

# 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 sub-specialty 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](http://www.ngsmedicare.com) has all of the details.



NGS RuralServ

Main St.

# RuralServ

Changing the Way We Deliver Education

“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>
  - CMS-855 paper application found at:  
<http://www.cms.gov/CMSForms/CMSForms/list.asp>
  
- 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

| CPT Code | Description  |
|----------|--|
| 90630    | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use  |
| 90653    | Influenza vaccine, inactivated, subunit, adjuvanted, for intramuscular use   |
| 90656    | Influenza virus vaccine, Inactive 48+ mos preservative free  |
| 90662    | Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use                            |
| 90673    | Influenza virus vaccine, trivalent, derived from recombinant DNA (RIV3), hemagglutnin (HA) protein only, preservative and antibiotic free, for intramuscular use |

# Flu vaccine codes

| CPT Code | Description   |
|----------|---|
| 90674    | Influenza virus vaccine, quadrivalent (ccIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use  |
| 90682    | 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) |
| 90685    | Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to children 6-35 months of age, for intramuscular use  |
| 90686    | Influenza virus vaccine, quadrivalent, split virus, preservative free, when administered to individuals 3 years of age and older, for intramuscular use   |

# Flu Shot codes

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

# Flu Shot reminders

## 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

SELECT A SERVICE

 You may provide some preventive services via telehealth; this symbol designates these services.

FREQUENTLY  
ASKED  
QUESTIONS










RESOURCES

PRINT  
SERVICES



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services

## MEDICARE PREVENTIVE SERVICES

|   |  |   |  |  |   |  |
|---|--|---|--|--|---|--|
| Alcohol Misuse Screening and Counseling  | Annual Wellness Visit (AWV)               | Bone Mass Measurements  | Cardiovascular Disease Screening Tests   | Colorectal Cancer Screening                        | Counseling to Prevent Tobacco Use  | Depression Screening  |
| Diabetes Screening  | Diabetes Self-Management Training (DSMT)  | Glaucoma Screening  | Hepatitis B Virus (HBV) Screening  | Hepatitis B Virus (HBV) Vaccine and Administration | Hepatitis C Virus (HCV) Screening   | Human Immunodeficiency Virus (HIV) Screening   |
| Influenza Virus Vaccine and Administration  | Initial Preventive Physical Examination (IPPE)   | Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD)  | Intensive Behavioral Therapy (IBT) for Obesity  | Lung Cancer Screening                              | Medical Nutrition Therapy (MNT)  | Pneumococcal Vaccine and Administration  |
| Prostate Cancer Screening   | Screening for Cervical Cancer with Human Papillomavirus (HPV) Tests  | Screening for STIs and HIBC to Prevent STIs                          | Screening Mammography  | Screening Pap Tests                                | Screening Pelvic Examinations   | Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)   |

▲ OPEN

 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

# Sign up for our list serv



**National Government Services**

JURISDICTION K - PART B  
IN CONNECTICUT

[Search >](#)  
[Contact Us](#) | [Subscribe to Email Updates](#) | [NGSConne](#)

Home | [ENROLLMENT](#) | [CLAIMS & APPEALS](#) | [MEDICAL POLICY & REVIEW](#) | [EDUCATION](#) | [Overpayment](#) | [Provider Resources](#)

## 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**

**New Medicare Cards**  
#NewCardNewNumber

With new numbers.  
Are you ready?  
[Learn More!](#)

1 2 3 4



[Log in to NGSConnex](#)

[Use the IVR System](#)

[Fee Schedule Lookup](#)

[Find an MU Course](#)

[Visit New Provider Center](#)

[LCD/Policy Search](#)

# Take advantage of the educational programs

The screenshot displays the National Government Services website interface. At the top left is the logo with a star and the text "National Government Services". To its right, the text "JURISDICTION K - PART B IN NEW YORK" is visible. A search bar contains the placeholder "Enter keywords or phrases" and a "Search" button. Below the search bar are links for "Contact Us", "Subscribe to Email Updates", and "NGSConnex". A navigation menu includes "ENROLLMENT", "CLAIMS & APPEALS", "MEDICAL POLICY & REVIEW", "EDUCATION" (which is highlighted with an upward arrow), "Overpayment", and "Provider Resources".

Three educational program cards are featured in the main content area:

- 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](#)

A vertical sidebar on the right side of the page, highlighted with a red border, contains several menu items:

- [Webinars, Teleconferences & Events](#)
- [Medicare University Course List](#)
- [Past Events](#)
- [Job Aids & Manuals](#)
- [POE Advisory Group](#)
- [YouTube](#)

# Manuals, Claims and Billing, Payment and Reimbursement, Provider Enrollment, Self Help

WEBINARS, TELECONFERENCES & EVENTS

MEDICARE UNIVERSITY

PAST EVENTS

JOB AIDS & MANUALS

## *Manuals*

- [Additional Development Request Letter Guide](#)
- [Ambulance Billing Guide](#)
- [Anesthesia Billing Guide](#)
- [Companion Document for 5010 Transactions](#) PDF
- [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](#) PDF
- [Mental Health Billing Guide](#)

# Free Webinars-Check Our Calendar!

- NGSConnex  
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!*