Novitas Solutions
Medicare Part B Presents: Medicare Updates

Montgomery County Medical Society
November 20, 2014
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- The information enclosed was current at the time it was presented. Medicare policy changes frequently; links to the source documents have been provided within the document for your reference. This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations.

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- This presentation is a general summary that explains certain aspects of the Medicare program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

- Novitas Solutions does not permit videotaping or audio recording of training events.
Agenda

• Quarterly Updates
• Novitas Initiatives
• Preventative Services
• Comprehensive Error Rate Testing Program (CERT)
• Self Service
Objectives

• Identify and understand the current Medicare changes
• Learn how to apply the new guidelines
• Identify and utilize the educational resources and information
# Acronym List

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Quarterly Updates
Sequestration Update

- Mandatory Payment Reduction of 2% Continues through March 31, 2015 for the Medicare Fee For Service Program

- For more information

- Frequently Asked Questions
  - JL
Annual Participation Enrollment

- Medicare Participation enrollment will run through December 31, 2014.
- Additional information about participating in the Medicare program is available by visiting:
Medicare Coverage of Ultrasound Screening for Abdominal Aortic Aneurysms (AAA) and Screening Fecal-Occult Blood Tests (FOBT)

• Change Request # 8881
  o Effective: January 27, 2014
  o Implementation: November 18, 2014

• Key Points
  o FOBT written order may also be supplied by the beneficiary’s attending physician assistant, nurse practitioner, or clinical nurse specialists.
  o Eliminating the one year time limit for referrals for AAA screening
  o Allows coverage of the AAA screening for eligible beneficiaries without requiring them to receive a referral as part of the Initial Preventive Examination (IPPE), Welcome to Medicare Visit.
  o Only need referral from their physician, physician assistant, nurse practitioner, or clinical nurse specialist

• Reference
Proper Use of Modifier 59

- Special Edition Article SE1418
  - Revise: June 2, 2014
- Key Points
  - The Medicare National Correct Coding Initiative (NCCI) includes Procedure-to-Procedure (PTP) edits that define when two Healthcare Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes should not be reported together either in all situations or in most situations
  - Modifier 59 is an important NCCI-associated modifier that is often used incorrectly
    - Correct Coding Modifier Indicator (CCMI)
    - Examples
- Reference
Specific Modifiers for Distinct Procedural Services

• Change Request # 8863
  o Effective: January 1, 2015
  o Implementation: January 5, 2015

• Key Points
  o Four new HCPCS modifiers to define specific subsets of the -59 modifier
    ▪ XE Separate Encounter
    ▪ XS Separate Structure
    ▪ XP Separate Practitioner
    ▪ XU Unusual Non-Overlapping Service

• Reference
Medically Unlikely Edits (MUE) and Bilateral Procedures

- Special Edition Article SE1422
- Key Points
  - Claims filed using noncompliant coding for bilateral surgical procedures may have been paid in the past
  - The purpose of this article is to inform providers that MUE changes may now render those claim lines unpayable
  - Medicare billing instructions require claims for certain bilateral surgical procedures to be filed using a 50 modifier and one unit of service
- Reference
Revised Modification to the Medically Unlikely Edit (MUE) Program

- Change Request # 8853
  - Effective: January 1, 2015
  - Implementation: January 5, 2015
- Key Points
  - New data field to the MUE edit table termed “MUE adjudication indicator” or “MAI”
  - MUEs for codes with a MAI of “1” will continue to be adjudicated as a claim line edit
  - MUEs for codes with a MAI of “2” are absolute date of service edit. These are “per day edits based on policy”
  - MUEs for codes with a MAI of “3” are date of service edits. These are “per day edits based on clinical benchmarks”
- Reference
Reporting the Service Location National Provider Identifier (NPI) on Anti-Markup and Reference Laboratory Claims

• Change Request # 8806
  o Effective: January 1, 2015
  o Implementation: January 1, 2015

• Key Points
  o Item 32a (or electronic equivalent) must contain the NPI of the physician or supplier who actually performed the service
  o Applies to all claims

• Reference
Correct Coding for Venipuncture Collection

- New England Benefit Integrity Support Center (NEBISC), program safeguard contractor, reported an increase in venipuncture coding errors
- CPT code 36415
  - Collection of venous blood by venipuncture
  - Commonly referred to as “routine” venipuncture
- CPT code 36410
  - Venipuncture, performed on an individual over 3 years of age, that requires a physician’s skill
  - Must be supported in the medical documentation
- Findings
  - Code 36410
    - Improperly billed instead of code 36415
    - Documentation does not support use
    - Pays a higher rate than code 36415
- IOM 100-04 Chapter 16 Section 60
Screening for Hepatitis C Virus (HCV) in Adults

- Change Request # 8871
  - Effective: June 2, 2014
  - Implementation: January 5, 2015
- Key Points
  - CMS will cover screening for HCV with the following conditions
    - Adults at high risk for HCV infection
    - Adults who were born from 1945 through 1965
- References
Annual Clotting Factor Furnishing Fee Update 2015

• Change Request # 8891
  o Effective: January 15, 2015
  o Implementation: January 5, 2015
• Key Points
  o The clotting factor furnishing fee of $0.197 per unit is will be added to the payment for a clotting factor when no payment limit for the clotting factor is published either on the average wholesale price or the not other classified drug pricing files
• Reference
Ambulance Inflation Factor for 2015

• Change Request # 8895
  o Effective: January 1, 2015
  o Implementation: January 5, 2015

• Key Points
  o The ambulance inflation factor for 2015 is 1.5 percent
  o Deductible and coinsurance requirements apply to payments under the Ambulance Fee Schedule
    ▪ [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/index.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AmbulanceFeeSchedule/index.html)

• References
Therapy Cap Values for Calendar Year (CY) 2015

• Change Request # 8970
  o Effective: January 1, 2015
  o Implementation: January 5, 2015

• Key Points
  o Therapy caps for outpatient therapy services
    ▪ $1,940 – Physical and Speech Language Pathology
    ▪ $1,940 – Occupational Therapy

• Reference
2015 Annual Update to the Therapy Code List

• Change Request # 8482
  o Effective: January 1, 2015
  o Implementation: January 5, 2015

• Key Points
  o Updates the list of codes that sometimes or always describe therapy services
  o Sometimes therapy codes
    ▪ 97607
    ▪ 97608
    ▪ Report GN, GO, or GP when performed by a therapist specialty

• For more information

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Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files

• Change Request # 8912
  o Effective: January 1, 2015
  o Implementation: January 5, 2015
• Key Points
  o Instructs Medicare Administrative Contractors (MACs) to download and implement the January 2015 average sales price (ASP) drug pricing files for Medicare Part B drugs
  o Medicare will use these files to determine the payment limit for claims for separately payable Medicare Part B drugs processed or reprocessed on or after January 5, 2015, with dates of service January 1, 2015, through March 31, 2015
  o MACs will not search and adjust claims that have already been processed unless brought to their attention
• Reference
New Physician Specialty Code for Interventional Cardiology

• Change Request # 8812
  o Effective: January 1, 2015
  o Implementation: January 5, 2015

• Key Points
  o New specialty codes created:
    ▪ Physician Specialty for Interventional Cardiology: C3
    ▪ Non-physician specialty code for Restricted Use: C4
  o Specialty codes updated to align name to intended use:
    ▪ 62 updated to remove ‘Clinical’ from the description
    ▪ 88 updated to Unknown Provider
    ▪ 95 updated to Unknown Supplier

• Reference
2015 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments

- Change Request # 8942
  - Effective: January 1, 2015
  - Implementation: January 5, 2015

- Key Points
  - The annual bonus payment file for 2015 will be available on the CMS website
    - [http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HPSAPSAPhysicianBonuses](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HPSAPSAPhysicianBonuses)

- Reference
Medicare Part B Quarterly Updates

- Medicare Physician Fee Schedule Database (MPFSDB)

- Correct Coding Initiative (CCI) edits

- Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
CMS Video Resources

• A full description of the videos are available on the MLN Connects™ Videos web page

• MLN Connects™ Videos are a part of the Medicare Learning Network®
Preventive Services
Medicare Learning Network (MLN) Products for Preventive Services

• Help Keep Your Medicare Patients Healthy In 2014!

• Ensure your patients take advantage of Medicare-covered preventive services.

• Medicare covers a wide array of preventive services for eligible beneficiaries, including cancer screenings, certain immunizations, among others.

• The Medicare Learning Network (MLN) Preventive Services Educational Products Web Page provides descriptions and ordering information for MLN preventive services educational products and resources for health care professionals and their staff.
Preventive Services and Screenings Covered by Medicare

- Abdominal Aortic Aneurysm Screening
- Alcohol Misuse Screening and Behavioral counseling Intervention in Primary Care
- Annual Wellness Visit (Including Personalized Prevention Plan Services)
- Bone Mass Measurements
- Cancer Screenings
  - Breast Cancer (mammograms and clinical breast exam)
  - Cervical and Vaginal Cancer (pap test and pelvic exam [includes the clinical breast exam])
  - Colorectal Cancer
    - Fecal Occult Blood Test
    - Flexible Sigmoidoscopy
    - Colonoscopy
    - Barium Enema
  - Prostate (Prostate Specific Antigen blood test and Digital Rectal Exam)
- Cardiovascular Disease Screening
- Depression Screening in Adults
- Diabetes Screening
- Diabetes Self-Management Training
- Glaucoma Screening
- Human Immunodeficiency Virus (HIV) Screening
- Immunizations (Seasonal Influenza, Pneumococcal, and Hepatitis B)
- Initial Preventive Physical Examination (IPPE) (also commonly referred to as the “Welcome to Medicare” Preventive Visit)
- Intensive Behavioral Therapy for Cardiovascular Disease
- Intensive Behavioral Therapy for Obesity
- Medical Nutrition Therapy (for beneficiaries with diabetes or renal disease)
- Sexually Transmitted Infections (STIs) Screening and High-Intensity Behavioral Counseling (HIBC) to prevent STIs
- Tobacco-Use Cessation Counseling
November is Raising Awareness for Diabetes Month

• Millions of Americans have diabetes and don’t know it

• Medicare provides coverage
  o Diabetes Self-Management Training (DSMT)
  o Medical Nutrition Therapy (MNT)
  o Intensive Behavioral Therapy (IBT) for Obesity
  o Intensive Behavioral Therapy for Cardiovascular Disease
  o Annual Wellness Visit (Providing Personalized Prevention Plan Services)

• Take to your patients about the risk factors
Flu, Pneumonia and Hepatitis B Fees

• Fees are updated on a quarterly basis

• Part B deductible and coinsurance amounts do not apply

• Must take assignment on the claim for the vaccine

• The 2014 Fees are available by visiting the following links
Preventive Services

• Quick Reference Chart for Medicare Preventive Services

• Improve Your Patients’ Health with the Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV)
Medicare Initiatives
Novitasphere Part B

What Can You Do With Novitasphere?

• Novitasphere will allow providers, including those providers that use a billing services or clearinghouse, to connect via the internet directly to Novitas Solutions to
  o Obtain beneficiary eligibility status
  o Check claim status
  o Submit claims
  o Retrieve and print remittance advices
  o Perform clerical error reopenings

• Additional information including how to enroll can be found under the Novitasphere-Portal link on the left side bar of the Novitas Solutions website
  o http://www.novitas-solutions.com
Novistasphere Registration

• **Step 1:** Determine who the Security Official or primary person from your office responsible for accessing the application

• **Step 2:** Complete the JL/JH Electronic Data Interchange (EDI) Portal Enrollment form found in the Enrollment section of the Novistasphere Center of our website
  o JH – 8292PJH Enrollment form
  o JL – 8292P Enrollment form

• **Fax the completed form to 1-877-439-5479**

• **Step 3:** Await instruction for authorized individual access for the Security Official, your organization and its Users

• Form location:
  o JH
  o JL
Novitasphere Help Desk
1-855-880-8424
Comprehensive Error Rate Testing (CERT)
Comprehensive Error Rate Testing (CERT)

- What is it? A program developed by Centers for Medicare & Medicaid Services (CMS) to randomly audit claims monthly to determine if they processed correctly.
- Why does it matter? To protect the Medicare trust fund and determine error rates nationally and regionally.
- Who is involved? You. A request for medical records from AdvanceMed alerts you that one of your claims has been selected as part of the monthly random sample.
- How does it work? A letter will be sent to your office requesting the medical documentation. You need to comply in a timely manner with the request.
- JH
- JL
JL Part B Common Errors

- Insufficient documentation
  - Procedure/service billed
  - Missing or illegible documentation and/or physician signature
  - No valid physician’s order
  - No physical therapy certified plan of care/treatment plan

- Incorrect coding errors
  - Evaluation and Management (E/M) codes
  - Critical care, discharge day management, physical therapy
  - Units of medication/infusion services
  - Laboratory services
Website Features
Website Improvements

• Based on your feedback we are pleased to announce a new look and layout to our website!

• Enhancements include
  o Line of Business remembers your choice between sessions
  o Accepting the disclaimer only once per visit
  o Rolling banner for hot topics
  o Quick links at the top and bottom of each page
  o Drop down box to search Entire Site or Medical Policy/LCD
  o Navigation improvements
Novitas Solutions, Inc., (Novitas) proudly serves as an administrative services processing company for government-sponsored health care programs on behalf of the federal government. Novitas currently administers:

- The Medicare Administrative Contract (MAC) Jurisdiction L (IL), which spans eleven states and Washington D.C.;
- The Medicare Administrative Contract (MAC) Jurisdiction H (NH), which spans seven states, Indian Health Service (IHS) and Veterans Affairs (VA); and
- The payment processing for the Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens contract, as authorized under Section 1011 of the 2003 Medicare Modernization Act.

We are headquartered in Mechanicsburg, Pa., and employ more than 1,000 staff in the area. Nearly 1,000 other associates are located in field offices in Hunt Valley, Md.; Pittsburgh and Williamsport, Pa.; Dallas, Texas; Milwaukee, Wis.; and Jacksonville, Fl.

**Career Opportunities**

- [Novitas job openings in Pennsylvania and Maryland](#)
- [Novitas job openings in Florida, Texas, Wisconsin and Provider Audit and work-from-home jobs in CO, NM, OK, AR, LA, MS](#)

If you have any questions regarding your applicant profile or application status, please contact a member of our team via email or telephone.

Support Email: incepturestaffing@incepture.com
Support Hotline: 877.347.7151

If you have already applied for a job with Novitas Solutions in PA or MD, you can check your application status online by clicking the Check Your Application Status option from the job search page.

- To see career opportunities at our sister company, First Coast Service Options, please visit [www.fcso.com](http://www.fcso.com).
- To see career opportunities at our parent company, Diversified Service Options, please visit [www.dsocorp.com](http://www.dsocorp.com).
Medicare: Jurisdiction L website

Thank you for visiting the Novitas Solutions, Inc. provider website. This website is intended exclusively for Medicare providers and health care industry professionals to find the latest Medicare news.

To enable us to present you with customized content that focuses on your area of interest, please select your preference below:

- Part A: Hospitals & other Facilities
- Part B: Physicians & other health care professionals

Set Preference

*In order to save your preferences, please enable cookies in your browser settings*
Self Service Options
Jurisdiction L Customer Contact Information

- **Provider**
  - 1-877-235-8073
  - Hours of Operation, Eastern Time (ET)
    - Monday - Friday: 8:00 am – 4:00 pm ET

- **Interactive Voice Response (IVR)**
  - Hours of Operation
    - Eligibility and General Information
      - 24 Hours a day 7 Days a week
    - Full IVR Options
      - Mon- Fri 6:00am – 9:00pm ET
      - Saturday 6:00am - 4:00pm ET
  - Step-by-Step Guide
    - JL Part A
    - JL Part B
Beneficiary Contact Information

• Patient / Medicare Beneficiary
  o 1-800-MEDICARE (1-800-633-4227)
    ▪ http://www.medicare.gov/index.html
Policy Search Application

• New customized “Policy Search Application”
• Search current, retired or draft policies
• Search criteria
  o Policy number
  o Healthcare Common Procedure Coding System (HCPCS)
  o Keyword
  o Local Coverage Determination (LCD) Title
• Search results based on criteria entered
• Stayed tuned for additional information and upcoming educational opportunities
• JL
  o http://www.novitas-solutions.com/webcenter/spaces/MedicareJL/page/LcdSearch
Provider Enrollment

• Provider Enrollment Status Inquiry Tool
  o JL

• Release of Information
  o Individual Physician or Practitioner
  o Authorized Delegated Official

• Upcoming Revalidation Mailings
  o http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Revalidations.html
Stay Up-to-Date

• Electronic Mailing List
  o Daily E-mail of the latest Medicare Updates
  o Subscribe JL

• Podcast
  o Weekly podcast of the latest Medicare Updates and other informative topics
  o Subscribe JL

• Educational Videos and Tutorials
  o JL
Novitas Medicare Learning Center

• Features
  o Create an individualized education account
  o Register for webinars, teleconferences, and workshops
  o Download your Continuing Education Unit (CEU) Certificates
  o Be placed on a waitlist if the educational event you register for is closed

• Benefits
  o Centralized location for all educational materials
  o Track all of the educational events you’ve attended
  o Access Medicare education 24 hours a day, 7 days a week with web-based training modules

• JL
  o [Link](http://www.novitas-solutions.com/webcenter/spaces/MedicareJL/page/pagebyid?contentId=00081806)
Calendar of Events

• Our Education and Training Center offers a wide variety of education

• Join us for Workshops, Teleconferences, and Webinars

• The most current calendar of events
  o JL Part A
  o JL Part B
Centers for Medicare & Medicaid Services (CMS)

- The CMS website offers valuable resources such as
  - CMS Internet Only Manuals (IOMs)
  - Medicare Learning Network (MLN) Matters Articles
  - Open Door Forum

Thank you