

# Introduction to Medicare II

4/18/2024

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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

- Receive a more in-depth understanding of the Medicare Program
- Learn how to access Local Coverage Determinations
- How to be Medicare compliant in your office
- Know what resources to use in order to determine Medicare eligibility and ensure that office intake procedures are efficient



# Today's Presenters

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## Provider Outreach and Education Consultants

- Arlene Dunphy, CPC
- Michele Poulos





## Agenda

Local Coverage Determinations/National Coverage Determinations

Preventive Medicine

Medicare Compliance

Front Office (Help for the Office)

Medigap/Supplemental Insurance/Advantage Plans

Checking Patient Eligibility

NGSConnex

# Local Coverage Determinations

# LCD

- Guidance
  - Indications of treatment
  - Limitations of treatment
  - Medical necessity
- Local Coverage Article
  - Billing and coding guidance
  - ICD-10-CM codes supporting medical necessity
  - Documentation requirements
  - Utilization guidelines/frequency

# Medical Policies

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

**national government SERVICES** HOME EDUCATION ▾ RESOURCES ▾ EVENTS ENROLLMENT APPS ▾

**FEEDBACK**

- 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



# Local Coverage Determinations

## MEDICAL POLICIES/LCDS

### National Government Services Local Coverage Determinations

Welcome to Medical Policies. Below you will find the LCDs, related billing & coding articles and additional medical policy topics. When entering criteria into the search box, the search results will be conducted within the LCDs and the Medical Policy Articles shown below.

**Please note:** There are many procedures for which NGS does not have an LCD/Billing and Coding Article. If your search does not return any coverage documents, then NGS does not have a local coverage statement for that procedure.

For additional Medical Policy Topics, refer to the bottom of the page.

[\[View Draft Policies\]](#) | [\[View Future Effective LCDs\]](#) | [\[View Future Effective Billing & Coding Articles\]](#) | [\[National Coverage Determinations\]](#)



Local Coverage Determinations    Medical Policy Articles

### Local Coverage Determinations

LCD	LCD #	Billing and Coding #	Response to Comments	Related CPT/HCPCS Codes
<b>Autonomic Function Testing</b> <i>Related terms: tilt table, sudomotor</i>	L36236	A57024	A54403	95921, 95922, 95923, 95924, 95999
<b>B-type Natriuretic Peptide (BNP) Testing</b> <i>Related terms: congestive heart failure, acute dyspnea</i>	L33573	A56826		83880

# Additional Medical Topics

## Additional Medical Policy Topics

Conflict of Interest  
Disclosure

Contractor Advisory  
Committee (CAC)

Investigational Device  
Exemption Request

LCD Open Meetings

LCD Reconsideration  
Process

Medical Policy Contact  
Information

New LCD Request Process

FEEDBACK

# New LCD Request Process (A56198)

- Request considered in our jurisdiction from
  - Beneficiaries residing or receiving care
  - Healthcare professionals
  - Any interested party
- Request should include
  - Language that requestor wants included in the new LCD
  - Justification supported by peer-reviewed evidence
  - Full copies of published evidence to be considered
  - Information that addresses the relevance, usefulness, clinical health outcomes or medical benefits
  - Information that fully explains the design, purpose and/or method
- Health Disparities Analysis (Recommended)
  - Include an analysis of any relevant peer-reviewed medical literature that quantifies and/or describes any health disparities related to the specific LCD Reconsideration request
  - How the requested changed may impact health disparities

# New LCD Request Process

- An informal meeting may be requested for discussion of the potential LCD
- Request can be sent via email, facsimile or written letter
  - [Email: NGSnewlcdrequest@anthem.com](mailto:NGSnewlcdrequest@anthem.com)
  - Fax: 317-595-4334
    - ✓ Attention: New LCD Request
  - Mail
    - National Government Services, Inc.
    - Medical Policy Unit
    - Attention: New LCD Request
    - P.O. Box 7108
    - Indianapolis, IN 46207-7108



# New LCD Request Process

- Within 60 calendar days NGS will review the materials and determine whether the request is complete or incomplete
  - Complete
    - ✓ New LCD process will be followed
      - Response is an acknowledgement of the receipt of a complete, valid request not a determination
  - Incomplete
    - ✓ NGS will provide in writing why the request was incomplete

# New LCD Request Process

- All proposed LCDs will include
  - Consultation
  - Publication of proposed LCD
  - Open meeting
  - Opportunity for public comment in writing
  - Publication of a final LCD that includes a response to public comments received
  - Notice of new policy 45 days in advance of the effective date

# Article for LCD Reconsideration Process (A52842)

- Requesting a revision to a final LCD
- Submit written request
- Identify language that requestor wants added/deleted from LCD
  - Include the name of the LCD
- Copies of published authoritative evidence
- Health Disparities Analysis (Recommended)
  - Include an analysis of any relevant peer-reviewed medical literature that quantifies and/or describes any health disparities related to the specific LCD Reconsideration request
  - How the requested change may impact health disparities

# Reconsideration Process

- Submission of electronic request is preferred
  - Email: [NGS.lcd.reconsideration@anthem.com](mailto:NGS.lcd.reconsideration@anthem.com)
  - Fax: 317-595-4334
  - Mail
    - ✓ National Government Services, Inc.  
Medical Policy Unit  
Attention: LCD Reconsideration Request  
P.O. Box 7108  
Indianapolis, IN 46207-7108



# Requesting Addition of ICD-10 Code

- Providers may request that an LCD be revised to add coverage for additional diagnosis codes
- Does not qualify as a reconsideration
- Can send a request to
  - [Email: NGS.lcd.reconsideration@anthem.com](mailto:NGS.lcd.reconsideration@anthem.com)
- Include clinical rationale if no peer-reviewed literature is available
  - Remember no PHI or PII can be sent electronically

# LCD Open Meetings

- Held for each LCD development cycle
- Notice of meeting is posted with location and time of meetings about one month in advance
  - Medical Policies Section of our website
  - Open to the public
  - In person or teleconference participation available

# Medical Policy Unit Contact

- Inquiries related to medical policy, including LCDs and clinical questions
  - Submit to our Contractor Medical Director via email [NGSCMD@anthem.com](mailto:NGSCMD@anthem.com) for clinical issues related to Medicare coverage only
- General inquiries related to Medicare coverage, local and national coverage determinations, billing and reimbursement must be directed to our Provider Contact Center
  - JK: 866-837-0241
  - J6: 866-234-7340

# National Coverage Determinations



# NCDs

- NCDs are policies developed by CMS
  - Same for all contractors across the country
- NCDs are made through an evidence-based process, with opportunities for public participation
  - In the absence of a national coverage policy, an item or service may be covered at the discretion of the Medicare contractors based on an LCD
  - [CMS IOM Publication 100-03, Medicare National Coverage Determinations \(NCD\) Manual](#)

# NCDs

- Interested parties should submit national coverage requests and national coverage reconsideration requests through the CMS website or in writing to
- [Medicare Coverage Determination Process](#)
- Coverage and Analysis Group  
Centers for Medicare & Medicaid Services  
7500 Security Blvd. (Mailstop C1-09-06)  
Baltimore, MD 21244

# Preventive Services

# MLN<sup>®</sup> Educational Tool

## Medicare Preventive Services



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Ⓣ Telehealth Eligible Services ▾

### Medicare Preventive Services

× Select a Service      FAQs      Resources

Alcohol Misuse Screening & Counseling Ⓣ	Annual Wellness Visit Ⓣ	Bone Mass Measurement	Cardiovascular Disease Screening Test	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use Ⓣ
Depression Screening Ⓣ	Diabetes Screening	Diabetes Self-Management Training Ⓣ	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening	Hepatitis B Shot & Administration
Hepatitis C Screening	HIV Screening	IBT for Cardiovascular Disease Ⓣ	IBT for Obesity Ⓣ	Initial Preventive Physical Exam	Lung Cancer Screening Ⓣ	Mammography Screening
Medical Nutrition Therapy Ⓣ	Medicare Diabetes Prevention Program	Pneumococcal Shot & Administration	Prolonged Preventive Services Ⓣ	Prostate Cancer Screening	Screening Pap Test	Screening Pelvic Exam
STI Screening & HIBC to Prevent STIs Ⓣ	Ultrasound AAA Screening					

▴ Quick Start      ▴ Advance Health Equity

MLN006559 January 2024

# Preventive Services Educational Tool

- Learn About Codes
- Who is Covered
- Frequency
- What the Beneficiary Pays
- ICD-10-CM Codes

# Preventive Services Educational Tool Example


Select another service

Print



## Annual Wellness Visit (AWV)

### HCPCS & CPT Codes

- 
- G0438** — Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit
  - G0439** — Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit
  - G0468** — Federally qualified health center (fqhc) visit, ippe or awv; a fqhc visit that includes an initial preventive physical examination (ippe) or annual wellness visit (awv) and includes a typical bundle of medicare-covered services that would be furnished per diem to a patient receiving an ippe or awv
  - 99497** — Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
  - 99498** — Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such

#### What's Changed?

- Added Social Determinants of Health Risk Assessment as an optional element
- Added information about community health integration initiating visit

▲ Quick Start

▲ Advance Health Equity

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# Medicare Wellness Visits – IPPE/AWV

- MLN® Educational Tool  
[MLN6775421 – Medicare Wellness Visits November 2023](#)

The screenshot shows the 'Medicare Wellness Visits' educational tool interface. At the top, the title 'Medicare Wellness Visits' is displayed in a dark blue font. Below the title is a navigation bar with four tabs: 'Quick Start', 'IPPE', 'AWV', and 'Know the Differences'. The 'IPPE' tab is currently selected. Below the navigation bar is a banner with a magnifying glass icon over a person, followed by the text 'Early detection saves lives. Encourage patients to get their [other preventive services](#).' To the right of the text is a heart icon with a pulse line. Below the banner is a photograph of a diverse group of smiling older adults.



# Medicare Compliance

# Medicare Compliance

What can we help you with?

Targeted Probe and  
Educate

Comprehensive Error Rate  
Testing

Fraud & Abuse

Prior Authorization

Supplemental Medical  
Review Contractor

Recovery Audit

Medical Review

# Comprehensive Error Rate Testing Program

- CERT program is designed to determine if MACs are processing and paying claims correctly
- Improper payments represent payments that do not meet program requirements whether intentional or otherwise and contribute to inaccurate spending of Americans' tax dollars
- Overall Improper payment rate
  - 2018 – 8.12 percent
  - 2019 – 7.25 percent
  - 2020 – 6.27 percent
  - 2021 – 6.25 percent
  - 2022 – 7.46 percent
  - 2023 – 10.03 percent, representing \$10.99 billion dollars in improper payments

# Comprehensive Error Rate Testing Program

- CERT program is comprised of two contractors
  - CERT RC
    - ✓ Samples claims
    - ✓ Requests and receives all medical records
    - ✓ Reviews medical records
    - ✓ Compiles the data (using the CERT SC)
  - CERT SC
    - ✓ Calculates improper payment rates and amounts
    - ✓ Designs sampling strategy
- [Comprehensive Error Rate Testing Details](#)

# Medical Review

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Resources > Medicare Compliance

## MEDICAL REVIEW

FEEDBACK

- Medical Review ^
- NGS Medical Review Process**

### NGS Medical Review Process

Medicare contractors, like National Government Services, operate the medical review program to prevent improper payments and protect the Medicare Trust Fund. Medical reviews involve the collection and clinical review of medical records and related information to ensure that payment is made only for services that meet all Medicare coverage, coding, billing and medical necessity requirements.

Medical review identifies errors through claim analysis and/or medical record review activities. Contractors use this information to help ensure they provide proper Medicare payments (and recover any improper payments if the claim was already paid). Contractors also offer

#### Helpful Resources

- [Targeted Probe and Educate Manual](#)
- The preferred method to submit Medical Records is NGSConnex:**
- [NGSConnex](#)
- [NGSConnex User Guide](#)
- Visit our [Contact Us](#) page for other methods of submission.

# NGS Medical Review Process

## Prepayment Reviews

- Claims will suspend
  - ADR generated
- Respond timely and accurately
  - Within 35–40 days (CMS allows 45 days)
  - Send each response separately
  - Include all necessary records
  - Signatures and credentials

# NGS Medical Review Process

## Postpayment Reviews

- ADR will advise you of the documentation needed
- Include all records necessary to support the services
- Do not include additional correspondence
- Records must be complete and legible
  - Including signatures and credentials



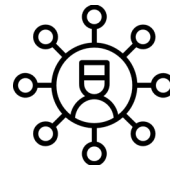
# Medical Review Target Probe and Educate

- Program is designed to help providers and suppliers reduce claim denials and appeals through one-on-one help
- TPE reviews may involve claims that have already been processed (postpayment)
  - Notification letter will include a listing of all the claims being selected
- New claim submissions (prepayment)
  - Includes a notification letter followed by separate ADRs for each claim



## Key Elements of TPE

Medical record review include up to three rounds of TPE review



## Claim Size

Claim sample size per provider, per topic, and a round of TPE review is limited to a minimum of 20 and a maximum of 40 claims



## Education

Includes provider specific education focusing on improving issues

Education will be offered after each round of TPE

# Responding to ADRs

- NGS JK (CT, MA, ME, NH, NY, RI, VT)
  - Mail  
National Government Services, Inc.  
P.O. Box 7108  
Indianapolis, IN 46207-7108
- NGS J6 (IL, MN, WI)
  - Mail  
National Government Services, Inc.  
Attn: Medical Review  
P.O. Box 6475  
Indianapolis, IN 46206-6475
- NGSConnex
- CD, esMD or Fax

# Medicare Provider Compliance Tips



**mln**  
EDUCATIONAL TOOL

KNOWLEDGE • RESOURCES • TRAINING

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## Medicare Provider Compliance Tips

× Select a Topic

Allergy Services	Ambulance Services	Ambulatory Surgical Centers	Annual Wellness Visits	Anticancer Drugs	Bacterial Cultures	Blood Counts	Canes & Crutches
Cataract Services	Chiropractic Services	Commodes	CORF Services	CPAP Devices	Diabetic Shoes	Diabetic Supplies	Echography & Sonography
Enteral Nutrition	Enteral Nutrition Pumps	ESRD Clinic Services	Evaluation & Management	Hip & Knee Replacements	Home Health Services	Hospice Services	Hospital Beds
Immunosuppressive Drugs	Infusion Pumps	Inpatient Rehabilitation Services	Lenses	Lipid Panels	Lower Limb Orthoses	Lower Limb Prostheses	Manual Wheelchairs
Nebulizers	Negative Pressure Wound Therapy	Ostomy Supplies	Other Lab Tests	Oxygen	Parenteral Nutrition	Patient Lifts	Physical Therapy
Pneumatic Compression Devices	Podiatry	Pressure Reducing Support Surfaces	Psychiatric Care	Respiratory Assist Devices	Sleep Studies	SNF Services	Spinal Orthoses
Surgical Dressings	TENS Units	Tracheostomy Supplies	Urinalysis	Urological Supplies	Venipuncture	Ventilators	Walkers
Wheelchair Options							

▲ Quick Start

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Front Office



# Front Office Staff

- Front office staff is key to determining what type of insurance should be billed for services
- This job is not only the collection of patient information, copying insurance cards and health information, but also verifying insurance information with the different contractors



# Traditional Fee-For-Service Medicare





# Applying for Medicare

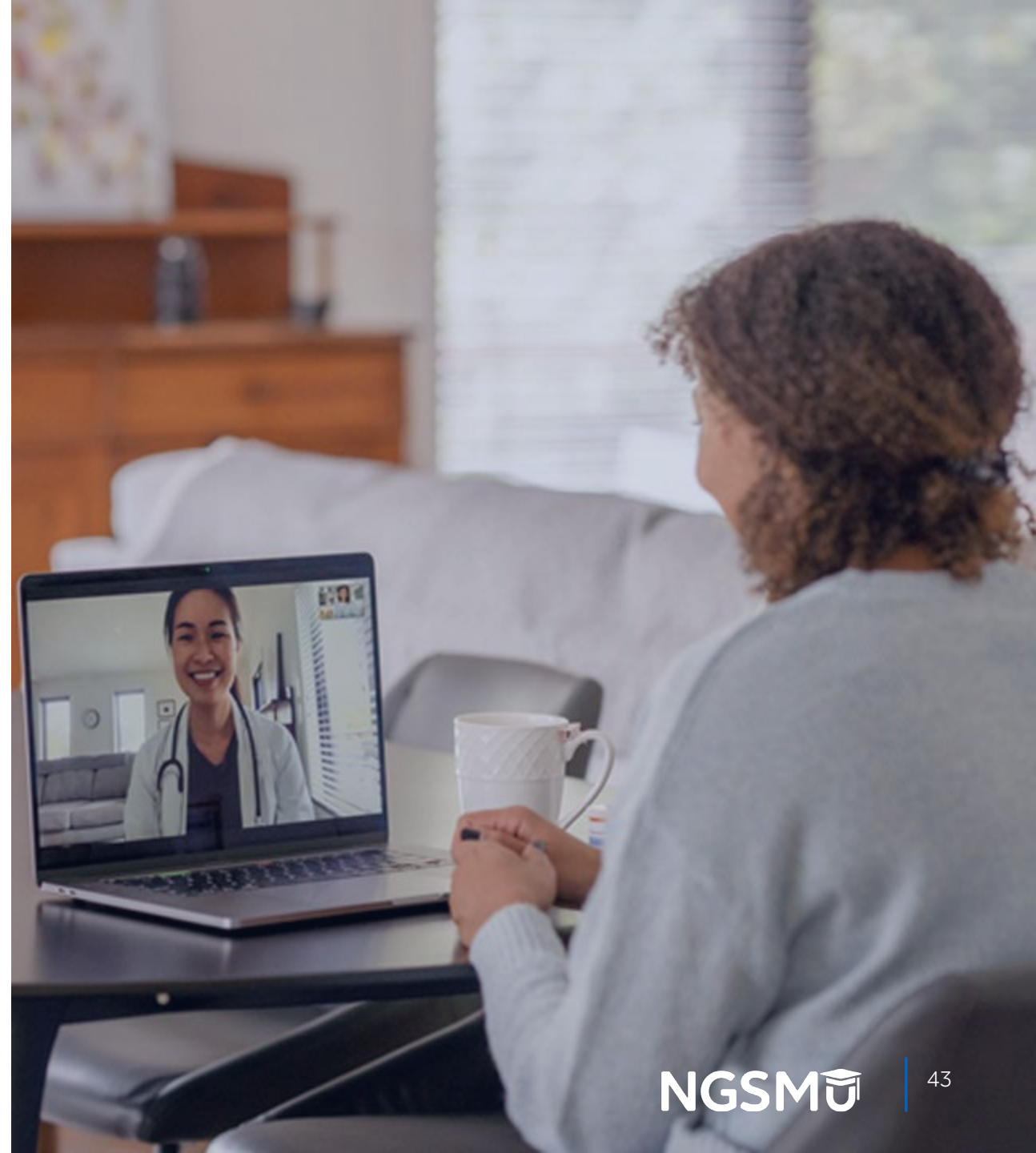
Beneficiary reaches 65 and notifies Social Security office to apply for Medicare Part B

Seven-month period starting with three months prior to age 65, up to three months after

Medicare Part B is a voluntary program – beneficiaries pay a monthly premium

# Applying for Medicare at a later time


- If beneficiary didn't sign up during initial seven-month enrollment period, they can sign up from January 1–March 31 of each year
- May have to pay a higher premium for late enrollment
- If covered under a group health plan based on current employment, they qualify for a separate enrollment period



# Medicare Advantage Plans

# Medicare Advantage Plans

- Private insurance companies approved by Medicare provide this coverage
- In most plans, you need to use plan doctors, hospitals, and other providers, or you may pay more or all the costs

**Anthem** 

<b>Member Name:</b> Jane Doe	<b>MEDICARE   PPO</b> <b>ADVANTAGE</b>
<b>Subscriber Name:</b> Jane Doe	<hr/> <b>Anthem Medicare Preferred</b> <b>Anthem Rx Network</b> <hr/>
<b>Identification No:</b> 123456789	PCP Office Visit      \$20
<b>Group No:</b> 0084567	Specialist Office Visit      \$20
<b>Plan No:</b> 332	Emergency room      \$50
	Urgent Care      \$50
<b>PCP not required.</b>	
<b>Begin Date:</b> 01/01/2006	H5529-001

# Medicare Advantage Plans Costs



You pay a monthly premium (in addition to your Part B premium), copayment or coinsurance for covered services



Costs, extra coverage and rules vary by plan



Your plan may require preapproval for services

# Medigap/Supplemental Insurance



# What Is Medigap Insurance?

Health insurance sold by private insurance companies to fill the “gaps” in traditional Medicare Plan coverage

Some policies cover extra benefits that aren’t normally covered by traditional Medicare

Claims will be forwarded to the Medigap carrier once the office enters appropriate Medigap carrier information on the claim form (OCNA)





# What Is Supplemental Insurance?



Generally, a retiree benefit from their company



They normally do not have to pay for it and it crosses automatically from the Medicare office



Beneficiary must let Social Security office know if they have a secondary insurance to Medicare

# Documenting Medicare Secondary Payer Information

- The CMS-model MSP Questionnaire can be found in the [CMS IOM Publication 100-05, Medicare Secondary Payer \(MSP\) Manual, Chapter 3](#)
- Review questionnaire with the beneficiary
  - Do not assume responses
- Document
  - Both positive and negative responses
- Develop internal policies for unable or unwilling beneficiaries
- Recommended to save MSP information for ten years from date of service



# Benefits Coordination & Recovery Center

## BCRC

- Formerly known as coordination of benefits
- Most up-to-date and accurate beneficiary insurance information

## Customer service representatives available

- Monday–Friday, 8:00 a.m.–8:00 p.m. ET, except holidays
- 855-798-2627
- TTY/TDD: 855-797-2627 (hearing and speech impaired)

# How Do I Check Patient Eligibility

# Primary Payer Identification Methods



Check Medicare's records

NGSConnex

IVR

Other online eligibility



Collect information

Ask patient, representative/family member

MSP Questionnaire

NGSConnex

# What Is NGSConnex – Free Program

- Only need Internet access and email address
- Beneficiary eligibility/therapy caps
- Claim status-duplicate claim status
- Financial data/provider demographics
- Ability to order/download duplicate remittances
- Redeterminations/reopenings
- Inquiries
- Submission of medical records (ADR request)
- Print and view appeals letters
- Claims submission
- Preventive services



# Access to NGS



## Access NGSMedicare

NGSMedicare gives you access to the latest Medicare education and a wide variety of Medicare tools.

## Log into NGSConnex

NGSConnex, is your free, secure self-service portal to obtain beneficiary eligibility, claim status & more...saving you time and money!

[Create Account](#) | [Can't Log In](#) | [Helpful Links](#)

# Hours of Availability



NGSConnex is available 24/7



Information obtained from the local system is only available

Monday–Friday: 7:00 a.m.–6:00 p.m. ET

Saturday: 7:00 a.m.–3:00 p.m. ET



Not available during system upgrades or maintenance



# JK Contact Information

IVR: 877-869-6504

Provider Contact Center: 866-837-0241

EDI Helpdesk: 888-379-9132

## Correspondence

- National Government Services, Inc.  
Part B Provider Written General Inquiries  
P.O. Box 6189  
Indianapolis, IN 46207-6189

Direct telephone line for provider enrollment JK: 888-379-3807



# J6 Contact Information

- IVR: 877-908-9499
- Provider Contact Center: 866-234-7340
- EDI Helpdesk: 877-273-4334
- Correspondence  
National Government Services, Inc.  
Part B Provider Written General Inquiries  
P.O. Box 6475  
Indianapolis, IN 46206-6475
- Direct telephone line for provider enrollment J6: 877-908-8476



# Provider Contact Center Training Closure

- PCC closes twice a month for training and staff development
  - Training is conducted on the 2nd and 4th Friday of each month from 11:00 a.m.–3:00 p.m. CT and 12:00 p.m.–4:00 p.m. ET
- This schedule was determined based on our lowest call volume times to reduce impact to our providers



# Questions?

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

# Connect with us on Social Media



[YouTube Channel](#)

Educational Videos

medicare **mobile**

Text NEWS to 37702; Text GAMES to 37702



[www.MedicareUniversity.com](http://www.MedicareUniversity.com)

Self-paced online learning

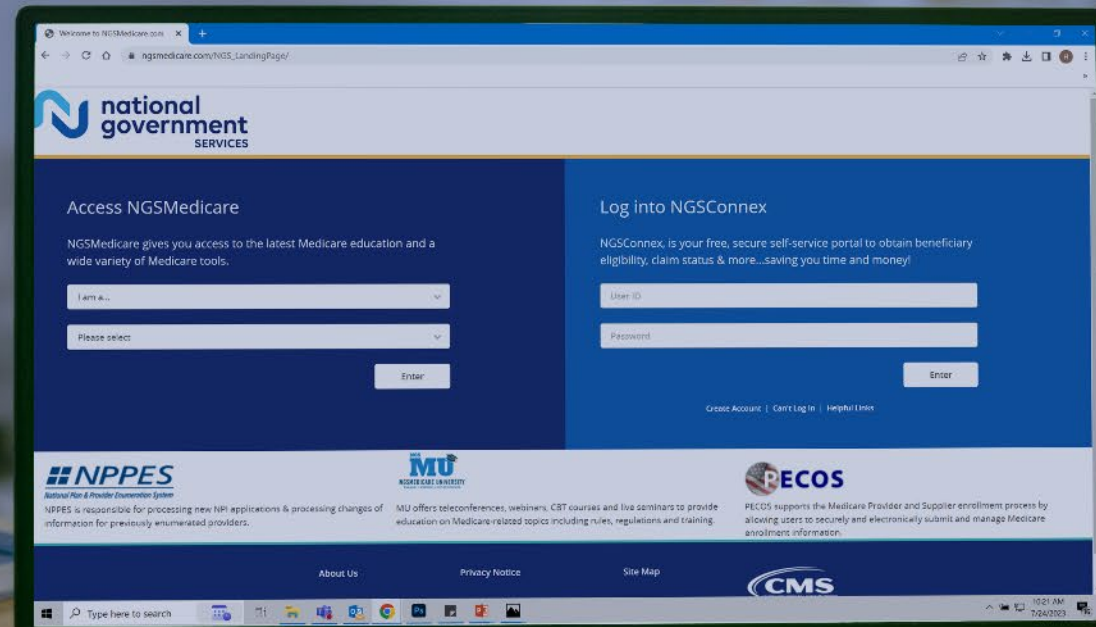


[LinkedIn](#)

Educational Content



# Find us online



[www.NGS Medicare.com](http://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



[NGSConnex](#)

Web portal for claim information



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