DISCLAIMER

This information release is the property of Noridian Healthcare Solutions, LLC. It may be freely distributed in its entirety but may not be modified, sold for profit or used in commercial documents.

The information is provided “as is” without any expressed or implied warranty. While all information in this document is believed to be correct at the time of writing, this document is for educational purposes only and does not purport to provide legal advice.

All models, methodologies and guidelines are undergoing continuous improvement and modification by Noridian and CMS. The most current edition of the information contained in this release can be found on the Noridian website at https://med.noridianmedicare.com/ and the CMS website at http://www.cms.gov

The identification of an organization or product in this information does not imply any form of endorsement.

CPT codes, descriptors, and other data only are copyright 2019 American Medical Association. All rights reserved. Applicable FARS/DFARS apply.
Agenda

• Medicare Updates 2019
• Compliance/Documentation Reminders
• Post Pay Audit Reviewer Updates
• Noteworthy Reminders

February 2019

Medicare Updates 2019
CMS 2019 Final Rule

• Mere 2300+ pages including
  – E/M documentation updates
• 335 new/revised codes

2019 Part B Deductible/Premiums

• Standard Premium: $135.50/month
  – Varies and increases with beneficiary income
• Deductible: $185.00/year
• Coinsurance: 20%
  – None some labs/screenings – 100% covered
2019 Increases

• National Conversion Factor (CF) = $36.04
• Outpatient Therapy Threshold = $2040
  – Physical Therapist (PT) & Speech Language Pathologist (SLP) combined
  – Occupational Therapist (OT) alone

2019 Increases

• Ambulance Inflation Rate (AIF) = 2.3%
  – Add-on increases expire December 31, 2022
    • Urban – 2%    Rural - 3%    Super Rural 22.6%
• Medicare Physician Fee Schedule (MPFS)
**Inter-professional Internet Consultation**

- **99451** (5+ mins) and **99452** (30 mins)
  - Revised current 99446 (5-10 mins), 99447 (11-20 mins), 99448 (21-30 mins) & 99449 (31+ mins)
- Inter-professional consultations performed via medical review via communications technology (phone/Internet/EHR)
- Supports team-based approach (medical records, medication profiles, lab and imaging studies, pathology specimens, etc.)

---

**2019 Non F2F RPM**

- Chronic Care Remote Physiologic Monitoring (RPM)
  - Replaced 2018 CPT 99091
- **99453** Initial; set-up/patient equipment use education
- **99454** Initial; each 30 days
- **99457** Treatment management; 20 minutes+ interactive communication with patient/month
CCM CPT 99491

- **99491** (Chronic care management services, provided personally by physician or other qualified health care professional; at least 30 minutes of professional time, per calendar month with required elements)
  - For CCM patients needing greater acuity
- Same as 99490; except performed by Physician
  - “Incident to” not recognized

Simplified E/M Documentation

- CR 11063 effective January 7, 2019
- Documentation Requirements Simplification (DRS)
  - CMS simplifies E/M documentation of history/exam
    - For established patients
    - If relevant information included, clinicians focus changes since last visit
    - Rather than re-document
- CMS needs suggestions to focus next:
  - ReducingProviderBurden@cms.hhs.gov
Simplified E/M Documentation

• New/established E/M visits
  – Chief Complaint/other historical information already entered by ancillary staff/patients
  – Simply review and verify-rather than re-entered
• Eliminate med. nec. documentation requirement
  – To furnish visits in patient’s home versus office

Simplified E/M Documentation

• Remove potentially duplicative requirements
  – Certain medical record notations previously documented by residents/other members of team
• Details with past/new changes:
Communication Technology-Based

- Beneficiary convenience & provider efficiency
  - Codes decide if office visit or other service necessary
- **G2010** (remote evaluation of recorded video and/or images submitted by established patient)
  - Review patient-transmitted photo/video with pre-recorded store/forward
- **G2012** (brief communication technology-based service {e.g., virtual check-in})
  - Via telephone or other telecommunications device

Dial-Up Modem Technology

- Noridian’s Electronic Data Interchange Support Services (EDISS) no longer supports dial-up modem functionally
  - Effective October 1, 2018
- Providers need alternative connectivity methods
  - Network Service Vendors (NSVs) listing
- Noridian and EDISS cannot make this decision for your organization
  - Research internally to determine which NSV fits
NCD Diagnoses Revisions

• CR 10622 October 1, 2018
  – NCD 150.3 Bone Mineral Density Studies
  – NCD 190.11 Prothrombin Time/International Normalized Ratio (PT/INR)
  – NCD 220.6.16 Positron Emission Tomography (PET) for Infection/Inflammation
  – NCD 220.6.17 PET for Solid Tumors
  – NCD 220.13 Percutaneous Image-Guided Breast Biopsy


NCD Diagnoses Revisions

• CR 10859 effective January 1, 2019
  – NCD 190.3 Cytogenetics
  – NCD 190.11 Home Prothrombin Time (PT) / International Normalized Ratio (INR)
  – NCD 220.6.17 Positron Emission Tomography (PET) for Oncologic Conditions
  – NCD 270.3 Blood-Derived Products for Chronic, Non-Healing Wounds
  – NCD 260.1 Adult Liver Transplantation
  – NCD 110.18 Aprepitant for Chemo-Induced Emesis
  – NCD 270.1 Electrical Stimulation, Electro Therapy for Wounds
NCD Diagnoses Revisions

- CR 11005 effective April 1, 2019
  - NCD 20.7 Percutaneous Transluminal Angioplasty (PTA)
  - NCD 80.11 Vitrectomy
  - NCD 110.21 Erythropoiesis Stimulating Agents (ESAs) in Cancer and Neoplastic Conditions
  - NCD 210.2 Screening Pap Smears and Pelvic Examinations for Early Detection of Cervical or Vaginal Cancers
  - NCD 220.4 Mammograms
  - NCD 230.18 Sacral Nerve Stimulation (SNS) for Urinary Incontinence

Opioid Misuse Review

- During Initial Preventive Physical Examination (IPPE) and Annual Wellness Visit (AWV) review:
  - If beneficiary at risk: Important that providers introduce prevention, education and treatment
- CMS Special Edition (SE) 18004
- CMS Reducing Opioid Misuse
CMS Opioid Epidemic Roadmap


Telehealth Updates

- CR 11063 effective January 7, 2019
- Added prolonged preventive services (beyond typical service time of primary procedure); office/outpatient setting; requiring direct patient contact beyond usual service(s)
- **G0513** (first 30 minutes in addition to preventive)
- **G0514** (additional 30 minutes)
Telehealth Updates

- CR 11043 effective January 2, 2019
- Telehealth for Acute Stroke Individuals
  - G0 (zero) - append modifier for evaluation, diagnosis or treatment of symptoms
  - Q3014 adds additional original site facilities
- Diabetic Self-Management Training (DSMT)
  - Initial 10 hours & 2 hours annual follow-up added to Telehealth, when injection training not applicable

Compliance/Documentation Reminders
Medicare Compliance Program

• When providers enroll, they promise truthful, accurate claim submission and documentation
• Compliance Quarterly Newsletter – Medicare Learning Network (MLN)

Audit Documentation Tips

• Chemotherapy/therapeutic administration:
  – Valid intent/order for the medication?
  – Is medication SAD (self-administered drug)?
  – Do units billed match units documented?
Audited Documentation Tips

- Hydration:
  - Order older than 12 months?
  - Excessive units billed?
  - IV fluids supported as medically necessary?
  - Another infusion concurrently furnished?
Who Reviews Medicare Claims?

- Multiple post-pay contractors review
  1. Comprehensive Error Rate Testing (CERT)
  2. Office of the Inspector General (OIG)
  3. Recovery Auditor Contractor (RAC)
  4. Supplemental Medical Review Contractor (SMRC)
  5. Unified Program Integrity Contractor (UPIC)
     - Replaced ZPIC

CERT CCM Errors

- Missing notes needed to establish CCM necessity and beneficiary has 2/more chronic conditions expected to last 12 months
- Missing CCM documentation that beneficiary provided verbal/written consent
- Need notation that patient/caregiver provided copy of care plan (name/date)
CERT Top 3 Drug Error Findings

- **J1745 (Remicade; Infliximab)**
  - MISSING: 1) Treating physician’s medical necessity of Infliximab administration; 2) Signed and dated orders by treating physician including drug name, administered dose/route and frequency

- **J0897 (Prolia; Denosumab)**
  - MISSING: 1) Physician’s signed and dated order for medication; 2) Physician’s medication medical necessity

- **J7050 (Saline Solution)**
  - BUNDLED: Billed normal saline solution for infusion of Remicade included in chemotherapy administration billed on other lines-not separately billable

CERT Chart – Top 3 Drugs
Extrapolated Weighted Dollars
OIG – Physician Risk Areas

- Office of Inspector General (OIG)
  - [https://oig.hhs.gov/](https://oig.hhs.gov/)
  - Work Plan annually – now monthly

- Accurate coding and billing
  - Billing non-covered services as covered
  - Unbundling
  - Upcoding

- Monthly Medicare Provider Exclusions
  - [https://oig.hhs.gov/exclusions/exclusions_list.asp](https://oig.hhs.gov/exclusions/exclusions_list.asp)

OIG Provides Free Training

- For healthcare providers, compliance professionals and attorneys
- 2011 initiative developed with OIG’s message of compliance and prevention
OIG Fraud 2019

• Public information published when a False Claims Act (FCA) defendant falls on this risk spectrum

Fraud Risk Indicators

• Breakdown from last spectrum slide
Medicare Fraud Strike Force

• [https://oig.hhs.gov/fraud/strike-force/](https://oig.hhs.gov/fraud/strike-force/)

OIG Investigative Recoveries

• Semiannual Report to Congress
  – 90 pages for 2018
  – E.g., Inpatient rehabilitation facilities (IRFs) $5.7 billion for care not meeting Medicare's "necessary and reasonable"

OIG DME Fugitive Caught!

- Captured fugitive (over 10 years) as owners of Medical Solutions Management (MSM); NY DME company
  - Posed as health sub-contractors to gain access to nursing home/accessing charts
  - Billed Medicare/Medicaid for wound care supplies never ordered or provided
  - Partner in 2013 sentenced to 12 years & ordered to pay $4.4 million restitution

2016 OIG Counselor Case

- Don’t let this happen to your office!
- From Office of Inspector General (OIG):
  - OIG settlement with behavioral health entity
  - Employed “residential counselor”
    - Billed as other provider’s NPI
    - Residential counselors excluded from Medicare
- Retribution $90,000+ to Medicare
2017 OIG NH/Psych Testing Fraud

- Psychological testing that nursing home residents did not need or receive
  - Throughout 8 nursing homes in Southeastern U.S.
- Involved 2 owners of psychological service companies
  - Sentenced in $25.2 million Medicare fraud scheme
  - 264 months imprisonment

Immunosuppressive Drugs

- OIG Report Part B immunosuppressive drug claims - Proper KX Modifier Use - CR 10235
  - Pharmacies incorrectly Part B for claims appending KX modifier for immunosuppressive drugs
- CMS clarified manual instructions on the use of the KX modifier to help pharmacies document medical necessity of organ transplant/eligibility
OIG Ambulance Indictment

• Texas Ambulance owner indicted falsifying records as emergency transports when beneficiaries either
  – Not transported or
  – Non-emergency transports by vans, taxis, etc.
• Faked EMT records with vital signs, patient narratives, mileage & EMT
  

OIG Improper Chiropractic Payments

• Medicare Improperly Paid Providers for Items & Services ordered by Chiropractors
  – July 2018 OIG Report
Report Suspected Fraud

- OIG Hotline:
  - **1-800-HHS-TIPS** (1-800-447-8477)
- Email
  - HHSTips@oig.hhs.gov
- Online
- OIG Resource Guide

Recovery Audit Contractor (RAC)

### Top Error Reasons – Dec. 2018

- Information provided does not support level of service
- Payment included in another service received same day
- Duplicate of charge already submitted

- [https://med.noridianmedicare.com/web/jfb/cert-reviews/rac](https://med.noridianmedicare.com/web/jfb/cert-reviews/rac)
- [https://racinfo.hms.com/home.aspx](https://racinfo.hms.com/home.aspx)
Supplemental Medical Review Contractor (SMRC)

- Noridian launched SMRC website November, 2018
  - [https://www.noridiansmrc.com/](https://www.noridiansmrc.com/)
- Conducts nationwide medical review to cut down Medicare fraud, waste and abuse
  - A/B Documentation Requests
  - Current/Completed Projects
  - Discussion & Education Period

Unified Program Integrity Contractor (UPIC)

- CMS program integrity functions for Part A, B & DME
  - Qlarant covers all Noridian states
- Investigate suspected fraud, waste & abuse with Medicare & Medicaid
- Noridian website under MR
  - Other Review Contractors
- [https://med.noridianmedicare.com/web/jfb/cert-reviews/other-review-contractors/unified-program-integrity-contractor-upic](https://med.noridianmedicare.com/web/jfb/cert-reviews/other-review-contractors/unified-program-integrity-contractor-upic)
Noteworthy Reminders

CMS MLN Catalog

- MLN educational products
  - December 2018 - 24 pages
  - Mostly downloadable
- Brochures, fact sheets, MLN dedicated web pages
- General Information
- Products
- Web Guides
Portal Enhancements

- Eligibility Denial Details below eligibility-related
  - Options link under Claim Status "Related Inquiries"
  - Alien ((unlawfully present/deported)
  - Incarcerated
  - End Stage Renal Disease (ESRD)/Dialysis
  - Skilled Nursing Facility (SNF)/Inpatient
- Access details determining next step
- NMP User Manual

Qualified Medicare Beneficiary (QMB)

- Determine if beneficiary under low income QMB
- Dual-eligible Medicare/Medicaid beneficiaries
Send Portal Message

• Send Noridian secure messaging regarding claims only reviewed by CERT or Noridian Medical Review teams

Education Page - Schedule of Events
https://med.noridianmedicare.com/web/jfb/education/training-events
Questions?

Thank you!

Lori