

Medicare Monthly Review

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CMS MLN Connects® Weekly Provider eNews

- [MLN Connects® for Thursday, January 31, 2019](#)
- [MLN Connects® for Thursday, January 24, 2019](#)
- [MLN Connects® for Thursday, January 17, 2019](#)
- [MLN Connects® Special Edition - Wednesday, January 16, 2019](#)
- [MLN Connects® for Thursday, January 10, 2019](#)
- [MLN Connects® for Thursday, January 3, 2019](#)

Contact information can be found on [our website](#). Medicare policies can be accessed from the Medical Policy Center section of our website. Providers without access to the Internet can request hard copies from National Government Services.

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This bulletin should be shared with all health care practitioners and managerial members of the providers/suppliers staff. Bulletins issued during the last two years are available at no cost from [our website](#).

CMS publishes the [Quarterly Provider Update \(QPU\)](#) at the beginning of each quarter to inform providers and suppliers:

- Regulations and major policies under development during the quarter
- Regulations and major policies completed or cancelled
- New or revised manual instructions

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National Government Services – Articles for Part A and Part B Providers

LCD and Article Revisions for January and February 2019

Bevacizumab - Related to LCD L33394 (A52370)

Based on compendia review, ICD-10-CM codes C51.0, C51.1, C51.2 and C51.8 have been added to the Group 1 code list and an indication for vulvar cancer has been added effective for dates of service on or after 2/1/2019.

Outpatient Physical and Occupational Therapy Services (L33631)

CMS Transmittal No. 4149, dated 10/23/2018, removed Functional Reporting requirements and edits for outpatient therapy services, effective 1/1/2019. Documentation Requirements and CMS National Coverage sections have been updated accordingly.

Psychiatry and Psychology Services (L33632)

Based on a Practitioner request the following ICD-10-CM codes have been added to ICD-10 Codes that Support Medical Necessity Group 1 and Group 2: B20, G93.1 and S06.0X0A – S06.9X9S.

Notification to Providers: Preventive and Screening Services

Centralized billing is a process in which a provider, who provides mass immunization services for influenza virus and PPV immunizations, can send all claims to a single contractor for payment regardless of the geographic locality in which the vaccination was administered. (This does not include claims for the Railroad Retirement Board, United Mine Workers or Indian Health Services. These claims must continue to go to the appropriate processing entity.) This process is only available for claims for the influenza virus and pneumococcal vaccines and their administration. The administration of the vaccinations is reimbursed at the assigned rate based on the Medicare physician fee schedule for the appropriate locality. The vaccines are reimbursed at the assigned rate using the Medicare standard method for reimbursement of drugs and biologicals.

Individuals and entities interested in centralized billing must contact CMS central office, in writing, at the following address by June 1 of the year they wish to begin centrally billing.

Center for Medicare & Medicaid Services
Division of Practitioner Claims Processing
Provider Billing and Education Group
7500 Security Blvd.
Mail Stop C4-10-07
Baltimore, Maryland 21244

By agreeing to participate in the centralized billing program, providers agree to abide by the following criteria.

Criteria for Centralized Billing

- To qualify for centralized billing, an individual or entity providing mass immunization services for influenza virus and pneumococcal vaccinations must provide these services in at least

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three payment localities for which there are at least three different contractors processing claims.

- Individuals and entities providing the vaccine and administration must be properly licensed in the state in which the immunizations are given.
- Centralized billers must agree to accept assignment (i.e., they must agree to accept the amount that Medicare pays for the vaccine and the administration). Since there is no coinsurance or deductible for the influenza virus and pneumococcal benefit, accepting assignment means that Medicare beneficiaries cannot be charged for the vaccination, i.e., beneficiaries may not incur any out-of-pocket expense. For example, a drugstore may not charge a Medicare beneficiary \$10 for an influenza virus vaccination and give the beneficiary a coupon for \$10 to be used in the drugstore.

Note: The practice of requiring a beneficiary to pay for the vaccination upfront and to file their own claim for reimbursement is inappropriate. All Medicare providers are required to file claims on behalf of the beneficiary per Section 1848(g)(4)(A) of the Social Security Act and centralized billers may not collect any payment.

- The contractor assigned to process the claims for centralized billing is chosen at the discretion of CMS based on such considerations as workload, user-friendly software developed by the contractor for billing claims, and overall performance. The assigned contractor for this year is Novitas.
- The payment rates for the administration of the vaccinations are based on the MPFS for the appropriate year. Payment made through the MPFS is based on geographic locality. Therefore, payments received may vary based on the geographic locality where the service was performed. Payment is made at the assigned rate.
- The payment rates for the vaccines are determined by the standard method used by Medicare for reimbursement of drugs and biologicals. Payment is made at the assigned rate.
- Centralized billers must submit their claims on roster bills in an approved Electronic Media Claims standard format. Paper claims will not be accepted.
- Centralized billers must obtain certain information for each beneficiary including name, health insurance number, date of birth, sex, and signature. Novitas must be contacted prior to the season for exact requirements. The responsibility lies with the centralized biller to submit correct beneficiary Medicare information (including the beneficiary's Medicare HICN) as the contractor will not be able to process incomplete or incorrect claims.
- Centralized billers must obtain an address for each beneficiary so that an MSN can be sent to the beneficiary by the contractor. Beneficiaries are sometimes confused when they receive an MSN from a contractor other than the contractor that normally processes their claims which results in unnecessary beneficiary inquiries to the Medicare contractor. Therefore, centralized billers must provide every beneficiary receiving an influenza virus or pneumococcal vaccination with the name of the processing contractor. This notification must be in writing, in the form of a brochure or handout, and must be provided to each beneficiary at the time he or she receives the vaccination.
- Centralized billers must retain roster bills with beneficiary signatures at their permanent location for a time period consistent with Medicare regulations. Novitas can provide this information.
- Though centralized billers may already have a Medicare provider number, for purposes of centralized billing, they must also obtain a provider number from Novitas. This can be done by completing the Form CMS-855 (Provider Enrollment Application), which can be obtained from Novitas.

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- If an individual or entity's request for centralized billing is approved, the approval is limited to the 12 month period from September 1 through August 31 of the following year. It is the responsibility of the centralized biller to reapply to CMS CO for approval each year by June 1. Claims will not be processed for any centralized biller without permission from CMS.
- Each year the centralized biller must contact Novitas to verify understanding of the coverage policy for the administration of the pneumococcal vaccine, and for a copy of the warning language that is required on the roster bill.
- The centralized biller is responsible for providing the beneficiary with a record of the pneumococcal vaccination.

The information in items 1 through 8 below must be included with the individual or entity's annual request to participate in centralized billing:

1. Estimates for the number of beneficiaries who will receive influenza virus vaccinations;
2. Estimates for the number of beneficiaries who will receive pneumococcal vaccinations;
3. The approximate dates for when the vaccinations will be given;
4. A list of the states in which influenza virus and pneumococcal clinics will be held;
5. The type of services generally provided by the corporation (e.g., ambulance, home health, or visiting nurse);
6. Whether the nurses who will administer the influenza virus and pneumococcal vaccinations are employees of the corporation or will be hired by the corporation specifically for the purpose of administering influenza virus and pneumococcal vaccinations;
7. Names and addresses of all entities operating under the corporation's application;
8. Contact information for designated contact person for centralized billing program.

Related Content

- [Immunizations](#)
- [Mass Immunizers and Roster Billing: Simplified Billing for Influenza Virus and Pneumococcal Vaccinations](#) (1.3 MB)

National Government Services – Articles for Part B Providers

Medicare Participating Physicians Directory

The Medicare Participating Physicians Directory (MEDPARD) listing includes all providers in Part B Jurisdiction 6 and Jurisdiction K who have agreed to accept assignment on all Medicare-covered services. The current list is located on our website under the Enrollment tab, select the link for [Medicare Participating Physicians Directory](#).

National Government Services – Articles for Home Health and Hospice Providers

Home Health and Hospice Medicare Summit 2019: Compliance = Success

Who Should Attend?

Home health and hospice staff members that will benefit from this event include administrators, CEOs, CFOs, quality and compliance, nursing, therapy, social work and case management

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staff. This two-day conference will include a variety of home health and hospice education topics as well as vendors from around the United States.

About the Conference

The third annual National Government Services Medicare Summit is a full two-day seminar to provide education for home health and hospice agencies on the Medicare benefit. In addition to specifically tailored presentation for HH+H clinical and billing we will also offer classes related to provider enrollment, audit and reimbursement, medical review and Medicare Secondary Payer (MSP). Registration will open on 3/18/2019 on our website.

You will not want to miss this opportunity for education from your Medicare Administrative contractor (MAC). This two-day conference will offer an early bird registration of only \$149 through 7/31/2019. Discounted hotel rates will be available.

Home Health and Hospice Billing Workshop Opportunity

National Government Services will be offering a one day home health and hospice billing workshops prior to the main conference on September 16th. These one day billing workshops will provide basic billing instructions for new billers and new agencies on the Medicare benefit. The cost to attend the billing workshop is \$75.00. The workshops will be limited to 40 attendees in each session. Registration will open in mid-March.