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MEANINGFUL • INFORMATIVE • SIMPLIFIED EDUCATION

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Avoiding Costly Appeals

3/16/2022

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Today's Presenters

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  - Provider Outreach and Education

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Objectives

- Improving efficiency and reducing administrative burden by taking the NGS Medicare holistic approach prior to claim submissions

Agenda

- Appeal Levels
- Holistic Approach to Common Claim Denial Issues
  - Correct Coding Initiative
  - Duplicate
  - Medical Necessity
  - Medically Unlikely Edits

Appeals Process

Level One Appeals Redetermination National Government Services

Level Two Appeals Reconsideration by a Qualified Independent Contractor

Level Three Appeals Office of Medicare Hearings and Appeals (OMHA)

Level Four Appeals Review by the Medicare Appeals Council

Level Five Appeals Judicial Review in Federal District Court

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Level One Redetermination

Level One Appeals Redetermination National Government Services

- An individual, provider, or supplier must file an appeal within 120 calendar days of receipt of initial determination on claim
- NGS decision within 60 calendar days of date it receives request for redetermination

Level Two Reconsideration

Level Two Appeals Reconsideration by a Qualified Independent Contractor

- Appeal within 180 calendar days of receipt of redetermination
- QIC decision within 60 calendar days of date it receives request for reconsideration

Level Three Hearing by Administrative Law Judge

Level Three Appeals Office of Medicare Hearings and Appeals (OMHA)

- Appeal within 60 calendar days after receipt of the QIC's reconsideration
  - Amount remaining in controversy $180
- ALJ issues decision within 90 calendar days of receipt of the request for hearing

Level Four Medicare Appeals Council

Level Four Appeals Review by the Medicare Appeals Council

- Appeal within 60 calendar days after receipt of ALJ's decision
- Medicare Appeals Council issues a decision within 90 calendar days of receipt of the request for review

Level Five Judicial Review

Level Five Appeals Judicial Review in Federal District Court

- Appeal within 60 calendar days after receipt of the Medicare Appeals Council's decision
  - Amount remaining in controversy $1,760

Holistic Approach to Avoid Appeals

- Take holistic approach and follow these steps before submitting an appeal or a reopening to NGS Medicare Part B
  1. Is claim within time limit?
  2. What is the CPT/HCPCS code(s) in dispute?
  3. Should a modifier be used with the code(s) in dispute?
  4. Know the difference between Reopening and Redetermination.
  5. Visit NGS Website for every surgical CPT code via Fee Schedule Lookup.
  6. Does the code have a Medically Unlikely Edit?
  7. Are services distinct from other procedures National Correct Coding Initiative PTP?
- Once you have gone through all these steps, you may submit your inquiry with appropriate form in NGSConnex

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Step One: Time Limit Dismissals

- Is claim within appeals time limit?
- Initial determination date
- Redetermination shall be within 120 days from date of remittance advice
- Over time limit, do not send, instead, document your records

Step Two: Know Medicare Policies

- Become familiar with LCDs and NCDs
  - Not all covered Medicare services are subject to
    - Local Coverage Determination or
    - National Coverage Determination
  - LCDs are linked to CMS Medicare Coverage Database from NGS Website Medical Policy Center
  - NCDs are linked to CMS Medicare Coverage Database from NGS Website Medical Policy Center
    - Medicare Coverage Determination Process

Step Two: CPT/HCPCS Code(s) In Dispute

- Example One
- Varicose Veins of Lower Extremity L33575
  - 36465, 36466, 36470, 36471, 36473, 36475, 36476, 36478, 36479, 36482, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780
- Look at ICD-10-CM codes that support and do not support medical necessity
- Submit claim(s) correct first time

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Step Two: CPT/HCPCS Code(s) In Dispute

- Example Two
- Nonvascular Extremity Ultrasound L33619
  - 76881, 76882
- Look at ICD-10-CM codes that support and do not support medical necessity
- Submit claim(s) correct first time

Step Two: CPT/HCPCS Code(s) In Dispute

- Example Three
- Pain Management L33622
  - 20526, 20550, 20551, 20552, 20553, 20560, 20561, 20612, 27096, 28899, 64451, 64625, G0260
- Look at ICD-10-CM codes that support and do not support medical necessity
- Submit claim(s) correct first time

Step Two: CPT/HCPCS Code(s) In Dispute

- Example Four
- Noninvasive Vascular Studies L33627
  - 93880, 93882, 93886, 93888, 93890, 93892, 93893, 93922, 93923, 93924, 93925, 93926, 93930, 93931, 93970, 93971, 93975, 93976, 93978, 93979, 93970, 93971, 93985, 93986, 93990
- Look at ICD-10-CM codes that support or do not support medical necessity
- Submit claim(s) correct first time

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Local Coverage Determinations

LCD	LCD #	Billing and Coding #	Response to Comments	Related CPT/HCPCS Codes
Autonomic Function Testing *Related terms: tilt table, sudomotor*	L36236	A57024	A54403	95921, 95922, 95923, 95924, 95943
B-type Natriuretic Peptide (BNP) Testing *Related terms: congestive heart failure, acute dyspnea*	L33573	A56826		83880
Biomarker Testing (Prior to Initial Biopsy) for Prostate Cancer Diagnosis *Related terms: N/A*	L37733	A56609	A56742	81539, 84153, 84154, 86316, 81479, 0005U
Biomarker Testing for Neuroendocrine Tumors/Neoplasms *Related terms: N/A*	L37851	A57059	A56247	0007M
Botulinum Toxins *Related terms: Botox, Myobloc, Dysport,Xeomin, spasticity, chemodenervation*	L33646	A52848		43201, 43236, 46505, 52287, 64611, 64612, 64615, 64616, 64617, 64642, 64643, 64644, 64645, 64646, 64647, 64650, 64653, 67345, J0585, J0586, J0587, J0588
Breast Imaging: Breast Echography (Sonography)/Breast MRI/Ductography *Related terms: ultrasound, non-palpable masses, palpable masses*	L33585	A52849		19030, 76641, 76642, 77046, 77047, 77048, 77049, 77053, 77054, C8903, C8905, C8906, C8908

NGS Challenge

- Avoid administrative burden
- Review all codes part of LCD or NCD
  - Medical Policies
- Assess ICD-10-CM
- Ensure your billing staff is aware
- Monitor success
- Celebrate increased revenue

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Step Three: Know Codes and Modifier Usage

- Codes and modifiers tell story
- Level I CPT Modifiers
  - CPT modifiers consists of two numeric digits
  - Updated annually by American Medical Association
- Level II HCPCS Modifiers
  - HCPCS modifiers consists of two digits alpha alphanumeric characters
  - Updated annually by CMS

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Step Three: Should Modifiers Be Used

- Example One
- Laboratory/pathology, radiology, diagnostic and medical services
  - 11045, 17003, 62328, 71045, 73030, 73630, 73721, 88305, 88307, 88312, 93010, 99292, G2212,
- Look at Medically Unlikely Edits and bill with appropriate quantity billed
  - Some codes may be reported with 76/77
  - Some codes may be add on codes

Step Three: Should Modifiers Be Used

- Example Two
- Debridement, subcutaneous tissue 11045
  - Practitioner Services MUE Table - Effective-10-01-2021 Posted 9/3/2021 (ZIP)
- 11045 MUE = 12 and MAI = Three Date of Service Edit
- How would you submit claim for 13 units?
  - 11042 = 20 sq cm or less = quantity one
  - 11045 = each additional 20 sq cm = quantity 12

Step Three: Should Modifiers Be Used

- Example Three
- Pathology examination of tissue 88305
  - Practitioner Services MUE Table - Effective-10-01-2021 Posted 9/3/2021 (ZIP)
- How would you submit claim for 16 units?
  - 88305 = quantity 16

Step Three: Should Modifiers Be Used

- Example Three
- Pathology examination of tissue 88305
  - Practitioner Services MUE Table - Effective-10-01-2021 Posted 9/3/2021 (ZIP)
- How would you submit claim for ten units five done by XYZ and five done by 123?
  - 88305 = quantity one xyz
  - 88305 76 = quantity four xyz
  - 88305 77 = quantity five 123

Repeat Procedures - Modifiers 76 and 77

- Exact duplicate data fields submitted for claims include
  - Same beneficiary
  - Same provider
  - Same dates of service
  - Same types of services
  - Same place of service
  - Same procedure codes
  - Same billed amount
- Modifier 76: Repeat procedure by the same physician
- Modifier 77: Repeat procedure by another physician

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NGS Challenge

- Avoid administrative burden
- Set system up to identify all claims for the same date of service, same beneficiary, same provider, same place of service and same procedure codes **and submit on one claim**
- Ensure your billing staff is aware
- Monitor success
- Celebrate increased revenue

Step Four: Reopening or Redetermination

- Know the difference between Reopening and Redetermination
- NGS Website > Resources > Claims and Appeals > About Appeals> Reopening versus Redetermination
  - Reopening is processing of claim(s) to fix minor mistakes
  - Redetermination is examination of claim(s) that includes analysis of documentation

Step Four: Reopening or Redetermination

- Example One
- Your appeal is beyond the timely filing and your reason does not fall under the exception
  - Look at NGS Website > Resources > Claims and Appeals > About Appeals> Reopening Versus Redetermination
- What do you do?

a) Avoid extra unnecessary paper work and document your records instead of submitting appeal

b) Submit an appeal anyway

Step Four: Reopening or Redetermination

- Example Two
- You submitted with a wrong procedure code, 99215 should have been billed as a 99213 and you recognize an overpayment
  - Look at NGS Website > Resources > Claims and Appeals > About Appeals> Reopening Versus Redetermination
- What do you do?
  - Submit reopening
  - Submit redetermination

Step Four: Reopening or Redetermination

- Example Three
- You have identified some claims that require modifiers, 25, 57, 78, and 79
  - Look at NGS Website > Resources > Claims and Appeals > About Appeals> Reopening Versus Redetermination
- What do you do?
  - Submit reopening
  - Submit redetermination

Step Four: Reopening or Redetermination

- Example Four
- You have identified some claims submitted with NOC codes and modifiers, 22, 52, 53, but failed to submit documentation
  - Look at NGS Website > Resources > Claims and Appeals > About Appeals> Reopening Versus Redetermination
- What do you do?

a) Submit reopening

b) Submit redetermination

NGS Challenge

- Avoid administrative burden
- Review all Reopening versus Redeterminations
  - Look at Resources NGS Website > Resources > EDI Solutions > 275 and 277 ANSI electronic attachments
- Ensure your billing staff is aware
- Monitor success
- Celebrate increased revenue

Step Five: Fee Schedule Lookup

- Fee schedule lookup provides more than
  - 10,000 physician services
  - Relative value units
  - Fee schedule status indicator
  - Various payment policy indicators needed for payment adjustment
    - Multiple surgeries, bilateral services, assistant at surgery, cosurgery and team surgery

Step Five: Fee Schedule Lookup

- Example One
- Incision of esophagus 43020
  - Fee Schedule Lookup > Details
- Multiple surgery rules = two standard MSG
- Bilateral = zero cannot bill bilateral
- Assistant at surgery = two may be paid no doc
- Two surgeons = two cosurgeons permitted
- Team surgery = zero team not permitted

Step Five: Fee Schedule Lookup

- Example Two
- Heart/lung transplant 33935
  - Fee Schedule Lookup > Details
- Multiple surgery rules = two standard MSG
- Bilateral = zero cannot bill bilateral
- Assistant at surgery = two may be permitted
- Two surgeons = one may be permitted with documentation
- Team surgery = two may be permitted with documentation

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Step Five: Fee Schedule Lookup

- Example Three
- Mastectomy, modified radical 19307
  - Fee Schedule Lookup > Details
- Multiple surgery rules = two standard MSG
- Bilateral = one bilateral applies
- Assistant at surgery = two may be permitted
- Two surgeons = one may be permitted with documentation
- Team surgery = zero not permitted

Step Five: Fee Schedule Lookup

- Example Four
- Excision of benign lesion 11400
  - Fee Schedule Lookup > Details
- Multiple surgery rules = two standard MSG
- Bilateral = zero cannot bill bilateral
- Assistant at surgery = one not permitted
- Two surgeons = zero not permitted
- Team surgery = zero not permitted

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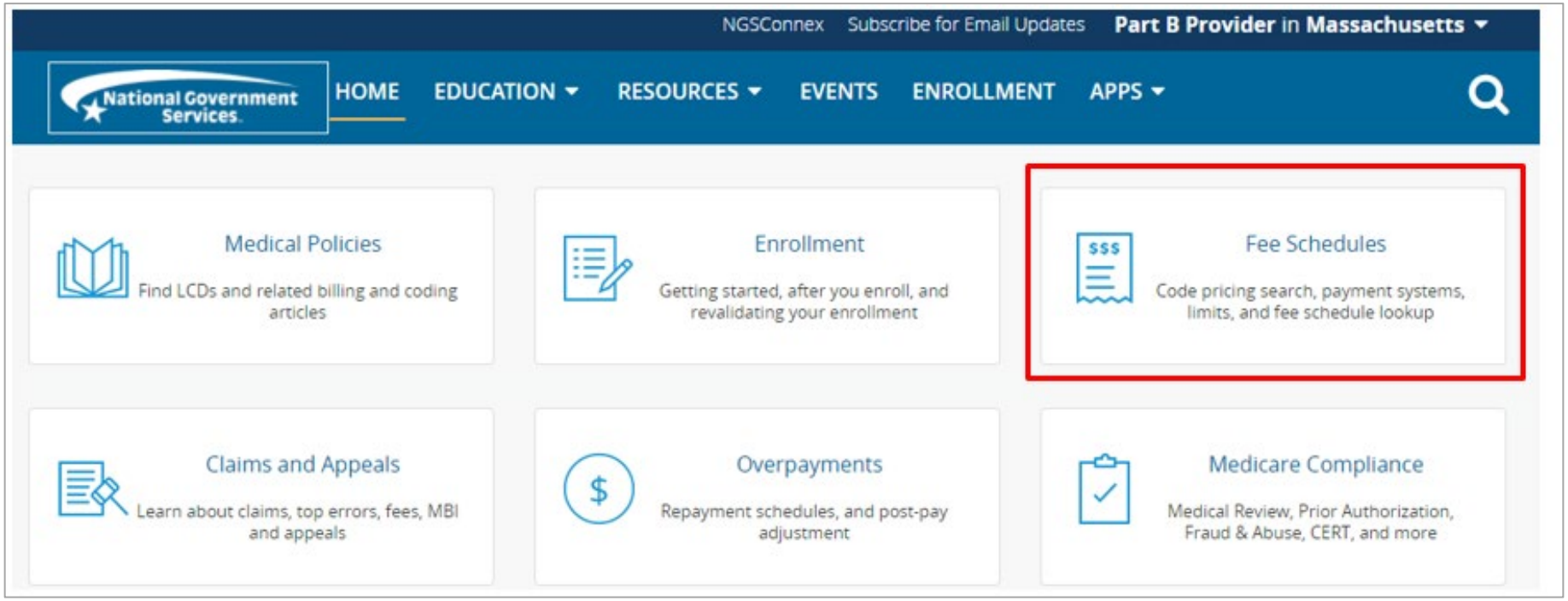
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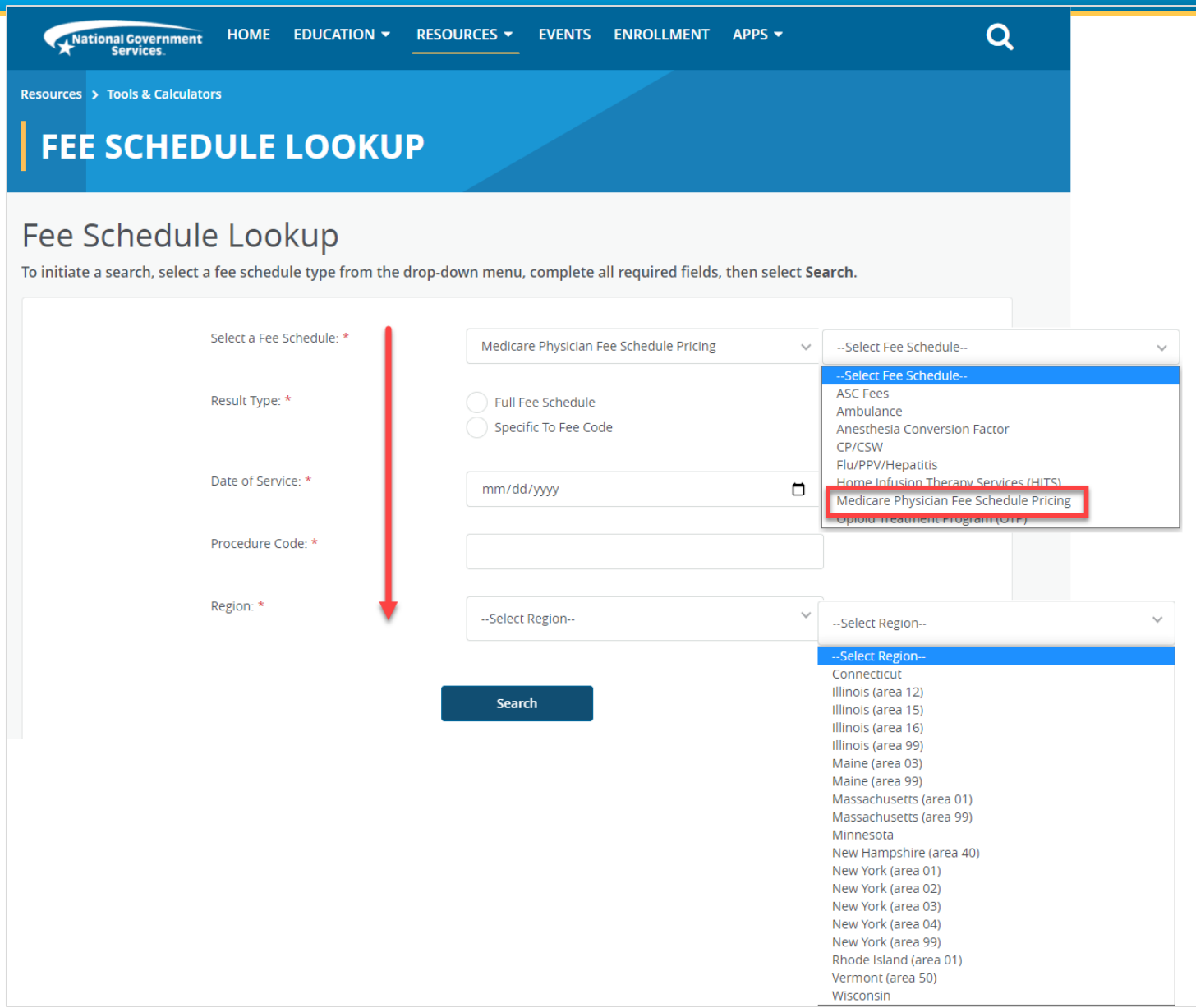
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FEE SCHEDULE LOOKUP
Fee Schedule Lookup
To initiate a search, select a fee schedule type from the drop-down menu, complete all required fields, then select Search.
Select a Fee Schedule: *
Medicare Physician Fee Schedule Pricing
--Select Fee Schedule--
--Select Fee Schedule--
ASC Fees
Ambulance
Anesthesia Conversion Factor
CP/CSW
Flu/PPV/Hepatitis
Home Infusion Therapy Services (HITS)
Medicare Physician Fee Schedule Pricing
Opioid Treatment Program (OTP)
Result Type: *
Full Fee Schedule
Specific To Fee Code
Date of Service: *
mm/dd/yyyy
Procedure Code: *
Region: *
--Select Region--
--Select Region--
--Select Region--
Connecticut
Illinois (area 12)
Illinois (area 15)
Illinois (area 16)
Illinois (area 99)
Maine (area 03)
Maine (area 99)
Massachusetts (area 01)
Massachusetts (area 99)
Minnesota
New Hampshire (area 40)
New York (area 01)
New York (area 02)
New York (area 03)
New York (area 04)
New York (area 99)
Rhode Island (area 01)
Vermont (area 50)
Wisconsin
Search

Locality Lookup

State: * -Select-

County: * -Select-

Search

Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
Locality/Area and County Information

Locality/Area	State	Counties
01	MA	Middlesex, Norfolk, and Suffolk
99	MA	All Other Counties
03	ME	York and Cumberland
99	ME	All Other Counties
40	NH	Entire State
01	RI	Entire State
50	VT	Entire State

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New York Locality/Area and County Information

Locality/Area	Counties
01	Manhattan
02	Bronx, Brooklyn, Nassau, Rockland, Staten Island, Suffolk, Westchester
03	Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Sullivan, Ulster
04	Queens
99	Albany, Oneida, Allegany, Onondaga, Broome, Ontario, Cattaraugus, Orleans, Cayuga, Oswego, Chautauqua, Otsego, Chemung, Rensselaer, Chenango, Saratoga, Clinton, Schenectady, Cortland, Schoharie, Erie, Schuyler, Essex, Seneca, Franklin, Steuben, Fulton, St. Lawrence, Genesee, Tioga, Hamilton, Tompkins, Herkimer, Warren, Jefferson, Washington, Lewis, Wayne, Livingston, Wyoming, Madison, Yates, Monroe Montgomery, Niagara

Illinois Locality/Area and County Information

Locality/Area	Counties
12	Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe, Montgomery, Randolph, St. Clair, Washington
15	DuPage, Kane, Lake, Will
16	Cook
99	All Other Counties

NGS Challenge

- Avoid administrative burden
- Review all details about surgery codes on NGS Fee Schedule Lookup
- Ensure your billing staff is aware that documentation/modifiers shall be submitted
  - Implement ANSI 275/277
- Monitor success
- Celebrate increased revenue

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Step Six: Medically Unlikely Edits

- MUEs were developed to reduce the paid claims error rate for Part B claims
- MUE HCPCS/CPT code is the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service
- All HCPCS/CPT codes do not have an MUE
- CMS Medically Unlikely Edits web page

Medically Unlikely Edits Limitations

- MUE is maximum units of service that provider would report under most circumstances for single beneficiary on single date of service
  - MUE Adjudication Indicator (MAI) of “1” indicates edit claim line MUE
  - MUE Adjudication Indicator (MAI) of “2” is date of service edit: policy
  - MUE Adjudication Indicator of “3” is date of service edit: clinical

Step Six: Medically Unlikely Edits

- Examples

1. Excision of benign lesion 11400
2. Pathology examination 88305
3. Critical care 99292

- Practitioner Services MUE Table - Effective-10-01-2021 Posted 9/3/2021 (ZIP)
- 11400 = 3 three date of service edit: clinical data
- 88305 = 16 three date of service edit: clinical data
- 99292 = 8 three date of service edit: clinical data

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NGS Challenge

- Avoid administrative burden
- Review all MUEs
- Ensure your billing staff is aware that appropriate quantity is submitted
- Monitor success
- Celebrate increased revenue

Step Seven: National Correct Coding Initiative

- Implementation NCCI
  - Promote national correct coding methodologies
  - Control improper coding
- Use NCCI
  - Report most comprehensive code
  - Use modifiers to report special circumstances
  - Refer to NCCI edit table
    - National Correct Coding Initiative Edits

Step Seven: Correct Coding Initiative

- Separate procedure should not be reported when performed along with another procedure in anatomically-related region through same skin incision or surgical approach
- Physician or nonphysician practitioner must perform all services noted in descriptor unless descriptor states otherwise

CCI Modifier Indicator

0: Indicates no circumstances in which modifier would be appropriate. Services represented by code combination will not be paid separately

1: Indicates modifier is allowed in order to differentiate between services provided

9: Indicates edits are no longer active, code combinations are billable, and no modifier is needed

Step Seven: Correct Coding Initiative

- Example One
- Active wound care code 97597 bundled with 97164, 97605, 97606, 97607, 97608 and 97610
  - Look NCCI PTP
- Separate procedure should not be reported unless very unusual circumstances exist and may be honored on appeal level

Step Seven: Correct Coding Initiative

- Example Two
- Active wound care code 97602 bundled with 97164
  - Look NCCI PTP
- Separate procedure should not be reported unless it is a distinct and separate
- Claim shall contain modifier for distinct procedural service

Step Seven: Correct Coding Initiative

- Example Three
- One lesion is excised and another biopsied
  - Look NCCI PTP
- Separate procedure should not be reported unless distinct and separate
- Claim shall contain modifier for distinct procedural service

Step Seven: Correct Coding Initiative

- Example Four
- YAG capsulotomy left eye (66821) and cataract surgery on right eye (66984)
  - Look NCCI PTP
- Claim shall contain modifier for distinct procedural service
- 66984 RT
- 66821 59 LT

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NCCI Responsibility

- National Correct Coding Initiative
  Email: NCCIPTPMUE@cms.hhs.gov
  P.O. Box 368
  Pittsboro, IN 46167
- Fax #: 317-571-1745

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NGS Challenge

- Avoid administrative burden
- Review all coding combinations
- Ensure your billing staff is aware that of associated codes and appropriate modifiers
- Monitor success
- Celebrate increased revenue

Holistic Approach to Avoid Appeals

- Take holistic approach and follow these steps before submitting an appeal or a reopening to NGS Medicare Part B
  1. Is claim within time limit?
  2. What is the CPT/HCPCS code(s) in dispute?
  3. Should a modifier be used with the code(s) in dispute?
  4. Know the difference between Reopening and Redetermination.
  5. Visit NGS Website for every surgical CPT code via Fee Schedule Lookup.
  6. Does the code have a Medically Unlikely Edit?
  7. Are services distinct from other procedures National Correct Coding Initiative PTP?
- Once you have gone through all these steps, you may submit your inquiry with appropriate form in NGSConnex

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Thank You!

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

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