



Medicare Physician Services Agenda

Module 1: Medicare Overview and Resources

- Overview of Medicare Part A, B, C and D
- Medicare Contractors, including the MAC, RAC and QIO
- Key sources of Medicare authority and their location
- Understanding statutes, regulations, CMS Manuals, CMS Transmittals and other interpretive guidance

Module 2: Medicare Participation

- Medicare physician/supplier enrollment process.
- Determine the appropriate Medicare enrollment form to use.
- NPIs and appropriate use on Medicare claims
- Medicare participation vs. non-participation

Module 3: Medical Necessity and Non-Coverage:

- Social Security Act "Limitation on Liability" provisions
- When is an ABN necessary to hold the patient responsible for non-covered services
- Circumstances under which an ABN would be ineffective/invalid
- Scenarios in which ABNs are inappropriate
- Identify those circumstances where a routine ABN is permitted
- Report ABN modifiers appropriately on claims.

Module 4: CMS 1500, ICD-10-CM, and NPIs

- Role and functions of the Medicare Administrative Contractor (MAC)
- MAC jurisdiction for services furnished to a Medicare beneficiary
- CMS-1500 data set instructions to determine proper reporting of services provided
- Site of service and the effect of site of service on payment
- Overview of how SNF consolidated billing affects billing for professional services furnished to SNF residents
- Determine whether a particular reassignment relationship is permissible under the Medicare reassignment regulations/guidelines

Module 5: Understanding Medicare FFS Reimbursement and Overview of the RBRVS

Explain how Medicare payment is determined under the physician fee schedule.

Utilize the relative value file/physician fee schedule database to make operational decisions.

The effect of Medicare's annual deductible and coinsurance on beneficiary liability and practitioner payment

Module 6: NCCI, MUEs, and Modifiers

Composition and application of NCCI edits.

Overview of the Column 1/Column 2 and the Mutually Exclusive code edits.

Practical issues for practitioners related to NCCI edits.

Understanding when an NCCI edit will apply to a claim

Correct reporting of a code pair subject to an NCCI edit including appropriate use of modifiers

Module 7: Evaluation and Management Services: The most commonly billed physician service and the most commonly audited

Appropriate billing for E/M services furnished to a hospital inpatients and observation patients

"Welcome to Medicare" visit.

Annual Wellness visit.

E/M services furnished in an emergency department

E/M services furnished to a nursing facility patient.

Consultation services and Medicare

Covered critical care services.

Concurrent care services.

Appropriate billing for care plan oversight services

Appropriate billing care management services

Split (or Shared) Services

Module 8: Surgical Services for Physicians

Understanding the global surgical package and Medicare's definition

Determine the applicable postoperative period of a procedure.

Appropriate billing for services furnished during the postoperative period that are not included in the surgical package, including the use of appropriate modifiers

Apply the multiple procedure reduction to Medicare claims

Appropriate billing for bilateral surgeries, assistant surgeons, co-surgeons and team surgeons.

Module 9: Diagnostic Testing Services

Professional and technical component services for a diagnostic test – understanding when they are separately billable
Appropriate use of modifiers for professional and technical component services
Diagnostic testing and appropriate physician supervision
Bill appropriately for diagnostic radiology services in a professional practice setting
Identify when the multiple procedure payment reduction applies and be able to calculate its effect on reimbursement
CLIA requirements applicable for laboratory services furnished in a professional practice setting
Locate and effectively use the clinical diagnostic laboratory services fee schedule and NCDs applicable to clinical laboratory services

Module 10: Advanced Practice Professionals - NPP

Medicare recognition of NPPs
NPP scope of practice and billing privileges
Incident-to billing
Split (or Shared billing)
Supervision

Module 11: Physicians at teaching hospitals: Teaching physician issues

Medicare coverage of services provided by interns and residents
Required presence of Teaching/Attending physicians
Appropriate use of modifiers
Documentation Requirements
Intern or resident functioning as an assistant surgeon
Moonlighting Residents

Module 12: Telehealth

Provide an overview of telehealth regulations
Geographic site of service and flexibility status
Originating and distant site providers
Audio/video and audio-only services
Supervision
Mobile Stroke
Communications based technology

Module 13: Preventive Services

Provide and overview of Medicare coverage of preventive services
Frequency and Limitations
IPPE, annual wellness visit, vaccinations,
Medicare Diabetes Prevention Program
Medicare coverage of dental services
Target, Probe, and Educate

Module 14: Audits and Appeals

Provide an overview of the Medicare program integrity function applicable to services furnished in a professional practice setting.

Recovery audit Contractors

Comprehensive Error Rate Testing program and its purpose

Respond to a notice of audit

Provide an overview of the Medicare Part B appeals process

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