



## National Government Services Newsletter Annual Meeting of the New York Podiatric Medical Association January 18, 2024

As your Medicare Administrative Contractor (MAC), National Government Services (NGS) is dedicated to working with providers we serve. Our goal is to keep you informed about changes to Medicare and the training opportunities available to you.

### Provider Outreach and Education

#### *Calendar Year (CY) 2024 Medicare Physician Fee Schedule Final Rule*

On November 2, 2023, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that announces finalized policy changes for Medicare payments under the Physician Fee Schedule (PFS), and other Medicare Part B issues, effective on or after January 1, 2024.

The calendar year (CY) 2024 PFS final rule is one of several final rules that reflect a broader Administration-wide strategy to create a more equitable health care system that results in better access to care, quality, affordability, and innovation.

#### Resources:

- [Calendar Year \(CY\) 2024 Medicare Physician Fee Schedule Final Rule | CMS](#)
- [Medicare Physician Fee Schedule Final Rule Summary: CY 2024](#)

#### 2024 Physicians Fee Schedule

- [Fee Schedule Lookup](#) (Fees and Details)
- [Fee Schedule Assistance](#) (Locality and County Information)
- [Description of Medicare Physician Fee Schedule Database Policy Indicators](#) (Policy Indicators)

### Part B Mass Adjustments Resulting in Overpayments

In May 2023, the OIG released the final report titled “Medicare Paid Millions More for Physician Services at Higher Nonfacility Rates Rather Than at Lower Facility Rates While Enrollees Were Inpatients of Facilities” (A-04-21-04084).

The OIG report explains, *Medicare made overpayments totaling \$22,463,193 for 1,130,182 claim lines by paying the nonfacility rate for services coded as furnished in a nursing facility or SNF setting without Part A coverage while enrollees were Part A SNF inpatients.* It also states that CMS did not have CWF edits in place to detect the coding errors.

These overpayments are national, and some National Government Services providers' claims are included in this final number.

We are writing this message to our providers to make you all aware the impacted claims are being adjusted by NGS. This impacts claims processed between July 2019 and July 2023. The adjustment will change the POS from 32 (Nursing Facility) to 31 (Skilled Nursing Facility).

Providers whose claims are adjusted will receive overpayment letters explaining the reason further.

Providers shall refund all improperly collected deductible and/or coinsurance amounts to the beneficiaries.

You may read more about the audit and view the report on the OIG website, at this link:

- [Medicare Paid Millions More for Physician Services at Higher Nonfacility Rates Rather Than at Lower Facility Rates While Enrollees Were Inpatients of Facilities A-04-21-04084 05-30-2023 \(hhs.gov\)](#)

## Know Your Provider Enrollment Revalidation Due Date Today and Protect Your Bottom Line

Revalidate before your due date to avoid a hold on your Medicare payments and deactivation of your Medicare billing privileges.

There are several ways to find your revalidation due date:

- [Medicare Revalidation List Tool](#)
  - Search by NPI or name.
  - A due date of "TBD" (to be determined) means a revalidation due date has not been assigned by CMS.
  - Instructions on how to use the tool can be found under the article titled "[How to Search on the Medicare Revalidation List Tool for Due Date](#)"
- Revalidation notice mailed by National Government Services
  - Mailed in [yellow envelope](#)
  - [Sample Revalidation Letter](#)
- [Internet-Based Provider Enrollment, Chain and Ownership System \(PECOS\)](#)
  - Sign in with user ID and password.

IMPORTANT: If a current revalidation due date has not been assigned or if the due date is TBD, all unsolicited revalidation applications will be returned.

Revalidate Medicare enrollment information either electronically by using the [Internet Based Provider Enrollment, Chain and Ownership System \(PECOS\)](#) or by submitting the appropriate CMS-855 paper application. Find current forms on our website under Resources and then select Forms.

Already submitted your revalidation application?

Find the status of your submitted application by using our [Check Provider Enrollment Application Status Tool](#) located on our website. Select Resources and then select Tools & Calculators.

If status is "Approval Recommendation," you will need to contact the state agency indicated in your approval recommendation letter. For more information, view our article titled "[Understanding the Approval Recommendation Process for Certified Providers](#)."

Don't Forget to...

- *Pay the application fee.* Verify if you need to pay the fee by using the [Medicare Provider Enrollment Application Fee Decision Tree Tool](#).
- Have an authorized/delegated official of an organization or the individual provider *sign and date* the CMS form(s), include newly added authorized/delegated officials. (Signatures cannot be

delegated to unauthorized personnel). See our article titled "[Understanding Authorized Official and Delegated Official Roles](#)".

- Include all required documentation, when applicable. (license, certifications, degrees, void check, Exhibit 177, sales agreement, capitalization, bill of sale)
- Verify LBN matches the IRS document, including any suffixes on the:
  - CMS application
  - Bank account
  - NPPES (NPI Numbers)
  - CMS-588 EFT form
  - State registration websites
- Submit both individual and group enrollment applications for a Sole Owned Group in PECOS. Need assistance with Medicare enrollment? Part B providers/suppliers can register for provider enrollment webinars by clicking on [EVENTS](#) at the top of the NGS website.

The webinars below are available on our website:

- Provider Enrollment Revalidation Overview
- Provider Enrollment: Getting Access to PECOS
- Provider Enrollment: Submitting Revalidation via PECOS
- Submitting Revalidation via CMS-855B Paper Application for a Part B providers
- Submitting Revalidation via CMS-855I Paper Application for a Part B providers
- Let's Chat about Provider Enrollment Revalidation
- PECOS: View and Manage Reassignments through Group Enrollment
- PECOS: Manage Signatures and Additional Information Requests
- Provider Enrollment: Opioid Treatment Program

#### **NEW:**

#### **Physicians and Nonphysician Practitioners: Revised CMS-855I Medicare Enrollment Application Required November 1 (Combined CMS-855I and CMS-855R)**

If you don't use [PECOS](#), use the revised [CMS-855I](#) (Medicare Enrollment Application - Physicians and Nonphysician Practitioners) to enroll or update your information. MACs will accept current and revised versions of the form through 10/31/2023. Starting 11/1/2023, you must use the revised form [CMS-855I](#) (05/23)

Form updates:

- Combines the CMS-855I and CMS-855R paper applications and discontinues the CMS-855R
- Moves physician assistant employer arrangements to the reassignment section
- Recognizes physicians and nonphysicians who provide acupuncture services
- Identifies compact licenses
- Adds new physician specialties
- Expands practice location types to include telehealth

Visit [Medicare Enrollment for Providers & Suppliers](#) for more information, including a [CMS-855I instructional guide](#). To enroll and update your information more quickly and easily, use [PECOS](#).

Visit [our website](#) for information located at:

- [Education: Help and FAQs \(Enrollment\)](#)
- [Enrollment: Submit Enrollment Application Using Paper](#)
  - [Initial Provider Enrollment Process](#)
  - [Change Existing Provider Enrollment Information](#)
  - [Revalidating Your Enrollment](#)
- [Enrollment: Helpful Tips](#)
- [YouTube Video](#) and [Events: Completing the CMS-855I Paper Application](#)

## Telehealth policy changes

The [Consolidated Appropriations Act of 2023](#) extended many of the telehealth flexibility waivers through December 31, 2024.

Some important changes to Medicare telehealth coverage and reimbursement include:

- **Location:** No geographic restrictions for patients or providers
- **Eligible providers:** All health care providers who are eligible to bill Medicare can bill for telehealth services, including Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
- **Eligible services:** See the [list of telehealth services](#) from the Centers for Medicare & Medicaid Services
- **Modality:** Audio-only coverage for approved services

The link has great information regarding “billing Medicare as a safety-net provider (RHC/FQHC)”.

[Billing Medicare as a safety-net provider | Telehealth.HHS.gov](#)

## Podiatry Billing Guide

National Government Services has a Podiatry Billing Guide available at [Podiatry - NGS MEDICARE](#)

## Podiatry Local Coverage Determinations

- [LCD for Routine Foot Care and Debridement of Nails \(L33636\)](#)
- [LCD for Incision and Drainage \(I & D\) of Abscess of Skin, Subcutaneous and Accessory Structures \(L33563\)](#)
- [LCD for Debridement Services \(L33614\)](#)
- [LCD for Nonvascular Extremity Ultrasound \(L33619\)](#)

## Preventive Services

Medicare covers many preventive services to keep your patients healthy. Preventive services can help find health problems early, when treatment works best, and can help keep your patients from getting certain diseases. Talk to your patients about which preventive services are right for them and how often they need them.

## Resources:

- [NGS Preventive Services Guide](#)
- [MLN006559 – Medicare Preventive Services](#) -CMS Online Interactive Tool

## NGSConnex Portal

### What is NGSConnex?

NGSConnex is a free, secure, web-based application developed by National Government Services just for you! NGSConnex provides access to a wide array of self-service functions that save you time and money, such as:

- Obtain beneficiary eligibility information
- Query for your claims status
- Initiate and check the status of redetermination and reopening requests
- View your provider demographic information
- Query for your financial data
- Submit documents for an Additional Documentation Request
- Submit claims
- And More!

### Helpful Resources

#### [Log Into NGSConnex](#)

You can find additional information and detailed step-by-step instructions in the [NGSConnex User Guide](#).

