

Revised: Important Notice Regarding Handwriting on Claims Submitted to Medicare

May 07, 2018

NGS has been rolling out the return of paper claims with unacceptable handwriting on a state/locality basis and by June 2018, all handwritten claims will be returned to the provider. The schedule is as follows:

Date Handwritten Paper Claims Will Be Returned	State/Locality	County Listing
7/10/2017 (Completed)	Maine, New Hampshire, Rhode Island, Vermont	
8/7/2017 (Completed)	New York (Upstate: Localities 03 and 99)	New York Locality/Area and County Information
9/11/2017 (Completed)	Connecticut	
3/30/2018 (Completed)	Massachusetts	
5/30/2018	New York (Downstate: Localities 01, 02, and 04)	New York Locality/Area and County Information

To ensure you are completing paper claims correctly, please reference the [Centers for Medicare & Medicaid Services \(CMS\) Internet-Only Manual \(IOM\) Publication 100-04, Medicare Claims Processing Manual, Chapter 26, Section 30, "Printing Standards and Print File Specifications Form CMS-1500"](#) (700 KB) contains the printing specifications for the CMS-1500 claim form. These printing specifications do not provide instructions to submit handwritten claims.

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We understand this may require some substantial changes to your office practices and NGS offers alternatives to handwritten paper claims that would be of little cost to your practice.

Paper Claim Submission Guidelines

- ⇒ Must use original forms, red and white CMS-1500 claim form
- ⇒ Must be typewritten or computer generated
- ⇒ Do not use highlighters, white-out or any other markers on the claim
- ⇒ Avoid script, slanted or italicized type; 12-point type is preferred
- ⇒ Do not use an imprinter to complete any portion of the claim form

Electronic claim submission and other transactions submitted electronically process considerably faster than paper submission. The [Electronic Data Interchange \(EDI\)](#) page on our website, explains how to enroll and what capabilities your office needs to be able to submit electronic claims.

Choose Your Claim Filing Option

Direct Filing

- ⇒ Vendor's software program. A vendor provides hardware, software and/or ongoing support for total office automation or submission of EDI transactions directly to individual providers, billing agents, or clearinghouses/VANs/NSVs. (vendors submit for software-testing purposes only)
- ⇒ NGS can provide you with no cost claim submission software, PC-ACE. Visit our web site at [PC-ACE](#) to learn more.
- ⇒ Write your own program.

Clearinghouse or Billing Service

A clearinghouse or billing service can submit claims on your behalf. On our website under **Claims & Appeals > EDI Enrollment > [Approved Entities](#)**, lists contact information for all vendors, clearinghouses, and billing services that have been approved by NGS for electronic claim filing.

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Benefits of Using Electronic Claim Submission

There are a number of advantages to enrolling and submitting claims online. Claims and other transactions submitted electronically process considerably faster than paper submission. For example, HIPAA-compliant **electronic claims** are held in the payment floor for **14 days** whereas **paper claims** are held in the payment floor for **29 days**.

Some of the other advantages of electronic submission include:

- ⇒ **Increased cash flow** and lower administrative costs
- ⇒ **Ease of billing**
- ⇒ **Added efficiency** and accurate claims filing

The NGS PC-ACE free billing software is available for NGS J6 and JK providers only. If you are not a J6 or JK provider, the free billing software must be obtained from your MAC.

PC-ACE is a **stand-alone claims processing system** that enables an electronic submitter to store demographic information, enter and store claim information, and prepare files for Medicare Part A and Part B claims. These files are prepared in the HIPAA-compliant 837 ANSI5010A2 format.

Key Features of PC-ACE

PC-ACE is a comprehensive claims management system. Some of the more prominent features include:

- ⇒ Electronic submission of claims in ANSI-837 format
- ⇒ Remittance translation/export to existing systems
- ⇒ Comprehensive real-time claims editing minimizes rejected claims
- ⇒ Field-level edit validation provides immediate user feedback
- ⇒ Automatic code validation (diagnosis, procedure, etc.)

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- ⇒ Detailed claim import & edit validation error reporting
- ⇒ Context-sensitive pop-up selection lists speed claim entry and promote accuracy
- ⇒ Prints institutional and professional claims on plain paper or preprinted forms
- ⇒ Maintains claim payment history
- ⇒ Unattended scheduling of claims activities
- ⇒ Integrated backup, restore and file maintenance functions
- ⇒ Familiar Microsoft Windows "look and feel"
- ⇒ Comprehensive online help system
- ⇒ Technical support through direct customer service line and Internet website
- ⇒ Ongoing maintenance, updates and enhancements