

Provider Outreach and Education Reminders - 2023

Accessing Webinar Materials/Presentations

Available on [our website](#):

- Read and accept the Attestation. Select your provider type and applicable state within Access NGSMedicare, then **Enter**. From the Home page, select the **Events** tab.
- Current and Past Events will display, select **Read More** to view, print, or download presentation materials. Materials for Past Events are available for four months following the session.

New Educational Opportunities

We've introduced new educational topics this year, visit our Events page to register and learn more about these and other educational opportunities.

Part B Seven Steps to Avoiding Costly Appeals

Join us as we review the top appeal issues, how you can avoid costly appeals, and improve efficiencies to reduce administrative burden. Take the holistic approach and follow these steps before submitting inquiries or claims.

1. Is the inquiry within the time limit?
2. What is the current procedural terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code(s) in dispute?
3. Should a modifier be used with the code(s) in dispute?
4. Know the difference between a reopening and a redetermination.
5. Use our Fee Schedule Lookup Database.
6. Does the code have a Medically Unlikely Edit (MUE)?
7. Are the services distinct from other procedures (National Correct Coding Initiative procedure-to-procedure [PTP])?

Come learn about the National Government Services Medicare holistic approach prior to submitting claims and/or appeals.

Part B Quarterly Care Management Weeks

According to the Centers for Disease Control (CDC), an estimated 117 million adults have one or more chronic health conditions and one in four adults have two or more chronic health conditions. As your Medicare Contractor for Jurisdiction 6 and Jurisdiction K, we are raising awareness of the benefits of care management services for Medicare beneficiaries with chronic conditions.

Our quarterly care management weeks will include presentations for; advance care planning, behavioral health integration, chronic care management, cognitive assessment, principle care management and traditional care management. Register for webinars on our Events page.

Visit Care Management within Medicare Topics on our website for all care management services.

Frequently Asked Questions

Find answers to your questions on our website! Before you call the Provider Contact Center, visit **Help and FAQs** under Education, the answer you need may be right at your fingertips! Our FAQ page is regularly updated with new topics based on common questions we receive.

All Providers Are Encouraged to Subscribe to NGS Email Updates

If you are not already receiving Email Updates from NGS, sign up now on [our website](#). It's important to note that the Centers for Medicare & Medicaid Services (CMS) instructs that every Medicare provider should be subscribed to email updates. This includes physicians, billing staff and clinicians.

This easy, free service will keep you apprised of important Medicare information. When you subscribe we'll send you periodic emails with the latest news and updates from NGS and CMS including:

- Updates to local coverage determinations (LCDs) and national coverage determinations (NCDs)
- Information on claims, fee schedules and codes
- Educational opportunities conducted by webinar, teleconference, YouTube video or through our on-line learning system, Medicare University
- Medicare Learning Network Publications and multimedia
- The Medicare Monthly Review, our monthly newsletter that combines news articles from the past month from NGS and CMS
- Provider compliance
- Our weekly *Self-Service Pulse* newsletter, a comprehensive source containing the most current information available for our self-service tools

Select **Subscribe for Email Updates** from the NGSMedicare home page to sign up today.



Acronyms

[NGSMedicare.com](#) > Resources > Tools & Calculators

Use our Acronym Search Tool to find the terms you need for common acronyms.



ACRONYM SEARCH

Acronyms, initialisms, and alphabetisms are abbreviations that are formed using the initial components in a phrase or name. These components may be individual letters (as in CMS) or parts of words. The following acronyms are used frequently on the National Government Services, Centers for Medicare & Medicaid Services, Medicare, and health care industry Web sites.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Acronym Term

Provider Enrollment

[NGSMedicare.com](https://www.NGSMedicare.com) > Enrollment (Part A, Part B, HH+H, FQHC-RHC)

Initial Provider Enrollment Process

- Follow the steps to complete your Medicare Enrollment
- View Additional Enrollment Topics (Hot Topics, Revalidating Your Enrollment, Helpful Tips, Enrollment Forms)

Provider Enrollment Systems

- [Identity & Access Management System](#) (I&A)
 - Set up profile for user ID and password to connect to the providers/suppliers enrollment information in PECOS or NPPES. Use the [Quick Reference Guide](#) at the bottom of the landing page to assist with set up.
- [Provider Enrollment, Chain, & Ownership System](#) (PECOS)
 - Initially enroll and update provider enrollment information Medicare currently has on file for established providers/suppliers.
- [National Plan & Provider Enumeration System](#) (NPPES)
 - Apply or update National Provider Identifier (NPI) information (Type 1 or Type 2).

For technical issues in these systems contact the EUS help desk.

Phone: 866-484-8049

TTY: 866-523-4759

Email: <mailto:EUSsupport@cgi.com>

Provider Enrollment Revalidation

[NGSMedicare.com](https://www.NGSMedicare.com) > Enrollment > Revalidating Your Enrollment

Revalidation is mandated under Section 6401(a) of the Affordable Care Act, and is intended to verify all information on file for existing Medicare providers to ensure that providers meet current program requirements. Revalidation is a key component of the National Fraud Prevention Program.

Who is affected?

- All providers five years after initial enrollment or last revalidation

When do you revalidate?

- Only when notified and **before** the due date
- Unsolicited revalidation applications will be returned if received more than seven months prior to the due date

NGS will send revalidation notifications two to three months before revalidation due date to providers/suppliers that are requested to revalidate.

Submit complete revalidation application before due date and no more than seven months prior. It is important to understand the entire Medicare enrollment record will need to be verified, so all NPI and Provider Transaction Access Number (PTAN) combinations for practice locations (sole proprietors/groups/institutions) and all group affiliation (for individual application, 855I) must be indicated on the applicable application.

Avoid payment hold or deactivation of Medicare billing privileges by responding and submitting all information requested timely, otherwise, deactivation of enrollment will result in an interruption of claim payments.

- Use [Provider Enrollment, Chain and Ownership System \(PECOS\)](#) to verify your enrollment
- Check [CMS Revalidations](#) web page for resources
- Use the [CMS Medicare Revalidation List](#) to find revalidation due date

Automatic Immediate Recoupments

[NGSMedicare.com](#) > Resources > Overpayments > Request an Immediate Recoupment

Providers can elect to request "Automatic Immediate Recoupment" of demanded overpayments to avoid making payment by check or avoid assessment of interest.

What are the benefits?

- Avoids daily interest accrual, interest accrues monthly rather than daily
- Payments are considered on-time payments
- This option is a one-time request and will allow your organization to immediately begin saving money in interest on Medicare debts
- Providers who activate automatic recoupments generally have their debts offset recouped on day 16
- Prevents risk of money being offset and check being applied to another open receivable

Note: Ensure your organization does have claims being submitted and scheduled Medicare payments.

How to Request Automatic Immediate Recoupments

Once on the "Immediate Recoupment Request Form - Electronic/E-Mail," select **Current and Future Overpayments** from the **Immediate Recoupment Type** drop-down:

- Complete the remainder of the electronic form with your provider information

- Ensure the contact information is fully completed
- In the **Demand Letter Number** box, type "none," then click the **Submit** button

Note: With automatic immediate recoupments, the overpayment amount is deducted from upcoming Medicare payments. The recoupment does not begin until the 16th day from the date of the demand letter, so for contractor-initiated overpayments there is time to file an appeal if you disagree with the overpayment decision.

When to Use the Provider Contact Center Versus Self-Service Tools

CMS requires contractors to provide self-service options for providers to retrieve claim status and beneficiary eligibility details. To fully comply with this requirement, NGS requires providers to obtain the below information from self-service options, when available. NGS offers the NGSConnex provider portal, [NGSConnex](#), as well as the IVR system for such information. Both are available for extended hours throughout the day and weekend.

To fully comply with this requirement, effective 5/14/2018, if you contact the Provider Contact Center (PCC) and the information you are requesting is available via NGSConnex or the IVR, the PCC is required to direct you to NGSConnex or the IVR to obtain the information. The Customer Service Representatives in the PCC are available to assist you with more complex inquiries that require extra time and attention.

The PCC is able to:

- clarify the denial reason associated with a claim,
- provide general information regarding Medicare coverage and/or
- assist with other complex issues.

The PCC is unable to:

- provide claim status, beneficiary eligibility or other information which is available through NGSConnex or the IVR,
- give preauthorization of beneficiary entitlement for specific durable medical equipment,
- adjust a claim, unless the claim was processed incorrectly by the contractor (please call the Telephone Reopening Unit, J6: 877-867-3418, JK: 888-812-8905) and/or answer inquiries from beneficiaries or their representatives (please call 1.800.MEDICARE [800-633-4227]).

NGSConnex

[NGSConnex](#) is a free, secure, web-based application. NGSConnex provides access to a wide array of self-service functions that save you time and money. Visit NGSConnex within the Resources section of our website for the information you need to sign up.

Interactive Voice Response

The IVR is maintained on a separate line from the PCC. The IVR is available 24 hours a day, seven days a week. Menu options that require system access (e.g., the Common Working File) are limited to that systems availability. The IVR allows you to complete many transactions including:

- Eligibility
 - Medicare effective dates

- Current and past year deductible information, including therapy
- Medicare Secondary Payer and Medicare Advantage plan information and
- Home health and hospice enrollment periods
- Claim Status
 - Full claim status including information on inpatient overlap claim denials and duplicate claim denials
- Checks
 - Status of checks/electronic funds transfer including outstanding, cashed and voided; earnings to date information
- Offsets
 - Detailed information on the original and adjusted claim
- Pricing
 - Fee schedule amounts for procedure codes entered
- Provider Enrollment
 - Status of applications
- Appeals
 - Status of redeterminations

Part B Interactive Voice Response System

State	IVR Number	Hours Available
Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont	877-869-6504	Monday–Friday: 6:00 a.m.–7:00 p.m. eastern time (ET) Saturday: 7:00 a.m.–3:00 p.m. ET
Illinois, Minnesota, Wisconsin	877-908-9499	Monday–Friday: 6:00 a.m.–7:00 p.m. ET Saturday: 7:00 a.m.–3:00 p.m. ET

Part A Interactive Voice Response System

State	IVR Number	Hours Available
Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont	877-567-7205	Monday–Friday: 6:00 a.m.–7:00 p.m. ET Saturday: 7:00 a.m.–3:00 p.m. ET
Illinois, Minnesota, Wisconsin	877-309-4290	Monday–Friday: 6:00 a.m.–7:00 p.m. ET Saturday: 7:00 a.m.–3:00 p.m. ET

For information which cannot be found through the NGSConnex provider portal or on the IVR, you may contact our PCC.

Become a Medicare Diabetes and Prevention Program Provider

[NGSMedicare.com](https://www.NGSMedicare.com) > Education > Medicare Topics > Diabetes Awareness

NGS and CMS continue their efforts to increase awareness and use of current diabetes maintenance programs available for Medicare beneficiaries. Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT) programs were developed to help providers successfully motivate and educate Medicare beneficiaries living with diabetes to increase healthy choices and decrease their chance for disease progression.

Billing at a Glance

DSMT Applicable CPT Codes (coinsurance and deductible applies)

- G0108: Diabetes outpatient self-management training services, individual, per 30 minutes
- G0109: Diabetes outpatient self-management training services, group session (two or more), per 30 minutes

MNT Applicable CPT Codes (coinsurance, copayment and Part B deductible waived)

- 97802: Medical Nutrition Therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
- 97803: Medical Nutrition Therapy; reassessment and intervention, individual, face-to-face with the patient, each 15 minutes
- 97804: Medical Nutrition Therapy; group (two or more individuals), each 30 minutes
- Change in beneficiary's condition
 - G0270: Medical Nutrition Therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face-to-face with the patient, each 15 minutes
 - G0271: Medical Nutrition Therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), group (two or more individuals), each 30 minutes

Helpful Tips

- DSMT and MNT benefits are allowed for the same beneficiary in the same year, but not on the same day.
- A physician referral is needed for initial and follow up training for both DSMT and MNT services.

References

DSMT and MNT Resources are located on [our website](#):

- [Diabetes Self-Management Training](#)
- [Medical Nutrition Therapy](#)
- [FAQs on DSMT/MNT Services](#)

CERT A/B MAC Outreach and Education Task Force

The Comprehensive Error Rate Testing (CERT) Part A and Part B (A/B) Medicare Administrative Contractor (MAC) Outreach & Education Task Force is a joint collaboration of the A/B MACs to communicate national issues of concern regarding improper payments to the Medicare Program.



By partnering together to educate Medicare providers on widespread topics affecting most providers, the group has the shared goal of reducing the national improper payment rate as measured by the CERT program. The education is intended to complement ongoing efforts of CMS, the MLN and the MACs individual error-reduction activities within its jurisdictions.

The CERT A/B MAC Outreach & Education Task Force and CMS created [The CERT A/B MAC Outreach & Education Task Force](#) web page on the CMS website to assist providers with information to continue to help reduce errors and maximize efficient use of Medicare funding. On this page, you will find educational resources, presentations and event announcements.

The CERT Taskforce for Part A and B meet regularly in an effort to create educational material. The teams consist of representation from CMS, the CERT contractor and all MACs. Visit the CMS website to learn more about the [CERT A/B MAC Outreach & Education Task Force](#) and review the material created by the task force.

***Disclaimer:** The CERT A/B MAC Outreach & Education Task Force is independent from the CMS CERT team and CERT contractors, which are responsible for calculation of the Medicare fee-for-service improper payment rate.*

Medicare University

[NGSMedicare.com](#) > Education > Medicare University

[Medicare University](#) is an established educational program designed to provide a broad variety of Medicare-related training to meet the needs of Medicare health care providers. The educational opportunities are:

- Computer-based training programs are available 24/7 and are self-paced.
- Self-report attendance for teleconferences, webinars and live seminars/face-to-face training.

Continuing Education Credits

When you attend educational opportunities provided by NGS, you are able to receive continuing education credits (CEUs) from American Academy of Professional Coders (AAPC). For every hour of education you attend, you can receive one CEU. If you are accredited with a professional organization other than AAPC and you plan to request continuing education credit, please contact your organization with questions concerning CEUs.

Your Feedback Matters!

Periodically when you access our website the pop-up box shown will display. When you click on **Yes, I'll help** a survey that only takes a few minutes of your time to complete will be available. The survey will present in a new browser. You may return to the website and continue your work, when you are ready, go back to the new browser window and complete the survey.

To provide feedback while visiting our NGSConnex portal, simply click on the title **Please take a few minutes to share your thoughts with us** shown at the top of the web page. This feature will remain at the top of the page until you are ready to provide your feedback.

National Government Services Is On Twitter

Start following us today [@NGSMedicare](#) for information on the Medicare Program, notifications of Medicare BLAST and other useful information to help you bill Medicare successfully.



[Follow us](#)

Medicare BLAST

Medicare BLAST begins on every other Wednesday at 10:00 a.m. ET and can be played on-demand until the Medicare challenge ends that day at 3:00 p.m. ET. Select **Leaderboard** after you've finished playing to see how well you've performed against your Medicare peers. We will post each week's top five winners in this newsletter on the following Monday morning. For optimal experience with the new game, please use either a Chrome or Firefox Internet browser.

Medicare BLAST is now available via your mobile phone. Text GAMES to 37702 to get notifications to exclusive Medicare games and Medicare BLAST. Enjoy the games!



Medicare
BLAST