Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Fact Sheet for Remittance Advice: Tips for Accurate Reporting

- A correct Remittance Advice (RA) reflects a billed charge and a minimum of one Quality Data Code (QDC), also known as a G-code, or a maximum of four G-codes for the same claim number.

- The QDCs, or G-codes, will split into a separate claim when one of the G-codes is entered on the 7th or 14th line on the CMS Form-1500 or its electronic equivalent.

- A billed charge must be affiliated with the correct number of G-codes on each claim in order to receive credit for the claims-based measure submission requirement of the ASCQR Program.

If the RA shows only the billed charge and no G-codes:

1. Check to ensure that the billable charge and the G-codes were billed on the same claim form for the same date of service at the same time.

2. Check to ensure your software is transmitting the G-codes with a zero-charge amount. Some software programs require at least a one cent charge for transmission.
   - If you used a zero charge, the remark code on the RA will display as N620.
   - If you used a one cent charge, the remark code on the RA will display as N572.

3. Check with your clearinghouse to ensure it is receiving the G-codes and that it is transmitting the G-codes to the Medicare Administrative Contractor (MAC) for CMS (Centers for Medicare & Medicaid Services).

4. Check with the MAC to ensure the codes came through on the same claim and to verify how the MAC processed them. You will need the claim number and transmittal batch number in order for the MAC to research the matter.

   Note: You cannot resubmit a claim solely to add or correct missing G-codes. The submission will be rejected as a duplicate and non-payable claim.

If the RA shows only G-codes, this could indicate the claims were split at the carrier. If so:

1. Repeat steps 1–4 as outlined above.

2. If the MAC notifies you that the claim was split at the carrier because the facility's National Provider Identifier (NPI) is not listed in box 24J, check that the facility's NPI is missing from box 24J.

3. Confirm that the second G-code is not the 7th or 14th line item. The 7th and 14th line item will split from the original claim onto a separate claim.

If any of the above examples result in a split claim at the MAC and the G-codes are on a claim by themselves without a billable procedure code, the ASC will not receive credit for submission of the G-codes, a claims-based measure submission requirement for the ASCQR Program.

Please see the following table for examples of correct and incorrect claims submission.

Service Provider	123456			Check Number		56789					
Tax ID	999999			Payment Date		1/31/2018					
Correct	**Complete with G-Codes**										
PERF											
Recipient	**SERV DATE**	**POS**	**NOS**	**PROC**	**MODS**	**BILLED**	**ALLOWED**	**DEDUCT**	**COINS**	**GRP/RC-A**	**PROV PO**
NAME	DOE, JANE		HIC 1234567890	ACCT DOEJ0006					ICN 1234567890123	ASG Y	
	23021313	24	1	44388		5100	1030.4	0	206.08	4069.6	824.32
REM	N 620		1	G8909		0	0	0			
REM	N 620		1	G8911		0	0	0			
REM	N 620			G8913		0	0	0			
REM	N 620			G8914		0	0	0			
Correct	**Complete with 1 G-Code**										
NAME	DOE, JANE		HIC 1234567890	ACCT DOEJ0006					ICN 1234567890123	ASG Y	
	23021313	24	1	44388		5100	1030.4	0	356.08	2069.6	248.32
REM	N 620		1	G8907		0	0	0			
PT RESP	206.08										
CLAIM INFO	Forwarded to BCBS										
Incorrect	**Without G-Code**										
NAME	DOE, JANE		HIC 1234567890	ACCT DOEJ0006					ICN 1234567890123	ASG Y	
	23021313	24	1	44388		5100	1030.4	0	356.08	2069.6	248.32
PT RESP	206.08										
CLAIM INFO	Forwarded to BCBS										
Incorrect	**G-Codes Split from Procedure**										
NAME	DOE, JANE		HIC 1234567890	ACCT DOEJ0006					ICN 1234567890123	ASG Y	
REM			1	G8911		0	0	0		2069.6	248.32
REM			1	G8913		0	0	0			