

Introduction to Medicare Part I

4/18/2024

Closed Captioning: *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*



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Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

Objective

After this session attendees will be able to

- Have a basic understanding of Medicare Program
- Locate resources on our website
- Know who can enroll and how to bill correctly
- Know what's covered under Medicare Part B

Today's Presenters

Provider Outreach and Education Consultants

- Arlene Dunphy, CPC
- Michele Poulos



Agenda

- Jurisdictions
- NGS Website/Medicare Education
- Medicare Enrollment Process
- Electronic Billing
- Claim Filing Guidelines
- Medicare Part B
- Deductibles/Coinsurance/Fee Schedule

Jurisdictions

Medicare Administration

- Medicare laws and regulations are enacted by Congress annually
- Implemented by CMS
- Administered through MACs
 - [Who are the MACs | CMS](#)

National Government Services Medicare Part A and Part B – JK/J6

- Medicare Jurisdictions
 - A/B MAC
 - HH+H
- NGS
 - Traditional Medicare Claims
 - J6: IL, WI, MN
 - JK: ME, NH, VT, MA, NY, CT, RI

NGS Responsibilities as the Part B MAC

- Processing claims
- Computing payments for services
- Making payments
- Determining medical necessity
- Informing physicians of changes in the Medicare Program
- Developing education programs

NGS Website

National Government Services

The screenshot displays the National Government Services website interface. At the top left is the logo for 'national government SERVICES'. The main content area is split into two columns. The left column, titled 'Access NGS Medicare', provides information about Medicare education and tools, with a dropdown menu for 'I am a...' and a 'Please select' dropdown. The right column, titled 'Log into NGSConnex', offers a self-service portal for beneficiary eligibility and claim status, featuring input fields for 'User ID' and 'Password', and an 'Enter' button. A central 'Attestation' modal is overlaid, containing the following text:

Attestation

NGSConnex



This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.


- This system is provided for Government authorized use only.
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- Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.
- By using this system, you understand and consent to the following:


An 'Accept' button is located at the bottom of the modal. At the bottom of the page, there are links for 'Create Account', 'Can't Log In', and 'Helpful Links'.


NGSMedicare.com Home Page


Contact Us NGSConnex Subscribe for Email Updates **Part B Provider in New York (JK)** ▼


 **HOME** EDUCATION ▼ RESOURCES ▼ EVENTS ENROLLMENT APPS ▼ 


 **Medical Policies/LCDs**
Find LCDs and related billing and coding articles

 **Enrollment**
Getting started, after you enroll, and revalidating your enrollment

 **Fee Schedules**
Code pricing search, payment systems, limits, and fee schedule lookup

 **Claims and Appeals**
Learn about claims, top errors, fees, MBI and appeals

 **Overpayments**
Repayment schedules, and post-pay adjustment

 **Medicare Compliance**
Medical Review, Prior Authorization, Fraud & Abuse, CERT, and more

FEEDBACK

NGSMedicare.com Education Tab

The screenshot shows the top navigation bar of the NGSMedicare.com website. The 'EDUCATION' tab is highlighted with a red box. A dropdown menu is open, listing various educational resources. Below the menu, there are three main content cards: 'Medical Policies', 'Claims and Appeals', and 'Overpayments'. A 'FEEDBACK' button is visible on the left side.

Contact Us NGSConnex Subscribe for Email Updates Part B Provider in New York (JK)

national government SERVICES HOME EDUCATION RESOURCES EVENTS ENROLLMENT APPS

VIEW ALL EDUCATION

- Help And FAQs
- Manuals and Guides
- Medicare Arcade
- Medicare Monthly Review
- Medicare Topics
- Medicare University
- News
- POE Advisory Group
- Self-Service Pulse
- Specialties

Medical Policies
Find LCDs and related coding articles

Claims and Appeals
Learn about claims, top errors, fees, MBI and appeals

Overpayments
Repayment schedules, and post-pay adjustment

Fee Schedules
Medicare pricing search, payment systems, limits, and fee schedule lookup

Medicare Compliance
Medical Review, Prior Authorization, Fraud & Abuse, CERT, and more



FEEDBACK

NGSMedicare.com Events

EVENTS

Search events [Reset Search Criteria](#)

Current Events Past Events

Event Description	Event Date/Time	PDF	Registration
<p>➤ Ambulance Services and Establishing Medical Necessity for Part B Providers</p> <p>This webinar will help the ambulance community understand the importance of medical necessity as it pertains to Medicare's coverage guidelines.</p>	10:00AM - 11:00AM EST		Register
<p>➤ Let's Chat Open Forum: Change Healthcare/Optum Payment Disruption Accelerated/Advance Payment Program</p> <p>Part A and Part B Providers experiencing cash flow problems related to Change Healthcare/Optum Payment Disruption, which began on 2/21/2024, may ...</p>	10:00AM - 11:00AM EST		Register

National Government Services Offers CEU Credits Through AAPC

- All NGS Part B Provider Outreach and Education attendees can receive one CEU from the AAPC for every hour of NGS education received
- If you are accredited with a professional organization other than AAPC and plan to request continuing education credit, please contact your organization not NGS with your questions concerning CEUs
- Teleconferences and webinar education
 - Upon completion of the education, you will receive an email from NGS which will serve as proof of attendance
- Face-to-face education
 - A certificate of attendance will be provided at the conclusion of the event

Medicare Enrollment Process

NGSMedicare.com Enrollment Tab

Contact Us NGSConnex Subscribe for Email Updates **Part B Provider in New York (JK)** ▾



HOME

EDUCATION ▾

RESOURCES ▾

EVENTS

ENROLLMENT

APPS ▾



Medical Policies/LCDs

Find LCDs and related billing and coding articles



Enrollment

Getting started, after you enroll, and revalidating your enrollment



Fee Schedules

Code pricing search, payment systems, limits, and fee schedule lookup



Claims and Appeals

Learn about claims, top errors, fees, MBI and appeals



Overpayments

Repayment schedules, and post-pay adjustment

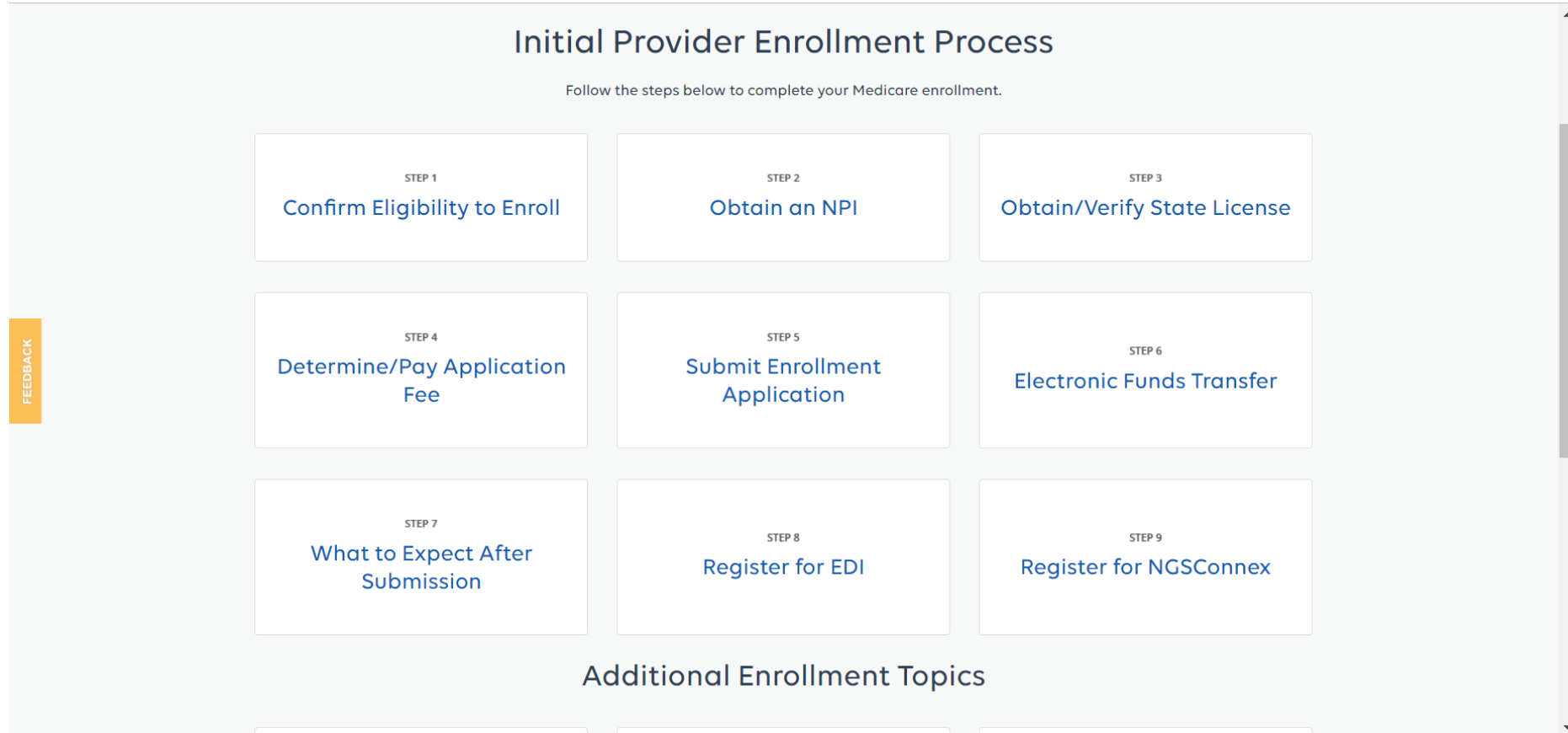


Medicare Compliance

Medical Review, Prior Authorization, Fraud & Abuse, CERT, and more

FEEDBACK

Initial Provider Enrollment Process



Eligible Physicians

- Doctor of
 - Medicine (MD)
 - Osteopathy (DO)
 - Chiropractic (DC)
 - Dentistry (DMD) (DDS)
 - Optometry (OD)
 - Psychiatry (MD)
 - Podiatry (DPM)

Eligible Nonphysicians

- Anesthesiology Assistants
- Audiologists
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetists (CRNA)
- Clinical Nurse Specialist (CNS)
- Clinical Psychologist (CP)
- Clinical Social Worker (LCSW)
- *Marriage and Family Therapists (MFTs)*
- *Mental Health Counselors (MHCs)*
- Nurse Practitioner (NP)
- Occupational Therapists in Private Practice (OT)
- Physical Therapists in Private Practice (PT)
- Physician Assistants (PA)
- Psychologists, Billing Independently
- Speech Language Pathologist (SLP)
- Registered Dietitians or Nutrition Professional (RD or NP)

National Provider Identifier

- A unique ten-digit identification number issued to health care providers
 - Remains with an individual provider regardless of job or location changes
- There are two types of NPIs
 - Type One NPIs—assigned to individual physicians or nonphysician practitioners as well as sole proprietors
 - Type Two NPIs—assigned to organizations, including physician and nonphysician groups, hospitals, nursing homes and corporation formed when an individual incorporates as a sole owner
- MLN[®] Booklet: [*NPI: What You Need to Know*](#)

National Plan and Provider Enumeration System

- NPPES assigns NPIs, maintains and updates information about health care providers with NPIs, and disseminates the NPI Registry and NPPES Downloadable File
- Apply online on the [NPPES website](#)
 - To request a paper application
 - ✓ 800-465-3203

Internet-Based PECOS

- PECOS
- CMS Internet-based Medicare Enrollment System
 - Submit new initial enrollment record
 - Make changes to existing enrollment record
 - Add or change reassignment of benefits
 - Reactivate or revalidate enrollment
 - Voluntarily withdraw
 - Track status
- Resources
 - External User Services Help Desk: 866-484-8049
 - ✓ Email: EUSupport@cgi.com

PECOS: Multi-Factor Authentication Requirement

- Multi-Factor Authentication (MFA) is a security system that requires more than one method of authentication to verify the user's identity
- Used to improve identification and authentication security for
 - I&A
 - NPPES
 - PECOS
 - HITECH
- Existing I&A users will be prompted with an option to set up MFA
- New I&A users will be prompted to set up your MFA devices as you set up your account
 - Set up on a mobile phone (SMS or voice), landline phone (voice), or email address (email)
 - You can add up to two devices, a primary authentication device/method and an alternative authentication device/method
- To prepare and set up an MFA account, log in to the [Identity & Access Management System](#)
- View the MFA Presentation on CMS' [Provider Enrollment and Certification](#) web page for more information
- If you work on behalf of other providers, be sure to enable the appropriate surrogacy connections
 - Learn how with the [I&A Quick Reference Guide](#)

Provider Enrollment Application Process Timeline

- Process timeline
 - All required information available
 - ✓ Internet-based PECOS application within 45 days
 - ✓ CMS-855 paper application within 60 days
- An acknowledgment notice with a case number will be faxed, mailed or emailed from NGS-PE-Communications@anthem.com to the contact on the submitted application
- If necessary, additional documentation request will be mailed or emailed with a 30-day return date
- Obtainable status
 - [Interactive Voice Response System](#)
 - [Check Provider Enrollment Application Status](#)
- Response letters may take up to seven days after the finalized application

Provider Enrollment Application Status

Resources > Tools & Calculators

CHECK PROVIDER ENROLLMENT APPLICATION STATUS

This inquiry tool can be used to check on the status of your application.

How to Search

To perform a search please enter into a field below either a valid Case Number/Web Tracking ID (Option 1) or a valid National Provider Identifier (NPI) and last five digits of the Tax Identification Number (TIN) combination (Option 2).

Option 1

Case Number / Web Tracking Id

Option 2

NPI

TIN (last five digits)

FEEDBACK

Provider Enrollment Revalidation

- In order to maintain Medicare billing privileges, you must resubmit and recertify the accuracy of your enrollment information every five years
 - Applies to Part B providers and suppliers
- CMS has established due dates by which you must revalidate
 - Due date will normally remain with you throughout subsequent revalidation cycles
- Revalidation
 - [Internet-Based PECOS System](#)
 - [CMS-855 Paper Applications](#)
- Failure to submit a complete revalidation application may result in deactivation

Provider Enrollment Revalidation

- There are several ways to find your revalidation due date
 - [Medicare Revalidation List Tool](#)
 - ✓ Search by NPI or Name
 - ✓ A due date of “TBD” (to be determined) means a revalidation due date has not been assigned by CMS
 - ✓ Instructions on how to use the tool can be found: [Familiarize Yourself with Enrollment Revalidation](#)
 - Revalidation notice mailed by National Government Services
 - ✓ Mailed in a [yellow envelope](#)
 - ✓ [Sample Revalidation Letter](#)
 - [PECOS](#)
 - ✓ Sign in with user ID and password

Participating Providers

- Enters into an agreement with the Medicare program to accept assignment for all Medicare patients
 - Direct payment
 - Accepts the Medicare-approved charge amount
 - Collects only the deductible and coinsurance for covered-Medicare services
 - Listed in MEDPARD Directory
 - Mandated Medigap transfer
 - [CMS-460 Medicare Participating Physician or Supplier Agreement](#)

Nonparticipating Providers

- May submit a claim as either assigned or as unassigned
 - Assigned Claims
 - ✓ Payment made to provider
 - ✓ Beneficiary responsible for the deductible and coinsurance for covered-Medicare services
 - Unassigned Claims
 - ✓ Payment made to beneficiary
 - ✓ Subject to limiting charge
 - ✓ 95% of fee schedule

Mandatory Assignment

- Ambulance Suppliers
- Ambulatory Surgical Center Services
- Certified Registered Nurse Anesthetists
- Clinical Nurse Midwives
- Clinical Nurse Specialists
- Clinical Psychologists
- Drugs and Biologicals
- Licensed Clinical Social Worker
- Marriage and Family Therapist
- Mental Health Counselors
- Nurse Practitioner
- Physician Assistant
- Physicians and Independent Laboratories billing for Clinical Diagnostic Tests
- Simplified Roster Billing for Influenza Virus and Pneumococcal Vaccines

Reasons for Deactivation/Suspension of Payment

- Failure to
 - Complete Revalidation
 - Report Address Changes
 - Report a Change in Bank Account information
- Privileges can be revoked for abusive behavior
- Site Visit Failure
- Do Not Forward “DNF”
 - Returned Service Requested
 - ✓ Hard copies of Remittance Advice (RAs) or checks

Stay of Enrollment

- Stay of enrollment (or “stay”) is a preliminary, interim status representing a pause in enrollment
 - Less burdensome than a deactivation or revocation of your Medicare enrollment
- Requirements for a Stay Two-Step Test
 - Non-compliant with at least one Medicare enrollment requirement
 - Can remedy the noncompliance by submitting an applicable form
 - ✓ [Form CMS-855](#)
 - ✓ [Form CMS-20134](#)
 - ✓ [Form CMS-588](#)

Stay of Enrollment – Key Points

- Remain enrolled in Medicare during the stay
- Claims during the stay period will be rejected
- Stay of enrollment lasts no longer than 60 days
 - A stay of less than 60 days may be imposed
- A stay ends on the earlier of the following dates
 - The date on which NGS decides you resume compliance with all Medicare enrollment requirements
 - The day after the imposed stay period expires

Opting Out of Medicare

- Private contracting agreement form signed between the physician/practitioner and the beneficiary
 - An affidavit form must be submitted within ten days after entering the first private contract
 - Automatically renew every two years
 - Providers/practitioners opt out for all covered items and services furnished to all Medicare beneficiaries
 - A list of eligible practitioners who may opt out can be found in the [CMS IOM, Publication 100-02, Medicare Benefit Policy Manual, Chapter 15, Section 40](#)
- [Opt Out of Medicare](#)

Ordering/Referring Only

- Physicians and eligible professionals can apply to enroll for the sole purpose of ordering or certifying items and/or services to beneficiaries
- Download [CMS-855O](#)
 - Complete sections 1, 2, 3, 4, 5, 6 and 8
- [PECOS](#)

Physicians and Nonphysician Practitioners: Revised CMS-855I Medicare Enrollment Application Required November 1 (Combined CMS-855I and CMS-855R)

- Effective 11/1/2023, the revised version must be used (5/23)
 - Current and revised version acceptable through 10/31/2023
- Revisions include
 - Combined CMS-855I and CMS-855R paper applications
 - Discontinues CMS-855R
 - PA employer arrangements to the reassignment sections
 - Recognizes physicians and nonphysicians who provide acupuncture services
 - Identifies compact licenses
 - Adds new physician specialties
 - Expands practice location types to include telehealth
- Visit [Medicare Enrollment for Providers & Suppliers](#) for more information, including a [CMS-855I instructional guide](#)

Electronic Billing

NGSMedicare.com Resources

The screenshot displays the website's navigation and content. At the top, there are links for 'Contact Us', 'NGSConnex', 'Subscribe for Email Updates', and 'Part B Provider in Connecticut (JK)'. The main navigation bar includes 'HOME', 'EDUCATION', 'RESOURCES', 'EVENTS', 'ENROLLMENT', and 'APPS'. The 'RESOURCES' menu is open, showing a list of categories: 'Claims and Appeals', 'EDI Enrollment', 'Forms', 'Medicare Compliance', 'Overpayments', and 'Tools & Calculators'. The 'EDI Enrollment' option is highlighted. Below the menu, the 'EDI Enrollment' page content is visible, including a sub-menu with items like 'EDI Guided Enrollment User Guide', 'Benefits of EDI and Real Time Claim Status', 'I Am Not Yet Enrolled in Medicare', 'ASCA Requirements for Paper Claim Submissions', and 'Trading Partner ID Recertification'. The main content area contains introductory text about Part B claims and EDI enrollment, and a section for 'Helpful Resources' with links to 'Approved Entities', 'Network Service Vendors', 'Check EDI Application Status', and 'NPI/PTAN Crosswalk'. A 'Contact the EDI Help Desk' section provides the phone number 888-379-9132 and availability hours.

NGSMedicare.com

The screenshot shows the top navigation bar of the national government SERVICES website. The 'RESOURCES' menu item is highlighted with a red box. A dropdown menu is open, listing various resource categories. The 'EDI Solutions' option is also highlighted with a red box. The background shows several content cards for 'Medical Policies', 'Claims and Appeals', 'Repayment schedules', 'Fee Schedules', and 'Medicare Compliance'.

national government SERVICES

HOME EDUCATION ▾ **RESOURCES ▾** EVENTS ENROLLMENT APPS ▾

VIEW ALL RESOURCES

- Claims and Appeals
- EDI Enrollment
- Forms
- Medicare Compliance
- Overpayments
- Tools & Calculators
- Contact Us
- EDI Solutions**
- Medical Policies/LCDs
- NGSConnex
- Production Alerts

Medical Policies
Find LCDs and related coding articles

Claims and Appeals
Learn about claims, top errors, fees, MBI and appeals

Repayment schedules, and post-pay adjustment

Fee Schedules
Use pricing search, payment systems, limits, and fee schedule lookup

Medicare Compliance
Medical Review, Prior Authorization, Fraud & Abuse, CERT, and more

Benefits of Electronic Data Interchange



Reduced paperwork



Improved cash flow



Easier monitoring of claims



Less cost



Less processing time

Electronic claims are held for 14 days
(paper claims held for 29 days)



EDI Solutions

Resources

EDI SOLUTIONS

About Electronic Data Interchange (EDI) ^

EDI and How it Works

Benefits of EDI and Real Time Claim Status

275 Electronic Attachment v

835 Electronic Remittance Transaction (ERA) v

277 Electronic Request For Additional Information (RFI) v

Standard Companion Guides v

Reset My EDI Password v

EDI Software PC-ACE v

EDI Software Medicare Remit Easy Print MREP v

Technical Guides and Information v

EDI and How it Works

EDI is an electronic communication method that enables fast, accurate and reliable exchange of data between the computer systems of organizations that do business together by using the same standardized message formatting, without the need for human intervention.

Our providers communicate with NGS using one of our approved NGSs through SETP Gateway for all approved transactions or directly through our Internet Gateway for the 276/277 and 835 transactions.

To enroll access EDI Enrollment section under Claims & Appeals.

Additional information on various EDI Solutions can be accessed on the left hand menu.

Helpful Resources

[EDI Front End Rejection Code Lookup Tool](#)

[Reset My EDI Password](#)

Contact the EDI Help Desk

888-379-9132

Available by phone or email Monday-Friday*

8:00 a.m.–4:00 p.m. ET

8:00 a.m.–4:00 p.m. CT

* Closed for training on the 2nd and 4th Friday of the month.

12:00 p.m.–4:00 p.m. ET

11:00 a.m.–3:00 p.m. CT

Form(s) you'll need:

[EDI Email Inquiry Form](#)

EDI Helpdesk Information

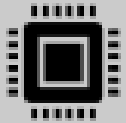
Toll-Free number

- JK: 888-379-9132
- J6: 877-273-4334

Hours of operation

- Monday–Friday: 8:00 a.m.–5:00 p.m. ET
 - By phone or [email](#)
 - Closed for training the 2nd and 4th Friday of the month from 12:00–4:00 p.m. ET

PC-ACE Billing Software



PC-ACE is a free billing software for JK/J6



PC-ACE features

- enter patient information
- maintains claim payment history
- procedure file information
- summary report



Network service vendor is needed

Electronic Funds Transfer and Electronic Remittance Advice

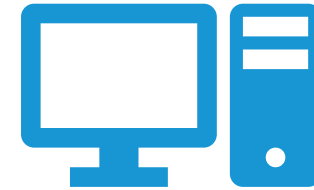


EFT

Receive Medicare payments via direct deposit

Directly deposited and available immediately

- [EFT Authorization Agreement Form](#)



ERA

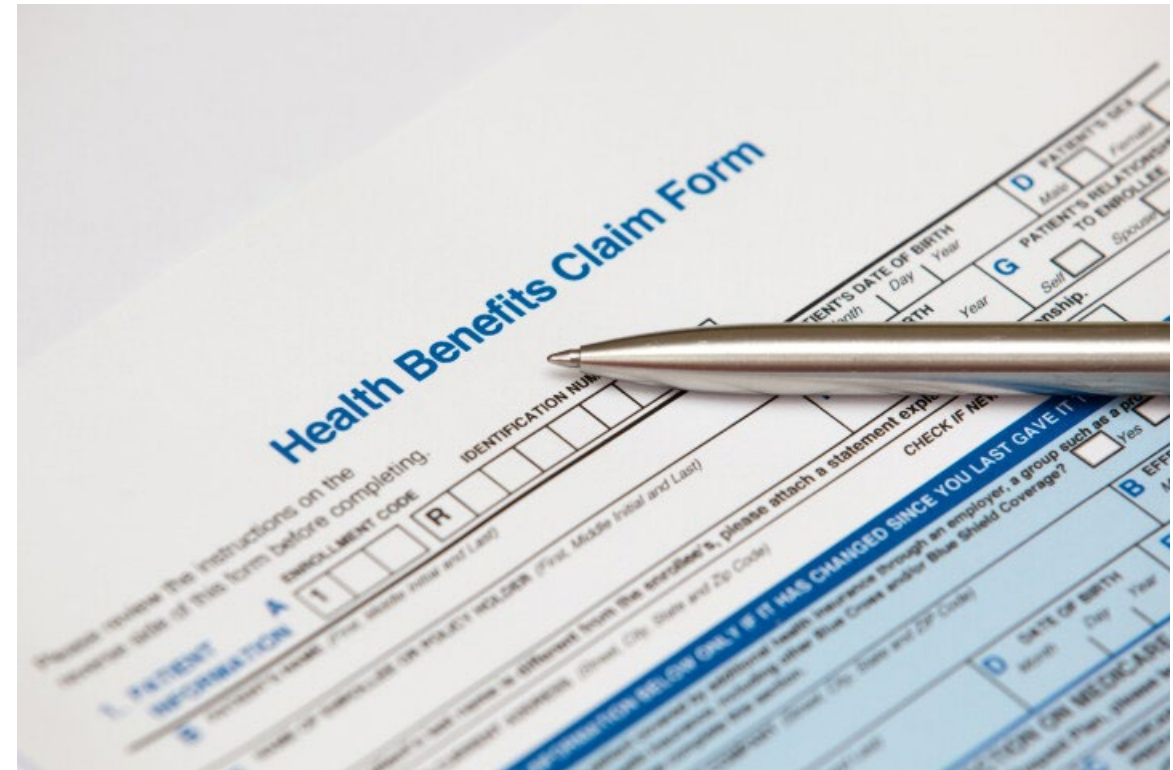
ERA and SPR

- [Electronic Billing and EDI Transactions](#)

Claim Filing Guidelines

Ways to Submit a Claim to Medicare

- Paper claims (CMS-1500)
- EDI
- NGSConnex
- Claim filing time limitation
 - **Must** be filed within one year of the date of service
 - Limited exceptions



Tools Necessary For Coding Claims



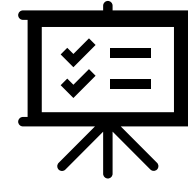
CPT code book

Numeric coding system that describes the services and procedures provided by a physician



HCPCS code book

Alpha numeric coding system used by a physician to report services



ICD-10-CM code books

Used to select appropriate diagnosis codes

Unprocessable Claims

Unprocessable claims

- Claims submitted with incomplete or invalid information are returned as unprocessable; these claims have no appeal rights

Returning a claim

- An explanation of the errors will be provided in the form of a description or code

Avoid Duplicate Claims

- Allow 29 days for paper claims and 14 days for electronic claims to be processed
- Electronic claims submitters should
 - Check your EDI validation report to verify claims were received and accepted
 - Check your software system to verify claims are not set up for automatic rebill every 30 days
 - Review your remittances

Appeals Process

The screenshot shows the top navigation bar of the National Government Services website. The navigation menu includes: HOME, EDUCATION, RESOURCES, EVENTS, ENROLLMENT, and APPS. A search icon is located in the top right corner. Below the navigation bar is a grid of six service categories, each with an icon, a title, and a brief description. The 'Claims and Appeals' category is highlighted with a red border.

Category	Icon	Description
Medical Policies/LCDs	Open book	Find LCDs and related billing and coding articles
Enrollment	Document with pencil	Getting started, after you enroll, and revalidating your enrollment
Fee Schedules	Document with \$\$\$	Code pricing search, payment systems, limits, and fee schedule lookup
Claims and Appeals	Document with magnifying glass	Learn about claims, top errors, fees, MBI and appeals
Overpayments	Dollar sign in a circle	Repayment schedules, and post-pay adjustment
Medicare Compliance	Clipboard with checkmark	Medical Review, Prior Authorization, Fraud & Abuse, CERT, and more

Appeals Process

	Level One	Level Two	Level Three	Level Four	Level Five
Type of Appeal	Redetermination	Reconsideration (QIC)	ALJ- Administrative Law Judge Hearing	MAC – Medicare Appeals Council	Federal Court Review
Time Limit for Filing Appeal	120 days from date of receipt of the initial determination notice	180 days from date of receipt of the redetermination decision	60 days from the date of the reconsideration (QIC decision)	60 days from date of receipt of the ALJ decision	60 days from date of receipt of the MAC decision
Amount in Controversy (monetary threshold to be met)	No minimum (none)	No minimum (none)	The amount that must remain in controversy for ALJ hearing for requests filed on or after 1/1/2024 is \$180	No minimum (none)	For requests filed on or after 1/1/2024 at least \$1,840 remains in controversy

What Is a Reopening?



Allows providers and suppliers to correct clerical errors or omissions without having to request a formal appeal



A reopening can be initiated via telephone, in writing or NGSConnex

[Reopenings for Minor Errors and Omissions](#)

Contacting the Telephone Reopening Unit

- TRU Line JK: 888-812-8905
- TRU Line J6: 877-867-3418
- Hours of operation
 - Monday–Friday
7:00 a.m.–3:00 p.m. CT/8:00 a.m.–4:00 p.m. ET
 - ✓ Closed for training the 2nd and 4th Friday of the month
 - JK: 12:00–4:00 p.m. ET
 - J6: 11:00 a.m.–3:00 p.m. CT
- Faxes accepted and representatives are permitted to accept **no** more than three claims per call

Medicare Part B

How Traditional Medicare Works

Pays 80% of the allowed charges-patient has 20% copayment

Deductible applies

- Some exceptions

Coinsurance applies

- Some exceptions

Patient pays monthly premium

- [Your Medicare Costs, Medicare.gov](https://www.medicare.gov/your-medicare-costs)

Covered Part B Services

- Ambulatory care
- Anesthesia
- Blood transfusions
- Certain medical supplies
- Certain preventive services
- Diagnostic tests
- Injectable drugs
- Medical and surgical services
- Mental health services
- Occupational therapy
- Pathology
- Physical therapy
- Radiology
- Second opinions before surgery
- Speech language therapy

Excluded Part B Services

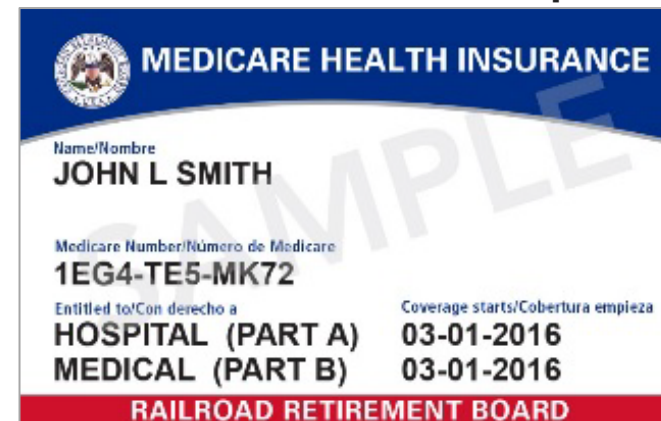
- Chiropractic care – except spinal manipulation
- Cosmetic surgery
- Custodial care
- Eyeglasses
- Hearing aids
- Immunizations (exceptions)
- Orthopedic shoes
- Prescription drugs (exceptions)
- Routine
 - Dental care (exceptions)
 - Eye exams
 - Foot care (exceptions)
 - Hearing exams
 - Physicals
- MLN[®] Booklet: [Items & Services Not Covered Under Medicare](#)

Medicare Card

- MBI
 - Consists of 11 numbers and uppercase letters
 - Randomly generated unique MBI
- 1-800-MEDICARE on back of card
- RRB identified at the bottom



Railroad Retiree Example



Deductibles/Coinsurance

Definitions



Allowed Amount

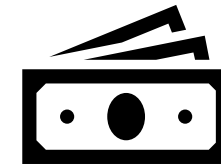
The lower of the provider's submitted charge or the fee schedule allowance for the procedure

Payment is generally made at 80% of the approved charge



Deductible

The first \$240 of approved charges for covered medical expenses is deducted per calendar year and it is the patient's responsibility



Coinsurance

The patient is responsible for 20% of the Medicare-approved amount in most cases

It can be collected at the time of the service and supplemental insurance may cover

Medicare Part B Premiums and Deductibles

2024 Premiums and Deductibles	Amounts
Monthly Part B Premium *Individual income above \$103,000 up to \$129,000 pay higher Part B Premium	\$174.70 (+\$9.80) *\$230.80
Part B Deductible	\$240 (+\$14)
Part B Coinsurance	20%
Mental Health Services	80%
Part A IH Deductible (first 60 days)	\$1,632 (+\$32)
Days 61st – 90th Days	\$408 (+\$8)
Lifetime Reserve Day	\$816 (+\$16)
Skilled Nursing Facilities (21st -100th days)	\$204(+\$4)

Where Can I Find Fee Schedules?

How Medicare Fee Schedules Work

- Medicare sets fees through the fee schedule
 - RVU
 - GPCI
 - Conversion factor
- Changes year-to-year and are approved by Congress
- Medicare physician fee schedule
 - MLN[®] Booklet: [How to Use the PFS Look-Up Tool](#)



Fee Schedule Lookup

Fee Schedule Lookup

To initiate a search, select a fee schedule type from the drop-down menu, complete all required fields, then select **Search**.

Select a Fee Schedule: *

Medicare Physician Fee Schedule Pricing

Result Type: *

Full Fee Schedule

Specific To Fee Code

Date of Service: *

01/30/2024

Procedure Code: *

99213

Region: *

New York (area 02)

Search

Medicare Physician Fee Schedule Pricing

Medicare Physician Fee Schedule Pricing Fee Schedule

<u>Procedure Code</u>	<u>Effective Date</u>	<u>State/Territory</u>	<u>Locality</u>	<u>Short Description</u>
99213	01/01/2024	13202	02	Office o/p est low 20 min

Non-OPPS Capped Payment Rates (NON-OPPS)

<u>Modifier</u>	<u>NON FAC PAR</u>	<u>NON FAC NON PAR</u>	<u>NON FAC LC</u>	<u>FAC PAR</u>	<u>FAC NON PAR</u>	<u>FAC LC</u>
(Details)	103.85	98.66	113.46	73.60	69.92	80.41

OPPS Capped Payment Rates (OPPS)

<u>Modifier</u>	<u>NON FAC PAR</u>	<u>NON FAC NON PAR</u>	<u>NON FAC LC</u>	<u>FAC PAR</u>	<u>FAC NON PAR</u>	<u>FAC LC</u>
(Details)	0.00	0.00	0.00	0.00	0.00	0.00

Fee Schedule Assistance

Description of Medicare Physician Fee Schedule Database Policy Indicators

- | | |
|--|---|
| <ul style="list-style-type: none">• CPT/HCPCS• Modifier• Short Description• Status Code• PC/TC Indicator• Global Surgery• Multiple Procedure (Modifier 51) | <ul style="list-style-type: none">• Bilateral Surgery (Modifier 50)• Assistant at Surgery• Co-surgeons (Modifier 62)• Team Surgery (Modifier 66)• Physician Supervision• Diagnostic Imaging Family Indicator |
|--|---|

Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.

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medicare **mobile**

Text NEWS to 37702; Text GAMES to 37702



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Educational Content

Find us online



www.NGS Medicare.com

Online resources, event calendar, LCD/NCD, and tools



IVR System

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



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Web portal for claim information



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