

Upcoming Changes in the Medicare Program- Part B

November 19, 2013

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Novitas Solutions, Inc.
A CMS CONTRACTOR

Prepared for:
Montgomery County Medical Society

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Agenda

- Contractor Updates
- New Quarterly Updates
- Recurring Updates/Reminders
- Preventive Services
- Comprehensive Error Rate Testing Program
- Self Service Options

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Objectives

- Provide a clear understanding of the changes in Medicare and to assist the provider community in complying with new guidelines by providing educational information and resources
- Explain the Comprehensive Error Rate Testing (CERT) Program and provide tips in preventing the most frequent errors
- Identify and promote the use of self service options and preventive services

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Contractor Updates

Retired JL MAC Local Coverage Determinations (LCDs)

- LCDs retired effective for dates of service on and after November 1, 2013:
 - B-type Natriuretic Peptide (BNP) Assays (L30559)
 - Cardiac Rehabilitation Program Services (L31481)
 - Cardiovascular Stress Testing (L27478)
 - Computed Tomographic Angiography of the Chest (L27483)
 - Continuous Glucose Monitoring (CGM) (L31165)
 - Diagnostic Laryngoscopy (L27488)
 - Dynamic Electrocardiography (L31173)
 - Electrocardiography (L27490)
 - Extended Ophthalmoscopy (L27509)
 - Fluorescein and Indocyanine Green Angiography (L27497)
 - Fundus Photography (L27498)
 - Injectable Collagenase Clostridium Histolyticum for Dupuytren's Contracture (L31171)
 - Isolated Ultrafiltration for Management of Fluid Overload in Cardiac Disease (L31470)
 - Magnetic Resonance Imaging (MRI) of the Breast (L27502)
 - Non-Invasive Peripheral Arterial Studies (L30827)
 - Ophthalmic A and B Scans (L27507)
 - Ophthalmic Biometry for Intraocular Lens (IOL) Power Calculations (L27508)
 - Parathormone (Parathyroid Hormone) (L27510)
 - Proton Beam Therapy (L30314)
 - Radiation Therapy Services (L27515)
 - Radiofrequency Treatment for Urinary Incontinence (L30547)
 - Radiologic Examination of the Chest (CXR) (L27518)
 - Removal of Impacted Cerumen (L27528)
 - Stereotactic Body Radiation Therapy (SBRT) (L30277)
 - Stereotactic Radiosurgery (SRS) (L32057)
 - Thermotherapies (Minimally Invasive Surgical Techniques [MISTS] for Benign Prostatic Hyperplasia (BPH)) (L27534)
 - Visual Fields (L27545)
 - Vitamin B12 Assays (L30551)

Policy Does Not Exist

- In the absence of a Local Coverage Determination (LCD), National Coverage Determination (NCD), or CMS Manual Instruction, Reasonable and Necessary guidelines still apply
- Section 1862(a)(1)(A) of the Social Security Act (SSA) provides coverage criteria
- Medical record documentation is expected to clearly demonstrate the service meets all of the criteria outlined in Section 1862(a)(1)(A) of the Social Security Act (SSA)

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New Quarterly Updates

MLN Connects™ Provider eNews

Part of the Medicare Learning Network®

- Medicare Learning Network Connects or “MLN Connects™”; is a publication connecting health care professionals to trusted Centers for Medicare & Medicaid Services (CMS) program news and information. MLN Connects is a part of the Medicare Learning Network® (MLN), a registered trademark of the CMS and the brand name for official information health care professionals can trust.
 - The following education and outreach programs have been renamed as follows:
 - CMS Medicare Fee-for-Service Provider e-News is now the MLN Connects Provider eNews
 - MLN National Provider Calls (NPCs) are now MLN Connects National Provider Calls
 - MLN Provider Partnership Program is now MLN Connects Provider Association Partnerships
- For more information:
 - <http://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Downloads/2013-06-27Enews.pdf>

Medicare Learning Network

MLN Matters® Articles

- Medicare Learning Network Matters Articles or MLN Matters® articles developed by the Centers for Medicare & Medicaid Services (CMS) to help health care professionals avoid improper activities
- List is updated as related articles are issued and revised
 - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ProvCmpl_Articles.pdf

Influenza Vaccine Payment Allowances - Annual Update for 2013-2014 Season

- Change Request 8433
- Effective: August 1, 2013, Implementation: by October 25, 2013
- Key Points:
 - Influenza vaccine payment allowance for 2013-2014 season
 - Payment allowances effective for August 1, 2013- July 31, 2014
 - Reminders
 - Part B deductible and coinsurance amounts do not apply
 - Must take assignment on the claim for the vaccine
- For more information:
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1336.pdf>
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8433.pdf>
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8249.pdf>

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Advance Beneficiary Notice of Noncoverage (ABN), Form CMS-R-131

- Change Request 8404
- Effective/ Implementation: December 9, 2013
- Key Points:
 - This article provides:
 - 1) Instructions for Home Health Agency (HHA) use of the Advance Beneficiary Notice of Noncoverage (ABN) to replace the outgoing Home Health Advance Beneficiary Notice (HHABN), Form CMS-R-296, Option Box 1;
 - 2) ABN issuance guidelines for therapy services and therapy specific examples; and
 - 3) Minor editorial changes to clarify existing manual instructions regarding ABN issuance
- For more information:
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8404.pdf>

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Liability Assignment Regarding Therapy Cap Claim Denials

- Change Request 8321
- Effective: January 1, 2013, Implementation: October 1, 2013
- Key Points:
 - The payment liability for therapy limit denials was revised changing denials from beneficiary liability to provider liability. As a result, when Medicare denies professional claims with Dates of Service (DOS) on or after January 1, 2013, that exceed the therapy caps and do not contain the GA modifier, claims denied with Group code CO (Contractual Obligation). Assignment of the PR (Patient Responsibility) code for DOS prior to January 1, 2013.
 - Medicare will not adjust claims with a DOS on or after January 1, 2013, denied with the incorrect Group Code of PR prior to the implementation. Providers not required to refund any payments collected from beneficiaries associated with such denied claims and to take steps to avoid further collections from such beneficiaries based on the incorrect assigned liability on those denied claims.
- For more Information:
 - MLN Matters® Number: MM8321
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8321.pdf>

Reject for a New Patient Visit Billed by the Same Physician or Physician Group within the Past Three Years

- Change Request 8165
- Effective: 10/1/2013, Implementation: 10/7/2013
- Key Points
 - Recovery Auditor identified claims for new patient visits paid more than once in three year period by same physician or physician group
 - Contractor will be prompted to validate new patient claims when more than one service is identified in a three year period
 - The "Medicare Claims Processing Manual," Chapter 12, Section 30.6.7 provides that Medicare interprets the phrase "new patient" to mean a patient who has not received any professional services, i.e., evaluation and management service or other face-to-face service (e.g., surgical procedure) from the physician or physician group practice (same physician specialty) within the previous 3 years.
- For more information
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8165.pdf>

Enrollment Denials When Overpayment Exists

- Change Request 8039
- Effective: October 1, 2013, Implementation: October 7, 2013
- Key Points:
 - Medicare contractors may deny a Form CMS-855 enrollment application if the current owner of the enrolling provider or supplier or the enrolling physician or non-physician practitioner has an existing or delinquent overpayment that has not been repaid in full at the time an application for new enrollment or Change of Ownership (CHOW) is filed.
- For more information:
 - MLN Matters® Number: MM8039
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8039.pdf>

Mandatory Reporting of an 8-Digit Clinical Trial Number on Claims

- Change Request #8401
- Effective: January 1, 2014, Implementation: January 6, 2014
- Key Points:
 - It will be mandatory to report a clinical trial number on claims for items and services provided in clinical trials that are qualified for coverage as specified in the "Medicare National Coverage Determination (NCD) Manual," Section 310.1
 - For institutional paper or direct data entry (DDE) claims, the 8-digit clinical trial number is to be placed in the value amount for paper only value code D4/DDE claim UB-04 (For Locators 39-41)
 - For institutional claims that are submitted on the electronic claim 837I, the 8-digit number should be placed in Loop 2300 REF02 (REF01=P4)
- For more information:
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8401.pdf>

Redaction of Health Insurance Claim Numbers (HICNs) in Medicare Redetermination Notices (MRNs)

- Change Request #8268
- Effective: January 1, 2014, Implementation: January 6, 2014
- Key Points:
 - Health Insurance Claim Numbers (HICN) redacted from all Medicare Redetermination Notices
 - 5 or more values of the HICN replaced with X's or asterisks (*)
 - Last 4 or 5 digits of the HICN is displayed
- For more information:
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8268.pdf>

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Recurring Updates & Reminders

Part B Recurring Updates

- New Waived Tests effective January 1, 2014
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8439.pdf>
- Annual Medicare Physician Fee Schedule (MPFS) Files Delivery and Implementation
 - <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2799CP.pdf>
- 2014 Annual Update for the Health Professional Shortage Area (HPSA) Bonus Payments
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8463.pdf>

ICD-10 Compliance

- ICD-10 deadline date is October 1, 2014
- ICD-10 Testing week- March 4-7, 2014 for trading partners
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8465.pdf>
- Keep Up to Date
 - <http://www.cms.gov/Medicare/Coding/ICD10/index.html>
 - Sign up for the Centers for Medicare & Medicaid Services (CMS) ICD-10 Industry Email Updates- http://www.cms.gov/Medicare/Coding/ICD10/CMS_ICD-10_Industry_Email_Updates.html
 - Follow @CMSSGov on Twitter
 - Subscribe to Latest News Page Watch - https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_609

Special Edition Articles

- Transitional Care Management Services

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1332.pdf>

- Improve Your Patients' Health with the Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV)

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1338.pdf>

Preventive Services

Preventive Services

- Annual Wellness Visit
- Bone Mass Measurements
- Cancer Screenings
- Cardiovascular Disease Screening
- Colorectal Cancer Screening
- Depression Screenings
- Diabetes Screening Tests
- Diabetes Self-Management Training
- Glaucoma Screening
- Hepatitis B Vaccine
- Human Immunodeficiency Virus (HIV) Screening
- Influenza Virus Vaccine
- Initial Preventive Physical Examination
- Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD)
- Medical Nutrition Therapy
- Prostate Cancer Screening
- Pneumococcal Vaccine
- Screening Mammography
- Screening Pap Test
- Screening Pelvic Exam
- Smoking and Tobacco Use Cessation Counseling
- Ultrasound Screening for Abdominal Aortic Aneurysm

Medicare Learning Network (MLN)

Products for Preventive Services

- Help Keep Your Medicare Patients Healthy In 2013!
- 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.
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html>

Preventive Services

- Quick Reference Chart for Medicare Preventive Services
 - https://www.cms.gov/Medicare/Prevention/PreventionInfo/Downloads/MPS_QuickReferenceChart_1.pdf
- Improve Your Patients' Health with the Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV)
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1338.pdf>

Comprehensive Error Rate Testing (CERT)

Comprehensive Error Rate Testing (CERT)

- National Claim Paid Error Rate
 - 6.8 % Inpatient hospitals
 - 4.8 % Non-inpatient hospital facilities
 - 9.9 % Physician/Lab /Ambulance
- Impacts all providers submitting Fee for Service claims
- Limited random claim sample
- Record requests must be received within 30 days from the initial CERT letter
- Right to Appeal? Yes

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

Comprehensive Error Rate Testing (CERT) Center

Medicare JL + CERT

Home

Pat A Fowler

Home

Home

Home



- Home
- Plan Catalog
- Specialty
- Reprints
- CERT
- Claims
- Contact Information
- CRT Reporting
- Customer Service Center
- Contract Billing 201
- Enrollment
- Evolution and Management
- FAQ
- Fee Schedules
- Medical Policy
- Medical Review
- Outreach and Education
- Reference Manual

What is it? A program developed by Centers for Medicare and Medicaid Services (CMS), to randomly audit claims monthly to determine if they are processed correctly. Contractors then use the information to determine the cause of errors, working to resolve them.

Why does it matter? To protect the Medicare trust fund and determine error rates nationally and regionally. The error rate assists CMS in determining a contractor's future, as it is important for HIPAA compliance to educate our customers about proper billing techniques.

Who is involved? You are required for medical records from AD-identified claims (not that one of your claims has been selected as part of the monthly random sample). If you have a specific request that you would like to review requests, please make this known by visiting the CERT website: [CERT.org](#).

How does it work? After you have notified our office requesting the medical documentation, you need to comply in a timely manner with the request. All requests or sending to our part in the requested documentation will result in a CERT denial and a refund of money you must pay.

CERT Medical Records Requests

Medical Records are requested from the CERT contractor. Information regarding these requests are listed below:

- Process of Request a Provider - [Request of Medical Record Destruction](#)
- Sample Letters
- Language from the CERT Provider Request
- Example of Request Form Used to CERT Supplementation Office to Confirm Receipt of your Medical Records

Interactive Tools

Medical Records are requested from the CERT contractor. Information regarding these requests are listed below:

- Clear Medical Tool - [Click Here](#)

Common CERT Errors

Medical Records are requested from the CERT contractor. Information regarding these requests are listed below:


- Common CERT Errors for 2011
- Common CERT Errors for 2010
- Common CERT Errors for 2011

CERT References

Website Features

Website Improvements




- New features include:
 - Separate Website for Jurisdiction H (JH) and Jurisdiction L (JL)
 - Improved Search Functionality
 - Navigation Enhancements
- Webinars are scheduled in November
 - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJL/page/pagebyid?contentId=00008049>

**NOVITAS**

Novitas Solutions, Inc., (Novitas) primarily serves as an Administrative Managed processing company for government-sponsored health care programs on behalf of the federal government. Novitas currently administers:

- The Medicare Administrative Contract (MAC) Jurisdiction L (JL), which spans eleven states and Washington D.C.;
- The Medicare Administrative Contract (MAC) Jurisdiction H (JH), which spans seven states, Indian Health Service (IHS) and Veterans Affairs (VA); and
- The payroll processing for the Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens contract, as authorized under Section 1011 of the 2010 Medicare Modernization Act.

We are headquartered in Mechanicsville, PA, and employ more than 1,000 staff in the area. Nearly 1,000 other associates are located in field offices in East Valley, Mo.; Pittsburgh and Williamsport, Pa.; Dallas, Texas; Milwaukee, Wis.; and Jacksonville, Fla.

Medicare Administrative Contract Jurisdiction L 	Medicare Administrative Contract Jurisdiction H 	Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens Section 1011 
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Career Opportunities

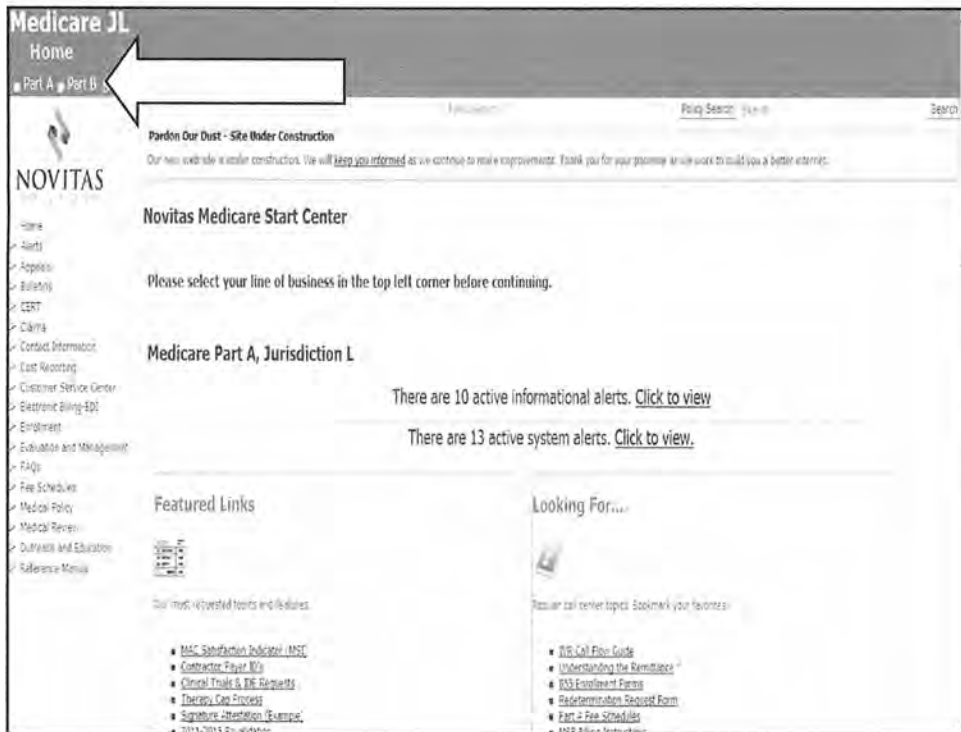
- [Novitas job openings in Pennsylvania and Maryland](#)
- [Novitas job openings in Florida, Texas, Wisconsin and Providence, Rhode Island and work from home jobs in CA, NM, OK, AZ, IL, MO](#)

If you have any questions regarding your application or the application status, please contact a member of our team via email to hr@novitas.com

Support Email: hr.support@novitas.com
Support Phone: 877-347-7111

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 view career opportunities at our sister company, First Coast Service Options, please visit www.fcsolutions.com
- To see career opportunities at our parent company, Diversified Service Options, please visit www.dso.com



Navigation Help

Welcome to the NEW Novitas Solutions internet!

This quick reference page will help orient you to our website.

Navigation

- To help you locate information quickly, always begin by selecting your line of business (Part A or Part B) in the top left corner
- On the left side of the page is the Navigation Pane. Select which topic you are looking for more information on
- Click on the arrow symbol next to the topic listed on the Navigation Pane to see a list of subfolders. Select a subfolder to find that specified information
- To return home, simply click "Medicare JL" or "Medicare JH" at the top left corner of the page.
- To return to Jurisdiction selections (Maps), click on the "Novitas Solutions" banner in the upper left corner

Search Functions

You will find two search boxes at the top of any page.

- Policy Search** - type a word or phrase or medical policy number in the Policy Search box then click on the "Policy Search" button. For example, type the words "physical therapy" in the Policy Search box and click on the "Policy Search" button. All articles containing the words "physical therapy" will be displayed
- Search** - To use the general Search feature, type a word or phrase in the "Search" box then click on the "Search" button. For example, type the words "therapy cap" in the Search box and click on the Search button. All articles containing the words "therapy cap" will be displayed.

Filtering Results - You can narrow down your search results by using the filter on the LEFT.

For example, if you only want to see claim related documents, click "claims"

Contact Information - Quickly find phone numbers, addresses, contact center information, holiday closures, and more from the left Navigation Pane.

Please reach out to the Customer Contact Center for help & questions on the new website.

FULL TUTORIAL

Coming Soon!

Tips for Searching

- Use Search Filters
 - Search for general searches
 - Policy Search for searching within the Local Coverage Determinations
- Use commas to separate the words
- Adding OR between words
- Placing two periods between two numbers returns all results
 - 1..4 returns all documents with 1,2,3, or 4

Self Service Options

Jurisdiction L Customer Contact Information

- **Provider**
 - 1-877-235-8073
 - **Hours of Operation, Eastern Time (ET)**
 - Monday - Thursday: 8:00 am – 4:00 pm ET
 - Friday: 8:00 am – 2:00 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
- **Visit the Customer Service Center online:**
 - Telephone Inquiry Quick Reference
 - Interactive Voice Response (IVR) Unit Introduction & Hints
 - IVR Hours of Availability
 - IVR User Guide
 - IVR Name to Number Conversion Tool
 - IVR Alphanumeric Conversion Tool
 - IVR Patient Eligibility Checklist

Part B Redetermination Request

- **Correct clerical errors or omission by calling the Claims Correction line**
 - JL Providers 1-877-235-8073
- **Part B Redetermination Requests may be faxed**
 - Available 24 hours a day, 7 days a week
 - 1-888-541-3829
- **Appeals Status Inquiry Tool now available online**

Stay Up-to-Date

- Subscribe to receive weekly podcast of the latest Medicare updates and other informative topics
- Subscribe to receive a daily E-mail of the latest web and Medicare Updates
- Visit the Outreach and Education center online to subscribe

Calendar of Events

- Our Training and Events Center offers a wide variety of education
- Join us for Workshops, Teleconferences, and Webinars
- View the most current calendar of events online in the Outreach and Education Center at www.novitas-solutions.com

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
- For additional resources visit:
 - <http://www.cms.gov/>

Questions?