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Oklahoma Osteopathic Association Medicare Part B Updates, Changes and Reminders

April 26, 2018

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Today's Presentation

- Agenda:
  - Updates
  - Part B Claim Submission Trends
- Objectives:
  - Provide the latest news and updates
  - Examine claim submission trends

Acronym List

Acronym	Definition
ADR	Additional Documentation Request
CERT	Comprehensive Error Rate Testing
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
CR	Change Request
EDI	Electronic Data Interchange
HCPCS	Healthcare Common Procedure Coding System
MBI	Medicare Beneficiary Identifier
MLN	Medicare Learning Network
NCD	National Coverage Determination
SSA	Social Security Administration
TPE	Targeted Probe and Educate

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Contractor Updates

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Targeted Probe and Educate (TPE)

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- MM10249:
  - Effective: October 1, 2017
  - Implementation: October 1, 2017
- Key Points:
  - CMS has authorized MACs to conduct the TPE review process and the MAC will select the topics for review:
    - ✓ Based on existing data analysis and CERT data
  - TPE review process includes three rounds (if warranted) of prepayment or post-payment probe review with education:
    - ✓ Limit the sample for each probe “round” to a minimum of twenty (20) and a maximum of forty (40) claims

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What is Targeted Probe and Educate (TPE)

- CMS is now moving towards a more targeted approach
- CMS believes the results of this program have been favorable, based on evidence of decreased claim errors
- The TPE process provides opportunity to educate providers before, during and after the probe
  - Providers will be notified of the review and receive education before ADRs are sent
  - Education will continue during the probe if easily curable issues are found and can be corrected eliminating the need for appeal
  - End of the probe the reviewer will offer an educational teleconference to provide detailed education on individual claim errors found during the probe
- The TPE process will consist of three rounds of prepayment probe review with education – if error rates warrant

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Provider Notification

- Providers/suppliers targeted for review will be notified with an initial letter
- ADR letters will be generated on each claim selected for review:
  - ADRs will be generated per the usual process
  - Part B providers will receive ADRs mailed to the address listed in MCS or listed for correspondence through Provider Enrollment
- Providers can view the current topics being reviewed on the Novitas website

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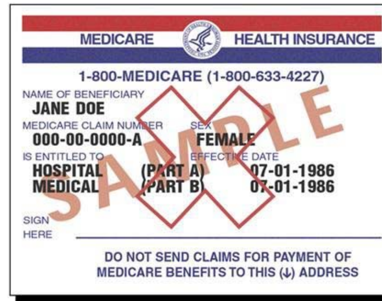
Topics For Review

- All topics for review are listed in a chart on the website with a link to education that will assist in ensuring a successful review
- These lists will be continually updated as new topics are added
- Not all providers will be subject to review
- Targeted probe and educate web center

Medicare Updates

Removal of Social Security Numbers

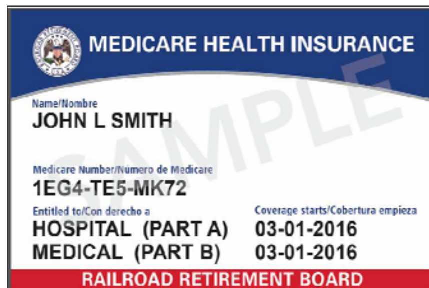
- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019:
  - Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number on the new Medicare cards
- Initiative will help prevent fraud:
  - Fight identity theft
  - Protect private healthcare
  - Protect financial information



I N N O V A T I O N I N A C T I O N

Railroad Retirement Beneficiaries

- Railroad Retirement MBI card:
  - Railroad Retirement Board logo will be the key identifier
  - Mailing will begin June 2018



I N N O V A T I O N I N A C T I O N

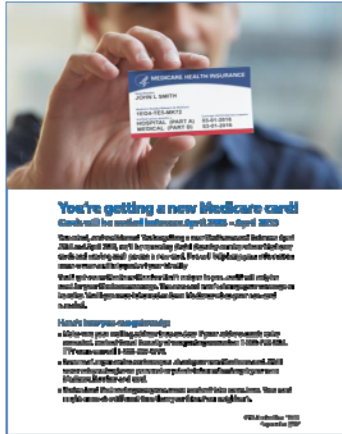
Solution Concept for Removing Social Security Numbers

- Generate MBIs for all beneficiaries:
  - Includes existing (currently active, deceased or archived)
  - New beneficiaries
- Issue new redesigned MBI cards:
  - Existing beneficiaries
  - New beneficiaries
- Modify systems and business processes
- CMS will use a MBI generator to:
  - Assign 150 million MBIs in the initial enumeration:
    - ✓ 60 million active
    - ✓ 90 million deceased/archived
    - ✓ Each new Medicare beneficiary
  - Generate a new unique MBI for a Medicare beneficiary whose identity has been compromised

Inform Medicare Patients

- CMS will begin mailing the new MBI cards in April 2018
- Deadline for replacing all existing Medicare cards is April 2019
- Beneficiaries should destroy the traditional Medicare card
- Keep the new MBI confidential
- Issuance of the new number will not change Medicare benefits
- 2018 Medicare & You Handbook includes information on new card

CMS Published Flyer



New-Medicare-Card-flyer

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More CMS Products

- New Medicare Card Poster
- New Medicare Tear off pad
- CMS Product ordering

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Be Prepared

- Participate in CMS New Medicare card Open Door Forums
- Sign up for weekly MLN Connects® newsletter
- Obtain technical information from your regular communication channels
- Test your systems
- Work with your billing office staff to be sure you are ready for the new MBI format
- Check CMS' New Medicare card website for updated information

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CMS Provider Ombudsman

- CMS new Medicare Card resource for the provider community:
- Dr. Eugene Freund:
  - Email:
    - ✓ NMCProviderQuestions@cms.hhs.gov

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Transition Period

- Transition period April 2018 through December 31, 2019
  - Submit either Medicare number or MBI
- Beginning October 2018 through transition period:
  - When submitting claim using the Medicare number:
    - ✓ Both Medicare number and MBI will be returned on remittance advice
  - MBI will be in same place you currently get the changed Medicare number:
    - ✓ 835 Loop 2100, Segment NM1 (corrected Patient/Insured Name)
    - ✓ Field NM109 (Identification Code)
  - Message field on eligibility transaction responses will indicate when new Medicare card has been mailed to each person
- Medicare number and MBI for the same patient in same batch of claims:
  - During the transition period:
    - All claims with either Medicare number and MBI can be in the same batch

Standard Remittance Advice Example with MBI

- Beginning October 1, 2018 through transition period:
  - MID field will reflect the Medicare identification submitted
  - MBI field will reflect the MBI when a valid and active Medicare number is submitted

```
            PROVIDER NAME                                                NPI #:          9999999999
            PROVIDER ADDRESS LINE 1                                      PAGE #:           1 OF    1
            PROVIDER ADDRESS LINE 2                                      DATE:         01/11/18
            CITY, ST ZIPCODE                                             CHECK/EFT #: 99999999999
                                                                         STATEMENT #: 99999999999

PERF PROV  SERV DATE  POS NOS  PROC  MODS     BILLED   ALLOWED  DEDUCT  COINS   GRP/RC-AMT       PROV PD

NAME SMITH, JOHN L          MID 000000000A  ACNT 0000000          ICN YYJJJBBBBSS000  ASG Y  MOA MA67  N793
                            MBI 1EG4TE5MK72
1111111111 0919 091917 12 100.0 J7512 KX      18.33     0.90    0.00    0.18 CO-45     17.43     0.71
                                                                             CO-253     0.01
1111111111 0919 091917 12   1.0 Q0512         16.00    16.00    0.00    3.20 CO-253     0.26    12.54
1111111111 0919 091917 12  25.0 J7502 KX     522.69    69.23    0.00   13.85 CO-45    453.46    54.27
                                                                             CO-253     1.11
1111111111 0919 091917 12   1.0 Q0511         24.00    24.00    0.00    4.80 CO-253     0.38    18.82
PT RESP    22.03          CLAIM TOTAL        581.02   110.13    0.00   22.03          472.65    86.34
ADJ TO TOTALS: PREV PD     162.67   INTEREST   0.00   LATE FILING CHARGE      0.00       NET    76.33-

TOTALS:   # OF     BILLED    ALLOWED    DEDUCT    COINS    TOTAL    PROV PD    PROV     CHECK
         CLAIMS     AMT        AMT        AMT       AMT    RC-AMT     AMT     ADJ AMT    AMT
            1     581.02     110.13      0.00     22.03   472.65    86.34     76.33-     0.00

PROVIDER ADJ DETAILS:  PLB REASON CODE      FCN          CCN          PATIENT CNTL/MID      AMOUNT
```

New Medicare Card Implementation Milestones

2016-2017

- ✓ **March 2016** – Launch Phase I New Medicare Card Web Content on cms.gov
- ✓ **March 2016 to August 2016** – Conduct listening Sessions with External Stakeholders
- ✓ **August 2016** – Launch Phase II New Medicare Card Web Content on cms.gov
- ✓ **September 2016** – MBI Generator in Testing Environment
- ✓ **May 2017** – MBI Development Complete
- ✓ **September 2017** – Medicare & You Handbook mailed with information about New Medicare Card, beginning robust education and outreach to people with Medicare
- ✓ **September 2017** – Give providers tools to reach their patients about the new card
- **NOW – Providers prepare and test providers systems & processes to use the MBI by April 2018. If you use vendors, contact them to find out about their practice management system changes**

2018-2020

- **April 2018** – All systems & processes able to accept MBI
- **April 2018** – Begin mailing new Medicare cards with MBI to 60M beneficiaries
- **June 2018** – Expected launch of provider look-up tool
- **October 2018** – Return MBI on remittance advice
- **April 16, 2019** – Deadline for issuance of new Medicare cards
- **January 2020** – End of Transition Period: Use the MBI on data exchanges

New Medicare Card Mailing Waves

Wave	States Included	Cards Mailing
Newly Eligible People with Medicare	All – Nationwide	April 2018 - Ongoing
1	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	Beginning May 2018
2	Alaska, American Samoa, California, Guam, Hawaii, Northern Mariana Islands, Oregon	Beginning May 2018
3	Arkansas, Illinois, Indiana, Iowa, Kansas, Minnesota, Nebraska, North Dakota, Oklahoma, South Dakota, Wisconsin	After June 2018
4	Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont	After June 2018
5	Alabama, Florida, Georgia, North Carolina, South Carolina	After June 2018
6	Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Texas, Utah, Washington, Wyoming	After June 2018
7	Kentucky, Louisiana, Michigan, Mississippi, Missouri, Ohio, Puerto Rico, Tennessee, Virgin Islands	After June 2018

After Transition Period

- January 1, 2020 use MBIs on your claims
- Exceptions for Fee-for-Service claims:
  - For appeals:
    - ✓ Either Medicare number or MBI for appeals and related forms
  - For claim status query:
    - ✓ Either the Medicare number or MBI if the earliest date of service is before January 1, 2020
    - ✓ Status of dates of service after January 1, 2020 you have to use the MBI

I N N O V A T I O N I N A C T I O N

Span Date Claims

- Fee-for-Service Claims:
  - 11X Inpatient Hospital, 32XHome Health and 41-Religious Non-Medical
  - Health Care Institution:
    - ✓ If the from date is before December 31, 2019:
      - ➢ Use Medicare number or MBI for claims received between April 1, 2018 and
      - December 31, 2019
    - ✓ If patient starts getting services before December 31, 2019 but stops getting
    - those services after December 31, 2019:
      - ➢ Use either the Medicare number or MBI (even if you submit claim after December 31, 2019)

I N N O V A T I O N I N A C T I O N

Medicaid and Supplemental Insurers

- CMS will provide State Medicaid Agencies and supplemental insurers MBIs for Medicaid eligible people who also have Medicare
- Crossover claims:
  - During transition period either Medicare number or MBI is accepted
- Supplemental insurer:
  - During transition period:
    - ✓ Continue using your unique numbers
  - After transition period:
    - ✓ Use MBI where the Medicare number would have been used

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Novitasphere

- Secure free Web-based portal
- Part A:
  - Access to Eligibility, Medical Review Record Submission, Claim Submission with File Status, and Audit and Reimbursement Cost Reports Submission
- Part B:
  - Access to Eligibility, Claim Information and Remittance Advice, Claim Submission with File Status, Electronic Remittance Advice (ERA), Claim Correction, Secure Messaging and a MailBox
- **Novitasphere MBI Lookup Coming June 2018**
- Live Chat feature
- Dedicated Help Desk- 1-855-880-8424
- For demonstrations and more information

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Novitasphere Enrollment Steps

- Three steps to enroll:
  - Determine Office Approver
  - Complete the Novitasphere Portal Enrollment form
  - Create User ID and login credentials
- Visit our Novitasphere center for enrollment, User Manuals and other Reference Materials

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Novitasphere Portal Center

Novitasphere for Part B

Novitasphere is a FREE, secured internet portal for the provider community to use to easily connect directly to Novitas Solutions to:

- Perform claim corrections
- Obtain beneficiary eligibility
- Check claim status
- Submit claims
- Retrieve and print remittance advices
- Obtain comparative billing reports
- Submit medical review records

Discover the online world of Novitasphere!

Enrollment & Account Updates

Your resource for Novitasphere Enrollment forms and the steps to enroll, as well as information on how to update your existing Novitasphere information.

Reference Materials

Review helpful reference material including the Novitasphere User Manual, FAQ documents, Training Modules, Password Changes and Reset Instructions, and more.

Need help? For questions about enrollment, password resets, or usage please contact the Novitasphere Help desk at 1-855-880-8424 from 8:00AM-5:00PM Eastern Time (ET), 7:00AM-4:00PM Central Time (CT). You may also contact us via Live Chat Feature.

Quick Links

Access Novitasphere

Click here to log in to Novitasphere after your Enrollment form **and** EIDM access requests are approved.

Enterprise Identity Management (EIDM)
Click here to obtain/maintain your EIDM User ID after your Enrollment form is processed.

Novitasphere News

Novitasphere System Status and Maintenance Schedule

I N N O V A T I O N   I N   A C T I O N

Update to Medicare Deductible, Coinsurance and Premium Rates for 2018

- MM10405:
  - Effective: January 1, 2018
  - Implementation: January 2, 2018
- Key Points:
  - Part A – Hospital Insurance:
    - ✓ $1,340 deductible per benefit period
  - Coinsurance:
    - ✓ $0 a day for day 1-60 per benefit period
    - ✓ $335.00 a day for 61st-90th day per benefit period
    - ✓ $670.00 a day for 91st-150th day (lifetime reserve days)
    - ✓ $167.50 a day for 21st-100th day (Skilled Nursing Facility coinsurance)
  - Part B –Medical Insurance:
    - ✓ Deductible: $183.00 per year
    - ✓ Coinsurance: 20 percent

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Summary of Policies in the Calendar 2018 Medicare Physician Fee Schedule Final Rule

- MM10393:
  - Effective: January 1, 2018
  - Implementation: January 2, 2018
- Key points:
  - Overall Payment Update and Mis-valued Code Target
  - Payment Rates for Non-excepted Off-Campus Provider-Based Hospital Departments Paid under the Fee Schedule
  - Telehealth originating site facility fee payment update amount
  - Medicare Telehealth Services
  - Care Management Services
  - Improvement of Payment Rates for Office-based Behavioral Health Services
  - Evaluation and Management Services
  - Prolonged Preventive Services
  - Cognitive Therapy Services

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2018 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment

- MM10409:
  - Effective: January 1, 2018
  - Implementation: January 2, 2018
- Key Points:
  - Instructions for calendar year 2018:
    - ✓ Mapping for new codes
    - ✓ Updates new and existing codes
    - ✓ Deleted codes
    - ✓ Updates for laboratory costs subject to the reasonable charge payment
  - Clinical lab fee schedule data file

Drug Assay Testing

- Effective with date of service on or after January 1, 2018, CPT 83992 is no longer valid for Medicare purposes
  - Drug Assay testing is include in the definitive drug test(s) CPT codes listed below and not separately payable:
    - ✓ G0480 – G0483
    - ✓ G0659
- For more information:
  - LCD L35006 – Controlled Substance Monitoring and Drug of Abuse Testing
  - Drug Assay Testing Article

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Therapy Cap Values for Calendar Year (CY) 2018

- MM10341:
  - Effective: January 1, 2018
  - Implementation: January 2, 2018
- Key Points:
  - Outpatient therapy limits for:
    - ✓ Physical Therapy (PT) and Speech-Language Pathology (SLP) combined is $2,010.00
    - ✓ Occupational Therapy (OT) is $ 2,010.00

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Outpatient Therapy Cap Exception

- Section 50202 of the Bipartisan Budget Act of 2018 repeals Medicare provisions affecting the outpatient therapy caps:
  - Once the $2010.00 therapy cap is met, the provider will need to attest that the services meet the requirements for an exception by appending the KX modifier
  - Claims for therapy services above certain threshold levels of incurred expenses will be subject to targeted medical review:
    - ✓ Medical review threshold for therapy services in 2018 is $3,000
- Reference:
  - Medicare Expired Legislative Provisions Extended and Other Bipartisan Budget Act of 2018 Provisions

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Part B Quarterly Updates

- MM10472 Quarterly Update to the National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) Edits, Version 24.1, Effective April 1, 2018
- MM10447 April 2018 Quarterly Average Sales Price (ASP) Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files
- MM10418 Newly approved tests by the Food and Drug Administration (FDA) as waived tests under the Clinical Laboratory Improvement Amendments (CLIA)

Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - April 2018 Update

- MM10488:
  - Effective: January 1, 2018
  - Implementation: April 1, 2018
- Key Points:
  - Code short descriptor updates:
    - ✓ G0516 - Insert drug implant
    - ✓ Q5101 - Injection, zarxio
  - Status code indicators updated:
    - ✓ Q2041, Q5103 and Q5104 – “E” Indicator (excluded from physician fee schedule by regulation)
    - ✓ 83992, G9976, G9977, Q5101, Q5102 – “I” indicator (not valid for Medicare)
    - ✓ G9873 – G9891 –“X” indicator (statutory exclusion)
    - ✓ 45399 - assigned a YYY indicator for global days

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Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - April 2018 Update

- MM10454:
  - Effective: April 1, 2018
  - Implementation: April 2, 2018
- Key Points:
  - Revised code descriptor:
    - ✓ Q5101 - Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram
  - New codes:
    - ✓ Q5103 - Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
    - ✓ Q5104 - Injection, infliximab-abda, biosimilar, (renflexis), 10 mg
    - ✓ Q2041 - Axicabtagene Ciloleucel, up to 200 million autologous Anti-CD19 CAR T Cells, Including leukapheresis and dose preparation procedures, per infusion
  - Q5103 and Q5104 will replace Q5102
    - ✓ Q5102 has been discontinued, effective March 31, 2018

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Updated Editing of Always Therapy Services

- MM10176:
  - Effective: January 1, 2018
  - Implementation: January 2, 2018
- Key Points:
  - “Always therapy” codes and modifiers are not always used in a correct and consistent manner
  - CMS found OPT professional claims for “always therapy” codes without the required modifiers; and, claims that reported more than one therapy modifier for the same therapy service; e.g., both a GP and GO modifier, when only one modifier is allowed
  - The contractor shall return/reject claims which contain an "always therapy" procedure code that does not also contain the appropriate "always therapy" modifier of GN, GO, or GP

2018 Amounts in Controversy

Appeal Level	Time Limit for Filing Appeal	Amount in Controversy
Redetermination	120 days	$0.00
Reconsideration	180 days	$0.00
Administrative Law Judge (ALJ) Hearing	60 days	$160.00 for 2017 $160.00 for 2018
Medicare Appeals Council of the Departmental Appeals Board (DAB)	60 days	$0.00
Judicial Review in Federal District Court	60 days	$1560.00 for 2017 $1600.00 for 2018

Appeal Web Center

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Overview of Part B Claim Submission Trends

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Where To Find The Top Claims Submission Trends

- Novitas-Solutions web site
- Select the Jurisdiction H map
- Select "Part B"
- Select "Claims" on the left side of the page
- Select "Issues, Denials, Rejections & Top Errors"
- Under "Top Claims Errors, by State (Updated Monthly)", select Oklahoma

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JH Top Claim Errors

Issues, Denials, Rejections & Top Errors

Do you have a question on how your claim processed? Explore the common top claim errors, current issues with claims processing and more.

- **Claim Corrections & Help with Denied Claims**
  - Correct Claims via the Appeals Center
  - Tips for Researching Denied Claims
- **Open and Resolved Claim Issues**
  The 'Open Claim Issues' link provides you with the most current status of claim processing issues that have been identified. We are actively working with the necessary entities to resolve these issues. If your claim issue is not identified below, please reference top inquiries on claim status, claim denials, and other topics. Please review this information prior to contacting the Customer Contact Center.
  - Open Claim Issues
  - Past / Resolved Claim Issues
  - Quality Reporting Payment Reductions Showing Incorrectly on Remittances
- **Top Claim Errors, by State (Updated Monthly)**
  - Arkansas
  - Colorado, New Mexico & Oklahoma
  - Louisiana
  - Mississippi
  - Texas

[Return to the Claims Center]

- Part B JH Claim Submission Trends

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Open and Resolved Issues

- Open claim issues provides you with the most current status of claim
- processing issues that have been identified
- If your claim issue is not identified, click the Frequently Asked Questions (FAQs) linked on the left side tool bar to view top inquiries on claim status, claim denials, and other topics
- Past and resolved claim issues are available
- For more information:
  - JH Providers

I N N O V A T I O N I N A C T I O N

Top Claim Submission Trends

- Non-covered charges
- Claim is not covered by this payer contractor
- Duplicate claims
- The benefit for this service is included in the payment or allowance for another service or procedure that has already been adjudicated
- Expenses incurred prior to coverage

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Novitasphere

- Free, secure Web-based portal
- Part B - Access to Eligibility, Claim Information and Remittance Advice, Claim Submission with File Status, Electronic Remittance Advice (ERA), Claim Correction, Secure Messaging and a MailBox
- Live Chat feature
- Dedicated Help Desk- 1-855-880-8424
- Demonstrations and more information

Part B Novitasphere Claim Correction Feature

- Common clerical errors can be corrected on finalized claims:
  - Number of services or units
  - Diagnosis code
  - Eligible modifiers
  - Procedure code
  - Date of service
  - Place of service
  - Billed amount
- Novitasphere Claim Correction Guide

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Top Claim Submission Trends

Non-Covered Services

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- Remittance Advice Message 96:
  - Non-covered charge
- Examples include:
  - Routine dental care
  - Dentures
  - Cosmetic surgery
  - Hearing aids
  - Most dental procedure
- References:
  - CMS IOM
  - CMS MLN Items and Services Not Covered Under Medicare

Claim Not Covered By This Payer/Contractor

- Remit message:
  - 109
- Service not processed by Novitas:
  - Durable Medical Equipment
  - Hospice related services
  - Medicare Advantage Plans
  - Railroad Retirement Board
  - United Mine Workers of America
- Find appropriate contractor and submit

I N N O V A T I O N   I N   A C T I O N

Duplicate Services

- Remittance Advice Message 18:
  - Services already processed
- Duplicate currently processing:
  - Allow claim to process:
    - ✓ Electronic claims processing time = 14 days
    - ✓ Paper claims processing time = 29 days
- To find the duplicate claim though the Interactive Voice Response say “next claim” after listening to your denial
  - IVR JH Providers

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Claims Status Through Novitasphere

Claims Status

Friday, January 5, 2018 2:29 PM

Eligibility
Claims Info
Summary
Status
Request Remittance Advice
Secure Message
Claims Submission/ERA
(Opens in new tab/Disable pop-up blocker)
Claim Correction
MailBox
My Account

This screen can be used to perform a claim search going back one year from the claims finalized date. For example, if the claim date of service is 10/1/2014 and it finalized on 10/26/2014, then it would be visible on the portal until 10/26/2015. For claims older than one year, you will need to continue to utilize the IVR to obtain information on them.

Note: * Indicates a required field. Dates may be entered as MMDDYY or MMDDYYYY. Forward slashes will be populated automatically.

NPI:* PTAN:* State:*
Patient Medicare #:* ICN:
First Name Initial:* Last Name:*
Procedure Code: Status: All
Total Billed Amount: Finalized Date: To:
Date(s) of Service:* 01/05/2018 To: 01/05/2018
Search Clear

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Claims Status Results Through Novitasphere

Claims Status

Friday, January 5, 2018 2:58 PM

This screen can be used to perform a claim search going back one year from the claims finalized date. For example, if the claim date of service is 10/1/2014 and it finalized on 10/26/2014, then it would be visible on the portal until 10/26/2015. For claims older than one year, you will need to continue to utilize the IVR to obtain information on them.

Note: * Indicates a required field. Dates may be entered as MMDDYY or MMDDYYYY. Forward slashes will be populated automatically.

NPI:* PTAN:* State:*
Patient Medicare #:* ICN:
Procedure Code: Status: All
Total Billed Amount: Finalized Date: To:
Date(s) of Service:* 01/01/2017 To: 01/05/2018
Search Clear

ICN	Medicare #	DOS	Billed Amt	Allowed Amt	Provider Paid Amt	Provider Check #	Finalized Date	Status	View
		05/01/2017	$20.00	$0.00	$0.00		11/06/2017	DENIED	View
		03/22/2017	$220.00	$135.08	$44.39		11/09/2017	APPROVED AND PAID	View
		02/28/2017	$20.00	$18.37	$16.00		11/02/2017	APPROVED AND PAID	View

Payment($) data is subject to change.

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INNOVATION IN ACTION

Benefit Included In Payment For Another Service

- Remittance Advice Message 97:
  - The benefit for this service is included in the payment or allowance for another service or procedure that has already been adjudicated.
- "B" Status code on the Medicare Fee Schedule Database
- Part of global surgery package:
  - The cost of the care before and after surgery or procedure is included in the approved amount for that service
  - An evaluation and management billed during the global period
  - Major surgeries have a 90 day global period

Fee Schedule Look-Up Tool

Medicare JL
Providers in DC, DE, MD, NJ and PA

Medicare Part B [Change]

JL Home
2017 Participation
Appeals
CERT
Claims
Contact Us
Education Center
Electronic Billing-EDI
Enrollment
Evaluation & Management
FAQs
Fee Schedules
Forms
IVR
Join our E-Mail Lists
Medical Policy / LCDs
Medical Review
Novitasphere
Publications
Self-Service Tools
Specialties / Services

Physician's Fee Schedule Code Search & Downloads

Search using a single code
Procedure Code: 11010 | No Modifier
Date Of Service: 11/1/2016
State: Pennsylvania
Locality: rest of state (99)
Search | Clear

Download the complete Fee Schedule
Year: 2017
State: Choose a state...
Locality: Choose a locality...
File type: PDF
Download

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Physician's Fee Schedule Code Search

- Some benefits of our physician fee schedule tool:
  - Single code search
  - Fee schedule detail
  - Payment status indicators
  - Surgical indicators:
    - ✓ Global surgery
    - ✓ Bilateral surgery
    - ✓ Multiple procedures
    - ✓ Assistant at surgery
- Physician Fee Schedule Tool

Fee Schedule Indicators

Medicare Part B [Change]

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Medical Policy / LCDs
Medical Review
Novitasphere
Publications
Self-Service Tools
Specialties / Services

CMS

ISO

Physician's Fee Schedule Code Search & Downloads

Search using a single code
Procedure Code 11010 No Modifier
Date Of Service 11/1/2016
State Pennsylvania
Locality rest of state (99)
Search Clear

Download the complete Fee Schedule
Year 2017
State Choose a state...
Locality Choose a locality...
File type PDF
Download

Results
Procedure Code 11010 State Pennsylvania Modifier No Modifier
Effective Date 01-01-2016 Locality rest of state (99) Description Debride skin at fx site

Please click on the icon for a description of any field or indicator

Fee Schedule Amount	
Participating Provider	477.57
Non-Participating Provider	453.69
Limiting Charge Amount	521.74
View Limiting Charge Amounts for EHR, eRX and PQRS	

When performed in a facility setting	
Participating Provider	279.66
Non-Participating Provider	265.68
Limiting Charge Amount	305.53
View Limiting Charge Amounts for EHR, eRX and PQRS	

Status Indicators

Surgery & Procedures	
Professional/Technical Component	0
Global Days	010
Pre-Operative %	0.1
Intra-Operative %	0.8
Post-Operative %	0.1
Multiple Procedures	2
Bilateral Surgery	2
Assistant at Surgery	1
Team Surgeons	0
Co Surgeons	0
Physician Supervision of Diagnostic Procedures	09
Multiple Therapy Amount	0.00
Conversion factor	35.8043
Update Factor	1.0050

General Info	
Status	A
Facility Pricing Indicator	1
PDT Indicator	9
Imaging Cap Indicator	9
Relative Value Units	
Work	4.19
Practice (Non Facility Settings)	9.04
Practice (Facility Settings)	3.09
Malpractice	0.76
Geographic Practice Cost Indices	
Work	1.000
Practice	0.929
Malpractice	0.987

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Expenses Incurred Prior to Coverage

- Remittance Advice Message 26:
  - Expenses incurred prior to coverage
- Use IVR or Novitasphere to check patient eligibility
- Check patient's Medicare for entitlement date
- Periodically update patient's information

Eligibility

Eligibility
Claims Submission/ERA
(Opens in new tab/Disable pop-up blocker)
Claims Info
Claim Correction
Appeal Requests
Medical Review Claims
Secure Message
MailBox
My Account Profile

Benefit Eligibility Details

Wednesday, April 11, 2018 9:01 AM

To obtain eligibility, you must **enter the information as found on the beneficiary's current Medicare card.** To protect the privacy of beneficiary data, the subscriber first name, last name and medicare beneficiary id must match the beneficiary's data maintained by Medicare; otherwise, eligibility data will not be returned.

Note: * Indicates a required field. Dates may be entered as MMDDYY or MMDDYYYY. Forward slashes will be populated automatically.

First Name* | Last Name*
Suffix | Medicare Beneficiary ID*
Date of Birth(MM/DD/YYYY) | NPI*
Date(s) of Service* 04/11/2018 TO 04/11/2018 | Types of Data All

Submit | Clear

INQUIRY | BENEFICIARY | ELIGIBILITY | DEDUCTIBLE | MAP | MSP | HOSPICE/HOME HEALTH | PREVENTIVE | INPATIENT | QMB

Inquiry Information

Subscriber First Name	
Subscriber Last Name	
Subscriber Date of Birth	
Subscriber Medicare #	
Date of Service/Date of Service Range	

Eligibility Information

- Eligibility
  - Part A and B Eligibility Effective and Termination Dates
  - End Stage Renal Disease (ESRD) dates and information
- Deductible
  - Part B Total Deductible Remaining for Calendar year
  - Occupational, Physical and Speech Therapy amounts applied to the capitation limits
  - Rehabilitation Session counts
- Medicare Advantage Plan (MAP)
  - Contract Name, Number, Address and Telephone Number
  - Type of Medicare Advantage Plan
  - The Bill Option code of the Plan type
  - Effective and Termination Dates
- Medicare Secondary Payer (MSP)
  - The reason Medicare is secondary
  - Effective and Termination Dates
  - Name of Insurance Company and Address
- Hospice/Home Health
  - Certification codes and dates
  - Home Health Episode Start and End Dates
  - Home Health Episode termination date
  - Provider NPI Number of the Home Health Facility
- Preventive Services
  - Number of Smoking Sessions remaining
  - Preventive Service Procedure Code
  - Preventive Technical and Professional Dates
  - Deductible Applied for the Calendar Year
  - Deductible Remaining for the Calendar Year
  - Coinsurance Remaining for the Calendar Year
- Inpatient
  - Date of earliest and latest billing activity for the spell of illness
  - Hospital Information
  - Skilled Nursing Facility Information
- QMB
  - QMB Effective and Termination Dates
  - QMB Deductible and Coinsurance Remaining QMB Inpatient Spell, Hospital Information and SNF Information

I N N O V A T I O N I N A C T I O N

Helpful Electronic Remittance Advice (ERA) Tips

- If you are enrolled to receive your remittances via 835 ERA, review these helpful tips for successfully managing your remittance files:
  - ERA is generated 14 days from the date the file was submitted:
    - ✓ File is available to retrieve for **60** days
  - When you retrieve your ERA, save it to location on your system where you can easily locate it in the future if necessary
  - Those saved ERA files can be translated by your claim software, or by one of our free software products: Medicare Remit Easy Print (MREP) for Part B, PC Print for Part A, or ABILITY | PC-ACE for Part A or Part B:
    - ✓ These software products have the ability to print one or more patients as needed to send to a secondary insurance
  - Get into the habit of retrieving ERAs each day so you don't miss any important information
  - Training modules (Part A) (Part B) are offered to help you retrieve and read your ERA files

I N N O V A T I O N I N A C T I O N

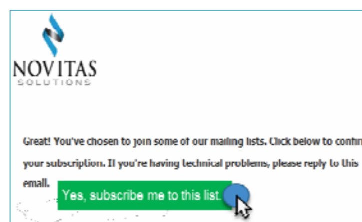
Novitas eNews – Subscribe Now!

- Receive current updates directly from Novitas Solutions:
  - Part A and Part B News
  - Issued every Tuesday and Friday
  - CMS MLN Connects issued Thursdays
- Choose the line of business
- and topics *YOU NEED:*
  - Novitasphere
  - Part A News
  - Part B News
  - Electronic Billing (EDI)
  - Veterans Affairs
  - ABILITY | PC-ACE
  - Medicare Remit Easy Print
  - (MREP)
  - Indian Health Services (IHS)

I N N O V A T I O N I N A C T I O N

Subscribing to eNews

- Subscribing is quick and easy!
  - JH mailing list
- A verification e-mail will be sent to you minutes after subscribing
- Didn't receive the verification?
  - Your network firewall or spam filter is blocking us
  - Please alert your network IT personnel
  - Follow these simple steps to allow eNews



I N N O V A T I O N I N A C T I O N

Remaining Enrolled

- No action required if receiving Novitas eNews as scheduled!
- If you ever stop receiving Novitas eNews on Tuesdays and Fridays, alert your IT personnel!
  - Your company's firewall or spam filter is blocking your subscription
  - Please alert your network IT personnel
  - Follow these simple steps to allow eNews

I N N O V A T I O N   I N   A C T I O N

Customer Contact Information

- Providers are required to use the Interactive Voice Response (IVR) to obtain:
  - Claim Status
  - Patient Eligibility
  - Check/Earning
  - Remittance inquiries
- Customer Contact Center- 1-855-252-8782
  - Provider Teletypewriter- 1-855-498-2447
- Patient / Medicare Beneficiary:
  - 1-800-MEDICARE (1-800-633-4227)
  - SSA online access

I N N O V A T I O N   I N   A C T I O N

Thank You

- Liz Henry
  Education Specialist, Provider Outreach and Education
  Liz.henry@novitas-solutions.com
  442-400-7520
- Janice Mumma
  Supervisor, Provider Outreach and Education
  janice.mumma@novitas-solutions.com
  717-526-6406
- Stephanie Portzline
  Manager, Provider Engagement
  Stephanie.Portzline@novitas-solutions.com
  717-526-6317

INNOVATION IN ACTION