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Browser-Related questions

1. Where are the search fields?

The search window may be minimized. It is located on the left of each feature's initial screen, but it may be minimized. Click the blue box with a magnifying glass located next to the instructions to reopen the search box. Scrolling may also be necessary based on your browser's zoom settings.

1. Why can't I see some of the fields?

They may not fit on the screen. Try zooming out or scrolling to view all fields.

1. Why am I unable to tab between fields in Novitasphere?

Customers accessing Novitasphere using the Firefox browser will be unable to use the “Tab” key to move between fields.

1. I previously was able to use Chrome or Firefox to access the Identity Management System (IDM) and Novitasphere without issues, what changed?

Google has announced that they are no longer supporting certain browser add-ins in Chrome, which may cause you to experience difficulties using IDM or Novitasphere. If you are experiencing issues using Chrome or Firefox, we suggest utilizing another supported browser instead.

Enrollment

1. We are a group practice. Do we need to enroll each provider separately?

No, you will complete the enrollment with your group information.

1. Why do I need a new submitter ID?

Due to updates in the Novitas Solutions EDI systems, a new submitter ID must be assigned. Customers cannot enroll for access to Novitasphere in the IDM system until their enrollment form has been processed and the new submitter ID assigned. If this step is not completed, the IDM access request will be rejected.

1. If I have multiple Novitasphere submitter IDs with the same tax ID, how do I register in IDM?

For organizations that have multiple Submitter IDs with the same tax ID (e.g., billing services and clearinghouses), the office approver must only register the organization and tax ID once in the IDM system. Creating multiple organizations with the same tax ID in IDM will cause errors messages when using Novitasphere.

1. Can providers continue to use their billing service/clearinghouse when enrolling for Novitasphere Portal?

You can continue to submit claims and retrieve your reports through an existing billing service or clearinghouse if you desire, and still use the other features in Novitasphere.

1. Can providers use their existing software when enrolling for Novitasphere Portal?

You can continue to create claims through your existing software and submit claims through your current method, and still use the other features in Novitasphere.

1. How can I convert multiple linked PTANs to my new portal submitter ID?

Direct EDI submitters, billing services and clearinghouses can use the Novitasphere Migration List Template to request the conversion of multiple PTANs from their current submitter ID to their new Novitasphere submitter ID, rather than EDI Enrollment forms for each provider. Otherwise, customers may send a letter on office letterhead and include the PTAN and NPI of each customer converting, the name of the provider, the current submitter ID, electronic remittance advice (ERA) designation (default is to maintain current setup if nothing is indicated), and an authorized signature. If you wait to send this request until after your enrollment request is processed, please also include the new Novitasphere submitter ID that has been assigned and send it with the EDI Fax Cover Sheet.

1. Where can I locate my new Novitasphere Submitter ID?

Your Novitasphere submitter ID will be included in your initial Novitasphere enrollment letter from us. If you do not have your letter, the submitter ID can be found in the My Account Profile feature.

1. If my billing service/clearinghouse enrolls for Novitasphere Portal, what features will they have access to?

If your billing service or clearinghouse enrolls for Novitasphere, they will have access to all available features in Novitasphere. They may use as many or few of these features as they wish.

1. Can I have access to Novitasphere if I am outside of the United States?

CMS restricts work that is performed outside of the United States. System functions include the transmission of electronic claims, receipt of electronic remittance advice, or the access to any system for beneficiary and/or eligibility information. Any request for access to Novitasphere by an overseas party will be immediately denied by Novitas Solutions, Inc. Additionally, users who are identified as accessing the system via an IP address outside of the United States will have their Novitasphere access removed.

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IDM user IDs

1. I already have an IDM ID. How do I get access to Novitasphere?

If you are the provider office approver or billing office approver, you will still need to complete the EDI Portal Enrollment form (8292P or 8291P). Once the form is processed and you have been notified, please follow the steps in our [Novitasphere IDM Instructions](ddocname:00024651) to request the appropriate Novitasphere role (step 2). This will add the Novitasphere application to your existing IDM lD. End Users will need to follow these steps once the office approver completes their steps. You will not create another User ID.

1. When I try to register, I get an error message saying the Social Security number (SSN) is already in use. What should I do?

This message means that the SSN entered has an IDM account. First, validate that the SSN is typed correctly. If the SSN is correct, you may have an account. To verify this, use the Forgot User ID? feature on the Login screen. Your User ID will remain yours, even if you have moved to a different organization. Do not create another User ID.

* Navigate to https://home.idm.cms.gov
* Select “Forgot your User ID?”
* Enter E-mail address, first name, last name, date of birth, zip code
* Click submit

You will receive confirmation that your information has been successfully verified and an e-mail will be sent to you with your User ID. If you are unable to retrieve your User ID, please contact the Novitasphere Help Desk at 1-855-880-8424 for assistance.

1. Why are SSNs needed when users register in IDM?

The Novitasphere portal utilizes IDM for Identity management. IDM requires a user to enter their SSN during registration. The name, address, telephone number, SSN and date of birth are collected for identify verification purposes only.

1. I need to make a change in IDM, what do I need to do?

Updating name, SSN or date of birth: Legitimate changes to the first name, last name, SSN or date of birth will require a service request. Contact the Novitasphere Help Desk, who in turn, will submit the service request directed to the Novitasphere IDM Administrator to modify your personal information. Refer to the Contact Us tab on Novitasphere for contact information.

Updating E-mail address, phone number, challenge questions and answers, and address: Once logged into IDM, select “My Profile”. You can modify your e-mail address, personal phone number, challenge questions and answers, and personal address from this screen. This will not update the address on file for the organization.

1. One of my end users has left the company. How do I remove their Novitasphere access?

If possible, have the end user remove the Novitasphere role in IDM. If the end User is unable to do so (e.g., has left the company), please complete the steps outlined in the IDM Instructions for [Office approver/Office back-up approver steps to terminate user access](ddocname:00115361).

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Novitasphere Roles

1. How does additional staff get access to Novitasphere?

Each user must request their own access. Instruct your colleagues to access IDM and register as the office back-up approver or end users as appropriate. Office back-up approver requests will be reviewed by Novitas staff. End User requests will generate an e-mail to the office approver that they have a request that is “pending approval”. They will need to log into IDM and approve the request.

1. I need to update the Office Approver for my Organization. What steps do I need to take?

There are a few steps to complete this. First, you will need to complete the [EDI Submitter ID Update Request Form](http://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00004545) to update the office approver name. Once this form is processed, the new office approver will need to log into IDM and register as the approver for your office.

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Eligibility

1. When I tried to submit an eligibility inquiry an error message was displayed. What action should I take?

Verify the search criteria have been entered correctly. Additionally, the HIPAA Eligibility Transaction System (HETS) system is subject to periodic maintenance. Information will be shared the Alerts & Updates feature regarding planned maintenance. When there is an unexpected system outage, the eligibility feature will not be available, and an error message will be displayed. In these circumstances, users should instead seek eligibility information from an alternative source until the HETS connection has been restored.

1. Can I search for patient eligibility with just the patient’s name and date of birth, or by just the Social Security Number?

Novitasphere connects directly with the Medicare HETS system to provide eligibility. The patient’s Medicare number, first and last name are required, and must match. You will need to have this information available to search for eligibility. If your patient has lost of misplaced their Medicare Card, please refer the patient to the Social Security Administration Office at 1-800-772-1213.

1. How quickly is patient coordination of benefits information updated in Novitasphere?

All eligibility information comes from HETS. Once the information is updated in HETS, the data will display in Novitasphere.

1. My patient is a Qualified Medicare Beneficiary (QMB). Why does the Eligibility feature not provide their deductible amounts?

QMB is a Medicaid program that assists low-income beneficiaries with Medicare premiums and cost- sharing. Under federal law, providers may not bill individuals enrolled in the QMB program under any circumstances for the following:

* Medicare deductibles
* Coinsurance
* Copayments

Therefore, this information will display as zero or be left blank in the QMB tab in Eligibility.

1. Where can I obtain additional information regarding the QMB program?

Please visit: <https://www.cms.gov/medicare/medicaid-coordination/qualified-medicare-beneficiary-program> for more information regarding the QMB program.

1. Where can I find other insurance information for my patient?

There are two tabs under eligibility that will provide helpful information regarding other insurance. The Medicare Advantage plan tab will provide you with the name, address, and other information for a patient’s Medicare Advantage plan, if applicable. The MSP (Medicare secondary payer) tab will provide the reason that Medicare is secondary, as well as the other insurance effective date and term dates, name, policy number and address. Any other insurance the patient may have to coordinate benefits with, including claim crossover information, is not available through the eligibility feature.

1. Can I obtain crossover information through the Eligibility feature?

Crossover information is not available within the Medicare HETS system, and therefore is not available in the Eligibility feature.

1. What skilled nursing information can I obtain in Eligibility?

The following skilled nursing facility spell information is available through the Eligibility feature.

* The date of the earliest/latest billing activity for the spell of illness.
* The full SNF inpatient days remaining in the spell.
* The SNF inpatient co-payment days remaining.
* The amount of the inpatient co-payment.

Information is as current as what has been billed for the patient and is based on what is available through the HETS system. Please review our Eligibility Guide for more details about the Eligibility feature.

1. What once-in-a-lifetime preventative service or immunization information can I obtain in Eligibility?

If the patient has not yet had one of the once-in-a-lifetime codes, the procedure code will display with the “next technical date” and “next professional date” dates populated. These dates will indicate the next time the patient is eligible for the service. This date may even be a past date if the patient has already been eligible for that service for some time.

Additionally, certain once-in-a-lifetime codes like the initial Welcome to Medicare visit (which is only eligible within the first 12 months of their Medicare coverage) may still display the procedure code within the search results, but with no “next date” populated. This indicates the patient is no longer eligible for that procedure code.

Information for the pneumococcal pneumonia vaccination (PPV) will display in the PPV With Prior Usage section. This will include the procedure code(s) that have been administered, along with the date of service and the billing NPI of the provider that administered the vaccine. If the beneficiary has not received a PPV, then no information will display.

1. What is the difference between the Medicare Diabetes Prevention Program (MDPP) Period 1 and Period 2?

The MDPP Period 1 is the first twelve months from the initiating date, core services should be reported during this time. Period 2 is for months thirteen (13) through twenty-four (24) and should be used for ongoing services.

1. What is the difference between eligibility and MBI Lookup?

Eligibility:

* Requires the patient’s first and last names, ID number, and dates of service to search
* Connects directly with the Medicare HIPAA Eligibility Transaction System (HETS) system to provide eligibility.

HETS requires the patient’s Medicare number, first and last name to search for data, and must match what is on file to complete a search.

MBI Lookup:

* Requires the patient’s first and last names, date of birth, and Social Security number to search.
* Requires you to complete the “I am not a robot” verification or CAPTCHA once for every five consecutive searches – for security purposes.

CMS takes privacy and security of provider and patient data very seriously, and especially when the usage of a Social Security Number is required.

CAPTCHA is used to ensure only humans can access the data, rather than a computer program, which would not be capable of solving the verification.

Since both features require different information to provide search results, it is not possible to display both sets of information (eligibility AND the new MBI number) on the same screen.

Helpful Tips:

* Obtain a copy of your patient’s Medicare card before searching for eligibility. This will ensure that you are entering the correct information.
* Ask your patients for their new MBI number and update your system.
* If the patient has not provided a copy of the card to you yet, begin by using the MBI Lookup feature. Update your records, then use the Eligibility feature to confirm their benefits.

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Claim submission/electronic remittance advice (ERA)

1. I want to submit claims through Novitasphere, what changes do I need to make?

Once your new submitter ID is assigned, you will need to update your submitter ID information in your billing software before submitting a claim via the Portal. Check with your billing software for information on how to update this information. PC-ACE Users should review the PC-ACE user quick steps for information on updating their software.

1. How will I receive my electronic remittance?

All Novitasphere Portal users will be set up to receive [electronic remittance advice](ddocname:00004589), based on the selection made on the Novitasphere Enrollment form.

1. I selected “claims submission / ERA” but received an error message stating the website is blocked, untrusted, or not secure. What is wrong?

These types of security related messages typically come from your computer’s antivirus software. Your antivirus software may be attempting to block the claims submission/ERA website unnecessarily. Antivirus software typically contains settings that will allow you to manually “trust” the website, so they don’t get blocked in the future. Check with your antivirus software vendor for details.

1. I selected “claims submission / ERA” but nothing happens. What is wrong?

The claim submission/ERA feature is a separate secured website which requires a new window or tab to be opened. Please ensure that your pop-up blocker setting is turned off, which will allow the second browser window to load.

Firefox:

* After clicking “Claims Submission/ERA”, you will see a message stating, “This connection is untrusted.”
* Click “I understand the risks.”
* Click “Add exception.”

Chrome:

* After clicking “claims submission/ERA”, you will briefly see a message stating “Pop-up blocked” in the address bar.
* In the far right of the address bar will be a small icon of a window with a red X.
* Click the icon and select “Always allow pop-ups from www.novitasphere.com.”

Safari

* Access “Settings.”
* Select “Safari.”
* Switch “Block pop-ups” to “off.”
* After clicking “claims submission/ERA a message will be displayed stating “This site is attempting to open a pop-up window.”
* Click “allow.”

1. Can I submit Medicare secondary claims through Novitasphere?

Yes, you can submit Medicare Secondary claims through batch claim submission. For instructions using your claims software, please speak to your software vendor.

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Claims summary (Part B only)

1. I reviewed information provided in the Claim Summary screen. Why does the information differ from what is provided by the IVR?

Novitasphere displays dollar of claims approved to pay and dollar value of pending claims as separate amounts. The IVR provides these same values combined as the total pending amount.

Claims status (Part B)

1. I have entered valid claim data. Why does the message “0 records found” display when I select “submit”?

Verify the search criteria have been entered correctly. Additionally, you may want to remove any search criteria that is not required. Novitasphere provides status information for claims processed in the last 12 months. To view data for claims that are older than 12 months, please refer to the IVR or contact the Customer Contact Center for more information.

1. My claim is still in a pending status or has been rejected. How do I obtain additional information about its processing?

If a claim is still in the pending status, you must contact the Customer Contact Center for additional information. Contact 1-877-235-8073 for JL or 1-855-252-8782 for JH.

1. How do I correctly enter my patient’s name in the Claim Status feature?

The Claim Status feature allows the patient’s first name initial, and only the first six characters of their last name to perform a search.

Special considerations: If your patient has a last name which is shorter than 6 characters and has a suffix, please enter the information as described below.

Patient’s last name is: Enter as: (no space at the end)

5 characters with a suffix (e.g., Smith Jr.) Smith

4 characters with a suffix (e.g., Wood Jr.) Wood J 3 characters with a suffix (e.g., Fox Jr.) Fox Jr

1. How do I view a description of the Primary Reason Code?

While viewing the line detail of a claim, hover your mouse cursor over the information in Primary Reason Code field to display the definition of the reason code.

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Remittance advice

1. Why are the patient account numbers masked on the remittance copies in Novitasphere?

CMS implemented MLN Matters Article MM11112 on July 1, 2019. Due to the changes indicated within the MLN Matters article, you may notice the Patient Account Numbers on your remittance copies retrieved through Novitasphere are being masked, or partially x’d out. This occurs when the patient account number includes a format that resembles a patient’s Social Security number or health insurance claim number (HICN) – their Medicare number prior to the new MBI. This masking occurs only on the printed remittance copies. When retrieving your 835 electronic remittance advice, you will still be able to view the patient account numbers. This change was to further safeguard patient’s private information.

1. How do I obtain a printable copy of my remittance advice?

There are two options to obtain remittance information in Novitasphere. First, all users can obtain a PDF, reader-friendly version of their remittance through the Retrieve Documents > Remittance Advice Feature. This feature will provide a copy of your remittance like the standard paper remittance (SPR) you would receive via mail. Second, users who elect to receive their 835 electronic remittance advice (ERA) files through Novitasphere upon enrollment can use the Claims submission/ERA feature to download their 835 ERA. These files are not reader-friendly and will require software to translate them into a readable format. Users who elected to use [PC-ACE](ddocname:00004595) during enrollment may use that software to translate the 835 into a readable format. Users may also choose to use the [PC Print](ddocname:00004608) software to translate Part A ERA files or [Medicare Remit Easy Print (MREP)](ddocname:00084216) software to translate Part B ERA files.

1. PC Print Information: Which remittance data can be viewed via Novitasphere?

Remittance data for claims finalized in the past 45 days is available for immediate viewing via: Retrieve Documents > Remittance advice. Remittance data for claims finalized more than 45 days in the past (and up to approximately 3 years old) will need to be requested. Once requested, it will be available to review the next business day.

1. I requested a remittance, but it is not in the Remittance Advice feature.

If you made your request recently, it is possible that another user whose role gives them access for the same provider deleted the remittance copy. The delay may also be due to a holiday or system delay. We recommend waiting one additional day before contacting the EDI Help Desk for these possibilities.

If your request was made more than 45 days in the past, the copy has been automatically purged.

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Claims correction (clerical error reopening)(Part B only)

1. How do I correctly enter my patient’s name in the Claim Correction feature?

The Claim Correction feature allows the patient’s first name initial, and only the first six characters of their last name to perform a search.

Special considerations: If your patient has a last name which is shorter than 6 characters and has a suffix, please enter the information as described below.

Patient’s last name is: Enter as: (no space at the end)

5 characters with a suffix (e.g., Smith Jr.) Smith

4 characters with a suffix (e.g., Wood Jr.) Wood J

3 characters with a suffix (e.g., Fox Jr.) Fox Jr

1. I have viewed status information for a claim which I want to correct, why is there no “reopen” button displayed with the claim?

For a claim to be eligible for correction via Novitasphere it must satisfy the following conditions:

* Claim must be assigned in MCS.
* Claim must be in the “denied” status, or “paid” status. There are some exceptions to this, depending on how the claim processed within the MCS shared system.
* Claim must have been processed in the past 12 months.

If any of these conditions are not met, the claim will be ineligible and so there will be no “reopen” button displayed. A message will be displayed stating the reason why the claim cannot be adjusted.

1. Why are only certain claim fields editable?

As with telephone reopening cases, CMS regulations restrict which claim fields can be modified, in the absence of hard copy documentation submitted by the provider, or their representative.

1. What types of claims corrections can I perform in Novitasphere?

Please review the [Claim Correction Guide](http://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00086496) for these details. Please note, this feature is for Part B claims only.

1. How long will I have to wait before I can check the status of my reopened claim via Novitasphere?

If you submit a reopening before 4 p.m. ET, your claim will be available for viewing via the claim status tool on the second business day after the reopening date. If you submit a reopening after 4 p.m. ET, your claim will be available for viewing via the claim status tool on the third business day after the reopening date.

1. Can I cancel/void a claim through Novitasphere?

No, claim submissions that were billed in error or need a line item removed cannot be cancelled through the Claim Correction feature. For finalized claims, you may use the Billed in Error feature to identify entire claims or lines of a claim that were billed in error.

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Appeal Requests

1. Do I need to upload a Redetermination and Clerical Error Reopening Request form as part of my supporting documentation when submitting an Appeal Request?

No, you should not include a copy of the form when submitting an appeal request. This causes duplicate requests to be unnecessarily created and can impact your appeal submission process. The screens you complete within Novitasphere serve as your request form.

Medical Review Claims

1. What is the difference between the claims that appear in the Claim Status Option and the Medical Review Claims Option?

The Claim Status option contains the status of all claims. This is the place to start for all claim related questions. The Medical Review claims option contains the claims that are part of the Medical Review targeted probe and educate program. Providers are selected for review based on data analysis. Medical Review requests medical records and performs a clinical review of the claims.

1. How long do I have to respond to the additional documentation request (ADR)?

CMS guidelines require you to submit your documentation within 45 days of the ADR date. The response due date is displayed on ADR tab within the Medical Review Claim Details.

1. What is the best method of responding to a medical record request?

Place the original ADR letter as the first page of your documentation, not the duplicate copy displayed in the portal. Submitting your records through the portal secure messaging feature, fax or use esMD are the fastest methods to submit your documentation.

1. How long does a medical review usually take?

Once records are received, the medical review may take up to 30 days to complete. Status of your review can be checked through the Medical Review claims feature.

1. Why can’t I use the PDF version of the letter available on the claim status website to submit my records?

This is a duplicate copy of the letter, and it does not contain all the bar codes that are applied during the printing process that are used to automatically route your case to the correct destination.

1. I have appealed a claim decision that was denied by MR, why can’t I see the appeal decision associated with that claim?

The status of appealed claims is a feature that will be available in the future.

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Medical Review records

1. How do I submit a response to the additional document request (ADR) in Novitasphere?

The Medical Review records features should be used to respond to a Medical Review additional document request (ADR). If the ADR was not received specifically from Medical Review, do not use the Medical Review Record feature to submit documentation. For appeals, use the Redetermination Request feature to submit medical records to dispute a finalized or denied claim. For initial claims, the PWK process must be followed. Please review [Chapter 11](ddocname:00004555) of the EDI Billing Guide for information on this process.

1. I am receiving “SM-Error” when attempting to submit medical documentation. How do I correct this?

If you are receiving the error “SM-Error – An error has occurred. Please resubmit your request and if you continue to encounter issues please contact your system administrator,” you need to set your browser to accept cookies from our site. To resolve the issue:

Google Chrome

* Select the three vertical dots in the upper right corner
* Settings
* Privacy and security
* Cookies and other site data
* Select the radio button for Allow all cookies

Microsoft Edge

* Select the three horizontal dots in the upper right corner.
* Settings
* Cookies and site permissions
* Cookies and site data
* Enable the option to allow sites to save and read the cookie data
* Disable the option to block third-party cookies

1. How do I submit multiple files of documentation for one ADR request?

Use the “Add More Documentation” button on the Medical Review Record Submission screen to add multiple files.

1. Is there a file limitation for the documentation?

Yes, the size limitation is 200MB.

1. Can I submit multiple ADR’s through Novitasphere?

Yes, you can submit multiple ADR’s through Novitasphere. Enter the claim number on the Medical Review Record Submission screen, attach your ADR letter and documentation, and upload the file. You will receive a confirmation page. To submit another ADR, return to the Medical Review Record Submission screen and enter your next claim number and documentation.

1. How will I know that my ADR/submission was accepted?

You will immediately receive a Confirmation Page, and a confirmation letter will appear in your Secure Message Communication page. You can also check the submission status on the Secure Message Submission History page. While the ADR is being uploaded to our imaging system, it will show “Processing”. Once the documentation has been imported and accepted by our imaging system, the status will change to “received”.

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Prior Authorization requests

1. Who can submit Prior authorization requests?

Prior authorization requests are currently only available for the following services and locations:

Part A and Part B - Certain hospital outpatient department (OPD) services in Pennsylvania, New Jersey, Maryland, Delaware, Washington D.C., Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, Texas. These services fall within the following categories: Blepharoplasty, Botulinum Toxin injections, Panniculectomy, Rhinoplasty, Vein Ablation, Cervical Fusion with Disc Removal, and Implanted Spinal Neurostimulators.

1. Must the cover sheet be completed for the request to be processed?

To facilitate the prior authorization process, providers are encouraged to complete the cover sheet in its entirety. Using the provided coversheet is optional, however, the coversheet is recommended, as it includes basic information that is required to initiate your prior authorization request. On the prior authorization requests screen, please select Yes that you have attached a cover sheet in the drop-down field, or the prior authorization request will not be able to be submitted successfully.

1. What if I have multiple files of documentation for one Prior Authorization request?

There is an “add more documentation” button on the Prior Authorization Requests screen for you to add multiple files.

1. Is there a file limitation for the documentation?

The size limitation is 200MB.

1. How will I know that my prior authorization request/submission was accepted?

You will receive a confirmation under the Submit Documents > Submission History feature in Novitasphere. While the prior authorization request is being uploaded to our imaging system, it will show “processing”, once the documentation has been imported and accepted by our imaging system, the status will change to “received”.

1. I submitted a prior authorization request via portal. How will I receive notification of the results of the request?

Decision letters will be faxed to the fax number listed in the Contact Fax field of the cover sheet and mailed to the address in the Facility Name and Address field. The beneficiary will also receive a copy of the decision letter sent to the provider.

Provider Audit & Reimbursement (Part A only)

1. Can any member of my organization and/or consultant submit documents through Novitasphere? (Part A Only)

Yes, organization members and consultants can submit cost report related information through Novitasphere. These individuals would need to create their own account through IDM, and request access to your organization as an end user. Your office approver will review and approve or reject the request for access. Once approved, they will be able to log in to Novitasphere and begin submitting documents. Please review the [Novitasphere IDM Instructions](ddocname:00024651) for complete details.

1. I am receiving an “upload failed” status in the Submission History screen when trying to submit audit and reimbursement documents. How do I resolve this error? (Part A only)

Disabling your computer’s firewall may allow the files to upload successfully. If you do not know how to disable the firewall, you must contact your IT support for assistance.

[Mailbox](#provideraudit)

1. Why do my mailbox messages keep getting removed?

The mailbox is not your own personal mailbox, it is available to all users with access to the provider. When deleting a message, it will no longer be visible to you or any other users. All messages are also purged after 45 days. We recommend you save any documents from the mailbox to your patient's file, when needed.

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