

DME Happenings

Jurisdiction D

June 2019

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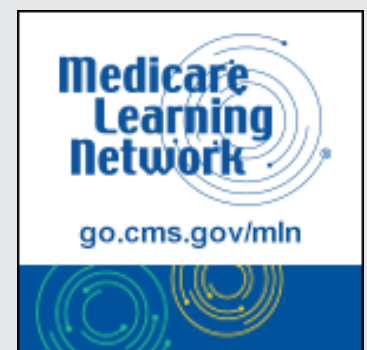
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<https://go.cms.gov/mln/>

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Jurisdiction D DME MAC Supplier Contacts and Resources

Phone Numbers

Department/System	Phone Number	Availability
Interactive Voice Response System (IVR)	877-320-0390	24/7 for Eligibility 6 a.m. - 8 p.m. CT for all other inquiries
Supplier Contact Center	877-320-0390	Monday - Friday 8 a.m. - 6 p.m. CT
Telephone Reopenings	877-320-0390	Monday - Friday 8 a.m. - 4:30 p.m. CT
Beneficiary Customer Service	800-633-4227	24/7

Fax Numbers

Department	Fax Number
Reopenings/Redeterminations Recovery Auditor Redeterminations	701-277-7886
Recoupment <ul style="list-style-type: none"> • Refunds to Medicare • Immediate Offsets 	701-277-7894
MSP Refunds	701-277-7892
Recovery Auditor Offsets	701-277-7896
MR Medical Documentation	701-277-7888

Email Addresses

Correspondence	When to Use This Address	Email Address
Customer Service	Suppliers can submit emails to Noridian for answers regarding basic supplier information regarding Medicare regulations and coverage	See webpage https://med.noridianmedicare.com/web/jddme/contact/email-customer-service/jddmecert@noridian.com
Comprehensive Error Rate Testing (CERT)	Use this address for CERT related inquiries, such as outcomes and status checks. <i>Include the CID within the message</i>	jddmecert@noridian.com
Congressional Inquiries or FOIA Requests	Use this address when submitting Freedom of Information Act (FOIA) requests or if the request is coming from a Congressional office. <i>Emails sent to this address require specific information. Review the Freedom of Information Act or Congressional Inquiries webpages for a full listing of required items to include</i>	DMEDCongressional.FOIA@noridian.com
LCD: New LCD Request	Use this address to request the creation of a new LCD. <i>Emails sent to this address require specific information. Review the New LCD Request Process webpage for a full listing of required items to include</i>	DMERecon@noridian.com
LCD Reconsideration Request	Use this address to request a revision to an existing LCD. <i>Emails sent to this address require specific information. Review the LCD Reconsideration Process webpage for a full listing of required items to include</i>	DMERecon@noridian.com
Recoupment	Use this address to submit requests for immediate offsets of open debt(s)	dmemsprecoupment@noridian.com

Correspondence	When to Use This Address	Email Address
Reopenings and Redeterminations	Use this address with questions regarding: Timely Filing Inquiries, Appeal Rights and Regulations, Coverage Questions, Redetermination Documentation Requirements, Social Security Laws, Interpretation of Redetermination Decisions and Policies	dmeredeterminations@noridian.com
Website Questions	Use this form to report website ease of use or difficulties	See webpage https://med.noridianmedicare.com/web/jddme/help/website-feedback
CMS Comments on Noridian	Use this contact information to send comments to CMS concerning Noridian's performance	See webpage https://med.noridianmedicare.com/web/jddme/contact/cotr

Mailing Addresses

Department	Address
<ul style="list-style-type: none"> • Advance Determination of Medicare Coverage Requests • Claim Submission • Congressional Inquiries • Correspondence • Education • Freedom of Information Act (FOIA) • Medical Review Documentation • Recovery Auditor Overpayments • Redetermination Requests • Refunds • Written Reopening Requests 	Noridian JD DME Attn: _____ PO Box 6727 Fargo, ND 58108-6727
<ul style="list-style-type: none"> • Electronic Funds Transfer (EFT) • Overpayment Redetermination and Rebuttal Requests • Recovery Auditor Redeterminations 	Noridian JD DME Attn: _____ PO Box 6728 Fargo, ND 58108-6728
<ul style="list-style-type: none"> • Administrative Simplification Compliance Act Exception Requests (ASCA) • Benefit Protection 	Noridian JD DME Attn: _____ PO Box 6736 Fargo, ND 58108-6736
<ul style="list-style-type: none"> • LCD: New LCD Request • Medical Review - Prior Authorization Requests (PAR) 	Noridian JD DME Attn: _____ PO Box 6742 Fargo, ND 58108-6742
<ul style="list-style-type: none"> • Extended Repayment Schedule (ERS) • Refund Checks 	Noridian JD DME Attn: _____ PO Box 511531 Los Angeles, CA 90051-8086
Qualified Independent Contractor (QIC)	C2C Solutions, Inc. Attn: DME QIC PO Box 44013 Jacksonville, FL 32231-4013

DME MACs and Other Resources

MAC/Resource	Phone Number	Website
Noridian: Jurisdiction A	866-419-9458	https://med.noridianmedicare.com/web/jadme
Noridian: Jurisdiction D	877-320-0390	https://med.noridianmedicare.com/web/jddme
CGS: Jurisdiction B	877-299-7900	https://www.cgsmedicare.com/
CGS: Jurisdiction C	866-238-9650	https://www.cgsmedicare.com/
Pricing, Data Analysis and Coding (PDAC)	877-735-1326	https://www.dmepdac.com/
National Supplier Clearinghouse	866-238-9652	https://www.palmettogba.com/nsc
Common Electronic Data Interchange (CEDI) Help Desk	866-311-9184	https://www.ngscedi.com
Centers for Medicare and Medicaid Services (CMS)		https://www.cms.gov/

Beneficiaries Call 1-800-MEDICARE

Suppliers are reminded that when beneficiaries need assistance with Medicare questions or claims that they should be referred to call 1-800-MEDICARE (1-800-633-4227) for assistance. The supplier contact center only handles inquiries from suppliers.

The table below provides an overview of the types of questions that are handled by 1-800-MEDICARE, along with other entities that assist beneficiaries with certain types of inquiries.

Organization	Phone Number	Types of Inquiries
1-800-MEDICARE	1-800-633-4227	General Medicare questions, ordering Medicare publications or taking a fraud and abuse complaint from a beneficiary
Social Security Administration	1-800-772-1213	Changing address, replacement Medicare card and Social Security Benefits
RRB - Railroad Retirement Board	1-800-808-0772	For Railroad Retirement beneficiaries only - RRB benefits, lost RRB card, address change, enrolling in Medicare
Coordination of Benefits - Benefits Coordination & Recovery Center (BCRC)	1-855-798-2627	Reporting changes in primary insurance information

Another great resource for beneficiaries is the website, <http://www.medicare.gov/>, where they can:

- Compare hospitals, nursing homes, home health agencies, and dialysis facilities
- Compare Medicare prescription drug plans
- Compare health plans and Medigap policies
- Complete an online request for a replacement Medicare card
- Find general information about Medicare policies and coverage
- Find doctors or suppliers in their area
- Find Medicare publications
- Register for and access MyMedicare.gov

As a registered user of MyMedicare.gov, beneficiaries can:

- View claim status (excluding Part D claims)
- Order a duplicate Medicare Summary Notice (MSN) or replacement Medicare card
- View eligibility, entitlement and preventive services information
- View enrollment information including prescription drug plans
- View or modify their drug list and pharmacy information
- View address of record with Medicare and Part B deductible status

- Access online forms, publications and messages sent to them by CMS

Customer Service Enhancements Made Based on 2018 MSI Feedback

Your feedback is very important to us. As we continue our efforts to improve our customer experience, many enhancements have been made in response to 2018 MAC Satisfaction Indicator (MSI) feedback.

Highlights include:

- Multiple denial code webpages were created/added to the Denial Code Resolution webpage. Suppliers may select Remittance Advice (RA) Reason/Remark codes to view solutions to a denial and/or how to avoid the same denial in the future
- Collaboration amongst Noridian Contact Center and the other DME MACs to create consistent Customer Service Representative (CSR) responses about Medicare initiatives and upcoming program changes
- Specialized training provided to Noridian Contact Center CSRs so he/she can help educate callers on the self-service tools available to them and the benefits of using them
- Input is solicited during webinar registration to allow us to tailor educational efforts throughout a presentation
- Medical Review enhanced the individualization of Clinical Reviewer decision notes posted within the Noridian Medicare Portal (NMP).
- Noridian Claims department education (Billing Issue Focus (BIF) Initiative) to supplier billing staff on billing issues identified during the claims processing stage continued

Implementation to Exchange the List of Enrollment in Electronic Medical Documentation Requests (eMDR) for Registered Providers via the Electronic Submission of Medical Documentation (esMD) System

MLN Matters Number: MM11003 Reissued

Related CR Release Date: April 16, 2019

Related CR Transmittal Number: R2281OTN

Related Change Request (CR) Number: 11003

Effective Date: July 1, 2019

Implementation Date: July 1, 2019

Note: CMS reissued this article on April 19, 2019, to reflect an updated CR that added an MLN article attachment. CMS reissued this article to cover the CR in its entirety. CMS also revised the CR release date, transmittal number and the link to the transmittal.

CR 11003 introduced the enrollment process for the providers who intend to get their Additional Documentation Request (ADR) letters electronically (as eMDR) through their registered Health Information Handler (https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Which_HIHs_Plan_to_Offer_Gateway_Services_to_Providers.html).

Make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11003](#).

Medicare Learning Network Matters Disclaimer Statement

Below is the Centers for Medicare & Medicaid (CMS) Medicare Learning Network (MLN) Matters Disclaimer statement that applies to all MLN Matters articles in this bulletin.

“This article was prepared as a service to the public and is not intended to grant rights or impose obligations. MLN Matters articles may contain references or links to statutes, regulations or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.”

MSN Changes to Assist Beneficiaries Enrolled in the QMB Program

MLN Matters Number: MM11230

Related CR Release Date: May 3, 2019

Related CR Transmittal Number: R4290CP

Related Change Request (CR) Number: 11230

Effective Date: October 1, 2019

Implementation Date: October 7, 2019 for claims processed on or after this date

CR 11230 alerts providers of further modifications to Medicare’s claims processing systems to ensure that the Medicare Summary Notice (MSN) appropriately differentiates between Qualified Medicare Beneficiary (QMB) claims that are paid and denied and to show accurate patient payment liability amounts for beneficiaries enrolled in QMB. Please make sure your billing staffs are aware of these modifications.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11230](#).

Sources for “DME Happenings” Articles

The purpose of “DME Happenings” is to educate Noridian’s Durable Medical Equipment supplier community. The educational articles can be advice written by Noridian staff or directives from CMS. Whenever Noridian publishes material from CMS, we will do our best to retain the wording given to us; however, due to limited space in our bulletins, we will occasionally edit this material. Noridian includes “Source” following CMS derived articles to allow for those interested in the original material to research it at CMS’s website, <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/index.html>. CMS Change Requests and the date issued will be referenced within the "Source" portion of applicable articles.

CMS has implemented a series of educational articles within the Medicare Learning Network (MLN), titled “MLN Matters”, which will continue to be published in Noridian bulletins. The Medicare Learning Network is a brand name for official CMS national provider education products designed to promote national consistency of Medicare provider information developed for CMS initiatives.

CMS Quarterly Provider Updates

The Quarterly Provider Update is a listing of non-regulatory changes to Medicare including Program Memoranda, manual changes, and any other instructions that could affect providers or suppliers. This comprehensive resource is published by CMS on the first business day of each quarter. Regulations and instructions published in the previous quarter are also included in the Update. The purpose of the Quarterly Provider Update is to:

- Inform providers about new developments in the Medicare program;
- Assist providers in understanding CMS programs and complying with Medicare regulations and instructions;
- Ensure that providers have time to react and prepare for new requirements;
- Announce new or changing Medicare requirements on a predictable schedule; and
- Communicate the specific days that CMS business will be published in the Federal Register.

The Quarterly Provider Update can be accessed at <http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Policies/QuarterlyProviderUpdates/index.html>. Suppliers may also sign up to receive notification when regulations and program instructions are added throughout the quarter on this page.

Physician Documentation Responsibilities

Suppliers are encouraged to remind physicians of their responsibility in completing and signing the Certificate of Medical Necessity (CMN). It is the physician's and supplier's responsibility to determine the medical need for, and the utilization of, all health care services. The physician and supplier should ensure that information relating to the beneficiary's condition is correct. Suppliers are also encouraged to include language in their cover letters to physicians reminding them of their responsibilities.

Source: CMS Internet Only Manual (IOM), Publication 100-08, Medicare Program Integrity Manual, Chapter 5, Section 5.3.2

Automatic Mailing/Delivery of DMEPOS Reminder

Suppliers may not automatically deliver DMEPOS to beneficiaries unless the beneficiary, physician, or designated representative has requested additional supplies/equipment. The reason is to assure that the beneficiary actually needs the DMEPOS.

A beneficiary or their caregiver must specifically request refills of repetitive services and/or supplies before a supplier dispenses them. The supplier must not automatically dispense a quantity of supplies on a predetermined regular basis.

A request for refill is different than a request for a renewal of a prescription. Generally, the beneficiary or caregiver will rarely keep track of the end date of a prescription. Furthermore, the physician is not likely to keep track of this. The supplier is the one who will need to have the order on file and will know when the prescription will run out and a new order is needed. It is reasonable to expect the supplier to contact the physician and ask for a renewal of the order. Again, the supplier must not automatically mail or deliver the DMEPOS to the beneficiary until specifically requested.

Source: Internet Only Manual (IOM), Publication 100-4, Medicare Claims Processing Manual, Chapter 20, Section 200

Refunds to Medicare

When submitting a voluntary refund to Medicare, please include the Overpayment Refund Form found on the Forms page of the Noridian DME website. This form provides Medicare with the necessary information to process the refund properly. This is an interactive form which Noridian has created to make it easy for you to type and print out. We've included a highlight button to ensure you don't miss required fields. When filling out the form, be sure to refer to the Overpayment Refund Form instructions.

Processing of the refund will be delayed if adequate information is not included. Medicare may contact the supplier directly to find out this information before processing the refund. If the specific patient name, Medicare number or claim number information is not provided, no appeal rights can be afforded.

Suppliers are also reminded that "The acceptance of a voluntary refund in no way affects or limits the rights of the Federal Government or any of its agencies or agents to pursue any appropriate criminal, civil, or administrative remedies arising from or relating to these or any other claims."

Source: Transmittal 50, Change Request 3274, dated July 30, 2004

Pub. 100-04, Chapter 29 - Appeals of Claims Decisions - Revisions

MLN Matters Number: MM11042

Related CR Release Date: April 12, 2019

Related CR Transmittal Number: R4278CP

Related Change Request (CR) Number: 11042

Effective Date: June 13, 2019

Implementation Date: June 13, 2019

CR11042 incorporates the following policy updates to the Medicare Claims Processing Manual:

- The policy on use of electronic signatures
- Timing of signatures on transfer of appeal rights and the appointment of representative forms
- Tolling an adjudication timeframe when trying to cure a defective appointment form
- Limiting scope of redetermination review in certain instances
- Application of good cause for late filing involving beneficiary accessibility
- Application of good cause where there is a declared disaster

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11042](#).

Telephone Reopenings: Resources for Success

This article provides the following information on Telephone Reopenings: contact information, hours of availability, required elements, items allowed through Telephone Reopenings, those that must be submitted as a redetermination, and more.

Per the CMS Internet-Only Manual (IOM) Publication 100-04, Chapter 34, Section 10, reopenings are separate and distinct from the appeals process. Contractors should note that while clerical errors must be processed as reopenings, all decisions on granting reopenings are at the discretion of the contractor.

Section 10.6.2 of the same Publication and Chapter states a reopening must be conducted within one year from the date of the initial determination.

Question	Answer
How do I request a Telephone Reopening?	To request a reopening via telephone, call 1-877-320-0390.
What are the hours for Telephone Reopenings?	Monday - Friday 7 a.m. - 6 p.m. CT Holiday and Training Closures can be found at https://med.noridianmedicare.com/web/jddme/contact/holiday-schedule and https://med.noridianmedicare.com/web/jddme/contact/training-closures

Question	Answer
<p>What information do I need before I can initiate a Telephone Reopening?</p>	<p>Before a reopening can be completed, the caller must have all of the following information readily available as it will be verified by the Telephone Reopenings representative. If at any time the information provided does not match the information in the claims processing system, the Telephone Reopening cannot be completed.</p> <p>Verified by Customer Service Representative (CSR) or IVR</p> <ul style="list-style-type: none"> • National Provider Identifier (NPI) • Provider Transaction Access Number (PTAN) • Last five digits of Tax Identification Number (TIN) <p>Verified by CSR</p> <ul style="list-style-type: none"> • Caller's name • Provider/Facility name • Beneficiary Medicare number • Beneficiary first and last name • Date of Service (DOS) • Last five digits of Claim Control Number (CCN) • HCPCS code(s) in question • Corrective action to be taken <p>Claims with remark code MA130 can never be submitted as a reopening (telephone or written). Claims with remark code MA130 are considered unprocessable and do not have reopening or appeal rights. The claim is missing information that is needed for processing or was invalid and must be resubmitted.</p>
<p>What may I request as a Telephone Reopening?</p>	<p>The following is a list of clerical errors and omissions that may be completed as a Telephone Reopening. Note: This list is not all-inclusive.</p> <ul style="list-style-type: none"> • Diagnosis code changes or additions • Date of Service (DOS) changes • HCPCS code changes • Certain modifier changes or additions (not an all-inclusive list) <p>If, upon research, any of the above change are determined too complex, the caller will be notified the request needs to be sent in writing as a redetermination with the appropriate supporting documentation.</p>
<p>What is not accepted as a Telephone Reopening?</p>	<p>The following will not be accepted as a Telephone Reopening and must be submitted as a redetermination with supporting documentation.</p> <ul style="list-style-type: none"> • Overutilization denials that require supporting medical records • Certificate of Medical Necessity (CMN) issues (applies to Telephone Reopenings only) • Durable Medical Equipment Information Form (DIF) issues (applies to both Written and Telephone Reopenings) • Oxygen break in service (BIS) issues • Overpayments or reductions in payment. Submit request on Overpayment Refund Form • Medicare Secondary Payer (MSP) issues • Claims denied for timely filing (older than one year from initial determination) • Complex Medical Reviews or Additional Documentation Requests (ADRs) • Change in liability • Recovery Auditor-related items • Certain modifier changes or additions: EY, GA, GY, GZ, K0 - K4, KX, RA (cannot be added), RB, RP • Certain HCPCS codes: E0194, E1028, K0108, K0462, L4210, All HCPCS in Transcutaneous Electrical Nerve Stimulator (TENS) LCD, All National Drug Codes (NDCs), miscellaneous codes and codes that require manual pricing <p>The above is not an all-inclusive list.</p>

Question	Answer
What do I do when I have a large amount of corrections?	If a supplier has at least 10 of the same correction, that are able to be completed as a reopening, the supplier should notify a Telephone Reopenings representative. The representative will gather the required information for the supplier to submit a Special Project.
Where can I find more information on Telephone Reopenings?	<ul style="list-style-type: none"> • Supplier Manual Chapter 13 • Reopening webpage • CMS IOM, Publication 100-04, Chapter 34
Additional assistance available	Suppliers can email questions and concerns regarding reopenings and redeterminations to dmeredeterminations@noridian.com . Emails containing Protected Health Information (PHI) will be returned as unprocessable.

Ankle Foot/Knee-Ankle-Foot Orthosis (AFO/KAFO) Targeted Probe and Educate Review Updates: October - December 2018

The Jurisdiction D, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of HCPCS code(s) L4360, L4361, L4386 and L4387. The quarterly edit effectiveness results from October - December 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 34%.

Top Denial Reasons

- Documentation was not received in response to the Additional Documentation Request (ADR) letter.
- Claim is the same or similar to another claim on file.

For complete detail see, [Ankle Foot/Knee-Ankle-Foot Orthosis \(AFO/KAFO\) Quarterly Results of Targeted Probe and Educate Review](#).

CERT Documentation

This article is to remind suppliers they must comply with requests from the Comprehensive Error Rate Testing (CERT) Documentation Contractor for medical records needed for the CERT program. An analysis of the CERT related appeals workload indicates the reason for the appeal is due to “no submission of documentation” and “submitting incorrect documentation.”

Suppliers are reminded the CERT program produces national, contractor-specific and service-specific paid claim error rates, as well as a supplier compliance error rate. The paid claim error rate is a measure of the extent to which the Medicare program is paying claims correctly. The supplier compliance error rate is a measure of the extent to which suppliers are submitting claims correctly.

The CERT Documentation Contractor sends written requests for medical records to suppliers that include a checklist of the types of documentation required. The CERT Documentation Contractor will mail these letters to suppliers individually. Suppliers must submit documentation to the CERT Operations Center via fax, the preferred method, or mail at the number/address specified below.

The secure fax number for submitting documentation to the CERT Documentation Contractor is 804-261-8100.

Mail all requested documentation to:

AdvanceMed
 CERT Documentation Center
 1510 East Parham Road
 Henrico, VA 23228

The CID number is the CERT reference number contained in the documentation request letter.

Suppliers may call the CERT Documentation Contractor at 888-779-7477 with questions regarding specific documentation to submit.

Suppliers must submit medical records within 75 days from the receipt date of the initial letter or claims will be denied. The supplier agreement to participate in the Medicare program requires suppliers to submit all information necessary to support the services billed on claims.

Also, Medicare patients have already given authorization to release necessary medical information in order to process claims. Therefore, Medicare suppliers do not need to obtain a patient’s authorization to release medical information to the CERT Documentation Contractor.

Suppliers who fail to submit medical documentation will receive claim adjustment denials from Noridian as the services for which there is no documentation are interpreted as services not rendered.

Enteral Nutrition Targeted Probe and Educate Review Updates: October - December 2018

The Jurisdiction D, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of HCPCS code(s) B4150, B4152 and B4154. The quarterly edit effectiveness results from October - December 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 60%.

Top Denial Reasons

- Refill request documentation is incomplete or missing elements.
- Medical record documentation was not authenticated (handwritten or electronic) by the author.
- Documentation does not support coverage criteria.
- Documentation was not received in response to the Additional Documentation Request (ADR) letter.

For complete detail see, [Enteral Nutrition Quarterly Results of Targeted Probe and Educate Review](#).

Glucose Monitors Targeted Probe and Educate Review Updates: October - December 2018

The Jurisdiction D, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of HCPCS code(s) A4253. The quarterly edit effectiveness results from October - December 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 64%.

Top Denial Reasons

- Documentation was not received in response to the Additional Documentation Request (ADR) letter.
- No medical record documentation was received. Refer to Medicare Program Integrity Manual 3.2.3.8.
- Documentation does not support high utilization.
- Detailed Written Order (DWO) is incomplete or missing elements.

For complete detail see, [Glucose Monitors Quarterly Results of Targeted Probe and Educate Review](#).

Immunosuppressive Drugs Targeted Probe and Educate Review Updates: October - December 2018

The Jurisdiction D, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of HCPCS code(s) J7507, J7517, J7518 and J7520. The quarterly edit effectiveness results from October - December 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 34%.

Top Denial Reasons

- Documentation was not received in response to the Additional Documentation Request (ADR) letter.
- Refill request was not received.
- Detailed Written Order (DWO) was not received.
- No medical record documentation was received. Refer to Medicare Program Integrity Manual 3.2.3.8.

For complete detail see, [Immunosuppressive Drugs Quarterly Results of Targeted Probe and Educate Review](#).

Knee Orthosis Targeted Probe and Educate Review Updates: October - December 2018

The Jurisdiction D, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of HCPCS code(s) L1810, L1812, L1830, L1832, L1833, L1843, L1845 and L1852. The quarterly edit effectiveness results from October - December 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 61%.

Top Denial Reasons

- Documentation was not received in response to the Additional Documentation Request (ADR) letter.
- Documentation does not support coverage criteria.

For complete detail see, [Knee Orthosis Quarterly Results of Targeted Probe and Educate Review](#).

Manual Wheelchair Targeted Probe and Educate Review Updates: October - December 2018

The Jurisdiction D, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of HCPCS code(s) K0001 and K0003. The quarterly edit effectiveness results from October - December 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 29%.

Top Denial Reasons

- Documentation was not received in response to the Additional Documentation Request (ADR) letter.
- Documentation does not support coverage criteria for a lightweight wheelchair.
- Documentation does not support medical necessity.

For complete detail see, [Manual Wheelchair Quarterly Results of Targeted Probe and Educate Review](#).

Oral Anticancer Drugs Targeted Probe and Educate Review Updates: October - December 2018

The Jurisdiction D, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of HCPCS code(s) WW005, WW006, WW090 and WW093. The quarterly edit effectiveness results from October - December 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 34%.

Top Denial Reasons

- Refill request documentation is incomplete or missing elements.
- Documentation was not received in response to the Additional Documentation Request (ADR) letter.
- Medical record documentation was not authenticated (handwritten or electronic) by the author.
- Detailed Written Order (DWO) was not received.

For complete detail see, [Oral Anticancer Drugs Quarterly Results of Targeted Probe and Educate Review](#).

Ostomy Targeted Probe and Educate Review Updates: October - December 2018

The Jurisdiction D, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of HCPCS code(s) A4407 and A4409. The quarterly edit effectiveness results from October - December 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 37%

Top Denial Reasons

- Refill request documentation is incomplete or missing elements.
- Detailed Written Order (DWO) is incomplete or missing elements.
- No medical record documentation was received. Refer to Medicare Program Integrity Manual 3.2.3.8.
- The medical record documentation does not support a covered diagnosis.

For complete detail see, [Ostomy Quarterly Results of Targeted Probe and Educate Review](#).

Oxygen and Oxygen Equipment Targeted Probe and Educate Review Updates: October - December 2018

The Jurisdiction D, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of HCPCS code(s) E0424, E0431, E0434, E0439 and E1390. The quarterly edit effectiveness results from October - December 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 38%.

Top Denial Reasons

- Documentation was not received in response to the Additional Documentation Request (ADR) letter.
- Documentation does not support coverage criteria.

For complete detail see, [Oxygen Quarterly Results of Targeted Probe and Educate Review](#).

Parenteral Nutrition Targeted Probe and Educate Review Updates: October - December 2018

The Jurisdiction D, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of HCPCS code(s) B4185, B4193, B4197 and B4199. The quarterly edit effectiveness results from October - December 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 60%.

Top Denial Reasons

- Documentation does not support coverage criteria.
- Documentation was not received in response to the Additional Documentation Request (ADR) letter.

For complete detail see, [Parenteral Nutrition Quarterly Results of Targeted Probe and Educate Review](#).

Positive Airway Pressure (PAP) Devices Targeted Probe and Educate Review Updates: October - December 2018

The Jurisdiction D, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of HCPCS code(s) E0601. The quarterly edit effectiveness results from October - December 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 17%.

Top Denial Reasons

- Detailed Written Order (DWO) is incomplete or missing elements.
- Documentation was not received in response to the Additional Documentation Request (ADR) letter.

For complete detail see, [PAP Quarterly Results of Targeted Probe and Educate Review](#).

Spinal Orthoses Targeted Probe and Educate Review Updates: October - December 2018

The Jurisdiction D, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of HCPCS code(s) L0625, L0626, L0627, L0630, L0631, L0637, L0641, L0642, L0643, L0648 and L0650. The quarterly edit effectiveness results from October - December 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 47%.

Top Denial Reasons

- Documentation was not received in response to the Additional Documentation Request (ADR) letter.
- Claim is the same or similar to another claim on file.
- Documentation does not include verification that the equipment was lost, stolen or irreparably damaged in a specific incident.
- Documentation does not support coverage criteria.

For complete detail see, [Spinal Orthoses Quarterly Results of Targeted Probe and Educate Review](#).

Surgical Dressings Targeted Probe and Educate Review Updates: October - December 2018

The Jurisdiction D, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of HCPCS code(s) A6021, A6212, A6196 and A6197. The quarterly edit effectiveness results from October - December 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 77%.

Top Denial Reasons

- Documentation was not received in response to the Additional Documentation Request (ADR) letter.
- Documentation does not support coverage criteria.
- Documentation received does not support medical necessity for the item requested.
- Refill request documentation is incomplete or missing elements.

For complete detail see, [Surgical Dressings Quarterly Results of Targeted Probe and Educate Review](#).

Therapeutic Shoes Targeted Probe and Educate Review Updates: October - December 2018

The Jurisdiction D, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of HCPCS code(s) A5500. The quarterly edit effectiveness results from October - December 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 28%.

Top Denial Reasons

- Documentation was not received in response to the Additional Documentation Request (ADR) letter.
- Documentation does not support coverage criteria.
- No medical record documentation was received. Refer to Medicare Program Integrity Manual 3.2.3.8.

For complete detail see, [Therapeutic Shoes Quarterly Results of Targeted Probe and Educate Review](#).

Urological Supplies Targeted Probe and Educate Review Updates: October - December 2018

The Jurisdiction D, DME MAC, Medical Review Department is conducting a Targeted Probe and Educate (TPE) review of HCPCS code(s) A4351, A4353 and A4358. The quarterly edit effectiveness results from October - December 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 27%.

Top Denial Reasons

- Documentation was not received in response to the Additional Documentation Request (ADR) letter.
- Documentation does not support coverage criteria.
- Documentation received does not support medical necessity for the item requested.
- Claim is billed for greater quantity than the Detailed Written Order (DWO) indicates.

For complete detail see, [Urological Supplies Quarterly Results of Targeted Probe and Educate Review](#).

Correct Coding - Definitions Used for Off-the-Shelf versus Custom Fitted Prefabricated Orthotics (Braces) - Revised

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication "Correct Coding - Definitions Used for Off-the-Shelf versus Custom Fitted Prefabricated Orthotics (Braces) - Revised" has been updated.

Summary of changes:

Publication Date	Description
March 27, 2014	Originally Published
April 30, 2015	Revised to add 2015 HCPCS table
July 2, 2015	Revised typographical errors in HCPCS codes narrative descriptions for L0627 and L0642
March 28, 2019	Clarified custom fit requirements

View the complete [Correct Coding - Definitions Used for Off-the-Shelf versus Custom Fitted Prefabricated Orthotics \(Braces\) - Revised](#) webpage.

ICD-10 and Other Coding Revisions to NCDs

MLN Matters Number: MM11229

Related CR Release Date: May 3, 2019

Related CR Transmittal Number: R2298OTN

Related Change Request (CR) Number: 11229

Effective Date: October 1, 2019

Implementation Date: October 7, 2019 - MAC local edits 60 days from issuance

CR 11229 constitutes a maintenance update of International Classification of Diseases, 10th Revision (ICD-10) conversions and other coding updates specific to National Coverage Determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. Make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11229](#).

RT and LT Modifier Use - Effective March 1, 2019

Do you bill for claims that require the RT and LT modifier?

Effective March 1, 2019, suppliers must bill each item on two separate claim lines using the RT and LT modifiers and 1 UOS on each claim line. Do not use the combination RTLTLT modifier on the same claim line and bill with 2 units of service (UOS). Claim lines for HCPCS codes requiring use of the RT and LT modifiers, billed without the RT and/or LT modifiers or with the RTLTL on a single claim line, will be rejected as incorrect coding. See the [Correct Coding - RT and LT Modifier Usage Change](#) DMD article.

Correct Billing - Continued Coverage for Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, Correct Billing - Continued Coverage for Positive Airway Pressure (PAP) Devices for the Treatment of Obstructive Sleep Apnea, has been created and published to our website.

View the locally hosted 2019 DMD articles.

- Go to [Noridian Medical Director Articles](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate/select article title

Documentation DME on Demands

Noridian offers several tutorials on documentation, including policy-specific guidelines.

- Billing Guidelines
- Glucose Monitors and Testing Supplies
- Power Mobility Devices
- Negative Pressure Wound Therapy
- Pneumatic Compression Devices
- External Breast Prostheses
- Many others

To view these tutorials, see the [DME on Demands](#) webpage.

Enteral Nutrition DME on Demand Tutorials Available

Suppliers are encouraged to view the many DME on Demands offered on Enteral Nutrition.

- Coding
- Coverage Criteria
- Nutrient Administration
- Billing
- Completing the DIF

To view these tutorials, see the [DME on Demands](#) webpage.

Mobility Assist Equipment DME on Demand Tutorials Available

Noridian offers several tutorials on mobility assist equipment, such as canes, crutches, manual wheelchairs and walkers.

- Canes and Crutches
- Manual Wheelchair Home Assessment
- Manual Wheelchair Bases
- Manual Wheelchair Upgrades
- Walkers: Billing Reminders
- Walkers: Coding
- Walkers: Coverage Criteria

To view these tutorials, see the [DME on Demand Tutorials](#) webpage.

Oral Appliance Devices DME on Demand Tutorials Available

Suppliers are encouraged to view the seven-minute DME on Demand regarding Oral Appliance Devices. This tutorial reviews coverage criteria, modifiers, repair and replacement and provides resources.

To view this tutorial, see the [DME on Demands](#) webpage.

PAP DME on Demand Tutorials Available

Noridian offers many DME on Demands on Positive Airway Pressure (PAP) Devices.

- Supplies
- Continued Coverage After 3rd Month
- Entering Medicare and RUL Requirements
- Initial 12 Week Coverage Guidelines
- Switching from CPAP to Respiratory Assist Devices (RAD) for Treatment of Obstructive Sleep Apnea (OSA)

To view these tutorials, see the [DME on Demands](#) webpage.

RAD DME on Demand Tutorials Available

Noridian offers many DME on Demands on Respiratory Assist Devices (RADs).

- Initial 12 Week Coverage Guidelines
- Continued Coverage Beyond Three Months
- Entering Medicare and Reasonable Useful Lifetime (RUL) Requirements

To view these tutorials, see the [DME on Demands](#) webpage.

Redetermination DME on Demand Tutorials Available

Noridian offers three Redetermination DME on Demands.

- Completing the Redetermination Form
- Levels of Appeals
- Redetermination Overview

To view these tutorials, see the [DME on Demands](#) webpage.

Medicare Fee-for-Service (FFS) Response to the 2018 Alaska Earthquake - Revised

MLN Matters Number: SE18027 Revised

Article Release Date: April 18, 2019

Note: CMS revised this article on April 18, 2019, to advise providers and suppliers that the Public Health Emergency and the Section 1135 waiver authority for Alaska expired on February 27, 2019. All other information is unchanged.

Pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, President Trump declared that, as a result of the effects of the 2018 Alaska earthquake, a major disaster exists in the State of Alaska. On December 3, 2018, Secretary Azar of the Department of Health & Human Services declared that a public health emergency exists in the State of Alaska retroactive to November 30, 2018, and authorized waivers and modifications under §1135 of the Social Security Act.

View the complete [CMS Medicare Learning Network \(MLN\) Matters Special Edition \(SE\)18027](#).

Typhoon Yutu and Medicare Disaster Related Commonwealth of the Northern Mariana Islands Claims - Revised

MLN Matters Number: SE18024 Revised

Article Release Date: April 30, 2019

Note: CMS revised this article on April 30, 2019, to advise providers and suppliers that the Public Health Emergency and the Section 1135 waiver authority for the Commonwealth of the Northern Mariana Islands expired on April 21, 2019. All other information remains the same.

Pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, President Trump declared that, as a result of the effects of Typhoon Yutu, a major disaster exists in the Commonwealth of the Northern Mariana Islands.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\) Special Edition \(SE\)18024](#).

Quarterly Update for the Temporary Gap Period of the DMEPOS CBP - July 2019

MLN Matters Number: MM11233

Related CR Release Date: April 5, 2019

Related CR Transmittal Number: R4275CP

Related Change Request (CR) Number: 11233

Effective Date: July 1, 2019

Implementation Date: July 1, 2019

Change Request (CR) 11233 provides the July 2019 quarterly update for the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule. The instructions include information, when necessary, to implement fee schedule amounts for new codes and correct any fee schedule amounts for existing codes. The DME Competitive Bidding Program (CBP) files are updated on a quarterly basis in order to implement necessary changes to the Healthcare Common Procedure Coding System (HCPCS), ZIP code, and supplier files.

The Round 1 2017, Round 2 Recompete, and the National Mail Order (NMO) Recompete CBP contracts expired on December 31, 2018. Due to a delay in the announcement of the next round of the CBP, contracts are not in effect in Round 1, Round 2, or the NMO CBAs beginning January 1, 2019, resulting in a temporary gap period in the CBP. Please make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11233](#).

New Medicare Beneficiary Identifier (MBI) Get It, Use It - Revised

MLN Matters Number: SE18006 Revised

Article Release Date: December 10, 2018

Note: This article was revised on December 10, 2018, to update the language regarding when MACs can return an MBI through the MBI look up tool (page 1). All other information remains the same.

The Centers for Medicare & Medicaid Services (CMS) is mailing the new Medicare cards with the MBI in phases by geographic location. There are 3 ways you and your office staff can get MBIs.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\) Special Edition \(SE\)18006](#).

Contractor Advisory Committee (CAC) Members for Tumor Treatment Field Therapy

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication "Contractor Advisory Committee (CAC) Members for Tumor Treatment Field Therapy" is now available.

View the complete [Contractor Advisory Committee \(CAC\) Members for Tumor Treatment Field Therapy](#) webpage.

Policy Article Revisions Summary for March 7, 2019

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication "Policy Article Revisions Summary for March 7, 2019" is now available on our (Noridian) website.

View the complete [Policy Article Revisions Summary for March 7, 2019](#) webpage.

Policy Article Revision Summary for April 11, 2019

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication "Policy Article Revision Summary for April 11, 2019" is now available on our (Noridian) website.

View the complete [Policy Article Revision Summary for April 11, 2019](#) webpage.

Tumor Treatment Field Therapy Bibliography for Contractor Advisory Committee Meeting

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication "Tumor Treatment Field Therapy Bibliography for Contractor Advisory Committee Meeting" is now available on our (Noridian) website.

View the complete [Tumor Treatment Field Therapy Bibliography for Contractor Advisory Committee Meeting](#) Update webpage.

Tumor Treatment Field Therapy Contractor Advisory Committee Key Questions

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication "Tumor Treatment Field Therapy Contractor Advisory Committee Key Questions" is now available.

View the complete [Tumor Treatment Field Therapy Contractor Advisory Committee Key Questions](#) webpage.

Tumor Treatment Field Therapy (DL34823) Proposed LCD Released for Comment - Now Available

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication article, Tumor Treatment Field Therapy (DL34823) Proposed LCD Released for Comment, has been created and published to our website.

View the locally hosted 2019 DMD articles.

- Go to Noridian [Medical Director Articles](#) webpage
 - The End User Agreement for Providers will appear if you have not recently visited the website. Select "Accept" (if necessary)
- Locate/select article title

Tumor Treatment Field Therapy (TTFT) Contractor Advisory Committee (CAC) - Recordings Available

Video recordings of the March 6, 2019 Tumor Treatment Field Therapy (TTFT) Contractor Advisory Committee (CAC) meeting are now available on the [CAC Webpage](#).

MLN Connects - March 7, 2019

MLN Connects® for Thursday, March 7, 2019

[View this edition as a PDF](#)

News & Announcements

- Reducing Opioid Misuse Letter
- New Medicare Card: Need an MBI?
- CMS Improving Nursing Home Compare in April
- Comparing Hospital Quality: CMS Updates Consumer Resources
- Promoting Interoperability Programs: Attestation Deadline Extended to March 14
- CY 2018 eCQM Data: Submission Deadline Extended to March 14
- Hospice Provider Preview Reports: Review Your Data by March 31
- LTCH Provider Preview Reports: Review Your Data by April 3
- IRF Provider Preview Reports: Review Your Data by April 3
- Interoperability and Patient Access to Health Data: Comments on New Proposals due May 3
- Clinical Diagnostic Laboratories: New Resources about the Private Payor Rate-Based CLFS
- SNF Provider Threshold Report
- 2019 QRDA I Voc.xml File
- Whole Hospital Approach to Mass Casualties
- Medicare Beneficiaries at a Glance Infographic
- Help Your Patients Make Informed Food Choice

Provider Compliance

- Bill Correctly for Device Replacement Procedures - Reminder

Claims, Pricers & Codes

- Laboratory Panel Billing Requirements
- Average Sales Price Files: April 2019
- Medicare Diabetes Prevention Program: Valid Claims

Upcoming Events

- Dementia Care & Psychotropic Medication Tracking Tool Call - March 12
- Open Payments: Transparency and You Call - March 13
- Data Interoperability across the Continuum: CMS Data Element Library Call - March 19
- SNF Value-Based Purchasing Program: Phase One Review and Corrections Call - March 20
- Submitting Your Medicare Part A Cost Report Electronically Webcast - March 28

Medicare Learning Network® Publications & Multimedia

- CLFS: Collecting and Reporting Data for the Private Payor Rate-Based Payment System MLN Matters Article - New
- CLIA Edits: HCPCS Codes Subject to and Excluded MLN Matters Article - New
- Home Health Call: Audio Recording and Transcript - New
- E/M When Performed with Superficial Radiation Treatment MLN Matters Article - Revised
- Implantable Defibrillators: NCD 20.4 MLN Matters Article - Revised
- RA Messaging: 20-Hour Weekly Minimum for PHP Services MLN Matters Article - Revised
- AWV, IPPE, and Routine Physical - Know the Differences Educational Tool - Reminder
- Diabetes Self-Management Training Accrediting Organizations Fact Sheet - Reminder

- Diagnosis Coding: Using the ICD-10-CM Web-Based Training Course - Reminder
- Dual Eligible Beneficiaries under Medicare and Medicaid Booklet - Reminder
- Procedure Coding: Using the ICD-10-PCS Web-Based Training - Reminder

MLN Connects - March 14, 2019

MLN Connects® for Thursday, March 14, 2019

[View this edition as a PDF](#)

Editor's Note: MLN Connects® has an improved table of contents with educational materials organized by type. [Let us know](#) what you think. We will continue to deliver the Medicare news you expect each week.

News

- New Medicare Card: 67% of Claims Submitted with MBI
- DMEPOS Competitive Bidding: Get Ready for Round 2021
- Protecting the Health and Safety of all Americans
- LTCH Compare Refresh
- IRF Compare Refresh
- March is National Colorectal Cancer Awareness Month

Compliance

- Hospital Beds and Accessories: Provider Compliance Tips

Events

- Data Interoperability across the Continuum: CMS Data Element Library Call - March 19
- SNF Value-Based Purchasing Program: Phase One Review and Corrections Call - March 20
- Submitting Your Medicare Part A Cost Report Electronically Webcast - March 28

MLN Matters® Articles

- New MBI: Get It, Use It - Revised
- NGACO Model Post Discharge Home Visit HCPCS - Revised

Publications

- PECOS FAQs - Revised
- PECOS Technical Assistance Contact Information - Revised

Multimedia

- Quality Payment Program: 2017 MIPS Performance Feedback Web-Based Training Course

MLN Connects - March 21, 2019

MLN Connects® for Thursday, March 21, 2019

[View this edition as a PDF](#)

News

- Hospice Provider Preview Reports: Review Your Data by March 31
- LTCH Provider Preview Reports: Review Your Data by April 3
- IRF Provider Preview Reports: Review Your Data by April 3

- Draft 2020 QRDA Category I Implementation Guide - Submit Comments by April 8
- Medicare Promoting Interoperability Program: Submit a Measure Proposal by June 28
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier
- Influenza Activity Continues: Are Your Patients Protected?

Compliance

- Improper Payment for Intensity-Modulated Radiation Therapy Planning Services

Events

- Submitting Your Medicare Part A Cost Report Electronically Webcast - March 28

MLN Matters® Articles

- I/OCE Specifications: April 2019 Update
- RARC, CARC, MREP and PC Print Update
- Active Billing Hospice Submitting Revocations - Revised
- Next Generation Sequencing NCD - Revised
- SNF Patient Drive Payment Model - Revised

Publications

- Inpatient Rehabilitation Facility Prospective Payment System - Revised
- Medicare Enrollment for Institutional Providers - Revised
- Medicare Enrollment Resources - Revised
- Items and Services Not Covered Under Medicare - Reminder

Multimedia

- Promoting Interoperability Listening Session: Audio Recording and Transcript

MLN Connects - March 28, 2019

[MLN Connects® for Thursday, March 28, 2019](#)

[View this edition as a PDF](#)

News

- New Medicare Card and MBI Adoption: How Do You Compare?
- SNF PPS Patient Driven Payment Model: Get Ready for Implementation on October 1

Compliance

- DME Proof of Delivery Documentation Requirements

MLN Matters® Articles

- Billing for Hospital Part B Inpatient Services
- Grandfathered Tribal FQHCs: Payment for CY 2019
- Home Health Certification and Recertification Policy Changes
- ASC Payment System: April 2019 Update
- Hospital OPPIs: April 2019 Update
- Medicare Physician Fee Schedule Database: April 2019 Update - Revised

Publications

- CY 2019 eCQM

- Medicare Promoting Interoperability Program: Scoring Methodology
- Medicare Enrollment for Physicians and Other Part B Suppliers - Revised
- Medicare Preventive Services Poster - Revised
- Medicare Secondary Payer - Revised
- Safeguard Your Identity and Privacy Using PECOS - Revised

Multimedia

- Dementia Care Call: Audio Recording and Transcript
- Open Payments Call: Audio Recording and Transcript
- Medicare Secondary Payer Provisions Web-Based Training Course - Revised

MLN Connects - April 4, 2019

MLN Connects® for Thursday, April 4, 2019

[View this edition as a PDF](#)

News

- New Part D Policies Address Opioid Epidemic
- "Qué está Cubierto"
- Physician Compare: Supplemental Preview Period Open until April 27
- Open Payments: Review and Dispute Data by May 15
- Comparative Billing Report on Subsequent Hospital Visits
- PEPPERs for Hospices, LTCHs, SNFs, IRFs, IPFs, and CAHs,
- Hospice Visits when Death is Imminent Measure Pair
- Mapping Medicare Disparities Tool: New Enhancements
- Medicare-Medicaid Crossover Bad Debt Accounting Classification
- Qualified Medicare Beneficiary Billing Requirements
- National Minority Health Month: Active & Healthy
- Looking for Educational Materials?

Compliance

- Coding for Specimen Validity Testing Billed in Combination with Urine Drug Testing

Events

- Comparative Billing Report: Subsequent Hospital Visits Webinar - April 11

MLN Matters® Articles

- Activation of Systematic Validation Edits for OPPS Providers with Multiple Service Locations
- ASP Medicare Part B Drug Pricing Files and Revisions: July 2019
- Changes to the Laboratory NCD Edit Software: July 2019
- Correction to FY 2019 IPPS Pricer
- FY 2017 SSI/Medicare Beneficiary Data for IPPS Hospitals, IRFs, LTCHs
- NCCI PTP Edits: Quarterly Update
- E/M and Superficial Radiation Treatment - Revised

Publications

- Understanding the Medicare Beneficiary Identifier

- Acute Care Hospital Inpatient Prospective Payment System - Revised
- Hospice Payment System - Revised
- Ambulatory Surgical Center Payment System - Revised
- Medicare Preventive Services - Revised

Multimedia

- Reducing Opioid Misuse Call: Audio Recording and Transcript
- Promoting Interoperability Call: Audio Recording and Transcript
- SNF Value-Based Purchasing Program Call: Audio Recording and Transcript

MLN Connects - April 11, 2019

MLN Connects® for Thursday, April 11, 2019

[View this edition as a PDF](#)

News

- Patients Over Paperwork April Newsletter
- New Part D Opioid Overutilization Policies: Myths and Facts
- Medicare Shared Savings Program: Submit Notice of Intent to Apply Beginning June 11
- Quality Payment Program CMS Web Interface and CAHPS for MIPS Survey: Register by July 1
- Quality Payment Program: 2018 MIPS Data Submission Preliminary Feedback
- IRF and SNF Quality Reporting Program: Enhanced Review and Correct Reports
- Part A Providers: Formal Telephone Discussion Demonstration Expansion
- Help Prevent Alcohol Misuse or Abuse
- National Health Care Decisions Day is April 16

Compliance

- Provider Minute Video: The Importance of Proper Documentation

Claims, Pricers & Codes

- Hold Hospice Adjustments to Avoid Underpayments

Publications

- Medicare Fraud & Abuse: Prevent, Detect, Report
- Promoting Interoperability Programs
- Telehealth Services - Revised
- Descriptors of G-codes and Modifiers for Therapy Functional Reporting - Revised
- Medicare Fraud & Abuse Poster - Reminder

Multimedia

- CMS: Beyond the Policy Podcast
- Cost Reports Webcast: Audio Recording and Transcript
- Quality Payment Program Merit-based Incentive Payment System (MIPS): Quality Performance Category in 2019 Web-Based Training Course - Revised

MLN Connects - April 18, 2019

MLN Connects® for Thursday, April 18, 2019

[View this edition as a PDF](#)

News

- CMS Proposes Expanding Coverage of Ambulatory Blood Pressure Monitoring
- Vitamin D Testing: Comparative Billing Report in April
- Air Ambulance Transports: Comparative Billing Report in April
- Physician Compare: Supplemental Preview Period Open until April 27
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier
- STD Awareness Month: Talk, Test, Treat

Compliance

- Inpatient Rehabilitation Facility Services: Follow Medicare Billing Requirements

Events

- MIPS APMs Scoring Standard Webinar - April 24

MLN Matters® Articles

- Temporary Gap Period of the DMEPOS CBP: July 2019 Update

Publications

- Medicare Enrollment for Providers Who Solely Order or Certify - Revised
- Medicare Overpayments - Revised
- PECOS for DMEPOS Suppliers - Revised
- PECOS for Physicians and NPPs - Revised
- PECOS for Provider and Supplier Organizations - Revised
- Annual Wellness Visit - Reminder
- Initial Preventive Physical Examination - Reminder

MLN Connects Special Edition - April 23, 2019

- Proposed FY 2020 IPPS and LTCH PPS Address Rural Health & Medical Innovation
- IRF: FY 2020 Proposed Payment and Policy Changes
- IPF: FY 2020 Proposed Payment and Quality Reporting Updates
- SNF: FY 2020 Proposed Payment and Policy Changes
- Hospice: FY 2020 Proposed Payment Rate Update

PROPOSED FY 2020 IPPS AND LTCH PPS ADDRESS RURAL HEALTH & MEDICAL INNOVATION

On April 23, the Trump Administration proposed changes that build on the progress made over the last two years and further the agency's priority to transform the health care delivery system through competition and innovation while providing patients with better value and results. The proposed rule would update Medicare payment policies for hospitals under the Inpatient Prospective Payment System (IPPS) and the Long-Term Care Hospital (LTCH) Prospective Payment System (PPS) for FY 2020 and advances two key CMS priorities, "Rethinking Rural Health" and "Unleashing Innovation," by proposing historic changes to the way Medicare pays hospitals.

"One in five Americans are living in rural areas and the hospitals that serve them are the backbone of our nation's health care system," said CMS Administrator Seema Verma. "Rural Americans face many obstacles as the result of our fragmented health care system, including living in communities with disproportionately higher poverty rates, more chronic conditions, and more uninsured or underinsured individuals. The Trump administration is committed to addressing inequities in health care, which is why we are proposing historic Medicare payment changes that will help bring stability to rural hospitals and improve patients' access to quality health care."

In last year's proposed rule, CMS invited comments on changes to the Medicare inpatient hospital wage index. Many responses reflected a common concern that the current wage index system makes the disparities between high and low wage index hospitals worse. To address these disparities, we are proposing to increase the wage index of low wage index hospitals. This change would ensure that people living in rural areas have access to high quality, affordable health care. We are considering several ways to implement this change, and the agency looks forward to comments on the different approaches.

We are also announcing proposals that would ensure Medicare beneficiaries have access to a world-class health care system by unleashing innovation in medical technology and removing potential barriers to innovation and competition in order to expedite access to novel medical technology.

"Transformative technologies are coming to the private market, but Medicare's antiquated payment systems have not contemplated these technologies," said CMS Administrator Seema Verma. "I am particularly concerned about cases that have been reported to the agency in which Medicare's inadequate payment has led hospitals to curtail access to needed therapies. We must continually update our policies in response to the rapid pace of advancement in medical science."

To ensure that Medicare payment supports broad access to transformative technologies, we are proposing several payment policy changes. These include proposing to increase the new technology add-on payment, which provides hospitals with additional payments for cases with high costs involving new technologies, including potentially new antimicrobial therapies. The increase would apply to all technologies receiving add-on payments starting on October 1, so that when a physician determines that a patient needs a qualifying new therapy, the hospital at which the therapy is administered would be able to more completely cover its costs. This change would promote patient access and reduce the uncertainty that innovators face regarding payment for new medical technologies for Medicare beneficiaries.

We are also proposing to modernize payment policies for medical devices that meet the Food and Drug Administration's (FDA's) Breakthrough Devices designation. For devices granted this expedited FDA approval, real-world data regarding outcomes for the devices in different patient populations is often limited. At the time of approval, it can be challenging for innovators to meet the requirement for evidence demonstrating "substantial clinical improvement" in order to qualify for new technology add-on payments.

Therefore, we are proposing to waive for two years the requirement for evidence that these devices represent a "substantial clinical improvement." Waiving this requirement would provide additional Medicare payment for the technologies for a period of time while real-world evidence is emerging, so Medicare beneficiaries do not have to wait for access to the latest innovations. In the proposed rule, we highlight the unique challenges associated with paying for CAR-T technology in particular, the first-ever gene therapy to treat certain forms of cancer for which no other treatment options exist.

For More Information:

- [Proposed Rule](#)
- [Fact Sheet](#), includes proposed changes to payment rates and quality programs

See the full text of this excerpted [CMS Press Release](#) (issued April 23).

IRF: FY 2020 PROPOSED PAYMENT AND POLICY CHANGES

On April 17, CMS proposed a rule that would update Medicare payment policies for facilities under the Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) and the Inpatient Rehabilitation Quality Reporting Program for FY 2020. We are proposing to update IRF PPS payment rates using the most recent data to reflect an estimated 2.5 percent

increase factor (reflecting an IRF-specific market basket estimate of 3.0 percent increase factor, reduced by a 0.5 percentage point multifactor productivity adjustment). We are proposing that if more recent data becomes available, we would use the more recent estimates to determine the FY 2020 market basket update and multi-factor productivity adjustment in the final rule. Accounting for an additional update to the outlier threshold so that estimated outlier payments remain at 3.0 percent of total payments, we project that IRF payments will increase by 2.3 percent (or \$195 million) for FY 2020, relative to payments in FY 2019.

The proposed rule also includes:

- Proposed case-mix group revisions (using FY 2017 and FY 2018 data)
- Proposal to rebase and revise the IRF market basket
- Ensuring quality and safety/interoperability

CMS will accept comments on the [proposed rule](#) until June 17. See the full text of this excerpted [CMS Fact Sheet](#) (issued April 18).

IPF: FY 2020 PROPOSED PAYMENT AND QUALITY REPORTING UPDATES

On April 18, CMS proposed a rule that would update Medicare payment policies and rates for the Inpatient Psychiatric Facility (IPF) Prospective Payment System and the IPF Quality Reporting Program for FY 2020. We estimate total IPF payments to increase by 1.7 percent or \$75 million in FY 2020. The IPF market basket update, which is used to update IPF payment rates, is 3.1 percent. After adjusting that 3.1 percent by two reductions required by law (the productivity adjustment of 0.5 percentage point and a 0.75 percentage point reduction), the net market basket update to IPF payment rates is 1.85 percent. Additionally, estimated payments to IPFs are reduced by 0.15 percentage point due to updating the threshold amount used in calculating outlier payments. For FY 2020, we are proposing to rebase and revise the IPF market basket to reflect a 2016 base year from a 2012 base year.

CMS will accept comments on the [proposed rule](#) until June 17. See the full text of this excerpted [CMS Fact Sheet](#) (issued April 18).

SNF: FY 2020 PROPOSED PAYMENT AND POLICY CHANGES

On April 19, CMS issued a proposed rule for FY 2020 that updates the Medicare payment rates and the quality programs for Skilled Nursing Facilities (SNFs). Effective October 1, we will begin using a new case-mix model, the Patient Driven Payment Model (PDPM). The PDPM focuses on the patient's condition and resulting care needs, rather than on the amount of care provided, in order to determine Medicare payment.

We project that aggregate payments to SNFs will increase by \$887 million, or 2.5 percent, for FY 2020 compared to FY 2019. We attribute this estimated increase to a 3.0 percent market basket increase factor with a 0.5 percentage point reduction for multifactor productivity adjustment.

The proposed rule also includes:

- Sub-regulatory process for ICD-10 code revisions for PDPM
- Aligning SNF PPS group therapy definitions with other post-acute care settings

CMS will accept comments on the [proposed rule](#) until June 18. See the full text of this excerpted [CMS Fact Sheet](#) (issued April 19).

HOSPICE: FY 2020 PROPOSED PAYMENT RATE UPDATE

On April 19, CMS issued a proposed rule that would update the hospice payment rates, wage index, and cap amount for FY 2020. This rule also:

- Proposes to rebase the continuous home care, general inpatient care, and inpatient respite care per diem payment rates in a budget-neutral manner

- Proposes to modify the election statement requirements to require the hospice to include additional information aimed at increasing coverage transparency for patients that elect hospice
- Solicits comments on the interaction of the hospice benefit and various alternative care delivery models

As proposed, hospice payment rates are updated by 2.7 percent (\$540 million increase in their payments) for FY 2020. This is based on the proposed FY 2020 hospital market basket increase of 3.2 percent reduced by the multifactor productivity adjustment of 0.5 percentage point, resulting in a proposed 2.7 percent increase in hospice payment rates for FY 2020. Hospices that fail to meet quality reporting requirements receive a 2 percentage point reduction to the annual market basket update for the year.

The hospice payment system includes a statutory aggregate cap. The aggregate cap limits the overall payments per patient made to a hospice annually. The proposed hospice cap amount for the FY 2020 cap year will be \$29,993.99, which is equal to the FY 2019 cap amount (\$29,205.44) updated by the proposed FY 2020 hospice payment update percentage of 2.7 percent.

CMS will accept comments on the [proposed rule](#) until June 18. See the full text of this excerpted [CMS Fact Sheet](#) (issued April 19).

MLN Connects - April 25, 2019

MLN Connects® for Thursday, April 25, 2019

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News

- HHS To Deliver Value-Based Transformation in Primary Care
- New Part D Opioid Overutilization Policies: Myths and Facts
- Medicare Shared Savings Program: Do You Plan to Apply to be an ACO?
- Open Payments: Review and Dispute Data by May 15
- Proposed Rules on Interoperability: Comment Period Extended to June 3
- Quality Payment Program: MIPS 2019 Call for Measures/Activities Ends July 1
- SNF PPS Patient Driven Payment Model: Get Ready for Implementation on October 1
- Ensuring Safety and Quality in America's Nursing Homes

Compliance

- Proper Use of the KX Modifier for Part B Immunosuppressive Drug Claims

Claims, Pricers & Codes

- DMEPOS 2019 Fee Schedule File Revision

Events

- Vitamin D Testing: Comparative Billing Report Webinar - May 7
- Air Ambulance Transports: Comparative Billing Report Webinar - May 9
- Promising Practices for Duals with Substance Use Disorders Webinar- May 16

MLN Matters® Articles

- Appeals of Claims Decisions - Revisions
- New Waived Tests
- NCD: Next Generation Sequencing - Revised
- Implementation to eMDR for Registered Providers via the esMD System - Reissued

Publications

- 2019 MIPS Group Participation
- Provider Compliance Tips for Ordering Lower Limb Orthoses - Revised
- Provider Compliance Tips for Ordering Lower Limb Prostheses - Revised
- Provider Compliance Tips for Ostomy Supplies - Revised

MLN Connects - May 2, 2019

MLN Connects® for Thursday, May 2, 2019

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News

- New Medicare Card: Transition Period Ends in 8 Months
- Addressing Social Determinants of Health Will Help Achieve Health Equity
- Clinical Diagnostic Laboratories: Resources about the Private Payor Rate-Based CLFS
- IRF, LTCH, and SNF Quality Reporting Programs: Submission Deadline May 15
- Medicare Promoting Interoperability Program: Submit a Measure Proposal by June 28
- Nursing Home Compare Refresh
- Save Lives: Clean Your Hands

Compliance

- Payment for Outpatient Services Provided to Beneficiaries Who Are Inpatients of Other Facilities

Events

- DMEPOS Competitive Bidding Webcast Series: Get Ready for Round 2021
- CMS Primary Cares Initiative: Direct Contracting Model Webcast - May 7
- Quality Payment Program: Advanced APMs Webinar - May 9
- CMS Primary Cares Initiative: Primary Care First Model Webcast - May 16

MLN Matters® Articles

- ESRD PPS: Quarterly Update

Publications

- Medicare Billing: CMS Form CMS-1450 and the 837 Institutional - Reminder
- Medicare Billing: CMS Form CMS-1500 and the 837 Professional - Reminder

Multimedia

- Opioid Video

MLN Connects Special Edition - May 7, 2019

DMEPOS Competitive Bidding: Registration and Bid Window for Round 2021

CMS announced the bidding [timeline](#) for the registration and bid window for Round 2021 of the Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program.

- Registration Opens - June 10, 2019
- Bid Window Opens - July 16, 2019

The bid window was originally scheduled to open in June 2019, but to provide you with additional time to prepare, we delayed the opening until July, 2019. We encourage you to use this additional time to prepare by attending our [webcasts](#) and using the comprehensive bidder education materials on the [Competitive Bidding Implementation Contractor \(CBIC\)](#) website, including:

- [Bidding](#) webpage: Request for Bids Instructions, Lead Item Pricing Calculator, Bid Preparation Worksheets, Checklists, and more
- [Fact Sheets](#)

The CBIC is the official information source for bidders and bidder education. CMS cautions bidders about potential inaccurate information concerning the DMEPOS Competitive Bidding Program posted on websites other than the CBIC website. Bidders that rely on this information in the preparation or submission of their bids could be at risk of submitting a non-compliant bid.

In addition to viewing the information on the CBIC website, we encourage you to call the CBIC customer service center at 877-577-5331 between 9 am and 5:30 pm ET, Monday through Friday.

DMEPOS Competitive Bidding: Round 2021 Webcast Series

CMS is launching a series of three webcasts to educate on key components for Round 2021 of the Durable Medical Equipment, Prosthetic, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program. Register for:

- May 14 - [Bid Surety Bond and Lead Item Pricing](#)
- May 21 - [Preparing and Submitting Financial Documents](#)
- May 28 - [Registering and Submitting a Bid](#)

Submit questions during the webcast, or in advance to cbic.admin@palmettogba.com with "Webcast Question" in the subject line. Questions are not limited to the topics included in the webcast, but should pertain to Round 2021. These webcasts will also be recorded and handouts will be available for those who are unable to attend the live sessions. To access the recording and handouts, you must click on the link above and register for the event.

MLN Connects - May 9, 2019

MLN Connects® for Thursday, May 9, 2019

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News

- DMEPOS Competitive Bidding: Registration and Bid Window for Round 2021
- Comprehensive Strategy to Foster Innovation for Transformative Medical Technologies
- Recovery Audits: Improvements to Protect Taxpayer Dollars and Put Patients over Paperwork
- New Part D Opioid Overutilization Policies: Myths and Facts
- Open Payments: Review and Dispute Data by May 15
- SNF Provider Preview Reports: Review Your Data by May 30
- Medicare Shared Savings Program: Submit Notice of Intent to Apply Beginning June 11
- Promoting Interoperability Programs: Submit Comments on Proposed Changes by June 24
- Part D Prescriber PUF and Opioid Prescribing Mapping Tools Updated with 2017 Data
- Quality Payment Program Look Up Tool: Secure Access for APM Entities
- National Women's Health Week Kicks Off on Mother's Day

Compliance

- Laboratory Blood Counts: Provider Compliance Tips

Events

- DMEPOS Competitive Bidding: Round 2021 Webcast Series
- Medicare Documentation Requirement Lookup Service Special Open Door Forum - May 14

MLN Matters® Articles

- AMCC Lab Panel Claims Payment System Logic
- E/M Services of Teaching Physicians: Documentation
- FISS: Updates for Pricing Drugs Depending on Provider Type
- HH Patient-Driven Groupings Model Additional Manual Instructions
- IPPS-Excluded Hospitals: System Changes
- Medicare Physician Fee Schedule Database File Record Layout
- Clinical Laboratory Fee Schedule: Quarterly Update
- Medicare Physician Fee Schedule Database: Quarterly Update
- Typhoon Yutu and Medicare Disaster Related Commonwealth of the Northern Mariana Islands Claims - Revised
- Implementation of the SNF Patient Driven Payment Model - Revised

Publications

- MLN Catalog May 2019 Edition
- Medicare Documentation Job Aid for Doctors of Chiropractic
- Hospital Outpatient Prospective Payment System- Revised
- Provider Compliance Tips for Nebulizers and Related Drugs - Revised
- Screening, Brief Intervention, and Referral to Treatment Services- Revised
- Medicare Diabetes Prevention Program Expanded Model - Reminder

Multimedia

- Medicare Billing: Form CMS-1500 and the 837 Professional Web-Based Training Course - Revised

MLN Connects - May 16, 2019

MLN Connects® for Thursday, May 16, 2019

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News

- New Medicare Card: Need an MBI for a Patient?
- Putting our Rural Health Strategy into Action
- Hospital Quality Reporting: 2020 QRDA I Implementation Guide, Schematron, and Sample File
- eCQM: Specifications and Materials for 2020 Reporting
- Promoting Interoperability Program: Hardship Exception Application
- Emergency Department Services: Comparative Billing Report in May
- Help Prevent Older Adult Falls: New Clinical Tools from the CDC
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier
- Talk to Your Patients about Mental Health

Compliance

- Improper Payment for Intensity-Modulated Radiation Therapy Planning Services

Events

- DMEPOS Competitive Bidding Webcast Series: Get Ready for Round 2021

- MIPS Improvement Activities Performance Category in 2019 Webinar - May 23
- Post-Acute Care QRPs: Reporting Requirements and Resources Call - June 5

MLN Matters® Articles

- International Classification of Diseases, 10th Revision (ICD-10) and Other Coding Revisions to National Coverage Determination (NCDs)
- Medicare Summary Notice (MSN) Changes to Assist Beneficiaries Enrolled in the Qualified Medicare Beneficiary (QMB) Program
- Educational Resources to Assist Chiropractors with Medicare Billing - Revised
- Medicare Coverage for Chiropractic Services - Medical Record Documentation Requirements for Initial and Subsequent Visits - Revised
- Use of the AT modifier for Chiropractic Billing (New Information Along with Information in MM3449) - Revised

Publications

- Medicare Part B Immunization Billing: Seasonal Influenza Virus, Pneumococcal, and Hepatitis B - Reminder

MLN Connects - May 23, 2019

MLN Connects® for Thursday, May 23, 2019

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News

- No Shortcuts to Safer Opioids Prescribing: CDC Commentary
- CMS Takes Action to Lower Prescription Drug Prices and Increase Transparency
- SNF Provider Preview Reports: Review Your Data by May 30
- Draft 2020 QRDA Category III Implementation Guide: Submit Comments by June 5
- Medicare Shared Savings Program: Do You Plan to Apply to be an ACO?
- Promoting Interoperability Program: 2015 Edition CEHRT Required
- April - June Quarterly Provider Update
- Break Free from Osteoporosis

Compliance

- Provider Minute Video: The Importance of Proper Documentation

Claims, Pricers & Codes

- Medicare Diabetes Prevention Program: Valid Claims

Events

- DMEPOS Competitive Bidding: Round 2021 Webcast Series - Updated Schedule
- Post-Acute Care QRPs: Reporting Requirements and Resources Call - June 5
- Emergency Department Services: Comparative Billing Report Webinar - June 11
- Hospice Quality Reporting Program: Review and Correct Report Webinar - June 11

MLN Matters® Articles

- Claim Status Category and Claim Status Codes Update
- Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes - July 2019 Update
- Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update
- Reporting the HCPCS Level II Modifiers of the Patient Relationship Categories and Codes

- Proper Use of Modifier 59 - Revised

Publications

- Provider Compliance Tips for Positive Airway Pressure (PAP) Devices and Accessories Including Continuous Positive Airway Pressure (CPAP) - Revised
- Medicare Basics: Commonly Used Acronyms - Reminder

MLN Connects - May 30, 2019

MLN Connects - New Medicare Card: Get the New Number

[MLN Connects® for Thursday, May 30, 2019](#)

[View this edition as a PDF](#)

News

- New Medicare Card Flyer for Your Patients
- Programs of All-Inclusive Care for the Elderly Final Rule
- Hospice Compare Refresh
- SNF PPS Patient Driven Payment Model: Get Ready for Implementation on October 1

Compliance

- Chiropractic Services: Comply with Medicare Billing Requirements

Claims, Pricers & Codes

- HETS Includes Medicare Diabetes Prevention Program Information

Events

- DMEPOS Competitive Bidding: Round 2021 Webcast Series - Updated Schedule
- Prior Authorization of Pressure Reducing Support Surfaces Special Open Door Forum - June 4
- Post-Acute Care QRPs: Reporting Requirements and Resources Call - June 5
- Delivering Dementia Capable Care within Health Plans: Why & How? Webinar - June 19
- Practices for Supporting Dually Eligible Older Adults with Complex Pain Needs Webinar - June 27

MLN Matters® Articles

- Additional Processing Instructions to Update the Standard Paper Remit (SPR)
- Home Health (HH) Patient-Driven Groupings Model (PDGM) - Additional Manual Instructions - Revised

Publications

- Outpatient Rehabilitation Therapy Services: Complying with Documentation Requirements

Annual and QMB Deductible in NMP - Reminder

Annual Deductible

The 2019 annual Medicare deductible amounts can be found on the Noridian Medicare Portal (NMP) when performing an Eligibility inquiry. Select second or third default date-range choice under Optional Details. The second option provides the deductible as of the current date and the third option allows a specific date range to be entered. These search options will ensure the 2019 deductible amount will display when 2019 dates are used.

Optional Details

The allowable date span is up to 4 years in the past and up to four months in the future, based on today's date.

Select one of the default date options below:

Date of service 04/16/2018 through 08/16/2019

Date of service 04/16/2019

Provide date of service below i

From Date: calendar icon

To Date: calendar icon

QMB Deductible Not Available

Qualified Medicare Beneficiaries (QMBs) are individuals enrolled in both Medicare and Medicaid. QMBs are not liable for Medicare deductibles; therefore, to prevent patient status errors, incorrect billing, and financial records, deductible information for QMB patients is not provided within NMP.

Noridian recommends providers contact their patient's state Medicaid agency for any questions about deductible billing.

[Eligibility Benefits Inquiry](#) | [MBI Lookup Inquiry](#)

[New Inquiry](#) | [Print Page](#)

Eligibility Benefits Response

Beneficiary: Gender: DOB: Date of Death: Medicare Number: Transaction ID:	Provider/Supplier: NPI: PTAN: TIN or SSN: From Date of Service: To Date of Service:	Related Inquiries View Claim Status
---	---	---

[View All](#) | [Eligibility](#) | [HMO/MCO](#) | [MSP](#) | [HHEH](#) | [Hospice](#) | [Hospital/SNF](#) | [ESRD](#) | [Preventive](#) | [MDPP](#)

Eligibility

This patient has QMB for part of the date span chosen. The patient may or may not be responsible for the deductible depending on QMB status. Please contact the patient's Medicaid agency.

CMS mailed a Medicare card with a new Medicare Beneficiary Identifier (MBI) to this beneficiary. Medicare providers, please get the new MBI from your patient and save it in your system(s).

Part A - Beneficiary Details

Effective Date: _____ Termination Date: _____

Part B - Beneficiary Details

Effective Date: _____ Termination Date: _____

For QMB program information and related Remittance Advice (RA) remark codes, visit the [Qualified Medicare Beneficiary \(QMB\) Program](#) webpage.

MBI Look-Up Tool Available on the Noridian Medicare Portal

The Medicare Beneficiary Identifier (MBI) Look-Up Tool is now available on the Noridian Medicare Portal (NMP). This tool is an option for providers/suppliers to use if they are not able to obtain the MBI number from the patient. The new portal feature **will only return the MBI if the patient's new Medicare card has been mailed**. The new cards are being mailed in phases following a [geographic location strategy](#).

The MBI Lookup requires users to enter first and last name, Date of Birth (DOB) and Social Security Number (SSN). Users will also need to complete the "I am not a robot" verification for every five transactions.

Note: The SSN may be different than the Health Insurance Claim Number (HICN) if the patient receives benefits under a spouse or family member.

To begin using the MBI Look-Up Tool, log onto the Noridian Medicare Portal. For step-by-step instructions, view the [NMP User Manual](#) and [self-paced tutorial](#).

More information regarding MBI efforts and educational resources are available on the CMS [New Medicare Cards website](#).

NMP Advantages Over the IVR

Although the Interactive Voice Response (IVR) is a great option to access patient, claim, and provider details, the Noridian Medicare Portal (NMP) is a more efficient, no cost, alternative. Check out the NMP advantages over the IVR.

NMP	IVR
Users enter information using computer keyboard	Callers must follow voice prompts and use telephone touch-tone keypad or voice recognition to enter information (factors include accent and mispronunciation)
Users able to view information as it is entered (incorrect entries easily/quickly identified)	Callers must wait for an audio response to verify information entered
Users able to view immediate inquiry results	Callers must wait for audio response to hear inquiry results
Users can download and save viewed information	Callers able to hear inquiry results only
Continuous updates with increased access coming soon	No future enhancements planned

Referring providers to the self-service options is a requirement per [CMS Internet Only Manual \(IOM\), Publication 100-09, Medicare Beneficiary and Provider Communication Manual, Chapter 6, Section 50.1](#). "Providers shall be required to use IVRs to access claim status and beneficiary eligibility information. CSRs shall refer providers back to the IVR if they have questions about claims status or eligibility that can be handled by the IVR ... Each MAC has the discretion to also require that providers use the Internet-based provider portal for claim status and eligibility inquiries if the portal has these functionalities."

Quarterly ASP Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files - July 2019

MLN Matters Number: MM11225

Related CR Release Date: March 22, 2019

Related CR Transmittal Number: R4264CP

Related Change Request (CR) Number: 11225

Effective Date: July 1, 2019

Implementation Date: July 1, 2019

CR 11225 provides the quarterly update for Average Sales Price (ASP) and ASP Not Otherwise Classified (NOC) Medicare Part B Drug Pricing Files and Revisions to the prior quarterly pricing files. CR11225 instructs MACs to download and implement the July 2019 and, if released, the revised April 2019, January 2019, October 2018, and July 2018 files. Make sure your billing staffs are aware of these updates.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11225](#).

Denial Code Resolution Help Available

Do you have a denied claim, unsure of what the denial code means, and wonder if or how it can be corrected?

Suppliers are encouraged to visit the Noridian Browse by Topic>Remittance Advice (RA)>[Denial Code Resolution](#) webpage to access various Reason and Remark Code related webpages that include common reasons for the denial, the appropriate next step (resubmit claim, request reopening or redetermination), and how to avoid the same denial in the future.

Additional Processing Instructions to Update the SPR

MLN Matters Number: MM11289

Related CR Release Date: May 21, 2019

Related CR Transmittal Number: R2307OTN

Related Change Request (CR) Number: 11289

Effective Date: October 1, 2019

Implementation Date: October 7, 2019

CR 11289 is to provide additional instructions to the MACs to update the Standard Paper Remit (SPR) to ensure that no SPR is mailed out after the implementation of this CR with a Health Insurance Claim Number (HICN) or Social Security Number per the Social Security Number (SSN) Fraud Prevention Act of 2017. Make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11289](#).

Claim Status Category and Claim Status Codes Update

MLN Matters Number: MM11292

Related CR Release Date: May 17, 2019

Related CR Transmittal Number: R4304CP

Related Change Request (CR) Number: 11292

Effective Date: October 1, 2019

Implementation October 7, 2019

CR11292 updates, as needed, the Claim Status and Claim Status Category Codes used for the Accredited Standards Committee (ASC) X12 276/277, Health Care Claim Status Request and Response and ASC X12 277 Health Care Claim Acknowledgment transactions. Make sure your billing staffs are aware of these updates.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11292](#).

Quarterly HCPCS Drug/Biological Code Changes - July 2019 Update

MLN Matters Number: MM11296

Related CR Release Date: May 17, 2019

Related CR Transmittal Number: R4306CP

Related Change Request (CR) Number: 11296

Effective Date: July 1, 2019

Implementation Date: July 1, 2019

CR 11296 updates the Healthcare Common Procedure Coding System (HCPCS) code set for codes related to drugs and biologicals. Please make sure your billing staffs are aware of these updates.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11296](#).

RARC, CARC, MREP and PC Print Update

MLN Matters Number: MM11204

Related CR Release Date: March 15, 2019

Related CR Transmittal Number: R4253CP

Related Change Request (CR) Number: 11204

Effective Date: July 1, 2019

Implementation Date: July 1, 2019

CR11204 updates the Remittance Advice Remark Code (RARC) and Claims Adjustment Reason Code (CARC) lists and instructs the ViPS Medicare System (VMS) and Fiscal Intermediary Shared System (FISS) to update the Medicare Remit Easy Print (MREP) and PC Print software. Be sure your billing staffs are aware of these changes and obtain the updated MREP and PC Print if they use that software.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11204](#).

RARC, CARC, MREP and PC Print Update

MLN Matters Number: MM11252

Related CR Release Date: May 17, 2019

Related CR Transmittal Number: R4303CP

Related Change Request (CR) Number: 11252

Effective Date: October 1, 2019

Implementation Date: October 7, 2019

CR 11252 updates the Remittance Advice Remark Code (RARC) and Claims Adjustment Reason Code (CARC) lists and instructs the maintainers of the ViPS Medicare System (VMS) and Fiscal Intermediary Shared System (FISS) to update the Medicare Remit Easy Print (MREP) and PC Print software. Make sure your billing staffs are aware of these changes and obtain the new MREP or PC Print software if they use that software.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11252](#).