:  | Total Billed Amount:   |
| State Where Services Were Provided:<br><input type="checkbox"/> CO <input type="checkbox"/> NM <input type="checkbox"/> OK <input type="checkbox"/> TX | Total Number of Documentation Pages (including cover sheet): |

### Indicate Type of Documentation Being Faxed or Mailed:

- Operative Report – More than five procedures with a “2” multiple surgery indicator on the MPFSDB.
- Operative Report – Surgical Not Otherwise Classified (NOC) codes.
- Operative Report – Modifier 22.
- Operative Report – Modifier 52 for surgical procedure only.
- Operative Report – Modifier 53 for surgical procedure only.
- Operative Report – Modifier 62.
- Operative Report – Modifier 66.
- Invoice – Only in certain circumstances for drugs and biologicals NOC codes or when specifically required.
- Notes/Operative Notes/Medical Records/Test Results – Specifically required by a Local Coverage Determination (LCD).
- Therapy services performed by persons other than licensed therapy professionals.

#### Mailing address:

TrailBlazer Health Enterprises, LLC  
 Medicare Part B  
 EMC Medical Documentation  
 P.O. Box 660031  
 Dallas, TX 75266-0031  
 Fax: (469) 372-7790

|                           |
|---------------------------|
| <b>Batch ICN:</b> _____   |
| <b>Claim ICN:</b> _____   |
| Do not write in this box. |