

# Arkansas Critical Access Hospital Administrators Meeting Medicare Updates

September 13, 2016

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# Novitas Solutions Education



- This education contains specific contractor guidance for providers in Medicare Administrative Contractor (MAC):
  - Jurisdiction H (JH) includes: Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, and Texas
  - Jurisdiction L (JL) includes: Delaware, District of Columbia, Maryland, New Jersey, and Pennsylvania
- If you are not a provider in JH or JL, please contact your Medicare contractor for specific guidance

# Acronym List



Acronym	Definition
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedure Terminology
CR	Change Request
FISS	Fiscal Intermediary Standard System
FY	Fiscal Year
HCPCS	Healthcare Procedure Coding System
HIPAA	Health Insurance Portability and Accountability Act
ICD-9	International Classification of Disease, Ninth Edition
ICD-10	International Classification of Diseases, Tenth Revision
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification

# More Acronym List



Acronym	Definition
LCD	Local Coverage Determination
MAC	Medicare Administrative Contractor
MS-DRG	Medical Severity Diagnosis-Related Group
NCD	National Coverage Determination
OPPS	Outpatient Prospective Payment System
PHP	Partial Hospitalization Program
PPS	Prospective Payment System

# Agenda



- Quarterly Updates
- Novitas Initiatives
- Preventive Services
- Website Features
- Important Updates and Reminders
- Comprehensive Error Rate Testing (CERT) Program
- 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
- Review important Medicare updates and reminders
- Understand how to avoid common documentation errors based on the Comprehensive Error Rate Testing program findings
- Review the various self-service options available to the provider community

# Quarterly Updates

# October 2016 Update of the Hospital Outpatient Prospective Payment System (OPPS)



- Change Request # 9768:
  - Effective: October 1, 2016
  - Implementation: October 3, 2016
- Key Points:
  - New Separately Payable Procedure Code
  - Smoking Cessation Codes
  - Reporting for Certain Outpatient Department Service (That Are Similar to Therapy Service) (Non-Therapy Outpatient Department Services) That Are Adjunctive to Comprehensive APC Procedures
  - Advanced Care Planning (ACP)
  - Drugs, Biologicals, and Radiopharmaceuticals:
    - ✓ Drugs and Biologicals with Payments Based on Average Sales Price (ASP)
    - ✓ Drugs and Biologicals Based on ASP Methodology with Restated Payment Rates
    - ✓ Drugs and Biologicals with OPPS Pass-Through Status
    - ✓ Revised Status Indicator for Biosimilar Biological Product
  - Changes to OPPS Pricer Logic
  - Outpatient Coinsurance Cap Logic as ASP Payment for Drugs
  - Pass-through Drug Offset Moves
  - Coverage Determinations
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9768.pdf>

# Interest Rate for Overpayments and Underpayments- 4th Qtr. FY 2016



- Change Request # 9750:
  - Effective: July 18, 2016
  - Implementation: July 18, 2016
- Key Point:
  - Implement interest rate of 9.625% for Medicare overpayments and underpayments
- Reference:
  - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R270FM.pdf>

# Reporting Principal And Interest Amounts On The Remittance Advice



- Change Request # 9168:
  - Effective: July 1, 2016
  - Implementation: July 5, 2016
- Key Points:
  - On favorable appeals decisions, the refunded principal and interest will be reported separately on the Electronic Remittance Advice (ERA)
  - Provider Level Balance (PBL) segment will also provide individual claim information
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9168.pdf>

# Timely Reporting of Provider Enrollment Information Changes



- Special Edition Article SE1617
- Key Points:
  - All physician and non-physician practitioners and physician and non-physician organizations must report the following changes within 30 days:
    - ✓ A change of ownership
    - ✓ An adverse legal action
    - ✓ A change in practice location
  - All other changes must be reported to your MAC within 90 days of the change
  - Changes can be reported via the Internet-based Provider Enrollment, Chain and Ownership System (PECOS) or the CMS 855 paper enrollment application
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1617.pdf>

# Revised CMS-855R Application – Reassignment of Medicare Benefits



- OMB approved changes to the CMS-855R Medicare Enrollment Application – Reassignment of Medicare Benefits
- New version of the CMS-855R application is dated (04/16)
- Provider may begin submitting reassignments on the new (04/16) version of the CMS-855R effective August 27, 2016
- Novitas will continue to accept the 11/12 version of the CMS-855R application until December 31, 2016
- Providers and non-physician practitioners must use the revised CMS-855R application beginning January 1, 2017
- Updated (04/16) version of the CMS-855R application include minor changes to sync the online and paper forms.

# Revised Instructions Regarding the Processing of Form CMS-855 Applications



- Change Request # 9635:
  - Effective: July 26, 2016
  - Implementation: July 26, 2016
- Key Points:
  - Revisions made to Chapter 15 of Pub. 100-08:
    - ✓ Clarifying the process for verifying correspondence telephone numbers
    - ✓ Clarifying the signature submission and supporting documentation requirements
    - ✓ Incorporating new processing alternatives and clarifying the appeal process
    - ✓ Correcting citations in a model revocation letter
    - ✓ Clarifying Home Health Agency (HHA) 36-month rule policy
    - ✓ Clarifying revocation requirements
- Reference:
  - <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R659PI.pdf>

# Provider Enrollment Revalidation – Cycle 2



- Special Edition Article SE1605
- Key Points:
  - Requires all providers/suppliers to resubmit and recertify the accuracy of their enrollment information
  - All providers/suppliers must be revalidated under the new enrollment screening criteria
- Revalidation Cycle 2 expectations:
  - CMS and MACs to streamline the process
  - More standardized process across all MACs
  - Reduce provider/supplier burden
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1605.pdf>

# CMS Lookup Tool For Provider Enrollment Revalidation – Cycle 2



- Due Dates are posted to CMS lookup tool:
  - Lookup tool will display all currently enrolled providers/suppliers by either:
    - ✓ Due Date
    - ✓ TBD
  - Posted up to 6 months before revalidation due date
  - MACs will continue to issue revalidation notices in addition to the CMS posted list
- Avoid Deactivation:
  - Submit a complete application to Novitas and include all active practice locations and reassignments by the requested due date
- Reference:
  - <https://data.cms.gov/revalidation>

# Provider Enrollment Requirements for Writing Prescriptions for Medicare Part D Drugs



- Special Edition Article SE1434
- Key Points:
  - Mandatory Medicare enrollment or have a valid opt-out affidavit on file
  - Applies to physicians and eligible professionals who write prescriptions for Part D drugs
  - If not enrolled must submit enrollment applications CMS-855I, CMS-855O, or opt-out affidavit:
    - ✓ Submission deadline August 1, 2016, or earlier
    - ✓ Enforcement date February 1, 2017
  - CMS Medicare enrollment and opt-out file:
    - ✓ <http://data.cms.gov/dataset/Medicare-Individual-Provider-List/u8u9-2upx>
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1434.pdf>

# Coding Revisions to National Coverage Determinations (NCDs)



- Change Request # 9631:
  - Effective: October 1, 2016
  - Implementation: October 3, 2016
- Key Points:
  - Many NCDs will be updated with revisions to ICD-10 coding:
    - ✓ 20.4 – Implantable Automatic Defibrillators
    - ✓ 20.7 – Percutaneous Transluminal Angioplasty (PTA)
    - ✓ 20.9 – Artificial Hearts
    - ✓ 20.29 – Hyperbaric Oxygen Therapy
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9631.pdf>

# Ninth Maintenance Update to NCD ICD-10 Conversions



- Change Request # 9751:
  - Effective: January 1, 2017
  - Implementation: January 3, 2017
- Key Points:
  - Edits to ICD-10 and other coding updates specific to NCD's will be included in subsequent quarterly releases
  - Policy related changes to NCD's continue to be implemented via the current long standing NCD process
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9751.pdf>

# ICD-10-CM Updates to Serum Iron Studies NCD 190.18



- Change Request # 9584:
  - Effective: July 1, 2016
  - Implementation: July 5, 2016
- Key Points:
  - Services furnished on or after July 1, 2016
  - ICD-10-CM codes E61.1, M79.641, M79.642, M79.644, and M79.645 are added to the list of covered codes for Serum Iron Studies (190.18) NCD
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9584.pdf>

# Enforcement of the PHP 20 Hours per Week Billing Requirement



- Special Edition Article SE1607
- Key Points:
  - Claims received on or after July 1, 2016, PHP providers are instructed to submit “weekly” claims:
    - ✓ TOB 13x with CC 41
    - ✓ TOB 76x
  - Patient must meet benefit requirements for receiving the partial hospitalization services:
    - ✓ Under the care of a physician who certifies the need for PHP
    - ✓ Require a minimum of 20 hours per week of therapeutic services
    - ✓ Patient must be able to participate in the active treatment process
  - W7095, W7096 and W7097 are three new edits that will enforce a weekly billing requirement:
    - ✓ For the 1<sup>st</sup> quarter (July 2016) all edits will be set to Return to Provider (RTP)
    - ✓ After the 1<sup>st</sup> quarter all edits will be set to deny claims
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1607.pdf>

# Enforcement of the PHP 20 Hours per Week Billing Requirement - Revised



- Special Edition Article SE1607 – **Revised 7/7/16**
- Key Points:
  - CMS suspended the July 2016 edits, which included enforcing weekly billing requirements for PHPs
  - As a reminder, PHP service requirement for a minimum of 20 hours per week remains in effect
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1607.pdf>

# Clarification of IPF Requirements for Certification, Recertification and Delayed/Lapsed Certification and Recertification



- Change Request # 9522:
  - Effective: August 15, 2016
  - Implementation: August 15, 2016
- Key Points:
  - Delayed certifications and recertifications will be honored if there has been an oversight or lapse, and a legitimate reason for delay
  - Denial of payment for lack of the required certification and recertification is considered a technical denial, which means a statutory requirement has not been met:
    - ✓ If an appropriate certification is later produced, the denial shall be overturned
    - ✓ Reopenings of technical denial decisions may be initiated by Novitas Solutions or the provider
  - Providers must submit documents that include an explanation for the delay and any medical or other evidence the IPF considers relevant for purposes of explaining the delay
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9522.pdf>

# July 2016 Quarterly HCPCS Drug/Biological Code Changes



- Change Request # 9636:
  - Effective: July 1, 2016
  - Implementation: July 5, 2016
- Key Points:
  - New code and modifier for claims with date of service April 5, 2016:
    - ✓ Q5102 - Injection, Infliximab, Biosimilar, 10 mg:
      - HCPCS modifier ZB - Pfizer/Hospira
  - New codes for claims with date of service July 1, 2016:
    - ✓ Q9981 - Rolapitant, oral, 1 mg
    - ✓ Q9982 - Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries
    - ✓ Q9983 - Florbetanben f18, diagnostic, per study dose, up to 8.1 millicuries
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9636.pdf>

# JW Modifier: Drug Amount Discarded/Not Administered to Any Patient



- Change Request # 9603:
  - Effective: January 1, 2017
  - Implementation: January 3, 2017
- Key Points:
  - Use of the JW modifier is required to identify unused drugs or biologicals that are appropriately discarded
  - Providers are required to document the discarded drug or biological in the patient's medical record
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9603.pdf>

# Remittance Advice Remark and Claims Adjustment Reason Code, Medicare Remit Easy Print and PC Print Update



- Change Request # 9695:
  - Effective: October 1, 2016
  - Implementation: October 3, 2016
- Key Points:
  - Recurring update to the Claims Adjustment Reason Code (CARC) and Remittance Advice Remark Code (RARC) lists
  - Instructions to update Medicare Remit Easy Print (MREP) and PC Print
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9695.pdf>

# Medicare Policy Clarified for Prolonged Drug and Biological Infusions Started Incident To a Physician Service Using an External Pump



- Special Edition Article SE1609:
- Key Points:
  - In some instances, a hospital outpatient department or physician office may:
    - ✓ Purchase the drug for a medically reasonable and necessary prolonged drug infusion
    - ✓ Begin the drug infusion in care setting using an external pump
    - ✓ Send the patient home for a portion of the infusion
    - ✓ Have the patient return at the end of the infusion period
  - Bill A/B MAC for drug or biological, administration, and external infusion pump
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/se1609.pdf>

# Percutaneous Left Atrial Appendage Closure (LAAC)



- Change Request # 9638:
  - Effective: February 8, 2016
  - Implementation: October 3, 2016
- Key Points:
  - Coverage for LAAC:
    - ✓ Coverage with evidence development when furnished in patients with non-valvular atrial fibrillation
    - ✓ Device received Food and Drug Administration (FDA) premarket approval for that device's FDA approved indication
    - ✓ Patient must meet all specified conditions outlined in NCD
    - ✓ Physician and facility requirements indicated in NCD
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9638.pdf>

# Hyperbaric Oxygen Therapy (HBO) NCD 20.29 – Temporary Deactivation of FISS Reason Codes



- HCPCS G0277 Hyperbaric Oxygen Under Pressure, Full Body Chamber, Per 30-minute Interval is being denied inappropriately for Critical Access Hospital (CAH) Method II provider claims:
  - Issue will be corrected in CR 9631 Coding Revisions to NCDs:
    - ✓ Implementation October 3, 2016
  - In the interim, Novitas shall temporarily deactivate FISS Reason Codes (RCs) 59087, 59088, 59089, and 59090:
    - ✓ October 3, coinciding with the implementation of CR 9631, FISS RCs 59087-59090 shall be reactivated
  - After October 3, 2016, Novitas shall mass adjust any impacted CAH Method II HBO claims with dates of service January 4, 2016 through October 2, 2016 that were denied inappropriately

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# Part A Quarterly/Annual Updates



- Update-Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Fiscal Year (FY) 2017:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9732.pdf>
- October 2016 Integrated Outpatient Code Editor (I/OCE) Specifications Version 17.3:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9754.pdf>
- 2017 Annual Update of Healthcare Common Procedure Coding System (HCPCS) Codes for Skilled Nursing Facility (SNF) Consolidated Billing (CB) Update:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9735.pdf>
- October Quarterly Update to 2016 Annual Update of HCPCS Codes Used for Skilled Nursing Facility Consolidated Billing Enforcement:
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9688.pdf>

# More Part A Quarterly/Annual Updates



- Quarterly Update to the Correct Coding Initiative (CCI) Edits, Version 22.3, Effective October 1, 2016
  - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9725.pdf>
- Changes to the Laboratory National Coverage Determination (NCD) Edit Software for July 2016:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9584.pdf>
- Claim Status Category and Claim Status Codes Update:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9680.pdf>
- October 2016- Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9612.pdf>
- Influenza Vaccine Payment Allowances - Annual Update for 2015-2016 Season:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9299.pdf>

# Novitas Initiatives

# Novitas Medicare Learning Center



- Features:
  - Create an individualized education account
  - Register for webinars, teleconferences, and workshops
  - Download your Continuing Education Unit (CEU) Certificates
  - Be placed on a waitlist if the educational event you register for is closed
- Benefits:
  - Centralized location for all educational materials
  - Track all of the educational events you've attended
  - Access Medicare education 24 hours a day, 7 days a week with web-based training modules
- JH Providers:
  - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00081812>

# Novitasphere Part A is Here!



- Free Web-based portal
- Part A – Access to Eligibility, Medical Review Record Submission, and Audit and Reimbursement Cost Reports Submission
- Live Chat feature
- Dedicated Help Desk- 1-855-880-8424
- For demonstrations and more information:
  - [http://www.novitas-solutions.com/webcenter/portal/Novitasphere\\_JH/](http://www.novitas-solutions.com/webcenter/portal/Novitasphere_JH/)

# Preventive Services

# Medicare Learning Network (MLN) Products for Preventive Services



- Help Keep Your Medicare Patients Healthy In 2016!
- 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 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)
  - Lung Cancer
- Cardiovascular Disease Screening
- Depression Screening in Adults
- Diabetes Screening
- Diabetes Self-Management Training
- Glaucoma Screening
- Hepatitis C
- 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

# Screening for the Human Immunodeficiency Virus (HIV) Infection



- Change Request # 9403:
  - Effective: April 13, 2015
  - Implementation: January 3, 2017
- Key Points:
  - CMS has determined that screening of HIV infection is reasonable and necessary for:
    - ✓ Individuals between the ages of 15-65 years
    - ✓ Individuals entitled to benefits under Part A or enrolled in Part B
  - Must meet coverage criteria listed in NCD manual
  - HCPCS code:
    - ✓ G0475 – HIV antigen/antibody, combination assay, screening
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9403.pdf>

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# Screening for Cervical Cancer With Human Papillomavirus (HPV) Testing – NCD 210.2.1



- Change Request # 9434:
  - Effective: July 9, 2015
  - Implementation: January 3, 2017
- Key Points:
  - For individuals entitled to benefits under Medicare Part A and Medicare Part B
  - Adding HPV testing under specified conditions:
    - ✓ Reasonable and necessary for the prevention or early detection of cervical cancer
    - ✓ Testing allowed once every five years as an additional preventive service
    - ✓ Applies to beneficiaries aged 30 to 65 years in conjunction with the Pap smear test
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9434.pdf>

# Preventive Services Resources



- Quick Reference Chart for Medicare Preventive Services:
  - [https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS\\_QuickReferenceChart\\_1.pdf](https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS_QuickReferenceChart_1.pdf)
  
- Improve Your Patients' Health with the Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV):
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1338.pdf>

# Website Features

# Website Satisfaction Surveys



**FORESEE**  
by Answers

**We'd welcome your feedback!**

Thank you for visiting Novitas Solutions, Inc.. 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 Novitas Solutions enhance its Web site and serve you better in the future.

**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 the site you are visiting.

**No, thanks**      **Yes, I'll give feedback**

TRUSTe  
VERIFIED

The image shows a screenshot of a survey pop-up window. At the top right is the ForeSee logo, which consists of a red triangle pointing right with the word "FORESEE" in white and "by Answers" in blue below it. A close button (an 'x' in a square) is in the top right corner. The main text is centered and reads: "We'd welcome your feedback!" followed by a paragraph of text, a bolded paragraph, and a smaller paragraph. At the bottom are two buttons: "No, thanks" and "Yes, I'll give feedback". In the bottom right corner is the TRUSTe VERIFIED logo.

# Novitas Solutions eNews Mailing Schedule



- In response to your feedback, we are implementing a new delivery schedule for our “Novitas Solutions eNews” e-mail
- Our emails will arrive in your inbox just twice a week – Every Tuesday and Thursday
- These emails will still contain all the important Medicare news and updates you need
- We will continue to send any urgent Medicare news or alerts to your inbox instantly
- Join:
  - <http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00007968>

# Policy Search Application



- Updated customized “Policy Search Application”:
  - Current, retired or draft policies
  - ICD-9 LCDs and Articles
  - ICD-10 LCDs and Articles
  - National Coverage Determinations (NCDs)
- Gives more search power, more accurate results, the new options allows for search by date of service
- Search results only return policies based on search criteria entered
- JH Policy Search:
  - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/LcdSearch>

# JH Retired LCDs



- Looking for retired LCDs or retired Local Coverage Articles:
  - Links to the retired LCDs and retired Articles have been added to our Medical Policy Center home page
  - If you are looking for an LCD or Article that was retired on September 30, 2015 or after please follow the links below
  - If you are looking for an LCD or Article that was retired prior to September 30, 2015 please visit the MCD Archive Site:
    - ✓ <http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00024371>
    - ✓ <http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00132180>

# JH LCDs and Coverage Article



- September 8, 2016:
  - JH LCDs revised:
    - ✓ [Allergy Testing \(L36241\)](#)
    - ✓ [Application of Bioengineered Skin Substitutes to Lower Extremity Chronic Non-Healing Wounds \(L35041\)](#)
    - ✓ [Therapy and Rehabilitation Services \(PT, OT\) \(L35036\)](#)
  
- Revised Local Coverage Article will become effective October 24, 2016:
  - [Self-Administered Drug Exclusion List \(A53127\)](#)

# Important Updates and Reminders

# Medicare Secondary Payer (MSP) Types on Electronic Claims



- Reject electronic claims with incorrect MSP type code (CO-16, N245)
- Effective February 15, 2016
- Most common MSP Types:
  - 12- Working Aged
  - 43- Disability
  - 13- End Stage Renal Disease
  - 14- Automobile/no-fault
  - 15- Workers' Compensation
  - 47- Liability
- JH Article:
  - <http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00114764>

# National Site Visit Verification Initiative



- Special Edition Article SE1520
- Key Points:
  - National Site Visit Contractor (NSVC) will conduct unannounced site visits:
    - ✓ Observational site visit or
    - ✓ Detailed review
  - Verify site visit through Novitas Enrollment
  - Verify inspector through NSVC:
    - ✓ 1-855-220-1071
- Reference:
  - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1520.pdf>

# Stay Up-to-Date



- Visit our website at <http://www.novitas-solutions.com>
- News and website Updates
- Electronic Mailing List:
  - Weekly emails listing the most recent updates
- On-Demand Education:
  - Frequently Asked Questions
  - Novitas Educational Tips and Tools (NETTs)
  - Podcasts
  - Educational Videos and Tutorials:
    - ✓ Watch and learn about the Medicare program and our website's features
    - ✓ JH Providers:
      - <http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00082787>

# Centers for Medicare & Medicaid Services (CMS)



- CMS Internet Only Manuals (IOMs):
  - Offers day-to-day operating instructions, policies, and procedures based on statutes and regulations, guidelines, models, and directives
- Medicare Learning Network (MLN) Matters Articles:
  - Your destination for health care professional education products
- Open Door Forums:
  - Provides an opportunity for live dialogue between CMS and the stakeholder community at large
- Quarterly Provider Updates:
  - Published quarterly for providers, suppliers, and the general public
- <http://www.cms.gov/>

# Comprehensive Error Rate Testing (CERT) Program

# Comprehensive Error Rate Testing (CERT)



- Program developed by Centers for Medicare & Medicaid Services (CMS) to monitor the accuracy of claims processing
- Designed to protect the Medicare trust fund and determine error rates nationally and regionally
- Random audits conducted on a monthly basis
- AdvanceMed request medical records for claims selected as part of the monthly random sample
- Medical record documentation supporting claim must be returned in designated time frame
- JH CERT page:
  - [http://www.novitas-solutions.com/webcenter/spaces/CERT\\_JH](http://www.novitas-solutions.com/webcenter/spaces/CERT_JH)

# Trending Errors- Part A



- Insufficient documentation:
  - Missing valid physician's order
  - Missing documentation to support minimum 15 hours per week of combined therapy
  - Diagnosis insufficient to support procedure or service billed
  - Missing Skilled Nursing Facility (SNF) 3 day qualifying stay
  - Missing or illegible documentation and/or physician signature
  - No valid certification for therapy services
- Medical necessity errors:
  - Documentation did not support inpatient stay
- Other errors:
  - Incorrect Diagnosis Related Group (DRG) billed
  - Discharge disposition code
  - Resource Utilization Group (RUG)
  - Laboratory services billed incorrectly
  - Debridement codes

# CERT Appeals vs. Claim Adjustments (Part A)



- Part A providers may not cancel or adjust claims selected in the CERT review process
- Notify CERT if an error has been made on a claim, do not cancel or adjust claims
- Novitas initiate adjustments for necessary denials
- CERT adjustments in FISS appear as XXH bill type
- Appeal denials on XXH bill type as a means of submitting corrections to claims using the Medicare Part A Redetermination Request form
- JH Article:
  - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00003498>

# Medical Record Signature Reminders



- Categorized as “Insufficient Documentation” errors:
  - Missing signatures
  - Illegible handwritten signatures
  - Electronic signatures not dated
  - Attestation statements do not match the date of service
- Records must be signed and dated
- Include signature logs to determine handwritten signatures
- Complete attestation statements when records are not signed
- Do not add late signatures
- CMS Complying with Medicare Signature Requirements:
  - [https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Signature\\_Requirements\\_Fact\\_Sheet\\_I\\_CN905364.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Signature_Requirements_Fact_Sheet_I_CN905364.pdf)

# Part A: DRG



- Documentation is not supporting the diagnosis reported on claim:
  - Incorrect diagnosis code(s) reported
  - Incorrect order of diagnosis codes submitted on claims
  - Incorrect present on admission identifier
- Documentation is not supporting the medical necessity:
  - Patient history
  - Use of recent conservative measures prior to performing procedure to include type, duration, and results
- Complete and proper physician documentation is key to supporting the diagnosis and the procedures performed

# CERT Identification Online Tool



- Provides status information for sampled claims using CID number where a decision has been made by the CERT contractor:
  - Claim in Error- CERT error was assessed or not
  - Status Date- last date that CERT updated/reviewed the case
  - Status Decision- where the claim is with the CERT Review Contractor
  - Appealed- if an appeal was initiated and the appeal status
  - Error Code- errors assessed

**CERT CID Tool**

CID Number :

**CERT Identification Results**

No data to display.

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**Please Note:** The CERT CID is always a 7 digit number.

# Self-Service Options

# JH Customer Contact Information



- Providers are required to use the IVR unit to obtain:
  - Claim Status
  - Patient Eligibility
  - Check/Earning
  - Remittance inquiries
- Customer Contact Center- 1-855-252-8782
- Provider Teletypewriter- 1-855-498-2447
- JH Self-Service Tools:
  - [http://www.novitas-solutions.com/webcenter/portal/CustomerServiceCenter\\_JH/Self-Service+Tools](http://www.novitas-solutions.com/webcenter/portal/CustomerServiceCenter_JH/Self-Service+Tools)
- Patient / Medicare Beneficiary:
  - 1-800-MEDICARE (1-800-633-4227)
  - <http://www.medicare.gov/index.html>

# Summary



- Gave key points and references to the latest quarterly updates
- Stay up to date with the latest Medicare changes by visiting the Novitas Solutions website
- Be aware of CERT documentation request and respond appropriately
- Take advantage of the various self service options available to the provider community

# Thank You



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