

## Medical Record Submission Tips for Section 1011

In analyzing records submitted in response to additional document request (ADR) letters for medical or compliance reviews, the Novitas Solutions Section 1011 Medical Review Department has noted that the records are sometimes incomplete.

Missing information on the document(s):

- No clear reason why the records are being sent,
- Billed dates of service on the payment request often do not match the dates in the submitted record.

The tips listed below will help ensure that your medical review paper work is processed in a timely and efficient manner and Section 1011 payments are not delayed or denied unnecessarily.

### Section 1011 payments are for emergency services only

Per the [Section 1011 Final Policy Notice](#), payment will be made for covered services that begin when the hospital's Emergency Medical Treatment and Labor Act (EMTALA) obligation begins and ends with stabilization of the emergent condition. The EMTALA obligation typically begins when the patient arrives at the hospital emergency department and requests examination or treatment for a life threatening medical condition. The Section 1011 obligation to pay for services ends with stabilization of the presenting emergent condition, not stabilization for all medical and/or surgical conditions. Typically, stabilization occurs within two days.

Novitas' instruction to providers is to bill services rendered prior to an inpatient admission.

**Example:** ER services and observation services leading to inpatient admission on an inpatient payment request.

- Use 111 (inpatient) type of bill.
- The dates of service reported in block 6 "Statement Covers Period" of the UB-04 claim form should begin on the date of admission;
- Boxes 42-47 should include revenue codes for the appropriate units of room and board, an ER revenue code if applicable, plus any additional revenue codes for other services rendered during the dates of service billed.

When the ER visit occurs on a day prior to the inpatient admission, providers may bill occurrence code 11 on page 01 when submitting via Direct Data Entry (DDE) which identifies either the date of the onset of symptoms/illness or the date of the ER visit. The ER revenue code should be reported on page 02 when submitting via DDE.

Because Section 1011 can only make payment for services rendered to eligible patients, it is important to include the Section 1011 Patient Payment Determination (PPD) form when submitting medical records. The PPD form (CMS 10130A) must be filled out completely and signed.

### Common errors or omissions identified with the PPD form:

- One or more questions or sections have not been completed
- Provider does not specify, in Question 3, whether the Social Security number is not valid OR was never issued

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- Facility name is omitted on Page 2
- Form is not signed, only initials are present, or only a typed name is provided

### Checklist for successful medical records submission:

- Submit only the medical records requested for this patient/service in the ADR letter
- Include a copy of the ADR letter from Novitas Section 1011
- Include all documents requested in the ADR letter plus any that will support your payment request
- Include only relevant sections of the medical record which support the emergent care rendered
- Include fully completed and signed [Provider Payment Determination \(PPD\) form \(form CMS 10130A\)](#)
- Submit requested records to Novitas within 30 days of the date listed on the ADR letter