

Arkansas Department of Health
Office of Rural Health and Primary Care
Critical Access Hospital Administrators
Meeting

Novitas Solutions
Jurisdiction H
March 10, 2015

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- Education specific to providers in Medicare Administrative Contractor Jurisdiction H (JH) include: Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, and Texas
- This education contains specific contractor guidance
- If you are not a provider in JL or JH, please contact your Medicare contractor for specific guidance

Agenda



- Centers for Medicare & Medicaid Services Updates
- Novitas Initiatives
- Comprehensive Error Rate Testing Program (CERT)
- Self Service Options

Objectives



- Identify and understand the current Medicare changes
- Learn how to apply the new guidelines
- Identify and utilize the educational resources and information

Acronym List



Acronym	Definition
CMS	Centers of Medicare & Medicaid Services
EDI	Electronic Data Interchange
MLN	Medicare Learning Network
NPI	National Provider Identifier
IPPS	Inpatient Prospective Payment System
OPPS	Outpatient Prospective Payment System

Centers for Medicare & Medicaid Services Updates

Update to Medicare Deductible, Coinsurance, and Premium Rates for 2015



- Change Request # 8982
 - Effective: January 1, 2015
 - Implementation: January 5, 2015
- Key Points
 - 2015 Part A – Hospital Insurance
 - Deductible: \$1,260.00
 - 2015 Part B –Medical Insurance
 - Deductible: \$147.00
 - Standard Premium: \$104.90
- Reference
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM8982.pdf>

Sequestration Update



- Mandatory Payment Reduction of 2% Continues through March 31, 2015, for the Medicare Fee For Service Program
- For more information
 - <http://www.cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Downloads/2014-04-03-eneews-file.pdf>
- Frequently Asked Questions
 - JH
 - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00007998>

Updates to International Classification of Diseases, 10th Edition (ICD-10) Local Coverage Determinations



- Special Edition SE1421
- Key Points
 - Advises how to access International Classification of Diseases, 10th Edition (ICD-10) Local Coverage Determinations (LCDs) in the Centers for Medicare & Medicaid Services (CMS) Medicare Coverage Database (MCD)
- Reference
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1421.pdf>

Institutional Services Split Claims Billing Instructions for Fee-For-Service Claims that Span the ICD-10 Implementation Date



- Special Edition SE1325
- Key Points
 - Clarifies the policy for processing institutional claims spanning the October 1, 2015, ICD-10 start date
 - Related to SE1408
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1408.pdf>
- Reference
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1325.pdf>

Special Edition SE1325

Key Points



- Key Points
 - Only claims that span this single implementation date (October 1, 2015) will be impacted
 - Split claims for an encounter spanning the ICD-10 implementation date, maintain all charges with the same Line Item Date of Service (LIDOS) on the correct corresponding claim for the encounter
 - Single item services whose time-frame cross over midnight on September 30, 2015 (e.g., Emergency Room Visits and Observation), **are not split into 2 separate charges**, rather the single item service should be placed in the claim based upon the LIDOS
- Reference
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1325.pdf>

Notice of New Interest Rate for Medicare Overpayments and Underpayments – 1st Quarter Notification for FY 2015



- Change Request # 8988
 - Effective: October 20, 2014
 - Implementation: October 20, 2014
- Key Points
 - Medicare contractors will use an interest rate of 10.75% for both overpayments and underpayments
- Reference
 - <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R243FM.pdf>

Therapy Cap Values for Calendar Year (CY) 2015



- Change Request # 8970
 - Effective: January 1, 2015
 - Implementation: January 5, 2015
- Key Points
 - Therapy caps for outpatient therapy services
 - \$1,940 – Physical and Speech Language Pathology
 - \$1,940 – Occupational Therapy
- Reference
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8970.pdf>

January 2015 Update of the Hospital Outpatient Prospective Payment System (OPPS)



- Change Request # 9014
 - Effective: January 1, 2015
 - Implementation: January 5, 2015
- Key Points
 - New Service
 - New Device Pass-Through Categories
 - Comprehensive APCs
 - Identified by a new Status Indicator, J1
 - Billing for Corneal Tissue
 - Billing for Mobile Cardiac Telemetry Monitoring Services
 - Billing for “Sometimes Therapy” Services that May be Paid as Non-Therapy Services for Hospital Outpatients
 - New Laboratory HCPCS G-codes
 - Coding Guidance for Intraocular or Periocular Injections of Combinations of Anti-Inflammatory Drugs and Antibiotics
 - Drugs, Biologicals, and Radiopharmaceuticals
- Reference:
 - <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3150CP.pdf>

Fiscal Year (FY) 2015 Inpatient Prospective Payment System (IPPS)



- Change Request # 8900
 - Effective: October 1, 2014
 - Implementation: October 6, 2014
- Key Points
 - Medicare Severity-Diagnosis Related Group (MS-DRG) grouper and Medicare Code Editor (MCE) changes
 - Post-acute transfer and special payment policy
 - New technology add-on
 - FY 2015 wage index changes and issues
 - Hospital Quality Initiative
 - Hospital Acquired Conditions (HAC)
 - Hospital Readmissions Reduction program
 - Medicare Disproportionate Share Hospitals (DSH) program
- Reference
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8900.pdf>

2015 Annual Update to The Therapy Code List



- Change Request # 8985
 - Effective: January 1, 2015,
 - Implementation: January 5, 2015
- Key Points
 - This CR updates the therapy code list with two "sometimes therapy" codes and deletes two current codes for CY 2015 as follows:
 - Sometimes therapy codes
 - Add: 97607 –
 - Delete: G0456
 - Note: 97607 replaces current code G0456 effective 1/1/2015
 - Add: 97608 –
 - Delete: G0457
 - Note: 97608 replaces current code G0457 effective 1/1/2015
 - Report GN, GO, or GP when performed by a therapist specialty
- Reference
 - <http://www.cms.gov/Medicare/Billing/TherapyServices/AnnualTherapyUpdate.html>

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Implementation of a Prospective Payment System (PPS) for Federally Qualified Health Centers (FQHCs)



- Change Request # 8743
 - Effective October 1, 2014
 - Implementation October 6, 2014
- Key Points
 - For FQHCs with cost reporting periods beginning before October 1, 2014, contractors will continue to pay the FQHCs using the current AIR system
 - For FQHCs with cost reporting periods beginning on or after October 1, 2014, contractors will pay the FQHCs using the FQHC PPS
- Reference
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8743.pdf>

Payment for G0101 and Q0091 in Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) that Bill under the All-Inclusive Rate (AIR) System



- Change Request # 8927
 - Effective: January 1, 2015
 - Implementation: April 6, 2015
- Key Points
 - HCPCS code G0101 (Cervical or vaginal cancer screening; pelvic and clinical breast examination) and code Q0091 (screening Pap smear) to the list of preventive services paid based on the All-Inclusive Rate (AIR) for RHCs and FQHCs
 - For FQHCs billing under the PPS, G0101 and Q0091 are qualifying visits when billed with FQHC payment HCPCS codes G0466 or G0467.
 - The deductible and coinsurance are NOT to be applied to G0101 or Q0091.
 - If other billable visits are furnished on the same day as G0101 or Q0091, only one visit will be paid
- Reference
 - <http://collaborate.novitas-solutions.com/novitas/poedu/Lists/2013%20CR%20Tracking/Attachments/696/CR8927.pdf>

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Specific Modifiers for Distinct Procedural Services



- Change Request # 8863
 - Effective: January 15, 2015
 - Implementation: January 5, 2015
- Key Points
 - Four new modifiers to define specific subsets of the -59 modifier
 - XE Separate Encounter
 - XS Separate Structure
 - XP Separate Practitioner
 - XU Unusual Non-Overlapping Service
- Reference
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8863.pdf>

Revised Modification to the Medically Unlikely Edit (MUE) Program



- Change Request # 8853
 - Effective: January 1, 2015
 - Implementation: January 5, 2015
- Key Points
 - New data field to the MUE edit table termed “MUE adjudication indicator” or “MAI”
 - MUEs for codes with a MAI of “1” will continue to be adjudicated as a claim line edit
 - MUEs for codes with a MAI of “2” are absolute date of service edit. These are “per day edits based on policy”
 - MUEs for codes with a MAI of “3” are date of service edits. These are “per day edits based on clinical benchmarks”
- Reference
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8853.pdf>

Medically Unlikely Edits (MUE) and Bilateral Procedures



- Special Edition SE1422
- Key Points
 - Claims filed using noncompliant coding for bilateral surgical procedures may have been paid in the past
 - The purpose of this article is to inform providers that MUE changes may now render those claim lines unpayable
 - Medicare billing instructions require claims for certain bilateral surgical procedures to be filed using a -50 modifier and one unit of service
- Reference
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1422.pdf>

Implementing the Payment Policies Related to Patient Status from CMS 1599-F



- Change Request # 8959
 - Effective: October 1, 2013
 - Implementation: February 10, 2015
- Key Points
 - Incorporates changes to the Medicare Claims Processing Manual related to payment policies regarding Patient Status from final rule CMS-1599-F
 - Payment of Medicare Part B inpatient services
 - Medical review criteria for payment of hospital services under Medicare Part A
- References
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8959.pdf>

Modifying FISS Part B Claims Overlap Edits Related to CMS 1599-F



- Change Request # 8820
 - Effective: January 1, 2015
 - Implementation: January 5, 2015
- Key Points
 - For claims received on or after January 1, 2015, FISS will bypass duplicate edits if a Type of Bill (TOB) 13x 'through' date and TOB 12x 'from' date are the same
- Reference
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8820.pdf>

New Timeframe for Response to Additional Documentation Requests (ADR)



- Change Request # 8583
 - Effective : April 1, 2015
 - Implementation: April 6, 2015
- Key Points
 - For prepayment review providers and suppliers have 45 calendar days to respond to an ADR letter
 - Failure to respond within 45 days of a pre-payment review ADR will result in denial of the claim(s) related to the ADR
- Reference
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8583.pdf>

Automation of the Request for Reopening Claims Process



- Change Request # 8581
 - Effective: Claims received on or after April 1, 2015
 - Implementation: July 6, 2015
- Key Points
 - Institutional reopenings must be submitted with a “Q” frequency code to identify them as a Reopening
 - To assist providers with coding a request to reopen claims that are beyond the filing timeframes a Special Edition Article, SE1426, has been developed
 - That article contains some additional information on this process as well as condition codes and billing scenarios
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1426.pdf>
- Reference
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8581.pdf>

Medicare Shared Systems Modifications Necessary to Capture Various HIPAA Compliant



- Change Request # 8384
 - Effective: April 01, 2015
 - Implementation: April 06, 2015
- Key Points
 - Updating the Direct Data Entry (DDE) screens to allow entry of three Patient Reason for Visit Codes
 - Updating the DDE screens to allow entry of a nine-digit ZIP code for the service facility
- Reference
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8384.pdf>

Medicare Signature Requirements - Educational Resources for Health Care Professionals



- Special Edition SE1419
- Key Points
 - Medicare services provided/ordered must be authenticated by the author using an acceptable signature
 - Links to a variety of educational products to help you understand signature requirements for Medicare-covered services
- Reference
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1419.pdf>

Part A Quarterly/Annual Updates



- Inpatient Rehabilitation Facility (IRF) Annual Update: Prospective Payment System (PPS) Pricer Changes for FY 2015
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8788.pdf>
- Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Fiscal Year (FY) 2015
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8889.pdf>
- Quarterly Update to the Correct Coding Initiative (CCI) Edits, Version 21.1, Effective April 1, 2015
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8908.pdf>
- Claim Status Category and Claim Status Codes Update
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8994.pdf>

Preventive Services

Medicare Learning Network (MLN) Products for Preventive Services



- Help Keep Your Medicare Patients Healthy In 2015!
- 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)
- Cardiovascular Disease Screening
- Depression Screening in Adults
- Diabetes Screening
- Diabetes Self-Management Training
- Glaucoma Screening
- 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

Preventive and Screening Services Update



- Change Request # 8874
 - Effective: January 1, 2015
 - Implementation: January 5, 2014
- Key Points
 - Intensive Behavioral Therapy for Obesity
 - New code G0473, face-to-face behavioral counseling for obesity, group
 - Beneficiary coinsurance and deductible do not apply
 - Digital Breast Tomosynthesis
 - New code 77063, screening digital breast tomosynthesis; bilateral
 - Beneficiary coinsurance and deductible do not apply
 - Anesthesia Furnished in Conjunction with Colonoscopy
 - Modifier 33 billed on anesthesia code 00810 waives deductible and coinsurance
 - Codes G0105 or G0121 have to be billed in conjunction with code 00810
- Reference
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8874.pdf>

Medicare Coverage of Ultrasound Screening for Abdominal Aortic Aneurysms (AAA) and Screening Fecal-Occult Blood Tests (FOBT)



- Change Request # 8881
 - Effective: January 27, 2014
 - Implementation: November 18, 2014
- Key Points
 - FOBT written order may also be supplied by the beneficiary's attending physician assistant, nurse practitioner, or clinical nurse specialists
 - Eliminating the one year time limit for referrals for AAA screening
 - Allows coverage of the AAA screening for eligible beneficiaries without requiring them to receive a referral as part of the Initial Preventive Examination (IPPE), Welcome to Medicare Visit
 - Only need referral from their physician, physician assistant, nurse practitioner, or clinical nurse specialist
- Reference
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8881.pdf>

Screening for Hepatitis C Virus (HCV) in Adults



- Change Request # 8871
 - Effective: June 2, 2014
 - Implementation: January 5, 2015
- Key Points
 - CMS will cover screening for HCV with the following conditions
 - Adults at high risk for HCV infection
 - Adults who were born from 1945 through 1965
- References
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8871.pdf>

Preventive Services



- Quick Reference Chart for Medicare Preventive Services
 - 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)
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1338.pdf>

Novitas Initiatives

Website Improvements



- Based on your feedback we are pleased to announce a new look and layout to our website!
- Enhancements include
 - Line of Business remembers your choice between sessions
 - Accepting the disclaimer only once per visit
 - Rolling banner for hot topics
 - Quick links at the top and bottom of each page
 - Drop down box to search Entire Site or Medical Policy/LCD
 - Navigation improvements

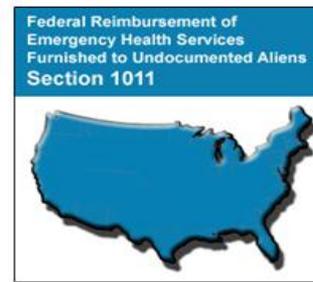
Novitas Home Page



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- The Medicare Administrative Contract (MAC) Jurisdiction L (JL), which spans Pennsylvania, New Jersey, Maryland, Delaware and Washington D.C.;
- The Medicare Administrative Contract (MAC) Jurisdiction H (JH), which spans Colorado, Oklahoma, New Mexico, Texas, Arkansas, Louisiana, Mississippi, Indian Health Service (IHS) and Veterans Affairs (VA); and
- The payment processing for the Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens contract, as authorized under Section 1011 of the 2003 Medicare Modernization Act.

Click one of the images below to visit our provider websites for each of our contracts:



Career Opportunities

[View and apply to open Novitas positions here](#)

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[see job opportunities at our parent company, Diversified Service Options](#)

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JH Customized Content



Medicare: Jurisdiction H website

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- Part B: Physicians & other health care professionals

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JH Part A Center



Medicare Part A [Change]

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Medicare JH

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Entire Site (except LCDs)

JH Home

Looking for Fee Schedules?

Click to download fees or access our lookup tools.

JH Home

Self-Service Tools

Designed to help make your job easier.

- Appeals Status Inquiry
- CERT Claim ID Lookup
- Credit Balance Status Lookup
- Enrollment Status Lookup
- Interactive Voice Response (IVR) - 1-855-252-8782(Claim Status, Eligibility Status, & More)
- Medical Policy (LCD) Lookup / Search

Self-Service Resources

Get the resources you need, quickly.

- Address Changes
- Claim Issues Listing
- Enrollment Forms (CMS-855)
- Internet-Based PECOS *
- Forms Catalog

Alerts

Proper use of 'Medicare Treatment Authorization' field (12/31/2014 @ 04:07 PM)

[View All Alerts]

News & Popular Topics

What's New

Stay connected with the latest news and popular topics in Medicare.

- All Part A News & Web Site Updates
- NEW! 2015 Deductibles and Coinsurance
- Billing Information
- Bulletins
- Clinical Trials & IDE Requests
- Contractor/Payer ID's
- DDE/FISS Forms and References
- ICD-10 Implementation
- Immediate Recoupment on a Solicited Demand
- Join our E-mail List

Policy Search Application



- New customized “Policy Search Application”
- Search current, retired or draft policies
- Search criteria
 - Policy number
 - Current Procedural Terminology (CPT)
 - Healthcare Common Procedure Coding System (HCPCS)
 - Keyword
 - Local Coverage Determination (LCD) Title
- Search results based on criteria entered
- Searching LCDs Video
 - JH
 - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00082787>
- Policy Search
 - JH
 - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/LcdSearch>

Website Satisfaction Surveys



✕

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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.



New Fiscal Intermediary Standard System Training Manual (FISS)



- The New FISS Training Manual replaces the FISS User Guide
- Everything you need to navigate within FISS is now organized in a more user-friendly format with Chapters and Sections
- No more scrolling through a large document to find what you need
- JH
 - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00003615>

Novitas Educational Tips and Tools (NETTs)



- NETTs are documents created to “catch” important Medicare information, claims processing points, and provide details in a manner that is easy to understand and easy to follow
- These documents will explain the issue; give you a resolution along with tips, background and links to reference information thus providing you, our customer, the necessary tools and access to information with just the click of a mouse
- JH
 - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00027358>

Comprehensive Error Rate Testing (CERT)

Comprehensive Error Rate Testing (CERT)



- What is it? A program developed by Centers for Medicare & Medicaid Services (CMS) to randomly audit claims monthly to determine if they processed correctly
- Why does it matter? To protect the Medicare trust fund and determine error rates nationally and regionally
- Who is involved? You. A request for medical records from AdvanceMed alerts you that one of your claims has been selected as part of the monthly random sample
- How does it work? A letter will be sent to your office requesting the medical documentation. You need to comply in a timely manner with the request
- JH
 - http://www.novitas-solutions.com/webcenter/spaces/CERT_JH

JH Part A Common Errors



- Insufficient documentation
 - No valid physician's order
 - Missing documentation to support minimum 15 hours per week of combined therapy
 - Diagnosis insufficient to support procedure or service billed
 - Skilled Nursing Facility (SNF) 3 day qualifying stay
- Medical necessity errors
 - Need for an inpatient stay
- Other errors
 - Diagnosis Related Group (DRG)
 - Laboratory services

Self Service Options

Jurisdiction H Customer Contact Information



- Provider
 - 1-855-252-8782
 - Hours of Operation, Central Time (CT)/Mountain Time (MT)
 - Monday - Friday: 8:00 am – 4:00 pm CT/MT

- Interactive Voice Response (IVR)
 - Hours of Operation
 - Eligibility and General Information
 - 24 Hours a day 7 Days a week
 - Full IVR Options
 - Mondays: 5:00 am – 7:00 pm CT
 - Tuesday – Friday: 3:00 am – 7:00 pm CT
 - Saturdays: 5:00 am – 3:00 pm CT
 - Step-by-Step Guide
 - JH Part A
 - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00004409>

Beneficiary Contact Information



- Patient / Medicare Beneficiary
 - 1-800-MEDICARE (1-800-633-4227)
 - <http://www.medicare.gov/index.html>

Fiscal Intermediary Standard System (FISS) Hours



- District of Columbia (DC), Maryland (MD), New Jersey (NJ), Pennsylvania (PA)
 - Monday – Friday
 - 6 am – 9 pm, Eastern Time (ET)
 - Saturdays
 - 6 am – 4 pm ET
- Delaware (DE)
 - Monday – Friday
 - 6 am – 6 pm ET
 - Saturdays
 - 6 am – 4 pm ET
- Colorado (CO), New Mexico (NM), Oklahoma (OK), Texas (TX)
 - Monday – Friday
 - 6 am – 8pm, Central Time (CT)
 - Saturdays
 - 6 am – 3pm CT
- Arkansas (AR), Louisiana (LA), Mississippi (MS)
 - Monday – Friday
 - 6 am – 7pm CT
 - Saturdays
 - 6 am – 3pm CT

Termination of the Common Working File - Delayed



- The HIPAA (Health Insurance Portability and Accountability Act) Eligibility Transaction System (HETS) will replace Common Working File (CWF) eligibility inquiries
 - Access to Health Insurance Query Access (HIQA) and CWF inquiry menu option 10 will be terminated
 - For more information:
 - MLN Matters Article MM8248
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8248.pdf>
 - Special Edition Article SE1249
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1249.pdf>

Provider Enrollment



- Advantages of Internet- Bases Provider Enrollment Chain and Ownership System (PECOS)
 - Processed Faster
 - It's easy
 - Submissions are more Accurate and Complete
 - Less development
 - Quicker turn around time
 - Electronically signed
 - Status is readily available
 - Enrollment record can be reviewed and updated online
- Provider Enrollment Status Inquiry Tool
 - JH
 - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00004864>
- Upcoming Revalidation Mailings
 - <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Revalidations.html>

Stay Up-to-Date



- Electronic Mailing List
 - Daily E-mail of the latest Medicare Updates
 - Subscribe JH
 - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00007968>
- Podcast
 - Weekly podcast of the latest Medicare Updates and other informative topics
 - Subscribe JH
 - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00025071>
- Educational Videos and Tutorials
 - JH
 - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00082787>

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
 - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00081812>

Calendar of Events



- Our Education and Training Center offers a wide variety of education
- Join us for Workshops, Teleconferences, and Webinars
- The most current calendar of events
 - JH Part A
 - <http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00084381>

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
- <http://www.cms.gov/>

Provider Outreach & Education Contact Information



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Thank you for your
participation!