NOVITAS SOLUTIONS

Novitas Solutions Presents: Medicare Updates and Changes

Maryland AAHAM

April 28, 2023

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

NOVITAS SOLUTIONS

Your Presenter

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Education Specialist

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- The information enclosed was current at the time it was presented. Medicare policy changes frequently; links to the source documents have been provided within the document for your reference. This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations.
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- Novitas Solutions' employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.
- This presentation is a general summary that explains certain aspects of the Medicare program but is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.
- Novitas Solutions does not permit videotaping or audio recording of training events.

Today's Presentation

NOVITAS SOLUTIONS

- Agenda:
  - Novitas Initiatives
  - Medicare Initiatives and Reminders:
    - ✓ Quarterly and Annual Updates
    - ✓ General
  - Keep Your Patients Healthy
- Objectives:
  - Provide the latest news and updates
  - Stay updated on Medicare initiatives
  - Take advantage of the various self-service options available

Acronym List

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Acronym	Definition
AUC	Appropriate Use Criteria
CERT	Comprehensive Error Rate Testing Program
CMS	Centers for Medicare & Medicaid
CR	Change Request
CY	Calendar Year
EDI	Electronic Data Interchange
ESRD	End Stage Renal Disease
FQHC	Federally Qualified Health Centers
HCPCS	Healthcare Common Procedure Coding System
IPPS	Inpatient Prospective Payment System

Acronym List Two

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Acronym	Definition
LCD	Local Coverage Policy
LTCH	Long Term Care Hospitals
MCD	Medicare Coverage Database
NCD	National Coverage Determination
OPPS	Outpatient Prospective Payment System
OT	Occupational Therapy
PHE	Public Health Emergency
PPS	Prospective Payment System
PT	Physical Therapy
RHC	Rural Health Clinic
SNF	Skilled Nursing Facility

Novitas Initiatives

Novitasphere – REDESIGN!

NOVITAS SOLUTIONS

- **COMING in 2023** - Novitasphere is being redesigned to a more modern look and feel!
- The redesigned Novitasphere will include the same current features and several feature enhancements.
- If you are not familiar with Novitasphere – it is the secure provider online tool available to all Novitasphere providers, billing services, and clearinghouses. All offices billing Novitas are encouraged to enroll and experience the many benefits of Novitasphere. If you are not yet enrolled, access our website (JH)(JL) for the details on how to register today.

Novitasphere

Your link to online Medicare claims, eligibility, and more.

Learning Center Update

NOVITAS SOLUTIONS

- Effective January 1, 2023, you will no longer use a learning management system (LMS) to register within our Novitas Learning Center (NLC) for live webinars
- 3 Easy Steps to participate in Novitas events:
  1. Register
     a. Event calendar
  2. Attend webinar
  3. Access MyCEUCertificate Gateway

Handout Materials

- You will receive an email the day before the event from the NovitasLearningCenterHelpDesk
- Click the hyperlink in ‘Download and preview webinar materials’
- Enter the handout and webinar password: Novitas2023
- Download the handout materials prior to joining the webinar

webex by CISCO

You have upcoming training. Download your handout materials now.

Evaluation and Management Services: 2023 Changes to Hospital Evaluation and Management Services

Thursday, January 19, 2023

11:00 AM | (UTC-05:00) Eastern Time (US & Canada) | 1 hr 30 mins

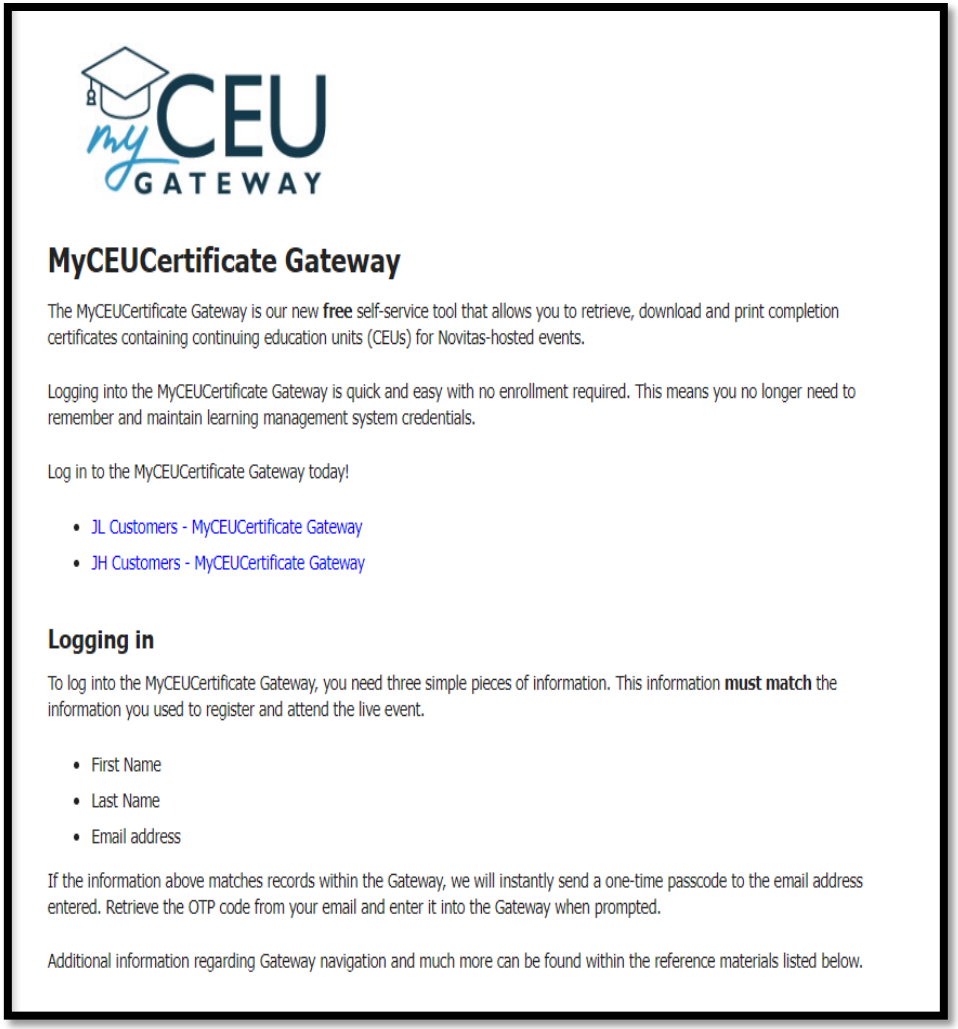
Download and preview webinar materials

Handout and Webinar Password: Novitas2023

Join webinar

My CEUCertificate Gateway

- Effective January 1, 2023, CEU completion certificates are available through the MyCEUCertificate Gateway (JL)
- CEUs are awarded for successful completion of an event
- To log into the gateway, you will need your first name, last name, and email address you used to register for the event
  - This information **must match** the information you used to register and attend the event
- **Certificates will be available within 3-5 business days after the event in the MyCEUCertificate Gateway**
- **NOTE: If you have not attended any events, the gateway will not be able to validate/authenticate your information until 3-5 business days after the event**
- **Visit the Learning Center Step-by-Step Tutorial: MyCEUCertificate Gateway, for complete instructions (JL)**



MyCEUCertificate Gateway

The MyCEUCertificate Gateway is our new **free** self-service tool that allows you to retrieve, download and print completion certificates containing continuing education units (CEUs) for Novitas-hosted events.

Logging into the MyCEUCertificate Gateway is quick and easy with no enrollment required. This means you no longer need to remember and maintain learning management system credentials.

Log in to the MyCEUCertificate Gateway today!

- JL Customers - MyCEUCertificate Gateway
- JH Customers - MyCEUCertificate Gateway

Logging in

To log into the MyCEUCertificate Gateway, you need three simple pieces of information. This information **must match** the information you used to register and attend the live event.

- First Name
- Last Name
- Email address

If the information above matches records within the Gateway, we will instantly send a one-time passcode to the email address entered. Retrieve the OTP code from your email and enter it into the Gateway when prompted.

Additional information regarding Gateway navigation and much more can be found within the reference materials listed below.

PECOS 2.0

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- Coming summer 2023, PECOS will undergo a redesign to introduce PECOS 2.0
- Update will allow:
  - A single application for multiple enrollments
  - Pre-population of data and an application that is tailored to the provider/supplier
  - Enhanced capability to add or delete group members
  - Real-time processing checks and status updates
  - Revalidation reminders
- Resources:
  - MLN connects posted on January 26, 2023
  - Introducing PECOS 2.0
  - CMS PECOS 2.0 video
  - CMS PECOS 2.0 FAQs

Smart Edits – coming soon!

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- Novitas Solutions will be introducing Smart Edits to our electronic billing systems
- This enhancement will alert providers of any claims that can be repaired prior to a denial
- The messages will display on the 277CA electronic claim response report and may require the claim to be resubmitted

- Benefits of Smart Editing:
  - Identify problematic claims sooner
  - Receive clear notifications on how to fix claim errors
  - Reduce time spent on claim resubmissions
- Continue to monitor our EDI center of our website for more information

New Electronic Claim File Edit Coming Soon

- Start preparing now!
- Enter the Payer ID on all claims
  - Payer ID field is a required field
  - Verify you are entering the payer ID information in the 2010BB NM109 loop and segment of your electronic claim file
  - New edit will require the data to be entered and be entered correctly
  - Claims will reject if the payer ID is not reported accurately
  - View the Payer ID Codes listing
  - PC-ACE users:
    - ✓ The payer IDs are pre-loaded into PC-ACE
    - ✓ Select the correct payer on the insured information tab

Part A Novitas Solutions' Website

NOVITAS SOLUTIONS

- Novitas Homepage (JL)

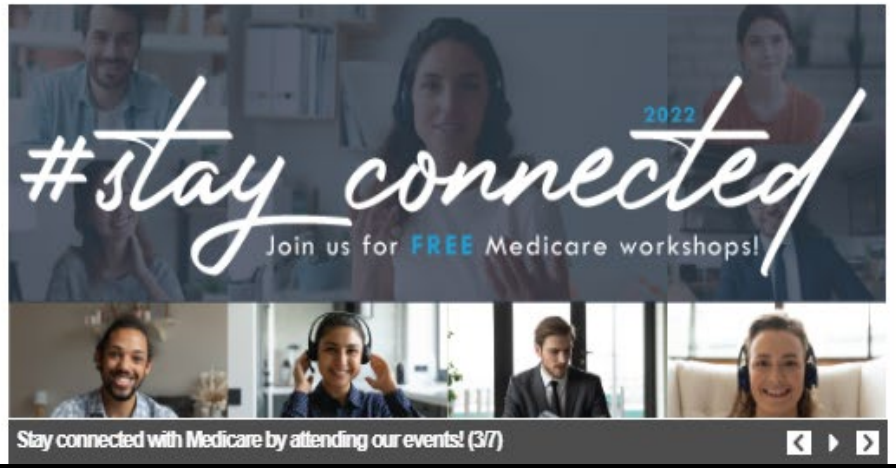
Medicare Part A [Change to B]

- JL Home
- Novitasphere Portal
- 2023 Medicare Participation
- Appeals
- CERT
- Claims
- Contact Us
- Cost Reporting
- Learning Center
- Electronic Billing-EDI
- Enrollment
- Evaluation & Management
- Frequently Asked Questions
- Fee Schedules
- Forms Catalog
- Join our E-mail Lists
- Medical Policy / LCDs
- Medical Review
- News & Publications
- Self-Service Tools
- Specialities / Services

So much has changed since the COVID-19 pandemic began, but one thing has not -- our commitment to YOU and our beneficiaries. As we look toward the future, and things continue to change, know that we will be with you every step of the way.

- Harvey Dikter, CEO and President

- Coronavirus (COVID-19) information
- Accelerated and advance payments
- COVID-19 vaccine and monoclonal antibodies



Novitasphere

All users must log in to Novitasphere at least once every 30 days to maintain access.

Sign up | Login

- Change provider location or address
- Deductibles / Coinsurance / Therapy thresholds
- FISS enrollment application
- Claim processing issues
- Modifiers
- FISS manual download
- Medicare overpayments

Provider Specialties / Services

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- Home / All Specialties (JL)

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Specialities / Services
Home / All Specialties

Medicare JL
Providers in DC, DE, MD, NJ & PA

Contact Us | Join E-Mail List | Policy Search | Novitasphere | Share Link

Search

JL Home ► Outreach and Education ► Provider Specialties / Services

Print

Provider Specialties / Services

The following pages have been developed to consolidate information for provider specialties and other specific services in one consolidated index dedicated to each. While this information is also available in other locations on our web site, these pages provide direct access to the most up-to-date topics, training, and coverage information in these specific areas.

- Ambulance
- Blood and blood products
- Critical access hospital (CAH)
- COVID-19 vaccine, monoclonal antibodies, and treatments
- Durable Medical Equipment (DME) (JL) (JH)
- End Stage Renal Disease (ESRD)
- Federally qualified health centers (FQHCs)
- Hospice
- Inpatient hospital prospective payment system (IPPS)
- Inpatient psychiatric facilities prospective payment system (IPF PPS)
- Inpatient rehabilitation facility (IRF)
- ong term care hospital (LTCH)
- Medicare diabetes prevention program (MDPP)
- Medicare secondary payer (MSP)

Medicare Secondary Payer (MSP)

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Provider specialty: Medicare secondary payer (MSP)

This is a central location for all MSP information, including links to related CMS resources and references. General information regarding the Medicare program overall can be found using the topics down your left navigation bar. Please subscribe to our mailing lists to stay current with Medicare.

MSP entitlement

- Admission questions to ask beneficiaries
- Coordination of benefits
- Coordination of benefits & recovery overview
- MSP Contractor (formerly Benefits Coordination and Recovery Center (BCRC))
- Part A other insurer intake tool

MSP billing

- Billing and coding
- Claim adjustment segment coding worksheet
- Conditional payment
- MSP frequently asked questions
- Medicare secondary payer booklet
- Medicare secondary payer: Don't deny services & bill correctly
- Medicare secondary payer (MSP) – Medicare as the tertiary payer
- Medicare secondary payer (MSP) educational series questions
- Medicare secondary payer (MSP) ongoing responsibility for medicals (ORM)
- Medicare secondary payer (MSP) provisions
- Medicare secondary payer (MSP) status location RB75XX or PB75XX
- Providers denying services and treatment to Medicare beneficiaries with open Medicare secondary payer (MSP) records
- Reason codes 31102 and 31361
- Reason code U6802
- Submission checklist
- Value code 44 decision tree

PA Program for Certain Hospital OPD Services Webpage

- For details, links, and submission guidelines refer to the Prior Authorization (PA) Program for Certain Hospital Outpatient Department (OPD) Services (JL) webpage
- **PA customer service: 1-855-340-5975**
  - Monday – Friday
  - 8 a.m. – 6 p.m. ET

New Provider Roadmap

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- The New Provider Roadmap (JL)

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Medicare Part A [Change to B]

- JL Home
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- Self-Service Tools
- Specialities / Services

COVID-19 vaccine

Medicare JL
Providers in DC, DE, MD, NJ & PA

Contact Us | Join E-Mail List | Policy Search | Novitasphere | Share Link

Search

JL Home ► OutreachandEducation

Print

New Provider Roadmap

As an attempt to simplify the Medicare process for the provider community, we have constructed a tool to guide a new provider through the Medicare process. Throughout this page, hyperlinks to our resources will be provided to help further your knowledge of the Medicare program.

Provider Enrollment | Electronic Billing | Claim Submission | Appeals | Roadmap Complete!

Provider Enrollment
Provider Enrollment is the process of credentialing a provider/supplier into the Medicare Program. Provider/suppliers must be enrolled in Medicare to render services to beneficiaries and receive reimbursement.

Claim Submission
Claim submission explains how to submit your claims accurately to Medicare.

Electronic Billing
Electronic Billing is the single most effective way to become more efficient in your daily business routine with Medicare. Improved cash flow, added security, and decreased administrative costs are just some of the advantages of electronic billing.

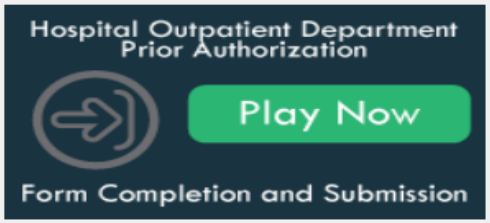
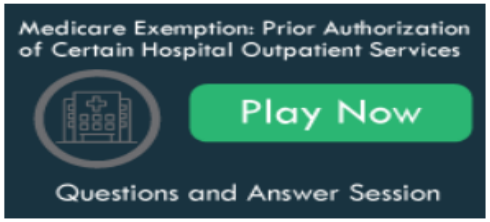
Appeals
An appeal is a new and independent review of an initial determination of a claim.

On-Demand Click and Play Training Videos

NOVITAS SOLUTIONS

- Prior Authorization On-Demand Training (JL)

Prior Authorization

	Hospital Outpatient Department (OPD) Prior Authorization Form Completion and Submission Transcript Runtime: 24:07 As a condition of payment, a prior authorization request (PAR) is required for certain hospital outpatient department (OPD) services. The hospital OPD, or provider on behalf of the hospital OPD, must submit the PAR before the service is provided to the beneficiary and before the claim is submitted for processing. This video guides you through the process of completing and submitting the PAR. Watched the video? Let us know how we did .
	Medicare Exemption: Prior Authorization of Certain Hospital Outpatient Services Runtime = 7:14 Transcript This video is a question-and-answer session facilitated by the Medicare Administrative Contractor (MAC) Prior Authorization Collaboration Workgroup to ensure consistency in educational efforts regarding the prior authorization for certain hospital outpatient services (HOPD) exemption process. Watched the video? Let us know how we did.

Self-Paced Courses – Education on Your Schedule!

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- Novitas Solutions On-Demand education is growing! Did you know that we now offer the following **free** On-Demand education? Continue to monitor the pages below for updates!
  - ***Webinar Recordings***
    - ✓ Webinar recordings are now available! Continue to monitor our Webinar Recordings page for additional recording options!
  - ***Click and Play Videos***
    - ✓ Looking for help now? Novitas Solutions offers a variety of tutorials aimed at helping you navigate forms, billing, enrollment and so much more. Visit our Training Videos page to see a full list of videos.

#StayConnected Workshops

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Month	Workshop Topic
May 23 – May 24	Part A Post Payment Workshop
June 26 – June 29	New Provider Workshop
July 11 – July 13	Skilled Nursing Facility Workshop

Provider Self Service Tools

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- Self-Service Tools (JL)

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Medicare Part A [Change to B]

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- Join our E-mail Lists
- Medical Policy / LCDs
- Medical Review
- News & Publications
- Self-Service Tools
  - Home / All Tools
  - Appeals Status
  - CERT CID Lookup
  - Credit Balance Status
  - Direct Data Entry (FISS)
  - Enrollment Status
  - Find a Physician
  - Find a Policy
  - Telephone IVR
- Specialities / Services

Medicare JL
Providers in DC, DE, MD, NJ & PA

Contact Us | Join E-Mail List | Policy Search | Novitasphere | Share Link

Search

JL Home ► CustomerServiceCenter

Print

Self-Service Tools

Search & Status Lookup Tools

NEW: National Correct Coding (NCCI) Procedure to Procedure (PTP) Lookup Tool

Enrollment Status · Search Medical Policy / LCDs · Appeal Status · CERT CID Lookup · Credit Balance Status · 277CA Reject Code Lookup · Opt-Out Listings · Find Medicare Participating Physicians (MEDPAR)· UB-04 Form Locator Code Lookup · FastTrack to Medicare Coverage Policies

These tools provide instant results with a minimal amount of input from you. Quickly check the status of an application, inquiry, or locate a policy in seconds.

Online Electronic Submission Tools

Novitasphere · Enrollment Gateway · PECOS · MCReF (cost report portal) · More

Avoid the wait and submit your claims, medical records, and other correspondence electronically.

Novitasphere Portal

Novitasphere Login · Novitasphere Enrollment (New Account) · Electronic Remittance Advice (ERA) Retrieval

Novitasphere is our free, secure internet portal which provides access to claim submission, beneficiary eligibility, and many other time-saving features.

Gateways

Enrollment Gateway · Enrollment Gateway User Guide

Gateways allow you shortcuts to submit popular transactions on the web for free, with no enrollment required.

Fiscal Intermediary Shared System (FISS)

FISS Enrollment Application · Password Resets · FISS training manual

New National Correct Coding (NCCI) Procedure to Procedure (PTP) Lookup Tool

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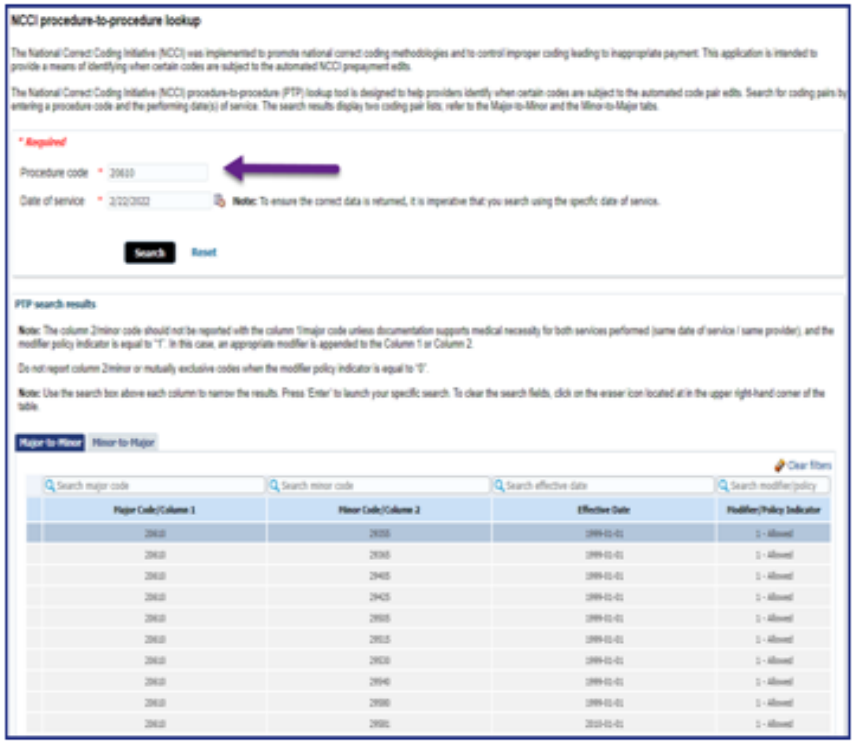
National Correct Coding Initiative (NCCI) Edits Apply to OPPS and Non-OPPS Claims (novitas-solutions.com)

- Save research time by using our new NCCI PTP Lookup tool
- Our tool will assist with easy identification of proper code pair selection and modifier reporting
- Use of the tool is quick and easy:
  - Enter a procedure code from your code pair and date of service
  - Results will show if a modifier is valid for the code pair
- Also review the NCCI associated modifiers



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FastTrack to Medicare Coverage Policies Tool

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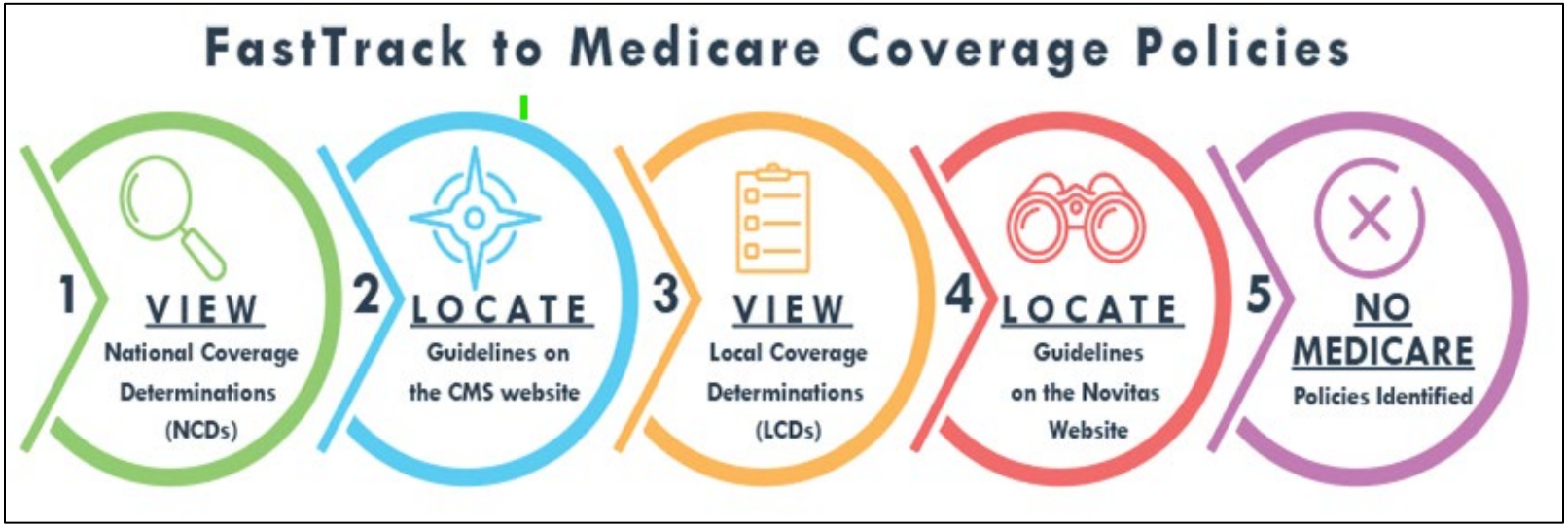
- Do you find it challenging to identify a Medicare coverage policy concerning a particular item or service?
- Novitas has the answer: the FastTrack to Medicare Coverage Policies tool provides easy steps to follow and useful links to resources to help find your Medicare coverage answers
- FastTrack to Medicare Coverage Policies (JL)



Medical Policy Search Tool

NOVITAS SOLUTIONS

- Medical Policy Search Tool (JL)

Medicare Coverage Database Code and Keyword Search

In addition to this search, try our Active LCDs and articles interactive search and Retired LCDs and articles interactive search.

In the absence of an LCD, NCD, Billing & Coding Article, or CMS Manual Instruction, Reasonable and Necessary guidelines still apply.

Enter your search term, code, or document number below.

Search for:

Match all terms

Search In:

Local Coverage Determinations (LCDs) & Articles (Novitas Solutions)

Search

Looking for CPT and HCPCS Code Tables or a related covered diagnosis? Per CMS CR-10901, codes were relocated from the LCDs into their corresponding articles. If you don't see the code inside and LCD, be sure to check its associated article, linked at the bottom of the LCD document, which will open in a new tab.

Additional Resources

Search Tips

Help me with my claim denial

Search the Medicare Coverage Database at CMS

View active NCDs

MCD Search

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- MCD Search Results
- Keyword or document ID of LCD or NCD:
  - Starts with
  - All words
  - Any words
- All document types:
  - Local coverage
  - National coverage
- Select your state
- Select Novitas as your contractor
- More:
  - CPT/HCPC
  - ICD-10 diagnosis code
  - Date of service

MCD Search Example for LCD

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CMS.gov | Centers for Medicare & Medicaid Services

MCD Medicare Coverage Database | Search | Reports | Downloads

Search Results

Ambulance | Starts With | All Document Types | Colorado | Novitas Solutions, Inc. | More | Sort By: Relevance | New search | Copy t

Jump to: Title Results | Entire Document Results

Total Results: 5

ID	Title	Type	Contractor
Title Results (3)			
L35162	Ambulance Services (Ground Ambulance)	LCD	Novitas Solutions, Inc.
A54574	Billing and Coding: Ambulance Services (Ground Ambulance)	Article	Novitas Solutions, Inc.
A55096	Reminder Regarding Ambulance Transports – Dual Diagnoses (Provider Bulletin)	Article	Novitas Solutions, Inc.
Entire Document Results (2)			
A56645	Billing and Coding: Controlled Substance Monitoring and Drugs of Abuse Testing	Article	Novitas Solutions, Inc.
A56773	Billing and Coding: Neurophysiology Evoked Potentials (NEPs)	Article	Novitas Solutions, Inc.

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Medicare Initiatives and Reminders

Quarterly and Annual Updates

CMS Newsroom

NOVITAS SOLUTIONS

Press release

For the First Time, HHS Is Making Ownership Data for All Medicare-Certified Hospice and Home Health Agencies Publicly Available

The Biden-Harris Administration has made promoting competition and protecting consumers a top priority. Today, in support of the President's Executive Order on promoting competition and the Administration's commitment to transparency, the U.S.

Apr 20, 2023
→

Press release

CMS Approves Illinois Proposal to Expand Access to Care for Kids in Schools

Action by the Biden-Harris Administration will make more Medicaid funding available for school-based health services in Illinois, improving health care access, including mental health services

Apr 18, 2023
→

Press release

HHS Releases New Guidance to Encourage States to Apply for New Medicaid Reentry Section 1115 Demonstration Opportunity to Increase Health Care for People Leaving Carceral Facilities

New guidance can help people at high risk of substance use disorders and other health conditions get the care they need, especially as they transition from incarceration back to the community.

Apr 17, 2023
→

Fact sheet

HHS Notice of Benefit and Payment Parameters for 2024 Final Rule

In the HHS Notice of Benefit and Payment Parameters for 2024 final rule released today, the Centers for Medicare & Medicaid Services (CMS) finalized standards for issuers and Marketplaces, as well as requirements for agents, brokers, web-brokers, an

Apr 17, 2023
→

Press release

HHS Finalizes Policies to Make Coverage More Accessible and Expand Behavioral Health Care Access for Millions of Americans in 2024

Today, the Biden-Harris Administration, through the Centers for Medicare & Medicaid Services (CMS), announced measures that will make coverage more accessible, expand behavioral health care access, simplify choice, and make it easier for millions of Americans t

Apr 17, 2023

Press release

CMS Proposes Policies to Improve Patient Safety and Promote Health Equity

Proposed Rule Would Reward Hospitals that Deliver High-Quality Care to Underserved Populations

Apr 10, 2023
→

References:

[CMS Newsroom]

Ending the COVID-19 PHE - Resource Update

- Intent to end the COVID-19 national emergency and PHE declarations May 11, 2023:
  - 60 days' notice before ending the PHE
- Resources available to help you prepare for the end of the COVID-19 PHE:
  - Fact Sheet: CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency
  - CMS Emergencies Page:
    - ✓ Coronavirus Waivers & Flexibilities:
      - ➢ Provider-specific fact sheets for information about COVID-19 PHE waiver and flexibilities
    - ✓ CMS 1135 Waiver / Flexibility Request and Inquiry Form
    - ✓ Acute Hospital At Home:
      - ➢ Individual waiver (not a blanket waiver)
      - ➢ Each hospital seeking to provide acute hospital care at home must submit its own waiver request under its unique CCN

End of PHE Update: COVID-19 Vaccines, Testing and Treatments

- Vaccines:
  - Coverage will continue without cost sharing
- Testing:
  - COVID-19 PCR and antigen test coverage will continue when the test is ordered by a physician or other health care provider and performed by a laboratory
  - Current access to free over-the-counter COVID-19 tests will end with the end of the PHE
- Treatments:
  - No change in Medicare coverage of treatments for those exposed to COVID-19 once the PHE ends:
    - ✓ In cases where cost sharing and deductible apply, they will continue to apply
    - ✓ Access to oral antivirals, such as Paxlovid and Lagevrio does not change
- Reference:
  - Fact Sheet: CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency

Telehealth – End of PHE Updates

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- Telehealth Services:
  - The Consolidated Appropriations Act (CAA), 2023, extended many telehealth flexibilities through December 31, 2024:
    - ✓ People with Medicare can access telehealth services in any geographic area in the United States, rather than only those in rural areas
    - ✓ People with Medicare can stay in their homes for telehealth visits that Medicare pays for rather than traveling to a health care facility
    - ✓ Certain telehealth visits can be delivered audio-only (such as a telephone) if someone is unable to use both audio and video, such as a smartphone or computer
  - CMS updated and simplified the List of Telehealth Services to clarify that services will be available through the end of CY 2023:
    - ✓ Updates for CY 2024 and beyond will be addressed as part of the CY 2024 Physician Fee Schedule proposed and final rules
  - Physicians and practitioners will continue to bill modifier 95 with same place of service (POS) equal to what it would have been had the service been furnished in-person
  - Medicare originating site facility fee for CY 2023 is $28.64
- References:
  - MM12982 Medicare Physician Fee Schedule Final Rule Summary: CY 2023
  - Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap
  - Fact Sheet: CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency

List of Telehealth Services

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LIST OF MEDICARE TELEHEALTH SERVICES effective January 1, 2023 - updated February 13, 2023			
Code	Short Descriptor	Can Audio-only Interaction Meet the Requirements	Medicare Payment Limitations
94002	Vent mgmt inpat init day		
94003	Vent mgmt inpat subq day		
94004	Vent mgmt nf per day		
94005	Home vent mgmt supervision		Bundled code
94625	Phy/qhp op pulm rhb w/o mntr		
94626	Phy/qhp op pulm rhb w/ mntr		
94664	Evaluate pt use of inhaler		
95970	Alys npgt w/o prgrmg		
95971	Alys smpl sp/pn npgt w/prgrm		
95972	Alys cplx sp/pn npgt w/prgrm		
95983	Alys brn npgt prgrmg 15 min		
95984	Alys brn npgt prgrmg addl 15		
96105	Assessment of aphasia		
96110	Developmental screen w/score		Non-covered service
96112	Devel tst phys/qhp 1st hr		
96113	Devel tst phys/qhp ea addl		
96116	Nubhvl xm phys/qhp 1st hr	Yes	
96121	Nubhvl xm phy/qhp ea addl hr	Yes	

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COVID-19 Vaccines, Testing and Treatments

- Vaccines:
  - Coverage will continue without cost sharing
- Testing:
  - COVID-19 PCR and antigen test coverage will continue when the test is ordered by a physician or other health care provider and performed by a laboratory
  - Current access to free over-the-counter COVID-19 tests will end with the end of the PHE
- Treatments:
  - No change in Medicare coverage of treatments for those exposed to COVID-19 once the PHE ends:
    - ✓ In cases where cost sharing and deductible apply, they will continue to apply
    - ✓ Access to oral antivirals, such as Paxlovid and Lagevrio does not change

COVID-19 Waivers and Administrative Flexibilities: How Health Care Providers and Suppliers are Affected

- Standard Blanket Waivers for Disaster Responses:
  - These waivers made available to several categories of providers will end at the end of the PHE
  - For more information review the CMS Coronavirus waivers & flexibilities webpage
- Hospital at Home:
  - Under the Consolidated Appropriations Act, 2023, the Acute Hospital Care at Home initiative has been extended through December 31, 2024
    - ✓ Hospitals can continue to apply to participate in the initiative
    - ✓ If an individual is receiving care in a participating hospital and meets the requirements to receive inpatient care at home, they can continue to do so
- Nurse Aide Training for Nursing Homes:
  - All nursing aide training emergency waivers for states and facilities will end at the end of the PHE:
    - ✓ At that time, facilities will have four months (i.e., until September 10, 2023) to have all nurse aides who are hired prior to the end of the PHE complete a state-approved Nurse Aide Training and Competency Evaluation Programs (NATCEP) or Competency Evaluation Program (CEP)
    - ✓ Nurse aides hired after the end of the PHE will have up to four months from their date of hire to complete a state-approved NATCEP/CEP

COVID-19 Waivers and Administrative Flexibilities: How Health Care Providers and Suppliers are Affected Continued

- Virtual Supervision:
  - This flexibility will expire on December 31, 2023
- Scope of Practice (Certified Registered Nurse Anesthetist - Anesthesia services):
  - CMS will end this emergency waiver at the end of the PHE, but states may apply to waive the requirement
  - To apply for an exemption in a state, the Governor of the state must send a request to CMS attesting that they consulted with the State Boards of Medicine and Nursing about issues related to access to and quality of anesthesia services and concluded that it is in the best interest of the citizens of the state to opt-out of the current supervision requirements and that the opt-out is consistent with state law
- Health and Safety Requirements:
  - A significant number of emergency waivers related to health and safety requirements will expire at the end of the PHE
  - Example: During PHE, the timeframe to complete a medical record at discharge was extended:
    - ✓ With the end of the PHE, the patient's medical records are required to be completed at discharge to ensure there are no gaps in patients' continuity of care:
      - ➢ Each provider should have the most up-to-date understanding of their patients' medical records

Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap

NOVITAS SOLUTIONS

- There are significant flexibilities and actions that will not be affected as we transition from the current phase of our response to the conclusion of the COVID-19 PHE
- For more information regarding what changes and does not change across the Department of Health and Human Services, review this fact sheet

Do Not Report CR Modifier and DR Condition Code After PHE Ends

- The CR modifier and DR condition code should only be reported during a PHE when a formal waiver is in place
- Plan to discontinue using the CR modifier and DR condition code (CC) for claims with dates of service on or after May 12, 2023
- For benefit period and qualifying stay waivers in a skilled nursing facility or swing bed, submit CC DR for inpatient claims with admission dates before May 12, 2023
- References:
  - CMS MLN Connects Thursday, March 16, 2023
  - CMS MLN Connects Thursday, March 30, 2023
  - Medicare Claims Processing Manual, Pub. 100-04, Chapter 38 – Emergency Preparedness Fee-For-Service Guidance, Section 10 "Use of the CR Modifier and DR Condition Code for Disaster/Emergency-Related Claims

ICD-10 and Other Coding Revisions to National Coverage Determinations (NCD) –July 2023

NOVITAS SOLUTIONS

- MM13070:
  - Effective: July 1, 2023
  - Implementation: March 3, 2023 –A/B MACs; July 3, 2023 – Shared Systems
- Key Points:
  - Maintenance update of ICD-10 and other coding updates specific to NCDs:
    - ✓ NCD 20.4 - Implantable Cardiac Defibrillators (ICDs)
    - ✓ NCD 20.7 – Percutaneous Transluminal Angioplasty (PTA)
    - ✓ NCD 20.20 – External Counterpulsation Therapy
    - ✓ NCD 150.3 – Bone Density Studies
    - ✓ NCD 150.10 – Lumbar Artificial Disc Replacement (LADR)
    - ✓ NCD 210.1 – Prostate Cancer Screening
    - ✓ NCD 220.13 – Percutaneous Image-Guided Breast Biopsy

Technical Revisions Only to the National Coverage Determination (NCD) Manual

NOVITAS SOLUTIONS

- CR13105:
  - Effective date: April 10, 2023
  - Implementation date: April 10, 2023
- Key points:
  - Editorial, technical, expired revisions were made to Medicare National Coverage Determinations, Pub. 100-03, Chapter 1 – Coverage Determinations, Parts 1, 2, 3 and 4 related to historical NCDs
  - No revisions were made to current policies that have not been conveyed through previous change requests

Removal of a National Coverage Determination & Expansion of Coverage of Colorectal Cancer Screening

NOVITAS SOLUTIONS

- MM13017:
  - Effective Date: January 1, 2023
  - Implementation: February 27, 2023
- Key Points:
  - Removes NCD 160.22 - Ambulatory Electroencephalographic (EEG) Monitoring
  - Medicare expands coverage for certain colorectal cancer screening tests which include G0104, G0105, G0106, G0120, G0121, G0327, G0328, 81528 and 82270:
    - ✓ Minimum age payment and coverage limitation changed from 50 to 45 years:
  - Expands the regulatory definition of colorectal cancer screening tests to include a complete colorectal cancer screening, where a follow-on screening colonoscopy after a non-invasive stool-based colorectal cancer screening test returns a positive result on codes G0328, 81528 and 82270:
    - ✓ Report G0105 or G0121 and the KX modifier to indicate such service was performed as a follow-on screening after a positive result from a stool-based test:
      - ➢ Claims billed without the KX modifier will RTP for Part A and reject for Part B
  - For most beneficiaries cost sharing will not apply for either the initial stool-based test or the follow-on colonoscopy
- References:
  - Colorectal Cancer Screening
  - MM12982

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National Coverage Determination (NCD) 50.3 – Cochlear Implantation Manual Update

NOVITAS SOLUTIONS

- MM13073:
  - Effective: September 26, 2022
  - Implementation: March 24, 2023
- Key Point:
  - Expanding coverage for cochlear implantation for treatment of:
    - ✓ Bilateral pre or post – linguistic
    - ✓ Sensorineural
    - ✓ Moderate-to-profound hearing loss for individuals who demonstrate limited benefit from amplification
- Reference:
  - Medicare National Coverage Determinations (NCD) Manual, Pub. 100-03, Chapter 1 – Coverage Determinations, Part 1 Sections 10 – 80.12, Section 50 "Cochlear Implantation"
  - Medicare Claims Processing Manual, Pub. 100-04, Chapter 32 – Billing Requirements for Special Services, Section 100, "Billing Requirements for Expanded Coverage for Cochlear Implantation"

ESRD & Acute Kidney Injury Dialysis: CY 2023 Updates

NOVITAS SOLUTIONS

- MM12978:
  - Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2023
- Key points include:
  - Transitional Drug Add-on Payment Adjustment (TDAPA)
  - Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES)
  - Capital related assets adjustment (CRA) for the TPNIES
  - CY 2023 ESRD PPS and AKI Dialysis payment updates
  - ESRD PPS Base Rate
  - Outlier policy and consolidate billing requirements
  - AKI Dialysis Payment Rate Updates
  - TPINES updates
- References:
  - Federal Register Provisions

Medicare Deductible, Coinsurance & Premium Rates: Calendar Year 2023 Update

NOVITAS SOLUTIONS

- MM12903
  - Effective: January 1, 2023
  - Implementation: January 3, 2023
- Key Points:
  - 2023 Part A – Hospital Insurance:
    - ✓ Deductible: $1600.00
    - ✓ Coinsurance:
      - ➢ $400.00 a day for 61st-90th day
      - ➢ $800.00 a day for 91st-150th day (lifetime reserve days)
      - ➢ $200.00 a day for 21st-100th day (Skilled Nursing Facility coinsurance)
  - 2023 Part B –Medical Insurance:
    - ✓ Deductible: $226.00 a year
    - ✓ Coinsurance: 20 percent

2023 Annual Update of Per-Beneficiary Threshold Amounts

- MM12923
  - Effective: January 1, 2023
  - Implementation: January 3, 2023
- Key Points:
  - For CY 2023, the KX modifier threshold amounts are:
    - ✓ $2,230 for Physical Therapy (PT) and Speech-Language Pathology (SLP) services combined, and
    - ✓ $2,230 for Occupational Therapy (OT) services.
  - The targeted medical review process (first established through Section 202 of the Medicare Access and CHIP Reauthorization Act of 2015) but at a lower threshold amount of $3,000
  - This threshold amount is now termed the Medical Record (MR) threshold amount – one MR threshold amount for PT and SLP services combined and another for OT services – remains at $3,000 until CY 2028 at which time it will be updated by the Medicare Economic Index (MEI)

Outpatient Prospective Payment System (OPPS)

- Background:
  - OPPS is the payment system used by Medicare to determine how much money a hospital or community mental health center will get for outpatient care for services to patients with Medicare
- Applies to covered outpatient services:
  - ✓ Service divided into ambulatory payment classification (APCs)
  - ✓ Services within an APC are generally paid at same prospectively fixed rate
  - ✓ Rate of reimbursement varies with the location of the hospital or clinic
  - ✓ Updated quarterly

April 2023 Update of the Hospital Outpatient Prospective Payment System (OPPS)

NOVITAS SOLUTIONS

- MM13136:
  - Effective date: April 1, 2023
  - Implementation date: April 3, 2023
- Key Points:
  - Provides coding changes and policy updates effective April 1, 2023, for the hospital OPPS:
    - ✓ April 2023 revisions to the related Integrated Outpatient Code Editor (I/OCE) are in CR13125
  - New Covid-19 CPT vaccines and administration codes effective December 8, 2022 (Table 1 of CR13136):
    - ✓ 91316 - Moderna COVID-19 Vaccine, Bivalent for use as a booster for ages 6 months through 5 years
    - ✓ 0164A – Administration of Moderna COVID-19 Vaccine, Bivalent
    - ✓ 91317 - Pfizer-BioNTech COVID-19 Vaccine, Bivalent for use as a third primary series dose for ages 6 months through 4 years
    - ✓ 0173A – Administration of Pfizer-BioNtech COVID-19 Vaccine, Bivalent
  - OPPS Payment for COVID–19 treatments after the PHE:
    - ✓ After the PHE, payment for COVID-19 treatments will be packaged into the payment for a comprehensive APC (C-APC) when these services are billed on the same outpatient claim, subject to standard exclusions under the C-APC policy
    - ✓ Medicare Claims Processing Manual, Pub. 100-04, Chapter 4 - Part B Hospital (Including Inpatient Hospital Part B and OPPS), Section 10.2.3 “Comprehensive APCs”

Additional April 2023 Hospital OPPS Updates

NOVITAS SOLUTIONS

- CPT proprietary laboratory analyses (PLA) coding changes effective April 1, 2023:
  - The AMA CPT Editorial Panel established 23 new PLA codes, specifically, CPT codes 0364U through 0386U (Table 2 of CR13136)
- New device pass-through category effective January 1, 2023, Three new devices approved for pass-through status under OPPS:
  - HCPCS codes C1747, C1826, and C1827 (Table 3A of CR13136)
  - Long descriptor for device HCPCS code C1831, which was effective October 1, 2021, updated:
    - ✓ Interbody cage, anterior, lateral or posterior, personalized (implantable)
  - See Table 4 of CR13136 for complete list of category HCPCS codes and definitions used for past and present pass-through payment
- Transitional pass-through payments for designated devices:
  - Refer to Addendum P (Device-Intensive Procedures for 2023 for the most current OPPS HCPCS offset file
- Alternative pathway for devices that have an FDA breakthrough designation:
  - Access the CMS webpage Pass-Through Payment Status and New Technology Ambulatory Payment Classification (APC) for more information on device criteria to qualify for pass-through status
  - Devices with extended pass-through status from Section 4141 of Consolidation Appropriations Act of 2023 and the Associated CY 2023 device offset amounts (Table 3B of CR13136)
- Expiring pass-through status for HCPCS code C1823 effective January 1, 2023 (Table 3B of CR13136)
- Device pass-through category removed for HCPCS code C1834 (Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application)
- New skin substitutes are assigned into the low-substitute group unless CMS has pricing data that demonstrates the cost of the product is above either the mean unit cost of $47.00 or the per day cost of $837.00 for CY 2023:
  - Seven new skin substitute HCPCS codes that will be active as of April 1, 2023 (Table 11 of CR13136)

April 2023 Hospital OPPS Updates – Drugs, Biologicals, and Radiopharmaceuticals

- Twelve new certain drugs, biologicals, and radiopharmaceuticals receiving pass-through status HCPCS codes will be established on April 1, 2023 (Table 5 of CR13136)
- Two new certain drugs, biologicals, and radiopharmaceuticals receiving pass-through status HCPCS codes with a status indicator change for April 1, 2023 (Table 6 of CR13136)
- Eight HCPCS codes for certain drugs, biologicals, and radiopharmaceuticals in the outpatient setting that will have their pass-through status end on March 31, 2023 (Table 7 of CR13136)
- Twenty-two new drug, biological, and radiopharmaceutical HCPCS codes will be established on April 1, 2023 (Table 8 of CR13136)
- Two drug, biological, and radiopharmaceutical HCPCS codes have been deleted on March 31, 2023 (Table 9 of CR13136)
- One drug, biological, and radiopharmaceutical HCPCS code will have a changing status indicator and APC for April 1, 2023 (Table 10 of CR13136)
- Drugs and biologicals that will have manual adjudication status on April 1, 2023:
  - HCPCS code J1411 and J3399
- Drugs and biologicals with payments based on average sales price (ASP):
  - Updated payment rates effective April 1, 2023, found in the April 2023 update of the OPPS Addendum A and Addendum B
  - List of drugs and biologicals with corrected payment rates found in the Restated Drug and Biological Payment Rates

April 2023 Hospital OPPS Updates - OPPS Payment Files (Addenda A and B) Format Change

- Effective January 1, 2023, the Inflation Reduction Act of 2022 specifies that drug companies that raise their prices for certain Medicare Part B drugs faster than the rate of inflation must pay Medicare a rebate:
  - Beneficiary coinsurance for certain Part B drugs (including biological products) with prices that increased at a rate faster than the rate of inflation will be adjusted so beneficiary coinsurance is based on the lower inflation-adjusted payment amount
  - This new inflation rebate applies to certain Medicare Part B single source drugs and biological products, including biosimilar biological products
- Starting April 1, 2023, when the Medicare Part B payment amount for a Part B rebatable drug for a calendar quarter is higher than the inflation-adjusted payment amount:
  - Patient coinsurance will be based on 20% of the inflation-adjusted payment amount for the quarter and will be reflected as a percentage (that is less than 20%) of the Medicare Part B payment amount
  - The Medicare portion of the payment will be increased to the difference between the Medicare Part B payment amount and patient coinsurance, minus any Part B deductible and sequestration
  - Patients must be charged the correct amount of coinsurance, which may change quarterly
- Additional information pertaining to the IRA and its impact is included in the CY2023 OPPS/ASC final rule (CMS-1772-FC)
- Due to this change, effective April 1, 2023, the OPPS Addenda A and B will include the following changes:
  - Addition of a new column for “Adjusted Beneficiary Copayment” to identify - any copayment adjustment due to either the inpatient deductible amount copayment cap, or the inflation-adjusted copayment of a Part B rebatable drug per Inflation Reduction Act (IRA) provisions
  - Revision to the “Note” column which can now contain multiple messages including, but not limited to, inflation-adjusted copayment of a Part B rebatable drugs, the copayment for a code will be capped at the inpatient deductible of $1,600.00; or that the 8% of the reference product add-on applied for a biosimilar

NCCI Procedure-to-Procedure (PTP)

NOVITAS SOLUTIONS

- Definition:
  - CMS developed National Correct Coding Initiative (NCCI) to promote national correct coding methodologies and to control improper coding leading to inappropriate payment
- Purpose:
  - Applies prepayment edits when two services are performed:
    - ✓ By the same physician or provider
    - ✓ For the same beneficiary
    - ✓ On the same date of service
  - Edits are updated quarterly
  - Use modifiers to report special circumstances
- CMS created references to outline:
  - Outpatient Hospital Procedure to Procedure (PTP) edits
  - Practitioner PTP edits
- Reference:
  - CMS National Correct Coding Initiative Edits
  - CMS has a step-by-step process on the Medicare National Correct Coding Initiative:
    - ✓ How to use NCCI Tools

Quarterly Update to the National Correct Coding Initiative Procedure-to - Procedure Edits, Version 29.0

NOVITAS SOLUTIONS

- CR 12908:
  - Effective date: January 1, 2023
- Key Points:
  - CMS developed the NCCI:
    - ✓ Promote national correct coding methodologies
    - ✓ Control improper coding that leads to inappropriate payment in Part B claims
  - The PTP edits are updated quarterly; this recurring update represents Version 29.0
- References:
  - On-Demand Training NCCI Program Overview (JH) (JL)
  - Medicare Claims Processing Manual, Pub 100-04, chapter 23 – Fee Schedule Administration and Coding Requirements, section 20.9
  - CMS NCCI Website

Medically Unlikely Edits (MUEs)

NOVITAS SOLUTIONS

- CMS developed MUEs to reduce the paid claims error rate for Part B claims:
  - An MUE for a HCPCS/CPT code is the maximum units of service a provider would report under most circumstances for a single beneficiary on a single date of service:
  - Units are service are determined by the MUE Adjudication Indicator (MAI):
    - ✓ MAI of 1 – claim line of service
    - ✓ MAI or 2 or 3 – you can bill up the MUE per date of service
  - All HCPCS/CPT codes do not have an MUE
- Reference:
  - Quarterly MUE Version Update Changes
    - ✓ https://www.cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci/ncci-medicare/medicare-ncci-medically-unlikely-edits
  - Medically Unlikely Edits
    - ✓ https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html

Outpatient Hospital Facility MUEs for Evaluation and Management (E/M) HCPCS/CPT Codes Update

- Effective January 1, 2023, HCPCS/CPT codes 99218-99220 for observation services were deleted
- Outpatient hospital facility (OPH) MUEs for E/M codes 99221-99223, 99231-99233, and 99238-99239 require a MUE increase from zero (0) to one (1) effective January 1, 2023:
  - CMS will implement these changes with the July 1, 2023, MUE files
- Novitas will take the following actions:
  - Override the 58MUE edit to allow payment for HCPCS/CPT codes 99221-99223, 99231-99233, and 99238-99239
  - Adjust claims denied in error as appropriate
  - Adjudicate appeals for claims brought to our attention
- Claims meeting the following criteria will be adjusted as appropriate:
  - CAH Method II (TOB 85X) with revenue codes 096X, 097X or 098X

PA for Certain HOPD Services

NOVITAS SOLUTIONS

- A prior authorization request (PAR) is required for the following HOPD services:
  - Blepharoplasty, blepharoptosis repair, and brow ptosis repair
  - Botulinum toxin injections
  - Panniculectomy, excision of excess skin and subcutaneous tissue (including lipectomy), and related services
  - Rhinoplasty and related services
  - Vein ablation and related services
  - Cervical fusion with disc removal
  - Implanted spinal neurostimulators
- A PAR is only required for the HCPCS/CPT codes on the Final List of Outpatient Department Services That Require Prior Authorization
  - Required for HOPD services billed on a type of bill 13X:
    - If the physician will be billing POS 19 or 22 which means the hospital will be billing TOB 13X, then the PAR is required
    - A PAR is not required for ASCs or services performed in the physician's office (POS 11)
- Reference:
  - OPD Operational Guide

PA for Facet Joint Interventions

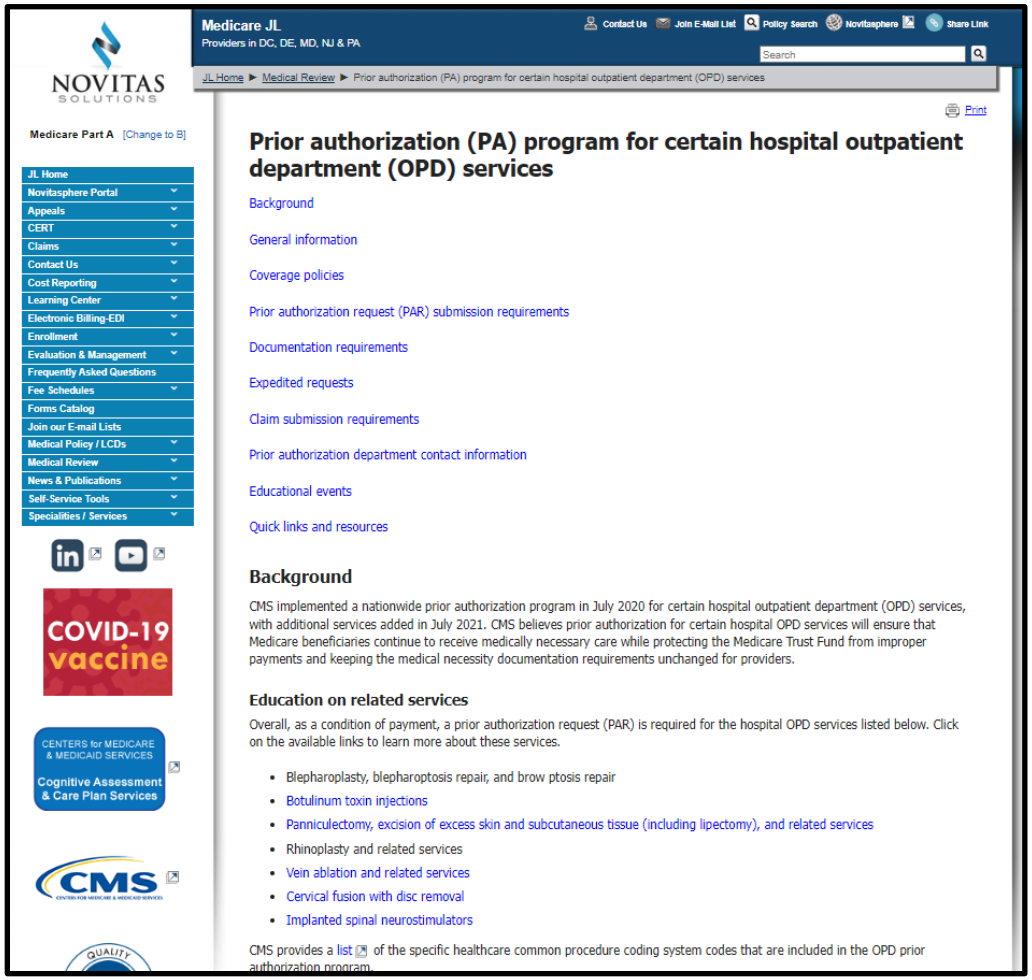
NOVITAS SOLUTIONS

- Effective for DOS beginning July 1, 2023, hospital OPDs (billing on a TOB 13X) will be required to request prior authorization for facet joint interventions when performed in the hospital OPD setting:
  - CPT codes include the range of 64490-64495 and 64633-64636
- Letters will be mailed in April to providers who have billed related services since January 2021 in hospital OPD settings (type of bill 13X)
  - Places of service (POS) 19 and 22 for physicians
- Novitas will begin accepting PARs on June 15, 2023, for DOS on or after July 1, 2023
- References:
  - Change Request (CR) 13016 Provider Education for Prior Authorization (PA) Process for Facet Joint Interventions in the Hospital Outpatient Department (OPD) Setting
  - Prior authorization (PA) for facet joint intervention

PA Program for Certain HOPD Services Webpage

NOVITAS SOLUTIONS

- For details, links, and submission guidelines refer to the Prior Authorization (PA) Program for Certain Hospital Outpatient Department (OPD) Services (JL) webpage
- **PA customer service: 1-855-340-5975**
  - Monday – Friday
  - 8 a.m. – 6 p.m. ET



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JL Home ► Medical Review ► Prior authorization (PA) program for certain hospital outpatient department (OPD) services

Medicare Part A [Change to B]

JL Home
Novitasphere Portal
Appeals
CERT
Claims
Contact Us
Cost Reporting
Learning Center
Electronic Billing-EDI
Enrollment
Evaluation & Management
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COVID-19 vaccine

CENTERS for MEDICARE & MEDICAID SERVICES
Cognitive Assessment & Care Plan Services

Print

Prior authorization (PA) program for certain hospital outpatient department (OPD) services

Background
General information
Coverage policies
Prior authorization request (PAR) submission requirements
Documentation requirements
Expedited requests
Claim submission requirements
Prior authorization department contact information
Educational events
Quick links and resources

Background

CMS implemented a nationwide prior authorization program in July 2020 for certain hospital outpatient department (OPD) services, with additional services added in July 2021. CMS believes prior authorization for certain hospital OPD services will ensure that Medicare beneficiaries continue to receive medically necessary care while protecting the Medicare Trust Fund from improper payments and keeping the medical necessity documentation requirements unchanged for providers.

Education on related services

Overall, as a condition of payment, a prior authorization request (PAR) is required for the hospital OPD services listed below. Click on the available links to learn more about these services.

- Blepharoplasty, blepharoptosis repair, and brow ptosis repair
- Botulinum toxin injections
- Panniculectomy, excision of excess skin and subcutaneous tissue (including lipectomy), and related services
- Rhinoplasty and related services
- Vein ablation and related services
- Cervical fusion with disc removal
- Implanted spinal neurostimulators

CMS provides a list of the specific healthcare common procedure coding system codes that are included in the OPD prior authorization program.

PAR Submission/Scheduling/Coding Issues/Reminders

- *****Do not schedule surgery until an approved prior authorization is received***:**
  - If procedure already rendered at time of review, the PAR will be non-affirmed
  - Best practice – submit PAR at least two weeks prior to the procedure
  - Provisional affirmation of a PAR is valid for 120 days from the decision date
- When submitting PARs, be aware of response timeframes and documentation guidelines:
  - All fields on the PAR cover sheet must be completed as appropriate
  - Don't wait too long to submit your prior authorization requests
  - Click and play training video - Hospital Outpatient Department (OPD) Prior Authorization Form Completion and Submission
- **PA has 10 business days to make a determination:**
  - Do not call the PA customer service line prior to this timeframe to check for status:
- Expedited PAR issues:
  - Expedited PARs are only to be submitted if the beneficiary's life or functional status is in jeopardy
  - Use the correct PAR cover sheet:
    - Significant volume of expedited cover sheets have been submitted for service that are scheduled for 5+ days out:
      - This does not meet the expedited criteria
- Verify the code(s) being requested are on the list of services requiring PA

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Medicare Initiatives and Reminders

General Updates

JZ modifier

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- Effective July 1, 2023, providers will be required to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable under Medicare Part B when there are no discarded amounts
- Modifier JZ utilization:
  - Zero drug amount discarded/not administered to any patient
  - Use when no amount of drug is discarded
- Modifier JW will still be required if there are discarded amounts
- Resources:
  - 2023 Physician Fee Schedule final Rule
  - 2023 Medicare Hospital Outpatient PPS and ASC Final Rule
  - CMS Frequently Asked Questions

New Fiscal Intermediary Shared System (FISS) Edit

NOVITAS SOLUTIONS

- MM12889:
  - Effective: April 1, 2023
  - Implementation: April 3, 2023
- Key Points:
  - Validate Attending Physician National Provider Identifier (NPI):
    - ✓ Institutional providers are required to append an Attending Provider name and identifiers for beneficiary's medical care and treatment (excludes nonscheduled transport claims):
      - ➢ Outpatient claims require referring provider NPI and name when referring provider is different from attending provider
      - ➢ Cannot use an “organized” NPI for attending provider
  - Billing provider may be used in billing of COVID-19, influenza and/or pneumococcal vaccines and administrations
  - Self-referred screening mammography:
    - ✓ As the only service billed or where the provider only has a type-1 NPI as physician/practitioner owned sole-proprietor
  - See MM 12889 for all exceptions

ICD-10 Revision to NCDs – April 2023 Update

NOVITAS SOLUTIONS

- MM12960
  - Effective: April 1, 2023 or as noted in MM12960
  - Implementation: April 3, 2023
- Key Points:
  - Maintenance update:
    - ✓ NCD 20.4 Implantable Automatic Defibrillators (ICDs) (Effective October 1, 2022)
    - ✓ NCD 210.10 – Screening for STIs (Effective October 1, 2022)

Changes to the Laboratory NCD Edit Software for April 2023

NOVITAS SOLUTIONS

- MM13026
  - Effective: April 1, 2023
  - Implementation: April 3, 2023
- Key Points:
  - Changes to the laboratory NCD edit module for April 2023
  - NCDs with coding updates in April:
    - ✓ 190.18 Serum Iron Studies
    - ✓ 190.22 Thyroid Testing
    - ✓ 190.23A Lipids Testing
    - ✓ 190.23B Lipids Testing
- Reference:
  - NCD spreadsheet shows the changes for these NCDs

Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions (NCD 110.21)

NOVITAS SOLUTIONS

- ESAs stimulate the bone marrow to make more red blood cells and are approved to use in reducing the need for blood transfusion
- ESA treatment **is not reasonable and necessary** for certain clinical conditions:
  - Any anemia in cancer or cancer treatment patients due to folate deficiency, B-12 deficiency, iron deficiency, hemolysis, bleeding, or bone marrow fibrosis
  - Anemia associated with treatment of acute and chronic myelogenous leukemias (CML, AML), or erythroid cancers
  - Anemia of cancer not related to cancer treatment
  - Any anemia associated only with radiotherapy
  - Prophylactic use to prevent chemotherapy-induced anemia
  - Prophylactic use to reduce tumor hypoxia
  - Patients with erythropoietin-type resistance due to neutralizing antibodies
  - Anemia due to cancer treatment if patients have uncontrolled hypertension
- Reminder when viewing the NCD spreadsheet, it provides the listing of **non-covered diagnoses**

Updates to Implantable Automatic Defibrillators (NCD 20.2), STIs and HIBC (NCD 210.10)

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- Update to billing requirements for:
  - NCD 20.2 – Implantable Automatic Defibrillators:
    - ✓ End date diagnosis code I47.2 effective September 30, 2022
    - ✓ Add diagnosis codes I47.20, I47.21 and I47.29 effective October 1, 2022
    - ✓ Updated Medicare Claims Processing Manual, Pub. 100-04, Chapter 32 – Billing Requirements for Special Services, Section, 270.2
  - NCD 210.10 – Screening for Sexually Transmitted infections (STIs) and High-intensity Behavioral counseling (HIBC):
    - ✓ Added CPT 0353U effective October 1, 2022
    - ✓ Updated Medicare Claims Processing Manual, Pub. 100-04, Chapter 18- Preventive and Screening Services, Section, 170.1
- References:
  - MM12960 – ICD-10 and other coding revisions to NCDs – April 2023 Update

Keep Your Patient Healthy!

Discuss Preventive Services and Screenings with your Patient

- Medicare pays for a full range of preventive services and screenings
  - Promoting, providing, and educating Medicare patients about potentially life-saving preventive services are essential
- CMS has developed an interactive Preventive Service Chart to assist the health care community in identifying Common Procedure Coding System (HCPCS)/Current Procedural Terminology (CPT) codes; diagnosis codes; coverage requirements; frequency requirements; and beneficiary liability for each Medicare preventive service:
  - The CMS Preventive Services educational tool is available online and provides applicable diagnosis codes for most preventive services and screenings
  - For further information, please visit the CMS Publication 100-04, Claims Processing Manual, Chapter 18 and the Preventive Services page on the CMS website

Interactive Preventive Services Tool

NOVITAS SOLUTIONS

- Preventive Services Tool

Medicare Preventive Services

× Select a Service | FAQs | Resources

Alcohol Misuse Screening & Counseling	Annual Wellness Visit	Bone Mass Measurements	Cardiovascular Disease Screening Tests	Cervical Cancer Screening	Colorectal Cancer Screening	Counseling to Prevent Tobacco Use
Depression Screening	Diabetes Screening	Diabetes Self-Management Training	Flu Shot & Administration	Glaucoma Screening	Hepatitis B Screening	Hepatitis B Shot & Administration
Hepatitis C Screening	HIV Screening	IBT for Cardiovascular Disease	IBT for Obesity	Initial Preventive Physical Exam	Lung Cancer Screening	Mammography Screening
Medical Nutrition Therapy	Medicare Diabetes Prevention Program	Pap Tests Screening	Pneumococcal Shot & Administration	Prolonged Preventive Services	Prostate Cancer Screening	STI Screening & HIBC to Prevent STIs
Screening Pelvic Exams	Ultrasound AAA Screening					

Health awareness with Medicare Preventive Services

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- April has World Immunization Week
  - Pneumococcal Shot & Administration

Pneumococcal Shot & Administration

Print

HCPCS & CPT Codes

G0009 — Administration of pneumococcal vaccine

90670 — Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use

90671 — Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use

90677 — Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use

90732 — Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use

What's Changed?

- No changes from the last quarter

ICD-10 Codes

- Z23

Note: Additional ICD-10 codes may apply. Find individual change requests and specific ICD-10-CM service codes we cover on the CMS ICD-10 webpage. Find your MAC's website for more information.

Medicare Covers

- Patients with Medicare Part B

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Vaccine Timing

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Pneumococcal Vaccine Timing for Adults

Make sure your patients are up to date with pneumococcal vaccination.

Adults ≥65 years old
Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20	PCV15 → ≥1 year† → PPSV23
PPSV23 only at any age	≥1 year → PCV20	≥1 year → PCV15
PCV13 only at any age	≥1 year → PCV20	≥1 year† → PPSV23
PCV13 at any age & **PPSV23** at <65 yrs	≥5 years → PCV20	≥5 years§ → PPSV23

* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines
† Consider minimum interval (8 weeks) for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak (CSF) leak
§ For adults with an immunocompromising condition, cochlear implant, or CSF leak, the minimum interval for PPSV23 is ≥8 weeks since last PCV13 dose and ≥5 years since last PPSV23 dose; for others, the minimum interval for PPSV23 is ≥1 year since last PCV13 dose and ≥5 years since last PPSV23 dose

Shared clinical decision-making for those who already completed the series with PCV13 and PPSV23

Prior vaccines	Shared clinical decision-making option
Complete series: **PCV13** at any age & **PPSV23** at ≥65 yrs	≥5 years → PCV20 Together, with the patient, vaccine providers **may choose** to administer PCV20 to adults ≥65 years old who have already received PCV13 (but not PCV15 or PCV20) at any age and PPSV23 at or after the age of 65 years old.

www.cdc.gov/pneumococcal/vaccination.html

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Summary

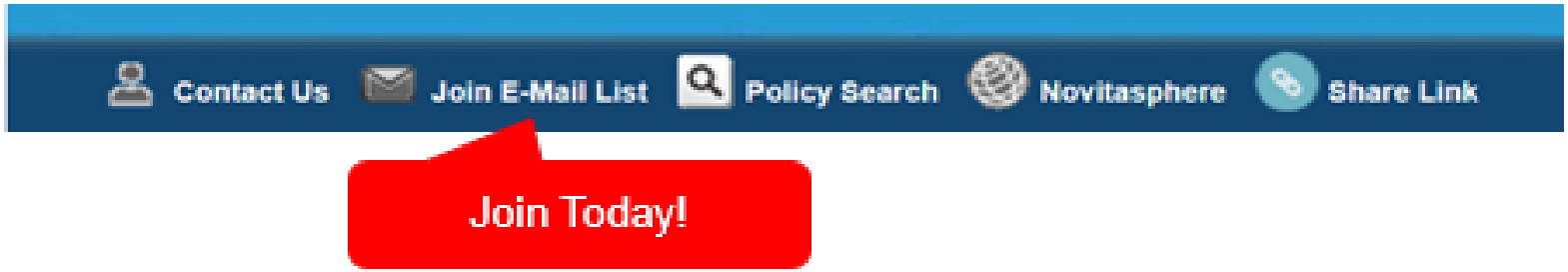
NOVITAS SOLUTIONS

- Novitas Initiatives
- Take advantage of the various self-service options available to the provider community
- Medicare Initiatives and Reminders
- Keep Your Patients Healthy
- Stay up to date with the latest Medicare changes by visiting the Novitas Solutions website

Customer Contact Information

- Providers are required to use the IVR unit to obtain:
  - Claim Status
  - Patient Eligibility
  - Check/Earning
  - Remittance inquiries
- Jurisdiction L:
  - Customer Contact Center- 1-877-235-8073
- Patient / Medicare Beneficiary:
  - 1-800-MEDICARE (1-800-633-4227)
  - http://www.medicare.gov

Join the Novitas eNews Email List!



- Receive current updates directly via email:
  - Part A and Part B News
  - Issued every Tuesday and Friday
  - CMS MLN Connects issued Thursdays
- Subscribing is quick and easy:
  - Click the Join E-Mail List (JL) from our website tool bar
- Didn't receive verification or stopped receiving email notifications?
  - Follow these simple steps to allow emails

Thank You for Attending!

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