



Fact Sheet

Reasons Claims Pend for Medical Review

The following are important considerations regarding why professional claims typically pend for medical documentation when submitted to NCTracks.

The **top seven reasons** why professional claims pend for medical documentation are:

1. Submission of hysterectomy, sterilization, and abortion procedure codes and/or diagnosis
2. Duplicate charges including consultations, observations, ER visits, etc. billed on the same date of service
3. Review of medical documentation for high tech imaging with policy limitations. For example, if more than 3 OB ultrasounds are billed within a 280-day time frame, the claim will pend for review and medical documentation will need to show that the OB ultrasounds were medically necessary.
4. Anesthesia claims when multiple anesthesia services are billed for the same date of service.
5. Overall medical necessity for critical procedures such as transplants, circumcisions and mastectomy
6. Review of claims requiring pricing for surgeries on the same day and unlisted codes
7. Multiple history and physical codes billed during the same inpatient stay. Only one H&P code is reimbursable per IP stay unless transferred to a different facility.

The requirement for medical documentation is not necessarily an indication that there is a problem with the claim. NCTracks will request medical records if the claim requires further documentation in order to adjudicate the claim. The specific medical record documentation varies depending on the type of claim.

Claims requiring attached medical record documentation require manual review. This manual review process will extend the time it takes for a claim to complete processing.

Examples of Medical Documentation

The following are examples of medical record documentation that may be required for claims processing:

- Patient medical history and physical reports (H&P's)
- Physician consultation reports
- Patient discharge summaries
- Radiology reports
- Admission records
- Operative notes
- Notes of Medical Necessity
- Pathology reports
- Office history and physical notes
- Sterilization Consent Forms
- Hysterectomy or abortion statements
- Special reports and operative notes and /or medical records for unlisted claims

For additional guidance on what information is needed to adjudicate claims, follow instructions in the Explanation of Benefits (EOB) on the paper Remittance Advice (RA).

For policy-specific requirements, refer to the related clinical coverage policy on the [N.C. Division of Health Benefits website](#).



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Submitting Medical Documentation

If the claim was keyed into the secure NCTracks provider portal, the medical documentation may be uploaded and attached to the pended claim. Uploading on the portal is the quickest way to submit required medical documentation. However, if the claim was submitted as an X12 837 transaction, any medical documentation required will need to be mailed.

The mailing address for medical documentation is: NCTracks, P.O. Box 30968, Raleigh, NC 27622-0968

The Claim Attachment Cover Sheet, available on the [NCTracks provider portal](#), should be printed and included when mailing supporting claim documentation.

For more information regarding how to submit attachments, see “How to Add an Attachment to a Claim” under Claims Submission on the [Provider User Guides and Training page](#) of the portal.