



This Best Practice is intended for use with the corresponding MN Uniform Companion Guide(s), **Version 5010.**

**1. Title of best practice:**

NTE and PWK usage examples

**2. Who does the best practice apply to:**

Providers and Group Purchasers

**3. Narrative description as to what is being addressed by this best practice:**

This best practice illustrates examples of where to populate data as appropriate in the NTE or PWK segments.

**4. The loops, segments and elements, etc. that the best practice applies to:**

2300 NTE-Claim Note

2300 PWK-Claim Supplemental Information

**5. Describe how to do the best practice:**

See table below for guidance for populating additional data on the 837, which include examples from Minnesota licensed payers.

**6. AUC approval date:**

11/20/14

**7. Last reviewed date:**

08/06/14

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Examples	Minnesota Licensed Payer					5010 Usage
	BCBS MN	DHS	HealthPartners Insurance	Medica	UCare	
22 modifier - requires submission of an operative report, narrative and/or other relevant documentation that adequately describes what care/service was greater than usually required	X		X	X	X	NTE and/or PWK
62 Modifier (two surgeons) - documentation to support need for two primary surgeons (all surgeons must submit their individual dictatus of op report)	X		X		x	PWK
66 Modifier - Team Surgeons. Services Per CPT, team surgeons are described as three or more surgeons (with different or same specialties) working together during an operative session in the management of a specific surgical procedure. -Modifier 66 id	X		X	X	X	PWK
Air ambulance - need ambulance run report including origin and destination	X				X	PWK
Claim is over one year old (provider error does not qualify)/past timely filing limit	X	X	X		X	PWK
Dental services were started but not completed		X			X	PWK
Hearing aid repair for non-contracted hearing aid/shells; re-casing; miscellaneous hearing aid services - provider sends invoice		X			X	PWK
Hearing aid repairs require a note sent with expiration date of the warranty and type of hearing aid		X			X	NTE or PWK
DT&H services approved after graduation and before 21st birthday		X			X	PWK
Individualized Education Program (IEP) provider billing assistive technology device(s) - provider to send MSRP and IEP		X			X	PWK
Medical necessity - need medical records, rational for service	X		X		X	PWK
Medicare Part A benefits are exhausted		X			X	PWK

Examples	Minnesota Licensed Payer					5010 Usage
	BCBS MN	DHS	HealthPartners Insurance	Medica	UCare	
Multiple emergency department (ED) visits for the same recipient to the same facility on the same day; last visit results in admit		X			X	PWK
Other third party insurance has not responded to my 3 billing attempts within 90 days		X			X	PWK
Overlapping MHCP and managed care organization (MCO) coverage		X			X	PWK
Place of service 99 (for type of place where service provided). We need to have the specific place where the service was rendered.	X		X		X	NTE
Potential Cosmetic Procedures requires medical necessity documentation.			X	X	X	PWK
Potential Experimental-Investigative procedures			X	X	X	PWK
Private room rate - need notes, doctors order, letter of medical necessity	X					PWK
Revenue codes, such as 0942 or 0949, require a narrative (if no HCPCS is or can be submitted)	X		X		X	NTE or PWK
Service requires specific attachment (sterilization consent, hysterectomy statement, abortion statement)	X	X			X	PWK
Surgical complications - need op report, chart notes, rationale for complication	X		X		X	PWK
Therapeutic leave days added for ICF/MR recipients		X				PWK
Unlisted surgical code - need op report & procedure/progress notes	X		X		X	PWK
Unlisted DME or supplies (such as K0108 or E1399) require the Manufacturers Suggested Retail Price (MSRP), require invoice or catalog page		X		X		NTE or PWK
Transportation claims with specific modifiers of where emergency transport to and from: Require the ground or air checklist components to be sent		X				NTE