Guided Pathways to Medicare Resources

Intermediate Curriculum for Health Care Professionals and Suppliers

GUIDED PATHWAYS TO MEDICARE RESOURCES
Intermediate Curriculum for Health Care Professionals and Suppliers

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INTRODUCTION TO GUIDED PATHWAYS

It is recommended that the learner study the *Guided Pathways to Medicare Resources: Basic Curriculum for Health Care Professionals, Suppliers, and Providers* prior to commencing review of this intermediate-level guide. The basic curriculum provides a fundamental overview of Medicare knowledge, whereas this intermediate curriculum focuses on detailed Medicare Fee-for-Service (FFS) policies and requirements for providers who enroll in Medicare using the 855 B, I or S forms. There is a companion guide entitled *Guided Pathways to Medicare Resources: Intermediate Curriculum for Health Care Providers* for those who enroll using the 855 A form.

We generally anticipate that most learners will meander through these resources and click on only topics of interest to them, instead of proceeding line-by-line.

This information is directed at the following health care practitioners and suppliers who bill carriers/Medicare Administrative Contractors (MAC):

Physicians

- Doctor of Medicine
- Doctor of Osteopathy
- Doctor of Dental Surgery or Dental Medicine (within the limitations of the law)
- Doctor of Podiatric Medicine (within the limitations of the law)
- Doctor of Optometry (within the limitations of the law)
- Doctor of Chiropractic (with respect to certain specified treatment)

Non-physician Practitioners

- Nurse Practitioner
- Physician Assistant
- Certified Registered Nurse Anesthetist
- Qualified Anesthetist
- Clinical Nurse Specialist
- Certified Nurse Midwife
- Licensed Clinical Social Worker

Other Part B Practitioners

- Anesthesiology Assistant
- Audiologist
- Qualified Dietitian
- Licensed Registered Dietitian
- Licensed Nutritionist
- Independently Billing Audiologist
- Clinical Psychologist
- Psychologist, billing independently
- Physical Therapist in private practice
- Occupational Therapist in private practice
- Speech Language Pathologist in private practice

Suppliers Who Enroll with Carriers/MACs

- Ambulance Service Suppliers
- Ambulatory Surgical Center

- Clinics/Group Practices (Hospital Departments, Multi-Specialty Clinics, Physical/Occupational Therapy Group in Private Practice, Public Health/Welfare Agency, Single Specialty Clinic)
- Competitive Acquisition Program (CAP) Part B Drug Vendor
- Independent Clinical Laboratory
- Independent Diagnostic Testing Facility
- Mammography Center
- Mass Immunizers (Roster Billing Only)
- Portable X-ray Facility
- Radiation Therapy Center
- Slide Preparation Facility
- Voluntary Health/Charitable Agency
- Rural Health Centers (RHC)/Federally Qualified Health Centers (FQHC), choosing Part B payment methodology and therefore billing specialized carriers.

The information is also helpful for suppliers of Durable Medical Equipment Prosthetics, Orthotics and Medical Supplies (DMEPOS) that bill DME MACs for:

- Nonimplantable durable medical equipment, prosthetics, orthotics, and supplies (including home use)
- Enteral and parenteral products (other than to inpatients covered under Part A)
- Oral drugs covered by Part B and billed by pharmacies
- Method II home dialysis

In addition, this information is helpful to institutional providers who bill "Part B of A" services to the Fiscal Intermediary (FI)/MAC or hospitals that may bill for Medicare Part B practitioner services.

MEDICARE PROFESSIONAL/PRACTITIONER/SUPPLIER REQUIREMENTS

Ambulance Supplier

Web page - Ambulance Services Center
http://www.cms.hhs.gov/center/ambulance.asp
This web page links to coding, policy, billing, and reimbursement information specific to ambulance suppliers.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 15 of this manual is entitled "Ambulance" and contains detailed billing and payment information.

Fact Sheet - Ambulance Fee Schedule
http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=fact%20sheet&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1208452&intNumPerPage=10
This fact sheet provides general information about the Ambulance Fee Schedule.

Ambulatory Surgery Center (ASC)

Web page - ASC
http://www.cms.hhs.gov/center/asc.asp
This web page includes links to payment, enrollment, and other information pertinent to ASCs.

IOM - Medicare Policy Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 of this manual includes relevant definitions to ASCs including discussion of independent ASCs (which bill carriers/MACs) and provider-based (which bill FIs/MACs).

Independent Diagnostic Testing Facility (IDTF)

Document - IDTF Performance Standards
http://www.cms.hhs.gov/MedicareProviderSupEnroll/Downloads/Independentdiagnostictestingfacility.pdf
This document details the performance standards that an IDTF must meet in order to obtain or maintain their Medicare billing privileges, citing the relevant Federal regulations.

Laboratory

Web page - Clinical Labs Center
http://www.cms.hhs.gov/center/clinical.asp
This web page links to essential laboratory information including coding, billing, coverage, and reimbursement.

Travel Tip:
Many points of interest are in the CMS Manual System, called the Internet Only Manuals (IOMs). Access the publications that comprise the IOM at http://www.cms.hhs.gov/Manuals/IOM/list.asp on the CMS website.

Fast Fact:
Pub. refers to one of the manuals (publications) in the CMS Internet-Only Manuals (IOM), such as Pub. 100-04, Medicare Claims Processing Manual. When you click on a chapter within a manual, you are then able to edit/search for a term.

Travel Tip:
Lab information is found in several IOMs: Pub. 100-01, Chapter 5; Pub. 100-02, Chapters 1 and 15; and Chapter 16 of Pub. 100-04, which is entitled "Laboratory Services" and includes definitions of various types of labs and claims processing policies.

Web page - Clinical Laboratory Improvement Amendments (CLIA)
http://www.cms.hhs.gov/CLIA
This web page links to valuable resources about CLIA including brochures, test categorization, and a fee schedule.

Brochure - CLIA
http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=brochure&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS061404&intNumPerPage=10
This brochure includes an overview of CLIA, test methods, categorized enrollment in the CLIA program, types of certificates, certificate compliance, performance measures, and certificate of accreditation.

Fast Fact:
CMS regulates all laboratory testing (except research) performed on humans in the U.S. through the CLIA program. The objective of the CLIA program is to ensure quality laboratory testing. All clinical laboratories must be properly certified to receive Medicare or Medicaid payments.

Mammography Center / Facility

MLN Matters Article MM4303 Mammography Facility Certification File - Updated Procedures and Content
http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM4303.pdf
This article provides a summary of Medicare mammography coverage, certification, and quality.

Fast Fact:
The law provides specific standards regarding those qualified to perform screening and diagnostic mammograms and how they should be certified. The Mammography Quality Standards Act (MQSA) requires that the Department of Health and Human Services (HHS) Secretary ensure that all facilities providing mammography services meet national quality standards.

Web page - CMS Mammography
http://www.cms.hhs.gov/Mammography
This web page links to valuable provider and beneficiary educational materials including helpful coding and coverage information.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 18
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 18 is entitled "Preventive and Screening Services" and contains information on mammography services.

Non-physician Practitioners (NPP)

Web page - Advanced Practice Nursing/Physician Assistant (APN/PA)
http://www.cms.hhs.gov/MLNProducts/70_APNPA.asp
This web page is for Medicare Fee-for-Service Advanced Practice Nurses and Physician Assistants who provide services to Medicare beneficiaries. This page includes links to two PowerPoint presentations that detail information about all those practitioners classified as NPPs, along with links to enrollment and coverage guidelines.

Fact Sheet - Fee-for-Service Provider Enrollment Reporting Responsibilities for Individual Non-Physician Practitioners Enrolled in the Medicare Program
http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=fee-for-service&filterByDID=0&sortByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1221157&intNumPerPage=10
After enrolling in the Medicare Program, all non-physician practitioners are responsible for maintaining and reporting changes in their Medicare enrollment information to their designated Medicare contractor. This fact sheet outlines such reportable events for individual non-physician practitioners.

Travel Tip:
For additional information about NPPs, you may wish to review the Social Security Act and Pub. 100-02.

Fast Fact:
NPPs may order and/or provide and bill for many Medicare services. Only qualified NPPs may order/perform Medicare covered preventive services.

Other Part B Practitioners

IOM - Medicare General Information, Eligibility, and Entitlement Manual, Pub. 100-01, Chapter 5
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS050111&intNumPerPage=10
Chapter 5 of this manual includes a definition of practitioner.

Travel Tip:
There is a special therapy services web page at http://www.cms.hhs.gov/TherapyServices on the CMS website that includes guidelines on physical therapy, occupational therapy, and speech-language pathology.

Physician

Web page - Social Security Administration - Definitions of Services, Institutions, Etc.
http://www.ssa.gov/OP_Home/ssact/title18/1861.htm
This website provides a link to Section 16, Definitions, of Title XVIII of the Social Security Act to define physician under the Medicare program.

IOM - Medicare General Information, Eligibility and Entitlement Manual, Pub. 100-01, Chapter 5
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS050111&intNumPerPage=10
Chapter 5 of this manual is entitled “Definitions” and includes definitions of various types of Medicare practitioners and suppliers.

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 of this manual is entitled "Covered Medical and Other Health Services" and outlines Medicare coverage of specific types of physician services.

Fact Sheet - Fee-for-Service Provider Enrollment Reporting Responsibilities for Individual Physicians Enrolled in the Medicare Program
http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=fee-for-service &filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1221155&intNumPerPage=10
After enrolling in the Medicare Program, all physicians are responsible for maintaining and reporting changes in their Medicare enrollment information to their designated Medicare contractor. This fact sheet outlines such reportable events for physicians.

Fact Sheet - Fee-for-Service Provider Enrollment Reporting Responsibilities for Physician Group Practices Enrolled in the Medicare Program
http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=fee-for-service&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1221156&intNumPerPage=10
After enrolling in the Medicare Program, all physician group practices are responsible for maintaining and reporting changes in their Medicare enrollment information to their designated Medicare contractor. This fact sheet outlines such reportable events for physician group practices.

Fast Fact:
There are specific definitions of who may enroll in Medicare as a physician and also which type of physicians may order, certify, or provide various Medicare services. Visit Chapter 2 of the Medicare Physician Guide: A Resource for Residents, Practicing Physicians, and Other Health Care Professionals for more information on Medicare requirements and how physicians and other practitioners enroll in Medicare. The guide is located at http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=guide&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1184005&intNumPerPage=10 on the CMS website.

Portable X-ray Supplier

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 of this manual is entitled "Covered Medical and Other Health Services" and contains information about coverage of portable x-rays not under the direct supervision of a physician.

Rural Health Center (RHC)

Web page - RHC
http://www.cms.hhs.gov/center/rural.asp
This web page is the home for CMS RHC information and links to many helpful resources such as the Rural Health Fact Sheet, enrollment rules, and coding guidelines. Independent Rural Health Centers bill a special Medicare carrier. Provider-based RHCs bill FIs/MACs.

Suppliers

Fact Sheet - Medicare Enrollment for Medicare Physicians, Non-physician Practitioners, and Other Health Care Suppliers
http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/suppliers.pdf
This fact sheet lists suppliers who enroll with Medicare Part B carriers/MACs.

Fast Fact:
Suppliers are entities, who, in addition to providers, physicians, and practitioners, may provide Medicare services. For certain suppliers, such as Ambulatory Surgical Centers, Portable X-ray Facilities, and Independent Diagnostic Testing Facilities, an onsite survey is required prior to enrollment. For other suppliers, the contractor has the discretion to perform an onsite survey, but is not required to do so. DMEPOS suppliers enroll through the National Supplier Clearinghouse (NSC).

Suppliers of Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

Web page - DME Center
http://www.cms.hhs.gov/center/dme.asp
This web page should be used by all DMEPOS suppliers and includes spotlights (information of special importance), payment information, and important links.

Web page - Social Security Act
http://www.cms.hhs.gov/DMEPOSFeeSched/03_DME_SSAct.asp#
The law is the basis of all CMS and DME MAC policies. This Social Security Act web page points out relevant DMEPOS sections of the law.

Web page - Code of Federal Regulations
http://www.cms.hhs.gov/DMEPOSFeeSched/02_DME_CFR.asp
Downloadable links to relevant DMEPOS regulations are provided on this web page.

Brochure - Medicare Enrollment for Durable Medical Equipment, Prosthetics, Orthotics and Suppliers
http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS1184262
This brochure provides information about enrollment for DMEPOS suppliers, including an overview of the enrollment process and how to report changes. All DMEPOS suppliers enroll through the National Supplier Clearinghouse (NSC).

Website - Supplier Standards & Compliance
http://www.palmettogba.com/palmetto/Providers.nsf/docsCat/Providers~National%20Supplier%20Clearinghouse~Supplier%20Enrollment~Standards%20Compliance?open
This web page links to an abbreviated version (in English and Spanish) of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain billing privileges. These standards, in their entirety, are listed in 42 CFR 424.57(c).

Fast Fact:
The NSC is the national entity that issues Medicare DMEPOS supplier authorization numbers. The NSC provides DMEPOS supplier applications, verifies application information, and administers file activity. The NSC also maintains a central data repository for information concerning DMEPOS suppliers, periodically re-enrolls active suppliers and uses the data to assist with fraud and abuse research.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 20
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 20 is the DMEPOS section of this manual and contains important billing and coverage information including supplier definitions.

MEDICARE COVERAGE AND REIMBURSEMENT: GENERAL INTERMEDIATE LEVEL

Travel Tip:
If you are interested in basic coverage and reimbursement information, refer to Guided Pathways to Medicare Resources: Basic Curriculum for Health Care Professionals, Suppliers, and Providers. This section focuses on more specific topics. In addition to these resources, the learner should search Transmittals at http://www.cms.hhs.gov/Transmittals and either register to be notified of new MLN Matters articles or access the search feature at http://www.cms.hhs.gov/MLNMattersArticles/01_Overview.asp to locate the newest information on the CMS website. Learners are also encouraged to sign up for other, appropriate listservs at http://www.cms.hhs.gov/apps/mailinglists for information that is disseminated by CMS.

Medical and Other Health Services

Web page - Social Security Administration - Definitions of Services, Institutions, Etc.
http://www.ssa.gov/OP_Home/ssact/title18/1861.htm
This section of the law defines “medical and other health services.”

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 is entitled “Covered Medical and Other Health Services” and it is a good source to search for specific topics of interest.

Basis of Coverage

Web page - Law - Scope of Benefits
http://www.ssa.gov/OP_Home/ssact/title18/1832.htm
Section 1832 of the Social Security Act is entitled “Scope of Benefits.”

IOM - Medicare National Coverage Determinations Manual, Pub. 100-03, Part 1, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 of the National Coverage Determinations Manual describes whether specific medical items, services, treatment procedures, or technologies can be paid for under Medicare.

Fast Fact:
Remember Medicare provides many important resources to health care professionals and other providers to clarify what is considered fraud and abuse. Search the CMS website or review the *Basic Guided Pathways* curriculum for specific information.

Web page - Law - Excluded from Coverage and Medicare as Secondary Payer
http://www.ssa.gov/OP_Home/ssact/title18/1862.htm
§1862(a)(1) of the Social Security Act identifies specific exclusions from Medicare coverage/payment.

Fast Fact:
§ indicates “Section.”

IOM - Medicare Benefit Policy Manual, Pub 100-02, Chapter 16
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 16 is entitled “General Exclusions from Coverage” and outlines what services are not covered under the Medicare Program.

Fast Fact:
§1862 (a)(1)(A) of the Social Security Acts allows coverage and payment for only those services that are considered to be medically reasonable and necessary and §1833(e) requires services to be documented in order for payment to be made.

Web page - Medicare Coverage Database
http://www.cms.hhs.gov/mcd/search.asp
CMS offers a searchable database including local and national coverage determinations.

Fast Fact:
The primary authority for all coverage provisions and subsequent policies is the Social Security Act. Contractors use Medicare policies in the form of regulations, National Coverage Determinations (NCD), coverage provisions in interpretive manuals, and Local Coverage Determinations (LCD) to apply the provisions of the Act. NCDs are developed by CMS to describe the circumstances for Medicare coverage nationwide for a specific medical service, procedure, or device. NCDs generally outline the conditions for which a service is considered to be covered (or not covered) under §1862(a)(1) or other applicable provisions of the Social Security Act.

Web page - Medicare Coverage Center
http://www.cms.hhs.gov/center/coverage.asp
This web page includes links to numerous sources of information including the coverage process, coverage guidance documents, and clinical trials.

Web page - Local Coverage Determinations (LCDs)
http://www.cms.hhs.gov/DeterminationProcess/04_LCDs.asp
This web page provides information on LCDs.

IOM - Medicare Program Integrity Manual, Pub 100-08, Chapter 13
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS019033&intNumPerPage=10
Visit Chapter 13 of this manual for more information on Local Coverage Determinations.

Fast Fact:
An LCD is a decision by a Medicare Administrative Contractor (MAC), Fiscal Intermediary or carrier whether to cover a particular service on a MAC-wide, intermediary-wide or carrier-wide basis in accordance with Section 1862(a)(1)(A) of the Social Security Act (i.e., a determination as to whether the service is reasonable and necessary).

MEDICARE COVERAGE AND REIMBURSEMENT BY TYPE OF PRACTITIONER/SUPPLIER

All Physicians

Web page - Physician Center
http://www.cms.hhs.gov/center/physician.asp
This web page is the CMS Physician Center page and links to physician-specific transmittals and other important Medicare policies.

Guide - Medicare Physician Guide: A Resource for Residents, Practicing Physicians and Other Health Care Professionals, Chapter 4
http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=guide&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1184005&intNumPerPage=10
Chapter 4 entitled "Medicare Payment Policies" discusses Medicare covered services, the incident to provision, and services not covered by Medicare.

IOM - Medicare General Information, Eligibility and Entitlement Manual, Pub. 100-01, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS050111&intNumPerPage=10
Chapter 1 includes a section entitled "Statutory Obligations of Practitioners and Other Health Care Professionals."

Fact Sheet - Steps to Accessing CMS Enterprise Application for Providers
http://www.cms.hhs.gov/MLNProducts/downloads/IACSchart.pdf
A fact sheet/chart for provider organizations that outlines how to access CMS Enterprise Applications. CMS enterprise applications are those hosted and managed by CMS and do not include Fiscal Intermediary (FI)/Carrier/AB Medicare Administrative Contractor (MAC) Internet applications.

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 details many basic types of physician services.

Transcript - Referring/ordering physician required to supply NPI
http://www.cms.hhs.gov/EducationMaterials/Downloads/NationalProviderIdentifierRoundtable.pdf
This transcript of an NPI teleconference includes important information for physicians and other health care professionals.

Web page - Physician Self Referral
http://www.cms.hhs.gov/PhysicianSelfReferral
This web page presents an overview of the physician self referral law, which prohibits physicians from referring Medicare patients for certain designated health services (DHS) to an entity with which the physician or a member of the physician's immediate family has a financial relationship - unless an exception applies.

Travel Tip:
There is a link to the Physician Self Referral and Hospital Ownership Disclosure Provisions in the IPPS FY 2009 Final Rules on the Physician Center page at http://www.cms.hhs.gov/center/physician.asp on the CMS website.

Fact Sheet - Medicare Fraud and Abuse
http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=fact%20sheet&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1186395&intNumPerPage=10
The Anti-Kickback Statute, set forth at §1128B of the Social Security Act, (42 U.S.C. §1320a-7b), makes it a criminal offense knowingly and willfully to offer, pay, solicit, or receive any remuneration to induce or reward referrals of items or services reimbursable by a Federal health care program. This fact sheet directs you to a number of sources of information pertaining to Medicare fraud and abuse and helps you understand what to do if you suspect or become aware of incidents of potential Medicare fraud or abuse.

Fast Fact:
Each year CMS publishes an updated list of codes in the Federal Register for four of the designated health services to which the physician self-referral prohibition applies and is published as an addendum to the annual final rule concerning physician fee schedule payment policies.

Allergy Testing and Immunotherapy

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 12
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 includes information of billing of allergy tests.

Anesthesiology and Pain Management

Web page - Medicare Anesthesiologists Center
http://www.cms.hhs.gov/center/anesth.asp
This web page includes links to billing/payment, transmittals, and participation policies.

Cardiology

IOM - Medicare National Coverage Determinations Manual, Pub. 100-03, Part 1, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 offers information on various coverage decisions related to the cardiovascular system.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 12
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 offers correct coding information related to several cardiovascular procedures.

Fast Fact:
To find out more about the Initial Preventive Physical Exam and Cardiovascular Screening Blood Test preventive benefits that Medicare offers, visit
http://www.cms.hhs.gov/MLNProducts/downloads/Expanded_Benefits.pdf on the CMS website.

Care Plan Oversight for Home Health and Hospice

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 includes a section explaining Medicare requirements to cover care plan oversight.

Fast Fact:
Medicare allows reimbursement to physicians for “care plan oversight,” which, in summary, is physician supervision of patients under care of home health agencies or hospices that require complex and multidisciplinary care modalities.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 12
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 includes a section on billing for care plan oversight.

Chiropractor Services

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 covers chiropractic services in two different sections.

IOM - National Coverage Determinations Manual, Pub. 100-03, Part 2, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 includes information about national coverage determinations and manipulation.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 12
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 discusses chiropractor ordering of DMEPOS, documentation requirements, and billing policies.

Fact Sheet - Addressing Misinformation Regarding Chiropractic Services
http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=fact%20sheet&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1209882&intNumPerPage=10
This fact sheet is provided by CMS to correct misinformation in the chiropractic community relating to Medicare and its regulations as they relate to chiropractic services. This fact sheet is informational only and represents no changes to existing Medicare policy.

Dental Services

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapters 15 & 16
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 has a section on dental services and also a section about Treatment of Temporomandibular Joint (TMJ) syndrome. Chapter 16 includes information about the dental services exclusion.

Dermatology

IOM - Medicare National Coverage Determinations Manual, Pub. 100-03, Part 4, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 includes information about NCDs related to the skin.

Ears, Nose, and Throat (ENT) (including information about audiologists)

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapters 15 & 16
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 describes coverage of audiotologic tests ordered by a physician under the diagnostic benefit and includes a definition of “Qualified Audiologist.” Chapter 16 includes information on hearing aids and auditory implants.

IOM - Medicare National Coverage Determinations Manual, Pub. 100-03, Part 1, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 offers information about specific Ear, Nose and Throat (ENT) procedures, aids, and devices.

Fast Fact:
Section 1862(a)(7) of the Social Security Act states that no payment may be made under Part A or Part B for any expenses incurred for items or services where such expenses are for hearing aids or examinations.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 12
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 includes information on correct coding of Otolaryngology and Audiology/Speech/Language Tests and Treatments.

Fast Fact:
Audiologists must obtain a National Provider Identifier (NPI), enroll and use the NPI in the rendering provider field on the claims for services they furnish on or after October 1, 2008.

Endocrinology

IOM - Medicare National Coverage Determinations Manual, Pub. 100-03, Part 1, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 offers information about Medicare coverage related to the endocrine system and metabolism including obesity treatment.

Fast Fact:
For a brief review of Medicare covered preventive benefits related to diabetes screening and prevention, review http://www.cms.hhs.gov/MLNProducts/downloads/DiabetesSvcs.pdf on the CMS website.

Gastroenterology

IOM - Medicare National Coverage Determinations Manual, Pub. 100-03, Part 2, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 includes information on Medicare coverage of specified gastrointestinal system procedures.

Fast Fact:
Medicare coves screening colonoscopies and digital rectal exams as preventive benefits. Read http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf for a brief review.

Genetics

IOM - Medicare National Coverage Determinations Manual, Pub. 100-03, Part 2, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 includes any coverage determinations regarding genetics.

Hematology, Immunology, Oncology

IOM - Medicare National Coverage Determinations Manual, Pub. 100-03, Part 2, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 includes information on Hematology/Immunology/Oncology.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 12
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 includes information on correct coding of chemotherapy administration and nonchemotherapy injections and infusions.

Infectious Diseases

IOM - Medicare National Coverage Determinations Manual, Pub 100-03, Part 2, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 includes any national coverage determinations regarding Medicare coverage and infectious disease.

Mental Health

IOM - National Coverage Determinations Manual, Pub. 100-03, Part 2, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 includes information on mental health, treatment of alcoholism, and drug abuse.

Fast Fact:
Outpatient mental health limitation: Regardless of the actual expenses a beneficiary incurs for treatment of mental, psychoneurotic, and personality disorders while the beneficiary is not an inpatient of a hospital at the time such expenses are incurred, the amount of those expenses that may be recognized for Part B deductible and payment purposes is limited to 62.5 percent of the Medicare allowed amount for those services. This limitation is called the outpatient mental health treatment limitation. Expenses for diagnostic services (e.g., psychiatric testing and evaluation to diagnose the patient's illness) are not subject to this limitation. This limitation applies only to therapeutic services and to services performed to evaluate the progress of a course of treatment for a diagnosed condition. Beginning in 2010 this provision will be phased out.

Travel Tip:
The Medicare Claims Processing Manual, Pub. 100-04, Chapter 12
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 includes information about the mental health benefit including how the coverage limitation applies to non-physician practitioners; diagnostic testing services not subject to outpatient mental health limitation; and information on independent psychologists and clinical psychologists.

Ophthalmology/Optometry

Web page - Ophthalmology Resource Information
http://www.cms.hhs.gov/MLNProducts/65_ophthalmology.asp
This web page is for Medicare Fee-for-Service health care professionals who provide ophthalmic services to Medicare beneficiaries. The page provides links to relevant CMS rulings, correct coding edits, and other important information.

Pathology and Clinical Labs

Web page - Clinical Labs Center
http://www.cms.hhs.gov/center/clinical.asp
This web page links to important information such as coverage determinations, claims processing requirements, and transmittals and provides a link to a special Clinical Laboratory Improvement Amendments (CLIA) web page at http://www.cms.hhs.gov/CLIA on the CMS website.

Web page - Clinical Laboratory Fee Schedule
http://www.cms.hhs.gov/ClinicalLabFeeSched/01_overview.asp
This web page includes links to relevant regulations, fee schedule files, and other important lab information.

Physician Certification/Recertification of Part A and DMEPOS

IOM - Medicare General Information, Eligibility and Entitlement Manual, Pub. 100-01, Chapter 4
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS050111&intNumPerPage=10
Chapter 4 is entitled "Physician Certification and Recertification of Services."

Fast Fact:
Part A services provided by hospitals, Skilled Nursing Facilities (SNFs), outpatient therapy providers, and home health agencies (HHAs), for example, may only be reimbursed if a physician has certified the medical necessity of these services. Certain DMEPOS also require physician certification. Non-physician practitioners may not certify Part A services; however, Medicare allows certain NPPs to certify DMEPOS.

WBT - Certificate of Medical Necessity (CMN)
http://www.cms.hhs.gov/MLNProducts/03_WebBasedTraining.asp
This web-based training course is designed for physicians and DMEPOS suppliers to help in the completion, submission, and maintenance of the documentation required to verify the CMN.

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 includes a detailed section on conditions of coverage for coverage of outpatient rehabilitation therapy services (physical therapy, occupational therapy, and speech-language pathology services) including certification and recertification of outpatient physical therapy.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 12
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 has numerous references to the physician's plan of care for services.

IOM - Medicare Program Integrity Manual, Pub. 100-08, Chapter 5
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS019033&intNumPerPage=10
Chapter 5 includes additional information about physician and NPP ordering of DMEPOS and their role in Certificates of Medical Necessity.

Travel Tip:
Medicare Claims Processing Manual, Pub. 100-04, Chapter 12,
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 is entitled Physician/Non-physician Practitioners. Learners are encouraged to bookmark this chapter and review the relevant sections in this chapter. (Remember: You can edit/search for a specific term once you're in a specific Internet-Only Manual (IOM) Chapter.)

Fast Fact:
Visit the following IOMs at
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10 on the CMS website: Chapter 12 of the Medicare Claims Processing Manual includes information about Medicare billing policies for various services, such as telephone, telehealth, consultations (including laboratory consultations), patient-initiated second opinions, concurrent care, evaluation and management, home visits, prolonged visits, standby, face-to-face exam prior to ordering Power Mobility Vehicles, team/telephone calls for case management, care of patients in facilities/institutions, and very unusual travel. Chapter 15 of the Medicare Benefit Policy Manual provides additional coverage information.

Podiatric Services

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapters 15 & 16
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 discusses types of covered foot care. Chapter 16 references the routine foot care exclusion under the law.

Fact Sheet - Medicare Podiatry Services
http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=fact%20sheet&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1208812&intNumPerPage=10
This fact sheet is intended for use as an educational tool for Medicare as it relates to podiatry coverage and billing guidelines.

Travel Tip:
See the DMEPOS section about therapeutic shoes.

Pulmonology (Respiratory)

IOM - Medicare National Coverage Determinations Manual, Pub. 100-03, Part 4, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 includes information about NCDs related to the respiratory system.

Travel Tip:
Refer to the DMEPOS section to learn about ordering oxygen and Continuous Positive Airway Pressure (CPAP).

Radiology

IOM - Medicare National Coverage Determinations Manual, Pub. 100-03, Part 4, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 includes information about Medicare coverage of a variety of radiological procedures including CAT scans, MRIs, and PET scans.

Travel Tip:
The searchable Medicare Physician Schedule Lookup Tool located at http://www.cms.hhs.gov/PFSlookup indicates whether a service has a professional (CPT modifier - 26) and a technical (HCPCS modifier TC) component.

Renal Disease (Renal and Genitourinary) and Urology

IOM - Medicare National Coverage Determinations Manual, Pub. 100-03, Part 4, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 includes information on coverage determination regarding Renal and Genitourinary System including ESRD Services.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 12
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 includes correct coding information pertinent to urinary and male genital systems.

Fast Fact:
CMS has developed several educational products regarding kidney dialysis:

- Preparing for Emergencies: A Guide for People on Dialysis in English at http://www.cms.hhs.gov/MLNProducts/downloads/10150.pdf and in Spanish at http://www.cms.hhs.gov/MLNProducts/downloads/10150_S.pdf on the CMS website.
- Physician's Guide to Medicare Coverage of Kidney Dialysis and Kidney Transplant Services http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=guide&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS061406&intNumPerPage=10 on the CMS website. This guide explains how Medicare helps pay for kidney dialysis and kidney transplant services in the Original Medicare Plan, also known as "Fee-for-Service."

Services by Non-physician Practitioners (NPP)

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 includes important payment policies and definitions.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 12
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 is entitled "Physicians/Non-physician Practitioners" and includes payments policies for various types of NPPs.

Web page - Advanced Practice Nursing / Physician Assistant (APN/PA)
http://www.cms.hhs.gov/MLNProducts/70_APNPA.asp
CMS offers a special web page entitled "Advanced Practice Nursing/Physician Assistant (APN/PA)". This web page is for Medicare Fee-for-Service Advanced Practice Nurses and Physician Assistants who provide services to Medicare beneficiaries. This page also has important links and information relevant to other NPPs.

Surgery

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 12
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 includes information on billing for global surgery, multiple surgery, bilateral surgery, co-surgeons and teams of surgeons, and organ transplants.

Travel Tip:
The Physician Fee Schedule Look-Up tool at http://www.cms.hhs.gov/pfslookup can be used to find fees and:

- The number of post-operative days included in a procedure;
- Whether a code is reimbursed by Medicare;
- The level of supervision required for each service rendered;
- Whether CPT modifier 50 (bilateral service) can be submitted on a code;
- Amount reimbursed to the physician in a facility or in the physician's office; and
- Bundled codes.

Teaching Physician and Services Provided by Interns and Residents

IOM - Medicare General Information, Eligibility and Enrollment Manual, Pub. 100-01, Chapter 5
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS050111&intNumPerPage=10
Chapter 5 includes a definition of interns/residents.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 12
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 has sections entitled "Teaching Physicians" and "Interns and Residents."

Fast Fact:
CMS offers a fact sheet entitled "Guidelines for Teaching Physicians, Residents and Interns" at http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=fact%20sheet&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1186870&intNumPerPage=10 on the CMS website. This fact sheet provides information about payment for physician services in teaching settings, general documentation guidelines, and evaluation and management documentation guidelines.

SERVICES BY OTHER PRACTITIONERS

Clinical Psychologist Services

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 includes a definition of and types of covered clinical psychologist services.

Outpatient Rehabilitation Therapy Services (Physical Therapy, Occupational Therapy, and Speech-Language Pathology Services)

Web page - Therapy Services
http://www.cms.hhs.gov/TherapyServices
This web page provides an overview of Medicare therapy coverage and links to important materials including IOMs.

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
This section explains a provider may have others furnish outpatient therapy (physical therapy, occupational therapy, or speech-language pathology) services through arrangements under which receipt of payment by the provider for the services discharges the liability of the beneficiary or any other person to pay for the service.

Pharmacist Services

Travel Tip:
CMS offers pharmacists a web page that links to Part B and D information at http://www.cms.hhs.gov/center/pharmacist.asp on the CMS website.

Fast Fact:
Sign up for the Pharmacy Open Door Listserv at http://www.cms.hhs.gov/apps/mailinglists on the CMS website.

MEDICARE COVERAGE AND REIMBURSEMENT BY TYPE OF SERVICE

Travel Tip:
Many Part B services are furnished by more than one type of physician/practitioner/supplier; if you are interested in information about these services, select information and education resources of interest from the Medicare website.

Fast Fact:
In order for a service to be covered, it must have a benefit category in the statute, it must not be excluded and it must be reasonable and necessary.

Clinical Trials

IOM - Medicare National Coverage Determinations Manual, Pub. 100-03, Part 4, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 includes information on Medicare coverage of routine costs related to clinical trials.

Complementary and Alternative Medicine

IOM - Medicare National Coverage Determinations Manual, Pub. 100-03, Part 1, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 includes information on complementary and alternative medicine, including under this section biofeedback and other services.

Drugs and Biologicals

Travel Tip:
Pharmacists, visit http://www.cms.hhs.gov/center/pharmacist.asp on the CMS website. Physicians and NPPs, the section below will assist you in understanding Part B and Part D covered drugs.

Fast Fact:
Part B of the Medicare Program provides limited benefits for outpatient drugs. The program covers drugs that are furnished “incident to” a physician’s service provided that the drugs are not usually self-administered by the patients who take them. Certain Part B Drugs are billed to DME MACs, not A/B MACs (carriers). Remember, Medicare beneficiaries might have Part D coverage for drugs not covered by Part B.

Part B Drugs

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 17
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 17 entitled “Drugs and Biologicals” and includes Part B payment rules.

Web page – Electronic Prescribing Incentive Program
http://www.cms.hhs.gov/ERXIncentive
This web page provides links describing the e-prescribing incentive and resources to assist eligible professionals with electronic prescribing.

Fact Sheet - Electronic Prescribing Incentive Program
http://www.cms.hhs.gov/PQRI/Downloads/PQRIEPrescribingFactSheet.pdf
This fact sheet provides an overview of the E-Prescribing Incentive program as authorized by Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

Fast Fact:
Section 132 of Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) authorizes incentive payments from 2009 through 2013 to successful electronic prescribers. Successful electronic prescribers are based on either the reporting of applicable electronic prescribing measures established under the Physician Quality Reporting Initiative (PQRI) or through the use of Part D data. CMS has an electronic prescribing page at http://www.cms.hhs.gov/EPrescribing on the CMS website.

Part D Drugs

Fast Fact:
Medicare beneficiaries may choose to be covered by a Medicare Part D plan to obtain prescription drugs, which are not covered under Part B.

Web page - Drug Coverage
http://www.cms.hhs.gov/MLNProducts/23_DrugCoverage.asp
This web page provides important Part D information for health care professionals.

Web page - Part D Formulary Lookup
http://www.cms.hhs.gov/prescriptiondrugcovgenin
This web page provides links to important Part D drug information. Specific formularies that inform physicians of which prescription drugs are covered by each Part D plan are available at http://formularyfinder.medicare.gov/formularyfinder/selectstate.asp on the Medicare.gov website.

Web page - Medicare Part Drug Payment
http://www.cms.hhs.gov/McrPartBDrugAvgSalesPrice
This web page provides an overview of the Average Sales Price (ASP), which is Medicare's method of reimbursing Part B drugs and provides links to the ASP fee schedule.

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 includes information on definition of drugs and biologicals, self-administered, incident to rules, reasonableness and necessity (including approved use and unlabeled use), antigens and immunization, off-labeled use for anti-cancer drugs, less than effective drug, compound drugs in violation of federal food, drug and cosmetics act, immunosuppressive drugs, erythropoietin (epo), oral anti-cancer drugs, oral anti-nausea (anti-emetic) drugs, hemophilia clotting factors, and intravenous immune globulin.

Travel Tip:
Refer to the Medicare Parts B/D Coverage Issues at http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/BvsDCoverageIssues.pdf to learn more about drugs covered by Parts B or D.

Diagnostic X-ray (including Portable X-ray and X-ray, Radium and Radioactive Isotope Therapy), Lab and Other Tests

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 includes information on physician supervision and other requirements.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 13
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 13 is entitled, "Radiology and Other Diagnostic Testing" and includes coding and coverage conditions.

Emergency Services

Travel Tip:
CMS has an Ambulance Service Center at http://www.cms.hhs.gov/center/ambulance.asp with important links to emergency services information such as the national ambulance fee schedule.

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 16
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 16 includes a section, which provides information on volunteer and membership fee ambulance companies.

Fact Sheet - Ambulance Fee Schedule
http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=fact%20sheet&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS1208452&intNumPerPage=10
This fact sheet provides general information about the Ambulance Fee Schedule.

Fact Sheet - Section 1011: Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens
http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=fact%20sheet&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS063878&intNumPerPage=10
This fact sheet describes available funding, eligibility and enrollment services to undocumented aliens as detailed in Section 1011 of the Medicare Modernization Act of 2003 (MMA).

Web page - Service Furnished to Undocumented Aliens
http://www.cms.hhs.gov/UndocAliens
This web page provides designated contractor and other important information about reimbursement for care of undocumented aliens on an emergency basis.

Web page - Emergency Medical Treatment & Labor Act (EMTALA)
http://www.cms.hhs.gov/EMTALA
This web page includes information about Section 1867 of the Social Security Act, which imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination (MSE) when a request is made for examination or treatment for an emergency medical condition (EMC), including active labor, regardless of an individual's ability to pay.

Nutrition Services

IOM - Medicare National Coverage Determinations Manual, Pub. 100-03, Part 3, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 includes a section on medical nutrition therapy. This chapter also has information on enteral and parenteral nutrition therapy, which is billed to DME MACs by suppliers.

Fast Fact:
Information about medical nutrition therapy is also included in the CMS enhanced benefits WBTs and publications. Go to "Outreach and Education" on the CMS banner to search for available materials.

Outpatient Physical Therapy, Occupational Therapy, and Speech Therapy

Travel Tip:
The Therapy Services web page at http://www.cms.hhs.gov/TherapyServices/01_overview.asp links you to a variety of sources of information, including the status of Therapy Caps.

Fast Fact:
Physicians must enroll as DMEPOS suppliers in order to provide any services billable to a DME MAC instead of an A/B (carrier) MAC.

Preventive Services

Web page - Preventive Services
http://www.cms.hhs.gov/MLNProducts/35_PreventiveServices.asp
This web page links to many MLN preventive services products that are helpful to providers and beneficiaries.

Guide – The Guide to Medicare Preventive Services for Physicians, Providers, Suppliers and Other Health Care Professionals (2nd Edition)
http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=guide&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS061419&intNumPerPage=10
This guide provides information on Medicare's preventive benefits including coverage, frequency, risk factors, billing and reimbursement.

Psychological and Neuropsychological Tests

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 includes information on coding, coverage, and payment.

Rural Services

Fact Sheet - RHC
http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=rural&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS061823&intNumPerPage=10
This fact sheet provides information about Rural Health Clinic (RHC) services, Medicare certification as a RHC, RHC visits, RHC payments, cost reports, and annual reconciliation.

Web page - Physician Bonuses
http://www.cms.hhs.gov/HPSAPSAPhysicianBonuses
This web page provides information on the Health Professional Shortage Area (HPSA) bonus.

Fast Fact:
Nonprofit and for profit corporations, public agencies, sole proprietorships, and partnerships are eligible for RHC status. FQHC status is limited to nonprofit, tax exempt corporations and public agencies.

Services and Supplies in Non-institutional Setting

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 explains Medicare pays for services and supplies (including drug and biologicals which are not usually self-administered) that are furnished incident to a physician's or other practitioner's services, are commonly included in the physician's or practitioner's bills, and for which payment is not made under a separate benefit category listed in §1861(s) of the Social Security Act.

Sleep Disorder Services

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 includes information on criteria for coverage of sleep disorder diagnosis clinics and tests.

Surgical Dressings, Splints, Casts, and Other Devices Used for Reductions of Fractures and Dislocations

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 includes information on coverage.

Wound Treatment

IOM - Medicare National Coverage Determinations Manual, Pub. 100-03, Part 4, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 discusses Electrical Stimulation (ES) and electromagnetic therapy for wound treatment.

SERVICES BY SUPPLIERS

Ambulatory Surgical Centers (ASC)

Web page – ASC Center
http://www.cms.hhs.gov/center/asc.asp
The ASC Center features important links, spotlight news, policy and regulation information, and more.

Travel Tip:
CMS offers an ASC web page with links to important information for both independent (Part B) and provider-based ASCs.

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 provides a definition of ASC and information on covered services.

Travel Tip:
The DME Center at http://www.cms.hhs.gov/center/dme.asp links to important information and excellent resources. Suppliers of DMEPOS are also encouraged to visit the four (4) DME MAC websites.

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 has several sections about DMEPOS: Durable Medical Equipment – General; Prosthetic Devices; Leg, Arm, Back, and Neck Braces; Trusses; Artificial Legs, Arms, and Eyes; and Therapeutic Shoes for Individuals with Diabetes.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 20
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 20 is the DMEPOS billing chapter.

Law - Social Security Law § (n)
http://www.ssa.gov/OP_Home/ssact/title18/1861.htm
The law is the basis of Medicare policy. There are other sections regarding DMEPOS in the Social Security Act.

Web page - Participating Suppliers
http://www.medicare.gov/Supplier/Include/DataSection/Questions/SearchCriteria.asp?version=default&browser=IE%7C6%7CWin2000&language=English&defaultstatus=0&pagelist=Home&CookiesEnabledStatus=True
This web page allows you to search for a participating supplier by proximity.

Enteral and Parenteral Nutrition

IOM - National Coverage Determinations Manual, Pub. 100-03, Part 3, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 includes NCDs for enteral and parenteral nutritional therapy.

Items and Services Having Special DME Review Considerations

IOM - Medicare Program Integrity Manual, Pub. 100-08, Chapter 5
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS019033&intNumPerPage=10
Chapter 5 includes valuable information on ordering, supplying and documenting the need for DMEPOS including information on CERTs and DIFs.

Travel Tip:
CMS offers a web-based training course entitled "Certificate of Medical Necessity (CMN)" at http://www.cms.hhs.gov/MLNProducts/03_WebBasedTraining.asp on the CMS website. The course offers physicians, NPPs, and suppliers information on what services CMNs are required and how to complete these.

Web page - DMEPOS Competitive Bid
http://www.cms.hhs.gov/competitiveacqfordmepos/01_overview.asp
This web page links to important information about the DMEPOS Competitive Bid program.

Medical and Surgical Supplies

IOM - Medicare National Coverage Determinations Manual, Pub. 100-03, Part 4, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS014961&intNumPerPage=10
Chapter 1 includes Section 280 about coverage for various DMEPOS items.

Method II Dialysis

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 8
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 8 has a section on Method II billing, which is home dialysis billed to a DME MAC.

Power Mobility Devices (PMDs): Power Wheelchairs and Power Operated Vehicles (POVs)

Fact Sheet – POVs
http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=fact%20sheet&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS062197&intNumPerPage=10
This fact sheet describes CMS' multi-faceted plan to ensure the appropriate prescription of PMDs to beneficiaries who need them.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 12
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 explains physician billing and coding for exams where the physician/NPP orders a PMD.

Fast Fact:
The physician or treating practitioner must conduct a face-to-face examination of the beneficiary before writing a Power Mobility Device (PMD) prescription. A PMD is a covered item of DME in a class of wheelchairs that includes a power wheelchair or a POV.

CODING

Travel Tip:
The correct coding web page for physicians and NPPs is located at http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEP/list.asp and is organized to search by type of service.

Travel Tip:
To refresh your knowledge about basic ICD-9-CM, Level 1 (CPT) and Level II HCPCS codes, refer back to Guided Pathways to Medicare Resources: Basic Curriculum for Health Care Professionals, Suppliers, and Providers.

Document - Coding Procedures
http://www.cms.hhs.gov/MedHCPCSGenInfo/02_HCPCSCODINGPROCESS.asp
This information provides a description of the procedures CMS follows in making coding decisions.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapters 12 and 23
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 of this manual provides correct coding policy for various services. Chapter 23 includes coding requirements.

Article - Modifiers
http://www.cms.hhs.gov/NationalCorrectCodInitEd/Downloads/modifier59.pdf
This article explains the importance of correct use of modifier - 59.

Fast Fact:
Modifier - 59 is often used incorrectly. For the National Correct Coding Initiative (NCCI) its primary purpose is to indicate that two or more procedures are performed at different anatomic sites or different patient encounters. It should only be used if no other modifier more appropriately describes the relationships of the two or more procedure codes.

Travel Tip:
The CMS Physician Center web page at http://www.cms.hhs.gov/center/physician.asp includes links to many valuable coding resources. Also, you should consult your CPT code book for descriptions of modifiers. The CMS National Correct Coding Initiative (NCCI) tables indicate when modifiers are allowed.

Web page - DMEPOS Coding
http://www.dmepdac.com
Visit this web page for information on Medicare pricing, data analysis, and coding.

Fast Fact:
The Pricing, Data Analysis and Coding (PDAC) contractor is a national entity that provides services under contract to CMS. The PDAC provides data analysis support to the four DME MACs. The PDAC offers guidance to manufacturers and suppliers on the proper use of the Healthcare Common Procedure Coding System (HCPCS), the means by which DMEPOS services are identified for Medicare billing.

BILLING AND REIMBURSEMENT

Travel Tip:
For refresher information, please review Guided Pathways to Medicare Resources: Basic Curriculum for Health Care Professionals, Suppliers, and Providers.

Fast Fact:
The Omnibus Budget Reconciliation Act of 1989 requires all providers/suppliers of Medicare Part B services (whether assigned or non-assigned) to submit (within one year from the date of service) claims to Medicare Carriers on behalf of Medicare beneficiaries.

Assignment

Fast Fact:
Although physicians and suppliers have a choice of whether to accept assignment, NPPs are required to accept assignment whether or not they are participating or non-participating.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 12
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 explains the reimbursement policies for NPPs.

Billing of Drugs

Fast Fact:
Despite the general limitation on coverage for outpatient drugs under Part B, the law specifically authorizes coverage for certain drugs such as some oral anti-cancer drugs, antigens, and vaccines. Some of these drugs are billed to the DME MAC rather than the carrier/MAC. Medicare Part D is a voluntary drug benefit enrolled in by beneficiaries which covers a wide formulary.

IOM - Medicare Benefit Policy Manual Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 provides a definition of drug/biological, guidance as to determining self-administration, incident to requirements, and reasonableness and necessity.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 17
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 17 includes information about drugs incident to physician services and immunosuppressive drugs submitted to an A/B MAC (carrier).

Document - Drug claims submitted to DME MAC
http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/Downloads/PartBandPartDdoc_07.27.05.pdf
This document explains Part B coverage, including which drug claims are processed by the DME MACs instead of the carriers/MACs.

Web page - Part D Drugs
http://www.cms.hhs.gov/PrescriptionDrugCovGenIn
This web page provides links to important information about Medicare Part D drug benefits including guidance for drugs covered under Part B versus Part D and a Part D formulary lookup for physicians.

Bonuses

Fast Fact:
Section 1833(m) of the Social Security Act provides bonus payments for physicians who furnish medical care services in geographic areas that are designated by the Health Resources and Services Administration (HRSA) as primary medical care HPSAs under section 332 (a)(1)(A) of the Public Health Service (PHS) Act. In addition, psychiatrists (provider specialty 26) furnishing services in mental health HPSAs are also eligible to receive bonus payments. See the resources below regarding another bonus, the Primary Care Physician Scarcity Area (PSA) Bonus.

Web page - HPSA
http://www.cms.hhs.gov/HPSAPSAPhysicianBonuses
This CMS web page includes links to valuable information about Health Professional Shortage Area (HPSA) bonuses.

Financial Liability Protection (FLP)

Fast Fact:
The FLP provisions of the Social Security Act (the Act) protect beneficiaries and health care providers (physicians, practitioners, suppliers, and providers) under certain circumstances from unexpected liability for charges associated with claims that Medicare does not pay.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 30
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 30 is entitled “Financial Liability Provisions.”

Web page - Beneficiary Notices Initiative (BNI)
http://www.cms.hhs.gov/BNI/01_overview.asp
Visit this web page to learn about Medicare beneficiary and provider rights and protections related to financial liability under the FFS Medicare and the Medicare Advantage (MA) Programs. Information is provided regarding the Advance Beneficiary Notice of Noncoverage (ABN), a link to the ABN form, and statutory guidance regarding applicable laws related to financial liability protections.

Fast Fact:
An Advance Beneficiary Notice of Noncoverage (ABN) is a written notice which a physician or supplier gives to a Medicare beneficiary. The purpose of the ABN is to inform a beneficiary before he or she receives specified items or services that otherwise might be paid for by Medicare that Medicare probably will not pay for them for that particular beneficiary on that particular occasion. The ABN allows the beneficiary to make an informed consumer decision whether or not to receive the items or services for which he or she may have to pay out of pocket or through other insurance.

Fast Fact:
Effective January 1, 1999, section 4311(b) of the Balanced Budget Act of 1997 gave beneficiaries the right to submit a written request for an itemized statement from their provider/supplier for any Medicare item or service. The law requires that providers/suppliers furnish the itemized statement within 30 days of the request, or they may be subject to a civil monetary penalty of $100 for each unfulfilled request. If an itemized statement is received, the beneficiary may request the Medicare contractor to review specific issues (i.e., services not provided, billing irregularities, and appropriate measures to recover any amount inappropriately paid).

General Billing Information

Web page - Electronic Health Claims
http://www.cms.hhs.gov/ElectronicBillingEDITrans/01_Overview.asp
This web page contains valuable information about electronic claims submission. The information in this section is intended for the use of health care providers, clearinghouses and billing services that submit transactions to or receive transactions from Medicare Fee-for-Service contractors.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 18
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 18 includes information about simplified claims filing for mass immunizers.

Travel Tip:
CMS has a special web page at http://www.cms.hhs.gov/AdultImmunizations/02_Providerresources.asp regarding adult immunizations, including mass immunization/roster billing.

Web page - Skilled Nursing Facility Consolidated Billing
http://www.cms.hhs.gov/SNFConsolidatedBilling
This web page includes valuable information about SNF Consolidated Billing which impacts other providers including physicians and suppliers.

Fast Fact:
There are certain services that a physician/NPP may provide that will need to be billed to a SNF, rather than Medicare. CMS offers web-based training designed to explain this to physicians at http://www.cms.hhs.gov/MLNProducts/03_WebBasedTraining.asp on the CMS website.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 1
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 1 includes fundamental information such as timely filing, jurisdictions where to file claims, mandatory assignment, participating/nonparticipating providers, limiting charge, and collecting beneficiary insurance information.

Fast Fact:
Railroad Retirement DMEPOS claims are filed to the DME MAC (based on location of beneficiary residence) and Railroad Retirement Part B claims are filed to a nationwide single carrier, which is identified as “RRB” for your state on the Provider Call Centers Directory located at http://www.cms.hhs.gov/MLNGenInfo on the CMS website.

Incident To

Fast Fact:
Incident to a physician’s professional services means that the services or supplies are furnished as an integral, although incidental, part of the physician’s personal professional services in the course of diagnosis or treatment of an injury or illness.

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 describes Evaluation and Management (E/M) services furnished incident to physician’s service by NPPs.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 12
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 explains a physician is not precluded from billing under the “incident to” provision for services provided by employees whose services cannot be paid for directly under the Medicare Program and other important “incident to” policies. It also gives examples of split/shared visits (physician/NPP).

Lab Billing and Reimbursement

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapters 1, 16, & 23
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 1 includes information on where to submit lab claims. Chapter 16 includes information on jurisdiction of lab claims, Clinical Lab Improvement Amendments (CLIA) requirements, mandatory assignment, Medicare Secondary Payer (MSP), and national coverage and administrative policies. Chapter 23 features details on pricing of new lab tests and Clinical Diagnostic Lab Fee Schedule information.

Web page - Labs
http://www.cms.hhs.gov/ClinicalLabFeeSched/02_clinlab.asp
This web page is the Provider Center for Clinical Labs.

Web page - Demonstration project for competitive bidding of clinical laboratory services
http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?filterType=dual,%20data&filterValue=Upcoming%20Demonstrations&filterByDID=2&sortByDID=3&sortOrder=ascending&itemID=CMS1198949&intNumPerPage=10%20
This web page provides information on a demonstration project that uses competitive acquisition for payment of clinical laboratory services that would otherwise be using regular Medicare Part B fee schedules.

Medicaid

Brochure - Medicare and Medicaid Relationship
http://www.cms.hhs.gov/MLNProducts/MPUB/itemdetail.asp?filterType=dual,%20keyword&filterValue=brochure&filterByDID=0&sortByDID=1&sortOrder=ascending&itemID=CMS061407&intNumPerPage=10
This brochure describes situations in which Medicare beneficiaries who have low incomes and limited resources may also receive help from the Medicaid Program. For such persons who are eligible for full Medicaid coverage, the Medicare health care coverage is supplemented by services that are available under their State's Medicaid program.

Medicare Advantage (MA)

Fast Fact:
Medicare Advantage (MA) claims are generally filed to the beneficiary's plan, not a Medicare MAC/Carrier/FI. For services that HMOs are not required to furnish, carriers process claims for items or services provided to an HMO member over which they have jurisdiction in the same manner as they process other Part B claims for items or services provided by physicians or suppliers.

Web page - MA Appeals
http://www.cms.hhs.gov/MMCAG
This web page includes information about appeals, including fast appeals, for MA plans.

IOM - Medicare Managed Care Manual, Pub. 100-16
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS019326&intNumPerPage=10
This manual includes detailed information about the Federal government's contracts with MA plans including their provider contracts.

Medicare Secondary Payer (MSP)

Web page - MSP
http://www.cms.hhs.gov/MedicareSecondPayerandYou
This web page includes links to important information regarding billing when Medicare is not the primary payer.

National Provider Identifier (NPI)

Web page - NPI
http://www.cms.hhs.gov/NationalProvIdentStand
If you bill Medicare, you need an NPI. This web page is a portal to NPI information.

Other Reimbursement Policies

Fast Fact:
The question of reassignment arises only when assigned payment is made to someone other than the physician or other practitioner or supplier that furnished the services. Section 2(a) of Public Law 95-142, dated October 25, 1977, modified existing law to preclude the use of power of attorney as a device for reassignment of benefits under Medicare, subject to limited exceptions. It also provides for a similar prohibition with respect to payment for care furnished by providers.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapters 1, 12, 16, & 32
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 1 includes information regarding assignment of a provider's right to payment (reassignment of benefits). It also provides information on physician billing for purchased diagnostic tests (other than clinical lab). Chapter 12 explains there are a number of services/supplies that are covered under Medicare and that have HCPCS codes, but they are services for which Medicare bundles payment into the payment for other related services. Chapter 16 includes information on payment limits for purchased tests. Chapter 32 is a good place to look for Medicare policies from ambulatory blood pressure monitoring ("white coat" syndrome) to vagus nerve stimulation.

Travel Tip:
See Correct Coding page at http://www.cms.hhs.gov/NationalCorrectCodInitEd/NCCIEP/list.asp for lists of bundled services, for which Medicare edits claims.

Physician Reimbursement Policies

Fast Fact:
Resource-based practice expenses relative value units (RVU) comprise the core of physician fees paid under Medicare Part B payment policies. The CMS provides Fee-for-Service (FFS) Contractors with the fee schedule RVUs for all services except the following: those with local codes; those with national codes for which national relative values have not been established; those requiring "By Report" payment or contractor pricing; and those that are not included in the definition of physicians' services.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 12
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 12 provides claims processing instructions for physician and non-physician practitioner services. Most physician services are paid according to the Medicare Physician Fee Schedule.

Fast Fact:
The Medicare Claims Processing Manual includes additional information on Part B reimbursement. For example, Chapter 13 describes billing and payment for radiology services. Chapter 16 outlines billing and payment under the laboratory fee schedule. Chapter 17 provides a description of billing and payment for drugs and biologicals. Chapter 18 describes billing and payment for preventive services and screening.

IOM - Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS012673&intNumPerPage=10
Chapter 15 explains how assignment is required for NPPs.

Rural Health Center (RHC)

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 9
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 9 includes information about RHC billing jurisdiction and reimbursement.

SUPPLIERS

Ambulatory Surgical Center (ASC)

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapter 14
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 14 is entitled "Ambulatory Surgery Centers" and provides a basis of information on this topic.

DMEPOS

Fast Fact:
DMEPOS bills are submitted to a DME MAC based on the location of the beneficiary's permanent residence, not the supplier's location.

IOM - Medicare Claims Processing Manual, Pub. 100-04, Chapters 1 and 8
http://www.cms.hhs.gov/Manuals/IOM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS018912&intNumPerPage=10
Chapter 1 includes information on carrier/MAC and DME MAC jurisdictions. Chapter 8 features End Stage Renal Disease (ESRD) information such as billing and reimbursement.

Web page - DMEPOS Fee Schedule
http://www.cms.hhs.gov/center/dme.asp
This web page includes links to the DMEPOS fee schedules for all four jurisdictions.

Surety Bond Requirement for DMEPOS
http://edocket.access.gpo.gov/2009/pdf/E8-30802.pdf
Consistent with section 4312(a) of the Balanced Budget Act of 1997 (BBA), the final rule implemented section 1834(a)(16) of the Social Security Act (the Act) requires certain Medicare suppliers of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) to furnish CMS with a surety bond, effective on March 3, 2009. The Act requires a DME supplier to provide CMS, on a continuing basis, with a surety bond of at least $50,000, as a condition of the issuance or renewal of a provider number.

Fast Fact:
Beneficiaries may choose between two types of dialysis: Type 2 is billed to the DME MAC.

Independent Diagnostic Testing Facility (IDTF)

Document - Medicare Enrollment Application
http://www.cms.hhs.gov/CMSforms/downloads/cms855b.pdf
Attachment 2 of this document shows special requirements for IDTF enrollment in Medicare.

Fast Fact:
If you perform diagnostic tests, other than clinical laboratory or pathology tests and bill Part B, you may need to enroll as an IDTF.

QUALITY

Medicare Approved Facilities

Web page - Medicare Approved Facilities
http://www.cms.hhs.gov/MedicareApprovedFacilitie
This web page provides information regarding Medicare certification of facilities performing the following procedures: carotid artery stenting, VAD destination therapy, bariatric surgery, certain oncologic PET scans in Medicare-specified studies, and lung volume reduction surgery.

Fast Fact:
In recent years, Medicare has issued several national coverage determinations providing coverage for services and procedures of a complex nature, with the stipulation that the facilities providing these services meet certain criteria. These criteria usually require, in part, that the facilities meet the minimum standards to ensure the safety of beneficiaries receiving these services in order to be considered as a provider with the ability and expertise to perform the procedure. Being certified as a Medicare approved facility is required for performing the following procedures: carotid artery stenting, VAD destination therapy, bariatric surgery, certain oncologic PET scans in Medicare-specified studies, and lung volume reduction surgery.

Medicare Health Support (formerly known as Chronic Care Improvement)

Web page - Medicare Health Support
http://www.cms.hhs.gov/CCIP
This web page includes information on Section 721 of the Medicare Modernization Act of 2003 (MMA), which authorized development and testing of voluntary chronic care improvement programs, now called Medicare Health Support, to improve the quality of care and life for people living with multiple chronic illnesses.

Physician Quality Reporting Initiative (PQRI)

Web page - PQRI
http://www.cms.hhs.gov/PQRI
This web page explains the establishment of a physician quality reporting system, including an incentive payment for eligible professionals (EPs) who satisfactorily report data on quality measures for covered services furnished to Medicare beneficiaries.

Quality Improvement Organizations (QIO)

Web page - QIO
http://www.cms.hhs.gov/QualityImprovementOrgs
The mission of the QIO Program is to improve the effectiveness, efficiency, economy, and quality of services delivered to Medicare beneficiaries. This web page provides information on the QIOs.

Quality Initiatives

Web page - Quality Initiatives
http://www.cms.hhs.gov/QualityInitiativesGenInfo
This web page includes information on all the CMS quality initiatives.