2016 Pacific Northwest Healthcare Compliance Association Conference
“Just the Data”
Presented by Noridian Provider Outreach and Education
Tammy Ewers, CPC and Linda Windley, CPC

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Agenda
• Noridian Medicare Portal Update
• Medical Review
  – What's Being Reviewed
  – Part A and Part B
• Top Appeals, Billing & Claim Review Errors
  – Part B
• Enrollment Update
Portal Online Recording

- Video Tutorial completed (18 mins.)
  - Many NMP webinars full

Differences in New Portal

- Provider responsible for administration of accounts
- Self-service password resets
- CSRs have access
- Upload spreadsheet
- System Notifications

Medical Review (MR)

What's Being Reviewed
Medicare Reviews (MR)

- Claims selection targeted to claims most likely to contain improper payment
- MR requests medical records via mail
- Pre-pay claims found to be improper:
  - Claim is denied and no payment issued
- Post-pay claims that are found to be improper:
  - Overpayment is recouped
  - Underpayment is paid back
- One on One provider education is offered to providers with a pattern of improper payments

JF – Part B Medicare Review – Specific

- Hematology/Oncology Office Visit, Established Patient, 99214 - 3/16
- Internal Medicine Subsequent Hospital Care, 99233 - 2/16
- Office/Other Outpatient Visit, 99214 by Family Practice – 3/16
- Subsequent Hospital Care, 99233: E/M Provided by Nephrology 3/16

JF – Part A Medicare Review – Specific

- Inpatient Rehabilitation Services – OR 5/16
- Nuclear Medicine: Myocardial Perfusion Imaging – WA 5/16
- Outpatient Drug J2323 – Natalizumab OR 5/16
- Chemotherapy Administration – WA 5/16
- Transthoracic Echocardiography - WA 5/16
- Skilled Nursing Facility - ID 4/16
Top Claims Errors & Appeals Data

Claims Submission Tips

• When billing repeat procedures, add a repeat modifier to procedure code

• Note: The most common repeat modifiers
  – Modifier 91: A repeat clinical diagnostic lab test
  – Modifier 76: Repeat procedure by the same physician
  – Modifier 77: Repeat procedure by another physician

• Allow 30 days from first claim submission before resubmitting

• Check claim status via Interactive Voice Response (IVR) system or

• Noridian Medicare Provider Portal
Top Claim Errors Overview

- Patient or Insured HIC #/name don’t match
- Cannot be identified as Medicare insured
- Procedure/modifier inconsistent or missing
  - Check Fee Schedule, Fee Indicator List, LCD/NCD policies and CPT/HCPCS books
- Missing/invalid referring or ordering provider in Item 17
  - For applicable CPT codes

Duplicate Claim Submission

- Inappropriate to resubmit claims or appeals
  - Until a remittance is received
  - MR has up to 30 days to review pending claims
  - If medical necessity denial
    - Must appeal – do NOT resubmit claim
- If duplicate denial
  - See original denial and determine what steps to take
- Resubmission overwhelms payment systems
  - If office software set up to auto rebill frequently, work with vendor to reset at 60 days

JF Appeals for ID, OR & WA

<table>
<thead>
<tr>
<th>State</th>
<th>Number</th>
<th>Percent</th>
</tr>
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<tbody>
<tr>
<td>Idaho</td>
<td>402</td>
<td>3.69%</td>
</tr>
<tr>
<td>Oregon</td>
<td>1,132</td>
<td>10.39%</td>
</tr>
<tr>
<td>Washington</td>
<td>3,056</td>
<td>28.06%</td>
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Top CPTs Appealed

<table>
<thead>
<tr>
<th>CPT</th>
<th>CPT Narrative</th>
<th>Category</th>
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</thead>
<tbody>
<tr>
<td>77052</td>
<td>COMPUTER ANALYSIS OF SCREENING MAMMOGRAM TO ASSIST DETECTION</td>
<td>Radiation Oncology</td>
</tr>
<tr>
<td>99291</td>
<td>CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL</td>
<td>E&amp;M</td>
</tr>
<tr>
<td>71010</td>
<td>RADILOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL</td>
<td>Radiology</td>
</tr>
<tr>
<td>99220</td>
<td>HOSPITAL OBSERVATION CARE TYPICALLY 70 MINUTES PER DAY</td>
<td>E&amp;M</td>
</tr>
<tr>
<td>88305</td>
<td>PATHOLOGY EXAMINATION OF TISSUE USING A MICROSCOPE</td>
<td>Laboratory</td>
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Top CPTs Appealed 2

<table>
<thead>
<tr>
<th>CPT</th>
<th>CPT Narrative</th>
<th>Category</th>
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<tbody>
<tr>
<td>99214</td>
<td>ESTABLISHED PATIENT OFFICE OR OTHER OUTPATIENT, VISIT TYPICAL</td>
<td>E&amp;M</td>
</tr>
<tr>
<td>98940</td>
<td>CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO</td>
<td>Chiropractic</td>
</tr>
<tr>
<td>99233</td>
<td>SUBSEQUENT HOSPITAL INPATIENT CARE, TYPICALLY 35 MINUTES</td>
<td>E&amp;M</td>
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</table>

Top Ten Appeal by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
<td>E&amp;M</td>
<td>2,013</td>
<td>18.48%</td>
</tr>
<tr>
<td>SURGERY I/SURGERY II</td>
<td>2,006</td>
<td>18.42%</td>
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<tr>
<td>RADIOLOGY/RADIATION ONCOLOGY</td>
<td>1,976</td>
<td>18.14%</td>
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<tr>
<td>LAB</td>
<td>1,384</td>
<td>12.71%</td>
</tr>
<tr>
<td>UNPROCESSABLE</td>
<td>748</td>
<td>6.87%</td>
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<tr>
<td>OVERPAYMENT</td>
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### Top Ten Appeal by Category

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
<td>AMBULANCE</td>
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</tr>
<tr>
<td>CNPR</td>
<td>392</td>
<td>3.60%</td>
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<tr>
<td>INJECTIONS</td>
<td>312</td>
<td>2.86%</td>
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<tr>
<td>RAC E&amp;M</td>
<td>230</td>
<td>2.11%</td>
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<tr>
<td>PTOT</td>
<td>196</td>
<td>1.80%</td>
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### Top Appeals – Modifiers

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Number</th>
<th>Description</th>
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<tbody>
<tr>
<td>26</td>
<td>1,508</td>
<td>Professional Component Only (separate from technical component)</td>
</tr>
<tr>
<td>25</td>
<td>372</td>
<td>Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service</td>
</tr>
<tr>
<td>AT</td>
<td>355</td>
<td>Acute or Active Treatment</td>
</tr>
<tr>
<td>59</td>
<td>310</td>
<td>Distinct Procedural Service</td>
</tr>
<tr>
<td>TC</td>
<td>254</td>
<td>Technical Component Only</td>
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### Top Appeals – Modifiers

<table>
<thead>
<tr>
<th>Modifier</th>
<th>Number</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>22</td>
<td>203</td>
<td>Increased Procedural Services (surgical/procedures codes only)</td>
</tr>
<tr>
<td>RT</td>
<td>169</td>
<td>Right Side of the Body</td>
</tr>
<tr>
<td>GA</td>
<td>168</td>
<td>Waiver of Liability Statement Issued as Required by Payer</td>
</tr>
<tr>
<td>GP</td>
<td>167</td>
<td>Services delivered under an outpatient physical therapy plan of care</td>
</tr>
<tr>
<td>RH</td>
<td>154</td>
<td>Residence to Hospital. This modifier must be submitted for a psychiatric facility located at a hospital</td>
</tr>
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Redetermination

- Redetermination
  - Appeal for medical necessity denials
  - Send complete, legible signed documentation
  - Form needs correct box filled out
    - CERT, RA, Redetermination, Western Integrity Center (WIC), etc.

Documentation Verification

- The service is appropriate to bill
- If a modifier is required
- Payment was already allowed and/or paid to the patient’s deductible
- Items or services with this message have appeal rights
- Indicate the services were not duplicate
- Submit documentation with redetermination request

Appeals Mistakes

- Modifier’s 26, 25, 59, 76, GA, TC
- Providers will send in LCD listing the payable Dxs but the one submitted is not on the policy
- Dxs, procedure codes
- Documentation lacks support for what is being appealed
Supporting Documentation

- Assure medical records support services provided
- Send requested records when records are requested
- No documentation provided to support that a patient had received the drug service billed will result in a denial when such records are requested
- Note: when sending medical documentation requested providers should include a coversheet
  - Identify who the patient is (HIC and full name)
  - Date of Service
  - Identify who requested the documentation or why they are sending it in

Top Reasons Appeals are Dismissed

- No signature on request form
  - Name and signature of person filing redetermination request
- Incomplete/insufficient information
  - Request for redetermination must include:
    - Beneficiary’s name and HIC
    - Specific service(s) and or item(s) or which redetermination is being requested
    - Specific dates of service (all from/to dates)
    - Include all pertinent medical documentation
- Unprocessable claims
- Late filing
Signature

- ALWAYS SIGN forms to Noridian
- Appeals can **not** review if missing
- Medical documentation submitted
  - Needs proper provider signature(s)
  - Speeds up process for quicker payment

Top Reasons Appeals Remain Denied

- Duplicate claim
- Documentation does not support services
- No documentation submitted with appeal
- Frequency
- Unprocessable reasons
  - Incomplete/invalid information (MA130)
- Unprocessable claims cannot be appealed
- Bundling

QIC Decisions

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<tr>
<th>Decision</th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
<td>AFFIRMATION</td>
<td>350</td>
<td>59.80%</td>
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<tr>
<td>FAVORABLE</td>
<td>179</td>
<td>30.50%</td>
</tr>
<tr>
<td>DISMISS</td>
<td>28</td>
<td>4.80%</td>
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<tr>
<td>NO PAY</td>
<td>19</td>
<td>3.20%</td>
</tr>
<tr>
<td>PARTIAL</td>
<td>10</td>
<td>1.70%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>586</td>
<td>100.00%</td>
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ALJ Decisions

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<thead>
<tr>
<th>Decision</th>
<th>Number</th>
<th>Percent</th>
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<tbody>
<tr>
<td>UNFAVORABLE (Unattended)</td>
<td>3</td>
<td>50.00%</td>
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<tr>
<td>DISMISSAL (Paper)</td>
<td>1</td>
<td>16.67%</td>
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<td>FAVORABLE (Unattended)</td>
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<td>16.67%</td>
</tr>
<tr>
<td>PARTIAL UNATTENDED</td>
<td>1</td>
<td>16.67%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>6</strong></td>
<td><strong>100.00%</strong></td>
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Enrollment Update

- Cycle 2 - [https://data.cms.gov/revalidation](https://data.cms.gov/revalidation)
- Utilize search tool with practice Due Date
- Submit Revalidation within 60 days from due date (last day of month)
  - Submit application via Internet-based PECOS
    - If TBD listed, due date coming
      - Do nothing and only submit Revalidation when due date provided
      - Check back monthly
- Any questions?
  - Contact Enrollment Contact Center
- SE1605 – Began March 1, 2016
Locate Your Date

Enrollment “Appeals”

MSI Survey

- MAC Satisfaction Survey (MSI)
  - Started May 2016 for Noridian only
- Approx. 10-minutes-quick multiple choice
- https://www.cms.gov/Medicare/Medicare-Contracting/MSI/
- Let CMS know how Noridian is performing
  - EDI, Appeals, Customer Service, self-service portal, IVR, Medical Review, Education, Enrollment and Overall Comments
Thank you!

Noridian Healthcare Solutions