

Introduction to Medicare Part II

4/18/2023

Today's Presenters



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Recording

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Objectives

- 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



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

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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

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
Autonomic Function Testing <i>Related terms: tilt table, autonomic</i>	L36236	A57024	A54403	95921, 95922, 95923, 95924, 95999
B-type Natriuretic Peptide (BNP) Testing	L33575	A56826		E3600

Additional Medical Topics



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
- An informal meeting may be requested for discussion of the potential LCD

New LCD Request Process ⁽¹⁾2

- 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 ⁽²⁾

- 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 ⁽³⁾ 4

- 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
- Copies of published authoritative evidence
 - Scientific data or research studies published in peer-reviewed medical journals not previously reviewed or listed in sources of information
 - Consensus of expert medical opinion (recognized authorities in the field)
 - Medical opinion derived from consultations with medical associations or other healthcare experts

Reconsideration Process

- **Submission of electronic request is preferred**

- Email: 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 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

- 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](#)

NCD ₂

- 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[®] Educational Tool

Medicare Preventive Services



mln
 EDUCATIONAL TOOL
 KNOWLEDGE • RESOURCES • TRAINING

Print

T Telehealth Eligible Service

Medicare Preventive Services

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

Quick Start

Advance Health Equity

MLN006559 March 2023

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

Telehealth Eligible

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 forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)

What's Changed?

- No changes from the last quarter

Medicare Wellness Visits – IPPE/AWV

- MLN® Educational Tool
[Medicare Wellness Visits -
ICN MLN6775421 March
2023](#)



Preventive Services

- May be added through the NCD process if the service is
 - Reasonable and necessary for prevention or early detection of illness or disability
 - United States Preventive Services Task Force (USPSTF) recommended with grade A or B
 - Appropriate for individuals entitled to Part A benefits or enrolled under Medicare Part B
 - We may also add preventive services through statutory and regulatory authority

Medicare Compliance

Medicare Compliance

Comprehensive Error Rate Testing	Fraud & Abuse	Medical Review
Prior Authorization	Recovery Audit	Supplemental Medical Review Contractor
Targeted Probe and Educate		

Comprehensive Error Rate Testing (CERT) Program ⁽¹⁾2

- 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 - estimated improper payment rate is 7.46 percent, representing \$31.46 billion in improper payments

Comprehensive Error Rate Testing (CERT) Program ⁽²⁾

- 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](#)

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

The screenshot shows the 'Medical Review' page on the national government services website. The page has a blue header with the logo and navigation links: HOME, EDUCATION, RESOURCES (highlighted), EVENTS, ENROLLMENT, and APPS. Below the header, the breadcrumb 'Resources > Medicare Compliance' is visible, followed by the title 'MEDICAL REVIEW'. On the left, a sidebar menu is highlighted with a red box, containing 'Medical Review', 'NGS Medical Review Process' (selected), and 'Medical Review Focus Areas'. The main content area features the title 'NGS Medical Review Process Postpayment and Targeted Probe and Educate Updates'. Below the title, a paragraph states: 'Medical Review Update: Effective 9/1/2021 NGS will resume TPE reviews. Please note: Some of the TPE reviews will involve claims that have already been processed (postpayment). The notification letter for postpayment TPE reviews will include a listing of all the claims being selected. TPE reviews that are being done for new claim submissions (prepayment) will include a notification letter followed by separate ADRs for each claim involved. Prior to this restart of TPE reviews, NGS had been conducting service specific post payment reviews. Providers should continue responding to these service specific postpayment ADR requests that have already been issued. Providers are encouraged to review the Medical Review Focus Areas to learn about what services are being selected, what documentation will be requested, and more details on these service specific post payment reviews.' To the right of the main content, a 'Helpful Resources' section is highlighted with a red box, listing: 'Targeted Probe and Educate Manual', 'Ways to submit Medical Records: Paper, Fax, CD, esMD', 'NGSConnect', 'NGSConnect User Guide', 'USPS' (National Government Services, Inc., P.O. Box 7108, Indianapolis, IN 46201-7108), 'UPS/FedEx' (National Government Services, Inc., 220 Virginia Ave, Indianapolis, IN 46204, ATTN: Mail & Distribution, *Add/insert the operational unit record).

Medical Review Target Probe and Educate

- 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

Rounds of Review

- TPE consists of three rounds, if the provider continues to have a high payment error rate
 - Round One (Initial Probe)
 - Round Two
 - Round Three
- Additional rounds of review will include
 - One-on-one education with medical review after each round of review
 - Additional development request approximately 45–56 days after the education is complete
 - Detailed results letter
 - ✓ Notification letters and results letters will be sent out in pink envelopes

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: [Medicare Provider Compliance Tips MLN4824456](#)

The screenshot displays the MLN Educational Tool interface. At the top, there is a blue header with the MLN logo (stylized 'mln' in yellow and green) and the text 'EDUCATIONAL TOOL' and 'KNOWLEDGE • RESOURCES • TRAINING'. A 'Print' button is located in the top right corner. Below the header, the title 'Medicare Provider Compliance Tips' is centered. Underneath the title is a dark grey bar with the text '× Select a Topic'. Below this bar is a grid of 48 topics arranged in 8 rows and 6 columns. The topics are: Allergy Services, Ambulance Services, 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, Home Health Services, Hospital-Based Hospice Services, Hospital Beds, Immunosuppressive Drugs, Infusion Pumps, Inpatient Rehabilitation Services, Lenses, Lipid Panels, Lower Limb Orthoses, Lower Limb Prostheses, Manual Wheelchairs, Nebulizers & Drugs, Negative Pressure Wound Therapy, Ostomy Supplies, Other Lab Tests, Oxygen, Parenteral Nutrition, Patient Lifts, Physical Therapy, Podiatry, Pressure Reducing Support Surfaces, Psychiatric Care, Sleep Studies, SNF Services, Spinal Orthoses, Surgical Dressings, TENS Units, Tracheostomy Supplies, Urinalysis, Urological Supplies, Venipuncture, Ventilators, Walkers, and Wheelchair Options. A 'Feedback' button is located on the right side of the grid. At the bottom left, there is a 'Quick Start' button. At the bottom right, the text 'MLN4824456 May 2022' is displayed.

× Select a Topic						
Allergy Services	Ambulance Services	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	Home Health Services	Hospital-Based Hospice Services	Hospital Beds
Immunosuppressive Drugs	Infusion Pumps	Inpatient Rehabilitation Services	Lenses	Lipid Panels	Lower Limb Orthoses	Lower Limb Prostheses
Manual Wheelchairs	Nebulizers & Drugs	Negative Pressure Wound Therapy	Ostomy Supplies	Other Lab Tests	Oxygen	Parenteral Nutrition
Patient Lifts	Physical Therapy	Podiatry	Pressure Reducing Support Surfaces	Psychiatric Care	Sleep Studies	SNF Services
Spinal Orthoses	Surgical Dressings	TENS Units	Tracheostomy Supplies	Urinalysis	Urological Supplies	Venipuncture
Ventilators	Walkers	Wheelchair Options				

▲ Quick Start

MLN4824456 May 2022

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

- 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 of the costs

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

Medicare Advantage Plans

- 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.

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

[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**

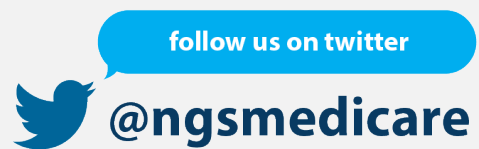
Provider Contact Center Training Closure

- 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.



medicare **mobile**

Text NEWS to 37702; Text GAMES to 37702



youtube.com/ngsmedicare