


# Keeping Up with Medicare Updates

AAHAM Conference

August 17, 2017



WHEN EXPERIENCE COUNTS & QUALITY MATTERS

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## Acronym List



- ADR Additional documentation request
- CAH Critical access hospital
- CARC Claim adjustment reason code
- CERT Comprehensive Error Rate Testing program
- CHIP Children's Health Insurance Program
- CID Claim identifier
- CMS Centers for Medicare & Medicaid Services
- CPT® Current Procedural Terminology®
- CWF Common working file
- DDE Direct data entry
- HICN Health insurance claim number
- ICD-10 International Classification of Diseases, 10th Revision

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## Acronyms List (Cont.)



- IOM Internet-only manual
- LCD Local coverage determination
- LMSA Liability Medicare set aside
- LSA Liability set aside
- MAC Medicare Administrative Contractor
- MACRA Medicare Access and CHIP Reauthorization Act
- MBI Medicare beneficiary identifier
- MLN® Medicare Learning Network®
- MM MLN Matters® article
- MR Medical review
- MSP Medicare secondary payer
- NFMSA No fault Medicare set aside

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## Acronyms List (Cont.)



- NFSA No fault set aside
- POA Present on admission
- PPS Prospective payment system
- RARC Remittance advice reason code
- RTP Return to provider
- SE Special edition
- SNF Skilled nursing facility
- SPOT Secure Provider Online Tool
- SSN Social security number
- SSNRI Social Security Number Removal Initiative
- TOB Type of bill

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## Agenda Items



- Medicare updates and issues of concern
- Medical review (MR)
- New Medicare card [formerly Social Security Number Removal Initiative (SSNRI)] under Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA)
- Resources
- Summary

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## Learning Objectives



- **At the conclusion of this session you will be able to**
  - Discuss Medicare updates that will impact you and your practice or facility
  - Evaluate your responsibilities due to the new Medicare card
  - Locate resources to help you understand these billing processes better

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## Medicare Updates and Issues of Concern



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## Billing CPT® 96375



- Claims denying with Current Procedural Terminology® (CPT®) 96375 for not having primary code but code is listed

- CPT® 96375 – therapeutic, prophylactic, and diagnostic injections; each additional sequential intravenous push of a new substance/drug (list separately in addition to code for primary procedure)

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## Billing CPT® 96375 (Cont.)



- Primary codes
  - **96360** (practitioner only) – intravenous infusion, hydration; initial, 31 minutes to one hour
  - **96365** – intravenous infusion, for therapy, prophylaxis, or diagnosis; initial, up to one hour
  - **96374** – therapeutic, prophylactic, and diagnostic injections; intravenous push, single or initial substance/drug
  - **96409** – chemotherapy administration; intravenous, push technique, single or initial substance/drug
  - **96413** – chemotherapy administration, intravenous infusion technique; up to one hour, single or initial substance/drug

[Add-on code edits](#)

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## Claim Overlaps



- Hospital claim overlaps skilled nursing facility (SNF) open record
  - Contact facility to have them correct patient status on patient's eligibility file
  - Once corrected, resubmit any claims
    - If denied for timely filing, complete form [Request for Telephone Claim Override Timeliness for Part A](#)
  - If facility does not update, submit Request for Assistance Form
    - [How contractors may request assistance with overlapping claims](#)

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## MM9893



- Medicare Learning Network (MLN®) Matters (MM) article: New Common Working File (CWF) Medicare Secondary Payer (MSP) Type for Liability Medicare Set-Aside Arrangements (LMSAs) and No-Fault Medicare Set-Aside Arrangements (NFMSAs)
  - Effective:** 10/01/17      **Implementation:** 10/02/17
  - LMSA and NFMSA is an allocation of funds for future medical or prescription needs
  - Medicare does not pay for services another payer should pay
  - Claims unrelated to MSP processed routinely

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## MM9893



- Claims will deny if LMSA or NFSMA open on file
  - Claim adjustment reason code (CARC) 201 and patient responsibility if open MSP record
  - Remittance advice remark codes (RARCs)
    - N723 – patient must use liability set aside (LSA) funds to pay for the medical service or item
    - N724 – patient must use no-fault set-aside (NFSA) funds to pay for the medical service or item
  - If no LMSA or NFMSA, claims processed regularly

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## Two New Notices



- Effective no later than August 28, 2017**
  - Hospitals and critical access hospitals (CAHs)
    - Important Message from Medicare**
      - Minimum of three copies
      - Must not exceed two sides when printed
    - Detailed Notice of Discharge**
      - Minimum of two copies
      - Must not exceed one side when printed

The Centers for Medicare & Medicaid (CMS) internet-only manual (IOM)  
Publication 100-04, [Chapter 30, Section 200](#)

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## Special Edition (SE) 17015



### ▪ Guidance to providers that submit outpatient claims via direct data entry (DDE)

- Effective August 7, 2017
  - Outpatient hospital facility claims other than type of bill (TOB) 11x, 18x, 21x, and 41x submitted with present on admission (POA) indicator
    - Return to provider (RTP) edit **34961**
  - Claims submitted via DDE and include a day count (number of covered days, non-covered days, co-insurance days, and lifetime reserve days)
    - RTP edit **36190**

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MR

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## MR Topics



- Automated review
- Medical record review
- International Classification of Diseases, 10th Revision (ICD-10) local coverage determination (LCD) procedure to diagnosis automated review
- Widespread probe review

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## Responding to ADRs



- Additional documentation requests (ADRs) protocol
  - Include all requested documentation
    - Provide additional documentation believed to support medical necessity
  - Ensure all documents are legibly signed and dated
    - Including corrections, amendments or delayed entries
  - Utilize [appeal](#) rights when claim denied
  - [Medical documentation](#) Web page
    - Signature requirements
    - Checklists

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## Responding to ADRs (Cont.)



Contractor	Timeframe for submission	Acceptable methods of submission
First Coast	45 calendar days	CD/DVD, fax, hardcopy, or esMD, Secure Provider Online Tool (SPOT)
Comprehensive Error Rate Testing (CERT) Program	75 calendar days	Include cover sheet with barcode and claim identifier (CID) number
<a href="#">Recovery Auditor</a>	45 calendar days	CD, electronic, or hardcopy

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## New Medicare Card under MACRA



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## New Medicare Cards



- **MACRA requires removal of Social Security Numbers (SSNs) from all Medicare cards**
  - To better protect
    - Private health care and financial information
    - Federal health care benefit and service payments
  - By April 2019
- **What's next?**
  - Updating systems
  - Outreach to beneficiaries

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## New Medicare Cards (Cont.)



- **Medicare Beneficiary Identifier (MBI) will be**
  - 11-characters in length
  - Made up of numbers and uppercase letters
  - No special characters
  - Does not contain embedded intelligence



Key	Example
SSA HICN	123-45-6789-A1
MBI	1EG4-TE5-MK73

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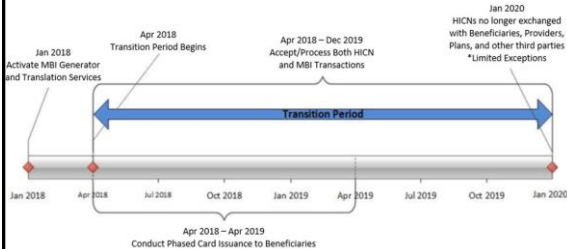
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## New Medicare Cards (Cont.)



- **Transition period**



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## New Medicare Cards (Cont.)



### Transition period (cont.)

- Beginning October 2018 through transition period
  - When submitting claim using patient HICN, both HICN and MBI will be returned on remittance advice
  - MBI will be in same place you currently get the 'changed HICN'
    - 835 Loop 2100, Segment NM1 (Corrected Patient/Insured Name), Field NM109 (Identification Code)
  - Message field on eligibility transaction responses will indicate when new Medicare card mailed to each person
    - Eligibility service provider can give you this information

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## New Medicare Cards (Cont.)



### January 1, 2020, you will need to use MBIs on your claims

- With a few exceptions when you can use either the HICN or MBI for fee-for-service claims
  - Appeals - Use either HICN or MBI for claims appeals and related forms
  - Claim status query - Use HICN or MBI to check status of claim
  - Span-date claims - If "from date" is before end of transition (12/31/19)
    - Use HICN for 11X-Inpatient hospital, 32X-Home health, 41X-Religious non-medical health care institution claims

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## New Medicare Cards (Cont.)



### Medicaid and supplemental insurers

- The Centers for Medicare & Medicaid Services (CMS) will provide State Medicaid Agencies and supplemental insurers MBIs for Medicaid-eligible people who also have Medicare
  - Prior to mailing new Medicare cards
- During transition period
  - CMS will process and transmit Medicare crossover claims with either HICN or MBI

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## New Medicare Cards (Cont.)



### ■ Outreach & education

- CMS will provide outreach and education to
  - Approximately 60 million beneficiaries, agents, advocacy groups, caregivers
  - Health plans
  - 1.5 million providers
  - States and territories
  - Key stakeholders, vendors, other partners

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## New Medicare Cards (Cont.)



### ■ How to prepare

- Participate in CMS quarterly open door forums
- Sign up for weekly MLN Connects® newsletter
- Verify all patient's addresses
- Display helpful information about the new cards in your office
  - CMS will publish material this fall i.e. posters, brochures
- Obtain technical information from your regular communication channels
- Test your system changes and work with your billing office staff to be sure you are ready for the new MBI format
- Check the new Medicare card website for updated information

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## New Medicare Cards – Resources



### ■ [CMS' New Medicare cards web page](#)

- SSNRI Open Door Forum
  - [June 8, 2017 via YouTube](#)

### ■ First Coast website

- [Claims resources -- Quick Clicks](#)
- [Claims resources -- Claims submission guidelines](#)

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## Resources

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First Coast Service Options Inc.  
[medicare.fcso.com](http://medicare.fcso.com)  
[medicareespanol.fcso.com](http://medicareespanol.fcso.com)

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## First Coast Resources

- [eNews](#)
- [Hospital web page](#)
- [Prospective payment system \(PPS\)](#)
- [SPOT](#)
- [Events calendar](#)
  - Medicare Changes and Regulations webcast
    - Part A - September 19
    - Part B - September 20

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## CMS

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## CMS Resources

- Regulations and guidance
  - [2017 CMS Transmittals](#)
- [MLN Connects calls](#)
- [Quarterly Provider Update \(QPU\)](#)

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## Summary of Today's Topics

- Today we
  - Discussed Medicare updates that will impact you and your practice or facility
  - Evaluated your responsibilities due to the new Medicare card
  - Located resources to help you understand these billing processes better

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## Question and Answer Session



- What questions do you have?



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## Thank You for Participating



- First Coast values your feedback
  - Please complete your evaluation form and return it before leaving class



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