

# DME Happenings

Jurisdiction D

March 2019

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This Bulletin should be shared with all health care practitioners and managerial members of the provider/supplier staff. Bulletins are available at no-cost from our website at:

<http://www.med.noridianmedicare.com>

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## Jurisdiction D DME MAC Supplier Contacts and Resources

Department/System	Phone Numbers	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		
Reopenings/Redeterminations		701-277-7886
Recovery Auditor Redeterminations		
Recoupment		701-277-7894
<ul style="list-style-type: none"> <li>• Refunds to Medicare</li> <li>• Immediate Offsets</li> </ul>		
MSP Refunds		701-277-7892
Recovery Auditor Offsets		701-277-7896
MR Medical Documentation		701-277-7888
Email Addresses/Websites		
Customer Service	Suppliers can submit emails to Noridian for answers regarding basic supplier information regarding Medicare regulations and coverage	<a href="https://med.noridianmedicare.com/web/jddme/contact/email-customer-service">https://med.noridianmedicare.com/web/jddme/contact/email-customer-service</a>
Comprehensive Error Rate Testing (CERT)	Use this address for CERT related inquiries, such as outcomes and status checks. Include the CID within the message	<a href="mailto:jddmecert@noridian.com">jddmecert@noridian.com</a>
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. 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	<a href="mailto:DMEDCongressional.FOIA@noridian.com">DMEDCongressional.FOIA@noridian.com</a>
LCD: New LCD Request	Use this address to request the creation of a new LCD. Emails sent to this address require specific information. Review the New LCD Request Process webpage for a full listing of required items to include	<a href="mailto:DMERecon@noridian.com">DMERecon@noridian.com</a>
LCD Reconsideration Request	Use this address to request a revision to an existing LCD. Emails sent to this address require specific information. Review the LCD Reconsideration Process webpage for a full listing of required items to include	<a href="mailto:DMERecon@noridian.com">DMERecon@noridian.com</a>
Recoupment	Use this address to submit requests for immediate offsets of open debt(s)	<a href="mailto:dmemsprecoupment@noridian.com">dmemsprecoupment@noridian.com</a>



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	<a href="mailto:dmeredeterminations@noridian.com">dmeredeterminations@noridian.com</a>
Website Questions	Use this form to report website ease of use or difficulties	<a href="https://med.noridianmedicare.com/web/jddme/help/website-feedback">https://med.noridianmedicare.com/web/jddme/help/website-feedback</a>
CMS Comments on Noridian	Use this contact information to send comments to CMS concerning Noridian's performance	<a href="https://med.noridianmedicare.com/web/jddme/contact/cotr">https://med.noridianmedicare.com/web/jddme/contact/cotr</a>

**Mailing Addresses**

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



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

## 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

## 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.”

## 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

## Medicare Claims Processing Manual, Chapter 30 Revision

MLN Matters Number: MM10848

Related CR Release Date: January 11, 2019

Related CR Transmittal Number: R4197CP

Related Change Request (CR) Number: 10848

Effective Date: April 15, 2019

Implementation Date: April 15, 2019

CR10848 revises the Medicare Claims Processing Manual, Chapter 30. The current policy in Chapter 30 is not changing. The Centers for Medicare & Medicaid Services (CMS) is revising the chapter to provide improved formatting and readability. CMS also added a glossary to assist you with common terminology within the chapter. The revised chapter is attached to CR10848. Make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)10848](#).

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

MLN Matters Number: MM11003 Revised

Related CR Release Date: February 21, 2019

**Related CR Transmittal Number: R2264OTN**

**Related Change Request (CR) Number: 11003**

**Effective Date: July 1, 2019**

**Implementation Date: July 1, 2019**

**Note:** CMS revised the article on February 22, 2019, to reflect the revised CR11003 issued on February 21. In the article, CMS revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.

Change Request (CR) 11003 makes the changes required to send Additional Documentation Request (ADR) letters to participating providers via the (esMD) system. A CR to effectuate the exchange of ADR letters to registered providers via the esMD system will be released later. Make sure your billing staffs are aware of these changes.

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

## Proof of Delivery Documentation Requirements

**MLN Matters Number: SE19003**

**Article Release Date: January 17, 2019**

**Related CR Transmittal Number: R750PI**

**Related Change Request (CR) Number: 10324**

**Effective Date: November 20, 2017**

**Implementation Date: November 20, 2017**

CR10324 simplified and clarified the Centers for Medicare & Medicaid Services' (CMS) requirements for proof of delivery and documentation necessary to support compliance for payment purposes. These proof of delivery requirements (including equipment examination requirements for newly eligible beneficiaries) are in revised Medicare Program Integrity Manual, Chapter 4, Section 26.

View the complete [CMS Medicare Learning Network \(MLN\) Matters Special Edition \(SE\)19003](#).

## Change in PDAC Contractor

Effective January 15, 2019, the Pricing, Data Analysis, and Coding (PDAC) contract will transition from Noridian Healthcare Solutions, LLC to Palmetto GBA.

All transition related communications are being provided by Palmetto GBA via their website, <http://www.palmettogba.com/PDAC>.

Due to the transition from Noridian Healthcare Solutions, LLC to Palmetto GBA, PDAC Operations will be limited starting January 11, 2019. Note the following:

- **Email** - Noridian will be accepting email inquiries and applications through 4:00 PM Central Time on January 11, 2019.
- **Call Center** - On Monday, January 14, 2019, the current PDAC contract will experience a dark day and will not be taking calls. The PDAC Call Center will resume operations on January 15, with Palmetto taking calls at the same PDAC number, with the same hours. The number is 1-877-735-1326 and the hours are 8:30 a.m. - 4 p.m. CT, Monday - Friday.
- **Website** - The website, <http://www.dmepdac.com>, will remain as the PDAC website. It may look different but the same types of information currently available will remain on this website. Down time is not anticipated for the website, other than possibly a short period of time later in the day on January 14, as web servers are refreshed.

## Immunosuppressive Drugs Dear Clinician Letter

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication “Immunosuppressive Drugs Dear Clinician Letter” is now available on our (Noridian) website.

View the [Immunosuppressive Drugs Dear Clinician Letter](#) [PDF].

## DME MAC Collaboration Unifies Processes for National Consistency - Updated January 16, 2019

The entire DME landscape has changed significantly since implementation of the Medicare Modernization Act (MMA) of 2003. Over the past 14 years, “regions” have been replaced with jurisdictions and the number of contractors providing services to those jurisdictions has been streamlined to only two Durable Medical Equipment Medicare Administrative Contractors (DME MAC): Noridian Healthcare Solutions, LLC (Noridian) jurisdiction A and D DME MAC in Fargo, North Dakota and CGS Administrators, LLC (CGS) jurisdictions B and C DME MAC, Nashville, Tennessee. Together, CGS and Noridian provide Medicare claims processing, customer service, education, and a variety of operational services for all suppliers in the United States and U.S. territories.

View the complete [DME MAC Program Manager Collaboration](#) article.

## ERS Decision Tree Now Available

Are you a supplier who needs an Extended Repayment Schedule (ERS) due to financial hardship? An ERS Decision Tree tool is now available to assist suppliers in determining the length of the loan and the specific financial documentation CMS requires. The specific financial documentation is dependent on whether you are a Sole Proprietor or not. A sole proprietor and the sole proprietorship are considered a single legal entity: an individual.

If you are interested, check out the [ERS Decision Tree](#).

## Items Provided on a Recurring Basis and Request for Refill Requirements Annual Reminder

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication “**Items Provided on a Recurring Basis and Request for Refill Requirements Annual Reminder**” is now available on our (Noridian) website.

View the complete [Items Provided on a Recurring Basis and Request for Refill Requirements Annual Reminder](#) webpage.

## MSI Coming March 2019

The 2019 MAC Satisfaction Indicator (MSI), a survey administered by the CMS, is coming in March. The MSI measures your satisfaction with our processes and service delivery so we can gain valuable insights and determine process improvements. Thanks for your feedback in 2018. We used your feedback to make improvements to our services.

View some 2018 highlights on the [You Spoke. We Listened](#). webpage.

Watch for the survey on our website to participate in the 2019 survey.

## NMP and/or IVR Use Required for Eligibility Inquiries - Effective February 18, 2019

Effective February 18, 2019, Noridian will require suppliers to use the Noridian Medicare Portal (NMP) and/or the Interactive Voice Response (IVR) for all eligibility inquiries. Until then, Customer Service Representatives (CSRs) will educate callers on these tools.

To access specifics about each, select the webpage links below.

- **NMP**: Provides Part A and B effective and termination dates, deductible remaining, ineligible period (due to classified as unlawfully present, deported or incarcerated), beneficiary address, Managed Care Organization (MCO) and Health Maintenance Organization (HMO), Medicare Secondary Payer (MSP), Home Health Episode History (HHEH), Hospice, Hospital periods, Skilled Nursing Facility (SNF) periods
- View the **Self Service Tools** section of DME On Demands to get a better understanding of the options available
- **IVR**: Provides effective and termination dates, deductible information, Managed Care (HMO), MSP, home health, hospice, SNF periods, and date of death

The **CMS Internet Only Manual (IOM), Publication 100-09, Chapter 6, Section 50.1** mandates that all providers first access inquiries through self-service technology, "...Providers shall be required to use the IVR system to access claim status and beneficiary eligibility information. CSRs shall refer providers back to the IVR system if they have questions about claims status or eligibility that can be handled by the IVR system... 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."

This process change will allow Noridian to meet CMS requirements and our CSRs to assist callers with more complex inquiries which cannot be answered through these self-service tools.

## NMP and/or IVR Use Required for Items Available Within These Self-Service Tools - Effective February 18, 2019

Effective February 18, 2019, Noridian will require suppliers to use the Noridian Medicare Portal (NMP) and/or the Interactive Voice Response (IVR) for all inquiries that are available in either of the Self-Service Tools. Until then, Customer Service Representatives (CSRs) will educate callers on these tools. If it is found that the reason for the call can be found on one of the Self-Service options, the CSR will direct the caller back out to use one of the options.

To access specifics about each, select the webpage links below.

- **Noridian Medicare Portal (NMP)**: Provides Part A and B effective and termination dates, deductible remaining, ineligible period (due to classified as unlawfully present, deported or incarcerated), beneficiary address, Managed Care Organization (MCO) and Health Maintenance Organization (HMO), Medicare Secondary Payer (MSP), Home Health Episode History (HHEH), Hospice, Hospital periods, Skilled Nursing Facility (SNF) periods
- See the Self Service Tools section of the **DME On Demand** webpage to get a better understanding of the options available
- **Interactive Voice Response (IVR)**: Provides effective and termination dates, deductible information, Managed Care (HMO), MSP, home health, hospice, SNF periods, and date of death, general same/similar, claim status, overpayment info (with FCN), duplicate remits, inpatient stays, last checks, Power Mobility Device (PMD) Par, appeal status

The **CMS Internet Only Manual (IOM), Publication 100-09, Chapter 6, Section 50.1** mandates that all providers first access inquiries through self-service technology, "...Providers shall be required to use the IVR system to access claim status and beneficiary eligibility information. CSRs shall refer providers back to the IVR system if they have questions about claims status or eligibility that can be handled by the IVR system... 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."

This process change will allow Noridian to meet CMS requirements and our CSRs to assist callers with more complex inquiries which cannot be answered through these self-service tools.

CSRs are still able to assist with callers with the below as they are not currently available within any of the Self-Service tools. **Note**: List is not all inclusive.

- Policy issues



- Prior Authorization Request (PAR)/ Advance Determination of Medicare Coverage (ADMC) status checks
- Same/Similar over five years or eight for pumps
- Provider Enrollment Chain and Ownership System (PECOS) denials
- Complex financial issues
- NMP registration issues (May have to refer to User Security depending on complexity)
- Complex Certificate of Medical Necessity (CMN) and DMERC Information Form (DIF) denials
- Medical necessity denials
- Bundling denials
- Narrative denials
- Denials on an audit conducted by an outside contractor

## **NMP and/or IVR Required Use for Claim Status - Effective February 18, 2019**

Effective February 18, 2019, suppliers will be required to use the Noridian Medicare Portal (NMP) and/or the Interactive Voice Response (IVR) self-service tools to access the below claims related information. Until then, Customer Service Representatives (CSRs) will educate callers on these tools.

### **NMP**

#### Claim Status Results

- Claim Control Number (including Internal Control Number (ICN) or Document Control Number (DCN))
- Date of service (DOS)
- Claim status (pending or processed)
- Total billed amount
- Finalized date
- Electronic Funds Transfer (EFT)/check number
- Total paid amount

In “View Claim Details” column of the Claim Status Results table, select “View Claim” to see the below claim related information.

- DOS
- Allowed amount
- Claim finalization date
- Referring provider National Provider Identifier (NPI)
- Rendering NPI and Provider Transaction Access Number (PTAN)
- Billing NPI and PTAN
- Total deductible
- Place of service (POS)
- Claim receipt date
- Claim processed as primary or Medicare Secondary Payer (MSP)
- MSP type (if applicable)
- If claim crossed over (Y or N)
- Tax identification number

- Diagnosis codes submitted
- Details of individual line items
  - DOS
  - Procedure codes and modifiers
  - Units
  - Diagnosis pointer
  - Individual billed, allowed, and paid amounts
  - Remittance Advice (RA) reason codes and descriptions

#### IVR

- Number of claims on file for DOS
  - Claim status (pending or processed)
  - Total billed amount
  - Total allowed amount
  - Total amount applied to deductible
  - Total paid amount
  - Finalized date
  - Check number

State "Claim Details" for more details

- ICN/DCN
- If claim is primary or MSP
- Number of line items
- Paid line item details
  - DOS
  - Billed amount
  - Allowed amount
  - Procedure code and modifier
  - Primary diagnosis code
- Denied line item details
  - DOS
  - Denial description from RA
  - Billed amount

NOTE: Per the [CMS Internet Only Manual \(IOM\), Publication 100-09, Medicare Administrative Contractor \(MAC\) Beneficiary and Provider Communications 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."

This process change will allow Noridian to meet CMS requirements and our CSRs to assist callers with

more complex inquiries which cannot be answered through these self-service tools. See our Contact Center webpage for further information.

## **NMP and/or IVR Required Use for Financial Inquiries - Effective February 18, 2019**

Effective February 18, 2019, suppliers will be required to use the Noridian Medicare Portal (NMP) and/or the Interactive Voice Response (IVR) self-service tools to access the below financial information. Until then, Customer Service Representatives (CSRs) will educate callers on these tools.

### **NMP**

- View 50 most recent checks
- Check number
- Check amount
- Check issue date
- Number of claims pending and total billed amount
- Number of claims approved to pay and total allowed amount
- Patient information and overpayment amount associated with a DCN

### **IVR**

The IVR can provide checks by check number, check status, or a check issue date range.

- Check number
- Issue date
- Check amount
- Number of claims pending and total billed amount
- Number of claims approved to pay and total allowed amount
- Patient information and overpayment amount associated with a DCN

**NOTE:** Referring suppliers to the self-service options is a CMS requirement. Per the [CMS Internet Only Manual \(IOM\), Publication 100-09, Medicare Administrative Contractor \(MAC\) Beneficiary and Provider Communications 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."

This process change will allow Noridian to meet CMS requirements and our CSRs to assist callers with more complex inquiries which cannot be answered through these self-service tools. See our Contact Center webpage for further information.

## 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.

<b>How do I request a Telephone Reopening?</b>	To request a reopening via telephone, call 1-877-320-0390.
<b>What are the hours for Telephone Reopenings?</b>	Monday - Friday 7 a.m. - 6 p.m. CT  Holiday and Training Closures can be found at <a href="https://med.noridianmedicare.com/web/jddme/contact/holiday-schedule">https://med.noridianmedicare.com/web/jddme/contact/holiday-schedule</a> and <a href="https://med.noridianmedicare.com/web/jddme/contact/training-closures">https://med.noridianmedicare.com/web/jddme/contact/training-closures</a>
<b>What information do I need before I can initiate a Telephone Reopening?</b>	<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"> <li>• National Provider Identifier (NPI)</li> <li>• Provider Transaction Access Number (PTAN)</li> <li>• Last five digits of Tax Identification Number (TIN)</li> </ul> <p>Verified by CSR</p> <ul style="list-style-type: none"> <li>• Caller’s name</li> <li>• Provider/Facility name</li> <li>• Beneficiary Medicare number</li> <li>• Beneficiary first and last name</li> <li>• Date of Service (DOS)</li> <li>• Last five digits of Claim Control Number (CCN)</li> <li>• HCPCS code(s) in question</li> <li>• Corrective action to be taken</li> </ul> <p>Claims with remark code MA130 can <b>never</b> 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><b>What may I request as a Telephone Reopening?</b></p>	<p>The following is a list of clerical errors and omissions that <b>may</b> be completed as a Telephone Reopening. Note: This list is not all-inclusive.</p> <ul style="list-style-type: none"> <li>• Diagnosis code changes or additions</li> <li>• Date of Service (DOS) changes</li> <li>• HCPCS code changes</li> <li>• Certain modifier changes or additions (not an all-inclusive list)</li> </ul> <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><b>What is not accepted as a Telephone Reopening?</b></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"> <li>• Overutilization denials that require supporting medical records</li> <li>• Certificate of Medical Necessity (CMN) issues (applies to Telephone Reopenings only)</li> <li>• Durable Medical Equipment Information Form (DIF) issues (applies to both Written and Telephone Reopenings)</li> <li>• Oxygen break in service (BIS) issues</li> <li>• Overpayments or reductions in payment. Submit request on Overpayment Refund Form</li> <li>• Medicare Secondary Payer (MSP) issues</li> <li>• Claims denied for timely filing (older than one year from initial determination)</li> <li>• Complex Medical Reviews or Additional Documentation Requests (ADRs)</li> <li>• Change in liability</li> <li>• Recovery Auditor-related items</li> <li>• Certain modifier changes or additions: EY, GA, GY, GZ, K0 - K4, KX, RA (cannot be added), RB, RP</li> <li>• 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</li> </ul> <p>The above is not an all-inclusive list.</p>
<p><b>What do I do when I have a large amount of corrections?</b></p>	<p>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.</p>
<p><b>Where can I find more information on Telephone Reopenings?</b></p>	<ul style="list-style-type: none"> <li>• <a href="#">Supplier Manual Chapter 13</a></li> <li>• <a href="#">Reopening</a> webpage</li> <li>• <a href="#">CMS IOM, Publication 100-04, Chapter 34</a></li> </ul>
<p><b>Additional assistance available</b></p>	<ul style="list-style-type: none"> <li>• Suppliers can email questions and concerns regarding reopenings and redeterminations to <a href="mailto:dmeredeterminations@noridian.com">dmeredeterminations@noridian.com</a>. Emails containing Protected Health Information (PHI) will be returned as unprocessable.</li> </ul>

### **Redetermination Letter Elements Now Available**

In response to supplier feedback received, we now offer details for each section contained within a Redetermination Decision Letter. View the [Elements of a Redetermination Letter](#) webpage for information about the letter Opening, Summary of Facts, Decision, Explanation of Decision, Determining Liability, Creating a Request for an Independent Appeal, and the Closing.

## **Frequently Asked Questions - Temporary Transitional Payment for Home Infusion Therapy Services for CY 2019 and 2020 (CR10836)**

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication "Frequently Asked Questions - Temporary Transitional Payment for Home Infusion Therapy Services for CY 2019 and 2020 (CR10836)" is now available on our (Noridian) website.

View the complete [Frequently Asked Questions - Temporary Transitional Payment for Home Infusion Therapy Services for CY 2019 and 2020 \(CR10836\)](#) Update webpage.

## **Revised: Billing Reminder - Immunosuppressive Drugs - Delivery to Inpatient Hospitals**

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication "Revised: Billing Reminder - Immunosuppressive Drugs - Delivery to Inpatient Hospitals" is now available on our (Noridian) website.

View the complete [Revised: Billing Reminder - Immunosuppressive Drugs - Delivery to Inpatient Hospitals](#) webpage.



### 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.

### **CERT Report Cards Being Mailed February 28, 2019**

As a new initiative to reduce the DME Comprehensive Error Rate Testing (CERT) error rate, the Noridian CERT team will be mailing report cards to suppliers on February 28, 2019. If a supplier has a CERT claim with an error found, please expect to receive a report card.

The letter will detail the information being sent, including the projected weighted dollar error. This amount is not the actual amount in error on the claim, rather the weighted affect that this claim is having on the national error rate. Efforts to remove this error from the report will help reduce the national error rate.

Call or email the CERT team if there are questions regarding this report card or need assistance to get the error overturned. See the [CERT Contacts](#) section of the CERT webpage for these details.

### **Ankle Foot/Knee-Ankle-Foot Orthosis (AFO/KAFO) Targeted Probe and Educate Review Updates: July - September 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 July - September 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
- Documentation does not support coverage criteria

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

### **Enteral Nutrition Targeted Probe and Educate Review Updates: July - September 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 July - September 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 53%.

#### **Top Denial Reasons**

- Documentation was not received in response to the Additional Documentation Request (ADR) letter
- Refill request documentation is incomplete or missing elements
- Documentation does not support coverage criteria
- The supplier indicates the item(s) were billed in error. Refer to SDL A55426

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

### **Glucose Monitors Targeted Probe and Educate Review Updates: July - September 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 July - September 2018 are as follows:

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

### Top Denial Reasons

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

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

## Immunosuppressive Drugs Targeted Probe and Educate Review Updates: July - September 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 July - September 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 39%.

### Top Denial Reasons

- Documentation was not received in response to the Additional Documentation Request (ADR) letter
- Refill request documentation is incomplete or missing elements
- The date of service for item(s) billed has been paid
- Detailed Written Order (DWO) is incomplete or missing elements

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

## Knee Orthosis Targeted Probe and Educate Review Updates: July - September 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 July - September 2018 are as follows:

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

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

## Manual Wheelchair Targeted Probe and Educate Review Updates: July - September 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 July - September 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 58%.

### Top Denial Reasons

- Documentation does not support coverage criteria
- Detailed Written Order (DWO) is incomplete or missing elements
- Documentation does not support coverage criteria for a lightweight wheelchair

- Documentation was not received in response to the Additional Documentation Request (ADR) letter
- For complete detail see, [Manual Wheelchair Quarterly Results of Targeted Probe and Educate Review](#).

### **Oral Anticancer Drugs Targeted Probe and Educate Review Updates: July - September 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 July - September 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 23%.

#### **Top Denial Reasons**

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

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

### **Ostomy Targeted Probe and Educate Review Updates: July - September 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 July - September 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 20%.

#### **Top Denial Reasons**

- Refill request documentation is incomplete or missing elements
- No medical record documentation was received. Refer to Medicare Program Integrity Manual 3.2.3.8
- Claim is billed for greater quantity than the Detailed Written Order (DWO) indicates
- Detailed Written Order (DWO) is incomplete or missing elements

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

### **Oxygen and Oxygen Equipment Targeted Probe and Educate Review Updates: July - September 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 July - September 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 45%.

#### **Top Denial Reasons**

- Documentation does not support coverage criteria
- Documentation was not received in response to the Additional Documentation Request (ADR) letter
- Documentation does not support a qualifying blood gas study

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

### Parenteral Nutrition Targeted Probe and Educate Review Updates: July - September 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 July - September 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 59%.

#### Top Denial Reasons

- Documentation does not support coverage criteria

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: July - September 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 July - September 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 10%.

#### Top Denial Reasons

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

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

### Spinal Orthoses Targeted Probe and Educate Review Updates: July - September 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 July - September 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 51%.

#### 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
- The medical record documentation does not include Medicare approved interactive audio and video telecommunications systems to document the beneficiary's current condition

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

### Surgical Dressings Targeted Probe and Educate Review Updates: July - September 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 July - September 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 69%.

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

## Therapeutic Shoes Targeted Probe and Educate Review Updates: July - September 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 July - September 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 36%.

### 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: July - September 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 July - September 2018 are as follows:

Based on dollars, the overall claim potential improper payment rate is 36%.

### Top Denial Reasons

- Documentation was not received in response to the Additional Documentation Request (ADR) letter
- Documentation does not support coverage criteria
- 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 - 2019 HCPCS Code Annual Update

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication Correct Coding – 2019 HCPCS Code Annual Update is now available on our (Noridian) website.

View the complete [Correct Coding - 2019 HCPCS Code Annual Update](#) webpage.

## Correct Coding - RT and LT Modifier Usage Change

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication Correct Coding - RT and LT Modifier Usage Change is now available on our (Noridian) website.

View the complete [Correct Coding - RT and LT Modifier Usage Change](#) webpage.

## Correct Coding - U 500 Insulin for Use in External Insulin Infusion Pumps

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication Correct Coding - U 500 Insulin for Use in External Insulin Infusion Pumps is now available on our (Noridian) website.

View the complete [Correct Coding - U 500 Insulin for Use in External Insulin Infusion Pumps](#) Update webpage.

## Correct Coding and Coverage - RELiZORB® (Alcresta Therapeutics) In-Line Cartridge

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication “**Correct Coding and Coverage - RELiZORB® (Alcresta Therapeutics) In-Line Cartridge**” is now available on our (Noridian) website.

View the complete [Correct Coding and Coverage - RELiZORB® \(Alcresta Therapeutics\) In-Line Cartridge](#) webpage.

## Correct Coding and Coverage of Ventilators - Revised January 2019

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication “**Correct Coding and Coverage of Ventilators - Revised January 2019**” is now available on our (Noridian) website.

View the complete [Correct Coding and Coverage of Ventilators - Revised January 2019](#) webpage.



### What Suppliers Need to Know About Orders for DMEPOS Items

MLN Matters Number: SE18009

Article Release Date: December 18, 2018

SE18009 provides important information about orders for DMEPOS items, to include those from telemarketers and/or telemedicine companies. You and your staff should be aware of these requirements.

View the complete [CMS Medicare Learning Network \(MLN\) Matters Special Edition \(SE\)18009](#).

### Schedule of Events Layout Improved

To improve our provider/supplier visual and usability experience, the Education and Outreach Schedule of Events webpage has been updated to provide a quicker view of the upcoming webinar, Ask the Contractor Teleconference (ACT), in-person seminar, and related partnership event titles, dates, times, Continuing Education Units (CEUs) offered, and event types.

Select the event title to access its GoToWebinar registration page to view the topic details, complete the registration form, and submit educational hopes to the presenter for that event, if desired.

Noridian appreciates feedback on our educational events and the website tools available to assist providers/suppliers in the participation of outreach offered. It's the comments provided that allow us to continue our efforts to ensure our website evolves to best meet our provider/supplier community needs.

Check out the revised [Schedule of Events](#) webpage.

### Lower Limb Prosthetics (LLP) DME on Demands Available

Noridian offers several tutorials on LLP, including repairs, replacements, and physician and prosthetist records.

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

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

MLN Matters Number: SE18027

Article Release Date: December 6, 2018

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](#).

### Hurricane Florence and Medicare Disaster Related North Carolina, South Carolina, and the Commonwealth of Virginia Claims - Revised

MLN Matters Number: SE18014 Revised

Article Release Date: December 12, 2018

**Note:** This article was revised on December 12, 2018, to advise providers that the public health emergency (PHE) declaration and Section 1135 waiver authority for North Carolina expired on December 6, 2018. Also, the PHE and Section 1135 waiver authority for South Carolina and the Commonwealth of Virginia expired on December 7, 2018. All other information is unchanged.

On September 10, 2018, pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, President Trump declared that, as a result of the effects of Hurricane Florence, an emergency exists in North Carolina and South Carolina. On September 11, 2018, President Trump declared an emergency exists in the Commonwealth of Virginia as a result of Hurricane Florence. Also, on September 11, 2018, Secretary Azar of the Department of Health & Human Services declared that a public health emergency exists in North Carolina and South Carolina and authorized waivers and modifications under Section 1135 of the Social Security Act (the Act), retroactive to September 7, 2018, for the State of North Carolina and retroactive to September 8, 2018, for the State of South Carolina. On September 12, Secretary Azar declared a public health emergency exists in the Commonwealth of Virginia, retroactive to September 8, 2018. The PHE and Section 1135 waiver authority for North Carolina expired on December 6, 2018. The PHE and Section 1135 waiver authority for South Carolina and the Commonwealth of Virginia expired on December 7, 2018.

View the complete [CMS Medicare Learning Network \(MLN\) Matters Special Edition \(SE\)18014](#).

### Hurricane Michael and Medicare Disaster Related Florida and Georgia Claims - Revised

MLN Matters Number: SE18021 Revised

Article Release Date: December 12, 2018

**Note:** This article was revised on December 12, 2018, to advise providers that the public health emergency (PHE) declaration and Section 1135 waiver authority for Florida expires on January 5, 2019. Also, the PHE and Section 1135 waiver authority for Georgia expires on January 7, 2019. All other information is unchanged.

On October 9, 2018, pursuant to the Robert T. Stafford Disaster Relief and Emergency Assistance Act, President Trump declared that, as a result of the effects of Hurricane Michael, an emergency exists in the State of Florida. On October 10, 2018, President Trump declared a similar emergency for the State of Georgia as a result of Hurricane Michael. Also, on October 9, 2018, Secretary Azar of the Department of Health & Human Services declared that a public health emergency exists in Florida and authorized waivers and modifications under Section 1135 of the Social Security Act (the Act), retroactive to October 7, 2018, for Florida. Also, on October 11, 2018, Secretary Azar declared that a public health emergency exists in the State of Georgia, retroactive to October 9, 2018, and authorized the same waivers and modifications for

Georgia. The PHE and Section 1135 waiver authority for Florida expires on January 5, 2019. The PHE and Section 1135 waiver authority for Georgia expires on January 7, 2019.

View the complete [CMS Medicare Learning Network \(MLN\) Matters Special Edition \(SE\)18021](#).

### **Hurricane Maria and Medicare Disaster Related United States Virgin Islands and Commonwealth of Puerto Rico Claims - Revised**

**MLN Matters Number:** SE17028 Revised

**Article Release Date:** January 24, 2019

**Note:** This article was revised on January 24, 2019, to advise providers that the public health emergency (PHE) declaration and Section 1135 waiver authority for the United States Virgin Islands expired on December 9, 2018. All other information remains the same.

This MLN Matters® Special Edition Article is intended for providers and suppliers who submit claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries in the United States Virgin Islands and the Commonwealth of Puerto Rico who were affected by Hurricane Maria.

View the complete [CMS Medicare Learning Network \(MLN\) Matters Special Edition \(SE\)17028](#).

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

**MLN Matters Number:** SE18024 Revised

**Article Release Date:** January 23, 2019

CR10843 provides instructions for payment to RHCs and FQHCs billing for communication technology-based services for dates of service on or after January 1, 2019. Make sure your billing staffs are aware of these instructions.

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

### **Medicare Fee-for-Service (FFS) Response to the 2018 California Wildfires - Revised**

**MLN Matters Number:** SE18025 Revised

**Article Revised Date:** February 6, 2019

**Note:** This article was revised on February 6, 2019, to advise providers that the public health emergency (PHE) declaration and Section 1135 waiver authority for the State of California were renewed, effective February 6, 2019. All other information remains the same.

This MLN Matters® Special Edition Article is intended for providers and suppliers who submit claims to Medicare Administrative Contractors (MACs) for services provided to Medicare beneficiaries, who were affected by the 2018 wildfires in the State of California.

View the complete [CMS Medicare Learning Network \(MLN\) Matters Special Edition \(SE\)18025](#).

### **Alaska Earthquake Assistance Offered**

**Attn: Alaska Providers/Suppliers.** Noridian, your Fee-for-Service, Medicare Administrative Contractor, is sorry to hear about the very unfortunate devastation that the recent earthquake has caused.

A [public health emergency](#) (PHE) was declared on December 3, 2018, effective November 30, 2018.

In support of this emergency, please know that we are ready and able to provide assistance as needed per the waiver and modifications listed in the Alaska earthquake 1135 waiver issued by Secretary Azar. This assistance includes accommodations surrounding due dates associated with cost report submission,

sending documentation to Medical Review, Provider Enrollment revalidation, and /or issuing advance payment due to the inability to successfully submit and/or receive claims payment.

### **Additional Assistance**

- [CMS Current Emergency Information](#)
- [CMS Emergency Preparedness](#)
  - Use left hand navigation on this page to find additional detail
- [Noridian Emergencies and Disasters webpage](#)

Do not hesitate to reach out to our Supplier Contact Center.

### **New Physician Specialty Code for Undersea and Hyperbaric Medicine - Revised**

**MLN Matters Number:** MM10666 Revised

**Related CR Release Date:** December 19, 2018

**Related CR Transmittal Number:** R4184CP, R306FM

**Related Change Request (CR) Number:** 10666

**Effective Date:** January 1, 2019

**Implementation Date:** January 7, 2019

**Note:** This article was revised on December 20, 2018, to reflect the revised CR10666 issued on December 19. The CR was revised to clarify certain MAC reporting requirements for the D2 specialty, the taxonomy requirements for the D4 specialty, and to reflect the D1 specialty code as a supplier specialty and not a physician specialty. In this article, only the CR release date, transmittal number, and the Web address of the CR are revised. All other information remains the same.

Change Request (CR) 10666 informs you that the Centers for Medicare & Medicaid Services (CMS) has established a new Physician Specialty code for Undersea and Hyperbaric Medicine. This new code is D4. Make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)10666](#).

### **Contractor Advisory Committee (CAC) Meeting Information - Tumor Treatment Field Therapy (L34823)**

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication “**Contractor Advisory Committee (CAC) Meeting Information - Tumor Treatment Field Therapy (L34823)**” is now available on our (Noridian) website.

View the complete [Contractor Advisory Committee \(CAC\) Meeting Information - Tumor Treatment Field Therapy \(L34823\)](#) Update webpage.

### **Teleconference Information - Tumor Treatment Field Therapy (TTFT) Contractor Advisory Committee Meeting**

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication “Teleconference Information - Tumor Treatment Field Therapy (TTFT) Contractor Advisory Committee Meeting” is now available on our (Noridian) website.

View the complete [Teleconference Information - Tumor Treatment Field Therapy \(TTFT\) Contractor Advisory Committee Meeting](#) Update webpage.

### **Tumor Treatment Field Therapy (TTFT) Contractor Advisory Committee (CAC) Agenda**

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication “**Tumor Treatment Field Therapy (TTFT) Contractor Advisory Committee (CAC) Agenda**” is now available on our (Noridian) website.

View the complete [Tumor Treatment Field Therapy \(TTFT\) Contractor Advisory Committee \(CAC\) Agenda](#) Update webpage.

### **LCD and Policy Article Revisions Summary for February 14, 2019**

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication “LCD and Policy Article Revisions Summary for February 14, 2019” is now available on our (Noridian) website.

View the complete [LCD and Policy Article Revisions Summary for February 14, 2019](#) Update webpage.

### **LCD and Policy Article Revisions Summary for February 21, 2019**

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication “**LCD and Policy Article Revisions Summary for February 21, 2019**” is now available on our (Noridian) website.

View the complete [LCD and Policy Article Revisions Summary for February 21, 2019](#) Update webpage.

### **LCD and Policy Article Revisions Summary for February 28, 2019**

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication “LCD and Policy Article Revisions Summary for February 28, 2019” is now available on our (Noridian) website.

View the complete [LCD and Policy Article Revisions Summary for February 28, 2019](#) webpage.

### **Policy Article Revisions Summary for January 31, 2019**

The Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) Joint Publication “Policy Article Revisions Summary for January 31, 2019” is now available on our (Noridian) website.

View the complete [Policy Article Revisions Summary for January 31, 2019](#) Update webpage.

### Policy Article Revisions Summary for February 7, 2019

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

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

### ICD-10 and Other Coding Revisions to NCDs

MLN Matters Number: 11134

Related CR Release Date: February 1, 2019

Related CR Transmittal Number: R2243OTN

Related Change Request (CR) Number: 11134

Effective Date: July 1, 2019 - Unless otherwise indicated

Implementation Date: July 1, 2019, - shared system edits, MAC local edits, April 2, 2019

Change Request (CR) 11134 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 that your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11134](#).

### Local Coverage Determinations (LCDs) - Revised

MLN Matters Number: MM10901 Revised

Related CR Release Date: February 12, 2019

Related CR Transmittal Number: R863PI

Related Change Request (CR) Number: 10901

Effective Date: October 3, 2018

Implementation Date: January 8, 2019

**Note:** CMS revised this article on February 14, 2019, to reflect the revised CR 10901 issued on February 12, 2019, that includes changes to the updates in Chapter 13 of the Medicare Program Integrity Manual. The CR changed the effective date to October 3, 2018, CMS made that change in the article. CMS also revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same.

CR 10901 notifies MACs that, in accordance with Section 4009 of H.R. 34-21st Century Cures Act (Public Law No: 114-255), the Centers for Medicare & Medicaid Services (CMS) is updating the “Medicare Program Integrity Manual” with detailed changes to the LCD process. You should ensure that your staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)10901](#).

## **MLN Connects - December 6, 2018**

MLN Connects® for Thursday, December 6, 2018

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### **News & Announcements**

- CMS Strengthens Nursing Home Oversight and Safety to Ensure Adequate Staffing
- Hospital Value-Based Purchasing Program Results for FY 2019
- Physician Compare Preview Period Open through December 31
- QRURs and PQRS Feedback Reports: Access Ends December 31
- Quality Payment Program: Check Your Final 2018 MIPS Eligibility Status
- Quality Payment Program: MIPS Resources
- Nursing Home Staff Competency Assessment Toolkit
- PEPPERS for Short-term Acute Care Hospitals
- eCQM Resources for the 2019 Performance Period
- Updated QRDA I Conformance Statement Resource for Hospital Submissions
- National Influenza Vaccination Week: December 2 through 8
- National Handwashing Awareness Week: December 2 through 8

### **Provider Compliance**

- Cardiac Device Credits: Medicare Billing - Reminder

### **Claims, Pricers & Codes**

- HETS to Release MSP Diagnosis Codes Starting December 8
- January 2019 Average Sales Price Files

### **Upcoming Events**

- SNF PPS: New Patient Driven Payment Model Call - December 11
- Hospice Public Reporting Webinar - December 13

### **Medicare Learning Network® Publications & Multimedia**

- New Medicare Webpage on Patient Driven Payment Model MLN Matters Article - New
- Ambulance Inflation Factor for CY 2019 and Productivity Adjustment MLN Matters Article - New
- ICD-10 and Other Coding Revisions to NCDs MLN Matters Article - New
- Implementation of Bundled Payment for Multi-Component DME MLN Matters Article - New
- NCD 20.4 Implantable Cardiac Defibrillators MLN Matters Article - New
- New Telehealth Modifier for Individuals with Stroke MLN Matters Article - New
- New Waived Tests MLN Matters Article - New
- NCCI Procedure-to-Procedure Edits, Version 25.0: Quarterly Update MLN Matters Article - New
- IRF PPS Call: Audio Recording and Transcript - New
- Physician Fee Schedule Call: Audio Recording and Transcript - New
- NGACO Model Post Discharge Home Visit HCPCS MLN Matters Article - Revised
- HIPAA Basics for Providers: Privacy, Security, and Breach Notification Rules Fact Sheet - Revised



## **MLN Connects - December 13, 2018**

MLN Connects® for Thursday, December 13, 2018

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### **News & Announcements**

- New Medicare Card: MAC Look-Up Tool Updated
- 2019 Medicare Part D Opioid Policies: Training Materials
- Open Payments: Review Program Year 2017 Data through December 31
- LTCH Provider Preview Reports: Review Your Data by January 2
- IRF Provider Preview Reports: Review Your Data by January 2
- Hospice Provider Preview Reports: Review Your Data by January 9
- Hospice Compare Quarterly Refresh
- Quality Payment Program: Webinar Library
- Quality Payment Program: Updated List of APMs
- 2018 QRDA Category I Implementation Guide Addendum
- QRDA I File: Sample Hybrid Hospital-Wide Readmission Measure

### **Provider Compliance**

- Bill Correctly for Device Replacement Procedures - Reminder

### **Claims, Pricers & Codes**

- HETS Includes Medicare Diabetes Prevention Program Information

### **Upcoming Events**

- Medicare Diabetes Prevention Program Enrollment Tutorial Webinar - January 9

### **Medicare Learning Network® Publications & Multimedia**

- Per-Beneficiary Therapy Amounts: Annual Update MLN Matters Article - New
- CY 2019 MPFS Final Rule: Summary of Policies MLN Matters Article - New
- Quality Payment Program: MIPS Participation in 2018 Web-Based Training Course - New
- NCD 20.4 Implantable Defibrillators MLN Matters Article - Revised
- MLN Catalog: December 2018 - Revised

## **MLN Connects - December 20, 2018**

MLN Connects® for Thursday, December 20, 2018

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### **News & Announcements**

- Opioids Training Modules
- Open Payments: Review Program Year 2017 Data through December 31
- QRURs and PQRS Feedback Reports: Access Ends December 31
- LTCH Provider Preview Reports: Review Your Data by January 2
- IRF Provider Preview Reports: Review Your Data by January 2
- Hybrid Hospital-Wide Readmission Measure: Voluntary Reporting Extended to January 4

- LTCH Compare Refresh
- IRF Compare Refresh
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier
- CY 2018 eCQM Data Receiving System Edits Document

### **Provider Compliance**

- Billing for Stem Cell Transplants - Reminder

### **Upcoming Events**

- ESRD Quality Incentive Program: CY 2019 ESRD PPS Final Rule Call - January 15
- Clinical Diagnostic Laboratories to Collect and Report Private Payor Rates Call - January 22

### **Medicare Learning Network® Publications & Multimedia**

- DMEPOS Fee Schedule: CY 2019 Update MLN Matters Article - New
- Inpatient Psychiatric Facility Benefit Policy Manual Update MLN Matters Article - New
- Next Generation Sequencing NCD MLN Matters Article - New
- Physician Supervision of Diagnostic Procedures, Telehealth Services MLN Matters Article - New
- RHC and FQHC Medicare Benefit Policy Manual Update MLN Matters Article - New
- Hurricane Florence and Medicare Disaster Related North Carolina, South Carolina, and the Commonwealth of Virginia Claims MLN Matters Article - Updated
- Hurricane Michael and Medicare Disaster Related Florida and Georgia Claims MLN Matters Article - Updated

## **MLN Connects - January 3, 2019**

MLN Connects® for Thursday, January 3, 2019

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### **News & Announcements**

- Medicare Shared Savings Program: Final Rule Creates Pathways to Success
- Physician Compare Preview Period Extended to January 7
- Hospice Provider Preview Reports: Review Your Data by January 9
- Medicare Shared Savings Program: Submit Notice of Intent to Apply by January 18
- Laboratory Date of Service Exception Policy: Enforcement Discretion Exercised until July 1
- Quality Payment Program: 2019 Resources
- eCQM Resource: The Collaborative Measure Development Workspace
- Medicare Enrollment Application Fee for CY 2019
- Delivery of Initial Prescriptions of Immunosuppressive Drugs
- Antipsychotic Drug Use in Nursing Homes: Trend Update
- Get Your Patients Off to a Healthy Start in 2019

### **Provider Compliance**

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

### **Claims, Pricers & Codes**

- Medicare Diabetes Prevention Program: Valid Claims

## Upcoming Events

- ESRD Quality Incentive Program: CY 2019 ESRD PPS Final Rule Call - January 15
- Clinical Diagnostic Laboratories to Collect and Report Private Payor Rates Call - January 22
- Home Health Patient-Driven Groupings Model Call - February 12

## Medicare Learning Network® Publications & Multimedia

- Claim Status Category and Codes Update MLN Matters Article - New
- Ensuring Only the Active Billing Hospice Can Submit a Revocation MLN Matters Article - New
- Guidance for MACs Processing BFCC QIO 2MN SSR Determinations MLN Matters Article - New
- I/OCE Version 20.0: January 2019 MLN Matters Article - New
- FISS/DDE: New Search Features MLN Matters Article - New
- Quality Payment Program in 2018: Group Participation Web-Based Training - New
- SNF PPS Call: Audio Recording and Transcript - New
- IRF Medical Review Changes MLN Matters Article - Revised
- New Physician Specialty Code for Undersea and Hyperbaric Medicine MLN Matters Article - Revised
- Repetitive, Scheduled Non-emergent Ambulance Prior Authorization Model MLN Matters Article - Revised
- Looking for Educational Materials?

## MLN Connects - January 10, 2019

[MLN Connects® for Thursday, January 10, 2019](#)

[View this edition as a PDF](#)

### News & Announcements

- Medicare Shared Savings Program: Submit Notice of Intent to Apply by January 18
- New Medicare Card: Transition Period Ends December 31
- January is Cervical Health Awareness Month

### Provider Compliance

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

## Upcoming Events

- ESRD Quality Incentive Program: CY 2019 ESRD PPS Final Rule Call - January 15
- Clinical Diagnostic Laboratories to Collect and Report Private Payor Rates Call - January 22
- New Electronic System for Provider Reimbursement Review Board Appeals Call - February 5
- Home Health Patient-Driven Groupings Model Call - February 12
- New Part D Opioid Overutilization Policies Call - February 14

## Medicare Learning Network® Publications & Multimedia

- Orders for DMEPOS Items: What Suppliers Need to Know MLN Matters Article - New
- ASC Payment System: January 2019 Update MLN Matters Article - New
- Hospital OPPS: January 2019 Update MLN Matters Article - New
- CLFS and Laboratory Services: CY 2019 Update MLN Matters Article - New

- Immunosuppressive Guidance: Updates MLN Matters Article - New
- Home Health Rural Add-on Payment MLN Matters Article - Revised
- Implantable Defibrillators: NCD 20.4 MLN Matters Article - Revised
- Medicare Billing: Form CMS-1500 and the 837 Professional Web-Based Training Course - Revised

### MLN Connects Special Edition - January 16, 2019

#### New Medicare Card Mailing Complete, 58% of Claims Submitted with MBI

CMS finished mailing new Medicare cards to people with Medicare across all [mailing waves](#), including Wave 7 states and territories and also to people with Medicare Parts A&B who live in Canada and Mexico.

Medicare patients are using their new cards in doctor's offices and other health care facilities. For the week ending January 11, 2019, fee-for-service health care providers submitted 58% of claims with new Medicare Beneficiary Identifiers (MBIs), showing that many of you are already successfully submitting claims with MBIs. While you can continue using the former Social Security Number-based Health Insurance Claim Numbers during the transition period, we encourage you to use the new MBIs for all Medicare transactions.

To ensure that you have access to your patients' new numbers, you can individually look up MBIs if you have access to your Medicare Administrative Contractor's secure [provider portal](#). Likewise, your patients can access their new Medicare numbers or print official cards within their secure [MyMedicare.gov](#) accounts.

If your Medicare patients say they did not get a card, instruct them to:

- Look for unopened mail. We mailed new Medicare cards in a plain white envelope from the Department of Health and Human Services.
- Sign into [MyMedicare.gov](#) to get their new numbers or print official cards. They need to create an account if they do not already have one.
- Call 1-800-MEDICARE (1-800-633-4227), so we can help them get their new cards.
- Continue to use their current cards to get health care services. They can use their old cards until December 31, 2019.

### MLN Connects - January 17, 2019

MLN Connects® for Thursday, January 17, 2019

[View this edition as a PDF](#)

#### News & Announcements

- Medicare Shared Savings Program: Submit Notice of Intent to Apply by January 18
- Hospice Quality Reporting Program: Quality Measure User's Manual
- Qualified Medicare Beneficiary Billing Requirements
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier
- Glaucoma Awareness Month: Make a Resolution for Healthy Vision

#### Provider Compliance

- Hospice Election Statements Lack Required Information or Have Other Vulnerabilities - Reminder

#### Upcoming Events

- Clinical Diagnostic Laboratories to Collect and Report Private Payor Rates Call - January 22
- Comparative Billing Report Webinar on Intensity-Modulated Radiation Therapy Webinar - January 24
- New Electronic System for Provider Reimbursement Review Board Appeals Call - February 5

- Home Health Patient-Driven Groupings Model Call - February 12
- New Part D Opioid Overutilization Policies Call - February 14

### **Medicare Learning Network® Publications & Multimedia**

- 2019 DMEPOS HCPCS Code Jurisdiction List MLN Matters Article - New
- DMEPOS CBP: Quarterly Update MLN Matters Article - New
- NCCI PTP Edits: Quarterly Update MLN Matters Article - New
- Medicare Claims Processing Manual MLN Matters Article - New
- Clinical Lab Fee Schedule: Medicare Travel Allowance Fees MLN Matters Article - New
- New Waived Tests MLN Matters Article - New
- ICD-10 and Other Coding Revisions to NCDs MLN Matters Article - Revised
- Local Coverage Determinations MLN Matters Article - Revised
- Skilled Nursing Facility ABN MLN Matters Article - Revised
- Medicare Preventive Services Educational Tool - Revised
- Remittance Advice: An Overview Booklet - Revised

## **MLN Connects - January 24, 2019**

MLN Connects® for Thursday, January 24, 2019

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### **News & Announcements**

- New Medicare Card: Web Updates
- CDC Opioids Training Modules
- Open Payments Data Update
- Medicare Shared Savings Program and Quality Payment Program Interactions Guide
- Continue Seasonal Influenza Vaccination through January and Beyond

### **Provider Compliance**

- Reporting Changes in Ownership - Reminder

### **Upcoming Events**

- New Electronic System for Provider Reimbursement Review Board Appeals Call - February 5
- Home Health Patient-Driven Groupings Model Call - February 12
- New Part D Opioid Overutilization Policies Call - February 14

### **Medicare Learning Network® Publications & Multimedia**

- Proof of Delivery Documentation Requirements MLN Matters Article - New
- New System for PRRB Appeals MLN Matters Article - New
- Appropriate Use Criteria for Advanced Diagnostic Imaging Fact Sheet - New
- Canes and Crutches: Provider Compliance Tips Fact Sheet - New
- Tracheostomy Supplies: Provider Compliance Tips Fact Sheet - New
- Ventilators: Provider Compliance Tips Fact Sheet - New
- Commodes, Bed Pans, and Urinals: Provider Compliance Tips Fact Sheet - New

- Comprehensive Outpatient Rehabilitation Facilities: Provider Compliance Tips Fact Sheet - New
- New MBI: Get It, Use It MLN Matters Article - Revised
- CLFS and Laboratory Services: CY 2019 Update MLN Matters Article - Revised
- ASC Payment System: January 2019 Update MLN Matters Article - Revised
- DMEPOS Update MLN Matters Article - Revised
- ESRD PPS: Payment for Dialysis Furnished for AKI: CY 2019 MLN Matters Article - Revised
- Influenza Virus Vaccine Code Update: January 2019 MLN Matters Article - Revised
- Next Generation ACO Model 2019 Benefit Enhancement MLN Matters Article - Revised
- ICD-10-CM, ICD-10-PCS, CPT, and HCPCS Code Sets Educational Tool - Reminder

### **MLN Connects - January 31, 2019**

MLN Connects® for Thursday, January 31, 2019

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- New App Displays What Original Medicare Covers
- Physicians and Non-Physician Practitioners: New Medicare Enrollment Application
- QPP Videos: Create an Account in HARP
- QPP Videos: MIPS Data Submission
- eCQM Resources
- Hospice Quality Reporting Program: FY 2021 Data Collection Began January 1
- Hospice Training: Updates to Public Reporting in FY 2019
- Prevent Legionnaires' Disease: Water Management Program Training

#### **Provider Compliance**

- Cochlear Devices Replaced Without Cost: Bill Correctly - Reminder

#### **Claims, Pricers & Codes**

- Physician Anesthesia Claims for SNF Patients

#### **Upcoming Events**

- New Electronic System for Provider Reimbursement Review Board Appeals Call - February 5
- New Medicare Card Open Door Forum - February 6
- Home Health Patient-Driven Groupings Model Call - February 12
- New Part D Opioid Overutilization Policies Call - February 14
- MIPS Data Submission Office Hours Sessions - February 26 and March 19

#### **Medicare Learning Network® Publications & Multimedia**

- RHCs/FQHCs: Communication Technology Based Services and Payment MLN Matters Article - New
- Quality Payment Program in 2018: Transitioning to an Advanced APM Web-Based Training - New
- Hospital Based Hospice Provider Compliance Tips Fact Sheet - New
- Lab Tests: Urinalysis Provider Compliance Tips Fact Sheet - New
- Lab Tests: Routine Venipuncture Provider Compliance Tips Fact Sheet - New
- Lenses Provider Compliance Tips Fact Sheet - New

- Parenteral Nutrition Provider Compliance Tips Fact Sheet - New
- Patient Lifts Provider Compliance Tips Fact Sheet - New
- Polysomnography Provider Compliance Tips Fact Sheet - New
- Pressure Reducing Support Surfaces Provider Compliance Tips Fact Sheet - New
- TENS Provider Compliance Tips Fact Sheet - New
- ESRD Call: Audio Recording and Transcript - New
- Clinical Labs Call: Audio Recording and Transcript - New
- Typhoon Yutu and Medicare Disaster Related Commonwealth of the Northern Mariana Islands Claims MLN Matters Article - Revised
- DMEPOS Fee Schedule: CY 2019 Update MLN Matters Article - Revised
- Hospital OPSS: January 2019 Update MLN Matters Article - Revised
- Diabetic Shoes Provider Compliance Tips Fact Sheet - Revised
- Coding and Billing Date of Service on Professional Claims MLN Matters Article - Reissued
- TKA Removal from IPO List and 2-Midnight Rule MLN Matters Article - Reissued

### **MLN Connects - February 7, 2019**

MLN Connects® for Thursday, February 7, 2019

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#### **News & Announcements**

- New Medicare Card: Are You Using the MBI?
- Open Payments Registration
- Promoting Interoperability Programs: IPPS Final Rule Fact Sheet
- Promoting Interoperability Programs: Hospitals Submit Attestation Data by February 28
- SNF Provider Preview Reports: Review Your Data by March 4
- Nursing Home Compare Refresh
- QRDA III Implementation Guide Addendum
- DMEPOS: Strategies to Support Access for Dually Eligible Individuals
- February is American Heart Month

#### **Provider Compliance**

- DME Proof of Delivery Documentation Requirements

#### **Claims, Pricers & Codes**

- MIPS: Error in 2019 Payment Adjustment
- DMEPOS 2019 Fee Schedule File Revision for HCPCS Code L3761

#### **Upcoming Events**

- Home Health Patient-Driven Groupings Model Call - February 12
- Falls Prevention for Older Adults Webinar - February 13
- New Part D Opioid Overutilization Policies Call - February 14
- Quality Payment Program: Overview of APMs for Year 3 Webinar - February 21

#### **Medicare Learning Network® Publications & Multimedia**



- Functional Reporting Requirements and Therapy Provisions Update MLN Matters Article - New
- Organ Acquisition Charges Not Included in IPPS Payment MLN Matters Article - New
- RA Messaging: 20-Hour Weekly Minimum for PHP Services MLN Matters Article - New
- VA Inpatient Claims Exempt from POA Reporting MLN Matters Article - New
- ASP Medicare Part B Drug Pricing Files: April 2019 MLN Matters Article - New
- Coding and Billing Date of Service on Professional Claims MLN Matters Article - Revised
- CWF Provider Queries NPI and Submitter ID Verification MLN Matters Article - Revised
- LCDs MLN Matters Article - Revised
- Inpatient Psychiatric Facility Prospective Payment System Booklet - Revised
- Skilled Nursing Facility Prospective Payment System Booklet - Revised
- Medicare Enrollment for Providers Who Solely Order, Certify, or Prescribe Booklet - Reminder

### **MLN Connects - February 14, 2019**

MLN Connects® for Thursday, February 14, 2019

[View this edition as a PDF](#)

#### **News & Announcements**

- New Medicare Card: 0 not O
- Home Health Compare Refresh
- MIPS: Check Your Preliminary 2019 Eligibility
- Comparative Billing Report on Family Practitioner Office Visits in February
- 2019 CMS Health Equity Award Winners
- Medicare Diabetes Prevention Program: Become a Medicare Enrolled Supplier
- Influenza Activity Continues: Are Your Patients Protected?

#### **Provider Compliance**

- Medicare Hospital Claims: Avoid Coding Errors - Reminder

#### **Upcoming Events**

- Comparative Billing Report: Family Practitioner Office Visits Webinar - February 28
- Dementia Care & Psychotropic Medication Tracking Tool Call - March 12
- Open Payments: Transparency and You Call - March 13

#### **Medicare Learning Network® Publications & Multimedia**

- Home Health PDGM MLN Matters Article - New
- ICD-10 and Other Coding Revisions to NCDs MLN Matters Article - New
- Implementation of the SNF PDPM MLN Matters Article - New
- Implementation to Exchange the List of eMDR for Registered Providers MLN Matters Article - New
- Independent Laboratory Billing of Tests for ESRD Beneficiaries MLN Matters Article - New
- Medicare Physician Fee Schedule Database: April 2019 Update MLN Matters Article - New
- Processing Instructions to Update the SPR MLN Matters Article - New
- Supervised Exercise Therapy for Symptomatic PAD MLN Matters Article - New



- Update to ICR Programs MLN Matters Article - New
- CWF Provider Queries NPI Verification MLN Matters Article - Revised
- Medicare FFS Response to the 2018 California Wildfires MLN Matters Article - Revised
- Advance Beneficiary Notice of Noncoverage Interactive Tutorial - Revised
- CLIA Program and Medicare Laboratory Services Fact Sheet- Revised
- Long-Term Care Hospital Prospective Payment System - Revised
- Medicare Advance Written Notices of Noncoverage Booklet - Revised
- Medicare Parts A & B Appeals Process Booklet - Revised

## MLN Connects - February 21, 2019

MLN Connects® for Thursday, February 21, 2019

[View this edition as a PDF](#)

### News & Announcements

- CMS: Beyond the Policy - New Podcast
- CAR T-cell Therapy: CMS Proposes Coverage with Evidence Development
- SNF Provider Preview Reports: Review Your Data by March 4
- IRF-PAI Clinical Help Desk: New Address for Questions
- SNF PPS Patient Driven Payment Model: Updated Resources
- Promoting Interoperability Program: 2019 Resources
- Hospital Quality Reporting: Updated QRDA I Schematron

### Provider Compliance

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

### Upcoming Events

- MIPS: 2019 QCDR Measure Development and Review Webinar Series - February 28 and March 5
- Home Health Quality Reporting Program In-Person Training - March 5 and 6
- Dementia Care & Psychotropic Medication Tracking Tool Call - March 12
- Open Payments: Transparency and You Call - March 13
- SNF Value-Based Purchasing Program: Phase One Review and Corrections Call - March 20

### Medicare Learning Network® Publications & Multimedia

- New HHAs Placed in a Provisional Period of Enhanced Oversight MLN Matters Article - New
- Quality Payment Program: 2017 MIPS Performance Feedback Web-Based Training Course - New
- Appeals Call: Audio Recording and Transcript - New
- LCDs MLN Matters Article - Revised
- How to Use the Medicare National Correct Coding Initiative Tools Booklet - Revised
- How to Use the Medicare Coverage Database Booklet - Revised
- Advance Care Planning Fact Sheet - Reminder

## **MLN Connects - February 28, 2019**

MLN Connects® for Thursday, February 28, 2019

[View this edition as a PDF](#)

### **News & Announcements**

- Interoperability and Patient Access to Health Data: New Proposals
- Opioid Prescribing Mapping Tool Improved with Medicaid and Rural Data
- Hospice Compare Refresh
- Data on Geographic Variation in the Medicare Program
- 2017 CMS Program Statistics
- Quality Payment Program: Payment Adjustment Resource
- Choosing a Primary Clinician in MyMedicare.gov: New Video for Your Patients

### **Provider Compliance**

- Laboratory Blood Counts: Provider Compliance Tips - Reminder

### **Upcoming Events**

- Interoperability and Patient Access Proposed Rule Listening Session - March 5
- Dementia Care & Psychotropic Medication Tracking Tool Call - March 12
- Open Payments: Transparency and You Call - March 13
- 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**

- HPTCs Code Set: April 2019 Update MLN Matters Article - New
- DMEPOS Fee Schedule: April 2019 Update MLN Matters Article - New
- NCCI: Modification of MCS Logic for Modifiers Involving PTP MLN Matters Article - New
- Home Health PDGM MLN Matters Article - Revised
- Organ Acquisition Charges Not Included in IPPS Payment MLN Matters Article - Revised
- Medical Documentation: Exchanging the List of eMDR via esMD MLN Matters Article - Revised
- How to Use the Medicare Coverage Database Booklet - Revised
- SNF Billing Reference Booklet - Revised
- Clinical Laboratory Fee Schedule Fact Sheet - Revised

## 2018 1099 Tax Forms Available on NMP

The 2018 1099-INT and/or 1099-MISC are now available on the Noridian Medicare Portal (NMP). The 1099 inquiry is available through the Financials function.

1099s on the portal are a copy of the official 1099 form that will be mailed to your facility.

View the [1099 Inquiry](#) section of the NMP User Manual to download your copy today.

## Appeal Submission and Status Inquiry - NMP Tutorial Available

To help suppliers save time and money by taking full advantage of all Noridian Medicare Portal (NMP) functions available, we offer self-paced function-specific tutorials. View step-by-step instructions on how to submit an appeal or find status of an appeal.

View all tutorials on the [DME on Demand](#) webpage.

## Streamline Your Office Operations - Submit Redeterminations through NMP

Is your office ready to save money and eliminate time-consuming faxing or hardcopy mailing when submitting Redetermination requests to Noridian for denied claims? Take advantage of the Noridian Medicare Portal (NMP) as it allows users to submit redetermination requests online.

NMP Redetermination Submission Benefits

- Accepts 70MB of supporting documentation for each upload
- Provides a confirmation number upon request submission
- Provides a decision letter for partially favorable and denied requests

Interested in learning more about this? View the [Begin New Appeal](#) section of the End User Manual for instructions.

Not yet an NMP user? View the [Registration Guide](#) to gain details on getting started today.

## 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."

## NMP Offers Additional Information on Eligibility Inquiry Responses - MSP Diagnosis Code, MDPP, and MCO PBP Plan Name and Number

As of December 10, 2018, the Noridian Medicare Portal (NMP) has been updated to provide additional information when performing an Eligibility inquiry.

### Medicare Secondary Payer (MSP)

- Displays all MSP diagnosis codes, if applicable, for each MSP enrollment period

**MSP**

### Medicare Secondary Payer Benefit Information

The diagnosis codes listed are associated with the patient's Medicare Secondary Payer (MSP) insurance. Providers should contact the MSP to verify if services are related, even if your diagnosis code is not an exact match.

**Note:** Claims with a diagnosis code within a family of diagnosis codes may also edit for this MSP insurance, even if your diagnosis code is not an exact match.

Insurer Name:  
Policy Number:  
**MSP Diagnosis Code:**  
Effective Date:  
Termination Date:  
Insurer Type:  
Address:

### Medicare Diabetes Prevention Program (MDPP)

- Includes MDPP Preventive Service Codes to help providers determine next available MDPP service for beneficiary

<a href="#">View All</a>	<a href="#">Eligibility</a>	<a href="#">HMO/MCO</a>	<a href="#">MSP</a>	<a href="#">HHEH</a>	<a href="#">Hospice</a>	<a href="#">Hospital</a>	<a href="#">SNF</a>	<a href="#">ESRD</a>	<a href="#">Preventive</a>	<a href="#">MDPP</a>
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## MDPP

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).

**MDPP Active Period**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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**MDPP Inactive Period**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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**MDPP Deductible Period**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Amount: \_\_\_\_\_

---

**MDPP Coinsurance Period**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Amount: \_\_\_\_\_

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**MDPP Preventive Services**

Code/Modifier	Description	Next Eligible Date	Rendering NPI

## HMO/MCO

- Displays Managed Care Organization (MCO) Plan Benefit Package (PBP) number and name, if applicable to beneficiary

<a href="#">View All</a>	<a href="#">Eligibility</a>	<a href="#">HMO/MCO</a>	<a href="#">MSP</a>	<a href="#">HHEH</a>	<a href="#">Hospice</a>	<a href="#">Hospital</a>	<a href="#">SNF</a>	<a href="#">ESRD</a>	<a href="#">Preventive</a>	<a href="#">MDPP</a>
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## HMO/MCO

### Managed Care Organization Benefit Information

Insurer Name:

Policy Number:

**MCO PBP Plan Number:**

**MCO PBP Plan Name:**

Effective Date:

Termination Date:

MCO Plan Type:

MCO Bill Option Code:

Address:

Phone Number:

Contract Web Site:

## Hospital, Inpatient, and SNF Details Expanded on Eligibility Inquiries in NMP

The Noridian Medicare Portal (NMP) will now provide additional details for Hospital, Skilled Nursing Facility (SNF) and Inpatient status on Eligibility inquiries. Below is an outline of the enhancements made for each line of business.

Part A: An additional “SNF/INPT Overlap” tab has been added for Part A Eligibility inquiries.

The screenshot shows a navigation menu with the following tabs: View All, Eligibility, HMO/MCO, MSP, HHEH, Hospice, Hospital, SNF, **SNF/INPT Overlap** (highlighted in green), and ESRD. Below the menu, there are two more tabs: Preventive and MDPP. The main content area has a header for 'SNF/INPT Overlap' and a section titled 'Inpatient SNF Hospital Summary'. Below this section, it states: 'This data will be fetched real time and on-demand from Noridian information systems.' and includes a green link: 'Please click here to load this data.'

Part B and DME: The Hospital and SNF tabs have been replaced with a combined Hospital/SNF tab for Part B and DME Eligibility inquiries.

The screenshot shows a navigation menu with the following tabs: View All, Eligibility, HMO/MCO, MSP, HHEH, Hospice, **Hospital/SNF** (highlighted in green), ESRD, Preventive, and MDPP. The main content area has a header for 'Hospital/SNF' and a section titled 'Inpatient SNF Hospital Summary'. Below this section, it states: 'This data will be fetched real time and on-demand from Noridian information systems.' and includes a green link: 'Please click here to load this data.'

When choosing the “Please click here to load this data.” link on either tab, an Inpatient SNF Hospital Summary will display. The summary will provide the following for each occurrence:

- Billing NPI
- From and To Dates
- Bill Type
- Admittance and Discharge Dates
- Patient Status

The screenshot shows the 'SNF/INPT Overlap' tab selected. Below the header, there is a section titled 'Inpatient SNF Hospital Summary'. The text reads: 'The tab will present the recent 50 records of data irrespective of the date of service chosen.' Below this, there are three columns of labels: 'Billing NPI :', 'From Date :', and 'To Date :'. The second row contains 'Bill Type :', 'Admittance Date :', and 'Discharge Date :'. The third row contains 'Patient Status :'. The labels are followed by blank spaces for data entry.

### **Calendar Year (CY) 2019 Update for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) Fee Schedule - Revised**

MLN Matters Number: MM11064 Revised

Related CR Release Date: January 18, 2019

Related CR Transmittal Number: R4209CP

Related Change Request (CR) Number: 11064

Effective Date: January 1, 2019

Implementation Date: January 7, 2019

**Note:** CMS revised this article on January 22, 2019, to reflect a revised CR 11064 that was issued on January 18. In the article, CMS revised the CR release date, transmittal number, and the web address of the CR. All other information remains the same as the changes to the CR had no impact on the substance in the article.

CR 11064 provides the Calendar Year (CY) 2019 annual update for the Medicare DMEPOS fee schedule. The instructions include information on the data files, update factors and other information related to the update of the fee schedule. Make sure your billing staffs are aware of these updates.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11064](#).

## **April 2019 Quarterly ASP Medicare Part B Drug Pricing Files and Revisions to Prior Quarterly Pricing Files**

MLN Matters Number: MM11151

Related CR Release Date: January 25, 2019

Related CR Transmittal Number: R4213CP

Related Change Request (CR) Number: 11151

Effective Date: April 1, 2019

Implementation Date: April 1, 2019

The Average Sales Price (ASP) methodology is based on quarterly data submitted to the Centers for Medicare & Medicaid Services (CMS) by manufacturers. CMS supplies the MACs with the ASP and Not Otherwise Classified (NOC) drug pricing files for Medicare Part B drugs on a quarterly basis. Payment allowance limits under the Outpatient Prospective Payment System (OPPS) are incorporated into the Outpatient Code Editor (OCE) through separate instructions available in Chapter 4, Section 50 of the Medicare Claims Processing Manual found at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c04.pdf>.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11151](#).

## **DMEPOS Fee Schedule - April 2019 Update**

MLN Matters Number: MM11179

Related CR Release Date: February 15, 2019

Related CR Transmittal Number: R4242CP

Related Change Request (CR) Number: 11179

Effective Date: April 1, 2019

Implementation Date: April 1, 2019

CR11179 informs DME MACs about the changes to the Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule which Medicare updates on a quarterly basis, when necessary, to implement fee schedule amounts for new codes and correct any fee schedule amounts for existing codes. Make sure that your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11179](#).

## **Former Competitive Bid Zip Code Lookup Tool Now Available**

The [Former Competitive Bid Zip Code Lookup tool](#) is now available for suppliers to determine if a zip code was included in a Competitive Bid Area (CBA) and which CBA. The tool includes the complete file located on the CMS website for all CBAs across the nation. Suppliers will enter the 5-digit code and the tool will check to see if that zip code was in a CBA.



## **Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Update - Revised**

**MLN Matters Number:** MM10838 Revised

**Related CR Release Date:** December 11, 2018

**Related CR Transmittal Number:** R22100TN

**Related Change Request (CR) Number:** 10838

**Effective Date:** January 1, 2019

**Implementation Date:** January 7, 2019

**Note:** This article was revised on December 12, 2018 to reflect a revised CR10838 issued on December 11. In the article, the CR release date, transmittal number, and the Web address for accessing the CR are revised. All other information remains unchanged.

Change Request (CR) 10838 instructs MACs to update the ViPS Medicare System (VMS) to process DMEPOS claims based on standard payment rules with dates of service on or after January 1, 2019, for beneficiaries who reside in a previous Competitive Bidding Area (CBA), since all DMEPOS competitive bidding contracts expire on December 31, 2018.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)10838](#).

## **Updates to Immunosuppressive Guidance**

**MLN Matters Number:** MM11072

**Related CR Release Date:** December 31, 2018

**Related CR Transmittal Number:** R4189CP

**Related Change Request (CR) Number:** CR 11072

**Effective Date:** April 3, 2019

**Implementation Date:** April 3, 2019

CR 11072 updates guidance in the Medicare Claims Processing Manual regarding the provision of covered immunosuppressive drugs to inpatients for use upon after a transplant procedure. Make sure your billing staffs are aware of these updates.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11072](#).

## **Claim Status Category and Claim Status Codes Update**

**MLN Matters Number:** MM11073

**Related CR Release Date:** December 21, 2018

**Related CR Transmittal Number:** R4183CP

**Related Change Request (CR) Number:** 11073

**Effective Date:** April 1, 2019

**Implementation Date:** April 1, 2019

CR 11073 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 \(MM\)11073](#).

## **DMEPOS HCPCS Code 2019 Jurisdiction List**

**MLN Matters Number: MM11085**

**Related CR Release Date: January 11, 2019**

**Related CR Transmittal Number: R4200CP**

**Related Change Request (CR) Number: 11085**

**Effective Date: January 1, 2019**

**Implementation Date: February 12, 2019**

CR11085 updates the list of Healthcare Common Procedure Coding System (HCPCS) codes for MACs and DME MACs. Please make sure your billing staffs are aware of these updates.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11085](#).

## **Quarterly Update for the Temporary Gap Period of the DMEPOS CBP - April 2019**

**MLN Matters Number: MM11097**

**Related CR Release Date: January 11, 2019**

**Related CR Transmittal Number: R4192CP**

**Related Change Request (CR) Number: 11097**

**Effective Date: April 1, 2019**

**Implementation Date: April 1, 2019**

CR 11097 provides the April 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 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 Competitive Bidding Areas (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 \(MM\)11097](#).

## **Processing Instructions to Update the Standard Paper Remit (SPR)**

**MLN Matters Number: MM11112**

**Related CR Release Date: February 1, 2019**

**Related CR Transmittal Number: R22450TN**

**Related Change Request (CR) Number: 11112**

**Effective Date: July 1, 2019**

**Implementation Date: July 1, 2019**

Change Request (CR) 11112 instructs MACs to update their systems to ensure that SPRs mailed after July 1, 2019, mask the Health Insurance Claim Number (HICN), so the Social Security Number (SSN) does not show. Make sure your billing staff is aware of these instructions.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11112](#).

## **HPTCs Code Set - April 2019 Update**

**MLN Matters Number: MM11121**

**Related CR Release Date: February 15, 2019**

**Related CR Transmittal Number: R4239CP**

**Related Change Request (CR) Number: 11121**

**Effective Date: July 1, 2019**

**Implementation Date: July 1, 2019**

CR 11121 directs MACs to obtain the most recent Healthcare Provider Taxonomy Codes (HPTCs) code set and use it to update their internal HPTC tables and/or reference files. Make sure your billing staffs are aware of these changes.

View the complete [CMS Medicare Learning Network \(MLN\) Matters \(MM\)11121](#).



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