




AAPC of KC MAC
Education Day

March 14, 2024

The slide features an orange background on the left with a yellow sun icon. The title and date are centered in black text. Logos for CMS, WPS, and Government Health Administrators are at the bottom left.

1

Your Presenter –
Mary E. Muchow



A portrait of Mary E. Muchow, a woman with short dark hair, smiling, wearing a dark top and a necklace.

2

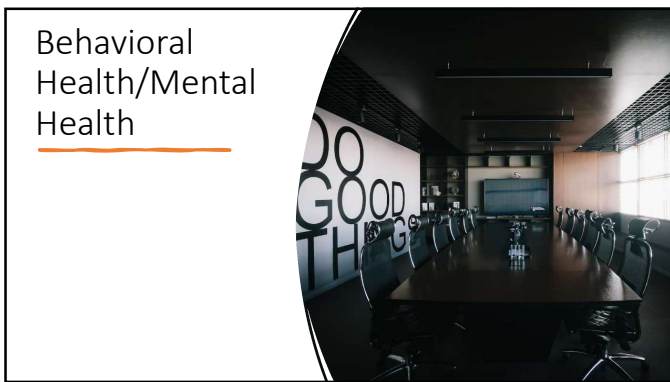
Disclaimer

- We prepared this education as a tool to assist the provider community. Medicare rules change often. They are in the relevant laws, regulations and rulings on the Centers for Medicare & Medicaid Services (CMS) website.
- We will provide responses to questions based on the facts given, but the Medicare rules will determine final coverage.
- CMS prohibits recording of the presentation for profit-making purposes.

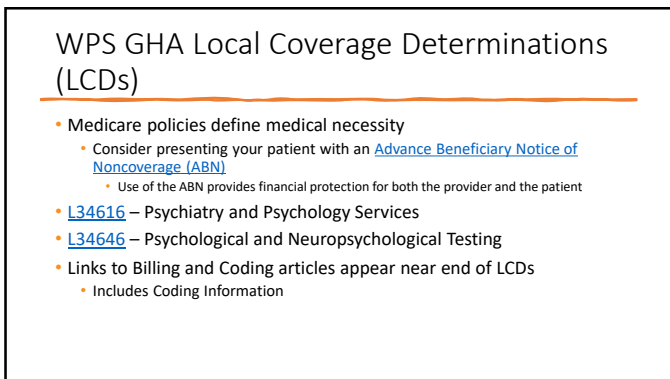
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Documentation for Psychiatry and Psychology Services

- Refer to [L34616](#) – Psychiatry and Psychology Services
 - Found in Coverage Guidance (specific to psychotherapy)
 - Found in General Information
- [Medicare & Mental Health Coverage](#) (CMS MLN1986542 May 2023)
- CERT [C3HUB](#) website
 - Choose Document Request Listing from left menu
 - Choose from list based on provider/billing type
 - Example – Part B/Psychiatric Services including Clinical Psychologist Services (Provider Specialty 26, 62, 68, 80, 89)

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Most Common Mental Health Questions

- Psychiatric Diagnostic Interview Examination 90791/90792
 - Can be conducted once, at the onset of an illness or suspected illness
 - Same provider may repeat it for same patient
 - If an extended break in treatment occurs (six months from last time the patient was seen or treated for their psychiatric condition)
 - If patient requires admission to an inpatient status for psychiatric illness
 - For significant change in mental status requiring further assessment
- Can an enrolled Clinical Social Worker (CSW) bill for incident to services?
 - No, an enrolled CSW may render an incident to service, but he or she cannot bill an incident to service

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Incident to Reminders

- Incident to is “problem-centric”
 - If new problem results in a change in the plan of treatment, it’s not incident to
- Must be evident in record that reflects billing provider’s continuing active participation in and management of course of treatment
- General supervision now required for behavioral health services for
 - Diagnosis, evaluation, or treatment of a mental disorder
 - Substance use disorder (SUD) with co-occurring mental health disorder
- Only a medical doctor, doctor of osteopathy, clinical psychologist, physician assistant, nurse practitioner, clinical nurse specialist and certified nurse midwife can bill for incident to services

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Targeted Probe & Educate (TPE) for Group Therapy

- CMS authorizes WPS GHA to conduct the TPE process
 - Medicare Program Integrity Manual, [Chapter 3](#), Verifying Potential Errors and Taking Corrective Actions
- Data analysis indicates potential aberrancies related to group psychotherapy services, CPT code 90853
- Refer to [Group Psychotherapy \(90853\)](#) for
 - Documentation guidance for a successful review of group psychotherapy
 - Group psychotherapy resources

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90853 TPE Findings for Past Year

- About half denied for no documentation submission
- Denial trends for remaining reviews:
 - Multiple group therapy sessions for a single date of service
 - Documentation missing:
 - Intended benefit of group psychotherapy
 - Estimated duration treatment
 - Periodic summary of goals, progress toward goals, and an updated treatment plan
 - Number of participants in the group
 - Evidence the patient is benefiting from group therapy
 - Evidence the patient demonstrated improvement in target symptoms
 - Evidence the patient made progress toward their goals
 - Evidence the patient actively participated in group Psychotherapy sessions

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Mental Health Telehealth Reminders

- Rules for telehealth differ for
 - Diagnosis, evaluation, or treatment of a mental disorder
 - Substance use disorder (SUD) with co-occurring mental health disorder
- Permanent changes
 - Telehealth can be delivered using audio-only communication platforms
 - No geographic restriction for originating site
 - Medicare patients can receive services in their home
 - Requires general supervision, not direct supervision
- After May 11, 2023
 - Report only place of service 02 or 10
 - Do not report modifier 95
 - May report modifier FQ or 93 or both

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New Specialties Effective January 1, 2024

- Marriage and Family Therapy (MFT) – specialty code E1
- Mental Health Counselor (MHC) – specialty code E2
- [Provider Specialty Codes](#)
- CMS [Marriage and Family Therapists & Mental Health Counselors](#) web page
- CMS [Become a Medicare Provider or Supplier](#) web page
- CMS [MFT and MHC Provider Enrollment FAQs](#) (September 2023)

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Can enrolled MFT and MHC providers bill incident to services?

- No, MFTs and MHCs may not bill (submit claim under own Medicare provider number) for incident to services
 - Regardless of whether Medicare enrolled, MFTs and MHCs can render incident to services based on their state scope of practice

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CMS Behavioral Health Campaign

- CMS released [Change Request 13389](#) in response to sections 4123, 4128, and 4129 of the [Consolidated Appropriations Act, 2023](#).
- Requires
 - Mass mailing to conduct outreach to physician and appropriate non-physician practitioners on three services:
 - Behavioral Health Integration (BHI)
 - Psychotherapy for Crisis
 - Opioid Use Disorder Treatment (OUD) Treatment
 - Tracking all topic related provider outreach and education
 - Tracking all topic related Customer Service inquiries

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WPS GHA Education in Response to CR 13389

- Webinars (past and future)
 - View Encore Presentations (webinar recordings) on the [WPS GHA YouTube Channel](#)
- Partner events
- YouTube videos
- News items and website carousel messages on [WPS GHA website](#)
- Link to Timely Topics on [Live Events](#) web page
- More to come
 - Share your ideas!

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CMS Campaign Behavioral Health Resources

- MLN Booklet (MLN919432) – [Behavioral Health Integration Services](#)
- [Psychotherapy for Crisis](#) web page
 - Use link to view CY 2024 Physician Fee Schedule (PFS)
- [Opioid Use Disorder Screening & Treatment](#) web page

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KS – Medicare Claims Denials Dashboard Specialty 26 – Psychiatrist

- Submission dates 08/01/23 – 02/01/24 refreshed on 02/12/24
 - Top rejections by reason
 - Denied invalid/incorrect ICD-9 code. Resubmit as a new claim – 93
 - Claim lacks information needed for adjudication – 88
 - Top five rejections by CPT/HCPCS code
 - 99232, 99213, 99214, 90868, 90792
 - Top denials by reason
 - Collection of fee-for-service during periods of managed care – 288
 - Expenses incurred after coverage termination – 157
 - Top five denials by CPT/HCPCS code
 - 99232, 99214, 99233, 99215, 90792

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MO – Medicare Claims Denials Dashboard Specialty 26 – Psychiatrist

- Submission dates 08/01/23 – 02/01/24 refreshed on 02/12/24
 - Top rejections by reason
 - Denied rendering physician # invalid/missing – 249
 - Claim lacks information needed for adjudication – 172
 - Top five rejections by CPT/HCPCS code
 - 99214, 99232, 90833, 99213, 99348
 - Top denials by reason
 - This physician (supplier) is not eligible to receive payments – 712
 - One visit/consult per doctor per day, do not bill patient – 513
 - Top denials by CPT/HCPCS code
 - 99214, 99232, 99308, 90792, 99213

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KS – Medicare Claims Denials Dashboard Specialty 80 – CSW

- Submission dates 08/01/23 – 02/01/24 refreshed on 02/12/24
 - Top rejections by reason
 - Claim lacks information needed for adjudication – 166
 - Denied – Field 11 of HCFA 1500 must be completed – 88
 - Top five rejections by CPT/HCPCS code
 - 90837, 90834, 90832, 90791, 90839
 - Top denials by reason
 - Collection of fee-for service during periods of managed care – 549
 - This physician (supplier) is not eligible to receive payments – 284
 - Duplicate charge paid ?002XX on Claim ?001XXXXXXXXXX – 137
 - Top five denials by CPT/HCPCS code
 - 90837, 90832, 90834, 90791, 90853

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MO – Medicare Claims Denials Dashboard Specialty 80 – CSW

- Submission dates 07/01/23 – 01/01/24 refreshed on 01/28/24
 - Top rejections by reason
 - Claim lacks information needed for adjudication – 177
 - Denied – field 11 of HCFA 1500 must be completed – 102
 - Top five rejections by CPT/HCPCS code
 - 90837, 90834, 90832, 90791, 90853
 - Top denials by reason
 - Duplicate charge of claim 001XXXXXXXXXX now being processed – 366
 - Duplicate charge paid ?002XX on Claim ?001XXXXXXXXXX – 236
 - Medicare will not pay for this service for this condition – 174
 - Top five denials by CPT/HCPCS code
 - 90837, 90834, 90832, 90853, 90791

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Questions?

- Submission dates 07/01/23 – 01/01/24 refreshed on 01/28/24
 - Top rejections by reason
 - Claim lacks information needed for adjudication – 177
 - Denied – field 11 of HCFA 1500 must be completed – 102
 - Top five rejections by CPT/HCPCS code
 - 90837, 90834, 90832, 90791, 90853
 - Top denials by reason
 - Duplicate charge of claim 001XXXXXXXXX now being processed – 366
 - Duplicate charge paid ?002XX on Claim ?001XXXXXXXXXX – 236
 - Medicare will not pay for this service for this condition – 174
 - Top five denials by CPT/HCPCS code
 - 90837, 90834, 90832, 90853, 90791

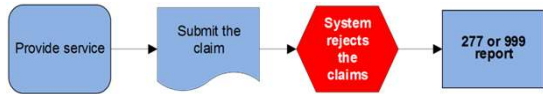
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Rejections and Denials



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Batch Rejection



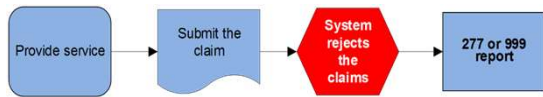
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Claim Submission

- Submit electronically
- Use 999 report to confirm claim receipt
- Use 277 report for more specific information
 - Find information in the [Medicare 276/277 Companion Guide](#)
 - Correct or resubmit

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Unprocessable Rejection

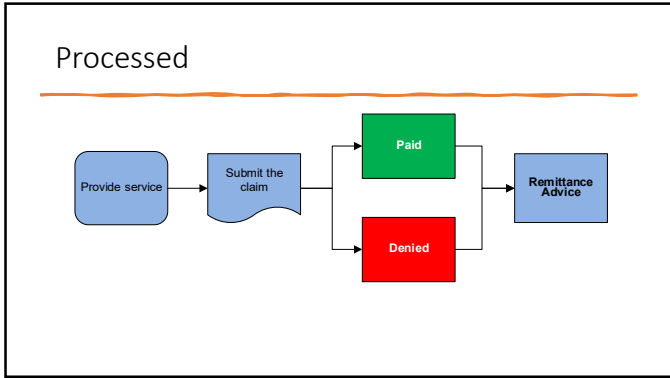


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Rejection

- Unprocessable
- Returned on front end
- Missing or incorrect format, invalid, illogical
- No appeal rights
- MA130/CO16 on Remittance Advice
- Patient not liable for payment

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Website Resources - Rejections

- [How to Correct a Rejected Claim](#) explains how to identify and correct an unprocessable claim
 - Listed by remark codes
- CMS Internet-Only Manual (IOM) Publication 100-04, Medicare Claims Processing Manual, [Chapter 26](#) – Completing and Processing Form CMS-1500 Data Set
- [CMS 1500 to ANSI 837 5010 Crosswalk](#)

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Denial

- Adjudicated
- Fails to meet payment criteria
 - Statutory requirements
 - Medical necessity/frequency
 - Eligibility
- Appeal rights available
- MA01
- Liability for payment determined

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Remittance Advice (RA)

- Provides claim information to provider
- Two formats
 - Electronic Remittance Advice (ERA)
 - Standard Paper Remittance (SPR)
- Includes
 - Information about adjustments
 - Denials
 - Missing information
 - Refunds
 - Offsets

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Claim Reason and Remark Codes

- Claim Adjustment Reason Codes (CARCs) explain why a claim paid differently than billed
- Remittance Advice Remark Codes (RARCs) provide more details about an adjustment described by a CARC

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Claim Adjustment Group Codes

- Assign financial liability for unpaid portion of claim balance
 - CO – Contractual Obligation
 - Provider liable
 - PR – Patient Responsibility

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Code Maintenance

- Washington Publishing Company (WPC) maintains codes for CMS
- Find link to [code lists](#) on [WPC](#) website

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Potential Actions to Choose

- Rejection
 - Fix the errors, resubmit the service
- Denial
 - Fix the errors, resubmit the service, when available
 - Clerical Error Reopening (CER)
 - Use portal when available
 - Request a redetermination (appeal)
 - Use portal when available

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Clerical Error Reopening (CER)

- Process to correct human or mechanical errors
- Limited to only certain acceptable clerical error submissions
- Use portal or submit request via telephone or fax
- Submit within one year of RA receipt date
- [How to Request a Clerical Error Reopening \(CER\)](#)

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Appeals

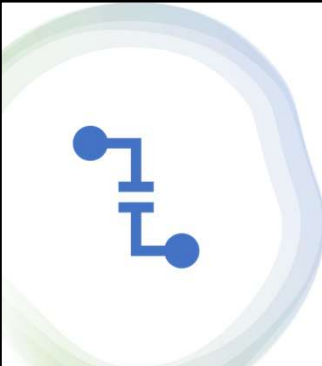
- Five levels
 - Only level one appeals are rendered by MAC
 - Known as Redetermination
- All levels have time limits to file the request
- Contractors have time limits to complete
- Amount in controversy (AIC) threshold applies only for
 - Level three (Administrative Law Judge (ALJ) Hearing)
 - Level five (Federal Court Review)

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Appeals How-to

- [How to Appeal a Claim Determination](#)
- [CMS Fee-for-Service \(FFS\) Appeals Process Flowchart](#)
 - Updated annually

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Data Dashboard

- Jurisdiction 5
- Part B
- Johnson County, KS and Jackson County MO
- All specialties
- Submission dates 08/01/23 through 02/01/24
 - Last refreshed 02/12/24

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Jackson County, MO Rejections by Reason

- Claim must be submitted to RRB – 1,958
- Claim lacks information needed for adjudication – 1,674
- Missing/incomplete/invalid provider – 1,198
- Denied – invalid or missing modifier – 569
- Missing/incomplete/invalid ordering primary identifier – 389
- Patient/insured HICN and name do not match - 276
- Place of service conflicts with procedure code – 228
- PA, NP, or CNS not internally associated with billing provider – 202

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Jackson County, MO Rejections by CPT/HCPCS Codes

- 99232 – 415
- 99214 – 380
- 99349 – 348
- G0439 – 285
- 99309 – 277
- 99308 – 210
- 97110 – 176
- 71045 – 172

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Jackson County, MO Denials by Reason

- Duplicate charge paid ?0002XX on claim ?001XXXXXXXXXX – 5,568
- The procedure code submitted is a non-covered service – 3,685
- Duplicate charge of claim ?001XXXXXXXXXX now being processed – 3,379
- This physician (supplier) is not eligible to receive payment – 3,247
- This service by a chiropractor is not covered by Medicare – 3,051
- These services are denied because the patient is in a Part A stay – 2,302
- Claim must be sent to EGHP first – 2, 236
- The time limit for filing your claim has expired no appeal rights – 1,994

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Jackson County, MO Denials by CPT/HCPCS Codes

- 99232 – 2,576
- 99214 – 2,324
- 92015 – 2,285
- A0425 – 1,922
- 93010 – 1,439
- 99233 – 1,423
- 99213 – 1,178
- 97012 – 1,045

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Johnson County, MO Rejections by Reason

- Claim lacks information needed for adjudication – 10,665
- Claim must be submitted to RRB – 6,677
- Claim must be submitted to another contractor – 1,833
- Denied – rendering physician # invalid/missing – 1,232
- Missing/incomplete/invalid provider identifier – 1,230
- Patient/insured HICN and name do not match – 1,207
- Denied – field 11 of HCFA 1500 must be completed – 1,166
- Procedure inconsistent with mod used or required – 1,120

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Johnson County, KS Rejections by CPT/HCPCS Codes

- 36415 – 1,794
- 80053 – 1,429
- 85025 – 1,256
- 80061 – 930
- 84443 – 924
- 96125 – 707
- 83036 – 640
- 88305 – 583

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More Johnson County, KS Rejections by CPT/HCPCS Codes

- 11719 – 546
- 99214 – 394
- 99232 – 369
- 92134 – 362
- 97530 – 301
- 99213 – 246

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Johnson County, KS Denials by Reason

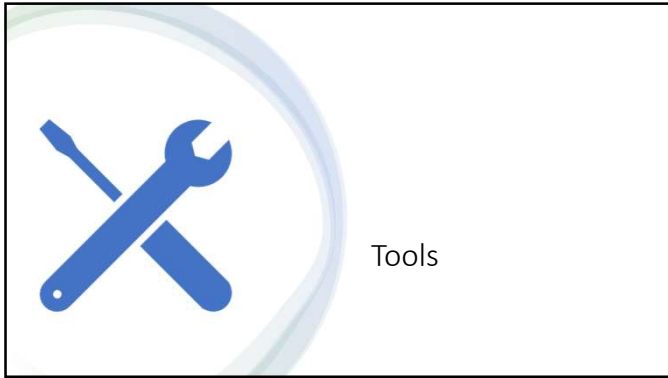
- Duplicate charge paid ?002XXX on claim 001XXXXXXXXXX – 7,968
- Claim must be sent to EHGP first – 6,646
- Duplicate charge of claim ?001XXXXXXXXXX now being processed – 6,391
- The procedure code submitted is a non-covered services – 5,508
- This service by a chiropractor is not covered by Medicare – 5,303
- The referring provider is not eligible to refer this services – 4,920
- Separate payment not made for this service – 3,860
- Theses services are denied because the patient is in a Part A stay – 3,777

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Johnson County, KS Denials by CPT/HCPCS Codes

- 99232 – 2,576
- 99214 – 2,324
- 92015 – 2,285
- A0425 – 1,922
- 93010 – 1,439
- 99233 – 1,423
- 99213 – 1,178
- 97012 – 1,045

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Interactive Voice Response (IVR) System

- Log in to check eligibility, claim status, and details
 - 24 hours a day, 7 days a week
 - Limited functionality outside normal business hours
- Use voice or keypad
 - Instruction in [IVR Operating Guide](#)

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WPS GHA Portal

- Log in to check eligibility, claim status, and details
 - 24 hours a day, 7 days a week
 - Limited functionality outside normal business hours
- Use More Info button on claim details to view greater details
- Instructions in [Portal User Manual](#)

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CMS Resources – Avoid Rejections and Denials

- [Medicare Coverage Database \(MCD\) Search](#)
 - National searchable depository of national and local coverage determinations, articles, and more
- [How to Use the Medicare Coverage Database](#) MLN educational tool
- [Beneficiary Notices Initiative \(BNI\)](#) web page
 - Download Advance Beneficiary Notice of Noncoverage (ABN) form instructions

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Resources - Rejections

- [How to Correct a Rejected Claim](#) explains how to identify and correct an unprocessable claim
 - Listed by remark codes
- CMS Internet-Only Manual (IOM) Publication 100-04, Medicare Claims Processing Manual, [Chapter 26](#) – Completing and Processing Form CMS-1500 Data Set
- [CMS 1500 to ANSI 837 5010 Crosswalk](#)

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Resources - Denials

- [Common Claim Denials](#) suggests actions to take to avoid common reasons for denials
 - Listed by reason and remark codes for these categories
 - Bundling
 - Duplicate claim/service
 - Global surgery rules
 - Entitlement denials
 - Payer/Contractor denials
 - Provider number denials

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Resources - Other

- [Provider Enrollment Guides and Resources](#)
- [Timely Filing of Claims](#)

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Bundling



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National Correct Coding Initiative (NCCI)

- Implemented by CMS to reduce improper payments for Part B claims
- CMS posts changes to each of its published NCCI files on a quarterly basis, including
 - Additions
 - Deletions
 - Revisions

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Medicare NCCI Policy Manual

- Tool for correct coding
- Explains rationale for NCCI edits
- CMS updates this once a year
 - Most current manual effective 01/01/24, posted on 12/01/23
 - Additions and revisions appear in red font
 - Find prior versions in [Medicare NCCI Policy Manual Archive](#)

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Using the Medicare NCCI Policy Manual

- Chapters correspond to separate sections of CPT Manual, except
 - Chapter 1 has general correct coding policies
 - Chapter 12 discusses HCPCS Level 2 codes
 - Chapter 14 discusses Category III CPT

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Types of Procedure-to-Procedure (PTP) Edit Files

- Hospital PTP Edits
 - Applied to claims submitted for services that are paid under the outpatient prospective payment system (OPPS)
 - Arranged by code range, numeric, then alpha
- Practitioner PTP Edits
 - Applied to claims submitted for practitioner services
 - Arranged by code range, numeric, then alpha
- Find links in [Medicare NCCI Procedure to Procedure \(PTP\) Edits](#)

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PTP Code Pair Tables

- Column 2 code is usually part of the more comprehensive Column 1 code, but in some edits, the PTP code pair edit consists of 2 codes you shouldn't report together unless you use the proper modifier

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Content of PTP Coding Edit Table

- Column A shows the payable (Column 1) code
- Column B shows a Column 2 code that isn't payable with this Column 1 code, unless an NCCI-associated modifier is permitted and submitted
- Column C shows the edit status before 1996
- Column D shows the effective date of the edit
- Column E shows the deselection date of the edit
- Column F shows if you can use a modifier.
 - This number is the modifier indicator for the edit
- Column G provides the category of the rationale for each PTP edit

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Correct Coding Modifier Indicators

- 0 – No modifiers associated with NCCI allow you to use this PTP code pair
 - Only the Column 1 code will be paid for same patient on same day
- 1 – You can use NCCI-associated modifiers with this PTP code pair when appropriate
 - Check documentation
- 3 – There is no active edit for this PTP code pair

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A Closer Look

A	B	C	D	E	F	G	H	I	J	K
CPT only copyright 2021 American Medical Association. All rights reserved.										
Column1/Column2 Edits										
Column 1	Column 2	*in existence prior to 1996	Effective Date	Deletion Date	Modifier	PTP Edit	Rationale			
					0=not allowed *=no data 1=allowed 9=not applicable					
99215	G0101		19980401	19980401	9		More extensive procedure			
99215	G0102		20201001	*	0		Standards of medical / surgical practice			
99215	G0102		20000605	20191231	0		Standards of medical / surgical practice			
99215	G0104		19980401	19980401	9		More extensive procedure			
99215	G0105		19980401	19980401	9		More extensive procedure			
99215	G0106		19980401	19980401	9		More extensive procedure			
99215	G0107		19980401	19980401	9		More extensive procedure			
99215	G0117		20201001	*	0		Standards of medical / surgical practice			
99215	G0117		20020101	20191231	0		Standards of medical / surgical practice			
99215	G0118		20201001	*	0		Standards of medical / surgical practice			

Figure 2: Column 1/Column 2 table with 99215 in Column 1

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Filtering the PTP Data Tables

- Fastest and most accurate way to search edit tables for a particular value
- Instructions found in online [How to Use the Medicare Correct Coding Initiative \(NCCI\) Tools](#) MLN educational tool
 - Use jump links at top of page

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NCCI Associated Modifiers

- Use under appropriate clinical circumstance to bypass an NCCI PTP edit
 - Anatomic modifiers
 - E1-E4, FA, F1-F9, TA T1-T9, LT, RT, LC, LD, RC LM, RI
 - Global surgery modifiers
 - 24, 25, 57, 58, 78, 79
 - Other modifiers
 - 27, 59, 91, XE, XS, XP, XU
- Find NCCI Modifiers in the [Medicare NCCI FAQ Library](#)

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Modifier Resources

- MLN Fact Sheet (MLN1783722 March 2023) – [Proper Use of Modifiers 59, XE, XP, XS, and XS](#)
- WPS GH A [Modifiers](#) Guides and Resources
 - Includes links to general modifier information and modifier fact sheets

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Liability for Denials

- Services denied based on PTP edits may not be billed to the patient
- Use of the Advance Beneficiary Notice of Noncoverage (ABN) not allowed

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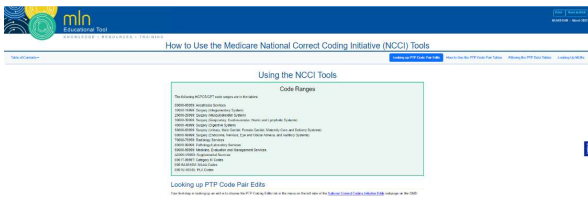
Medicare NCCI FAQ Library

- Includes
 - Billing and coding advice
 - NCCI Policy Manual
 - Medically Unlikely Edits (MUEs)
 - Procedure-to-Procedure (MUEs) Edits
 - NCCI modifiers
 - Published PTP and MUE files

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MLN Educational Tool

- [How to Use the Medicare National Correct Coding Initiative \(NCCI\) Tools](#)




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WPS GHA Education Resources



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WPS GOVERNMENT HEALTH ADMINISTRATORS


WPS GH A Website

- www.wpsgha.com
- Quick Links – Topic Center – Training Center

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Portal


- Stage 2 of website redevelopment
- Anticipate completion by end of Spring 2024



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Facebook – WPS GH A Provider Page

- <https://www.facebook.com/WPSGHAProviderPage>



WPS Government Health Administrators Provider Page

851 likes · 937 followers

The WPS Government Health Administrators Provider Page supports communications to health care providers.

Message Liked

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WPS Government Health Administrators Education

WPS Government Health Administrators currently serves as the Medicare Administrative C...

https://www.youtube.com/channel/UCsclmgYJDEJ8Zh2_r_SivUw

- Videos - Encore Presentations - 43 Playlists

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Timely Topics

Find link on Live Events web page

Stay up to date by viewing this document, updated quarterly

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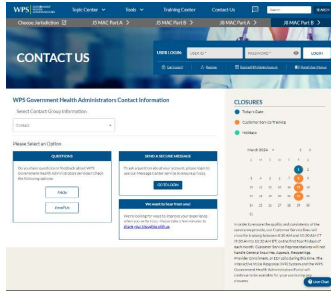
WPS Government Health Administrators

- Sign up and read eNews
- Sign up on any WPS GH A web page
- Check out Live Chat
- Presents at bottom of web page when available

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Contact Us

- Chose Contact Us from the blue box at the bottom of any WPS GHA web page



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Questions



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Survey



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Follow Up Questions

- Submit presentation-related questions to aapc.kansascity@gmail.com
 - Send by 03/24/24 at noon Central Time
- Direct claim specific or provider specific questions to Customer Service



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Thank You



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