Vermont Medical Society
Medicare Update
2019 CMS Proposed Rule
Comment period ended September 10, 2018

CMS Proposes Historic Changes to Modernize Medicare and Restore the Doctor-Patient Relationship
Streamlining Evaluation and Management (E&M) Payment and Reducing Clinician Burden
Advancing Virtual Care
Lowering Drug Costs
Quality Payment program Changes
Medicare Advantage Qualifying Payment Arrangement Incentive (MAQI) Demonstration
Price transparency: Request for information
CMS Published a new rule – “Cut the Red Tape” Reducing the provider burden

Conditions of participation
Emergency Preparedness policies
• Hospitals
• Critical access hospital, rural health centers, and federally qualified health centers
• Ambulatory surgical centers
• Transplant centers

• Hospices
• Comprehensive outpatient rehabilitation facilities
• Community mental health centers
• Portable x-ray services
• Religious nonmedical health care institutions
Our goal was achieved to reduce burden – a great start

Long-standing CMS guidelines restrict payments for concurrent E/M services performed on the same day by same-specialty providers. As practice trends have moved toward wider participation of NPs and PAs in direct patient care in multiple subspecialty areas, NGS worked internally and obtained CMS approval for a solution.

This trend has created a high level of denied NP and PA E/M claims, which are then submitted for redeterminations that ultimately result in reversals and payments.
Major NGS initiative to reduce provider burden and reduce appeals

E&M front end editing changed for Nurse Practitioners and Physician Assistant began on September 17, 2018. On all new NP and PA E&M claims, report the specialty associated with the care associated with the MD

Format examples: “Spec 06” or “Spec 26”

A simple addition to the claim level reporting will allow us to approve the medically necessary, second visit on the same day.

www.ngsmedicare.com has all of the details.
“Rural Serv” will be built on input from rural providers and beneficiaries, focused on the CMS objectives for rural health:

Apply a rural lens to Medicare programs and policies

Improve access to care through provider engagement and support

Education on use of telehealth and telemedicine

Assist providers and patients in rural communities to make decisions about their healthcare

Leverage partnerships in the community to achieve the goals of the CMS
Qualified Medicare Beneficiaries (QMB)

People who are eligible to receive benefits from both the Medicare and Medicaid programs at the same time are known as “dual eligible beneficiaries”. No balance billing is allowed. This applies to all physicians.

As of July 2018, remittances now contain all payment details.

Remittance issued between October 2, 2017 to December 31, 2017 did not contain all needed information. Following CMS instructions, these remittances are in the process of being reissued. These notices will assist in collecting outstanding balances from other insurers or Medicaid.

- The Dual Eligible Beneficiaries Under the Medicare and Medicaid Programs Fact Sheet
- The Special Edition MLN Matters Article SE1128 Revised: Prohibition on Balance Billing Dually Eligible Individuals Enrolled in the Qualified Medicare Beneficiary (QMB) Program
Provider Revalidation

- CMS is resuming regular revalidation **every 5 years** Part B providers and suppliers.

- During a revalidation, providers receive requests to revalidate their Medicare enrollment information and can revalidate their enrollment information using the Internet-based PECOS
  - [https://pecos.cms.hhs.gov/pecos/login.do](https://pecos.cms.hhs.gov/pecos/login.do)

- Failure to submit a complete revalidation application may result in deactivation of Medicare billing privileges

- **Current processing time frame is now 30 days. 60% of enrollment is received with the use of the PECOS web tool.**
ICD-10 2019 Implemented Oct 1, 2018

435 proposed diagnosis code changes
247 new codes,
139 revised codes, and
49 invalidated codes.

Reference: CMS MM 10622
All NGS LCDs will be updated prior to October 1

Reminder  CPT 2019 - January 1, 2019
AMA releases 335 code changes for 2019

Are you up to date with changes for your specialty?
It’s the season - Take time to verify all coding and billing rules

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90630</td>
<td>Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use</td>
</tr>
<tr>
<td>90653</td>
<td>Influenza vaccine, inactivated, subunit, adjuvanted, for intramuscular use</td>
</tr>
<tr>
<td>90656</td>
<td>Influenza virus vaccine, Inactive 48+ mos preservative free</td>
</tr>
<tr>
<td>90662</td>
<td>Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use</td>
</tr>
<tr>
<td>90673</td>
<td>Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutnin (HA) protein only, preservative and antibiotic free, for intramuscular use</td>
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</table>
## Flu vaccine codes

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<tr>
<td>90674</td>
<td>Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use</td>
</tr>
<tr>
<td>90682</td>
<td>Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use (For claims with DOS on or after July 1, 2017)</td>
</tr>
<tr>
<td>90685</td>
<td>Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use</td>
</tr>
<tr>
<td>90686</td>
<td>Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use</td>
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# Flu Shot codes

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<tr>
<td>90687</td>
<td>Fluzone, Quad, w/preserv (IIV4) Influenza, inj, quad w/presr, 6-35mos</td>
</tr>
<tr>
<td>90688</td>
<td>Influenza virus vaccine, quadrivalent, split virus, when administered to individuals 3 years of age and older, for intramuscular use</td>
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New Vaccine

Effective **January 1, 2019**, contractors shall add influenza virus vaccine code 90689 to existing influenza virus vaccine edits. Coinsurance and deductible do not apply.

90689 =Influenza virus vaccine quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25mL dosage, for intramuscular use ( CR 10871 )

**Administration HCPCS code**

- G0008 for influenza virus vaccine seasonal administration

**ICD-10 diagnosis code**

- Z23
CMS tool for preventive service

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<th>RESOURCES</th>
<th>PRINT SERVICES</th>
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**MEDICARE PREVENTIVE SERVICES**

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<tr>
<th>Service</th>
<th>アルコール依存症のスクリーニングとカウンセリング</th>
<th>年次健康診断(AMV)</th>
<th>骨密度測定</th>
<th>心血管疾患のスクリーニング</th>
<th>腸管癌スクリーニング</th>
<th>吸収防止</th>
<th>うつ病スクリーニング</th>
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<tr>
<td>Diabetes Screening</td>
<td>糖尿病自己管理トレーニング(DSMT)</td>
<td>原発性開眼異常 (GMS)</td>
<td>肝炎Bウイルス(HBV)スクリーニング</td>
<td>肝炎Bウイルス(HBV)免疫接種と管理</td>
<td>肝炎Cウイルス(HCV)スクリーニング</td>
<td>人免疫不全症候群ウイルス(HIV)スクリーニング</td>
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<tr>
<td>Influenza Virus Vaccine and Administration</td>
<td>初期予防的検査(IPPE)</td>
<td>重症行動療法(IBT)</td>
<td>重症行動療法(IBT)</td>
<td>肺癌スクリーニング</td>
<td>医療栄養療法(MNT)</td>
<td>肺炎球菌予防と管理</td>
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<td>Prostate Cancer Screening</td>
<td>人乳頭瘤ウイルス(HPV)検査</td>
<td>STIスクリーニング</td>
<td>STIスクリーニング</td>
<td>腹部動脈瘤(AAA)スクリーニング</td>
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**ICN 006559 November 2016**
Medicare Updates for 2019  Just released

Monthly Part B Premium for Beneficiary $135.50  up from $134.
Income above $85,000 up to $107,000 - $214,000. pay part B Premium $189.60

Part B Deductible $185  (Part B Coinsurance 20%)

Mental Health Services 80 % with Part B Coinsurance 20%

Part A IH Deductible $1,364
Changes for Medicare beneficiaries

Annual Medicare open enrollment started on October 15, 2018 - December 7, 2018.

Starting in 2019, beneficiaries can change or disenroll from a Medicare Advantage plan from January – March of each year. Verify your patients status.

On or after January 1, 2020, no standard Medigap policy may provide coverage of the Part B deductible.
Provider Outreach and Education
Welcome to

NGSMedicare.com for Part B providers and suppliers

Medicare Part B providers administer medically-necessary and preventive services for beneficiaries by diagnosing and treating medical conditions or preventing illness or detecting it at an early stage.

Coming in 2018

With new numbers. Are you ready? Learn More!

Log in to NGSSonnex

Use the IVR System

Find an MU Course

Visit New Provider Center

Fee Schedule Lookup

LCD/Policy Search
Take advantage of the educational programs

- **How to Avoid Duplicate Claim Denials**
  Sep 21, 10:00 AM – 11:00 AM EDT
  REGISTER

- **Provider Enrollment: Getting Connected to PECOS**
  Sep 21, 10:00 AM – 11:00 AM EDT
  REGISTER

- **Utilizing NGSConnex to Verify Eligibility**
  Sep 21, 10:00 AM – 10:30 AM EDT
  REGISTER
Manuals

• Additional Development Request Letter Guide
• Ambulance Billing Guide
• Anesthesia Billing Guide
• Companion Document for 5010 Transactions
• EDI E-Signature User Guide
• General Information Guide
• IDTF Billing Guide
• Medicare Coverage of Chiropractic Services
• Medicare Part B 101 Manual
• Medicare Secondary Payer Manual for Electronic Submitters/ANSI Specifications for 837P
• Mental Health Billing Guide
Free Webinars-Check Our Calendar!

- NGSSConnex Provider Enrollment
- Reduce Claims Submissions Errors
- Around the Web Tour
- Preventive Services
- Medicare Fraud and Abuse
- Outpatient OTPT Coding and Billing
- Duplicate Claims
- Newsflash and more!
Special thanks to the Vermont Medical Society

Your questions!