# Introduction to Medicare Part I

7/18/2024

**Closed Captioning**: *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*

# Today's Presenters

Provider Outreach and Education Consultants

- Arlene Dunphy, CPC
- Michele Poulos

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# Objective

After this session attendees will be able to
- Have a basic understanding of Medicare Program
- Locate resources on our website
- Know who can enroll and how to bill correctly
- Know what's covered under Medicare Part B

# Agenda

- Jurisdictions
- NGS Website/Medicare Education
- Medicare Enrollment Process
- Electronic Billing
- Claim Filing Guidelines
- Medicare Part B
- Deductibles/Coinsurance
- Where Can I Find Fee Schedules?

# Jurisdictions

# Medicare Administration

- Medicare laws and regulations are enacted by Congress annually

- Implemented by CMS

- Administered through MACs
  - [Who are the MACs | CMS](#)

# National Government Services Medicare Part A and Part B – JK/J6

- Medicare Jurisdictions
  - A/B MAC
  - HH+H
- NGS
  - Part B Claims
  - J6: IL, WI, MN
  - JK: ME, NH, VT, MA, NY, CT, RI

# NGS Responsibilities as the Part B MAC

- Processing claims
- Computing payments for services
- Making payments
- Determining medical necessity
- Informing physicians of changes in the Medicare Program
- Developing education programs

NGS Website/Medicare Education

# National Government Services

# NGSMedicare.com Home Page

# NGSMedicare.com Education Tab

# NGSMedicare.com Events

Search events     mm/dd/yyyy     mm/dd/yyyy     **Reset Search Criteria**

**Current Events**     Past Events

| Event Description | Event Date/Time | PDF | Registration |
|---|---|---|---|
| **Ambulance Services and Establishing Medical Necessity for Part B Providers**<br><br>This webinar will help the ambulance community understand the importance of medical necessity as it pertains to Medicare's coverage guidelines. | 03/20/2024 10:00AM - 11:00AM EST | 📄 | **Register** |
| **Let's Chat Open Forum: Change Healthcare/Optum Payment Disruption Accelerated/Advance Payment Program**<br><br>Part A and Part B Providers experiencing cash flow problems related to Change Healthcare/Optum Payment Disruption, which began on 2/21/2024, may ... | 03/20/2024 10:00AM - 11:00AM EST | 🚫 | **Register** |

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- All NGS Part B Provider Outreach and Education attendees can receive one CEU from the AAPC for every hour of NGS education received

- If you are accredited with a professional organization other than AAPC and plan to request continuing education credit, please contact your organization not NGS with your questions concerning CEUs

- Teleconferences and webinar education
  - Upon completion of the education, you will receive an email from NGS which will serve as proof of attendance

- Face-to-face education
  - A certificate of attendance will be provided at the conclusion of the event

# Medicare Enrollment Process

# NGSMedicare.com Enrollment Tab

# Initial Provider Enrollment Process

## Initial Provider Enrollment Process

Follow the steps below to complete your Medicare enrollment.

| STEP 1 | STEP 2 | STEP 3 |
|---|---|---|
| Confirm Eligibility to Enroll | Obtain an NPI | Obtain/Verify State License |

| STEP 4 | STEP 5 | STEP 6 |
|---|---|---|
| Determine/Pay Application Fee | Submit Enrollment Application | Electronic Funds Transfer |

| STEP 7 | STEP 8 | STEP 9 |
|---|---|---|
| What to Expect After Submission | Register for EDI | Register for NGSConnex |

FEEDBACK

### Additional Enrollment Topics

# Eligible Physicians

- Doctor of
  - Medicine (MD)
  - Osteopathy (DO)
  - Chiropractic (DC)
  - Dentistry (DMD) (DDS)
  - Optometry (OD)
  - Psychiatry (MD)
  - Podiatry (DPM)

# Eligible Nonphysicians

- Anesthesiology Assistants
- Audiologists
- Certified Nurse Midwife (CNM)
- Certified Registered Nurse Anesthetists

  (CRNA)
- Clinical Nurse Specialist (CNS)
- Clinical Psychologist (CP)
- Clinical Social Worker (LCSW)
- *Marriage and Family Therapists (MFTs)*
- *Mental Health Counselors (MHCs)*

- Nurse Practitioner (NP)
- Occupational Therapists in Private Practice (OT)
- Physical Therapists in Private Practice (PT)
- Physician Assistants (PA)
- Psychologists, Billing Independently
- Speech Language Pathologist (SLP)
- Registered Dietitians or Nutrition Professional (RD or NP)

# National Provider Identifier

- A unique ten-digit identification number issued to health care providers
  - Remains with an individual provider regardless of job or location changes
- There are two types of NPIs
  - Type One NPIs—assigned to individual physicians or nonphysician practitioners as well as sole proprietors
  - Type Two NPIs—assigned to organizations, including physician and nonphysician groups, hospitals, nursing homes and corporation formed when an individual incorporates as a sole owner
- MLN® Booklet: *NPI: What You Need to Know*

# National Plan and Provider Enumeration System

- NPPES assigns NPIs, maintains and updates information about health care providers with NPIs, and disseminates the NPI Registry and NPPES Downloadable File

- Apply online on the [NPPES website](#)
  - To request a paper application
    - 800-465-3203

# Internet-Based PECOS

- PECOS

- CMS Internet-based Medicare Enrollment System
  - Submit new initial enrollment record
  - Make changes to existing enrollment record
  - Add or change reassignment of benefits
  - Reactivate or revalidate enrollment
  - Voluntarily withdraw
  - Track status

- Resources
  - External User Services Help Desk: 866-484-8049
    - Email: EUSSupport@cgi.com

# PECOS: Multi-Factor Authentication Requirement

- Multi-Factor Authentication (MFA) is a security system that requires more than one method of authentication to verify the user's identity
- Used to improve identification and authentication security for
  - I&A
  - NPPES
  - PECOS
  - HITECH
- Existing I&A users will be prompted with an option to set up MFA
- New I&A users will be prompted to set up your MFA devices as you set up your account
  - Set up on a mobile phone (SMS or voice), landline phone (voice), or email address (email)
  - You can add up to two devices, a primary authentication device/method and an alternative authentication device/method
- To prepare and set up an MFA account, log in to the Identity & Access Management System
- View the MFA Presentation on CMS' Provider Enrollment and Certification web page for more information
- If you work on behalf of other providers, be sure to enable the appropriate surrogacy connections
  - Learn how with the I&A Quick Reference Guide

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24

# Provider Enrollment Application Process Timeline

- Process timeline
  - All required information available
    - Internet-based PECOS application within 45 days
    - CMS-855 paper application within 60 days
- An acknowledgment notice with a case number will be faxed, mailed or emailed from NGS-PE-Communications@anthem.com to the contact on the submitted application
- If necessary, additional documentation request will be mailed or emailed with a 30-day return date
- Obtainable status
  - Interactive Voice Response System
  - Check Provider Enrollment Application Status
- Response letters may take up to seven days after the finalized application

# Provider Enrollment Application Status

# Provider Enrollment Revalidation

- In order to maintain Medicare billing privileges, you must resubmit and recertify the accuracy of your enrollment information every five years
  - Applies to Part B providers and suppliers
- CMS has established due dates by which you must revalidate
  - Due date will normally remain with you throughout subsequent revalidation cycles
- Revalidation
  - Internet-Based PECOS System
  - CMS-855 Paper Applications
- Failure to submit a complete revalidation application may result in deactivation

# Provider Enrollment Revalidation

- There are several ways to find your revalidation due date
  - Medicare Revalidation List Tool
    - Search by NPI or Name
    - A due date of "TBD" (to be determined) means a revalidation due date has not been assigned by CMS
    - Instructions on how to use the tool can be found: Familiarize Yourself with Enrollment Revalidation
  - Revalidation notice mailed by National Government Services
    - Mailed in a yellow envelope
    - Sample Revalidation Letter
  - PECOS
    - Sign in with user ID and password

# Participating Providers

- Enters into an agreement with the Medicare program to accept assignment for all Medicare patients
  - Direct payment
  - Accepts the Medicare-approved charge amount
  - Collects only the deductible and coinsurance for covered-Medicare services
  - Listed in MEDPARD Directory
  - Mandated Medigap transfer
  - [CMS-460 Medicare Participating Physician or Supplier Agreement](#)

# Nonparticipating Providers

- May submit a claim as either assigned or as unassigned
  - Assigned Claims
    - Payment made to provider
    - Beneficiary responsible for the deductible and coinsurance for covered-Medicare services
  - Unassigned Claims
    - Payment made to beneficiary
    - Subject to limiting charge
    - 95% of fee schedule

# Mandatory Assignment

- Ambulance Suppliers
- Ambulatory Surgical Center Services
- Certified Registered Nurse Anesthetists
- Clinical Nurse Midwives
- Clinical Nurse Specialists
- Clinical Psychologists
- Drugs and Biologicals

- Licensed Clinical Social Worker
- Marriage and Family Therapist
- Mental Health Counselors
-  Nurse Practitioner
- Physician Assistant
- Physicians and Independent Laboratories billing for Clinical Diagnostic Tests
- Simplified Roster Billing for Influenza Virus and Pneumococcal Vaccines

# Reasons for Deactivation/Suspension of Payment

- Failure to
  - Complete Revalidation
  - Report Address Changes
  - Report a Change in Bank Account information

- Privileges can be revoked for abusive behavior

- Site Visit Failure

- Do Not Forward "DNF"
  - Returned Service Requested
    - Hard copies of Remittance Advice (RAs) or checks

# Stay of Enrollment

- Stay of enrollment (or "stay") is a preliminary, interim status representing a pause in enrollment
  - Less burdensome than a deactivation or revocation of your Medicare enrollment
- Requirements for a Stay Two-Step Test
  - Non-compliant with at least one Medicare enrollment requirement
  - Can remedy the noncompliance by submitting an applicable form
    - Form CMS-855
    - Form CMS-20134
    - Form CMS-588

# Stay of Enrollment – Key Points

- Remain enrolled in Medicare during the stay

- Claims during the stay period will be rejected

- Stay of enrollment lasts no longer than 60 days
  - A stay of less than 60 days may be imposed

- A stay ends on the earlier of the following dates
  - The date on which NGS decides you resume compliance with all Medicare enrollment requirements
  - The day after the imposed stay period expires

# Opting Out of Medicare

- Private contracting agreement form signed between the physician/practitioner and the beneficiary
  - An affidavit form must be submitted within ten days after entering the first private contract
  - Automatically renew every two years
  - Providers/practitioners opt out for all covered items and services furnished to all Medicare beneficiaries
  - A list of eligible practitioners who may opt out can be found in the CMS IOM, Publication 100-02, *Medicare Benefit Policy Manual,* Chapter 15, Section 40

- Opt Out of Medicare

# Ordering/Referring Only

- Physicians and eligible professionals can apply to enroll for the sole purpose of ordering or certifying items and/or services to beneficiaries

- Download CMS-855O
  - Complete sections 1, 2, 3, 4, 5, 6 and 8

- PECOS

# Physicians and Nonphysician Practitioners: Revised CMS-855I Medicare Enrollment Application Required November 1 (Combined CMS-855I and CMS-855R)

- Effective 11/1/2023, the revised version must be used (5/23)
  - Current and revised version acceptable through 10/31/2023
- Revisions include
  - Combined CMS-855I and CMS-855R paper applications
  - Discontinues CMS-855R
  - PA employer arrangements to the reassignment sections
  - Recognizes physicians and nonphysicians who provide acupuncture services
  - Identifies compact licenses
  - Adds new physician specialties
  - Expands practice location types to include telehealth
- Visit [Medicare Enrollment for Providers & Suppliers](#) for more information, including a [CMS-855I instructional guide](#)

# Electronic Billing

# NGSMedicare.com Resources

# NGSMedicare.com

# Benefits of Electronic Data Interchange

- Reduced paperwork

- Improved cash flow

- Easier monitoring of claims

- Less cost

- Less processing time
  - Electronic claims are held for 14 days
  - Paper claims are held for 29 days

# EDI Solutions



**Resources**

## EDI SOLUTIONS

**About Electronic Data Interchange (EDI)** ^
- **EDI and How it Works**
- Benefits of EDI and Real Time Claim Status

275 Electronic Attachment ∨

835 Electronic Remittance Transaction (ERA) ∨

277 Electronic Request For Additional Information (RFI) ∨

Standard Companion Guides ∨

Reset My EDI Password ∨

EDI Software PC-ACE ∨

EDI Software Medicare Remit Easy Print MREP ∨

Technical Guides and Information ∨

### EDI and How it Works

EDI is an electronic communication method that enables fast, accurate and reliable exchange of data between the computer systems of organizations that do business together by using the same standardized message formatting, without the need for human intervention.

Our providers communicate with NGS using one of our approved NSVs through SFTP Gateway for all approved transactions or directly through our Internet Gateway for the 276/277 and 835 transactions.

To enroll access EDI Enrollment section under Claims & Appeals.

Additional information on various EDI Solutions can be accessed on the left hand menu.

### Helpful Resources

EDI Front End Rejection Code Lookup Tool

Reset My EDI Password

**Contact the EDI Help Desk**

888-379-9132

Available by phone or email Monday–Friday*
8:00 a.m.–4:00 p.m. ET
8:00 a.m.–4:00 p.m. CT

* **Closed for training** on the 2nd and 4th Friday of the month.
12:00 p.m.–4:00 p.m. ET
11:00 a.m.–3:00 p.m. CT

**Form(s) you'll need:**

EDI Email Inquiry Form

# EDI Helpdesk Information

- Toll-Free number
  - JK: 888-379-9132
  - J6: 877-273-4334

- Hours of Operation
  - Monday–Friday: 8:00 a.m.–5:00 p.m. ET
    - By phone or email
    - Closed for training the 2nd and 4th Friday of the month from 12:00–4:00 p.m. ET
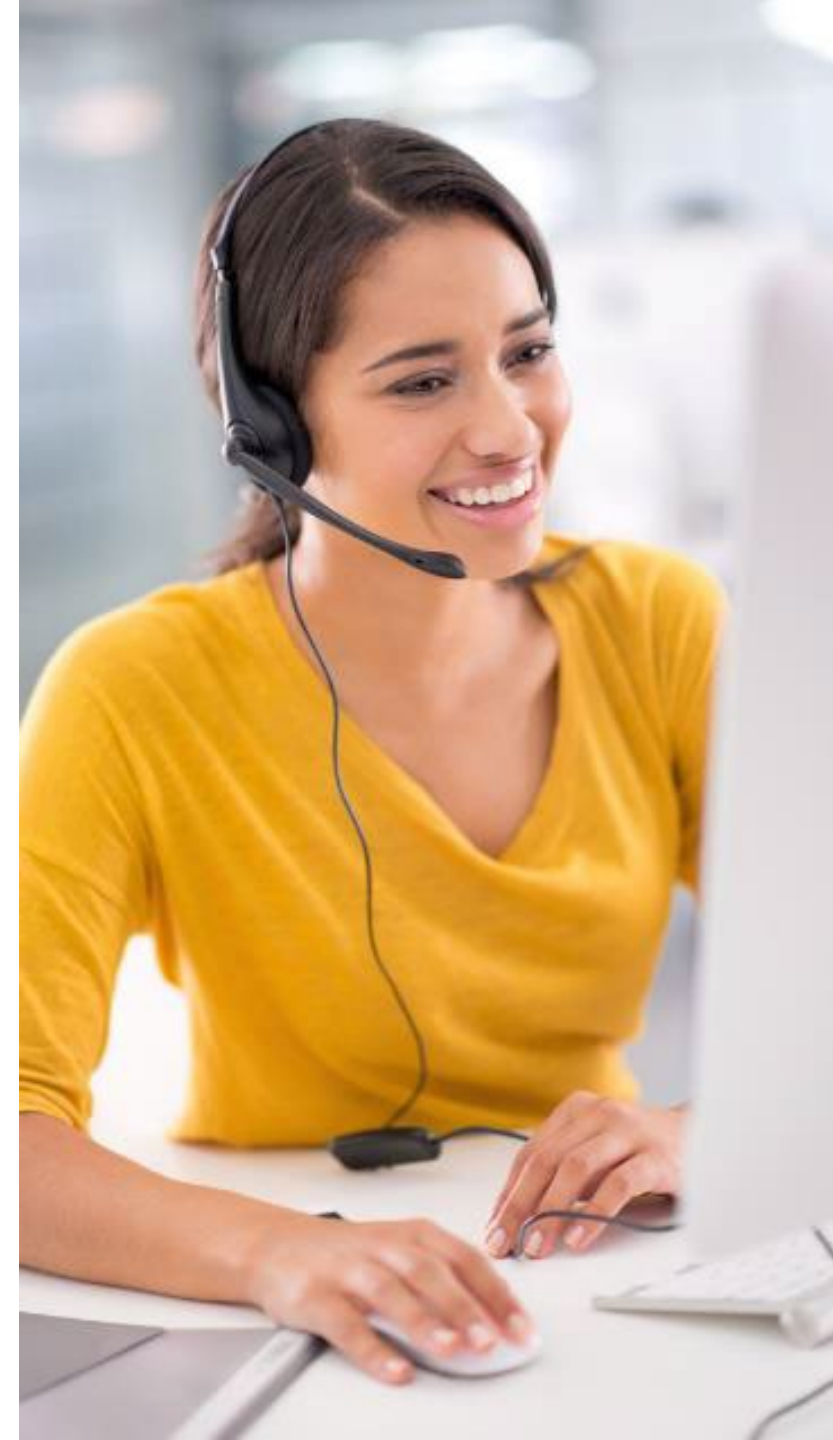
# PC-ACE Billing Software
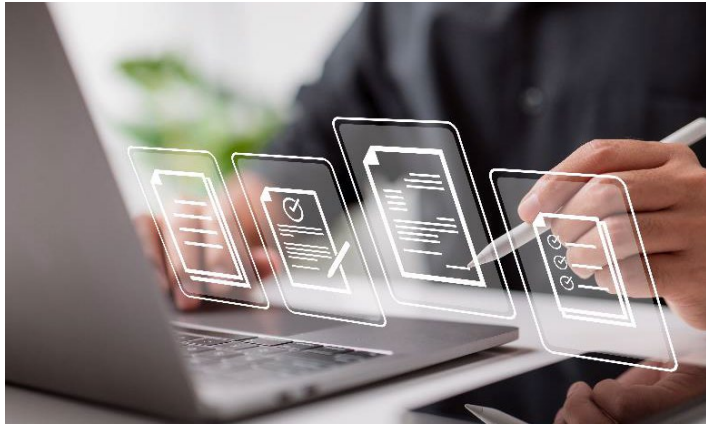


**PC-ACE**

Free billing software for

JK/J6



**PC-ACE Features**

Enter patient information

Maintains claim payment history

Procedure file information

Summary report
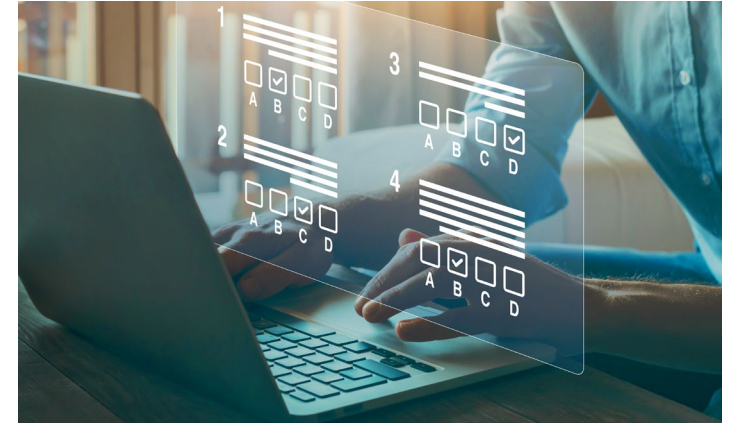


**Network Service Vendor**

Allows for exchange of EDI data

# Electronic Funds Transfer and Electronic Remittance Advice

- EFT

- Receive Medicare payments via direct deposit

- Directly deposited and available immediately
  - [EFT Authorization Agreement Form](#)

- ERA

- ERA and SPR
  - [Electronic Billing and EDI Transactions](#)

# Claim Filing Guidelines

# Ways to Submit a Claim to Medicare

- Paper claims (CMS-1500)
- EDI
- NGSConnex
- Claim filing time limitation
  - Must be filed within one year of the date of service
  - Limited exceptions

# Tools Necessary For Coding Claims







**CPT code book**

Numeric coding system that describes the services and procedures provided by a physician
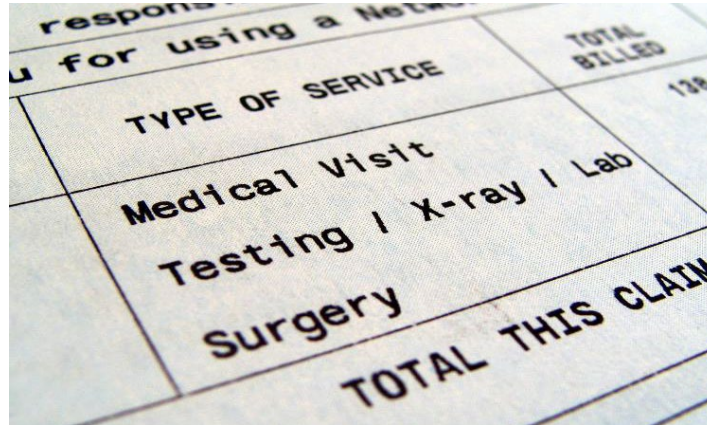
**HCPCS code book**

Alpha numeric coding system used by a physician to report services

**ICD-10 code book**

Used to select appropriate diagnosis codes

# Unprocessable Claims

- Unprocessable claims
  - Claims submitted with incomplete or invalid information are returned as unprocessable; these claims have no appeal rights

- Returning a claim
  - An explanation of the errors will be provided in the form of a description or code

# Avoid Duplicate Claims

- Allow 29 days for paper claims and 14 days for electronic claims to be processed

- Electronic claims submitters should
  - Check your EDI validation report to verify claims were received and accepted
  - Check your software system to verify claims are not set up for automatic rebill every 30 days
  - Review your remittances

# Appeals Process

# Appeals Process

| | Level One | Level Two | Level Three | Level Four | Level Five |
|---|---|---|---|---|---|
| Type of Appeal | Redetermination | Reconsideration (QIC) | Administrative Law Judge (ALJ) Hearing | Medicare Appeals Council (MAC) | Federal Court Review |
| Time Limit for Filing Appeal | 120 days from date of receipt of the initial determination notice | 180 days from date of receipt of the redetermination decision | 60 days from the date of the reconsideration (QIC decision) | 60 days from date of receipt of the ALJ decision | 60 days from date of receipt of the MAC decision |
| Amount in Controversy (monetary threshold to be met) | No minimum (none) | No minimum (none) | The amount that must remain in controversy for ALJ hearing for requests filed on or after 1/1/2024 is $180 | No minimum (none) | For requests filed on or after 1/1/2024 at least $1,840 remains in controversy |

# What Is a Reopening?

- Allows providers and suppliers to correct clerical errors or omissions without having to request a formal appeal
- A reopening can be initiated via telephone, in writing or NGSConnex
- [Reopenings for Minor Errors and Omissions](#)

# Contacting the Telephone Reopening Unit

- TRU Line JK: 888-812-8905

- TRU Line J6: 877-867-3418

- Hours of operation
  - Monday–Friday
    7:00 a.m.–3:00 p.m. CT/8:00 a.m.–4:00 p.m. ET
    - Closed for training the 2nd and 4th Friday of the month
      - JK: 12:00–4:00 p.m. ET
      - J6: 11:00 a.m.–3:00 p.m. CT

- Faxes accepted and representatives are permitted to accept no more than three claims per call

# Medicare Part B

# How Medicare Works

- Pays 80% of the allowed charges – patient has 20% copayment
- Deductible applies
  - Some exceptions
- Coinsurance applies
  - Some exceptions
- Patient pays monthly premium

# Covered Part B Services

- Ambulatory care

- Anesthesia

- Blood transfusions

- Certain medical supplies

- Certain preventive services

- Diagnostic tests

- Injectable drugs

- Medical and surgical services

- Mental health services

- Occupational therapy

- Pathology

- Physical therapy

- Radiology

- Second opinions before surgery

- Speech language therapy

# Excluded Part B Services

- Chiropractic care – except spinal manipulation
- Cosmetic surgery
- Custodial care
- Eyeglasses
- Hearing aids
- Immunizations (exceptions

- Orthopedic shoes
- Prescription drugs (exceptions)
- Routine
  - Dental care (exceptions)
  - Eye exams
  - Foot care (exceptions)
  - Hearing exams
  - Physicals
- MLN® Booklet: *Items & Services Not Covered Under Medicare*

# Medicare Card

- MBI
  - Consists of 11 numbers and uppercase letters
  - Randomly generated unique MBI
- 1-800-MEDICARE on back of card
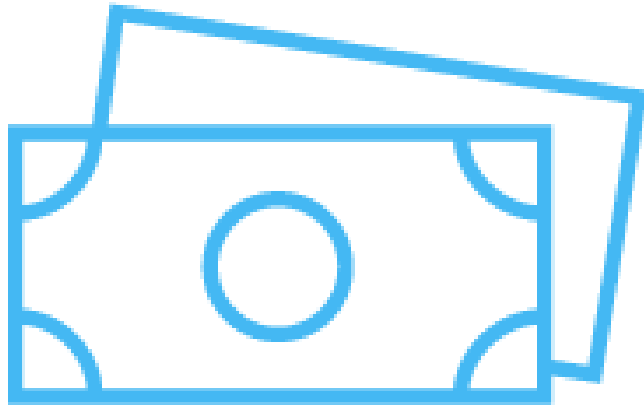- Railroad Retirement Board identified at the bottom
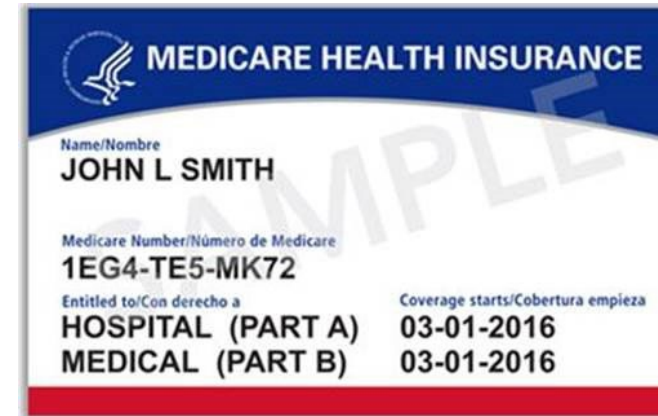


**Railroad Retiree Example**
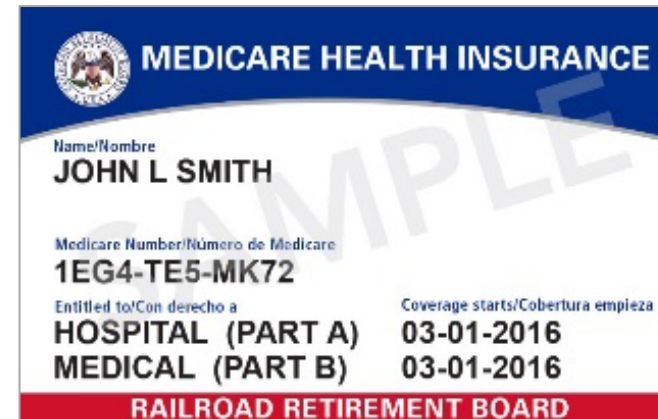
# Deductibles/Coinsurance

# Definitions



## Allowed Amount

The lower of the provider's submitted charge or the fee schedule allowance for the procedure.

Payment is generally made at 80% of the approved charge.



## Deductible

The first $240 of approved charges for covered medical expenses is deducted per calendar year and is the patient's responsibility.



## Coinsurance

The patient is responsible for 20% of the Medicare-approved amount in most cases.

It can be collected at the time of the service and supplemental insurance may cover.

# Medicare Part B Premiums and Deductibles

| 2024 Premiums and Deductibles | Amounts |
|---|---|
| **Monthly Part B Premium**<br>*Individual income above $103,000 up to $129,000 pay higher Part B Premium | $174.70 (+$9.80)<br>*$230.80 |
| **Part B Deductible** | $240 (+$14) |
| **Part B Coinsurance** | 20% |
| **Mental Health Services** | 80% |
| **Part A IH Deductible (first 60 days)** | $1,632 (+$32) |
| **Days 61st – 90th Days** | $408 (+$8) |
| **Lifetime Reserve Day** | $816 (+$16) |
| **Skilled Nursing Facilities (21st-100th days)** | $204 (+$4) |

# Where Can I Find Fee Schedules?

# How Medicare Fee Schedules Work

- Medicare sets fees through the fee schedule
  - RVU
  - GPCI
  - Conversion factor

- Changes year-to-year and are approved by Congress

- Medicare physician fee schedule
  - MLN® Booklet: *How to Use the PFS Look-Up Tool*
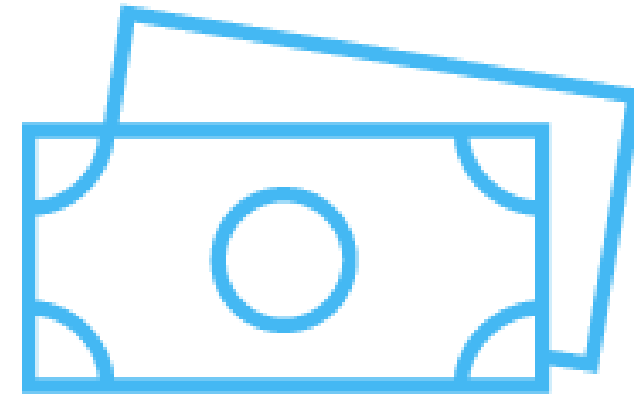
# Fee Schedule Lookup



## 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

Result Type: *
- ○ Full Fee Schedule
- ● Specific To Fee Code

Date of Service: * — 01/30/2024

Procedure Code: * — 99213

Region: * — New York (area 02)

Search

# Medicare Physician Fee Schedule Pricing

**Medicare Physician Fee Schedule Pricing Fee Schedule**

| Procedure Code | Effective Date | State/Territory | Locality | Short Description |
|---|---|---|---|---|
| 99213 | 01/01/2024 | 13202 | 02 | Office o/p est low 20 min |

### Non-OPPS Capped Payment Rates (NON-OPPS)

| Modifier | NON FAC PAR | NON FAC NON PAR | NON FAC LC | FAC PAR | FAC NON PAR | FAC LC |
|---|---|---|---|---|---|---|
| (Details) | 103.85 | 98.66 | 113.46 | 73.60 | 69.92 | 80.41 |

### OPPS Capped Payment Rates (OPPS)

| Modifier | NON FAC PAR | NON FAC NON PAR | NON FAC LC | FAC PAR | FAC NON PAR | FAC LC |
|---|---|---|---|---|---|---|
| (Details) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

# Fee Schedule Assistance

## Description of Medicare Physician Fee Schedule Database Policy Indicators

- CPT/HCPCS
- Modifier
- Short Description
- Status Code
- PC/TC Indicator
- Global Surgery
- Multiple Procedure (Modifier 51)

- Bilateral Surgery (Modifier 50)
- Assistant at Surgery
- Co-surgeons (Modifier 62)
- Team Surgery (Modifier 66)
- Physician Supervision
- Diagnostic Imaging Family Indicator

# Questions?

Thank you!
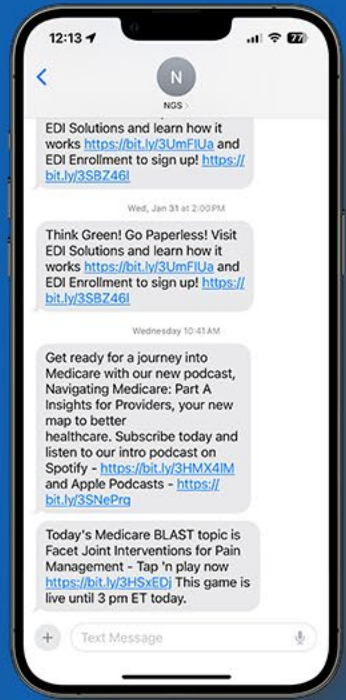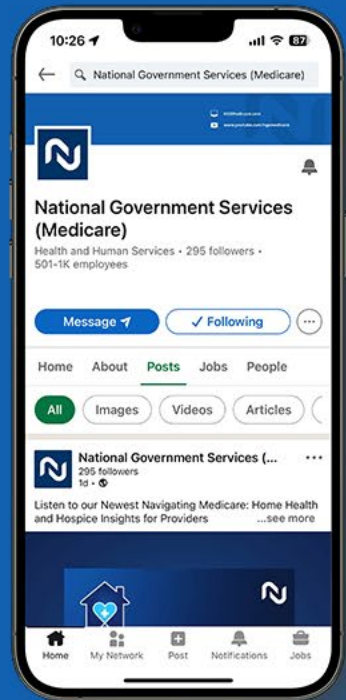
## Connect with us on social media

**YouTube Channel**
Educational Videos

**medicare mobile**
Text NEWS to 37702; Text GAMES to 37702

**www.MedicareUniversity.com**
Self-paced online learning

**LinkedIn**
Educational Content

# Find us online



**www.NGSMedicare.com**
Online resources, event calendar, LCD/NCD, and tools

**IVR System**
The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries

**NGSConnex**
Web portal for claim information

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