NARHC Fall Institute
Tuesday, Oct. 27, 2015
St. Louis Conference
Breakouts

Your choice...

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WPS

Majestic B-C
Mac Discussion:
Cahaba

Majestic A
Mac Discussion:
Novitas

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MAC Discussion: Novitas

Kim Robinson
Provider Education Specialist
Provider Outreach & Ed. Dept.
Novitas Solutions, Inc.
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• Education specific to providers in Medicare Administrative Contractor (MAC) Jurisdiction L (JL) include: Delaware, District of Columbia, Maryland, New Jersey, and Pennsylvania

• This education contains specific contractor guidance

• If you are not a provider in JL or JH, please contact your Medicare contractor for specific guidance
Agenda

• Rural Health Clinic (RHC) Updates and Reminders
• RHC Top Errors
• Resources
• Comprehensive Error Rate Testing (CERT) Program
• Website Features
• Self-Service Options
## Acronym List

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>RHC</td>
<td>Rural Health Clinic</td>
</tr>
<tr>
<td>AIR</td>
<td>All Inclusive Rate</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>CER</td>
<td>Clerical Error Reopening</td>
</tr>
<tr>
<td>POE</td>
<td>Provider Outreach and Education</td>
</tr>
<tr>
<td>ICD-10</td>
<td>International Classification of Diseases, 10th Edition</td>
</tr>
<tr>
<td>LCD</td>
<td>Local Coverage Determinations</td>
</tr>
<tr>
<td>HCPCS</td>
<td>Healthcare Common Procedure Coding System</td>
</tr>
<tr>
<td>FAQ</td>
<td>Frequently Asked Questions</td>
</tr>
<tr>
<td>BCRC</td>
<td>Benefits Coordination &amp; Recovery Center</td>
</tr>
<tr>
<td>PTAN</td>
<td>Provider Transaction Access Number</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider Identifier</td>
</tr>
</tbody>
</table>
RHC Updates and Reminders
RHC Billing Guide

• Special Edition Article SE1039
  o Updated: June 5, 2014

• Key Points
  o Billing Guide for RHCs
    ▪ Guidance on how RHC should bill for certain preventive services
      – Coinsurance and deductibles are not applicable for the Initial
        Preventive Physical Examination (IPPE) provided by RHCs
      – Deductible waived for planned colorectal cancer screening tests that
        become diagnostic

• Reference
Termination of the Common Working File - Delayed

- The HIPAA (Health Insurance Portability and Accountability Act) Eligibility Transaction System (HETS) will replace Common Working File (CWF) eligibility inquiries
  - Access to Health Insurance Query Access (HIQA) and CWF inquiry menu option 10 will be terminated
- For more information
  - MLN Matters Article MM8248
  - Special Edition Article SE1249
Updating Beneficiary Information with the BCRC

• Special Edition Article SE1416
• Key Points
  o Provides Information regarding the Benefits Coordination & Recovery Center (BCRC) that replaced the Coordination of Benefits Contractor
• Reference
Sequestration Update

• Mandatory Payment Reduction of 2% continues through March 31, 2016, for the Medicare Fee For Service Program

• For more information

• Frequently Asked Questions
  o JH
  o JL
Medicare Deductible, Coinsurance, and Premium Rates for 2015

• Change Request # 8982
  o Effective: January 1, 2015
  o Implementation: January 5, 2015

• Key Points
  o 2015 Part A – Hospital Insurance
    ▪ Deductible: $1,260.00
  o 2015 Part B – Medical Insurance
    ▪ Deductible: $147.00
    ▪ Standard Premium: $104.90

• Reference
Part B Deductible

• The annual Part B deductible does apply to RHC services except Preventive Services
  o Deductible is based on billed charges

• Non-RHC services are subject to appropriate deductible
Payment for G0101 and Q0091 in RHCs Bill under the AIR

- **Change Request # 8927**
  - Effective: January 1, 2015
  - Implementation: April 6, 2015

- **Key Points**
  - HCPCS code G0101 (Cervical or vaginal cancer screening; pelvic and clinical breast examination) and code Q0091 (screening Pap smear) to the list of preventive services paid based on the AIR for RHCs.
  - The deductible and coinsurance are NOT to be applied to G0101 or Q0091.
  - If other billable visits are furnished on the same day as G0101 or Q0091, only one visit will be paid.

- **Reference**
ICD-10 Policies and Resources

ICD-10 Local Coverage Determinations (LCDs)
ICD-10 Local Coverage Articles
How to Access Updates to ICD-10 Local Coverage Determinations in the CMS Medicare Coverage Database
# ICD-10 Local Coverage Determinations (LCDs)

The LCDs found below are final documents and will become effective for dates of service on and after 10/01/2015. All current active ICD-9 LCDs are effective for dates of service on and after 10/01/2016.

<table>
<thead>
<tr>
<th>LCD #</th>
<th>LCD Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>L35498</td>
<td>3D Interpretation and Reporting of Imaging Studies</td>
</tr>
<tr>
<td>L35162</td>
<td>Ambulance Services (Ground Ambulance)</td>
</tr>
<tr>
<td>L34977</td>
<td>Anorectal Manometry, Anal Electromyography, and Biofeedback Training for Perineal Muscles and Anorectal or Urethral Sphincters</td>
</tr>
<tr>
<td>L34914</td>
<td>Assays for Vitamins and Metabolic Function</td>
</tr>
<tr>
<td>L35395</td>
<td>Autonomic Function Tests</td>
</tr>
<tr>
<td>L35022</td>
<td>Bariatric Surgical Management of Morbid Obesity</td>
</tr>
<tr>
<td>L35433</td>
<td>Barium Swallow Studies, Modified</td>
</tr>
<tr>
<td>L34956</td>
<td>Benign Skin Lesions</td>
</tr>
</tbody>
</table>
ICD-10 Claims Processing Guidance

• Special Edition Article SE1408
• Key Points
  o In some cases, there cannot be a break in service or time
  o Tables have been developed to provide guidance for institutional claims, special outpatient claims and professional claims that span the period where ICD-9 and ICD-10 codes may both be applicable
• Reference
# ICD-10 Split Exceptions

<table>
<thead>
<tr>
<th>Bill Type</th>
<th>Facility Type/Services</th>
<th>Claims Processing Requirement</th>
<th>Use From or Through Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>71X</td>
<td>RHC</td>
<td>Split Claims - Require providers split the claim so all ICD-9 codes remain on one claim with Dates of Service (DOS) through 9/30/2015 and all ICD-10 codes placed on the other claim with DOS beginning 10/1/2015 and later.</td>
<td>From</td>
</tr>
</tbody>
</table>
Medicare Secondary Payer Questionnaire (MSPQ)

• Reminders
  o Should be verified at outpatient encounter
  o May be hard copy or electronic
  o No signature is needed
  o Retained for 10 years from date of service

• Reference
  o [link to CMS manual](https://www.cms.hhs.gov/manuals/downloads/msp105c03.pdf)
Negative Reimbursement
Frequently Asked Question

• Question
  o Why am I seeing a negative reimbursement on some of my RHC claims?

• Response
  o Medicare deductible and coinsurance are applicable to RHC claims. The deductible is applied to the billed charge. The patient is responsible for a coinsurance amount of 20 percent of billed charges after any applicable deductible. The RHC is paid 80 percent of the all-inclusive rate per visit. It is important to note the 20 percent of charges may not be equal to the 20 percent of the all-inclusive rate, if the charges are not equal to the all-inclusive rate.
  o MACs are instructed to withhold payments from RHCs if the Medicare deductible is in excess of the reimbursement rate. In this instance, the provider is receiving more than the reimbursement rate allowed by Medicare. This will show as a negative amount on the provider’s remittance advice, and commonly referred to as ‘negative reimbursement’.
Negative Reimbursement Payment Example

- Billed charge is $115.00
- AIR is $75.00
- Deductible has not been met
  - $147.00 for 2014

<table>
<thead>
<tr>
<th>Description</th>
<th>RHC Payment Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billed Charge</td>
<td>$115.00</td>
</tr>
<tr>
<td>Patient Deductible</td>
<td>$115.00</td>
</tr>
<tr>
<td>Medicare would have Paid</td>
<td>$60.00 ($75 x 80%)</td>
</tr>
<tr>
<td>Contractual Adjustment on RA</td>
<td>&lt;$40.00&gt; ($115 - $75)</td>
</tr>
</tbody>
</table>
Credit Balance

• Credit Balance Reporting
  o Must be submitted within 30 days after the close of each calendar quarter
  o Providers will be placed under 100% payment withhold if the required Credit Balance Report, including Certification Page, is not received by the deadline date
  o Providers must attempt to perform adjustments
  o Include your UB-04 with your report
  o Complete the entire CMS-838 detail page
  o Common Errors
    ▪ Missing Dollar Values
    ▪ Missing Value Codes for MSP
    ▪ Method of Payment
    ▪ No Match between provider number on the certification page and the detail page
    ▪ Inclusion of claims submitted previously
  o Do not submit duplicate submissions by fax and mail – use one or the other

• Reference
  o JH Status of Credit Balance Submission Tool
  o JL Status of Credit Balance Submission Tool
Credit Balance Fax

• The preferred method of submission
• Fax all Medicare Credit Balance Reports and certification pages
• Medicare Credit Balance Report Fax Number
  o Fax Number: 410-891-5230
  o Attention: Credit Balance
• Resource
  o JH
  o JL
Cost Report

• Must submit a cost report showing the actual costs incurred and the total number of visits for RHC services period
  o Submit on or before the last day of the 5th month following the close of the reporting period
• Must submit an annual report covering 12 month period of operations
• The Medicare Administrative Contractor (MAC) determines total payment amount due for covered services furnished
• Reference
  o JH
  o JL
Bad Debt

• Limited to Medicare coinsurance amounts that remain unpaid by the Medicare beneficiary
  o Includes unpaid deductible for RHCs
• Must establish that reasonable efforts were made to collect these amounts
• When coinsurance or deductible is waived by an RHC clinic, it may not claim that amount as bad debt
• Reference
  o JH
  o JL
RHC Top Errors
# Top Errors

<table>
<thead>
<tr>
<th>JH Top Errors</th>
<th>JL Top Errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>31577</td>
<td>32200</td>
</tr>
<tr>
<td>39011</td>
<td>31577</td>
</tr>
<tr>
<td>32291</td>
<td>39011</td>
</tr>
<tr>
<td>19201</td>
<td>30905</td>
</tr>
<tr>
<td>32200</td>
<td>31300</td>
</tr>
<tr>
<td>31300</td>
<td>30949</td>
</tr>
<tr>
<td>32078</td>
<td>30906</td>
</tr>
<tr>
<td>32104</td>
<td>W7072</td>
</tr>
<tr>
<td>E0401</td>
<td>M5052</td>
</tr>
<tr>
<td>30906</td>
<td>31265</td>
</tr>
</tbody>
</table>
• Error
  o This reason code is assigned when an RHC has revenue code 52X or 900 with more than 1 unit, or on more than one line for the same date of service

• Resolution
  o RHCs are required to bundle all charges for the encounter into one line item (except for preventive services)
Error
  - Diagnosis code V04.81, V03.82, V06.6, or Z23 is present on the claim without condition code A6

Resolution
  - Diagnosis on the claim indicates a flu vaccine was being administered
  - As a reminder, an RHC does not separately bill for a flu vaccine or its administration
    - Reimbursed at the annual cost settlement
  - These costs should not be reported on a claim
• Error
  o This claim is submitted past CMS’ timely filing requirements
• Resolution
  o CMS has instituted a 1 year timely filing requirement
  o If you file your claim past timely filing, remarks must be included in order to be considered
  o Timely filing claims tips
    ▪ JH
    ▪ JL
• Error 32291
  ○ Hospital based RHCs cannot bill revenue codes other than 52X and 91X

• Error 32078
  ○ When billing an RHC claim the valid revenue codes must be 521, 522, 524, 525, 528, 780, or 900

• Resolution
  ○ Ensure you are using the appropriate revenue code on your claim
    ▪ Depending on the service, maybe billed separately by the hospital or to the Part B carrier
• Error
  o The claim must contain an attending physicians NPI and name

• Resolution
  o Verify that claim page 3 has the attending physicians NPI, last name, and first name
  o Correct and resubmit
• Error
  o The payer code is invalid
• Resolution
  o Payer codes identify the type of insurance coverage
    ▪ System generated for electronic submission
  o Must correspond appropriately with the value code reported
  o JH
  o JL
• Error
  o The NPI number that is on the claim does not match the PTAN that is associated with the claim

• Resolution
  o There is a more than one PTAN match to your NPI number
  o Ensure you respond with the appropriate PTAN to the development request
  o Consider making a 1 to 1 match
30906/ 30905

• Error
  o The adjustment claim submitted cannot be matched up to a claim previously processed

• Resolution
  o Verify the cross reference DCN matches the DCN of the previously processed claim
    ▪ If it matches, F9 the claim back in
    ▪ If it does not match, correct and F9
Claims Center

• Coding Guidelines
  o Current Procedural Terminology and Healthcare Common Procedure Coding System
  o Modifiers
  o Institutional Billing

• Claim Access and Information
  o Top Claim Submission Errors
    ▪ Monthly report for each state in our jurisdictions
  o Access Part A Claims and Eligibility Online
    ▪ Request Direct Data Entry Access into the Fiscal Intermediary Standard System (FISS)
    ▪ FISS logon instructions, RACF ID and password rules, Resetting passwords

• Reference Materials
  o UB04 At A Glance
  o Bulletins and Claim Tips
  o Incentive Programs
  o FISS User Guide
  o Remittance, Advice and Reason/Remarks

• Reference
  o JH
  o JL
Resources
Novitas Resources

- Novitas Website
  - http://www.novitas-solutions.com

- RHC FAQs
  - JH
  - JL

- RHC Specialty Guide
  - JH
  - JL
• CMS website offers valuable resources
  o Medicare Benefit Policy Manual 100-02, Chapter 13
  o Medicare Claims Processing Manual 100-04, Chapter 9
  o RHC Billing Guide (Special Edition SE1039)
  o RHC Center
    ▪ [http://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html](http://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html)
  o CMS Website
Medicare Billing Information For Rural Providers and Suppliers

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

• What is it? A program developed by CMS to randomly audit claims monthly to determine if they processed correctly
• Why does it matter? To protect the Medicare trust fund and determine error rates nationally and regionally
• Who is involved? You. A request for medical records from AdvanceMed alerts you that one of your claims has been selected as part of the monthly random sample
• How does it work? A letter will be sent to your office requesting the medical documentation. You need to comply in a timely manner with the request

• JH
  o http://www.novitas-solutions.com/webcenter/spaces/CERT_JH
• JL
Part A Common Errors

• Insufficient documentation
  o Missing documentation to support face to face visit
  o Missing a signature attestation statement or signature log for outpatient visit note with illegible signature and no printed name to identify the documenting provider
CERT Appeals vs. Claim Adjustments

• We are instructing providers to cease the practice of cancelling and adjusting claims that are selected in the CERT review process
  o Notify CERT if an error has been made on the claim DO NOT cancel or adjust claims
• When the CERT adjustment has been made in the FISS system, it will appear as an XXH Bill Type
  o Once finalized, proper appeals process should be followed to appeal CERT related claims
• Article
  o JH
  o JL
Website Features
Website Improvements

• Based on your feedback we continue to improve our website

• Recent website improvements
  o Content pages now include ‘Last Updated’ date
  o Continued cleanup of outdated documents
  o Quick access rolling banner spotlighting Medicare news

INNOVATION IN ACTION
We'd welcome your feedback!

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- The Medicare Administrative Contract (MAC) Jurisdiction L (LU), which spans Pennsylvania, New Jersey, Maryland, Delaware and Washington D.C.;
- The Medicare Administrative Contract (MAC) Jurisdiction H (HJ), which spans Colorado, Oklahoma, New Mexico, Texas, Arkansas, Louisiana, Mississippi, Indian Health Service (IHS) and Veterans Affairs (VA); and
- The payment processing for the Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens contract, as authorized under Section 1011 of the 2003 Medicare Modernization Act.

Click one of the images below to visit our provider websites for each of our contracts:

Career Opportunities

View and apply to see Novitas positions here.
Medicare: Jurisdiction H website

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Which best describes you:  
○ HealthCare Professional  ○ Medicare Patient

Which best describes your area of interest:

○ Part A: Hospitals & other Facilities
○ Part B: Physicians & other health care professionals

Set Preference

*In order to save your preferences, please enable cookies in your browser settings*
Self-Service Options
Jurisdiction H Customer Contact Information

• Provider
  o 1-855-252-8782
  o Hours of Operation, Central Time (CT)/Mountain Time (MT)
    ▪ Monday - Friday: 8:00 am – 4:00 pm CT/MT

• Interactive Voice Response (IVR)
  o Hours of Operation
    ▪ Eligibility and General Information
      – 24 Hours a day 7 Days a week
    ▪ Full IVR Options
      – Mondays: 5:00 am – 7:00 pm CT
      – Tuesday – Friday: 3:00 am – 7:00 pm CT
      – Saturdays: 5:00 am – 3:00 pm CT
  o Step-by-Step Guide
    ▪ JH Part A
    ▪ JH Part B
Jurisdiction L Customer Contact Information

- **Provider**
  - 1-877-235-8073
  - Hours of Operation, Eastern Time (ET)
    - Monday - Friday: 8:00 am – 4:00 pm ET

- **Interactive Voice Response (IVR)**
  - Hours of Operation
    - Eligibility and General Information
      - 24 Hours a day 7 Days a week
    - Full IVR Options
      - Mon- Fri 6:00am – 9:00pm ET
      - Saturday 6:00am - 4:00pm ET
  - Step-by-Step Guide
    - JL Part A
    - JL Part B
Beneficiary Contact Information

• Patient / Medicare Beneficiary
  ○ 1-800-MEDICARE (1-800-633-4227)
Fiscal Intermediary Standard System (FISS) Hours

- **District of Columbia (DC), Maryland (MD), New Jersey (NJ), Pennsylvania (PA)**
  - Monday – Friday
    - 6 am – 9 pm, Eastern Time (ET)
  - Saturdays
    - 6 am – 4 pm ET

- **Delaware (DE)**
  - Monday – Friday
    - 6 am – 6 pm ET
  - Saturdays
    - 6 am – 4 pm ET

- **Colorado (CO), New Mexico (NM), Oklahoma (OK), Texas (TX)**
  - Monday – Friday
    - 6 am – 8pm, Central Time (CT)
  - Saturdays
    - 6 am – 3pm CT

- **Arkansas (AR), Louisiana (LA), Mississippi (MS)**
  - Monday – Friday
    - 6 am – 7pm CT
  - Saturdays
    - 6 am – 3pm CT
Stay Up-to-Date

• Electronic Mailing List
  o Daily E-mail of the latest Medicare Updates
  o Newly designed and streamlined newsletter format
  o Subscribe JH
    • http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00007968
  o Subscribe JL
    • http://www.novitas-solutions.com/webcenter/spaces/MedicareJL/page/pagebyid?contentId=00007968

• Podcast
  o Podcast of the latest Medicare Updates and other informative topics
  o JH
    • http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00025071
  o JL
    • http://www.novitas-solutions.com/webcenter/spaces/MedicareJL/page/pagebyid?contentId=00008119

• Educational Videos and Tutorials
  o JH
    • http://www.novitas-solutions.com/webcenter/spaces/MedicareJH/page/pagebyid?contentId=00082787
  o JL
    • http://www.novitas-solutions.com/webcenter/spaces/MedicareJL/page/pagebyid?contentId=00082787
ICD-10 Implementation

• October 1, 2015, is the compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10

• Where can I find more information on the ICD-10 Implementation?
  
  o JH
    ▪ http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00003602

  o JL
Novitas Medicare Learning Center

• Features
  o Create an individualized education account
  o Register for webinars, teleconferences, and workshops
  o Download your Continuing Education Unit (CEU) Certificates
  o Be placed on a waitlist if the educational event you register for is closed

• Benefits
  o Centralized location for all educational materials
  o Track all of the educational events you’ve attended
  o Access Medicare education 24 hours a day, 7 days a week with web-based training modules

• JH

• JL
Calendar of Events

• Our Education and Training Center offers a wide variety of education

• Join us for Workshops, Teleconferences, and Webinars

• The most current calendar of events
  o JH Part A
  o JH Part B
  o JL Part A
  o JL Part B
Centers for Medicare & Medicaid Services (CMS)

- The CMS website offers valuable resources such as
  - CMS Internet Only Manuals (IOMs)
  - Medicare Learning Network (MLN) Matters Articles
  - Open Door Forum
Thank You For Attending
Welcome Reception

Courtesy of ...

5:30 – 7:30 p.m.
Pizza, Wings, Dessert, Beverages

Located across the street in the Lammert Bldg,
911 Washington Ave, 5th floor  (same bldg. as Over/Under)

See you at 8:30 AM tomorrow