



Novitas Solutions Presents: Medicare Updates and Changes

Maryland AAHAM
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Your Presenter



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Today's Presentation



- 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



Acronym	Definition
CMS	Centers for Medicare & Medicaid
CR	Change Request
CY	Calendar Year
EDI	Electronic Data Interchange
ESRD	End Stage Renal Disease
FY	Fiscal Year
HCPCS	Healthcare Common Procedure Coding System
IPPS	Inpatient Prospective Payment System
LCD	Local Coverage Determination
LTCH	Long Term Care Hospital

Acronym List Two



Acronym	Definition
MCD	Medicare Coverage Database
NCD	National Coverage Determination
OPPS	Outpatient Prospective Payment System
OT	Occupational Therapy
PHE	Public Health Emergency
PPS	Prospective Payment System
SNF	Skilled Nursing Facility

Novitas Initiatives

PECOS 2.0



- Coming in 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



- Novitas Solutions implemented Smart Edits to our electronic billing systems on July 15, 2023
 - Payer ID edit and several other Smart Edits were implemented on July 15, 2023
 - Additional Smart Edits continue to be added
 - Follow our Smart Edit list webpage for updated information (Part A [JH](#) [JL](#)) (Part B [JH](#) [JL](#))
- This enhancement will alert providers of any claims that can be repaired prior to a denial or rejection
- The messages will display on the 277CA electronic claim response report and may require the claim to be resubmitted:
 - Claims rejected do not enter the claims processing system and are not assigned a claim number
- Follow our Smart Edit webpage for updated information ([JH](#)) ([JL](#))

Part A Novitas Solutions' Website



- Novitas Homepage ([JH](#)) ([JL](#))

A screenshot of the Novitas Medicare JL website homepage. The page has a dark blue header with the Novitas logo on the left and navigation links like 'Contact Us', 'Join E-Mail List', 'Policy Search', 'Novitasphere', and 'Share Link' on the right. Below the header is a search bar and a 'Print' button. The main content area features a large banner with the text 'LEARN how and when to... Submit Medical Documentation' and a video player. To the right of the banner is a 'Novitasphere' login box with 'Sign up' and 'Login' buttons, and a list of services including 'Change provider location or address', 'Deductibles / Coinsurance / Therapy thresholds', 'FISS enrollment application', 'Claim processing issues', 'Modifiers', 'FISS user manual', and 'Medicare overpayments'. A left sidebar contains a 'Medicare Part A [Change to B]' section and a list of navigation items such as 'JL Home', 'Novitasphere Portal', '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', and 'Specialties / Services'. At the bottom of the page is a 'Resource Center' section.

Part A Novitas Solutions' Website Quick Links



- Deductibles / Coinsurance / Therapy thresholds ([JH](#)) ([JL](#))

A screenshot of the Novitas Solutions Medicare JL website. The page has a dark blue header with the Novitas Solutions logo on the left and navigation links like "Contact Us", "Join E-Mail List", "Policy Search", "Novitasphere", and "Share Link" on the right. Below the header is a search bar. The main content area features a large video player with the text "LEARN how and when to... Submit Medical Documentation". To the right of the video is a "Novitasphere" login box with a warning that users must log in every 30 days. Below the video is a "Resource Center" section. On the left side of the page is a vertical navigation menu with various links such as "Home", "Novitasphere Portal", "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", and "Specialties / Services".

Deductibles / co-insurances / therapy thresholds



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 ▾
- Frequently Asked Questions
- Fee Schedules ▾
- Forms Catalog
- Join our E-mail Lists
- Medical Policy / LCDs ▾
- Medical Review ▾
- News & Publications ▾
- Self-Service Tools ▾
- Specialties / Services ▾

Deductibles/co-insurances/therapy thresholds

Part A (2023 - 2021)

Year	Deductible	Co-insurance
2023	1,600.00	\$400.00 a day for days 61-90 \$800.00 a day for days 91-150 (lifetime reserve days) \$200.00 a day for skilled nursing facility days 21-100
2022	1,556.00	\$389.00 a day for days 61-90 \$778.00 a day for days 91-150 (lifetime reserve days) \$194.50 a day for skilled nursing facility days 21-100
2021	1,484.00	\$371.00 a day for days 61-90 \$742.00 a day for days 91-150 (lifetime reserve days) \$185.50 a day for skilled nursing facility days 21-100

Medicare Initiatives and Reminders

Quarterly and Annual Updates

CMS Newsroom



■ [CMS Newsroom](#)

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Press release

CMS Statement on Current Status of Blood Tests for Organ Transplant Rejection

The Centers for Medicare & Medicaid Services (CMS) confirms that neither CMS nor the Medicare Administrative Contractors (MACs) have made changes that affect patients' ability to have blood tests used to monitor for organ transplantation rejection covered when

Sep 25, 2023 | Coverage Policy

[READ MORE →](#)

Press release

CMS Statement on Current Status of Blood Tests for Organ Transplant Rejection

The Centers for Medicare & Medicaid Services (CMS) confirms that neither CMS nor the Medicare Administrative Contractors (MACs) have made changes that affect patients' ability to have blood tests used to monitor for organ transplantation rejection covered when ordered by their

Sep 25, 2023

CMS Round Up

CMS Roundup (Sep. 22, 2023)

Today, the Centers for Medicare & Medicaid Services (CMS) provides an at-a-glance summary of news from around the agency.

Mobile Crisis Intervention Services for People with Medicaid Approved for DC and Indiana

Under the American Rescue Plan, states have a new option for

Sep 22, 2023 →

Press release

Coverage for Half a Million Children and Families Will Be Reinstated Thanks to HHS' Swift Action

CMS Requires States to Pause Disenrollments and Reinstate Coverage for Impacted Individuals

Today, the U.S. Department of Health and Human Services (HHS) is announcing that it has helped half a million children and families regain their Medicaid and Children's Health Insurance

Feedback

CMS Transmittals Page



■ [2023 Transmittals](#)

The screenshot shows the CMS.gov website's "Transmittals" page. The header includes the CMS.gov logo, navigation links for various services, and a search icon. The breadcrumb trail indicates the path: Home > Regulations & Guidance > Transmittals. A left sidebar lists transmittals from 2017 to 2023, with 2023 highlighted. The main content area features a heading "Transmittals" and a paragraph explaining the purpose of transmittals and providing access to archived versions from 2000 to 2012. Two specific links are provided for 2012 and 2011 transmittals.

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[Home](#) > [Regulations & Guidance](#) > [Transmittals](#)

Transmittals

- [2023 Transmittals](#)
- [2022 Transmittals](#)
- [2021 Transmittals](#)
- [2020 Transmittals](#)
- [2019 Transmittals](#)
- [2018 Transmittals](#)
- [2017 Transmittals](#)

Transmittals

The Centers for Medicare & Medicaid Services uses transmittals to communicate new or changed policies or procedures that we will incorporate into the CMS Online Manual System. The cover or transmittal page summarizes and specifies the changes. The transmittals for 2000 through 2012 have been archived. The archived transmittals can be accessed using the following URLs:

- 2012 Transmittals
 - <https://wayback.archive-it.org/2744/20120406025352/https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2012-Transmittals.html>
- 2011 Transmittals
 - <http://wayback.archive-it.org/2744/20111201152556/http://www.cms.gov/Transmittals/2011Trans/list.asp>

Medicare Part A Skilled Nursing Facility (SNF) Prospective Payment System (PPS) Pricer Update FY 2024



- [CR13270](#):
 - Effective: October 1, 2023
 - Implementation: October 2, 2023
- Key Points:
 - Annual updates to the payment rates used under the PPS for SNFs, for FY 2024:
 - ✓ Permanent five percent cap was adopted and applied to all SNF providers on any decrease to a provider's final wage index from that provider's final wage index of the prior fiscal year
 - ✓ New SNF that opens during FY 2024 would be paid the wage index for the area in which it is geographically located for its first full or partial FY with no cap applied because a new SNF would not have a wage index in the prior FY
 - Annual updates to SNF payment rates for the upcoming FY (October 1, 2023, through September 30, 2024) are listed in the [Federal Register](#)

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



- [MM13340](#):
 - Effective date: October 1, 2023
 - Implementation date: October 2, 2023
- Key Points:
 - Provides coding changes and policy updates for the hospital OPPS:
 - ✓ Revisions to the related [Integrated Outpatient Code Editor \(I/OCE\)](#) are in [CR13340](#)
 - New Covid-19 CPT vaccines and administration codes in Table 1 effective April 18, 2023:
 - ✓ Pfizer: 0121A, 0151A, 0171A, 0172A, 91315 and 91317
 - ✓ Moderna: 0121A 0141A, 0142A, 91312, and 91314
 - ✓ NOTE: after MLN was issued, CMS recently deemed these new codes no longer payable for DOS on and after September 12, 2023
 - Original monovalent vaccines' emergency use authorization (EUA) has been rescinded and the following vaccine and vaccine administration codes are no longer recommended for use in the United States effective April 18, 2023:
 - ✓ 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 91300, 91301, 91305, 91306, 91307, 91308, 91309, 91311
 - The term “booster” will no longer be used and has been replaced with “additional dose”
 - Effective June 1, 2023, the Janssen COVID-19 vaccine (0031A, 0034A, 91303) is no longer authorized for use in the United States

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October 2023 Hospital OPPS Updates Tables 2 – 6



- [CR13340](#) tables 2 through 6

Table	Revision	Code
Table 2	Proprietary laboratory analyses (PLA) coding changes	18 new PLA codes, specifically, CPT codes 0402U through 0419U
Table 3	Multianalyte assays with algorithmic analyses (MAAA) CPT coding changes	One new MAAA code, 0019M
Table 4	Advanced diagnostic laboratory tests (ADLT) under the clinical lab fee schedule (CLFS)	One laboratory test as an ADLT, code 0360U
Table 5	Breast imaging service using opto-acoustic imaging	New code, C9788
Table 6	Instillation of an anti-neoplastic pharmacologic/biologic agent into the renal pelvis	New code, C9789

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October 2023 Hospital OPPS Updates Tables 7 – 10



- [CR13340](#) tables 7 through 10

Table	Revision	Code
Table 7	Renal/kidney histotripsy lists the information associated with the clinical study, which is also posted on the CMS approved IDE studies website	New code, C9790
Table 8	Renal/kidney histotripsy long descriptor, status indicator and APC assignment effective October 1, 2023	New code, C9790
Table 9	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent of the chest effective October 1, 2023. Note: Cannot be reported with the imaging procedure CPT code 71551	New code, C9791
Table 10	New technology transcatheter atrial shunt system effective October 1, 2023	New code, C9792

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October 2023 Hospital OPPS Updates Tables 11 – 14



- [CR13340](#) tables 11 through 14

Table	Revision	Code
Table 11	Eight new codes for certain drugs, biologicals and radiopharmaceuticals receiving pass-through status on October 1, 2023	C9152 – C9158, J7214
Table 12	One HCPCS code for certain drugs, biologicals and radiopharmaceuticals in the outpatient setting that will have its pass-through status start on October 1, 2023	J9058
Table 13	Eleven HCPCS codes for certain drugs, biologicals and radiopharmaceuticals in the outpatient setting that will have their pass-through status end on September 20, 2023	A9591, C9067, J7351, J9144, J9227, J9281, J9317, J9318, Q5112, Q5113, Q5121
Table 14	One drug, biological and radiopharmaceutical HCPCS code previously established retroactive to July 6, 2023	J0174

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October 2023 Hospital OPPS Updates Tables 15 – 18



- [CR13340](#) tables 15 through 18

Table	Revision	Code
Table 15	Thirty-one new drug, biological and radiopharmaceutical HCPCS codes effective October 1, 2023	See chart in change request
Table 16	One drug, biological and radiopharmaceutical HCPCS code has been deleted on September 30, 2023	J0800
Table 17	One drug, biological and radiopharmaceutical HCPCS code has a descriptor change on October 1, 2023	J1921
Table 18	One drug, biological and radiopharmaceutical HCPCS code has a descriptor change on July 1, 2023	J2426

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October 2023 Hospital OPPS Updates Tables 19 – 20



- [CR13340](#) tables 19 through 20

Table	Revision	Code
Table 19	Vaccine that will retroactively change from non-payable status to status indicator “M” on May 31, 2023 in October 2023 update	90678
Table 20	Vaccine that will retroactively be assigned to status indicator “M” effective May 3, 2023	90679

- Drugs and biologicals with payments based on average sales price (ASP):
 - Updated payment rates effective October 1, 2023, found in the October 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](#)

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October 2023 Hospital OPPS Updates Tables 21 – 22



- [CR13340](#) tables 21 through 22

Table	Revision	Code
Table 21	Four new skin substitutes codes. Low / high cost group effective October 1, 2023	A2022, A2024, Q4285, Q4286
Table 22	One skin substitute HCPCS code that will be reassigned from the low cost skin substitute group to the high cost skin substitute group effective October 1, 2023	Q4282

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Staying Current With OPPTS Updates



- Resources:
 - [CMS Hospital Outpatient PPS](#)
 - [Coding Guidelines: Institutional Billing Resources \(Addendums A, B, D1, E\)](#)
 - ✓ [Addendum A - APC Groups and OPPTS Payment Rates](#)
 - ✓ [Addendum B - HCPCS Codes and their Status Indicators](#)
 - ✓ [Addendum D1 - Payment Status Indicators for the Hospital Outpatient Prospective Payment System](#)
 - ✓ [Addendum E - Inpatient Only Procedure Codes](#)

October 2023 Integrated Outpatient Code Editor (I/OCE) Version 24.3



- [CR13339](#):
 - Effective: October 1, 2023
 - Implementation: October 2, 2023
- Key Points:
 - Instructions and specification for the I/OCE under OPPTS and non-OPPTS outpatient departments, CMHCs, and all non-OPPTS providers:
 - ✓ [I/OCE Quarterly Release Files](#)
- Summary of quarterly release modifications include (not an all-inclusive list):
 - Edit updates for APCs, HCPCS, diagnosis coding, etc. being added, deleted or modified
 - Implement version 29.3
 - HCPCS/APC/SI changes as specified by CMS in the following tables and lists:
 - ✓ MAP_ADDON_TYPE I
 - ✓ MAP_OFFSET_CODEPAIR
 - ✓ DATAAPC
 - ✓ DATA_CAPC
 - ✓ OFFSET_HCPCS
 - ✓ DATA_HCPCPS
 - ✓ DATA_DX10
 - ✓ DATA_REVENUE

Quarterly Update to the National Correct Coding Initiative Procedure-to - Procedure Edits, Version 29.3



- [CR 13257:](#)
 - Effective date: October 1, 2023
 - Implementation date: October 2, 2023
- Key Points:
 - CMS developed the NCCI:
 - ✓ Promote national correct coding methodologies
 - ✓ Control improper coding that leads to inappropriate payment in Part B claims
- References:
 - [Medicare Claims Processing Manual, Pub 100-04, chapter 23 – Fee Schedule Administration and Coding Requirements, section 20.9](#)
 - [CMS NCCI Website](#)

ICD-10 & Other Coding Revisions to Laboratory NCDs: October 2023 Update



- [MM13269](#):
 - Effective: October 1, 2023
 - Implementation: October 2, 2023
- Key Points:
 - Maintenance update of ICD-10 conversions and other coding updates specific to NCDs due to:
 - ✓ Newly available codes
 - ✓ Coding revisions
 - ✓ Coding feedback received
 - Impacts 25 NCDs
- Reference:
 - [NCD spreadsheets](#)

Medicare Initiatives and Reminders

General Updates

Form Renewal for the Advance Beneficiary Notice (ABN) of Noncoverage



- An ABN is a written notice which a physician, provider, or supplier gives to a Medicare beneficiary before items or services are furnished when the physician, provider, or supplier believes that Medicare probably or certainly will not pay for some or all of the items or services:
 - The ABN form CMS-R-131 was renewed by the Office of Management and Budget
 - ✓ Begin using the new form now
 - ✓ Providers are required to use the renewed form by June 30, 2023
- Issued in order to transfer potential financial liability to the Medicare beneficiary in certain instances
- Reference:
 - CMS MLN Connects: [2023-04-06-MLNC](#)
 - [ABN Form \(CMS R-131\) English and Spanish](#)
 - [ABN Form Instructions](#)

Prior Authorization

PA for Certain HOPD Services



- 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](#)
 - [Facet joint interventions](#)
- 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](#)

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
 - High volume of PAR submissions being submitted as expedited which do not meet expedited criteria:
 - DOS for the procedure is not a reason for an expedited review
 - 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

COVID 19 Vaccines

Pfizer and Janssen COVID-19 Vaccines and Administrations no Longer Authorized



- The FDA announced vaccines no longer authorized for use in the U.S.
- Medicare no longer pays for the following CPT/HCPCS codes:
 - Effective for dates of service on and after June 1, 2023:
 - ✓ Janssen: 0031A, 0034A, and 91303
 - Effective for dates of service on and after April 18, 2023:
 - ✓ Pfizer: 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 91300, 91305, 91307, and 91308
 - Effective for dates of service on and after September 12, 2023:
 - ✓ Pfizer: 0121A, 0124A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A, 91312, 91315, and 91317
 - For payment allowances and locality-adjusted payment amounts for administration of these COVID-19 vaccines, refer to the [CMS Vaccine Pricing - COVID-19 Vaccines and Monoclonal Antibodies](#)

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Moderna COVID-19 Vaccines and Administrations no Longer Authorized



- The FDA announced vaccines no longer authorized for use in the U.S.
- Medicare no longer pays for the following CPT/HCPCS codes:
 - Effective for dates of service on and after April 18, 2023:
 - ✓ Moderna: 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 91301, 91306, 91309, and 91311
 - Effective for dates of service on and after September 12, 2023:
 - ✓ Moderna: 0134A, 0141A, 0142A, 0144A, 91313, 91314, and 91316,
 - For payment allowances and locality-adjusted payment amounts for administration of these COVID-19 vaccines, refer to the [CMS Vaccine Pricing - COVID-19 Vaccines and Monoclonal Antibodies](#)

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Novavax Vaccine



Code	Vaccine/Product	Effective date
91304	Novavax Covid-19 vaccine, adjuvanted (aged 12 years and older)	07/13/2022
0041A	Novavax COVID-19 vaccine, adjuvanted administration - first dose	07/13/2022
0042A	Novavax COVID-19 vaccine, adjuvanted administration – second dose	07/13/2022
0044A	Novavax COVID-19 vaccine, adjuvanted administration – booster	10/19/2022

- For payment allowances and locality-adjusted payment amounts for administration of these COVID-19 vaccines, refer to the [CMS Vaccine Pricing - COVID-19 Vaccines and Monoclonal Antibodies](#)

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New COVID-19 Vaccine Codes and Administration Codes



Code	Vaccine/Product	Effective date
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) COVID-19 vaccine, single dose	9/11/2023
91318	Pfizer-BioNTech COVID-19 Vaccine 2023-2024 Formula (Yellow Cap)	09/11/2023
91319	Pfizer-BioNTech COVID-19 Vaccine 2023-2024 Formula (Blue Cap)	09/11/2023
91320	COMIRNATY (COVID-19 Vaccine, mRNA) 2023-2024 Formula	09/11/2023
91321	Moderna COVID-19 Vaccine 2023-2024 Formula	09/11/2023
91322	SPIKEVAX 2023-2024 Formula	09/11/2023

- The federal government is not purchasing these products:
 - Medicare Part B pays for the drug and its administration under the applicable Medicare Part B payment
 - Effective September 11, 2023, CPT codes 91318-91322 will be paid at the rates assigned on the [Average Sales Price \(ASP\) fee file](#)

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2023 COVID 19 Vaccine Administration and Product Reimbursement



- Administration:
 - CMS has updated the administration fees based on the geographically-adjusted payment allowances for the COVID-19 vaccine
 - National administration rates for DOS on and after January 1, 2023:
 - ✓ COVID-19 vaccine administration \$41.52 per dose
 - ✓ COVID-19 vaccine home administration additional payment (M0201) \$36.85
- Product:
 - CPT 91304 (Novavax) - Providers should not bill for the product if they received it for free
 - Effective September 11, 2023, CPT codes 91318-91322 will be paid at the rates assigned on the [Average Sales Price \(ASP\) fee file](#):
 - ✓ The federal government is not purchasing these products
- References:
 - [2023 COVID-19 vaccine reimbursement](#)
 - [2023 COVID-19 vaccine administration fees for centralized billers, Indian Health Services, and Veterans Affairs](#)
 - [CMS Vaccine Pricing - COVID-19 Vaccines and Monoclonal Antibodies](#)

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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



- [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					

Time to Vaccinate: Flu Season Ahead



- All patients are covered for the influenza virus vaccine once per flu season but additional flu shots are allowed if medically necessary
- Use [Seasonal Influenza Vaccines Pricing](#) webpage to obtain the payment rate
- CMS developed a new [Flu Shot](#) page:
 - [Flu Shot Coding](#) – Find the right HCPCS, CPT, and ICD-10 codes
 - [Institutional Providers: Additional Information](#) – Get more information on facility and bill types
 - [Roster Billing Mass Immunizers](#) – Get coverage requirements, elements & centralized billing information if you're a mass immunizer and offer flu and pneumococcal shots to many people
 - [Become a Centralized Biller](#) – Get information on the enrollment process to become a centralized biller

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Summary



- 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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