



Contractor Advisory Committee (CAC) Meeting

Medicare Part B
Provider Outreach and Education (POE)
February 2016

REMINDER

ACT

- Ask the Contractor Teleconference (ACT) – Part B
- One hour call with all Noridian departments
- May submit prior question (up to 5 days before ACT)
- Toll free and no registration

| Date | Central Time | Topic | Toll Free Number |
|----------|--------------|--------------------------|------------------|
| 04/20/16 | 3:00 pm | General – Fourth Quarter | 800 553 5275 |

- JE: <https://med.noridianmedicare.com/web/jeb/education/act>
- JF: <https://med.noridianmedicare.com/web/jfb/education/act>

Place of Service (POS) 19 and 22

- Effective January 1, 2016
- Revision of POS code set
 - Adding new POS code 19
 - Revising POS code 22 from “Outpatient Hospital” to “On Campus-Outpatient Hospital”
- (CR) 9231

POS 19
Off Campus- Outpatient
Hospital

- A portion of an off-campus hospital provider based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.

POS 22
On Campus- Outpatient
Hospital

- A portion of a hospital’s main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.

Lung Cancer Screening with Low Dose Computed Tomography (LDCT)

G0296

- Counseling visit to discuss need for lung cancer screening (LDCT) using low dose CT scan
- Allows approximately \$25-\$30

G0297

- Low dose CT scan (LDCT) for lung cancer screening
- Allows approximately \$200-\$250

- Z87.891 (*personal history of tobacco use/personal history of nicotine dependence*)
- No deductible or coinsurance
- (CR) 9246

Lung Cancer Screening with Low Dose Computed Tomography (LDCT)₂

- Before first screening
 - Counseling/shared decision-making visit
 - Discuss benefits/testing/radiation exposure
 - Smoking cessation interventions
 - Screening written order
 - Detailed documentation
- Special Criteria for radiologist/radiology imaging facility
 - Collect/submit data to CMS-approved registry for each LDCT performed

Advance Care Planning (ACP)

- CR 9271 – effective 01/01/16
- Voluntary face-to-face service
 - **99497**- Advance care planning includes explanation /discussion of advance directives (forms, etc.); face-to-face with patient and/or family; first 30 mins
 - **99498**- each additional 30 mins
- If furnished same day/same provider (part of Annual Wellness Visit (AWV), may be separately payable
 - ACP (99497/99498) billed on same claim as AWV (G0438/G0439) – append modifier 33
 - Deductible and coinsurance waived for ACP when furnished as part of a covered AWV



Noridian Medicare Portal (NMP) Replacing Endeavor

- Endeavor, Noridian's first portal has aged technology
- New portal has better features, new look
 - New Registration required
- Provider Outreach and Education Advisory Group (POEAG) currently testing
- State by State Rollout
 - Controlled volume; starting small
 - Endeavor simultaneously runs with NMP
 - Eventually decommission Endeavor
 - After monitored migration (May 2016)

Noridian Medicare Portal Home Page

Welcome **Buffy** [Manage Account](#) [Sign Out](#)

Last Login on 11/11/2015 12:32 PM CST | Failed attempts: 0

noridian Healthcare Solutions **Noridian Medicare Portal**

[Home](#) [Contact Us](#) [Help](#)

[Eligibility](#) [Claim Status](#) [Appeals](#) [Remittance Advices](#) [Financials](#) [Same or Similar DME](#) [Prior Authorizations](#)

System Notices

- **System Normal**
All Functions Available
- **System Offline**

Alerts & Notices [See All >](#)

Eligibility Unavailable October 17
10/14/2015 | 11:33 AM
Due to CMS maintenance, eligibility will be unavailable on Saturday, October 17, 2015.

Eligibility
View a beneficiary's Medicare benefits: HMO, MSP, Home Health, Hospice, Hospital, SNF and preventive services.
[Start Inquiry](#)

Claim Status
Locate the status of a claim, view a list of Additional Documentation Requests (ADR) and begin an appeal.
[Start Inquiry](#)

Appeals
Begin an appeal or view the status of existing appeals.
[Start Inquiry](#)

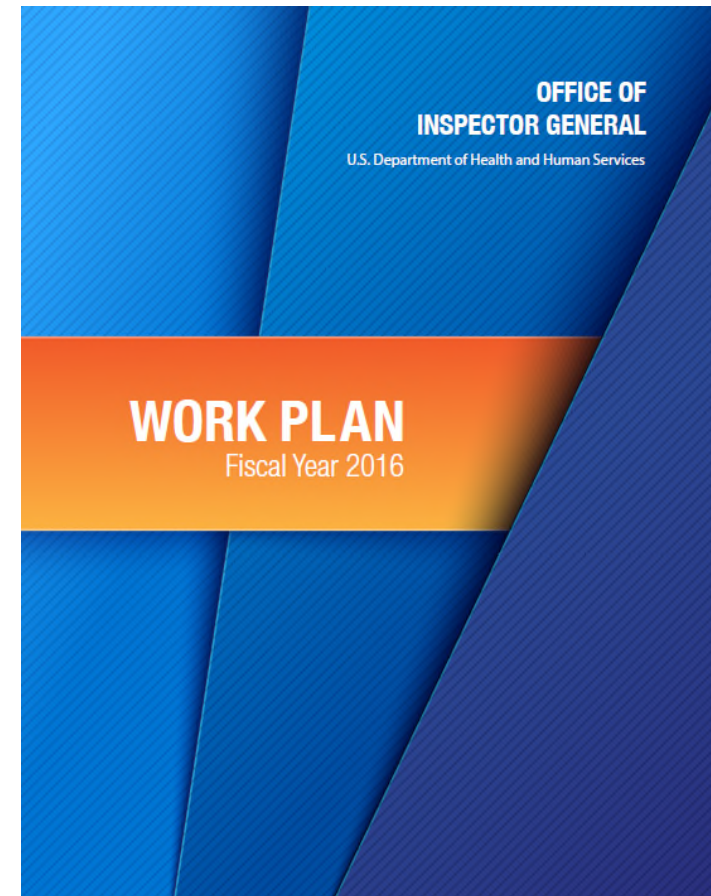
Remittance Advices
View and/or print single claim remittance advices. Part B providers may also view full remittance advices.
[Start Inquiry](#)

Financials
View recent checks issued with pending and approved summaries. Overpayments are available for DME suppliers.
[Start Inquiry](#)

Same or Similar DME
Check for previously provided DME and view the most recently paid claim for supplies, orthotics, prosthetics and vision codes.
[Start Inquiry](#)

Office Of Inspector General (OIG) 2016 Work Plan Released

- <http://oig.hhs.gov/reports-and-publications/workplan/index.asp#current>
- Not an all inclusive list:
 - ASC
 - Ambulance
 - Anesthesia
 - Chiropractic
 - Dental
 - Laboratory
 - Outpatient Physical therapy
 - Sleep Disorder Clinic
 - Physician Ordering/Referring



Request Education



Located on the Education & Outreach Part B webpages

noridian
Healthcare Solutions

PROVIDER OUTREACH & EDUCATION REQUEST FORM

Noridian offers the opportunity for education targeted to the particular needs of each health care provider. Complete this form to only request specific education trainings. For questions specific to individual provider situations, please call the Provider Contact Center at 877-906-8431.

PROVIDER/ASSOCIATION INFORMATION

Provider Name/ Association: _____
 NPI Number: _____ Date Submitted: _____
 Contact Person: _____ E-mail: _____
 Provider Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____

Check appropriate box:

- Web-based Training
- Teleconference
- In Person:
 - Individual Provider
 - Provider Societies/Associations (Special Note: When travel is required, travel expenses which may include per-diem, hotel, airfare and/or mileage may be the responsibility of the Provider Societies/Associations.)

Select the appropriate form used to bill Medicare claims:

- UB04 for Part A
- 1500 Claim for Part B

Requested date(s) and time (Onsite education is based on availability): _____

Location of Event: City: _____ State: _____ Number of Attendees: _____

Select the state you bill claims for: _____

Enter specialty type that best fits your facility: _____

Reason for Education (Provide additional detailed information for the type of education being requested. Example: billing, coverage, speaker for meeting/conference): _____

Your request will be processed and a Noridian Education Representative will be in contact with your organization within 10 business days.

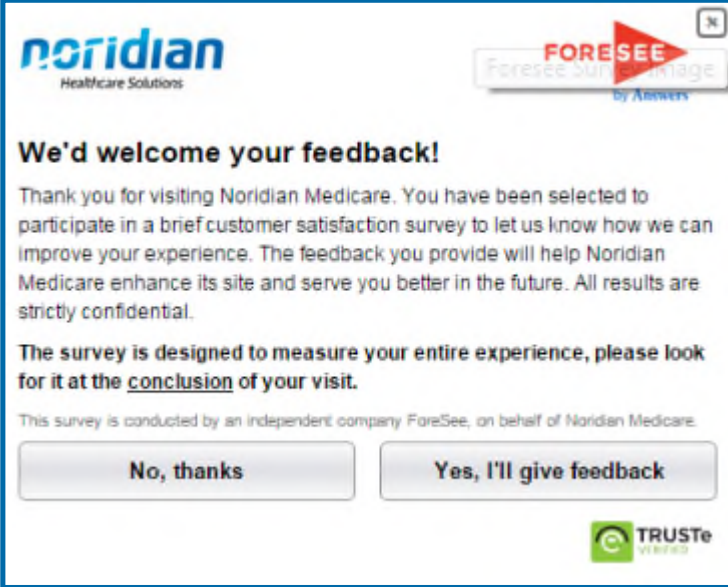
After completion of this form, click the "Save" button at the top and save to your desktop. Next, open a new email message, attach this form to the message and send to mac@noridian.com.

A CMS Medicare Administrative Contractor
 Noridian Healthcare Solutions, LLC

CMS
CENTRAL MEDICARE ADMINISTRATIVE CONTRACTOR
 2015F10 (2/15) 1-15

Surveys

- Web Satisfaction Survey
 - Continue to provide constructive/complimentary feedback to Noridian website growth and improvement



The screenshot shows a survey pop-up window with the Noridian logo and 'Healthcare Solutions' text. In the top right corner, there is a 'FORESEE' logo with a red arrow pointing right, and below it, the text 'Foresee Survey Package by Abtata'. The main text reads: 'We'd welcome your feedback! Thank you for visiting Noridian Medicare. You have been selected to participate in a brief customer satisfaction survey to let us know how we can improve your experience. The feedback you provide will help Noridian Medicare enhance its site and serve you better in the future. All results are strictly confidential. The survey is designed to measure your entire experience, please look for it at the conclusion of your visit. This survey is conducted by an independent company ForeSee, on behalf of Noridian Medicare.' At the bottom, there are two buttons: 'No, thanks' and 'Yes, I'll give feedback'. In the bottom right corner, there is a 'TRUSTe' logo.





Thank you!