



Contractor Advisory Committee (CAC) Meeting

**Medicare Part B
Provider Outreach and Education**

June 2015

noridian

Healthcare Solutions

Part B Hot Topics (alphabetized slides)



2015 Fee Schedule – Additional Columns

- These amounts apply when services is performed in a facility setting.
C - The payment for the technical component is capped at the OPPS amount.
** - Limiting charge reduced based on the EHR negative adjustment program.
*** - Limiting charge reduced based on the PQRS negative adjustment program.
**** - Limiting charge reduced for EPs that are subject to both EHR and PQRS negative adjustment programs.
Limiting charge applied to unassigned claims by non-participating providers.

Notes	Procedure Code	Modifier	Par Fee	Nonpar Fee	Limiting Charge	EHR Limiting Charge**	PQRS Limiting Charge***	EHR/eRx Limiting Charge**	EHR + PQRS Limiting Charge****	EHR/eRx + PQRS Limiting Charge****
	99213		\$72.68	\$69.05	\$79.41	\$78.61	\$78.21	\$77.82	\$77.43	\$76.65
#	99213		\$50.87	\$48.33	\$55.58	\$55.03	\$54.75	\$54.46	\$54.20	\$53.65

- If a Non Participating provider, Limiting Charge changes if not meeting the Incentives with payment reductions ranging from \$79.41 down to \$76.65 or in between

DME, Labs, Imaging

- Need Part B provider assistance when ordering, along with intent
- Complete medical necessity documentation
 - E.g. Orders for Diabetic supplies, Labs, Oxygen, Sleep Studies, Imaging, Wheelchairs, Therapeutic Shoes, etc.

**Share with all ordering / referring
physicians/providers!**

DMEPOS Suppliers Need Physician Support

- Medical records are critical for provision of Durable Medical Equipment Prosthetic & Orthotic Services (DMEPOS)
 - Social Security Act §1862(a)(1)(A) provisions
 - Eligible for a defined Medicare benefit category
 - Reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member
 - Meet all other applicable Medicare statutory and regulatory requirements

Documentation - Maintaining and Providing Access

- **§ 424.535** Revocation of enrollment and billing privileges in the Medicare program
 - (10) *Failure to document or provide CMS access to documentation.* (i) The provider or supplier (as described in section 1866(j) of the Act) did not comply with the documentation or CMS access requirements specified in § 424.516(f) of this subpart

INTRODUCING

Electronic Submission of Medical Documentation - esMD

- To participate in esMD pilot, follow CMS webpage steps at www.cms.gov/esmd
 - Select “Information for Providers” on left tab
 - Build your own gateway or Hire a Health Information Handler (HIH)
- Quicker turnaround time
 - Turnaround time shorter than mailings
 - Potential labor cost savings
 - No longer need to print, mail paper or use faxing

Enrollment “Appeals”

NEW!

ENROLLMENT

Physicians, non-physician practitioners, and other Part B suppliers must enroll in the Medicare Program to get Medicare payment for covered services provided to Medicare beneficiaries.

Provider Enrollment Contacts	Contact information including phone numbers, mailing addresses, and fax numbers for your enrollment inquiries
Opt Out	An overview of the opt out process is provided with a list of providers who have opted out
Forms	CMS Enrollment Application Form links including applications for institutional and ordering/referring providers as well as the Electronic Funds Transfer (EFT) form
MEDPARD	Participating physicians who have agreed to accept assignment on all Medicare claims and covered services are included
Revalidation	Resources and checklist to ensure providers submit proper documentation to fulfill the requirement for all enrolled providers and suppliers to revalidate their enrollment information under new enrollment screening criteria
Potential Providers	Educational tools and information to help you successfully complete the necessary application(s)
Enroll/Report Changes	Enroll and/or make changes online using PECOS Web, Electronic Funds Transfer (EFT), Reasons for delays
Provider Enrollment Appeals Process	A provider whose Medicare enrollment is denied or their billing privileges are revoked may appeal Provider Enrollment’s decision of the application. This includes information on Reconsiderations (Appeals) and Corrective Action Plans (CAPS)
Open Enrollment	Announcement and agreement for providers who will become a participating provider or who are discontinuing the participation
Inquiries and Solutions	Various enrollment related questions and answers



Go Green – Sign up for ERA!

- FREE Electronic Remittance Advice (ERA)
 - Electronic version of paper remit
- Medicare Remit Easy Print (MREP) 835
 - Software to read, view and print
 - Automatic posting capability with some softwares
- Saves time, paper and expedites to secondary!
- Contact Electronic Data Interchange Support Services (EDISS) department
 - www.edissweb.com



ICD-10 Small Physician's Route

- <http://www.roadto10.org/>
- Small practice physicians “Road to 10” no-cost tool:
 - Obtain overview of ICD-10 by accessing link
 - Explore Specialty References by selecting specialty below
 - Click “BUILD YOUR ACTION PLAN” to create personal plan
 - Webcasts, Events, FAQs
 - Quick References & Template Library
- Specialty References
 - Select profile below to explore common codes, clinical documentation/scenarios and additional specialty resources
 - Family Practice, Pediatrics, OB/GYN, Cardiology, Orthopedics, Internal Medicine, Other Specialty



CMS/Noridian Policies Updated!

<http://cms.gov/Medicare/Coverage/CoverageGenInfo/ICD10.html>

LOCAL COVERAGE DETERMINATIONS

A Local Coverage Determination (LCD) is a decision by a Medicare Administrative Contractor (MAC) whether to cover a particular service on a MAC-wide, basis. Codes describing what is covered and what is not covered can be part of the LCD. This includes, for example, lists of HCPCs codes that spell out which services the LCD applies to, lists of ICD-9-CM codes for which the service is covered and even lists of ICD-9 codes for which the service is not considered reasonable and necessary. Coding descriptions are included if they are integral to the discussion of medical necessity.

- **Active Local Coverage Determinations (LCDs)**
- **Draft LCDs**
- **Future LCDs**
- **Potential LCDs**
- **Retired LCDs**
- **LCD Timelines**
- **New LCD Request Process**

Looking for LCDs Converted to ICD-10?


A list of Local Coverage Determinations (LCDs) converted to ICD-10 is available on the LCDs by Contractor Index (<http://go.cms.gov/1tOP9VN>). Use the scroll box on the index to select your Medicare Administrative Contractor (MAC) and select the "Submit" button to view a list of states that the specified MAC services. You can then select your MAC name from the table to view the future translated LCDs.

- **How to Access Updates to ICD-10 Local Coverage Determinations in the CMS Medicare Coverage Database** (CMS Special Edition (SE)1421)




Common ICD-10 Diagnoses Listed

<http://www.roadto10.org/action-plan/phase-2-train/common-codes-other/>

ABDOMINAL PAIN (ICD-9-CM 789.00 TO 789.09 RANGE) 

ACUTE RESPIRATORY INFECTIONS (ICD-9-CM 462, 465.9, 466.0) 

[NOTE: ORGANISMS SHOULD BE SPECIFIED WHERE POSSIBLE]


ASTHMA (ICD-9-CM 493.00, 493.01, 493.02, 493.10, 493.11, 493.12, 493.20, 493.21, 493.22, 493.81, 493.82, 493.90, 493.91, 493.92) 

BACK AND NECK PAIN (SELECTED) (ICD-9-CM 723.1, 724.1, 724.2, 724.5) 

CHEST PAIN (ICD-9-CM 786.50 TO 786.59 RANGE) 


DIABETES MELLITUS (SELECT) (ICD-9-CM 250.00 TO 250.03 RANGE) 

GENERAL MEDICAL EXAMINATION (ICD-9-CM V70.0) 

HEADACHE (ICD-9-CM 784.0) 


HYPERTENSION (ICD-9-CM 401.9) 

OTITIS MEDIA 

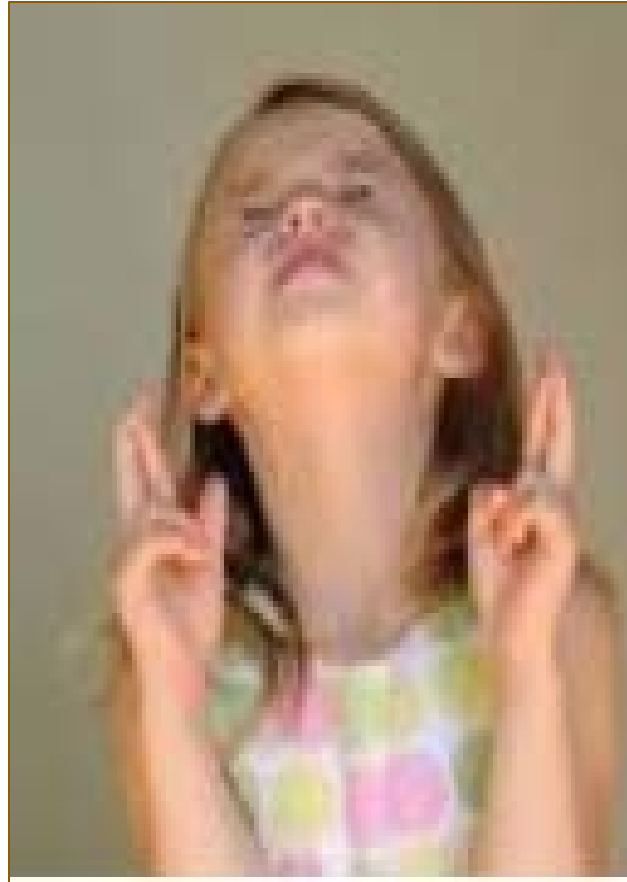
PAIN IN JOINT (ICD-9-CM 719.40 TO 719.49 RANGE) 

PAIN IN LIMB (ICD-9-CM 729.5) 

SYNCOPE AND COLLAPSE (ICD-9-CM 780.2) 

URINARY TRACT INFECTION, CYSTITIS (ICD-9-CM 595.0 TO 595.4 RANGE, 595.81, 595.82, 595.89, 595.9, 599.0) 

Here's to a Smooth ICD-10 Transition!





Noridian Part B – JF Website

New look by end of June

The screenshot shows the top section of the Noridian Part B website. The header is green and features the Noridian logo on the left, a search bar in the center, and navigation links on the right. Below the header is a white navigation menu with eight categories, each in a white box with a green border.

noridian
Healthcare Solutions

Provider Portal: Endeavor Login
Contact Us
Help

JE Part B

Browse by Topic	Browse by Specialty	Fees & News Fee Schedules, Articles, Bulletins ...	Policies LCDs, NCDs, IDEs...	CERT & Reviews Medical Review, Recovery Auditor...	Education & Outreach Training Events, Materials, ACTs...	Enrollment Enroll, Changes, Revalidation...	Forms Downloadable Forms and Links...
------------------------	----------------------------	--	--	--	--	---	---

COMING SOON!

PECOS Enrollment Trainings

- Stay tuned as Provider Enrollment and Provider Outreach and Education (POE)
 - Will present an Enrollment/PECOS webinar
 - In the next few months
 - For physician/non-physician providers
 - Both individuals and organizations
 - Includes obtaining authorizations
 - Identity and Access (I&A)
 - Delegated official vs. authorized official

PQRS/Value-Based Payment Modifier



Philadelphia Regional Office

"PQRS/Value-Based Payment Modifier: What Medicare Professionals Need to Know in 2015" Video Presentation Posted to YouTube

A video recording of the "PQRS/Value-Based Provider Modifier: What Medicare Professionals Need to Know in 2015" presentation has been posted to the CMS MLN Connects® page on YouTube. This presentation is the same as the webinars that were delivered on March 31, 2015 and April 7, 2015. A link to the video can be found here:

<https://youtu.be/Ww0oH-FhaYM>

Please feel free to share this link with your partners. Thank you.

Webinars - Part B

Date	Time (CT/PT)	Webinar Title
6/02/15	1:00 PM/11:00 AM	Endeavor for Part B
6/09/15	1:00 PM/11:00 AM	Global Surgery Modifiers
6/16/15	1:00 PM/11:00 AM	Radiation Oncology
6/17/15	1:00 PM/11:00 AM	E/M & CERT Common Errors
6/23/15	1:00 PM/11:00 AM	Mental Health
6/24/15	1:00 PM/11:00 AM	New Provider Education
6/25/15	1:00 PM/11:00 AM	Duplicate Claim Denials
6/30/15	1:00 PM/11:00 AM	ICD-10

Register Now!

JE <https://med.noridianmedicare.com/web/jeb/education/training-events>

JF <https://www.noridianmedicare.com/partb/train/workshops/index.html>

noridian

Healthcare Solutions



Thank you!