

Introduction to Medicare Part I

8/24/2023

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.*

Today's Presenters



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 - Provider Outreach and Education Consultant
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 - Provider Outreach and Education Consultant



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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



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

MLN Matters® Articles

- Change Request put into simple language
- [MLN Matters® Articles](#)



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National Fee Schedule for Medicare Part B Vaccine Administration

MLN Matters Number: MM12943 Related Change Request (CR) Number: 12943

Related CR Release Date: November 17, 2022 Effective Date: January 1, 2023

Related CR Transmittal Number: R117100TN Implementation Date: April 3, 2023

Related CR Title: Implementation of a National Fee Schedule for Medicare Part B Vaccine Administration CMS

Provider Types Affected

This MLN Matters Article is for physicians, non-physician practitioners (NPPs), and mass immunizers submitting claims to Medicare Administrative Contractors (MACs) for vaccine services they provide to Medicare patients.

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

The background is a dark blue gradient. On the right side, there is a large, stylized, light blue geometric shape that resembles a folded ribbon or a stylized letter 'N'. In the bottom-left corner, there is a pattern of small, light blue dots arranged in a grid-like fashion.

NGS Website

National Government Services

The screenshot shows the National Government Services login page. An 'Attestation' modal is open in the center, displaying 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.
- Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.
- 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:

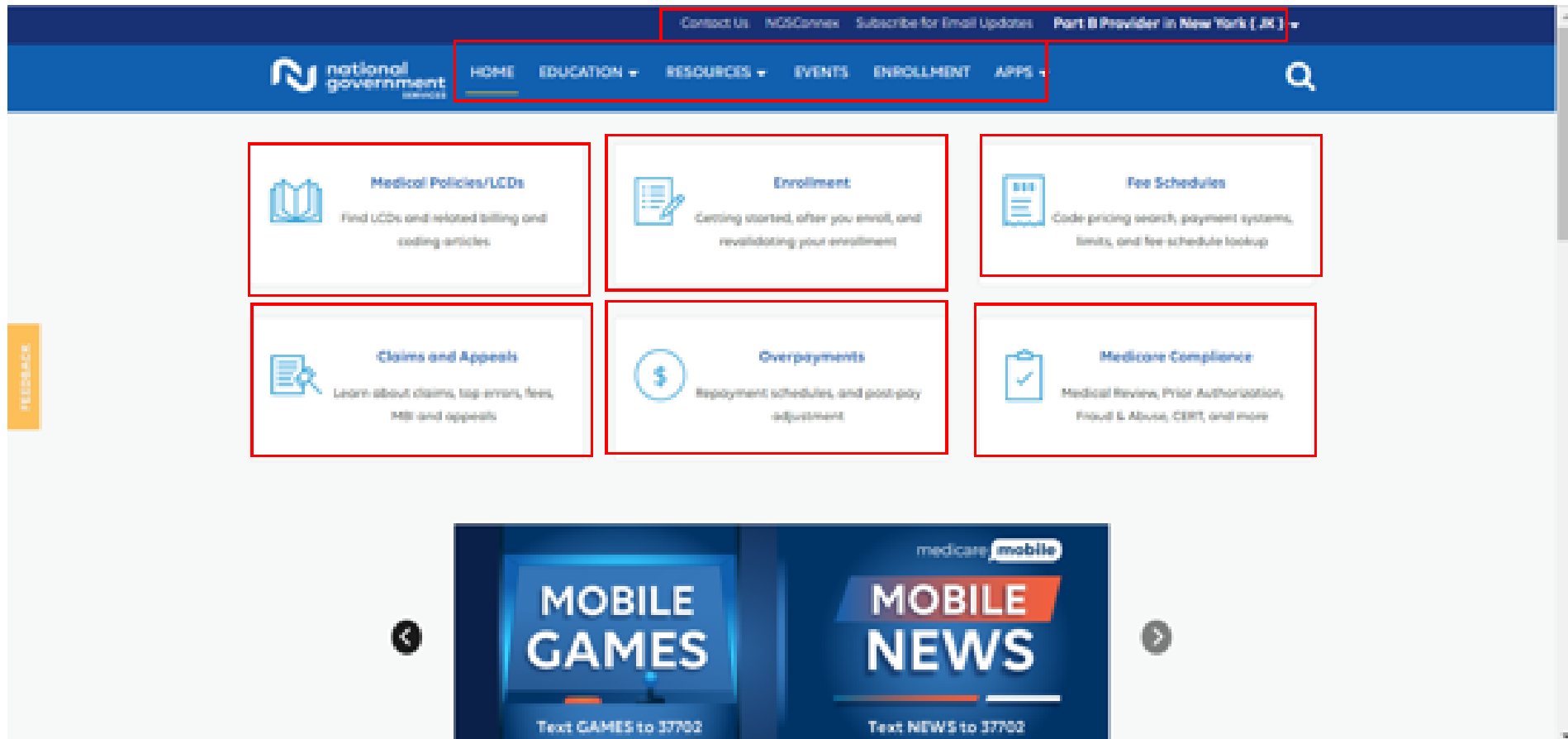
Accept

The background page is divided into two main sections:

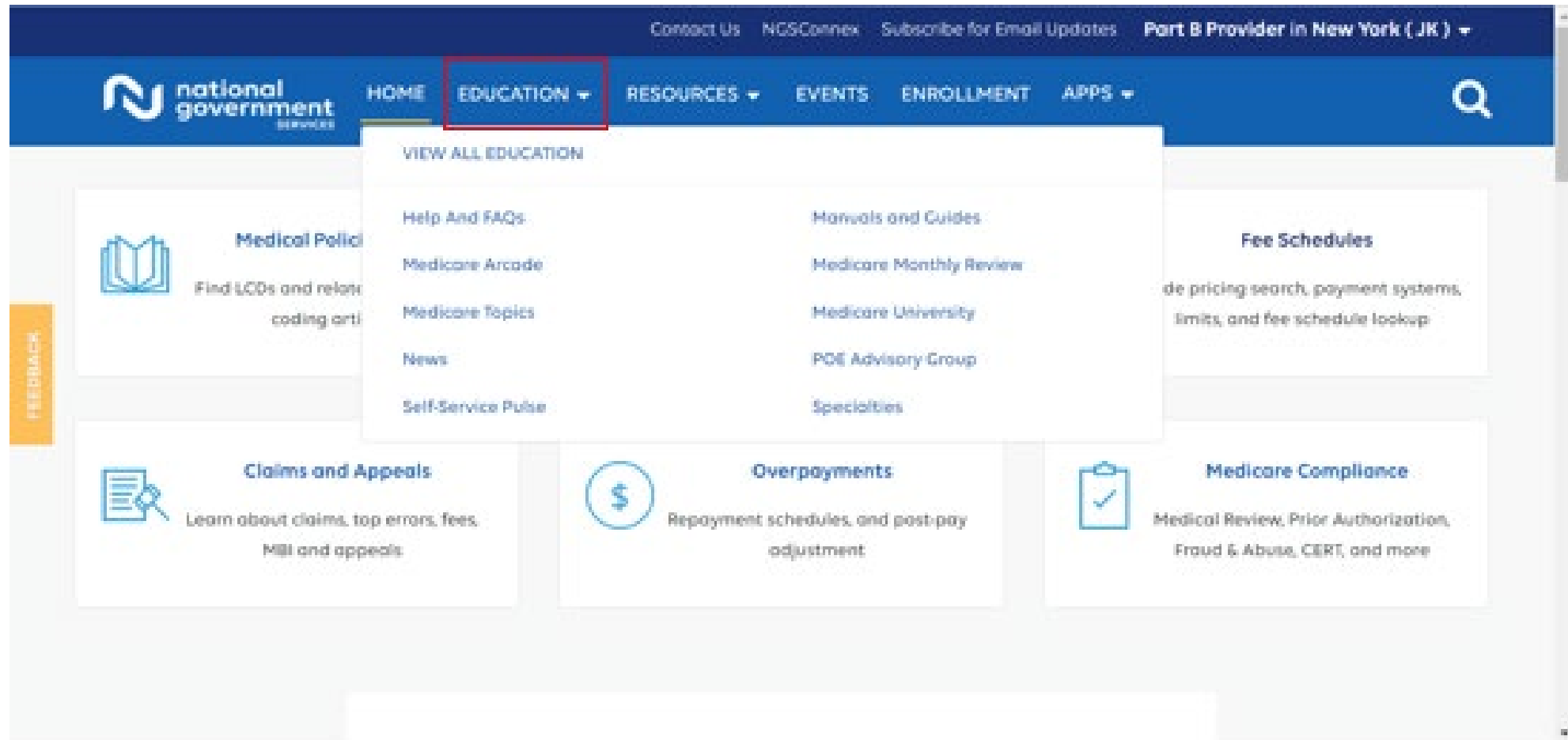
- Access NGS Medicare**
NGSMedicare gives you access to the latest Medicare education and a wide variety of Medicare tools.
I am a...
Please select
Enter
- Log into NGSConnex**
NGSConnex, is your free, secure self-service portal to obtain beneficiary eligibility, claim status & more...saving you time and money!
User ID
Password
Enter

At the bottom of the 'Log into NGSConnex' section, there are links: [Create Account](#) | [Can't Log In](#) | [Helpful Links](#).

NGSMedicare.com Home Page



NGSMedicare.com Education Tab



NGSMedicare.com Events

Type of Event

Select

From

mm/dd/yyyy

To

mm/dd/yyyy

Current Events

Provider Enrollment Revalidation Overview

Webinar

Oct 07, 2021 10:00 AM to 11:00 AM EST

During this webinar you will learn about important changes in the revalidation process, how to determine the Medicare enrollment revalidation due date, and information to avoid disruption in ...

Register

Read More

Submitting Medical Documentation Electronically

Webinar

Oct 13, 2021 11:00 AM to 12:00 PM EST

During this webinar, we will review the difference between solicited and unsolicited medical documentation, the criteria for unsolicited, the different options available to submit, the key ...

Register

Read More

Submitting Revalidation via CMS-855B Paper Application for Part B Providers

Webinar

Oct 14, 2021 12:00 PM to 1:00 PM EST

During this webinar, we will provide an understanding of how to complete the CMS-855B provider enrollment paper application for a clinic, group, or supplier and focus on revalidating a provider's ...

Register

Read More

Past Events

We strive to ensure we are providing you with the most accurate, updated information. If you do not see a past event, the event did not have a handout available to our provider community or the information within the handout is no longer accurate or up-to-date.

Learning Medicare Secondary Payer Interactively


Webinar


PECOS: View and Manage Reassignments through Group Enrollment

Webinar

Provider Enrollment: Getting Access to PECOS

Webinar

 national
government
SERVICES

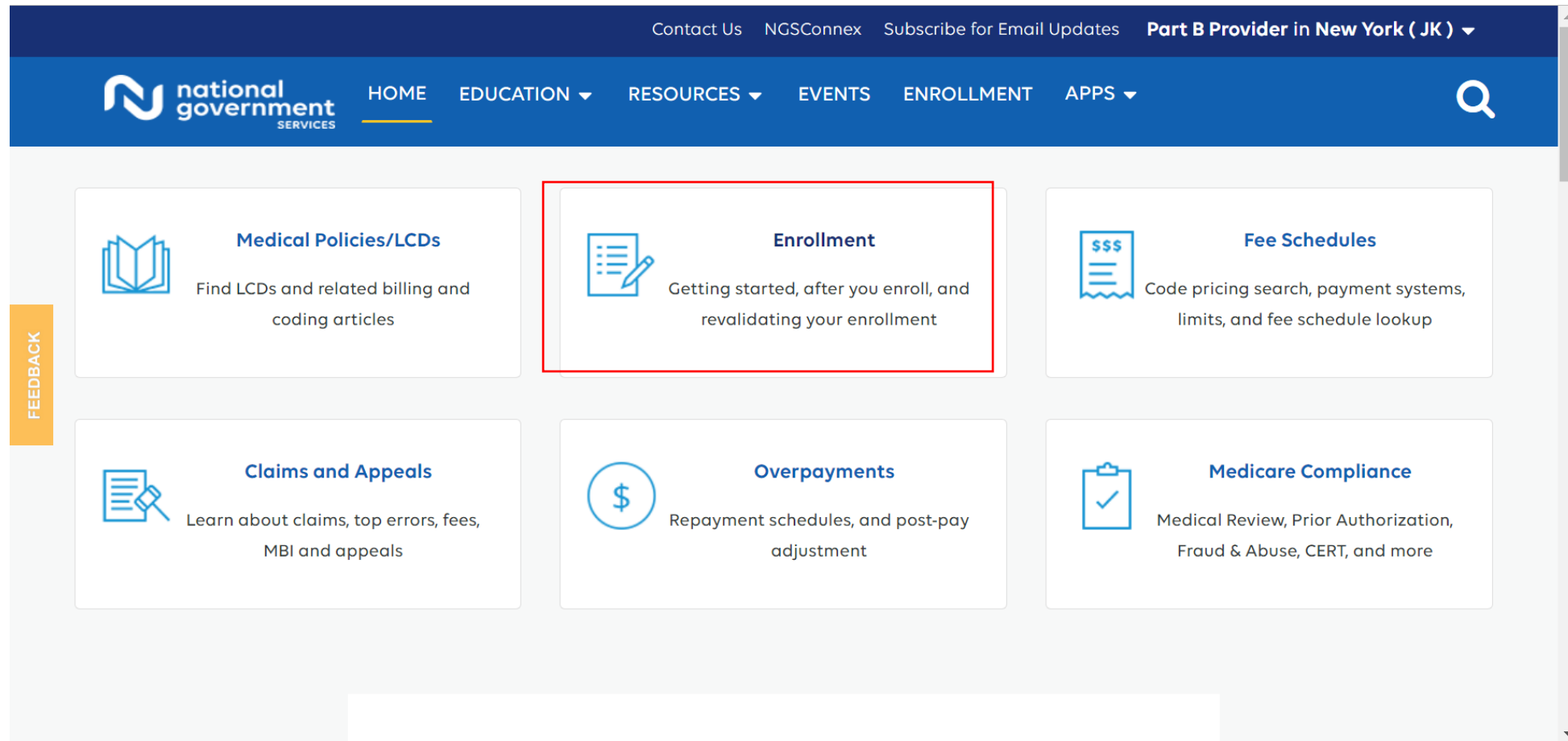
 | 15

National Government Services Offers CEU Credits Through AAPC

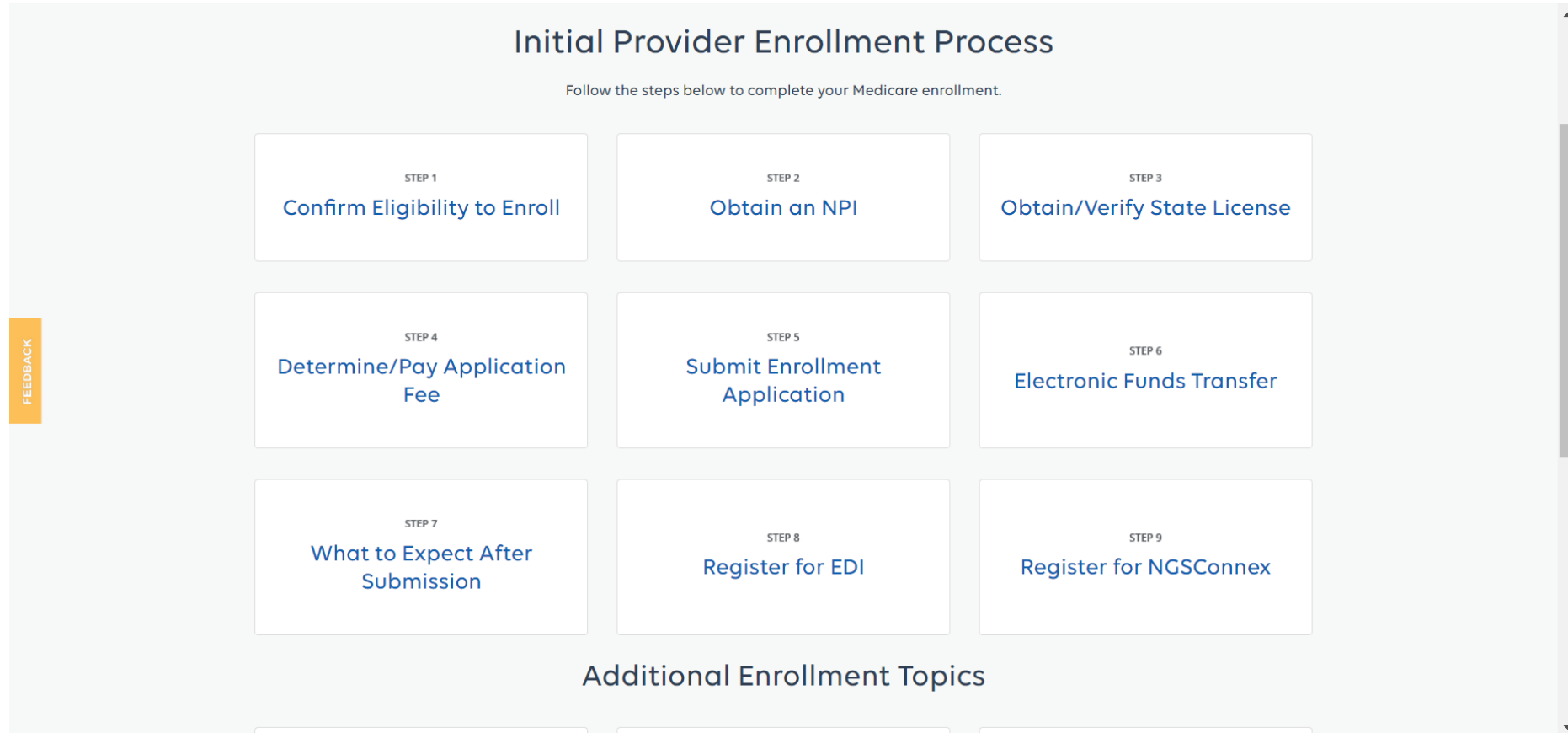
- All NGS Part B Provider Outreach and Education attendees can receive one CEU from the AAPC for every hour of NGS education received
- If you are accredited with a professional organization other than AAPC and plan to request continuing education credit, please contact your organization not NGS with 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



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)
- Mass Immunization Roster Biller
- 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).

FEEDBACK

Option 1

Case Number / Web Tracking Id

Option 2



NPI


TIN (last five digits)

Submit

Clear

[About Us](#) [Privacy Notice](#) [Site Map](#) [Tutorial](#) [Terms and Services](#)



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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
- 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

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 Medicare Benefit Policy Manual, Publication 100-02, 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](#)

Electronic Billing

NGSMedicare.com Resources

The screenshot shows the NGSMedicare.com website. The top navigation bar includes links for 'Contact Us', 'NGSConnex', 'Subscribe for Email Updates', and a dropdown for 'Part B Provider in Connecticut (JK)'. The main navigation bar features 'HOME', 'EDUCATION', 'RESOURCES' (highlighted with a red box), 'EVENTS', 'ENROLLMENT', and 'APPS'. A dropdown menu for 'RESOURCES' is open, showing 'VIEW ALL RESOURCES' and a list of links including 'Claims and Appeals', 'EDI Enrollment' (highlighted with a red box), 'Forms', 'Medicare Compliance', 'Overpayments', 'Tools & Calculators', 'Contact Us', 'EDI Solutions', 'Medical Policies/LCDs', 'NGSConnex', and 'Production Alerts'. On the left side of the page, under the 'Resources' heading, there is a section for 'EDI ENROLLMENT' with a list of links: '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' (all highlighted with a red box). The main content area contains a paragraph about submitting Part B claims to Medicare and another paragraph about the EDI enrollment process starting in May 2019. On the right side, there is a 'Helpful Resources' section with links for 'Approved Entities', 'Network Service Vendors', 'Check EDI Application Status', and 'NPI/PTAN Crosswalk', followed by a 'Contact the EDI Help Desk' section with a phone number and availability hours.

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HOME EDUCATION **RESOURCES** EVENTS ENROLLMENT APPS

Resources

EDI ENROLLMENT

EDI Enrollment

- 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
- Trading Partner ID Recertification

VIEW ALL RESOURCES

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

This page is for providers who wish to submit Part B claims to Medicare. Once you have completed the initial provider enrollment and received your Welcome letter with Medicare, you can begin the EDI enrollment process.

Beginning in May, 2019, providers that are not enrolled for electronic remittance will be required to enroll when initiating any EDI enrollment activity. Providers will need to ensure they are prepared to support an electronic remittance before beginning the EDI enrollment application. If necessary, accessing remittances via NGSConnex is an option. **Note:** You will need to be enrolled with NGSConnex, as well as with EDI.

Helpful Resources

- Approved Entities
- Network Service Vendors
- Check EDI Application Status
- NPI/PTAN Crosswalk

Contact the EDI Help Desk:

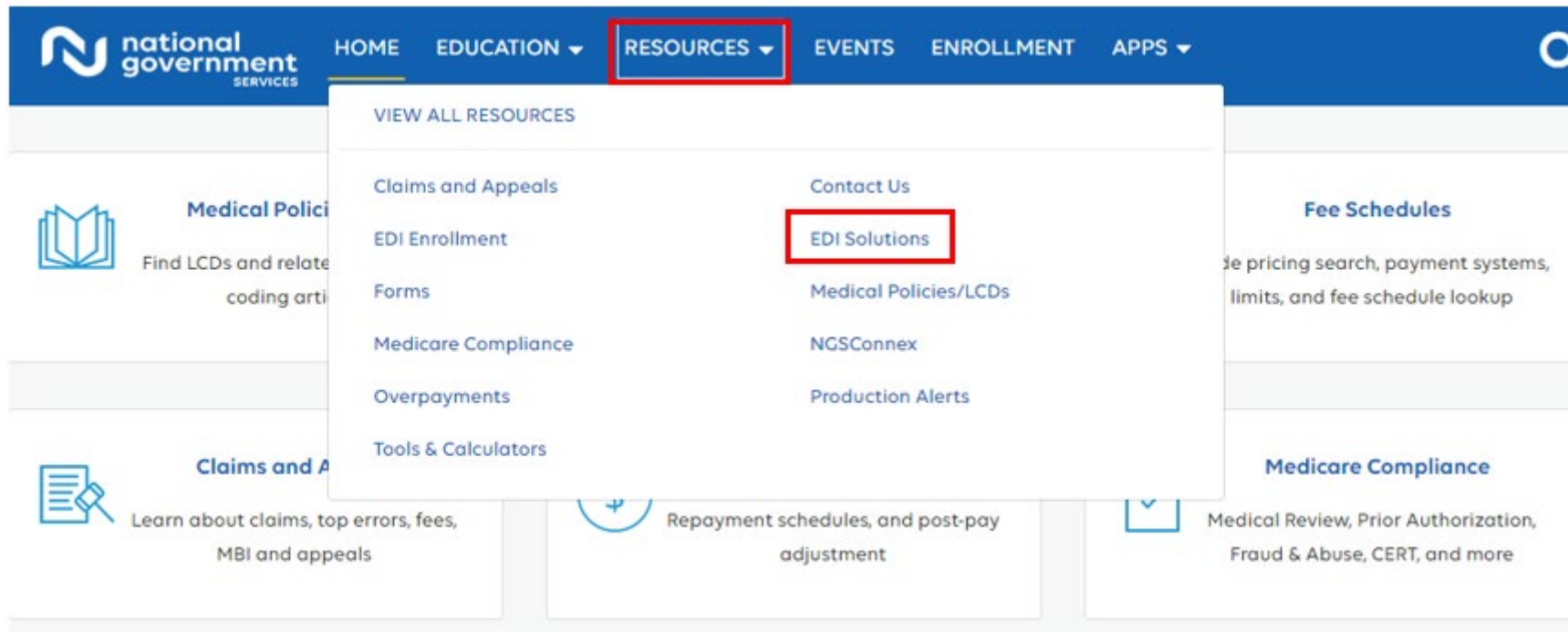
888-379-9132

Available by phone or email Monday-Friday*

8:00 a.m.–5:00 p.m. ET

8:00 a.m.–4:00 p.m. CT

NGSMedicare.com



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 NSVs 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

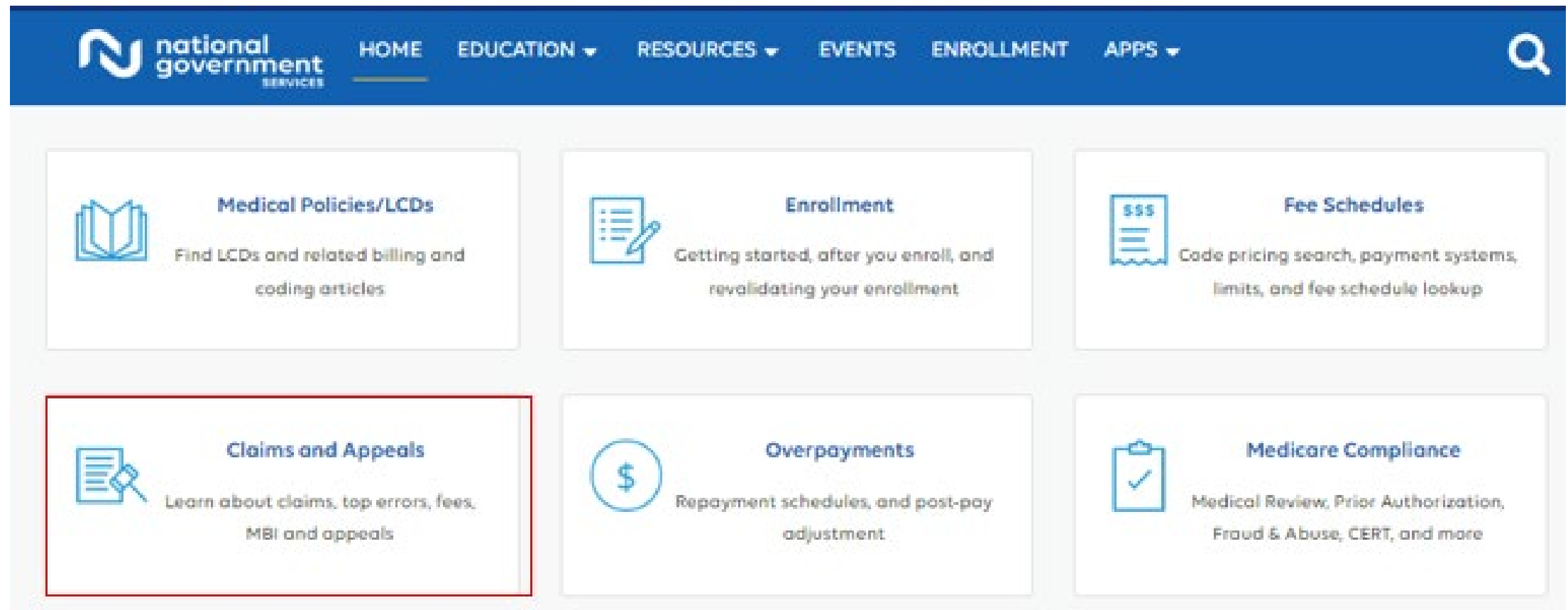
Unprocessable Claims

- 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



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 1/1/2023 is \$180	No minimum (none)	For requests filed on or after 1/1/2023 at least \$1,850 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 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

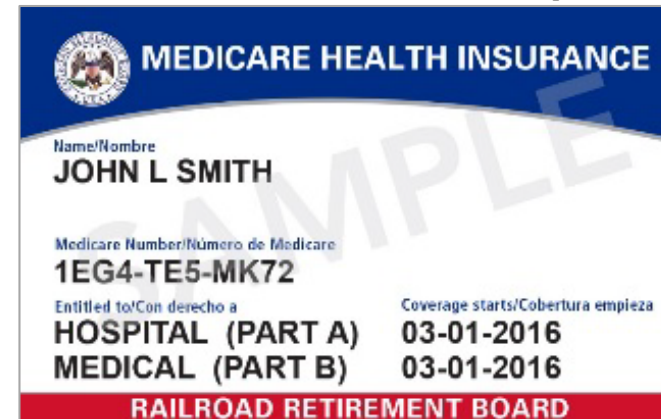
- Chiropractic care – except spinal manipulation
- Cosmetic surgery
- Custodial care
- Eyeglasses
- Hearing aids
- Immunizations (exceptions)
- Orthopedic shoes
- Prescription drugs (exceptions)
- Routine
 - Dental care (exceptions)
 - Eye exams
 - Foot care (exceptions)
 - Hearing exams
 - Physicals
- 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 \$226 of approved charges for covered medical expenses is deducted per calendar year and it is the patients 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

2023 Premiums and Deductibles	Amounts
Monthly Part B Premium *Individual income above \$97,000 up to \$123,000 pay higher Part B Premium	\$164.90 (-\$5.20) *\$230.80
Part B Deductible	\$226 (-\$7)
Part B Coinsurance	20%
Mental Health Services	80%
Part A IH Deductible (first 60 days)	\$1,600 (+\$44)
Days 61st – 90th Days	\$400 (+\$11)
Lifetime Reserve Day	\$800 (+\$22)
Skilled Nursing Facilities (21st -100th days)	\$200.00(+\$5.50)

The background is a solid dark blue. On the right side, there are large, overlapping, semi-transparent blue geometric shapes, including a large 'S' or 'R' curve. On the left side, there is a pattern of small, light blue dots arranged in a grid-like fashion.

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: *

03/10/2023

Procedure Code: *

93000

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>
93000	01/01/2023	13202	02	Electrocardiogram complete

Non-OPPS Capped Payment Rates (NON-OPPS)						
Modifier	NON FAC PAR	NON FAC NON PAR	NON FAC LC	FAC PAR	FAC NON PAR	FAC LC
(Details)	17.50	16.63	19.12	17.50	16.63	19.12
Modifier Selected: (blank)						
Status	Conversion Factor	Update Factor	Work RVU	FAC PE RVU	NON FAC PE RVU	
A	33.8872	1.0000	0.17	0.24	0.24	
Malpractice RVU	Work GPCI	Practice GPCI	Malpractice GPCI	Reduced Therapy Amt	Endoscopic Base	
0.02	1.056	1.212	2.307	0.00	99	
Global Surgery	Facility Pricing	PC/TC	Preoperative Percentage	Interoperative Percentage	Postoperative Percentage	
XXX	1	4	00.00%	00.00%	00.00%	
Multiple Surgery	Bilateral Surgery	Assistant At Surgery	Two Surgeons	Team Surgery		
6	0	0	0	0		

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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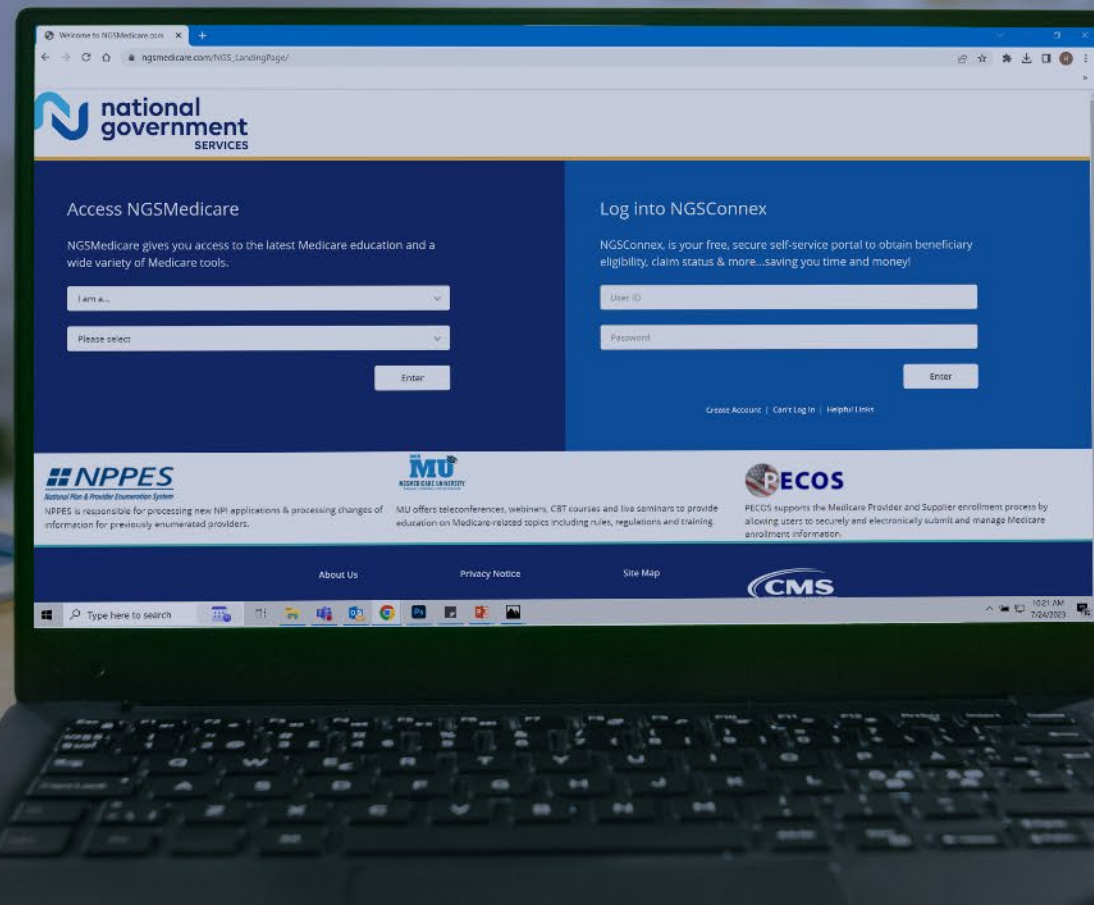
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