Endeavor User Manual

Noridian Administrative Services

Serving Medicare Jurisdiction F providers in the states of Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington and Wyoming.

Serving Durable Medical Equipment (DME) Jurisdiction D suppliers in the states of Alaska, Arizona, California, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, Nebraska, Nevada, North Dakota, Oregon, South Dakota, Utah, Washington, Wyoming, American Samoa, Guam and the Northern Mariana Islands.

TABLE OF CONTENTS

WEBSITE ACCESS

Select "Endeavor Registration" or "Endeavor Login" from the applicable website:

- Part A Jurisdiction F: https://www.noridianmedicare.com/parta/claims/endeavor/index.php
- Part B Jurisdiction F: https://www.noridianmedicare.com/partb/claims/endeavor/index.php
- DME Jurisdiction D: https://www.noridianmedicare.com/dme/claims/endeavor.html

REGISTRATION

When requesting access to Endeavor, a User ID and password must be developed. Submitting a registration initiates the process.

> **Note**: Each person using Endeavor <u>must</u> register for their own User ID. User IDs cannot be used by more than one person.

1. Select New User Registration.

2. Read the Registration Requirements and Accept the terms of the following agreements: CPT/ADA Agreement, Privacy Statement Terms and Conditions for Use of Endeavor.
3. Complete the Organization page of the registration section (all fields required) and click Next.
4. Complete the Contact page and click Next.

> **Note**: The System Security Official (SSO) will be first contacted if suspicious use by an Endeavor user has been detected. Even though a provider organization may consist of a provider and a small staff, there must still be a System Security Official designated within the organization. This can be the provider themselves, an office manager, an executive officer, or a selected employee.

5. Complete the Provider page of the registration and click Complete Registration.

> **Note for DME Users**: Same or Similar, DME Overpayments, and Power Mobility Device (PMD) Prior Authorization Request (PAR) Status are granted as part of access with Claim Status.

Notes:

- Users must register for the transaction Claim Status in order to be eligible for Redeterminations.
- For Medicare Part A and Part B, only Billing NPI is accepted.
- If the NPI refers to more than one Medicare Program, create separate entries for each Medicare Program.

1. Select the Medicare Program.   ⦿ A ○ B ○ DME

2. Enter the NPI. [   ]

3. Select the Access Options requested.

   ☐ Eligibility   ☐ Claim Status   ☐ Remittance Advice   ☐ Redetermination

ⓘ 4. Select 'Add to Provider List' to populate each Provider List selected in step 3 with the NPI.

   [Add to Provider List]

5. Repeat steps 1-4 to add more Providers.

6. Review each Provider List below to ensure the NPI and the Access Options are correct before selecting 'Complete Registration'.

Eligibility	Claim Status	Remittance	Redetermination
[Remove]	[Remove]	[Remove]	[Remove]

7. Select 'Complete Registration' to finish.

[Complete Registration] [Cancel]

Notes:
- Only enter National Provider Identifiers (NPIs) into the lists.
- Each person accessing Endeavor must register for their own User ID. When NAS is notified a User ID and password are shared, the User may have their access removed.
- Once the registration is submitted a confirmation webpage will be displayed acknowledging successful submission of the registration. This does not indicate immediate portal access has been granted.
- NAS staff will receive the registration. Processing may take up to seven business days.

A fax will be sent with the User ID and password if approved or a denial fax will be generated if there were discrepancies or concerns with the information contained on the registration.

Multiple NPI Request Form

After a user has been approved, the Multiple NPI Request form may be completed instead of registering for additional NPIs through Endeavor. Complete the form and send it to the appropriate fax or email provided on the form:
- Part A: https://www.noridianmedicare.com/parta/claims/endeavor/multiple_npi_request.pdf
- Part B: https://www.noridianmedicare.com/partb/claims/endeavor/multiple_npi_request.pdf
- DME: https://www.noridianmedicare.com/dme/claims/endeavor/multiple_npi_request.pdf

LOGGING INTO ENDEAVOR

Enter the login information provided on the fax and click Log In.

> **Note**: Do <u>not</u> use a bookmark, favorite, or shortcut. Users must access Endeavor through the NAS website https://www.noridianmedicare.com.

When logging into Endeavor the first time, users are required to change his/her password.

Password Requirements

- Exactly 8 characters
- At least 1 upper case alpha (A–Z)
- At least 1 lower case alpha (a–z)
- At least 1 numeric (0, 2–9)
- At least 1 special character (@, #, $)

Logging In After Changing the Password

Users must log in using the User ID and password received by fax. Endeavor will prompt the user to change the password. After successfully changing the password, Endeavor will automatically log the user out. Close the Web browser and open a new one. Go to the NAS website to access Endeavor and log in using the User ID and new password.

The number of failed login attempts before the account is locked is three. Users with locked accounts must contact Endeavor Support for assistance. User sessions time out after 15 minutes of inactivity.

Always use the Logout button to terminate the session before closing the browser window. If this is not done and the user attempts to log in, an error message displays. Users receiving this error must wait 15 minutes per CMS guidelines before logging in.

ENDEAVOR MAIN MENU

Users may check eligibility, claim status, reopening or appeal status and view claim-specific remittance advices from the left side of the main menu or the center of the page. DME suppliers

may also check same or similar equipment, overpayments and Power Mobility Device (PMD) Prior Authorization Request (PAR) status. All users may select an administrative option to change his/her password, add providers or update contact information.

Hours of Availability

- Eligibility: 24/7
- Claim Status, Remittance Advice, Same or Similar, DME Overpayments, and Appeals:
  - Monday – Friday 6 a.m. – 8 p.m. CT
  - Saturday 6 a.m. – 3 p.m. CT

CHANGE PASSWORD

Passwords can be changed at any time. Users are also prompted every 60 days to change his/her password. Only one password change is allowed within a 24 hour timeframe.

1. From the main menu, select Change Password.
2. The Change Password Form displays. Type the current password and the new password twice.
3. Select "Change Password" button.

If the new password is accepted, a message displays. Select OK to log out. If the new password is not accepted, an error message displays. The user repeats steps 1-3.

PASSWORD RESETS/LOCKED ACCOUNTS

Users needing to reset their password, unlock their account, or need their login information refaxed, must contact the following:

Part A: https://www.noridianmedicare.com/parta/claims/endeavor/contact_list.html

Part B: https://www.noridianmedicare.com/partb/claims/endeavor/contact_list.html

DME: Email dmeendeavor@noridian.com with User ID, first and last name, company name, and Unique Identification Number (UIN).

Anyone other than the user requesting a password reset, refax of login information, etc., will result in the deletion of the Endeavor account. Only the User listed on the account may request action on an account.

ADD OR REMOVE PROVIDERS/ADD FUNCTIONALITY TO EXISTING ACCOUNTS

Add Providers/Functionality

1. Select Add Provider from the left side of the main menu.
2. The Add Provider screen displays. Complete on-screen steps 1-6 to add the NPI to the list.
   - Approved NPIs on the user's account will be displayed.

June 2013

Page 6 of 26

Endeavor User Manual

Notes:

- Users must register for the transaction Claim Status in order to be eligible for Redeterminations.
- For Medicare Part A and Part B, only Billing NPI is accepted.
- If the NPI refers to more than one Medicare Program, create separate entries for each Medicare Program.

1. Select the Medicare Program. ⊙ A ○ B ○ DME

2. Enter the NPI. [   ]

3. Select the Access Options requested.

    ☐ Eligibility   ☐ Claim Status   ☐ Remittance Advice   ☐ Redetermination

ⓘ 4. Select 'Add to Provider List' to populate each Provider List selected in step 3 with the NPI.

   [Add to Provider List]

5. Repeat steps 1-4 to add more Providers.

6. Review each Provider List below to ensure the NPI and the Access Options are correct before selecting 'Complete Registration'.

Eligibility		Claim Status		Remittance		Redetermination	
	[Remove]		[Remove]		[Remove]		[Remove]

7. Select 'Complete Registration' to finish.

[Complete Registration] [Cancel]

3. When completed, select Complete Registration.

The registration is sent to Endeavor Support for processing. NPIs are <u>not</u> automatically added the user's account. Registration typically can take up to seven business days to complete.

Remove Providers/Functionality

1. Select Add Provider from the left side of the main menu.
2. The Add Provider screen displays. To remove a provider or functionality, locate the NPI in the list under #6. Click on the NPI to highlight it and click Remove. Repeat this step to remove the NPI from each list.
3. Click on the Complete Registration button to save the changes or click on Cancel to disregard the changes.

Warning: Once the changes are saved, it is permanent and effective immediately. Users must re-register for the NPI if incorrectly removed.

EDIT CONTACT INFORMATION

Users may change the following information on their account: Name, address, phone number, fax number and email address.

1. To change this information, select either Change Password or Add Provider from the left side of the main menu.

2. Select Profile on the left side of the page to open the options and click on Edit Profile.
3. Change the information and select Save to save the changes.

ELIGIBILITY

View a beneficiary's Medicare eligibility: Part A, Part B, Managed Care Organization (MCO), Medicare Secondary Payer (MSP), Home Health, Hospice, End Stage Renal Disease (ESRD), and Preventive Services.

Users with Part A and Part B registered providers may also view Hospital and Skilled Nursing Facility information with eligibility inquiry responses. To obtain the next eligible date for codes G0438 and G0439, contact Customer Service: 1-877-908-8431.

Inquiry

1. Click on the Select Provider button to view a list of all NPIs and Legacy Provider Identification Number (PINs) registered to the user.
2. Select an NPI from the list provided. The NPI will now appear in the Identifier field under Provider Details.
3. Complete the mandatory fields (HICN and Last Name) and enter the first name and/or date of birth. Complete optional fields to narrow the search.

If a specific date of service is in question, enter the date(s) in the From Date and To Date fields.

Eligibility Benefits Inquiry

Select a provider by clicking on the Select Provider button and complete all mandatory fields marked with an asterisk.

Provider Details

Select Provider *   Identifier Type:* NPI   Identifier:*

Mandatory Beneficiary Details

HICN:*
Last Name:*
Provide at Least One of the Following Beneficiary Details

First Name:
Date of Birth:
(mm/dd/yyyy or mmddyyyy)
Optional Beneficiary Details

Suffix:

From Date: To Date:
(mm/dd/yyyy or mmddyyyy)   (mm/dd/yyyy or mmddyyyy)

Submit Inquiry   Reset Values

Response

The beneficiary eligibility databases are considered the authoritative source for beneficiary Part A and B effective and termination, demographic, MCO and Health Maintenance Organization (HMO), and ESRD data. For CMS purposes, authoritative source means the data originates here and is shared with other systems.

The Common Working File (CWF), which is a Medicare claims processing system, shares other data, such as MSP, Home Health, and Hospice Data through a nightly data exchange with the eligibility databases. CWF is considered the authoritative source for this data.

Each tab provides specific information.

Field Name	Description
Eligibility	• Part A and B effective and termination dates • Deductible remaining • Beneficiary address • Occupational, physical, and speech therapy • Blood deductible
Managed Care Organization (MCO)	**Includes Health Maintenance Organization (HMO)** • Insurer name • Policy number • Effective and termination dates • Address
Medicare Secondary Payer (MSP)	• Primary insurance name • Policy number • Effective and termination dates • Insurance type • Address
Home Health Episode History (HHEH)	• Payer name and ID • Provider number • Episode start and end date • Earliest and latest billing dates

Hospice	• Episode effective and termination dates • Provider number
Hospital – DME Excluded	• Earliest and latest billing dates • Deductible remaining • Full days remaining • Lifetime reserve days • Copayment days remaining • Copayment amount remaining
Skilled Nursing Facility (SNF) – DME Excluded	• Earliest and latest billing dates • Days remaining • Copayment days remaining • Copayment amount remaining
End Stage Renal Disease (ESRD)	• Effective date • Benefit type
Preventive	• Smoking cessation benefit information • Preventive services benefit information ○ HCPCS code/modifier/next eligibility date

CLAIM STATUS

Locate the status of a single claim or range of claims submitted to NAS. Authorized users may also initiate a redetermination on finalized claims.

Note: When entering information into the inquiry screens in Endeavor, copy and paste functionality may cause extra spaces to be entered. In this case, Endeavor will state the beneficiary information is invalid. Ensure no extra spaces are entered.

Inquiry

Select Claim Status from the main menu.
1. Click on the Select Provider button to view a list of all NPIs and Legacy Provider Identification Number (PINs) registered to the user.

2. Select the NPI the claim(s) is processed under from the list provided. The NPI will now appear in the Identifier field under Provider Details.

3. Complete the mandatory fields in the Beneficiary Details section. Complete optional fields to narrow the search.

   Note: Entering a date of service is suggested to narrow the number of results.

If a specific claim was not indicated in the search criteria, several claims may be listed. Click on the ICN/DCN/CCN to receive claim information.

After selecting the ICN/DCN/CCN, the Full Claim Information tab will display. Users may also select the Basic Claim Information tab, which shows an overview of the claim instead of a detailed explanation.

   Note: Information received from Endeavor should match the Interactive Voice Response (IVR) system. Consult the IVR if information returned is not as expected.

Response

The following table provides the field name, whether the information pertains to Part A, Part B, or DME, which tab the information is found on, and the description of the field.

Field Name	Part A/Part B/DME	Full Claim/Basic Claim Tab	Description
DCN Document Control Number	Part A	Both	Unique number assigned to the claim at the time it is received by the Intermediary Used to track and monitor the claim Select a DCN in the list to display more information.
ICN Internal Control Number	Part B	Both	Unique number assigned to the claim at the time it is received by the Carrier Used to track and monitor the claim Select an ICN in the list to display more information.
CCN Claim Control Number	DME	Both	Unique number assigned to the claim at the time it is received by the DME MAC Used to track and monitor the claim Select a CCN in the list to display more information
Status	Part A/Part B/DME	Both	Status of the claim. For example, finalized or pending.
Total Charges/Billed Amount (Claim Level)	Part A/Part B/DME	Both	Total charges submitted
Finalized Date	Part A/Part B/DME	Both	Date when the claim completed the adjudication process
Check/EFT#	Part A/Part B/DME	Both	Number on the check issued for payment If Electronic Funds Transfer (EFT) was used for payment, this field displays the trace number

Provider Paid Amount (Claim Level)	Part A/Part B/DME	Both	Total amount paid to the provider
Bill Type	Part A	Both	Type of Bill
Specialty	Part B	Both	Physician Specialty Code
Total Deductible	Part B/DME	Both	Dollar amount applied to the beneficiary's deductible for this claim
Receipt Date	Part A/Part B/DME	Full Claim	Date of which the claim was received
Beneficiary State	DME	Full Claim	State the beneficiary resides in according to Social Security
MSP Ind.	Part A/Part B	Full Claim	Y indicates Medicare is the secondary payer N indicates Medicare is the primary payer
Crossover Ind.	Part A/Part B/DME	Full Claim	Y indicates the claim is a crossover claim N indicates it is not a crossover A crossover claim is automatic electronic transfer of payment information on finalized claims to the supplemental insurance companies and Medicaid that have signed agreements.
Late Worked Date	Part A/Part B/DME	Full Claim	Date of the last time the claim was examined by an operator
Non-Covered Charges (Claim Level)	Part A	Full Claim	Charges not covered by Medicare, Medicaid, or private health insurance
Location	Part A	Full Claim	Describes the queue where the claim is currently situated and the action that needs to be performed on the claim
Line	Part A/Part B/DME	Both	Service line number of the claim

			Note for Part A: The last line displayed will indicate the service line summary (001 Revenue Code Line)
From DOS	Part A/Part B/DME	Both	Beginning date of service (DOS) for the claim billing period
To DOS	Part A/Part B/DME	Both	End date of service for the claim billing period
CPT	Part A	Full Claim	Current Procedural Terminology (CPT) codes
HCPCS	Part B/DME	Full Claim	Healthcare Common Procedure Coding System (HCPCS) codes
Modifier	Part A/Part B/DME	Full Claim	Code that adds specification to HCPCS categorization
POS	Part B/DME	Full Claim	Place of Service (POS) code
NDC	DME	Full Claim	National Drug Code (NDC) indicator if billing for drugs
Units	DME	Full Claim	Number of units billed on the claim
Diagnosis Code	Part A/Part B/DME	Full Claim	First is the ICD-9-CM code describing the principal diagnosis

Remaining codes are corresponding to additional conditions that coexisted |
Allowed Amount (Line Level)	Part A/Part B/DME	Full Claim	Total amount allowed for the service line
Contractual Amount (Line Level)	Part A	Full Claim	Indicates adjustment resulting from a contractual agreement between the payer and payee or a regulatory requirement
Patient Resp. (Line Level)	Part A	Full Claim	Represents adjustment amount that is billed to the beneficiary
Reason Code	Part A/Part B/DME	Full Claim	National administrative code set that identifies

			reasons for any differences or adjustments between the original provider charge and the payer's payment
Total Charges/Billed Amount	Part A/Part B/DME	Basic Claim (Part A) Both (Part B and DME)	Line item charge
Provider Paid Amount (Line Level)	Part A/Part B/DME	Both	Amount the provider was paid
Deductible	Part A	Basic Claim	Dollar amount applied to beneficiary's deductible for this service

REOPENING/REDETERMINATION SUBMISSION

To submit a reopening or redetermination, the claim must be inquired on. Follow the instructions above for claim status inquiry.

On either the Full Claim or Basic Claim Information tab, select the "Begin Reopening/Appeal" button.

Reopening or Redetermination Request Form

The Reopening or Redetermination Request form displays. User sessions time out after 15 minutes of inactivity. Ensure all information is gathered prior to beginning the request.

Under Provider Information, the following questions are asked:
- Will a review of this claim cause an overpayment?

- o If answered yes, users are prompted to request a recoupment.
- Is this review a result of an overpayment?
  - o If answered yes, the type of request is automatically entered as redetermination and users are asked who initiated the overpayment (Medical Review, ZPIC/PSC, CERT, WIC, or Recovery Auditor).
- What type of request is this?

The following information must also be entered:
- Provider Transaction Access Number (PTAN)
- Tax ID
- Date of Initial Determination
- Contact person
- Phone number and extension
- Fax number
- Email address
- Provider address, city, state and zip code
- Comments (required)

In the Claim Line Information section, users must check the box next to the line item the reopening or redetermination is being requested on. **Note**: Checking all will initiate an appeal on all lines regardless of whether they are paid or denied. This may result in a loss of further appeal rights.

Review and Electronic Signature

Users must review the information being submitted. If changes are needed, click on "Reopening or Redetermination Request" at the top of the page to return to the form to make changes.

After review and the information is correct, the user must read the attestation. If agreed, the user must type their name next to "Signatory Name" and check the box next to "I have read the attestation and agree."

Confirmation/Documentation Submission

After electronically signing and submitting the request, the confirmation page displays. The confirmation number is provided towards the top of the page. It is very important that providers print this page for their records. A full summary of the request will not be displayed after leaving this page.

Confirmation　　　**Printable Version**

This request was successfully submitted at 01/09/2012 11:40 AM (CST). Print a copy of this request and save it for your records. A full summary of the request will not be offered after leaving this page. A confirmation number will guarantee the most accurate inquiry results.

Confirmation Number: 99999　　**Reopening/Redetermination Status:** Pending　**Submission Date and Time:** 01/09/2012 11:40 AM (CST)
Provider:　　　　　　　　　　　　**Medicare Contract:** DME　**HICN:**

Supporting Documentation

Attach all supporting documentation to this request. This may include an operative report, office notes, remittance advice, etc.
Reasonable and necessary denials must include a copy of the Advance Beneficiary Notice of Noncoverage (ABN) signed by the Beneficiary, if applicable.

[Add a Document]

Documentation may be attached on the confirmation page. To attach documentation, click on the "Add a Document" button. Title the document so it is recognizable when reviewing the submission and browse to locate it. Click Upload.

Upload a Document

File size is limited to 10 MB.
File type supporte are GIF, JPG, JPEG, TIF, TIFF, DOC, DOCX, XLS, XLSX, PDF. File name is limited to 40 characters and should help the user identify the document and its purpose at a later date.

Document Name: [   ]　　**Selected File:** [   ] [Browse...]

[Upload]

Documentation Attached To This Reopening/Redetermination

No documents have been uploaded.

Multiple submissions of documents will cause delays in processing of the original request.
The reopening or redetermination will be conducted within 60 calendar days of receipt. If the determination is a full reversal, the Remittance Advice (RA) and Medicare Summary Notice (MSN) are notification of the decision. If the determination is partially favorable or unfavorable, a letter is written to the appellant or representative explaining the decision and further appeal rights.

[Return to Reopening/Redetermination Status Details]

Endeavor will display a successful upload message and show the documentation below.

Upload Supporting Documentation

Successful upload of Example, with file name Location of file Endeavor Example.doc as document 99999

Confirmation Number: 99999 **Reopening/Redetermination Status:** Pending **Submission Date and Time:** 01/09/2012 11:40 AM (CST)
Provider: **Medicare Contract:** DME **HICN:**

Upload a Document

File size is limited to 10 MB.
File type supporte are GIF, JPG, JPEG, TIF, TIFF, DOC, DOCX, XLS, XLSX, PDF. File name is limited to 40 characters and should help the user identify the document and its purpose at a later date.

Document Name: Example **Selected File:*** [   ] [Browse...]

[Upload]

Documentation Attached To This Reopening/Redetermination

To view a Document, click on the Document ID field.

Document ID	Document Name	Date Uploaded
99999	Example	01/09/2012

To add additional documents, continue this process. When all documentation has been attached, click on "Return to Reopening/Redetermination Status Details" button.

Documentation Attached To This Reopening/Redetermination

To view a Document, click on the Document ID field.

Document ID	Document Name	Date Uploaded
99999	Example	01/09/2012

Multiple submissions of documents will cause delays in processing of the original request.
The reopening or redetermination will be conducted within 60 calendar days of receipt. If the determination is a full reversal, the Remittance Advice (RA) and Medicare Summary Notice (MSN) are notification of the decision. If the determination is partially favorable or unfavorable, a letter is written to the appellant or representative explaining the decision and further appeal rights.

[Return to Reopening/Redetermination Status Details]

Providers may view a summary of their request with the documentation attached.

In the event a provider has submitted a reopening/redetermination and he/she wants to delete/dismiss that request, a document explaining the request needs to be created on the company letterhead and it must contain an original, "pen and ink" true signature. This dismissal request needs to be uploaded as an attachment to the existing appeal.

REOPENING/APPEAL STATUS

NAS processes reopening and redetermination requests within 60 days of receipt.

To check the status of a reopening or redetermination, select the NPI it was submitted under and enter one of the following to narrow the number of results received:
- HICN
- Confirmation Number
- Appeal Status (Pending, Finalized, Additional Documentation Needed)
   - If additional documentation is needed, the provider is made aware of this by letter or fax.

The results will display the confirmation number, ICN/DCN/CCN, HICN, status, and date submitted. To view more information on the request, select the confirmation number. A list of the submitted documentation displays.

To view the document, click on the Document ID. If additional documentation is needed, select "Add a Document".

SAME OR SIMILAR (DME ONLY)

DME suppliers may inquire on same or similar items for beneficiaries.

Inquiry

Select Same or Similar from the main menu.
1. Click on the Select Provider button to view a list of all NPIs registered to the user.

2. Select an NPI from the list provided. The NPI will now appear in the Identifier field under Provider Details.

Providers

The list of providers below is based on your roles and permissions.
Selecting a provider returns you to the previous Inquiry Page. The Provider List can be re-sorted by clicking on a header.

Identifier↑	Identifier Type	Name	Type	Medicare Contract
9999999999	NPI	SUPPLIER'S NAME	SUPPLIER	DME

Complete the mandatory fields within the Beneficiary Details and Same or Similar Details section.

Notes:

- Same or similar is only available for the HCPCS codes listed on the Same or Similar Reference Chart.
- Same or similar is not available for HCPCS codes beginning with G, J, L, Q or V.
- When entering the HCPCS code, ensure the RR or NU modifier is also added if needed. To determine if the RR or NU is required in Endeavor, see the fee schedule on our website at https://www.noridianmedicare.com/dme/fees/dmepos.html. If the HCPCS code shows the RR or NU modifier in the "Mod" column, it is required in Endeavor.

Beneficiary Details

HICN:*

First Name:*   Last Name:*

Suffix: Date of Birth:*

(mm/dd/yyyy or mmddyyyy)

Same or Similar Details

Date of Service:*   HCPCS/Modifier (NU or RR, if applicable):*

(mm/dd/yyyy or mmddyyyy)   Example: E0670NU

Same or similar is only available for specific HCPCS codes listed on the Same or Similar Reference Chart.
- If you are checking for an A, B, E or K code, verify it is present on the Same or Similar Chart.
- Same or Similar is not available for HCPCS codes beginning with G, J, L, Q, or V.

Submit Inquiry   Reset Values

Response

Endeavor searches claims back five years on most items; eight years for enteral nutrition pumps. For oxygen, Endeavor searches lifetime.

Example
HCPCS code: E0100RR
Date of service entered: 01/01/2010
Endeavor searches: 01/01/2005 – 01/01/2010

The following information is provided:
- Submitted HCPCS code
- Approved HCPCS code
- Initial date on file
- Recertification date (if applicable)
- Last day item billed
- Name of supplier

- Supplier's phone number

Same or Similar Response

Same or Similar Results

Submitted HCPCS	Approved HCPCS	Initial Date on File	Recertification Date (if applicable)	Last Day Item Billed	Name of Supplier	Phone Number
E2402RR	E2402RR	05/04/2010		07/04/2010	Supplier Name	Supplier Phone

If no same or similar equipment is on file the message returned will state, "After searching the beneficiary files and based on the information entered, NAS does not show any same or similar items on file. This response is the same information that our NAS DME Customer Service Representatives have access to."

PMD PRIOR AUTHORIZATION REQUEST STATUS (DME ONLY)

DME suppliers may check the status of Power Mobility Device (PMD) Prior Authorization Request (PAR) status.

Inquiry

Select PMD Prior Authorization Status from the main menu.
1. Click on the Select Provider button to view a list of all NPIs registered to the user.
2. Enter the HICN, first and last name
3. Enter the PTAN associated with the NPI
4. Enter the HCPCS code on the PMD PAR

For information and a list of applicable HCPCS codes, see
https://www.noridianmedicare.com/dme/prior_authorization_demonstration_pmd/index.html.

PMD Inquiry

Select a provider by clicking on the Select Provider button and complete all mandatory fields marked with an asterisk.

Provider Details

Select Provider *   Identifier Type:* NPI   Identifier:*

Beneficiary Details

HICN:*

First Name:*   Last Name:*

PMD Prior Authorization Request Details

PTAN*:   HCPCS*:
For a list of HCPCS codes applicable to the PMD Prior Authorization Request Demonstration, **click here**.
Submit Inquiry   Reset Values

Response

Endeavor provides the following information:
- Unique Tracking Number
- Receipt date
- Decision (Pending, Denied, Affirmative)

Note: Only requests received on/after September 1, 2012, are displayed.

DME OVERPAYMENTS

Note: Due to different financial systems used for Part A and Part B, this functionality is currently only available for DME at this time.

Inquiry

1. Click on the Select Provider button to view a list of all NPIs registered to the user.
2. Enter the 14-digit Financial Control Number (FCN) that is provided on the remittance advice and overpayment letter.

Overpayment Inquiry

Select a provider by clicking on the Select Provider button and complete all mandatory fields marked with an asterisk.

Provider Details

| Select Provider * | Identifier Type:* NPI ▾ | Identifier:* |

Financial Control Number (FCN)

14-digit FCN:*

Located on remittance advice and overpayment letter

| Submit Inquiry | Reset Values |

Response

The overpayment results page provides a summary of the provider, FCN, overpayment letter date, and the current balance at the top of the page.

Below that, Endeavor displays a list of the claims that caused the overpayment, which includes the beneficiary name, patient account number (if the supplier entered this on their claim), CCN, date of service, and the overpayment amount.

Overpayment

Provider: FCN: Overpayment Letter Date: Current Balance:

Cause of Overpayment Results

The following shows the claims that caused the overpayment:

Name	Patient Account Number	CCN	Date of Service	Overpayment Amount

Note: If more than 18 claims caused the overpayment, a message displays:

There is in excess of 18 claims related to this overpayment Financial Control Number. **Contact the Supplier Contact Center** to obtain details beyond the details provided within this inquiry response.

The second section of this page provides a list of the refund checks sent by the supplier, offsets that have occurred, and interest applied to satisfy the overpayment. This information includes the type (offset, refund, interest), name (if offset), patient account number (if entered on the claim by the supplier), date of service (if offset), date applied (supplier check and interest), CCN (if offset), supplier check number, amount paid or withheld, and interest.

Money Returned/Withheld From/Interest

The following shows the refund checks sent by suppliers, offsets that occurred, and interest information to satisfy the above overpayment:

Offset/Refund/Interest	Name	Patient Account Number	Date of Service	Date Applied	CCN	Supplier Check Number	Amount Paid or Withheld	Interest

CLAIM-SPECIFIC REMITTANCE ADVICE

View and/or print remittance advice information for a single claim in PC PRINT format for Part A and a Medicare Remit Easy Print (MREP) format for Part B and DME.

Inquiry

Select Remittance Advice from the main menu.

1. Click on the Select Provider button to view a list of all NPIs and Legacy Provider Identification Number (PINs) registered to the user.

Remittance Advice Inquiry

Select a provider by clicking on the Select Provider button and complete all mandatory fields marked with an asterisk.

Provider Details

Select Provider * | Identifier Type:* [NPI ▼] | Identifier:* [1033127329]

2. Select an NPI from the list provided. The NPI will now appear in the Identifier field under Provider Details.

Providers

The list of providers below is based on your roles and permissions.
Selecting a provider returns you to the previous Inquiry Page. The Provider List can be re-sorted by clicking on a header.

Identifier↑	Identifier Type	Name	Type	Medicare Contract
9999999999	NPI	SUPPLIER'S NAME	SUPPLIER	DME

3. Enter the ICN/DCN/CCN of the claim.
4. Part A and DME providers must enter the beneficiary's HICN.

Remittance Advice Details

ICN/DCN/CCN: [   ]

HICN: [   ]
(Part A and DME)

Submit Inquiry   Reset Values

Response

Notes:
- To print the claim-specific remittance advice, select "Printable Version" in the upper right corner. (The information that appears on this screen will vary depending on the claim)
- Definitions of remark and reason codes are provided at the bottom of the screen.
- Users may reference remittance advice guides:
  - Part A: https://www.noridianmedicare.com/parta/claims/docs/understanding_remits.pdf
  - Part B: https://www.noridianmedicare.com/partb/forms/remittance/index.html
  - DME: https://www.noridianmedicare.com/dme/forms/remittance/index.html

ENDEAVOR SUPPORT CONTACT INFORMATION

- **Password Resets**

- **Registration Questions**

- **Assistance Logging In**

Part A

Phone	1-877-908-8431, User Security
Phone Hours	M-F: 8 a.m. – 4 p.m. **within state timezone

Part B

Phone	1-877-908-8431, User Security
Phone Hours	M-F: 8 a.m. – 4 p.m. **within state timezone

DME

Email	dmeendeavor@noridian.com

- **Reporting Issues**

- ## Questions on Results

Part A

Phone	1-877-908-8431, Follow prompts to speak with customer service
Phone Hours	M-F: 8 a.m. – 4 p.m. **within state timezone

Part B

Phone	1-877-908-8431, Follow prompts to speak with customer service
Phone Hours	M-F: 8 a.m. – 4 p.m. **within state timezone

DME

Email	dmeendeavor@noridian.com

OTHER CONTACTS

Providers and beneficiaries may need to call other contractors in order to update or inquire on the information provided in the eligibility function of Endeavor:

Contact	Phone Number/Contact Information
Beneficiary Call Center	1-800-MEDICARE (1-800-633-4227)
Coordination of Benefits	1-800-999-1118
Home Health	To update information, the beneficiary must contact the Home Health Agency.
Social Security Administration	To update information, the beneficiary must contact the Social Security Administration: 1-800-772-1213

PREVENTIVE SERVICES

To obtain the next eligible date for codes G0438 and G0439, contact Customer Service: 1-877-908-8431.