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**Medicare J11 Part B Update**  
September 12, 2013  
Shannon Chase  
Palmetto GBA, J11 MAC  
Provider Outreach and Education

# Disclaimer


The information provided in this presentation was current as of 8/29/2013. Any changes or new information superseding the information in this presentation are provided in articles with publication dates after 8/29/2013 posted on our Web site at:  
[www.PalmettoGBA.com/J11B](http://www.PalmettoGBA.com/J11B)

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## Topics

- \* Updates and Changes
- \* Top Errors
- \* Top Inquiry Reasons
- \* Resources
- \* Electronic Data Interchange

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## Palmetto GBA Has a New Look!



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- \* Palmetto GBA belongs to a division of BlueCross BlueShield of South Carolina once known as the Government Programs Division.
- \* Celerian Group now comprises Palmetto GBA, CGS Administrators, InStil Health, PGBA and TrailBlazer Health Enterprises.
- \* **Palmetto GBA is still the same company you've known for more than 46 years. Only our logo has changed.**

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## Telephone Number




**NEW!**

- \* 855-696-0705
- \* Please do not attempt to call 855-696-0705 until October 1, 2013.

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## Sequestration

- \* Medicare FFS claims with **dates-of-service or dates-of-discharge on or after April 1, 2013**, incur a two percent reduction in Medicare payment.
- \* The claims payment adjustment will be applied to all claims after determining coinsurance, any applicable deductible, and any applicable Medicare Secondary Payment adjustments.
- \* New Claim Adjustment Reason Code (CARC)
  - \* 253 - Sequestration - Reduction in Federal Spending


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## Medicare Satisfaction Indicator (MSI)




<http://www.cms.gov/Medicare/Medicare-Contracting/MSI/>




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## Phase III ERA EFT


- \* Effective January 1, 2014, Medicare contractors and Shared System Maintainers should use the May 24, 2013 update to the Council for Affordable Quality Healthcare (CAQH) Committee on Operating Rules for Information Exchange (CORE) Phase III CORE 360 Uniform Use of CARCs and RARCs (835) Rule CORE-required Code Combinations for CORE-defined Business Scenarios, version 3.0.2.






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## Non-Alert RARCs

In April 2013 Business Requirement 7910.2 instructed the Medicare Shared Systems and contractors to stop sending Non-Alert Remittance Advice Remark Codes (RARCs) without associated Group Codes and/or Claim Adjustment Reason Codes (CARCs). It has been reported that this resulted in provider concern and increased provider inquiries. CMS is working on developing a long term resolution but has decided to continue to send Non-Alert RARCs without any Group Code and/or CARC for now.




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## Taxonomy Codes Update

- \* Effective October 1, 2013.
- \* The Healthcare Provider Taxonomy Codes (HPTC) set is maintained by the National Uniform Claim Committee (NUCC).
- \* View or download at <http://www.wpc-edi.com/reference/>.
- \* Revisions made since the last release can be identified by the color code:
  - \* New items are **green**;
  - \* Modified items are **orange**; and
  - \* Inactive items are **red**.




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## Taxonomy Codes Update


  

- \* The standards implementation guides state that this information is:
  - \* "Required when the payer's adjudication is known to be impacted by the provider taxonomy code."; and
  - \* "If not required by this implementation guide, do not send."
  
- \* Medicare does not use HPTCs to adjudicate its claims.
  - \* Medicare would not expect to see these codes on a Medicare claim.
  - \* However, currently, it validates any HPTC that a provider happens to supply against the NUCC HPTC code set.




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PART B

## Therapy


- \* 2013 caps - \$1900 combined for physical and speech language pathology and a \$1900 separate cap for occupational therapy.
- \* April 1, 2013 - The Recovery Audit Contractor to perform manual medical review for therapy services at or over the \$3700 thresholds.
- \* Palmetto GBA responsible for sending Additional Documentation Requests (ADRs) when manual medical review is necessary.
  - \* Postpayment reviews for providers in VA, WV, and SC.
  - \* **Prepayment reviews for providers in NC as part of CMS demonstration project.**



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## CMS Therapy Claim-Based Data Collection System

- \* New CMS claims-based data collection system
- \* 42 G-codes and seven severity/complexity modifiers record patient function
- \* Effective for DOS on or after 1/1/2013
- \* Testing period through 6/30/2013
- \* 7/1/2013 Phase 2 – edit applied
- \* <http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Jurisdiction%2011%20Part%20B~Browse%20by%20Specialty~Therapy~9A6JX54351?open&navmenu=Browse^by^Specialty>

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## Therapy Cap Denial Modification to Liability


- \* Section 603(c) of the American Taxpayer Relief Act of 2012 (ATRA)
- \* Changes these denials from beneficiary liability to provider liability
  - \* Effective January 1, 2013
  - \* Group code of CO (contractual obligation), instead of Group Code PR (patient responsibility)
- \* <http://www.palmettogba.com/palmetto/providers.nsf/docsCat/Providers~Jurisdiction%2011%20Part%20B~Browse%20by%20Specialty~Therapy?open&expand=1&navmenu=Browse^by^Specialty>

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 Medicare Learning Network  
MM8321


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## Referring/Ordering Providers Phase 2 Edit

### Implementation Temporarily Delayed


- \* **Effective** turned on and deny the
- \* This applies
  - \* Part B providers and suppliers of DMEPOS who submit claims to MACs, and DME MACs for items or services that they furnished as the result of an order or a referral, and
  - \* Home Health Agency (HHA) services who submit claims to RHHI MACS.



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SE1305

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## Quarterly HCPCS Drug/ Biological Code Changes

- \* Effective for claims with dates of service on or after July 1, 2013, the following HCPCS codes will no longer be payable for Medicare:
  - \* J3487: Injection, Zoledronic Acid (Zometa), 1 mg
  - \* J3488: Injection, Zoledronic Acid (Reclast), 1 mg
  - \* J9002: Injection, Doxorubicin Hydrochloride, Liposomal, Doxil, 10 mg




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## HCPCS Drug/ Biological Code Changes (cont.)


- \* Effective for claims with dates of service on or after July 1, 2013, the following HCPCS codes will be payable for Medicare:
  - \* Q2033: Influenza Vaccine, Recombinant Hemagglutinin Antigens, For Intramuscular Use (Flublok)
  - \* Q2050: Injection, Doxorubicin Hydrochloride, Liposomal, Not Otherwise Specified, 10 mg
    - \* Replaces J9002
  - \* Q2051: Injection, Zoledronic Acid, not otherwise specified, 1 mg
    - \* Replaces two codes J3487 and J3488



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## HCPCS Drug/ Biological Code Changes (cont.)

- \* Effective for claims with dates of service on or after July 1, 2013, the following HCPCS code will be accepted on claims, but not payable by Medicare:
  - \* Q0090: Levonorgestrel-Releasing Intrauterine Contraceptive System (SKYLA), 13.5 mg



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## Update to the CY 2013 Medicare Physician Fee Schedule Database (MPFSDB)

- \* Changes effective with dates of service on or after October 1, 2013
- \* Medicare contractors will not retract overpayment for claims already paid or adjust claims for services with an allowance increase
- \* Providers may request adjustments




## Other Fee Schedule & Related News

- \* Recorded webcast, "How to Find and Access Fee Schedules" under 'What's New?' on [www.PalmettoGBA.com/J11B](http://www.PalmettoGBA.com/J11B)
- \* July 2013 North Carolina Ambulatory Surgical Center (ASC) Fee Schedule Update
- \* July Quarterly Update for 2013 Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Fee Schedule
- \* 2013 Palmetto GBA MoPath Fee Schedule and Claim Submission Guidelines
- \* 2013 ASC Drug Pricing Updates
- \* October 2013 Update of the ASC Payment System




## Ambulatory Surgical Center (ASC)

- \* Effective January 1, 2014, ASCs that do not successfully meet ASC Quality Reporting Program requirements shall be subject to a payment reduction.
  - \* CARC 237 - Legislated/Regulatory Penalty. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).
  - \* RARC N551 - Payment adjusted based on the ASC Quality Reporting Program.
  - \* RACR N552 - Payment adjusted to reverse a previous withhold amount.
- \* [http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Jurisdiction%2011%20Part%20B~Browse%20by%20Specialty~ASC~Ambulatory%20Surgical%20Center%20Quality%20Reporting%20\(ASCQR\)%20Program%20Payment%20Reduction%20\(MIEA-TRCHA%202006\)%20-%20Implementation](http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Jurisdiction%2011%20Part%20B~Browse%20by%20Specialty~ASC~Ambulatory%20Surgical%20Center%20Quality%20Reporting%20(ASCQR)%20Program%20Payment%20Reduction%20(MIEA-TRCHA%202006)%20-%20Implementation)




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## Quarterly Update to the Correct Coding Initiative (CCI) Edits

- \* Effective October 1, 2013
- \* Contractors will not search their files to either retract payment or to retroactively pay claims
- \* Contractors will adjust claims if they are brought to their attention
- \* <http://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/NCCI-Coding-Edits.html>




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# Incarcerated Beneficiary

- \* A large number of overpayments were identified and recoupments made.
- \* CMS learned the information related to those periods of incarceration was, in some case, incomplete for CMS purposes.
- \* CMS is working to develop a process to automate the reprocessing of claims that were denied in error.
- \* In the interim, providers should no longer encourage beneficiaries to contact their local Social Security office to have records updated.

**TOP LINKS**


[Claims Processing Issues Log](#)

[Fee Schedules](#)

[Forms](#)


[Incarcerated Beneficiaries](#)

[Local Coverage Determinations](#)




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# Incarcerated Beneficiary

- \* Providers also should no longer fax information to their local CMS Regional Offices as CMS is currently working to develop processes to resolve this issue.
- \* Do not resubmit claims.
- \* Watch the CMS and Palmetto GBA websites for updates.
- \* CMS FAQ:
  - \* <http://www.cms.gov/Center/Provider-Type/All-Fee-For-Service-Providers-Center.html>



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## Transcatheter Aortic Valve Replacement (TAVR)

\* Effective for claims processed July 1, 2013, the following codes have additional requirements.


0256T	0257T	0258T	0259T	33361	33362	33363	33364	33365	0318T
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- \* Eight-digit clinical trial registry number preceded by 'CT'.
  - \* Enter in field 19 of paper Form CMS-1500; or
  - \* Enter similarly in the electronic 837P in Loop 2300 REF01 (REF01=P4).
- \* Bill with the modifier Q0.
- \* Must contain a secondary diagnosis code of V70.7 (ICD-10=Z00.6).
- \* Clinical trial number submitted on claims must match an 8-digit clinical trial registry number listed on the CMS website.

**Note: CR8255 does not eliminate the previous instructions contained in CRs 7897 and 8168 that were not formally replaced/revised.**



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## ICD-10


**The compliance date for ICD 10 is delayed until  
October 1, 2014.**

- ▶ **Identify current system and work processes that use ICD-9 codes.**
  - \* Talk to your practice management system vendor about accommodation for ICD-10 codes.
  - \* Discuss implementation plans with clearinghouse, billing services and payers.
- ▶ **Assess your staff's training needs.**
  - \* CMS Med Learn Matters document SE1019, recommends allocating 16 hours of ICD-10 training.
  - \* [www.cms.gov/ICD10](http://www.cms.gov/ICD10)




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## 2013 Codes

- \* CMS has released limited directives for coding and billing certain new codes.
  - \* New 2013 mental health codes.
  - \* New 2013 transitional care codes.
- \* Watch the Palmetto GBA Part B website and listserv messages for additional information.
- \* \*\*\*FAQs can be found under:
  - [Palmetto GBA Home](#) / [Jurisdiction 11 Part B](#) / [E/M Help Center](#) / [General Articles](#) / [Transitional Care Management...](#)

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## New Mental Health Care Coding Changes

- \* All Evaluation and Management (E/M) coding and documentation rules and regulations apply to any E/M service billed by any provider including mental health care providers.
- \* Palmetto GBA E/M Help Center:
  - \* [www.PalmettoGBA.com/J11B](http://www.PalmettoGBA.com/J11B)

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## Transitional Care Management (TCM)

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- \* Effective January 1, 2013, Medicare pays for two CPT codes (99495 and 99496) used to report physician or qualifying nonphysician practitioner care management services for a patient following a discharge from a hospital, SNF, or CMHC stay, outpatient observation, or partial hospitalization.
- \* 2013 Physician Fee Schedule final rule published on November 16, 2012 (77 FR 68978 through 68994).





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## TCM


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- ▶ 30-day period for the TCM service begins on the day of discharge and continues for the next 29 days. **The reported date of service should be the 30th day.**
- ▶ The POS billed should correspond to the POS of the **required face-to-face visit.**
- ▶ The codes describe 30 days of services and because the TCM codes are new codes beginning on January 1, 2013, only 30-day periods beginning on or after January 1, 2013 are payable. Thus, the first payable date of service for TCM services is **January 30, 2013.**




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# TCM

- \* Because the TCM codes describe 30 days of care, if the beneficiary dies prior to the 30th day, practitioners should not report TCM services but may report any face-to-face visits that occurred under the appropriate E/M code.
- \* Medicare will only pay the first eligible claim submitted during the 30 day period that commences with the day of discharge. Other practitioners may continue to report other reasonable and necessary services, including other E/M services, to beneficiaries during those 30 days.

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# TCM Q&A

***If the patient is readmitted in the 30-day period, can TCM still be reported?***


- \* Yes, as long as the services described by the code are furnished by the practitioner during the 30-day period, including the time following the second discharge. Alternatively, the practitioner can bill for TCM services following the second discharge for a full 30-day period as long as no other provider bills the service for the first discharge. CPT guidance states that only one individual may report TCM services and only once per patient within 30 days of discharge. Another TCM may not be reported by the same individual or group for any subsequent discharge(s) within 30 days.

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## Clinical Trial Number

- \* Effective January 1, 2014, it will be mandatory to report a clinical trial number on claims for items and services provided in clinical trials that are qualified for coverage as specified in the "Medicare National Coverage Determination (NCD) Manual," Section 310.1




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## Consolidated Billing (CB)

- \* Erroneous Rejection of Outpatient Hospital Claims for Skilled Nursing Facility CB
- \* CPT 11042, 11043 and/or 11044
- \* Providers need to adjust/resubmit any claims that may be affected by this change

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Open Payments


## Physician Payments Sunshine Act

- \* Requires manufacturers of pharmaceuticals or medical devices to publicly report payments made to physicians and teaching hospital:
- \* Data collection began August 1, 2013
- \* Physicians and teaching hospitals may voluntarily enroll in the OPEN PAYMENTS program in order to monitor their data reported by industry





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Open Payments


## Two new mobile applications to assist in successful program reporting

- Compatible with the iOS (Apple™) and Android platforms
- Free! iOS Apple™ Store and Google Play™ Store


## Two Continuing Medical Education Activities are Available

- Earn one credit of continuing medical education for the 1st module and 0.25 credits for the 2nd module






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# Revisions

- \* Common Working File (CWF) Edit for Technical Component (TC) of Pathology Services Occurring on the Same Day as an Outpatient Hospital Visit
- \* IOM, Publication 100-06, Chapter 3, Overpayment (Section 50.3); Chapter 4, Debt Collection (Section 50 - 50.6 and 100.6.4) Related to Extended Repayment Schedules (ERS)



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# LCD Updates

**J11 PART B**

**TOP LINKS**

- [Claims Processing Issues Log](#)
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What's New

Browse by Specialty

Browse by Topic

CERT

CMS

EDI

E/M

Learning & Education

Medical Policies

- [Draft LCD Status Report](#)
- [Draft Open LCD Meetings](#)
- [LCDs and NCDs](#)
- [New to Medicare?](#)
- [Online Provider Services](#)
- [Publications](#)
- [Resources](#)

**Jurisdiction 11 Part B**  
LCDS AND NCDs

**Medicare Coverage Determinations**  
Local Coverage Determinations (LCDs) and National Coverage Determinations (NCDs) provide reasonable and necessary indications and limitations of Medicare coverage.

**Local Coverage Determinations (LCD)**

**North Carolina (11502)**

- Active
- LCD articles and self-administered drug article provide coding guidelines on how to submit specific services

**South Carolina (11202)**

- Active
- Retired
- LCD articles and self-administered drug article provide coding guidelines on how to submit specific services

**Virginia (11302)**


- Active
- Retired
- LCD articles and self-administered drug article provide coding guidelines on how to submit specific services

**West Virginia (11402)**

- Active
- Retired
- LCD articles and self-administered drug article provide coding guidelines on how to submit specific services


View National Coverage Determinations (NCD) articles.

View J11 Part B Palmetto GBA Assigned ICD-9 Codes for National Coverage Determinations.



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## New Interest Rate for Over- and Underpayments

# 10.375 %

Effective July 17, 2013

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## Provider Enrollment and Chain Organization System (PECOS)

***It's fast, secure and easy!***

- \* Background information on Internet PECOS
- \* [http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html?redirect=/MedicareProviderSupEnroll/04\\_InternetbasedPECOS.asp](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/index.html?redirect=/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp)
- \* Check out the ***Getting Started Guide for Physicians and Non-physician Practitioners*** and the ***PECOS - Enrollment Example*** under 'Downloads.'


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## Using PECOS

- \* In order to use PECOS providers must:
  - \* Have an NPES User ID and password.
  - \* Go to Internet Based PECOS and complete, review, and submit the electronic enrollment application via Internet-based PECOS.  
<https://pecos.cms.hhs.gov/pecos/login.do>
  - \* **Important:** You must electronically sign or print, sign and date the two-page Certification Statement and mail the Certification Statement and all supporting paper documentation to the Medicare contractor within seven days of electronic submission.

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## Correspondence Tips

- \* Use the correct form
  - \* Palmetto GBA 'Forms' link for the most current form
- \* Mail to the correct address
- \* Do not combine documents that need to go to different departments in the same envelope
- \* Clearly indicate why your are sending correspondence
- \* Do not fax in multiple sections

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## ADR (Additional Documentation Request)

- \* Return all records with a copy of the request.
- \* If ADR request includes multiple dates of service, do **NOT** separate the letter and responses by date of service.
- \* Keep ADS letter intact. Respond with the entire record for all dates of service (DOS) as one response. Separating the dates of service could result in a denial of some of the DOS or delays in processing.
- \* Include a signature log if any of the signatures in the record are illegible.






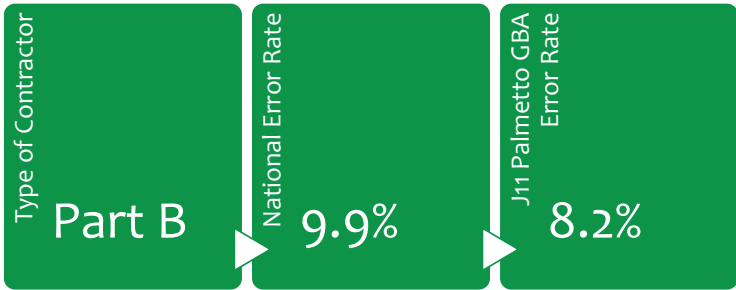
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## CERT Error Rate



```


    graph LR
      A[Type of Contractor  
Part B] --> B[National Error Rate  
9.9%]
      B --> C[J11 Palmetto GBA  
Error Rate  
8.2%]
    
```



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# Before Appealing a CERT Denial

- \* Identify the reason each service was denied.
- \* Check the records that your office supplied. For electronic records – was the record provided the 'final' signed report/note?
  - \* 'Unapproved' or 'interim' entries lacking valid signatures are not acceptable for medical reviews or appeals.
  - \* **Do not resubmit the claim. The decision for denial was based upon review of medical records; therefore, claims for these services may not be resubmitted for payment consideration.**



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# CERT Help




MEDICARE HOME
CONTACT US
E-MAIL UPDATES

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## Jurisdiction 11 Part B

GENERAL INFORMATION

The Centers for Medicare & Medicaid Services (CMS) established the Comprehensive Error Rate Testing (CERT) program to monitor and report the accuracy of Medicare fee-for-service (FFS) payments. The CERT program measures the error rate for claims submitted to Medicare contractors. Palmetto GBA uses CERT reports to identify areas of focus for our Provider Outreach & Education efforts. One of the major outcomes of these CERT reports is the paid claims error rate (percentage of dollars paid incorrectly).

From this Web page, you may view CERT error rates by code group and provider type (specialty), articles about specific areas of concern as a result of CERT review findings and newsletters from the CERT Documentation Contractor or CERT DC. For more information about CERT:

- View public CERT reports on the CMS Web site: [www.cms.hhs.gov/CERT/](http://www.cms.hhs.gov/CERT/)
- Establish a CERT contact person for your practice: [www.CERTprovider.org](http://www.CERTprovider.org)
- CMS Provider Compliance Fast Facts & Newsletters
- Provider Compliance

FAQs:	Date
Additional Medical Review Projects and CERT	01/23/2013
HEAT Provider Compliance Training Videos	12/07/2012
Importance of Preparing/Maintaining Legible Medical Records	11/26/2012
Medical Record Cloning	11/06/2012
Introduction to CERT Web Based Training	10/12/2012
CERT Records Request Letters: Hints	08/11/2012
CERT Signature Denial Messages	07/10/2012



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## More CERT Help

- \* CERT contractor Customer Service:  
(301) 957-2380
- \* Palmetto GBA CERT Web page  
<http://www.palmettogba.com/palmetto/providers.nsf/docsCat/Providers~Jurisdiction%2011%20Part%20B~CERT~General%20Information?open&expand=1&navmenu=CERT>



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## Top Denials

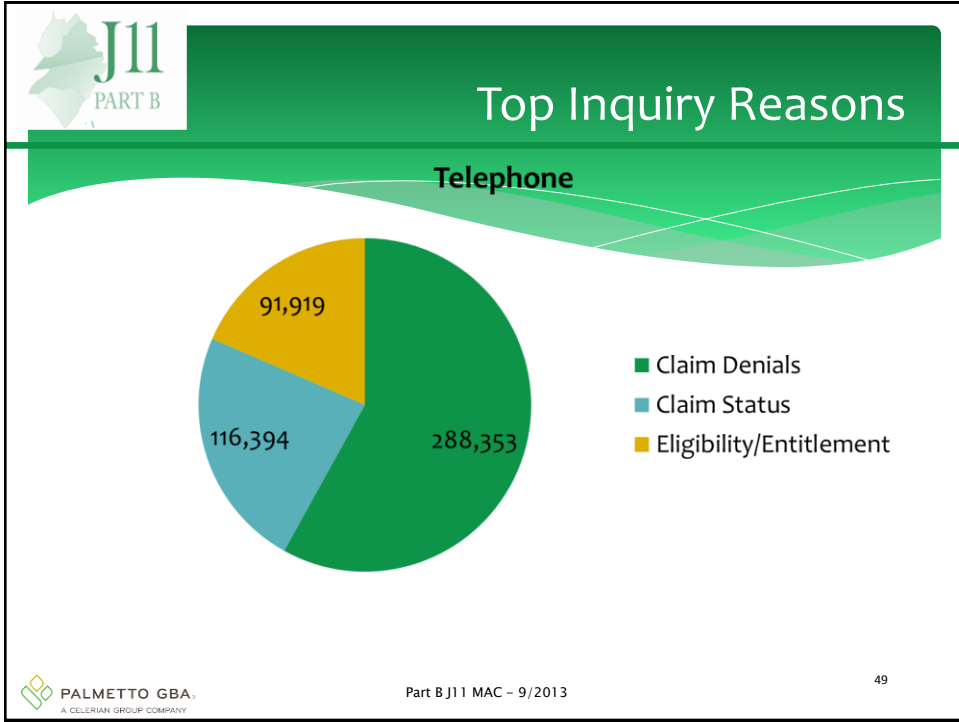
Reason/ Remark Code	Definition
<b>PR-204</b>	This service/equipment/drug not covered.
<b>CO-B15</b>	This service/procedure requires a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. Payment is included in another service received on the same day. (i.e. status B (bundled) services)
<b>CO-50, N115 and N386</b>	These are non-covered services - not deemed a "medical necessity" by the payer. N115 - Based on an Local Coverage Determination (LCD) and N386 - Based on an National Coverage Determination (NCD).



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## Top Inquiry Reasons

Top Inquiry Reason Category	Subcategories
1. Claim Denials	<ul style="list-style-type: none"> <li>1. Coding Errors/Modifiers</li> <li>2. Contractual Obligation Not Met</li> <li>3. Claim Overlap</li> <li>4. Medical Necessity</li> </ul>
2. Claim Status	<ul style="list-style-type: none"> <li>1. Payment Explanation/Calculation</li> </ul>
3. Eligibility/Entitlement	<ul style="list-style-type: none"> <li>1. Part B Entitlement</li> </ul>

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## Top Inquiry Reasons


### Claim Denials

- \* Claim Overlap
- \* Coding Errors/Modifiers
- \* Contractual Obligation Not Met
- \* Medical Necessity

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## Top Inquiry Reasons

<b>Search</b>	<b>Denial Resolution Tool</b>	<b>Modifier Lookup Tool</b>
<b>E/M Help Center</b>	<b>Documentation Page (under CERT)</b>	<b>E/M Help Center</b>
<b>Integrated Voice Response Unit (IVR)</b>	<b>Self-Paced Learning</b>	<b>Online Provider Services (OPS)</b>

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# Online Provider Services (OPS)

#	Function	Sub-Function	OPS		
			J1 A/B	J11 A/B	RRB
1	Claim Status	View Claim Status	X	X	X
2	Remittance	View Remit	X	X	X
3	Eligibility	View Elig Data	X	X	X
4	Financial Tools	Cash Flow Snapshot > Payment Floor Status	X	X	X
5	Financial Tools	Cash Flow Snapshot > Last 3 Checks	X	X	X
6	Financial Tools	E-Check	X	X	
7	Financial Tools	E-Offset	X	X	
8	Secure Messaging/Forms	Get Status (of DCN submitted)	X	X	X
9	Secure Messaging/Forms	Redetermination: 1st Level Appeal Form (AP-1000)	X	X	X
10	Secure Messaging/Forms	Alerts / Inbox / Archived Messages	X	X	X




snap.vu/bnoe



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OPS

## IT'S FREE!

- \* Must have an EDI agreement on file and register for access
- \* One administrator per group PTAN/NPI combination
- \* Administrator can grant access to additional staff
- \* Administrator controls which tabs each user may access
- \* Current users must ask administrators to grant access to newest features
- \* Annual renewal required



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**J11 PART B**

## Self Service Tools

[www.PalmettoGBA.com/J11B](http://www.PalmettoGBA.com/J11B)

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**CMS**  
Medicare, Medicaid & Health Services

MEDICARE HOME CONTACT US E-MAIL UPDATES

Palmetto GBA Home / Jurisdiction 11 Part B

### J11 PART B

**Jurisdiction 11 Part B**

**ADR Response Calculator**  
Find out when your additional documentation is due >>

**TOP LINKS**  
[Claims Processing Issues Log](#)  
[Fee Schedules](#)  
[Forms](#)  
[Incarcerated Beneficiaries](#)  
[Local Coverage Determinations](#)

**SELF SERVICE TOOLS**  
[What would you like to do? ☺](#)  
[Acronym/Terminology Index](#)  
[ADR Response Calculator ☺](#)  
[Denial Resolution](#)  
[Drug Lookup and Calculator Tool ☺](#)  
[EDI System Status ☺](#)  
[Enrollment Application Finder ☺](#)  
[Enrollment Application Status Lookup ☺](#)  
[E/M Scoresheet Tool, Established Patients](#)  
[E/M Scoresheet Tool, New Patients](#)  
[Frequently Asked Questions](#)  
[Interactive ABN ☺](#)  
[Interactive CMS 1500 Claim Form](#)  
[Interactive Remittance Advice ☺](#)  
[IVR Conversion Tool ☺](#)

**NEWS**  
 08/29/2013  
[CMS e-News: August 29, 2013](#)  
 2013 Part A & B Fall Tour Workshop Series:  
[Passport to Excellence](#)  
[Incarcerated Beneficiary Claim Denials: Frequently Asked Questions](#)  
[Jurisdiction 11 \(J11\) is Getting a New Telephone Number!](#)  
 08/22/2013  
[CMS e-News: August 22, 2013](#)  
[View All News for Jurisdiction 11 Part B](#)

What's New  
 Browse by Specialty  
 Browse by Topic  
 CERT  
 CMS e-News  
 EDI  
 E/M Help Center  
 Learning & Education  
 Medical Policies  
 New to Medicare?  
 Online Provider Services

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**J11 PART B**

## Claim Processing Issue Log (CPIL)

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**J11 PART B**


**TOP LINKS**  
[Claims Processing Issues Log](#)  
[Fee Schedules](#)  
[Forms](#)  
[Local Coverage Determinations](#)  
[New to Medicare?](#)

- \* CPIL is a list of current system-related claims processing issues.
- \* These issues have been reported to the CMS and/or MCS.
- \* Check often for updates before contacting the provider contact center.
- \* Located under the 'Top Links' section of the Palmetto GBA home page.

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## CMS Incentive Programs

**The following incentive programs continue in 2013:**


- **Primary Care Incentive Program (PCIP) Health**
  - \* Palmetto GBA PCIP Eligibility Tool
- **Professional Shortage Area (HPSA)**
  - \* Verify changes in 2013 HPSA area
  - \* [www.palmettogba.com/palmetto/npi4.nsf/Display?OpenForm](http://www.palmettogba.com/palmetto/npi4.nsf/Display?OpenForm)
- **HPSA Surgical Incentive Program (HSIP)**
  - \* Verify changes in 2013 HPSA area
  - \* <http://bhpr.hrsa.gov/shortage/shortageareas/index.html>



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## Electronic Transactions

- \* Electronic Data Interchange (EDI) – electronic claim submission
- \* Electronic Funds Transfer (EFT) – direct deposit
- \* Electronic Remittance Advice (ERA) – paperless remittance advices
- \* Medicare Remit Easy Print (MREP) – free software to convert ERAs back to a paper notice



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## Educational Events

*Hurry! Fall Tour has already begun!*

**Part A & B Fall Tour Workshop Series:  
Passport to Excellence**




Register now for an event near you!

- Create a profile at the Event Registration Portal if you have not already done so. Log in and you will be able to register yourself or other people for any workshops hosted by Palmetto GBA that are listed in the portal before registration closes.




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## Contacting Palmetto GBA

IVR	(888) 414-8592
<b>Provider Contact Center (PCC)</b>	(866) 830-3043
<b>Telephone Reopening</b>	(877) 872-5556
<b>Electronic Data Interchange Support</b>	(866) 749-4301




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# Resources

Resources	
Palmetto GBA J11 Part B Homepage	<a href="http://www.PalmettoGBA.com/J11B" style="color: white;">www.PalmettoGBA.com/J11B</a>
Palmetto GBA listserv	<a href="http://www.PalmettoGBA.com/J11B" style="color: white;">www.PalmettoGBA.com/J11B</a> Select E-mail Updates
Contact Us By Email	<a href="mailto:J11.PartB@PalmettoGBA.com" style="color: white;">J11.PartB@PalmettoGBA.com</a>
Selfservice Tools (Online Provider Service (OPS))	<a href="http://www.PalmettoGBA.com/J11B" style="color: white;">www.PalmettoGBA.com/J11B</a> Listed under Self-service Tools
CMS listserv	<a href="http://www.cms.gov/AboutWebsite/EmailUpdates/list.asp" style="color: purple;">www.cms.gov/AboutWebsite/EmailUpdates/list.asp</a>



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# Social Networking

## New Ways to Stay Connected













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# Questions?

Thank You for Attending  
Please complete and return the short  
evaluation.




# Electronic Data Interchange





# EDI Operations

- Palmetto GBA's Electronic Data Interchange (EDI) encourages providers to submit their claims electronically and to utilize certain electronic features we offer.
- EDI Helpdesk is available at 1-866-749-4301 from 8:00 AM – 5:00 PM ET
- You will be asked to provide Provider/Submitter specific information when you call our helpdesk. Upon verification you will be provided a ticket number for reference – please retain that number.



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# Palmetto GBA J11 Web site



The screenshot shows the Palmetto GBA J11 Part B website interface. At the top, there is a navigation bar with links for "MEDICARE HOME", "CONTACT US", and "E-MAIL UPDATES". Below this, the page title is "J11 PART B Jurisdiction 11 Part B". The main content area is divided into several sections:

- TOP LINKS:** Claims Processing Issues Log, Fee Schedules, Forms, Incorporated Beneficiaries, Local Coverage Determinations.
- SELF SERVICE TOOLS:** What would you like to do?, Acronyms/Terminology Index, ACA Response Calculator, Denial Reopener, Drug Lookup and Calculator Tool, EDI System Status, Enrollment Application Finder, Enrollment Application Status Lookup, E/M Worksheet Tool, Established Patients, E/M Worksheet Tool, New Patients, Frequently Asked Questions, Interactive ABN, Interactive CMS 1500 Claim Form, Interactive Remittance Advice, IVC Conversion Tool, Medicare Advantage Plan Directory, Modifier Lookup, MSP Calculator, MSP Lookup.
- NEWS:** 08/12/2013: Special Open Door Forum: CMS Rule 1599-F; Inpatient Hospital Admission and Medical Review Criteria (2-Midnight Provision) and Part B Inpatient Billing in Hospitals. 08/07/2013: Update on Medicare Demand Letters and Medicare Claim Cancellations Associated with an Item or Service Provided to Incorporated Beneficiaries. View All News for Jurisdiction 11 Part B.

At the bottom of the screenshot, the Palmetto GBA logo and the text "Part B J11 MAC – 9/2013" are visible.

The screenshot displays the Palmetto GBA website for Jurisdiction 11 Part B. The page features a green header with the J11 PART B logo and the text "EDI Options". Below the header, the website content is organized into several sections:

- TOP LINKS:** Claims Processing Issues Log, Fee Schedules, Forms, Local Coverage Determinations, New to Medicare?
- SELF SERVICE TOOLS:** What would you like to do?, Activity Terminology Index, Detail Replication, Drug Lookup and Calculator Tool, EDI System Status, Enrollment Application Finder, Enrollment Application Status Lookup, E/N ScoreSheet Tool, Established Patients, E/N ScoreSheet Tool, New Patients, Frequently Asked Questions, Interactive ABN, Interactive CMS 1500 Claim Form, Interactive Remittance Advice, IVA Conversion Tool, Medicare Advantage Plan Directory, Modifier Lookup, MSP Calculator, MSP Lookup, National Correct Coding Initiative (NCCI) Tool, Price Realizers, Products and Addresses.
- NEWS:** 02/07/2013 CMS e-News: February 7, 2013; 01/31/2013 CMS e-News: January 31, 2013; Ask-the-Contractor Teleconference (ACT): March 6, 2013; CMS Announces OREPOS Competitive Bidding Payment Amounts for the Round 2 and National Mail-Order Competitions; 01/24/2013 CMS e-News: January 24, 2012; View All News for Jurisdiction 11 Part B.

The footer of the screenshot includes the Palmetto GBA logo, the text "Part B J11 MAC - 9/2013", and "A CELLERIAN GROUP COMPANY".

**About EDI Web Pages**

- About J11 Part B Electronic Data Interchange** provides detailed information about EDI and how to get in touch with us
- EDI enrollment forms can be found on the [Enrollment Web page](#)
- [FAQs Web page](#) addresses common questions submitted to the Technology Support Center (TSC)
- General EDI information articles appear under the [General Web page](#)
- The [Software & Manuals Web page](#) includes user manuals and software download information
- [System Status](#) – provides a status of the availability of GPNET, CEM edits and reports
- The [Technical Specifications Web page](#) includes Companion documents and other materials in support of the approved ANSI transaction sets

The slide footer includes the Palmetto GBA logo, the text "Part B J11 MAC - 9/2013", and "A CELLERIAN GROUP COMPANY".

**J11 PART B**

## EDI Web Section - Enrollment

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MEDICARE HOME CONTACT US E-MAIL UPDATES

J11 PART B Jurisdiction 11 Part B ENROLLMENT

**TOP LINKS**

- Claims Processing Issues Log
- Fee Schedules
- Forms
- Incorporated Beneficiaries
- Local Coverage Determinations

**What's New**

Part B Approved 5010 Errata Vendors	07/12/2013
EDI Enrollment Status Online Request Form	04/01/2013
J11 EDI Application Online Request Form	03/15/2013
J11 EDI Enrollment Packet	03/01/2012
Mailing Addresses for Palmetto GBA J11 EDI Operations	03/21/2012
Receipt and Processing of the EDI Application Form, Enrollment Agreement and/or Online Inquiry Request	03/21/2012
Things to Know about EDI Operations' Enrollment Process	03/21/2012
Online ERA, ERA and Other Report Restore Form	09/24/2010

last updated on 8/01/2013

**EDI**

- About J11 Part B Electronic Data Interchange
- Enrollment
- FAQs
- General
- Software & Manuals
- System Status
- Technical Specifications

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Part B J11 MAC - 9/2013

**J11 PART B**

## EDI Enrollment Assistance

- \* Complete Enrollment Packet
  1. Agreement
  2. Application
  3. Authorization Form
- \* Approved Software Vendor Listing
- \* Tips for getting your Enrollment Processed
- \* Online Application Form

NOTE: You must receive your Welcome to Medicare Letter from Provider Enrollment before you can enroll with EDI and you enroll the Group, not members of the Group

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**J11 PART B**

## EDI Web Section - General

Palmetto GBA - Jurisdiction 11 Part B - General - Microsoft Internet Explorer provided by RCSSC

Palmetto GBA Corporate Palmetto GBA Medicare

MEDICARE HOME CONTACT US E-MAIL UPDATES

Palmetto GBA Home / Jurisdiction 11 Part B / EDI / General

**J11 PART B** Jurisdiction 11 Part B GENERAL

**TOP LINKS**

- Claims Processing Issues Log
- Fee Schedules
- Farms
- Incorporated Beneficiaries
- Local Coverage Determinations

**Jurisdiction 11 Part B Home**

- What's New
- Browse by Specialty
- Browse by Topic
- CERT
- CMS e-News
- EDI
  - About J11 Part B Electronic Data Interchange
  - Enrollment
  - FAQs
    - General
    - Software & Manuals
    - System Status
    - Technical Specifications

EDI Help Desk Holiday Schedule	01/23/2013
Implementation of the PWR (Paperwork) Segment for K12N Version S010	12/17/2012
S010 Remittance Advice (835) Companion Guide Update	09/13/2012
Electronic Claims and Fax Attachments	08/10/2012
Mailing Addresses for Palmetto GBA J11 EDI Operations	05/21/2012
Three Ways to Enhanced EDI Assistance	01/13/2012
Populating REF Segment: Other Claim Related Adjustment - For Healthcare Claim Payment/Advice or Transaction 835 Version S010A1	09/09/2011
Modifications to the Implementation of the Paperwork (PWR) Segment for K12N Version S010	06/24/2011
NC Part B Electronic Remittance Files	06/10/2011
J11 Part B Virginia EDI Claims Rejecting	04/18/2011
How do I Link a Provider ID to a J11 Submitter ID?	03/18/2011
Duplicate ISA3 File IDs	03/15/2011
Introduction to RC-ACE Pro32	03/11/2011
NPI Crosswalk Issues	03/09/2011
S010 Guide for Vendors, Clearinghouses and Billing Services	12/09/2010

last updated on 8/01/2013

Done, but with errors on page. Unknown Zone (Read) Protected Mode: Off 71%

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**J11 PART B**

## General Assistance

- \* Help Desk Holiday Schedule
- \* Mailing Addresses for EDI Operations
- \* News Articles related to EDI Changes
- \* Education Articles related to EDI
- \* Education Articles related to filing Claims

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**J11 PART B**

## EDI Web Section: Software & Manuals

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MEDICARE HOME CONTACT US E-MAIL UPDATES

J11 PART B Jurisdiction 11 Part B SOFTWARE & MANUALS

TOP LINKS

- Claims Processing Issues Log
- Fee Schedules
- Forms
- Incorporated Beneficiaries
- Local Coverage Determinations

Jurisdiction 11 Part B Home

What's New

Browse by Specialty

Browse by Topic

CERT

CMG e-News

EDSI

- About J11 Part B Electronic Data Interchange
- Enrollment
- FAQs
- General
- Software & Manuals
- System Status
- Technical Specifications

PC-ACE Pro32 version 2.46 Update File	07/11/2013
GPNet Communications Manual	04/17/2013
PC-ACE Pro32 Version 2.44 Update File	04/04/2013
PC-ACE Pro32 Version 2.42 Update File	01/03/2013
PC-ACE Pro32 Training Modules	09/09/2012
PC-ACE Pro32 Software Download for J11 Providers	07/10/2012
PC-ACE Pro32 Software User's Manual	07/06/2012
J11 Part B PC-ACE Pro32 Reference Guide	06/11/2012
Medicare Remit EasyPrint (MREP) Software for J11 Part B	03/18/2011
Introduction to PC-ACE Pro32	03/11/2011

last updated on 8/01/2013

Done, but with errors on page.

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**J11 PART B**

## Software & Manual Assistance

- \* PRO32 Free Software Download
- \* MREP Free Software Download
- \* PRO32 Training Modules
- \* PRO32 User's Manual
- \* GPNet Communications Manual

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**J11 PART B**

## EDI Web Section: System Status

http://palmettogba.com/internet/status.nsf/System+Status?OpenFrame...

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**EDI System Status**

✓ = All Clear   ⚠ = Caution   ✗ = Problem

**Electronic Remittances** ✓

**GPNET** ✓

Close Window

>> EDI Systems Status Log <<

This status is for Palmetto GBA, Railroad Medicare, and CGS customers including J1, J11 and J15 MACS.

Last Refreshed on 08/13/2013 01:15:03 PM EST

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## EDI System Status


The EDI System Status Screen has a new feature called the EDI System Status Log

- \* Open Issues
- \* Resolved Issues

Reflects issues related to GPNet, CEM, files and reports associated with the front end

Updated as issues are identified and resolved

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## System Status Continued

**Palmetto GBA  
EDI Systems Status Log**

**Open Issues**


**No open issues.**



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## System Status Continued

**Resolved Issues**

Tracking Number:	PLM00016	Issue Opened (Date/Time):	05/31/2013	Issue Resolved (Date/Time):	06/04/2013
<b>Systems Affected:</b>					
J1 Part A	J11 Part A				
<b>Description of Issue:</b>					
The Statement From Date and Statement Through Date in the 2300 DTP segments of the 835 file are the same, but were processed with the submitted dates.					
<b>Impact:</b>					
The Statement Through Date in the 835 file was incorrect. The issue began on 05/20/13.					
<b>Current Status:</b>					
Remits created after 06/03/13 are displaying correctly.					


Tracking Number:	PLM00015	Issue Opened (Date/Time):	05/30/2013	Issue Resolved (Date/Time):	05/30/2013
<b>Systems Affected:</b>					
J1 Part A	J1 Part B	J11 Part A	J11 Part B	J15 Part A	J15 Part B
<b>Description of Issue:</b>					
Delayed distribution of some 835, 999 and 277CA files from 5/29/13 and 5/30/13.					
<b>Impact:</b>					



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## PC-Ace PRO32

- \* PC-Ace PRO32 is claims entry software
- \* Does not integrate into office systems, such as accounts receivable, inventory, or billing
- \* Install on stand alone PC
- \* Must have Submitter ID to download software from web site
- \* Quarterly updates

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## Medicare Remit Easy Print - MREP


- \* View/print 835 remit files
- \* Can print reports to reconcile accounts receivable
- \* Create documents for claim submission of Coordination of Benefits (COB) payers
- \* Must have Submitter ID to download software from web site
- \* Quarterly Updates as needed

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# Online Provider Services (OPS)





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# GPNet

- \* EDI Gateway
- \* Available 24 hours a day, seven days a week, except for normally scheduled maintenance on Sundays at 5:00 PM – 10:00 PM ET
- \* Complete details in Communications Manual which can be downloaded from the EDI section of the web site




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## When to Call EDI

- \* Obtaining Ids – Submitter, OPS
- \* Linking a PTAN to a Submitter ID for claims submission and remittances
- \* Assistance with CEM rejections
- \* Connectivity Issues

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## Contact EDI

- \* EDI Web site:  
[www.palmettogba.com/medicare](http://www.palmettogba.com/medicare)
- \* E-mail us:  
[Medicare.edi@PalmettoGBA.com](mailto:Medicare.edi@PalmettoGBA.com)
- \* Call us:  
1-866-749-4301 between 8:00am – 5:00pm ET
- \* Ticket numbers will be assigned to all calls – ask if you do not receive one

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## Other Contacts

- \* Provider Contact Center(PCC) – issues related to claims, billing eligibility, provider education, and other Provider issues
- \* Interactive Voice Response(IVR) System – claim status, eligibility, and to order copies of paper remittances

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# Questions?

Thank You for Attending

Please complete and return the short evaluation.

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