



Arkansas Medical Society

Fall 2013



INNOVATION IN ACTION



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- This presentation is a general summary that explains certain aspects of the Medicare program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. ²
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Agenda

- Quarterly Updates
- Comprehensive Error Rate Testing (CERT)
- Claim Issues
- Recurring Updates and Reminders
- Medicare Incentive Programs
- Website and Self Service Resources

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Comprehensive Error Rate Testing (CERT)

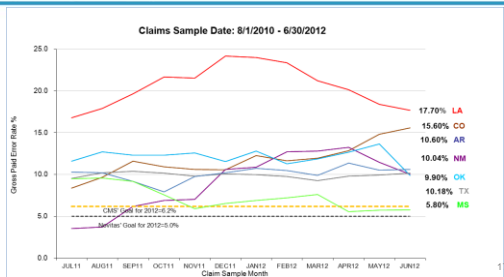


- National Claim Paid Error Rate
 - 6.8 % Inpatient hospitals
 - 4.8 % Non-inpatient hospital facilities
 - 9.9 % Physician/Lab /Ambulance
- Impacts all providers submitting Fee for Service claims
- Limited random claim sample
- Record requests must be received within 30 days from the initial CERT letter
- Right to Appeal? Yes

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CERT – Jurisdiction H Part B



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Comprehensive Error Rate Testing (CERT)



Jurisdiction H Part B Common Errors

- Insufficient documentation:
 - Missing or illegible documentation and/or physician signature
 - Procedure/laboratory service billed
 - No valid physician's order
- Incorrect coding errors:
 - Evaluation and Management (E/M) codes
 - Units of medication

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Duplicate Services



- Services already processed
- Duplicate currently processing
- Allow claim to process
- To find the duplicate claim though the Interactive Voice Response say "Next Claim" after listening to your denial.
- The Redetermination form is available at: <https://www.novitas-solutions.com/partb/forms/pdf/partb-redeterm-form.pdf>

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Provider Not Certified/Eligible



- Performing service not eligible or out of scope of practice
- If you do not agree with the denial, you may request a appeal/redetermination
- The Redetermination form is available at: <https://www.novitas-solutions.com/partb/forms/pdf/partb-redeterm-form.pdf>

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Health Insurance Claim (HIC) & Name Do Not Match Or Incomplete/Invalid HIC



- Verify the name on the official red, white, and blue Medicare card matches the claim
- Double check the HIC to ensure it was keyed correct
- Periodically update patient's information
- Remittance Advise messages
 - MA130
 - MA27

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Denied When Performed By This Type Of Provider



- Performing provider type not eligible or out of scope of practice
- Request redetermination including the reason it should be covered for the particular specialty

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How to Avoid Insufficient Documentation Errors



- Submit all applicable information to support the services billed on the claim
- Include the information requested on the documentation checklist
- May need to contact the ordering physician's office/third party to obtain all necessary information
- Make sure all photocopies are complete with beneficiary identification, legible, and contain both sides of each page

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How to Avoid Insufficient Documentation Errors



- Make sure documentation is legible
- Sign and date everything
 - Includes physician notes, orders for laboratory services and diagnostic testing, standing orders, physical therapy notes and logs, ambulance trip sheets, care plans, protocols, etc.
- Signature must be handwritten or electronic
 - Stamped signatures are not acceptable

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Medically Unnecessary Services



- Submit all documentation to establish medical necessity
- Include documentation prior to and/or following the dates of service under review
 - Orders, treatment plans, progress notes, re-evaluations, visit notes, Skilled Nursing Facility (SNF) look back periods
- Ensure services are payable according to Medicare regulations

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How to Avoid Incorrect Coding Errors



- Ensure services performed are clearly substantiated in the medical record
- Ensure documentation supports the number of service units billed
- Code services at appropriate level performed
- Follow Healthcare Common Procedure Coding System (HCPCS)/Current Procedure Terminology (CPT) and International Classification of Diseases-9 (ICD-9) coding guidelines
- Follow the guidelines in the Medicare Program Integrity Manual, Chapter 12 - <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c12.pdf>

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Reminder: Physician Signature Requirements for Diagnostic Testing



- Recommendation that physicians provide their signature on all orders for diagnostic and laboratory services
 - Critical that a signed physician order for all diagnostic tests be included with a request for medical records from Comprehensive Error Rate Testing (CERT) or Novitas Solutions, Inc.
 - Services could be determined to be medically unnecessary and the claim will be denied without the order
 - <https://www.novitas-solutions.com/bulletins/all/news-07312009.html>

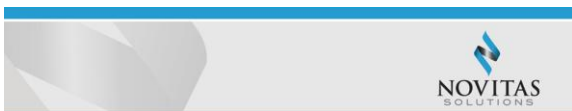
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Part B Redetermination Request



- Correct clerical errors or omission by calling the Claims Correction line
 - JH Providers 1-855-252-8782
- Part B Redetermination Requests may be faxed
 - Available 24 hours a day, 7 days a week
 - 1-888-541-3829
- Appeals Status Inquiry Tool now available
 - <https://www.novitas-solutions.com/appeals/status.html>

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MEDICARE INITIATIVES AND INCENTIVE PROGRAMS

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2013 Physician Quality Reporting System (PQRS) Program



- PQRS payment authorized through 2014
- 0.5% incentive payment for 2012-2014
- Payment adjustments will begin in 2015 to eligible professionals who do not satisfactorily report data on quality measures for covered professional services
- For more information:
 - <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/pqrs/index.html>
 - <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Spotlight.html>
 - <http://www.cms.gov/Outreach-and-Education/Outreach/FFSPProvPartProg/Downloads/2013-06-27Enews.pdf>

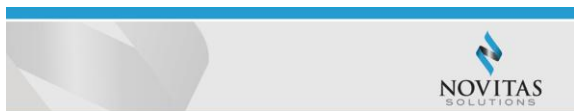
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Electronic Health Record (EHR) Incentive Program



- Several resources can help you successfully navigate the Medicare EHR Incentive Program:
 - An attestation page on the Centers for Medicare & Medicaid Services website, where participants in the Medicare EHR Incentive Program can find important information on attestation
 - The Meaningful Use Attestation Calculator allows Eligible Professionals (EPs) and eligible hospitals to check whether they have met meaningful use guidelines before they attest in the system. The calculator prints a copy of each EPs or eligible hospital's specific measure summary.
 - The Eligible Professional User Guide and the Eligible Hospital and Critical Access Hospital User Guide provide step-by-step guidance for EPs and eligible hospitals on navigating the attestation system.

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RECURRING UPDATES & REMINDERS

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Medicare Quarterly Provider Compliance Newsletter



- The "Medicare Quarterly Provider Compliance Newsletter [Volume 3, Issue 4]" Educational Tool (ICN 908625) was revised. Designed to provide education on how to avoid common billing errors and other erroneous activities when dealing with the Medicare Program. Includes information on corrective actions that health care professionals can use to address and avoid the top issues of the particular Quarter.
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedQtrlyComp-Newsletter-ICN908787.pdf>
- Index of Recovery Audit and Comprehensive Error Rate Testing (CERT) findings from current and previous newsletters is available. Customized by provider type to identify those findings that impact specific providers.
 - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedQtrlyCompNL_Archive.pdf

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Special Edition Articles



- Place of Service Coding for Physician Services in an Outpatient Setting:
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1313.pdf>
- Pulmonary Procedures and Evaluation & Management (E/M) Services:
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1315.pdf>
- Incorrect Number of Units Billed for Rituximab and Bevacizumab Dose versus Units Billed:
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1316.pdf>
- Guidance to Reduce Mohs Surgery Reimbursement Issues:
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1318.pdf>
- Cataract Removal, Part B:
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1319.pdf>

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Remittance Advice



- Remark Code & Claim Adjustment Reason Code
 - Stay current
 - Updates made every 4 months
 - <http://www.wpc-edi.com/codes>
- Centers for Medicare & Medicaid Services (CMS) Manual: Understanding the Remittance Advice
 - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/ra_guide_full_03-22-06.pdf

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Mandatory Payment Reductions – “Sequestration”



- Medicare Fee-for-Service claims with dates of service or date of discharge on or after July 1, 2013
- 2% reduction to Medicare payment
- The fees shown on our website do not reflect the sequestration payment adjustment
- Payment adjustments shall be applied to all claims after determining the Medicare payment including application of the current fee schedule, coinsurance, any applicable deductible and any Medicare Secondary Payment adjustments
- For more information:
 - <https://www.novitas-solutions.com/sequestration/index.html>

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WEBSITE FEATURES AND SELF SERVICE OPTIONS

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Medicare Part B Center

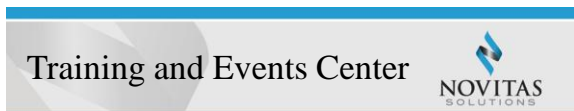


<https://www.novitas-solutions.com/partb/index.html>

The screenshot shows the Medicare Part B Center website. At the top, there is a navigation bar with links for Home, Accessibility/Help, Careers, Links, Site Map, and Site Page. Below this is a search bar and a navigation menu. The main content area is divided into several sections:

- Featured Links:** A list of links for various services such as Medicare Part B, Medicare Part B Enrollment, Medicare Part B Renewal, Medicare Part B Coverage, Medicare Part B Claims, Medicare Part B Appeals, Medicare Part B Billing, Medicare Part B Billing Support, Medicare Part B Billing Services, Medicare Part B Billing Support, Medicare Part B Billing Services, Medicare Part B Billing Support, Medicare Part B Billing Services.
- Looking For...:** A section for popular call center topics with bookmarkable favorites.
- Part B Alerts, News & Bulletin:** A section for the latest updates from Medicare Part B.
- Contact Us:** A section for getting in touch with support.

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Training and Events Center

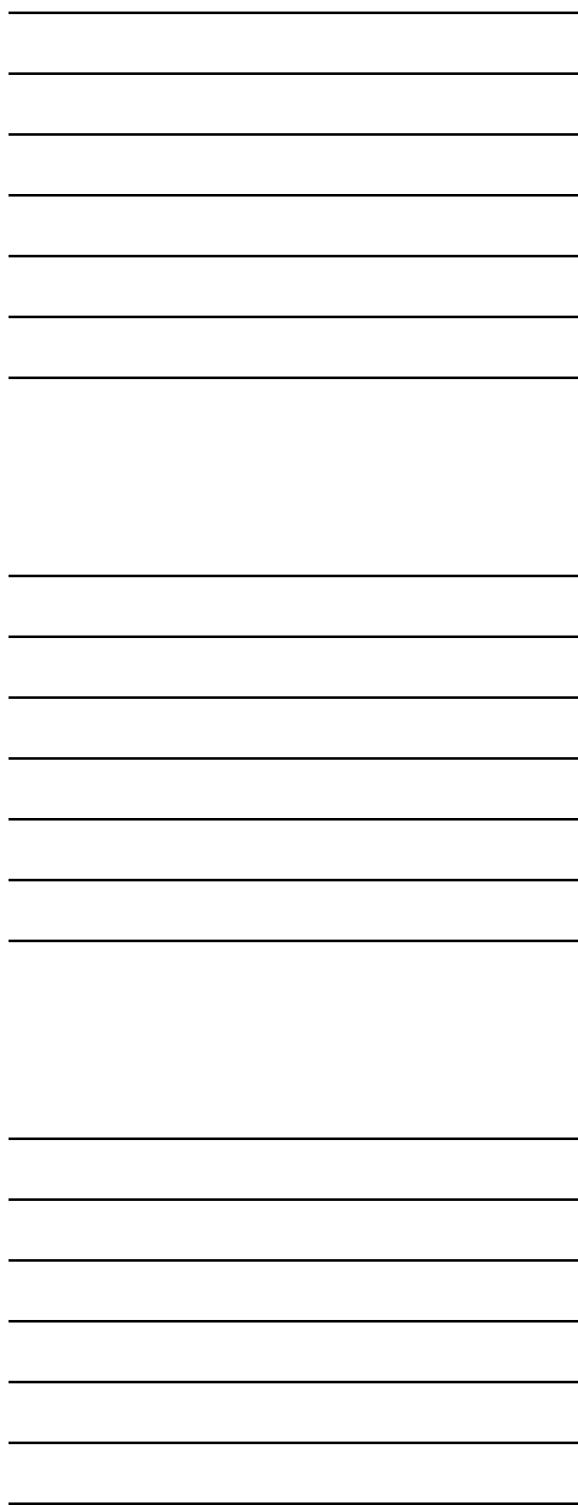


<http://www.novitas-solutions.com/training/index.html>

The screenshot shows the Training and Events Center website. At the top, there is a navigation bar with links for Home, Accessibility/Help, Careers, Links, Site Map, and Site Page. Below this is a search bar and a navigation menu. The main content area is divided into several sections:

- Provider Training & Events Center:** A section for upcoming educational events, podcasts, guides, online training materials, and more.
- Upcoming Training Events:** A section for a chronological list of upcoming training opportunities.
- Learn more about us:** A section for more information about the center.
- Part A (Facilities) - Educational Events:** A list of all Part A events including workshops, printable education materials, webinars, and teleconferences.
- Part B (Physicians) - Educational Events:** A list of all Part B events including workshops, printable education materials, webinars, and teleconferences.
- Self-Service Education:** A section for self-service education options.
- Centers for Medicare and Medicaid Services (CMS) Education:** A section for CMS education resources.

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Provider Enrollment



- Provider Enrollment Status Inquiry Tool
 - <https://www.novitas-solutions.com/enrollment/status.html>
- Release of Information
 - Individual Physician or Practitioner
 - Authorized Delegated Official
- Upcoming Revalidation Mailings
 - <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Revalidations.html>

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Overpayments



- Novitas identifies overpayment and sends demand letter
 - Copy of demand letter sent with check
 - No form involved with demanded debt
- Provider identifies overpayment
 - Voluntarily sends unsolicited check
 - Use return of monies form
- <https://www.novitas-solutions.com/refman/chapter-24.html>

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Stay Up-to-Date



- Weekly Podcast
 - Weekly podcast of the latest Medicare Updates and other informative topics
 - Subscribe-
 - <https://www.novitas-solutions.com/podcasts/>
- Web Updates
 - Daily E-mail of the latest Medicare Updates
 - Subscribe at:
 - <https://www.novitas-solutions.com/maillinglists.html>

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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
- For additional resources visit:
 - <http://www.cms.gov/>

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Thank You



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