Submitting Documentation with Initial Claim

Medicare Part B Best Practice

For Category III CPT codes, the Medicare Paperwork (PWK) process provides a straightforward opportunity for a provider to proactively submit documentation with their initial electronic claim. Medicare developed the PWK process to allow providers to submit documentation while the claim is initially processing. The documentation is used to support the medical necessity of the service(s) billed to eliminate the need for a contractor to solicit further documentation, such as through an Additional Documentation Request (ADR). Using this option may shorten the claim processing timeframe. The inclusion of the "PWK" indicator on a claim form ensures the claim will automatically be suspended for review.

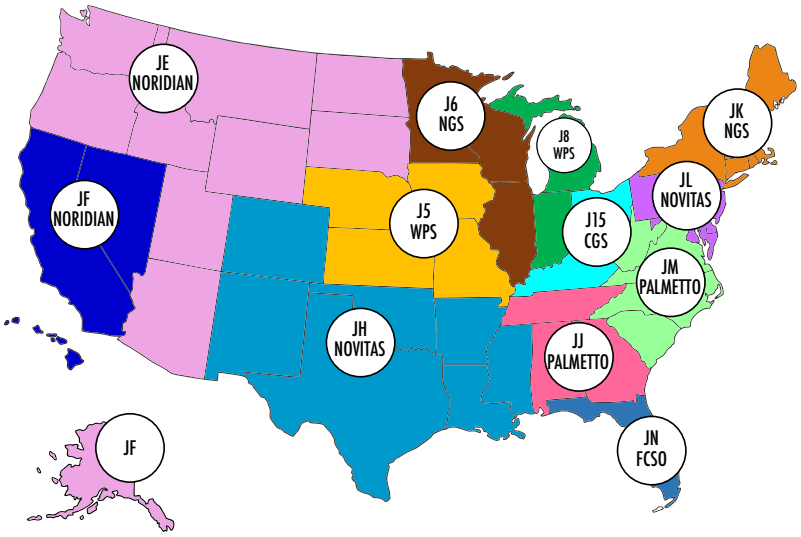
The "PWK" indicator is submitted directly on the electronic claim, in box 19, and is designed to notify the contractor that documentation will be submitted separately to support the billing/services of the claim. Additional documentation to support medical necessity for the Vanquish procedure reported under Category III CPT code 0582T may include the following, and/or other documentation that the provider or MAC may deem appropriate or necessary:

- Comparison Procedure Cover Letter
- Operative Report
- Medical Records

Refer to your local MAC website for detailed instructions on their PWK process. You can also contact the Francis Medical Reimbursement Team at reimbursement@francismedical.com with any additional questions.

A/B MAC JURISDICTION MAP

MARCH 2023



MAC	WEBSITE	PWK PROCESS URL
CGS	Medicare CGS	CGS PWK Process
FCSO	Medicare FCSO	FCSO PWK Process
NGS	Medicare NGS	NGS PWK Process
Noridian	Medicare Noridian	Noridian PWK Process
Novitas	Medicare Novitas	Novitas PWK Process
Palmetto GBA	Medicare Palmetto	Palmetto PWK Process
WPS	Medicare WPS	WPS PWK Process

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