NOVITAS SOLUTIONS

Novitas Solutions Medicare Part B Presents: Billing of Drugs and Biologicals

August 21, 2013

2:00 PM ET

1:00 PM CT

This is an Encore Presentation with updates

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Audio Broadcast

- Our webinar is being offered through an audio broadcast mode
- Audio broadcast automatically starts when an attendee joins the event
- Attendees can play, pause or stop the broadcast
- Remember to take your mute button off your speakers if you cannot hear the presenter
- Adjust the volume on your speakers to get a clear audio

Handout Materials

- Handouts for today's event are located on the webinar page of our Training and Events Center
  - https://www.novitas-solutions.com/training/index.html

Question and Answer (Q&A) Panel

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- The Q&A Panel will be opened at the conclusion of our formal remarks
- We request that questions be relevant to the topic
- Enter your question and then hit send

Question and Answer Panel

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- Responses presented in the question and answer panel are not considered written guidance of Medicare program requirements. They are intended to complement and not replace Medicare program requirements as set forth in statute, regulations and manual instructions. It is the responsibility of each healthcare professional/supplier submitting claims to Novitas Solutions to familiarize themselves with Medicare coverage requirements.

- Novitas Solutions makes efforts to ensure the information contained in the responses is accurate and current. However, because the Medicare program is constantly changing, it is the responsibility of each provider/supplier to remain abreast of the Medicare program requirements.

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- The information enclosed was current at the time it was presented. Medicare policy changes frequently; links to the source documents have been provided within the document for your reference. This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations.

- Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

- Novitas Solutions employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.

- 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.

- Novitas Solutions does not permit videotaping or audio recording of training events.

Novitas Solutions

- Education specific to providers in Medicare Administrative Contractor Jurisdiction L include: Delaware, District of Columbia, Maryland, New Jersey, and Pennsylvania
- Education specific to providers in Medicare Administrative Contractor Jurisdiction H (JH) include: Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, and Texas
- This education contains specific contractor guidance
- If you are not a provider in Jurisdiction L or Jurisdiction H, please contact your Medicare contractor for specific guidance.

Agenda

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- Review the Comprehensive Error Rate Testing Program (CERT)
- To Review Basic Coverage Guidelines for Drugs and Biologicals
- Review the Proper Billing Techniques
- Learn what Self Service Options are available to you

Objectives

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- Overview of the Comprehensive Error Rate Testing Program
- Review Basic Coverage Guidelines for Drugs and Biologicals
- Explore Proper Billing Techniques
- Review References and Resources
- Learn What Self Service Options are Available

Comprehensive Error Rate Testing (CERT)

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

JL Part B Common Errors

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- Insufficient documentation:
  - Procedure/service billed
  - Missing or illegible documentation and/or physician signature
  - No valid physician's order
  - No physical therapy certified plan of care/treatment plan

- Incorrect coding errors:
  - Evaluation and Management (E/M) codes
  - Critical care, discharge day management, physical therapy
  - Units of medication/infusion services
  - Laboratory services

JH Part B Common Errors

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- 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

Comprehensive Error Rate Testing (CERT) Center

- https://www.novitas-solutions.com/cert/index.html

Comprehensive Error Rate Testing (CERT) Center

Print Bookmark

What is it? A program developed by Centers for Medicare and Medicaid Services (CMS) to randomly audit claims monthly to determine if they processed correctly. Contractors then use this information to determine the cause of errors working to resolve them.

Why does it matter? To protect the Medicare trust fund and determine error rates nationally and regionally. The error rate assists CMS in determining a contractor's future so it is important for Novitas Solutions to educate our customers about proper billing techniques.

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. If you have a specific contact that you would like to receive requests, please make this known by visiting the CERT Provider Web site.

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. No response or sending in only part of the requested documentation will result in a CERT denial and a refund of monies previously paid.

CERT MAC Jurisdiction Definitions:

Jurisdiction L (JL): Delaware, Maryland, New Jersey, Pennsylvania, Washington, D.C.

Jurisdiction H (JH): Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, Indian Health Service(IHS)/Tribal/Urban Indian and Veterans Affairs Providers

CERT Medical Records Requests

Medical Records are requested from the CERT contractor. Information regarding these requests are linked below.

- Process of Handing a Providers' Allegation of Medical Record Destruction *
- Sample Letters *
- Envelope Used for CERT Record Request
- Example of Faxback Form Used by CERT Documentation Office to Confirm Receipt of your Medical Records

Interactive Tools

- Claim Identifier Tool - (View Tutorial)

Common CERT Errors

Each quarter Novitas Solutions will provide you with information regarding the error types that are causing provider issues. Providers can use this information to avoid the same error.

- Common CERT Errors for 2013
- Common CERT Errors For 2012
- Common CERT Errors For 2011

CERT References

Additional information can be found on the CERT through the links below.

- CMS CERT Home Page *
- CMS Provider Compliance *
- CMS Program Integrity Manual (IOM 100-8, Chapter 12) *

CERT Reports

CMS issues CERT reports bi-annually. The links below will link you directly to the CMS reports.

- Medicare Fee-for-Service 2011 Improper Payments Report *
- 2011 Original Medicare Improper Payment Error Rate *
- Improper Medicare Fee-For-Service (FFS) Payments for November 2009 *
- Improper Medicare FFS Payments for May 2008 *
- Improper Medicare FFS Payments for November 2007 *

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Basic Coverage Guidelines for Drugs and Biologicals

Drugs and Biologicals

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- Covered if all the requirements are met:
  - Meet the definition of drugs or biologicals
  - Not usually self-administered by the patients who take them;
  - Meet all general requirements for coverage of items as incident to a physician's services
  - Reasonable and necessary for diagnosis or treatment of illness or injury for which they are administered according to accepted standards of medical practice
  - Not excluded as immunizations
  - Have not been determined by the Federal Drug Administration (FDA) to be less than effective

Self-Administered Drugs and Biologicals

- Drugs that are usually self-administered by the patient are generally not covered by Part B
- There are a limited number of self-administered drugs that are covered because the Medicare statute explicitly provides coverage
- Examples of drugs that are usually self-administered by the patient and are covered include:
  - blood clotting factors, drugs used in immunosuppressive therapy, erythropoietin for dialysis patients, and osteoporosis drugs for certain homebound patients
- https://www.novitas-solutions.com/policy/drug-self.html

Incident To

- Cannot be self-administered
- Must be administered by physician or Non-Physician Practitioner under personal supervision
- Must be an expense to the physician billing the service

Cancer Chemotherapeutic Agents

- Cancer chemotherapeutic agents are covered only if all of the following requirements are met:
  - Documentation is present to support that the drug is safe and effective and is being administered for an approved indication.
  - Documentation in the patient's medical record supports the medical necessity of administering the chemotherapy drug to that individual patient.
  - Documentation in the patient's medical record supports that the chemotherapy drug was administered as billed.

Payment for Chemotherapeutic Drug or Biologicals

- Payment may be made for an Federal Drug Administration (FDA)-approved chemotherapeutic drug or biological, if:
  - It was injected on or after the date of the FDA's approval;
  - It is reasonable and necessary for the individual patient; and
  - All other applicable coverage requirements are met.

Billing Drugs and Biologicals

Coding Guidelines

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- Use the appropriate Healthcare Common Procedure Coding System (HCPCS) based on code descriptor.
- NOC (Not Otherwise Classified)codes should only be reported for those drugs that do not have a valid HCPCS code which describes the drug being administered.
  - Report unlisted code such as J9999 or J3490 if a specific HCPCS code does not exist for the compounded product.
  - Remarks are required to include dosage, name of drug, and route of administration.

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Billing Units

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- Ensure units of drugs administered are accurately reported in terms of dosage specified in Health Care Procedure Code System (HCPCS) descriptor.
  - If the "J" code descriptor can be multiplied to reflect the dosage being administered, use the J-code, with the appropriate number of units which reflect the dosage given.
  - It is not appropriate to use the "J" code with a multiplier in the units' field, when there is another "J" code, which more closely describes the amount given.
- Report units in multiples based on HCPCS descriptor.
- Do not bill units based on the way the drug is packaged, stored, or stocked.
- It is not appropriate to bill for the full amount of a drug when it has been split between two or more patients. Bill only for the amount given to each beneficiary

Billing of J1745

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- Healthcare Common Procedure Coding System (HCPCS) J1745
  - Infliximab (Remicade), 10 mg
- The new Additional Information Request (ADR)effective February 9, 2012 requests the following information:
  - Physician's order
  - History/progress notes or other clinical data to support the medical necessity
  - Treatment/medication record with the dosage
  - Method of administration
  - Clinic/treatment room records
  - Advanced Beneficiary Notice (ABN),if applicable

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Office Visit and Injection

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- Where the sole purpose of an office visit was for the patient to receive an injection, (CPT codes 96372, 96373, 96374, and 96379) payment may be made only for the injection service (if it is covered).
- Conversely, injection services (CPT codes 96372, 96373, 96374, and 96379) included in the Medicare Physician Fee Schedule (MPFS) are not paid for separately, if the physician is paid for any other physician fee schedule service furnished at the same time.

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Drug Waste

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- Centers for Medicare & Medicaid (CMS) encourages patients to be scheduled so that drugs can be used efficiently
- If the remainder of a vial must be discarded after being administered, the program covers the amount discarded as well as the amount administered
- The amount ordered, administered, and the amount discarded must be documented in the medical record
- Coverage of discarded drugs applies only to single use vials
- CMS Publication 100-04, Chapter 17, Section 40 http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c17.pdf

Drug Waste Continued

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- At this time Novitas Solutions does not require providers to use Modifier -JW
- JW Modifier identifies unused drug or biologicals from single use vials or single use packages that are appropriately discarded
- This modifier is reported for informational purposes only
- Medical record must document the amount administered and the amount wasted

Jurisdiction L (JL) Article

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- The JL MAC (Medicare Administrative Contractor) Billing and Coding Article has been revised:
  - A47797- Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents
  - JW modifier not required
  - https://www.novitas-solutions.com/articles/mac-ab/a47797-r20.html

Jurisdiction H (JH) Article

- The JH MAC (Medicare Administrative Contractor) Billing and Coding Article has been revised:
  - A52018- Approved Drugs and Biologicals; Includes Cancer Chemotherapeutic Agents
  - JW modifier not required
  - https://www.novitas-solutions.com/articles/jh/a52018-r1.html

Reporting of Units for Drugs - Examples

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- Example 1 - description of drug is 6 mg
  - 6 mg administered
  - 1 unit is billed
- Example 2 - description of drug is 50 mg
  - 200 mg administered
  - 4 units are billed
- Example 3 - description of drug is 1 mg
  - 10 mg vial of drug administered
  - 10 units are billed

Errors for Drugs and Biologicals

Incorrect Coding - Neulasta

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- J2505, Injection, Pegfilgrastim, 6mg
- Should be billed so that the units billed represent the number of multiples of 6mg administered, not the total number of mgs.
  - Example: 12 mg of J2505 administered
  - J2505 should be billed with 2 units
- References:
  - CMS Publication 100-04 Medicare Claims Processing Manual, Transmittal 949 (dated 5/12/2006)
  - MLN Matters Article 4380
  - MLN Matters Article 5912

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Incorrect Coding - Zofran

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- J2405 - Injection, Ondansetron HCL, per 1 mg
  - 2 units were billed
  - Documentation received did not support 2 units; but it did support 4 mgs/4 units
- Result: Error assessed by the CERT contractor and the number of units were changed to 4

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Incorrect Coding - Velcade

- J9041 – Injection, Bortezomib, 0.1 mg
  - Documentation reviewed did not support units billed
  - After discussions with provider it was discovered provider's charge master was incorrect

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Billing for Rituximab (J9310)

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- The following are key points to remember when billing Medicare for Rituximab (J9310):
  - J9310 is defined in the HCPCS manual as: Injection, Rituximab, 100 mg
  - One (1) unit represents 100 mg of Rituximab ordered/administered per patient

- Rituximab should be billed based on **units,** not the total number of milligrams
  - For example, if the quantity administered is 200 mg and the description of the drug code is 100 mg, the units billed should be two (2)

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1316.pdf

Billing for Bevacizumab (J9035 or C9257)

- The following are key points to remember when billing Medicare for Bevacizumab (J9035 or C9257):
  - J9035 is defined in the HCPCS manual as: Injection, Bevacizumab, 10 mg
  - C9257 is defined in the HCPCS manual as: Injection, Bevacizumab, 0.25 mg
  - One (1) unit represents 10 mg of (J9035) or 0.25 mg (C9257) of Bevacizumab ordered/administered per patient

- Bevacizumab should be billed based on **units,** not the total number of milligrams
  - For example, if the quantity administered is 300mg and the description of the drug code is 10 mg, the units billed should be thirty (30)

http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1316.pdf

Multi-use Vials and Herceptin (Trastuzumab)

Multi-Use Vial Defined

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- Also called multi-dose vial
- Contains more than one dose of medication
- Can be given to more than one patient
- Labeled as such by the manufacturer

Multi-Use Vial Reimbursement

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- Medicare pays only for the amount administered to a beneficiary
- Medicare does not pay for any discarded amounts of the drug

Medicare Billing for Herceptin

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- Healthcare Common Procedure Coding System (HCPCS) code J9355, injection, Trastuzumab 10 milligrams (mg)

- A Medicare-covered biological drug used to treat breast cancer that has spread to other parts of the body
  - Comes in a multi-use vial containing 440 milligrams
  - A vial can be used for up to 28 days
  - An entire multi-use vial represents 44 units for Medicare billing

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Error Found in Billing of Herceptin

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- Incorrect number of units of services and billed charges
- Unsupported services
- Correct number of units of service and incorrect billed charges

Example of Incorrect Units Billed

- Provider administered 110 milligrams (mg) of Herceptin and billed for 44 units of service (UOS) or 440mg

- Incorrect billing
  - 110 mg administered
  - 44 UOS (or 440 mg)

- Correct billing
  - 110 mg administered
  - 11 UOS (or 110 mg)

Frequently Asked Question

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- Question
  - What units do you bill for a Not Otherwise Classified (NOC) drug?
- Answer
  - You would use a 1 for the units. Item 19 or electronic equivalent should indicate the exact name of the drug and the dosage. In addition, your patient's medical record must reflect the drug and dosage.

Frequently Asked Question

NOVITAS SOLUTIONS

- Question
  - Where do I find the latest Average Sales Price (ASP) Medicare Part B payment files?
- Answer
  - The payment file for Medicare Part B drugs can be found on the CMS ASP Website at: http://www.cms.gov/McrPartBDrugAvgSalesPrice/

Summary

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- Reviewed the Comprehensive Error Rate Testing Program (CERT)
- Reviewed the basic coverage for Drugs and Biologicals
- Explained the coding guidelines for Drugs and Biologicals
- Explored the proper billing techniques

References

- Determination for Self -Administered Drugs- http:/www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf/

- J12 Novitas Solutions Self-Administered Drug Exclusion List (A47773)-
- https://www.novitas-solutions.com/articles/mac-ab/a47773-r6.html

- JH Novitas Solutions Self-Administered Drug Exclusion List (A51866)-
- https://www.novitas-solutions.com/articles/jh/a51866-r5.html

- Medicare Regulations regarding Drugs and Biologicals- http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf

Website Features

Medicare Part B Center

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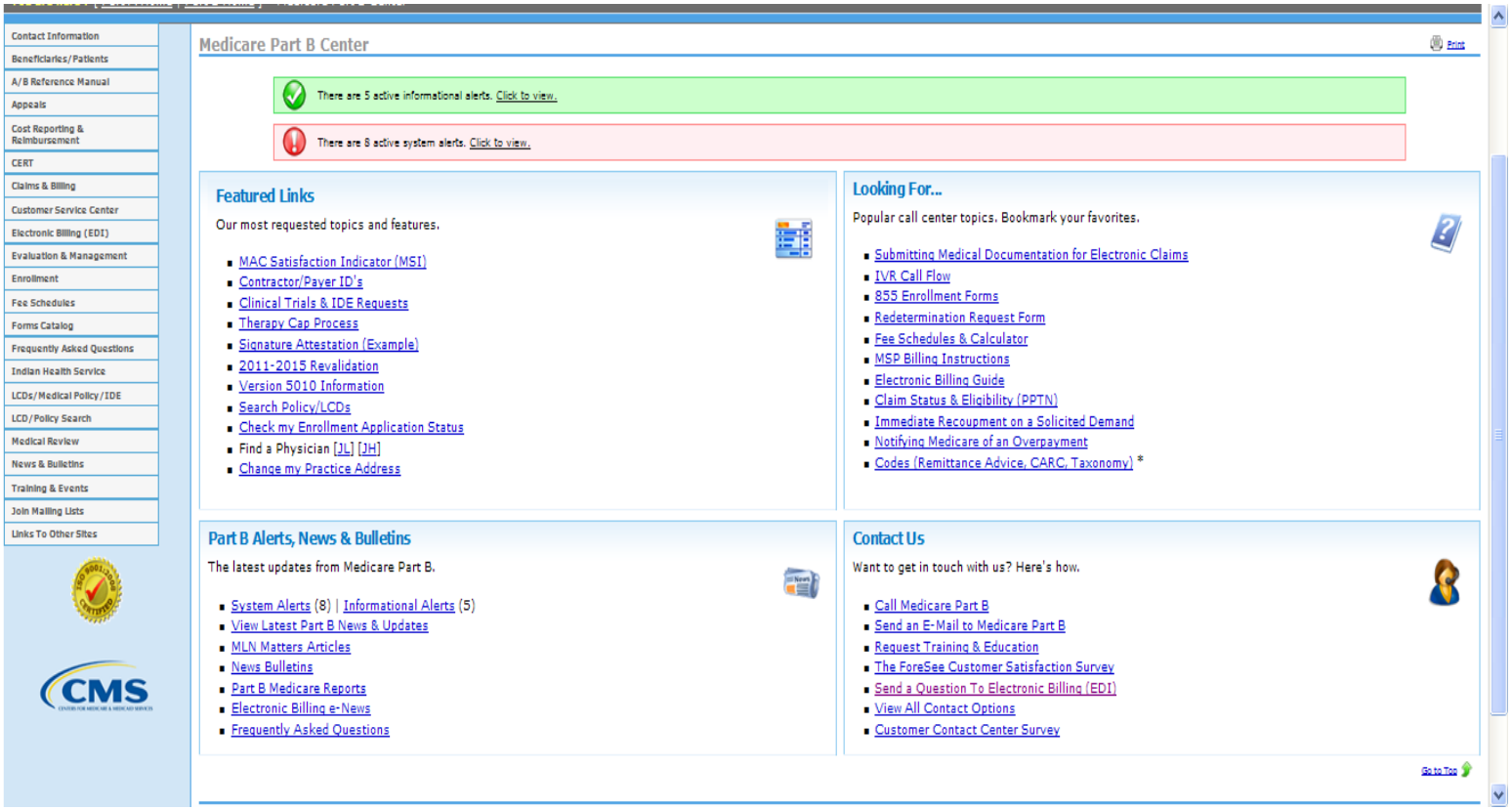
- https://www.novitas-solutions.com/partb/index.html



Site Map

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- https://www.novitas-solutions.com/site-map.html

Novitas Solutions - Site Map

Resource Materials

- Home Page
- Acronyms
- Accessibility/508
- Beneficiaries/Patients
- Careers
- Contact Us (Addresses & Phone Numbers)
- Hurricane Sandy Information
- Join E-Mail Lists
- Links
- Site Help
- Terms of Use

Information Centers - Select an Information Center below to see all Related Links

- A/B Reference Manual
- Appeals
- Beneficiaries/Patients
- Cost Reporting & Reimbursement
- Comprehensive Error Rate Testing Program (CERT)
- Claims & Billing
- Customer Service Center
- Electronic Billing (EDI)
- Enrollment
- Evaluation & Management
- Fee Schedules
- Forms Catalog
- Frequently Asked Questions (FAQ)
- Indian Health Service (IHS)/Tribal/Urban Indian Providers Center
- Medical Policy
- Medical Policy Search
- Provider News & Bulletins
- Training & Events

Appeals

Which Appeal Form do I Need to Complete?

Part A

- Redetermination and Clerical Error Reopening Form 1000
- Request for Reconsideration by a Qualified Independent Contractor (QIC)

Part B

- Part B Redetermination Request - Fill and Print (Form 4579)
- Request for Reconsideration by a Qualified Independent Contractor (QIC):
  - J12
  - JH

Cost Reporting & Reimbursement

- Update Your Facility's Contact Information!
- Hot Topics

Fee Schedules & Tools

- Skilled Nursing Facility (SNF) Pricer/Resource Utilization Group (Rug) Rate
- Centers for Medicare and Medicaid Services (CMS) & Other Related Reimbursement Links
- Negative Reimbursement Examples

Forms and Instructions

- Cost Report Due Date Extension Information
- Cost Report Forms and Instructions
- Cost Report Filing Instructions
- Approved Cost Report Vendors

LCDs/ Medical Policy/ IDE Center

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- https://www.novitas-solutions.com/policy/index.html

Medical Policy Center

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The official Local Coverage Determination (LCD) is the version on the CMS Medicare Coverage Database. LCDs contained on this Web site are for your convenience only.

Jurisdiction L (JL) applies to providers in Delaware, Maryland, New Jersey, Pennsylvania, Washington, D.C.

Jurisdiction H (JH) applies to providers in Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, Indian Health Service/Tribal Providers and Veterans Affairs Providers.

Local Coverage Determinations (LCDs) / Policies

NOTE: *When searching, not every procedure code is covered by an LCD.*

- Latest LCD Updates [JL | JH]
- Search all LCDs
- Current Active LCDs [JL | JH]
- Retired LCDs [JL | JH]
- Medicare Coverage Database *
- Searching for an LCD from a Previous Contractor?

Local Coverage Articles

- Latest Article Updates [JL | JH]
- Search all Articles
- Current Active Articles [JL | JH]
- Retired Articles [JL | JH]
- Medicare Coverage Database *
- Self Administered Drug Exclusions

Draft LCDs and Contractor Advisory Committee (CAC)

- Draft LCDs & Related Information [JL | JH]
- Open Session Information [JL | JH]
- CAC Members Area [JL | JH] (requires password)

Quick Search

- JL LCDs [ ] Search JL
- JH LCDs [ ] Search JH
- JL Articles [ ] Search JL
- JH Articles [ ] Search JH

Additional Resources

- Alerts & News Bulletins
- JH LCD Outgoing Contractor Crosswalk
- National Coverage Determinations (NCDs) *
- CPT Codes - Interactive Search *
- HCPCS Release and Code Sets *
- ICD-9-CM Procedure & Diagnostic Codes *

Need Help?

- **Clinical Trials and IDE Requests**
- Contact the Medical Policy Department
- Need Help Locating Information on a Particular CPT or ICD-9-CM Code?
- How to Use the Medicare Coverage Database at CMS *
- The Medical Policy Process - An Overview
- The LCD Reconsideration Process

Medical Review Center

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- https://www.novitas-solutions.com/mr/index.html

Medical Review Center

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Introduction to Medical Review

- Who We Are
- What We Do
- How It Is Done
- What To Expect (Provider)
- Tips for Successful Medical Review

Medical Review Results

- Service Wide Edits for JH providers [Part A | Part B]
- Service Wide Edits for JL providers [Part A | Part B]
- Service Wide Probe Results

Resources

- Inpatient vs. Observation: How Is the Provider to Decide? (Part A Only)
- CMS Requirements for Diagnostic Tests
- Evaluation and Management Center (Part B Only)
- Physician Signature Requirements for Diagnostic Testing
- CMS Signature Guidelines for Medical Review Purposes *
- Comparative Billing Reports *
- Medically Unlikely Events *

Frequently Asked Questions

- How can I change my address?
- How can I access Medical Review results?
- Where are the Local Coverage Determination (LCDs) found for JL and JH?
- Where are the National Coverage Determination (NCDs) found? *
- What should you know about Additional Documentation Requests (ADRs)?

Centers for Medicare & Medicaid Services (CMS) & Other Related Links

- CMS Medical Review Site *
- CMS National Provider Identifier (NPI) Website *
- Medicare Learning Network (MLN Matters Articles)
- Program Integrity Manual (PIM) *

Contact Information

- Medical Review Mailing Addresses for JH providers [Part A | Part B]
- Medical Review Mailing Addresses for JL providers [Part A | Part B]
- Customer Contact Center
- Contact Information for Novitas Solutions
- Join E-Mail Lists for Novitas Solutions

Self Service Options

Customer Service Center

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- https://www.novitas-solutions.com/csc/index.html

Customer Service Center

Print Bookmark

View Current Customer Service Alerts

Please remember that per CMS regulations, providers are required to use the Interactive Voice Response (IVR) unit for Claim Status, Patient Eligibility, Check/Earning and Remittance inquiries.

For Jurisdiction L (JL) - Pennsylvania, New Jersey, Maryland, Delaware and the District of Columbia Providers, call our toll-free number: **1-877-235-8073.**

For Jurisdiction H (JH) - Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, Indian Health Service(IHS)/Tribal/Urban Indian Providers and Veterans Affairs Providers, call our toll-free number: **1-855-252-8782.**

Our Single Toll Free Telephone Customer Service Units, including provider services, EDI helpdesk, Enrollment and Claims Corrections are available:

- JL: Monday – Friday 8:00 AM – 4:00 PM EST
- JH: Monday – Friday 8:00 AM – 4:00 PM CT and MT

Single Toll Free Service/Interactive Voice Response Unit (IVR)

- Telephone Inquiry Quick Reference [Part A] [Part B]
- Interactive Voice Response (IVR) Unit Introduction & Hints
- IVR Hours of Availability [Part A] [Part B]
- **JL** IVR User Guides [Part A] [Part B]
- **JH** IVR User Guides [Part A] [Part B]
- **JH** Veterans Affairs IVR User Guide [Part A] [Part B]
- IVR Name to Number Conversion Tool
- IVR Alphanumeric Conversion Tool
- Part A IVR Patient Eligibility Checklist
- Part B IVR Patient Eligibility Checklist

Self Service Tools

- **Part A and Part B:**
  - Check your enrollment status
  - Physician Opt Out Listing
  - Find a Physician [JL] [JH]
  - Appeals Timeliness Calculator Tools
- **Part B Only:**
  - **Part B Fee Lookup Tool**
  - **Part A & B Appeals Status Inquiry Tool**
  - Secondary Liability Calculator
  - Patient Responsibility Calculator
  - Psychiatric Calculator

Jurisdiction L Customer Contact Information

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- Provider
  - 1-877-235-8073
  - Hours of Operation, Eastern Time (ET)
    - Monday - Thursday: 8:00 am – 4:00 pm ET
    - Friday: 8:00 am – 2:00 pm ET
  - Call Flow
    - https://www.novitas-solutions.com/csc/call-flow-a.html
    - https://www.novitas-solutions.com/csc/call-flow-b.html

- 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
    - https://www.novitas-solutions.com/csc/ivr/parta.html
    - https://www.novitas-solutions.com/csc/ivr/partb.html

Jurisdiction H Customer Contact Information

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- Provider
  - 1-855-252-8782
  - Hours of Operation, Central Time (CT)/Mountain Time (MT)
    - Monday - Thursday: 8:00 am – 4:00 pm CT/MT
    - Friday: 9:00 am – 4:00 pm CT; 8:00 am – 3:00 pm MT
  - Call Flow
    - https://www.novitas-solutions.com/csc/call-flow-a.html
    - https://www.novitas-solutions.com/csc/call-flow-b.html

- Interactive Voice Response (IVR)
  - 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
  - Step-by-Step Guide
    - https://www.novitas-solutions.com/csc/ivr/parta-jh.html
    - https://www.novitas-solutions.com/csc/ivr/partb-jh.html

Beneficiary Contact Information

- Patient / Medicare Beneficiary
  - 1-800-MEDICARE (1-800-633-4227)
    - http://www.medicare.gov/index.html

Mandatory Payment Reductions – "Sequestration"

- Medicare Fee-for-Service claims with dates of service or date of discharge on or after April 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
- https://www.novitas-solutions.com/sequestration/index.html

Reminder – Special Edition Article SE1249

NOVITAS SOLUTIONS

- The HIPAA (Health Insurance Portability and Accountability Act) Eligibility Transaction System (HETS) will replace Common Working File (CWF) eligibility inquiries.
  - Part B -April 2013 access to CWF eligibility queries has been removed from Professional Provider Telecommunication Network (PPTN)
  - Part A – Soon thereafter, access to Health Insurance Query Access (HIQA) and CWF inquiry menu option 10 will be terminated
  - For more information:
  - http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1249.pdf

EDI Connections – Partnering For The Future

NOVITAS SOLUTIONS

- Changes To Connectivity
  - Letters sent to all EDI Trading Partners on June 28, 2013
    - Dial-up
    - Secure File Transfer Protocol (SFTP)
- JL Customers (DC, DE, MD, NJ, PA)
  - Begin using the new connections on July 29, 2013
  - All JL should be using the new connections by September 27, 2013
- JH Customers (AR, CO, LA, NM, MS, OK, TX) Including Indian Health Services, and Veteran Affairs
  - Because of recent changes due to cutover activities, you may use the July 29th through September 27th transition period as an opportunity to begin using the new connections
  - We encourage you to use the new connections by September 27, 2013
- Electronic Data Interchange (EDI) Help Desk
  - JL 1-877-235-8073, Option 3
  - JH 1-855-252-8782, Option 3
- EDI Center
  - https://www.novitas-solutions.com/edi/connections.html

Fax to Image

NOVITAS SOLUTIONS

- Were you aware records for an Additional Development Request (ADR) can be faxed directly to Novitas Solutions?
- The fax to image option allows for documentation to be submitted directly to Novitas Solutions.
  - Available 24 hours a day, 7 days a week
  - Fax ADR response to 1-877-439-5479
- Faxes should not exceed 200 pages
- The original ADR request must be submitted as the cover sheet to the records
- Supporting documentation, or requested medical records, should follow the ADR letter
- Each ADR request must be faxed separately
- Additional Tips
  - https://www.novitas-solutions.com/bulletins/parta/newsletter/2012/jan.html
  - https://www.novitas-solutions.com/bulletins/partb/med-reports/pdf/mr0312.pdf

Part B Redetermination Request

- Correct clerical errors or omission by calling the Claims Correction line
  - JL Providers 1-877-235-8073
  - 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

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

Provider Enrollment

NOVITAS SOLUTIONS

- 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

Stay Up-to-Date

NOVITAS SOLUTIONS

- 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/mailinglists.html

Calendar of Events

- Our Training and Events Center offers a wide variety of education
- Join us for Workshops, Teleconferences, and Webinars
- To view the most current calendar of events, visit:
  - https://www.novitas-solutions.com/training/index.html

Centers for Medicare & Medicaid Services (CMS)

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- 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/

Send In Your Survey Electronically and Thanks for Your Participation

NOVITAS SOLUTIONS

- We value your feedback to measure the effectiveness of this program and to prepare for future events

- Send the survey electronically; it is easy, just click and submit
  - Webinars:
    - https://www.novitas-solutions.com/calendar/partb/webinar/index.html

Novitas Solutions

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Index # _____

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