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2022 NGS Medicare Spring Virtual Conference
Medicare for You

Introduction to Medicare Part I

5/11/2022

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Today's Presenters

- Arlene Dunphy, CPC
  - Provider Outreach and Education Consultant
- Michele Poulos
  - Provider Outreach and Education Consultant

Disclaimer

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No Recording

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

Objectives

- 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
  - What is 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

Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) – April 2022 Update

MLN Matters Number: MM12623 | Related Change Request (CR) Number: 12623

Related CR Release Date: February 17, 2022 | Effective Date: April 1, 2022

Related CR Transmittal Number: R11268CP | Implementation Date: April 4, 2022

Provider Types Affected

This MLN Matters Article is for physicians, hospitals, and other providers billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients that Medicare pays using the Medicare Physician Fee Schedule (MPFS).

Provider Action Needed

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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

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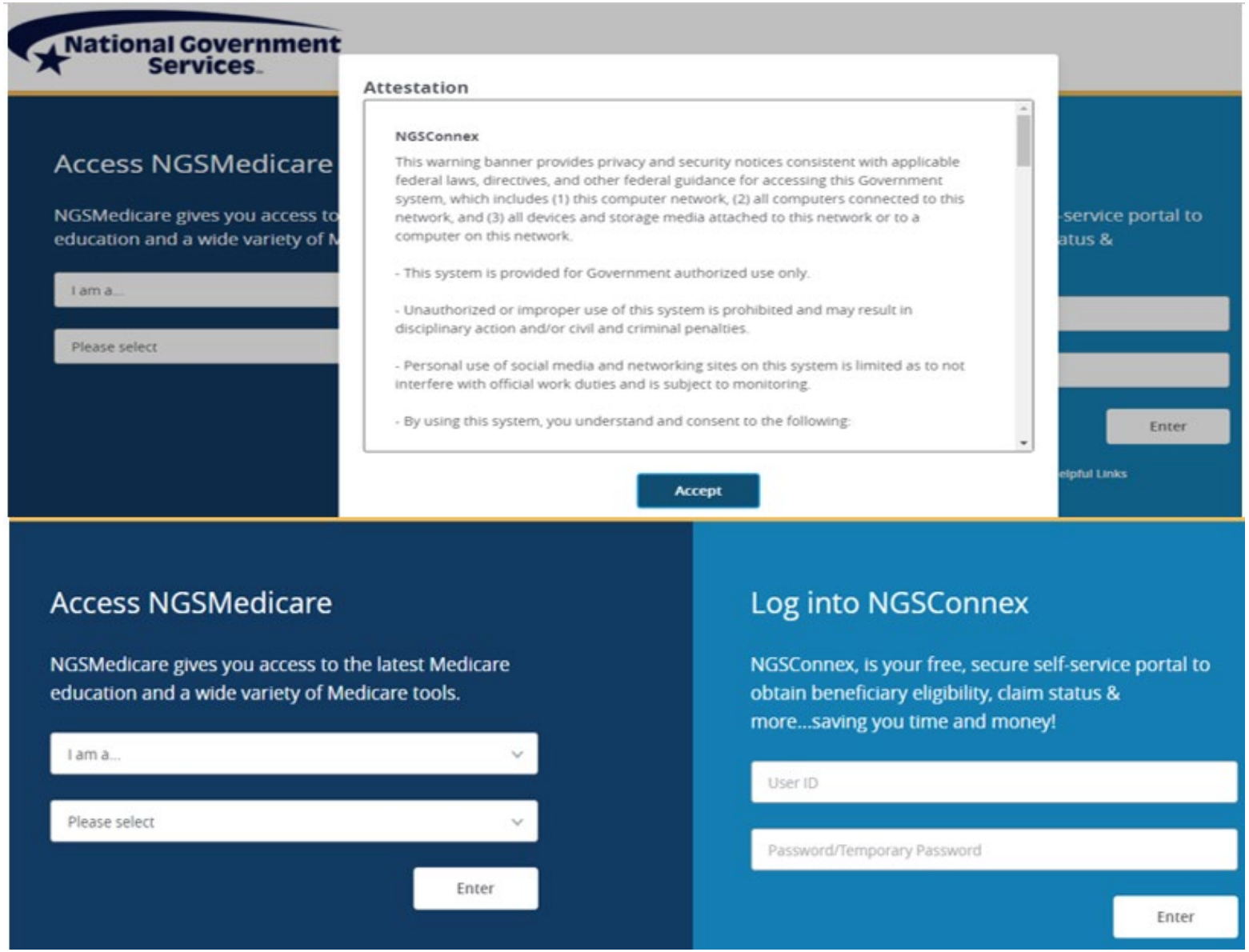
NGS Website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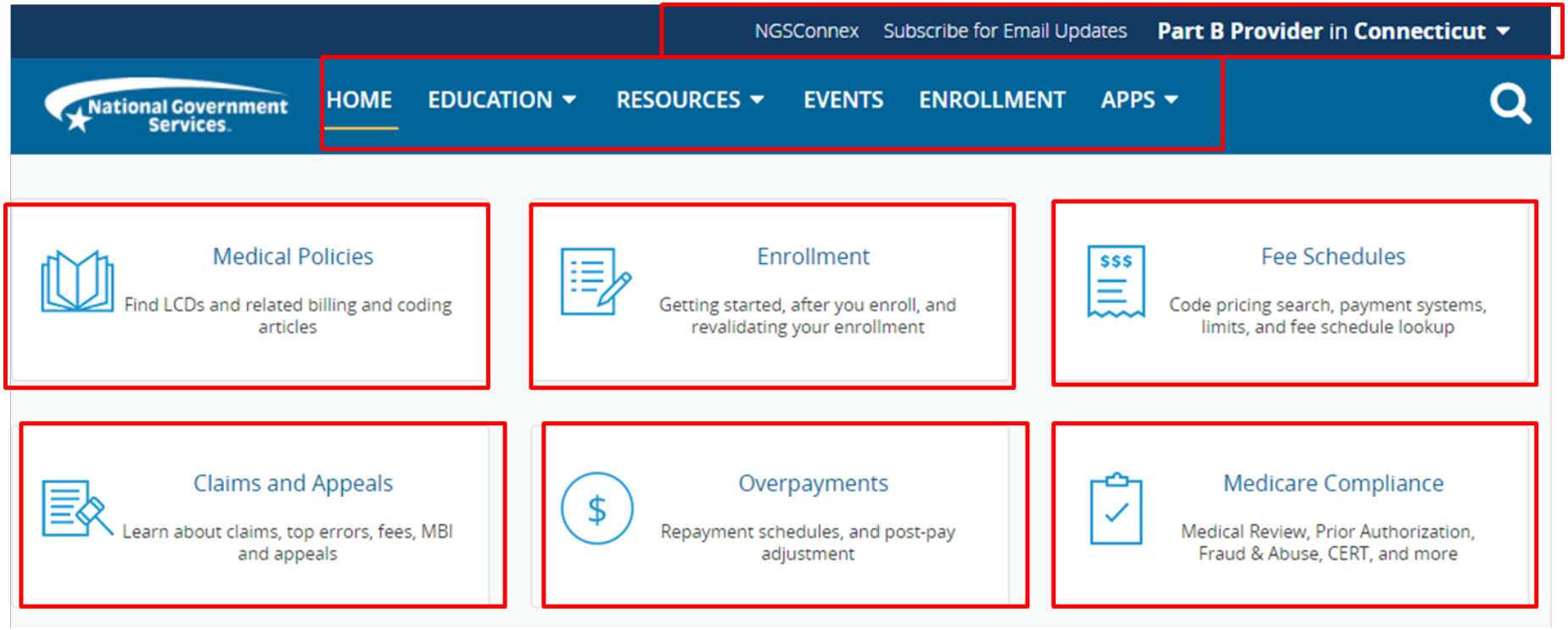

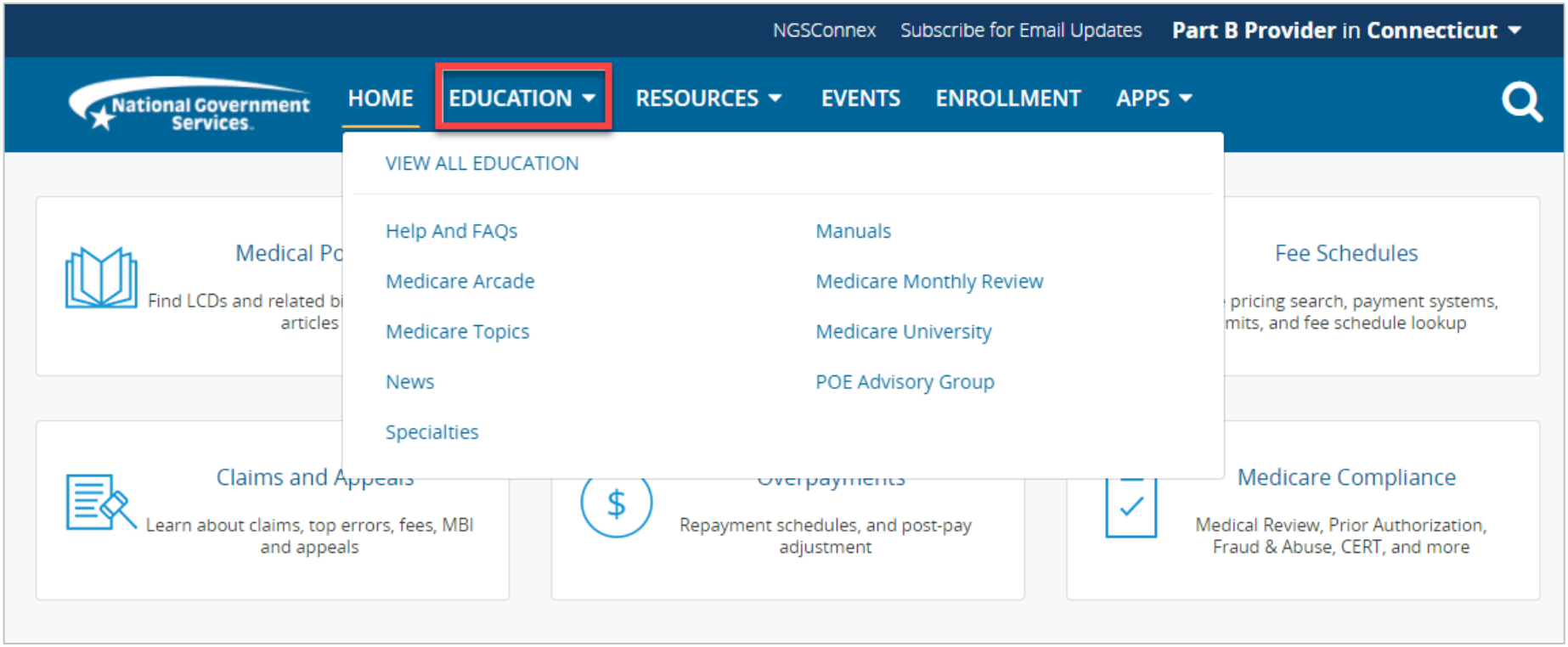
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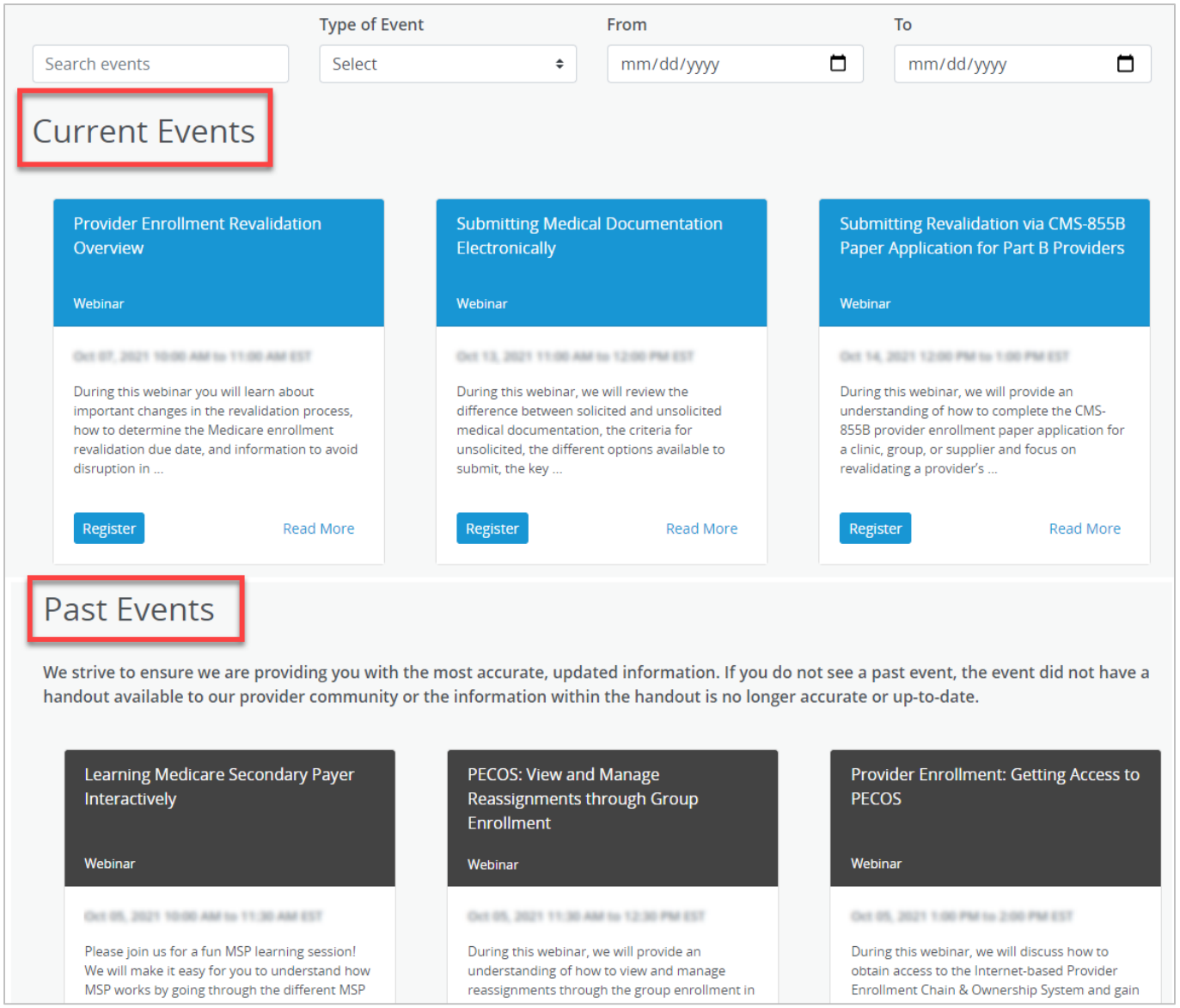
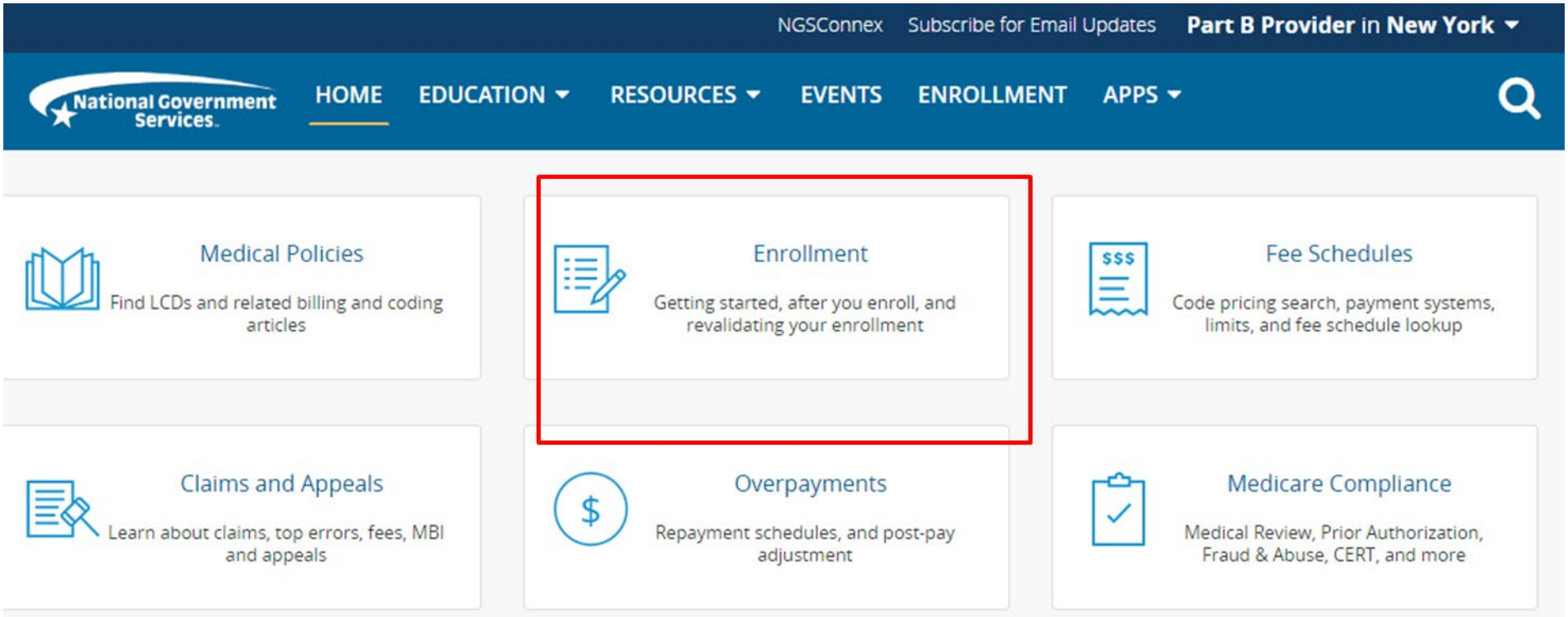
Medicare University
POE Advisory Group
Fee Schedules
pricing search, payment systems,
mits, and fee schedule lookup
Claims and Appeals
Learn about claims, top errors, fees, MBI and appeals
Repayment schedules, and post-pay adjustment
Medicare Compliance
Medical Review, Prior Authorization, Fraud & Abuse, CERT, and more


Type of Event
From
To
Search events
Select
mm/dd/yyyy
mm/dd/yyyy
Current Events
Provider Enrollment Revalidation Overview
Webinar
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
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
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
Please join us for a fun MSP learning session! We will make it easy for you to understand how MSP works by going through the different MSP
PECOS: View and Manage Reassignments through Group Enrollment
Webinar
During this webinar, we will provide an understanding of how to view and manage reassignments through the group enrollment in
Provider Enrollment: Getting Access to PECOS
Webinar
During this webinar, we will discuss how to obtain access to the Internet-based Provider Enrollment Chain & Ownership System and gain

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



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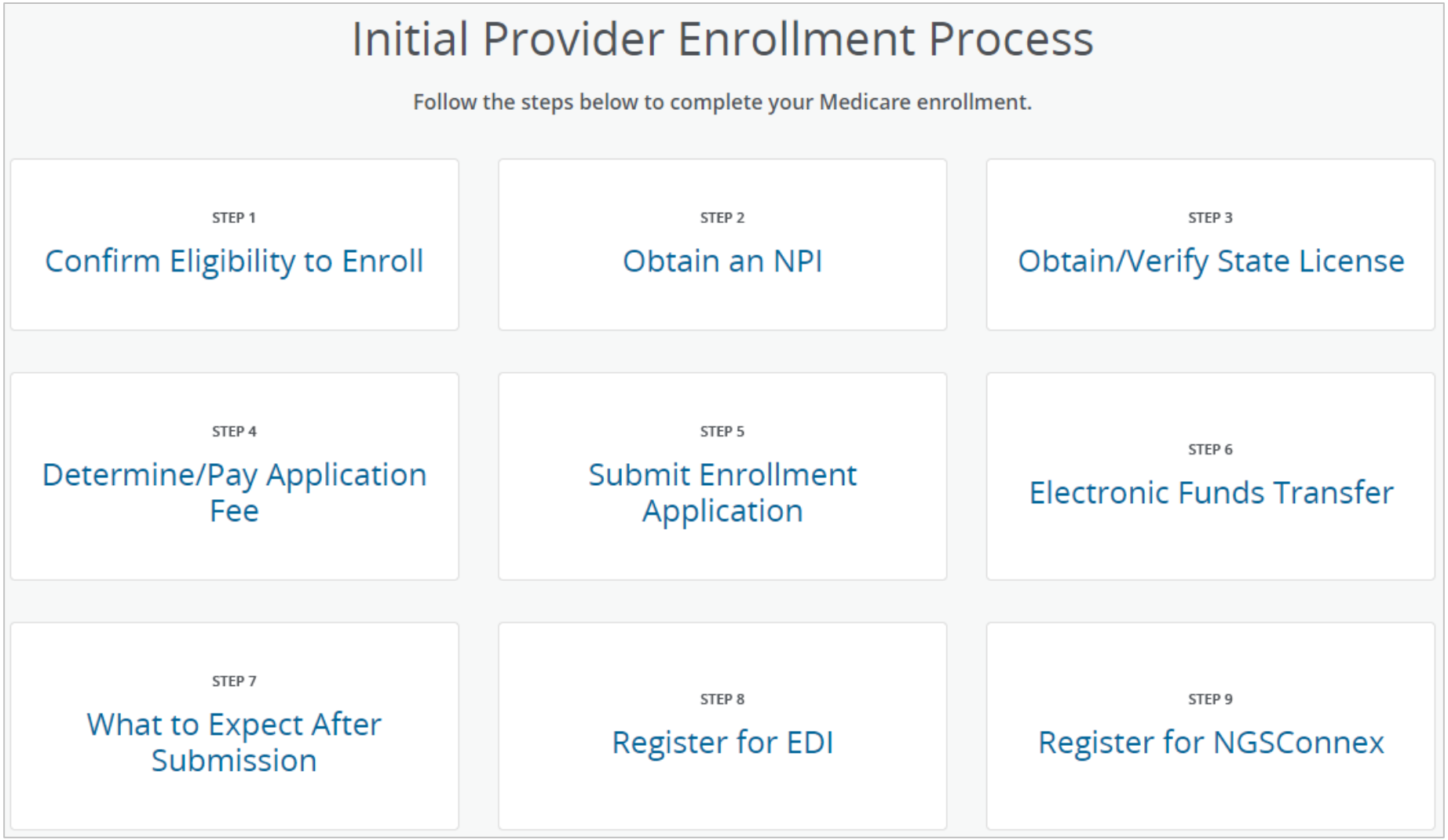
Initial Provider Enrollment Process



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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)

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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*

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National Plan & 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: EUSSupport@cgi.com

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PECOS: Multi-Factor Authentication Requirement

- CMS delayed implementing MFA for PECOS until 1/10/2022
- Users who have set up MFA in the Identity & Access Management System will not need to do anything additional
- A 60-day grace period will start with the user's first log in after January 10th
- By April 21, all users must access these systems using MFA
- 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

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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

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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 application
- Failure to submit a complete revalidation application may result in deactivation

Provider Enrollment Revalidation

- Check PECOS
- Check CMS Revalidations page
  - Medicare Revalidation List – Medicare revalidation look up tool
    - Due date will display or “TBD” (To Be Determined) if not currently due
  - MLN Matters® *SE1605 Revised: Provider Enrollment Revalidation – Cycle 2*

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

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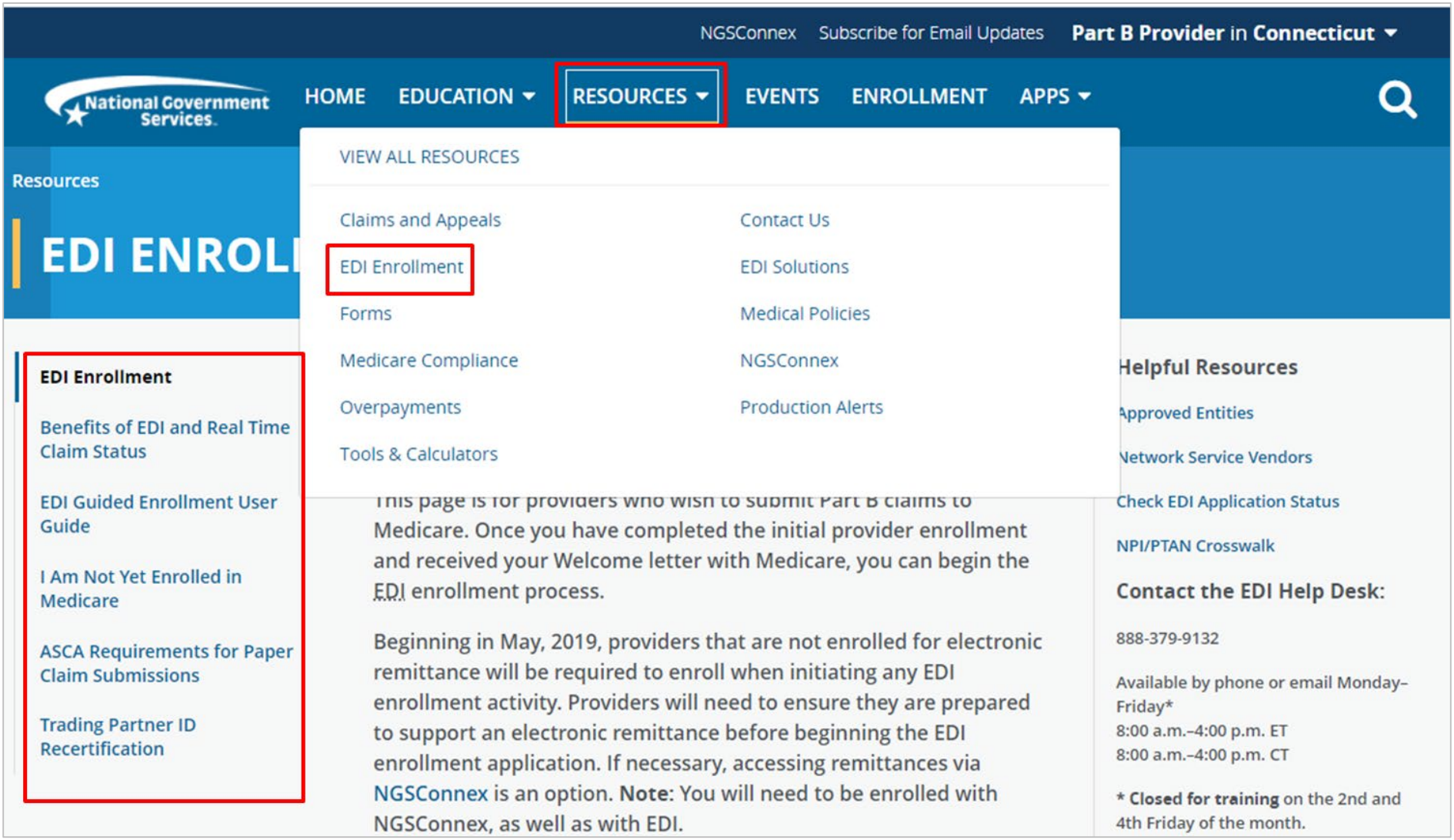
Electronic Billing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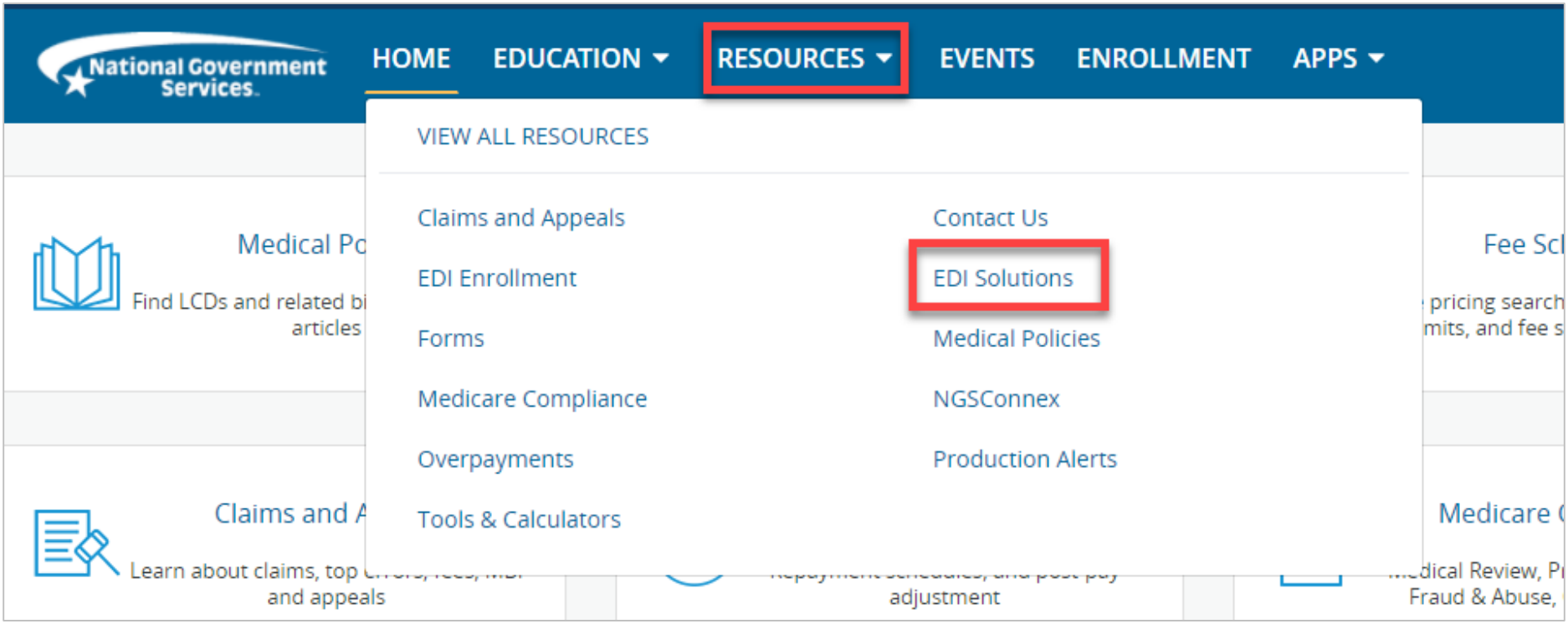
EDI ENROLL
EDI Enrollment
Benefits of EDI and Real Time Claim Status
EDI Guided Enrollment User Guide
I Am Not Yet Enrolled in Medicare
ASCA Requirements for Paper Claim Submissions
Trading Partner ID Recertification
This page is for providers who wish to submit Part B claims to Medicare. Once you have 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.–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.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Medical Policies
NGSConnex
Production Alerts

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)

Resources

EDI SOLUTIONS

- About Electronic Data Interchange (EDI)
  - **EDI and How it Works**
  - Benefits of EDI and Real Time Claim Status
- 275 Electronic Attachment
- 835 Electronic Remittance Transaction (ERA)
- 277 Electronic Request For Additional Information (RFI)
- Standard Companion Guides
- Reset My EDI Password
- EDI Software PC-ACE
- EDI Software Medicare Remit Easy Print MREP
- Technical Guides and

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 SFTP 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

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EDI Helpdesk Information

- Toll-Free number
  - JK: 888-379-9132
  - J6: 877-273-4334
- Hours of operation
  - Monday–Friday: 8:00 a.m.–4:00 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 & 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

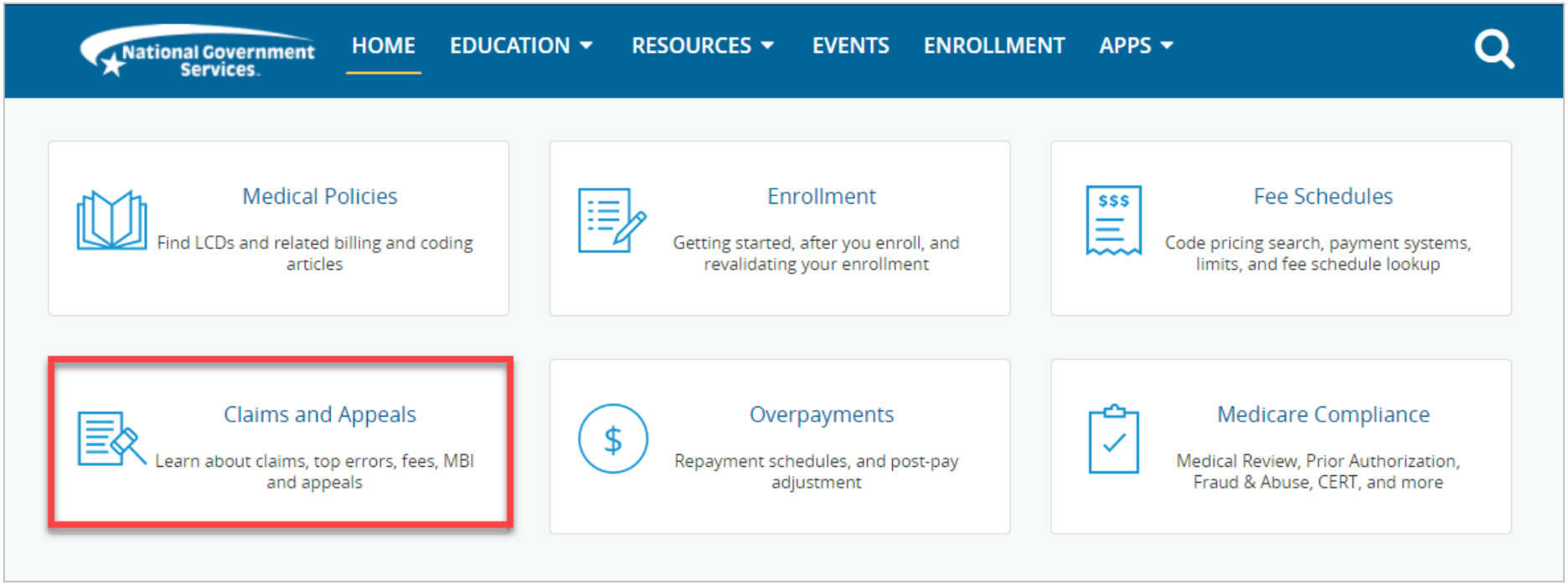
Unprocessable Claims

- 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

The Appeals Process



Five Levels of Appeal

	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 **1/1/2022 is $180**	No minimum (none)	For requests filed on or after **1/1/2022 at least $1,760 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

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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

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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

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Excluded Part B Services

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

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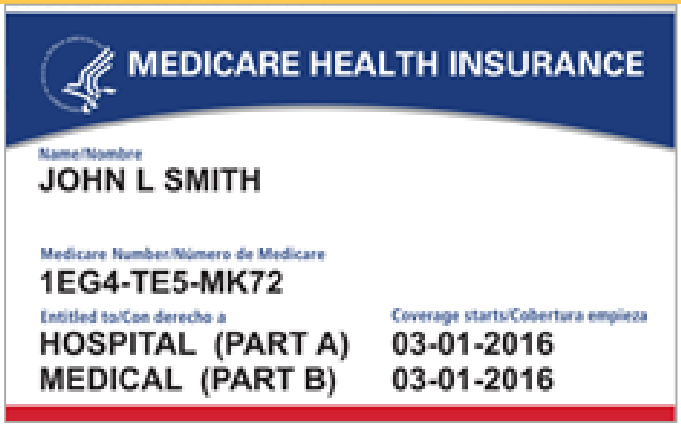
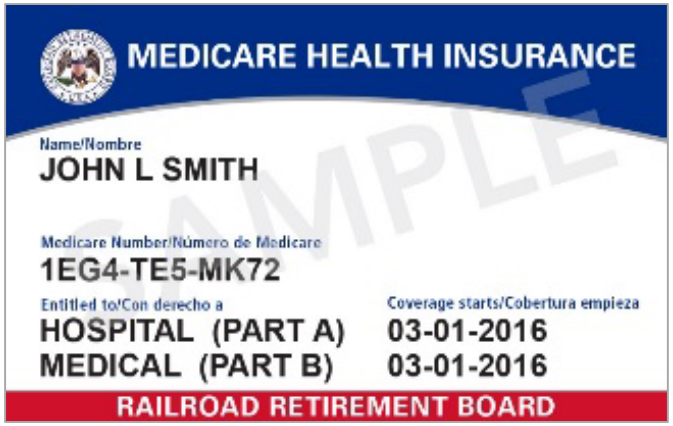
Medicare Card



Railroad Retiree Example



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

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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 **$233** 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

2022 Premiums and Deductibles	Amounts
Monthly Part B Premium *Individual income above $88,000 up to $111,000 pay higher Part B Premium	$170.10 *$238.10
Part B Deductible	$233
Part B Coinsurance	20%
Mental Health Services	80%
Part A IH Deductible (first 60 days)	$1,556
Days 61st – 90th Days	$389
Lifetime Reserve Day	$778
Skilled Nursing Facilities (21st -100th days)	$194.50

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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 is approved by Congress
- Medicare physician fee schedule
  - MLN® Booklet: *How to Use the MPFS Look-Up Tool*

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: *
03/18/2022

Procedure Code: *
93000

Region: *
New York (area 02)

Search

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Medicare Physician Fee Schedule Pricing Fee Schedule

Procedure Code	Effective Date	State/Territory	Locality	Short Description
93000	01/01/2022	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)	17.76	16.87	19.40	17.76	16.87	19.40

Modifier Selected: (blank)

Status	Conversion Factor	Update Factor	Work RVU	FAC PE RVU	NON FAC PE RVU
A	34.6062	0.9990	0.17	0.23	0.23

Malpractice RVU	Work GPCI	Practice GPCI	Malpractice GPCI	Reduced Therapy Amt	Endoscopic Base
0.02	1.046	1.223	2.702	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

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Fee Schedule Assistance

Description of Medicare Physician Fee Schedule Database Policy Indicators

- CPT/HCPCS
- Modifier
- Short Description
- Status Code
- PC/TC Indicator
- Global Surgery
- Multiple Procedure (Modifier 51)
- Bilateral Surgery (Modifier 50)
- Assistant at Surgery
- Co-surgeons (Modifier 62)
- Team Surgery (Modifier 66)
- Physician Supervision
- Diagnostic Imaging Family Indicator

Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

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