ANCO Medicare Updates JE A/B MAC
Presented by Cheryl Bradley
Provider Outreach and Education (POE)
January 2014

Agenda

• Navigating the Noridian Website
• 2014 Updates
• Avoiding Common Billing Errors
• Appeals Reminders
• Revalidation
• Educational Opportunities
• Resources
Navigating the Website

JE Part B Home Page
Alerts and Notices

Have Your Authentication Information Ready.

Alerts & Notices

Erythropoietin Stimulating Agent Claim Denial
1/10/2014 | 10:53 AM
It has been identified that as of the transition to Noridian there have been incorrect the item denial for claims billed with 90860 and 90865.

Claim Denials for Ordering/Referring in Error
6/27/2013 | 10:05 PM
Claims are being denied PA-16 with additional messages NO54 and NO55 for Ordering/Referring

Provider Remittance Advice Impacts as a Result of the Jurisdiction I Part B MAC Transition
4/27/2013 | 03:36 PM
Noridian Healthcare Solutions, LLC has identified an impact to the content of the provider remittance advice as a result of the transition of pending workload from Palmetto DMB (PDMB) to Noridian.

Provider Portal - Endeavor

• A secure provider internet web site
  – Claim status
  – Verify eligibility
  – Appeals, Reopening status
  – Review a single claim remittance advice

• Hours available
  – Monday- Friday: 4am-6pm (PT) System hours
  – Saturday: 5am-1pm (PT) System hours
  – Eligibility is 24/7

• User Security
  – Call 855-609-9960
Provider Portal - Endeavor

• New Feature
  – Full Remittance Advice November 2013
  – Must be registered Endeavor user
    • Select “Remittance Advice” access
  – Options Available
    • Request last 30 days
    • Date(s), check amount or check number

Sign Up to Get Medicare News Now!

• Receive the most recent Noridian and CMS news and information
  – Regulation and policy updates
  – Payment and reimbursement updates
  – Workshop and educational event notices
  – Noridian hours of availability and related notifications
Updates

2014 Deductible/Premium Rates

• Standard Premium
  – $104.90/month

• Deductible
  – $147.00/year

• CR 8527
2014 Fee Schedule
Pathway for SGR Reform Act of 2013

• 0.5 percent update overall
  – Dates of service January 1- March 31, 2014
  – Additional legislation needed to eliminate SGR reductions

• 2014 MPFS Available Soon
  – Conversion factor is $35.8228

• Physician Work Geographic Adjustment Floor
  – The existing 1.0 is extended through March 31, 2014.

2014 Revised CMS-1500 Form

• Revised form (Version 02/12)
  – Expansion of diagnosis codes to 12
  – Accepts both ICD-9 CM and ICD-10 CM

• January 6, 2014: Medicare begins accepting the revised CMS-1500 (Version 02/12)

• January 6-March 31: Medicare accepts both the old (08/05) and revised versions (02/12)

• April 1, 2014: Revised CMS-1500 Mandatory

• Item 17
  – Section before name to indicate
    • Ordering
    • Referring
    • Supervising
• Item 21
  – Expanded to 12 diagnoses
  – Capability to use ICD-9 or ICD-10 diagnoses

Full Implementation of Ordering/Referring Providers Edits

• Phase II claim denial edits turned on January 6, 2014
• Edits verify provider enrolled in PECOS
  – Valid individual National Provider Identifier (NPI) and deny when information invalid/missing in Item 17/17B
• Refer to SE1305
Full Implementation of Ordering/Referring Providers Edits

• Check PECOS how name is submitted
• Include first/last name as it appears on file
• No middle names (initials) or credentials
  • E.g., MD, NP, DDS, etc.
• Confirm name/NPI is individual practitioner – not group
• RARC denial codes for ordering/referring provider:
  – 254D – Not allowed to refer/order
  – 255D – Provider mismatch
  – N264, N265 - Matching NPI missing

<table>
<thead>
<tr>
<th>17. NAME OF REFERRING PROVIDER OR OTHER SOURCE</th>
<th>17a.</th>
<th>17b. NPI</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Doe</td>
<td></td>
<td>1234567890</td>
</tr>
</tbody>
</table>

ICD-CM 10: Will change everything!
March 2014 = ICD-10 Claim Testing

• ICD-10 provider testing through Common Edits and Enhancements Module (CEM)
• Testing week March 3 - March 7, 2014
  – Noridian hosts registration site or email
  – EDI help desk support available 9 am – 4pm
    • All times zones
  – Providers receive electronic acknowledgement of submitted test claims confirmation
    • Accepted or rejected
• CR 8465
Policy Updates with ICD-10

- Local Coverage Determination (LCD) policies translate ICD-9 to ICD-10 diagnoses
  - No other information changed, no need for CAC or public comment/notice process
    - Policies not considered new policies
  - If Noridian makes changes, then CAC process
- New ID numbers assigned to every policy
- CR 8348 implemented April 10, 2014
Patient or Insured HIC #/Name Mismatch

- Check patient’s Red, White, Blue Medicare card
- Two last names
  - With space = bill with space
  - Without space = bill without space
- Hyphenated name
  - With hyphen = bill with hyphen
  - Patient may need to contact local SSA to remove hyphen
- Check for alpha-prefix vs. alpha-suffix
  - Ex. A123-45-6789
  - Railroad Medicare – Palmetto GBA

Top Adjudication issues

- Unlisted codes or NOC
- J3490, J9999, and J3590
  - Name of the drug, NDC number and dosage must
  - Block 19
  - Electronic equivalent
- Effective 11/1/2013 claims not providing information deny unprocessable.
Discarded Drug - CMS

• If after administering a dose/quantity of the drug or biological to a Medicare patient, a provider must discard the remainder of a single use vial or other single use package, the program provides payment for the amount of drug or biological discarded as well as the dose administered, up to the amount of the drug or biological as indicated on the vial or package label.

• Multi use vials not subject to payment.

• Watch web for instructions regarding use of JW modifier:
  - www.noridian.com/jeb

Modifier 25

• If a significant separately identifiable E/M service is performed, the appropriate E/M code should be reported utilizing modifier 25 in addition to the chemotherapy administration or non-chemotherapy injection and infusion service (96360–96549). For an E/M service provided on the same day, a different diagnosis is not required.

CPT 99211

• CPT code 99211 is not allowed with or without the modifier 25 on the same day as non-chemotherapy or chemotherapy administration codes.

• Injections are not covered if the RN, LPN or other auxiliary personnel furnishes the injection in the office and the physician is not present in the office. The physician would also not report 99211 in this instance. To meet the supervision requirement, the physician or billing provider must be physically present in the office or suite of offices providing direct supervision.

Resources

• CMS IOM Pub. 100-04, Chapter 17. Section 20.5.7

• 96360–96549 are not intended to be reported by the physician in the facility setting

• (Section 30.5)
Signature Requirements

Signatures:
- Services provided/ordered must be authenticated by the author
- Must be legible and should include the practitioner’s first and last name
- Handwritten or Electronic

- Signature Attestation
- No stamped signatures

CR6698

Electronic Signature Guidelines

- Systems and software products must include protections against modification and should apply administrative safeguards that correspond to standards and laws;
- The individual whose name is on alternate signature method and provider bears responsibility for authenticity of information being attested to;
- Physicians are encouraged to check with their attorneys and malpractice insurers in regard to use of alternative signature methods;
- Part B providers must use qualified electronic prescribing (e-prescribing) system; and
- Prescriptions for drugs incident to Durable Medical Equipment (DME) must be made via qualified e-prescribing system
# Unique Signature Situations

<table>
<thead>
<tr>
<th>Situation:</th>
<th>Performed by:</th>
<th>Signature Requirement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident to</td>
<td>Ancillary Staff</td>
<td>Must be signed by billing provider</td>
</tr>
<tr>
<td></td>
<td>NPP (Non-Physician Practitioner)</td>
<td>May be signed by the NPP or the supervising physician</td>
</tr>
<tr>
<td>Split/Shared Office/Clinic</td>
<td>NPP and Physician</td>
<td>Must be signed by billing provider</td>
</tr>
<tr>
<td>Split/Shared hospital inpatient/outpatient/ Emergency dept. setting</td>
<td>NPP and Physician</td>
<td>Must be signed by billing provider</td>
</tr>
<tr>
<td>Scribe</td>
<td>Ancillary staff</td>
<td>The scribes name must be listed in the medical record and identified as scribe. Provider must sign</td>
</tr>
</tbody>
</table>

For an attestation statement to be valid, it must be signed by the performing provider

Location of Attestation Form

CERT Documentation Requests

- Respond to the initial medical records request
  - Send requested documentation within 60 days effective January 2014
- When necessary all entities must work together to obtain records for patients
- CERT makes calls for added medical records
  - Fax records within 15 calendar days to CDC
    - (240) 568-6222
  - Identify the CID on cover page
- www.cms.gov/cert

Documentation Request Checklists

- When submitting documentation to post pay audit requests or Noridian, utilize these checklists – not all inclusive
  - JE states https://med.noridianmedicare.com/web/jeb/cert-reviews/cert/checklists

- Ambulance Documentation Checklist
- Chiropractic Documentation Checklist
- Evaluation and Management (E/M) Documentation Checklist
- Laboratory Documentation Checklist
- Physical, Occupational and Speech Therapies Documentation
- Psychiatric-Mental Health Documentation Checklist
- Radiation Oncology Documentation Checklist
- Radiology Documentation Checklist
Checklist: E/M Documentation Requests

This list is a reminder of what to include when responding to a request for E/M documentation. The documentation should include, but is not limited to:

- Name of beneficiary and date of service on all documentation
- Signed physician’s orders, if applicable
- Test results, if applicable
- Documentation based on counseling or coordination of care, to include:
  - Total time
  - Amount or percent of time involved in counseling or coordination of care
  - Description of the discussion
- Signed physician progress notes, if applicable, to include:
  - History
  - Physical exam
  - Decision making for the dates of services in question
- If consultation, include:
  - Copy of request for consultation
  - Written report of consultation findings
- If using electronic medical records/signatures include documentation validating the process

Recovery Auditor Issue
New Patient vs. Established

- Recovery Auditors (RA) identified improper payments
  - Claims paid as NEW patient, should be ESTABLISHED
  - Considered overpayment; payment recouped
- New patient has not received professional services (E/M or other face-to-face service) within 3-year period
  - From same physician or physician group (same specialty)
  - Exception: Professional component of previous procedure billed (e.g., lab interpretation billed without E/M), patient remains new patient for initial visit
- Otherwise, bill established patient
  - IOM 100-04, Chapter 12, Section 30.6.7
  - CR 8165 effective October 1, 2013
Recovery Auditor Issues Relevant to Physicians

- Region D
  - Aldesleukin wastage
  - Observation codes for inpatients
  - Bevacizumab 1 unit per 10 mg
  - Observation codes for less than 8 hours
  - Multi-use vials for HERCEPTIN
  - MUE edits
  - Rituximab 1 unit per 100 mg
  - Reclast once per year @ 1 mg
  - Initial hospital E/M once per day includes all E/M
  - Neulasta the same day as chemo
  - Only one hospital visit per day per specialty

- [https://racinfo.healthdatainsights.com](https://racinfo.healthdatainsights.com)

2013 OIG Part B Focus**

- Evaluation and Management (E&M)
  - During global surgery periods
- “Incident To” services
- Diagnostic Radiology
- Anesthesia Services
  - Personally Performed Services

**Not all inclusive


- OIG Workplan 2014 due out in January
<table>
<thead>
<tr>
<th>Appeal Level</th>
<th>Time limit for Filing Request</th>
<th>Monetary Threshold (AIC) - 2013</th>
<th>Where to File Appeal</th>
<th>Contractor Time Limit to Complete</th>
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</thead>
<tbody>
<tr>
<td>Redetermination</td>
<td>120 days from date of receipt of notice initial determination</td>
<td>None</td>
<td>Noridian</td>
<td>60 days from date of receipt</td>
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<tr>
<td>Reconsideration</td>
<td>180 days from date of receipt of Redetermination</td>
<td>None</td>
<td>QIC</td>
<td>60 days from date of receipt</td>
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<tr>
<td>Administrative Law Judge (ALJ) Hearing</td>
<td>60 days from date of receipt of Reconsideration</td>
<td>$140</td>
<td>MAC or HHS OMHA field office, if heard by a QIC</td>
<td>90 days from date of receipt</td>
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<tr>
<td>Departmental Appeals Board (DAB) Review</td>
<td>60 days from date of receipt of the ALJ hearing decision</td>
<td>None</td>
<td>DAB or ALJ Hearing Office</td>
<td>None</td>
</tr>
<tr>
<td>Federal Court Review</td>
<td>60 days from date of receipt of DAB decision or declination of review by DAB</td>
<td>$1,430</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

**Redetermination Reminders**

- Complete appropriate request form
- Submit all pertinent medical records to support services provided
  - Include documentation of physician’s intent and/or order
  - Records include physician’s legible signature
- Check for correct DOS on records
- Check records are for correct beneficiary
Top Reasons for Redetermination Dismissal

• No signature on request form
  – Name and signature of person filing redetermination request

• Incomplete/insufficient information
  – Request for redetermination must include:
    • Beneficiary’s name and HIC
    • Specific service(s) and or item(s) or which redetermination is being requested
    • Specific dates of service (all from/to dates)
    • Include all pertinent medical documentation

Top Reasons for Redetermination Dismissal (2)

• Timely filing
  – Request for redetermination must be filed within 120 days after date of notice of initial determination
  – May be extended if good cause shown
    • Examples: major floods, fires, tornados, and other natural catastrophes
  – IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 29
    • Sections 240 – 240.4
Revalidation Tips

Revalidation Continues SE1126

- When you receive notice to revalidate
  - Update your enrollment through internet-based PECOS or complete CMS 855
  - Sign the certification statement on the application
  - If applicable, pay the fee
    - https://pecos.cms.hhs.gov/pecos/feePaymentWelcome.do
  - Mail supporting documents to Noridian
- CMS Revalidation page
  - www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Revalidations.html
## Educational Opportunities

### Fall 2013

## Part B Web-Based Workshops

<table>
<thead>
<tr>
<th>Date</th>
<th>Time (Central)</th>
<th>Time (Pacific)</th>
<th>Workshop Title</th>
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<tbody>
<tr>
<td>1/28/14</td>
<td>1:00 pm</td>
<td>11:00 am</td>
<td>Critical Care</td>
</tr>
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</table>

Register Now!  [https://med.noridianmedicare.com/web/jeb/education/training-events](https://med.noridianmedicare.com/web/jeb/education/training-events)
Ask the Contractor

<table>
<thead>
<tr>
<th>Date</th>
<th>Time (Pacific)</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/05/14</td>
<td>1:00 – 2:00 PM</td>
<td>General</td>
</tr>
</tbody>
</table>

Toll free number for all calls 1-800 288-9626 (No registration required)

https://med.noridianmedicare.com/web/jeb/education/act

Submit a Question Prior to an ACT

You may submit a question prior to a scheduled ACT. Read and follow the form instructions and submit your inquiry at least five days prior to the ACT. Questions will be answered at the start of the call.

ACT Provider Question Submission Form (Alternate Download) [PDF]
Provider Compliance Webpage

- CMS Medicare Learning Network (MLN) product
  - Avoid common billing errors/other improper activities
- Fact sheets/educational tools, such as:
  - Quarterly Provider Compliance Letter
  - Fraud/Abuse Prevention, Detection and Reporting
  - Overpayment Collection Process

Medicare Learning Network® (MLN)

- Official CMS Information for Medicare FFS Providers
- Products available:
  - Web-based Training
  - Brochures
  - Fact Sheets
  - Quick Reference Charts
- Most products come in downloadable/hardcopy formats
- MLN products FREE of charge/shipping
- MLN dedicated web pages:
  - MLN Matters Articles -- [http://www.cms.gov/MLNMattersArticles](http://www.cms.gov/MLNMattersArticles)