

## **HIGHLIGHTS OF THE MEDICARE SEMINAR AND TELECONFERENCE AT NGS APRIL 15, 2013**

On April 15 eight NYSSCSW members met with representatives of National Government Services for a seminar on Medicare and were connected by teleconference with possibly 20 or 25 other members. Speakers were Kathy Dunphy, Director of Provider Outreach and Education and Jim Bavoso, Lead Consultant, Outreach and Education.

The main message to our members: **USE YOUR COMPUTER.** NGS continues to accept paper claims, which constitute 2-3% of all claims submitted, but they strongly recommend that we file electronically and educate ourselves about Medicare through their website and listserv.

Kathy Dunphy encouraged us to go to [NGSMedicare.com](http://www.ngsmedicare.com) and make use of online learning tools such as “Basics of Medicare”. Her message: If you are going to be treating seniors you need to understand their system. She recommends that we “take the time up front to learn” before embarking on treatment of Medicare patients. CEUs are provided.

**Important resources at NGS Medicare.com. Start by going to:**

<http://www.ngsmedicare.com/wps/portal/ngsmedicare/home?CONTRACTTYPE=Jurisdiction%2013%20Providers&LOB=Part%20B&savecookie=no&savecookie=no>

### **Documentation:**

For documentation requirements go to “Medicare Policy” at the website above and search for “L26895”. This is the part of the Medicare regulations detailing the documentation requirements for psychotherapy. NGS recommends printing this lengthy document to use as a reference.

**Most important: Progress notes should include name of beneficiary, type of service, date of service, start and stop times, treatment modality, frequency, and a clinical note including diagnosis, symptoms, functional status, focused mental status exam, treatment plan, prognosis and progress to date, signed with your full signature and credentials.**

## **Fee Schedules:**

Go to the website above, click on Fee Schedules and locate clinical social workers, New York State, and your locality. Rates are listed for facilities and for individual practitioners. The allowable rate for LCSWs is 75% of that for psychologists and psychiatrists.

## **Connex:**

This new portal which will be up and running by the summer will allow you to check eligibility and claim status and enable free electronic claim submission. To enroll, you will need to sign on and get a PIN#.

## **Medicare University:**

To fully prepare yourself to be a Medicare provider become familiar with NGS Medicare.com, but also consider taking an online tutorial. Go to

[http://www.ngsmedicare.com/wps/portal/ngsmedicare/!ut/p/c4/04\\_SB8K8xLLM9MSSzPy8xBz9CP0os3gDr2BnRzdTEwMDX0sDA09Hs2A3d3cDYxNDQ\\_2CbEdFAPRIwNk/!](http://www.ngsmedicare.com/wps/portal/ngsmedicare/!ut/p/c4/04_SB8K8xLLM9MSSzPy8xBz9CP0os3gDr2BnRzdTEwMDX0sDA09Hs2A3d3cDYxNDQ_2CbEdFAPRIwNk!/)

## **OTHER INFORMATION ABOUT MEDICARE**

### **Non-Providers:**

National Government Services believes on principle that social workers should not elect to see Medicare patients as non-providers. At first Kathy and Jim did not want to address this issue as part of the presentation. However they acknowledged that a provider could choose to do this. To do so one should first take the precaution of formally opting out of Medicare and then advising the patient in writing.

Additionally, if you have never been a Medicare provider and choose to see Medicare patients NGS states you will need to enroll and then opt out.

To opt out you need to put in writing an Opt Out request to Medicare which will become effective 30 days after receipt of the request. The Opt Out remains in effect for 2 years and then needs to be renewed. Find Opt Out information under Enrollment at NGS Medicare.com.

Once you opt out you will need to write a letter to the patient informing them of your status and letting them know that they cannot collect any Medicare reimbursement for your visits. You must be ready to do this for any other Medicare patients you choose to see. And you cannot opt back in before two years.

### **Revalidation:**

If you have not updated your demographics as a Medicare provider you may be asked to complete the PECOS enrollment forms. At this time you will be required to accept Electronic Funds Transfer and will no longer be able to receive a paper check. Instead, an EOB will be mailed to you with each EFT payment.

Make sure you respond to mail from NGS about this issue or you could be deactivated and miss some payments.

### **Deactivated providers:**

If you have been a Medicare provider but have been inactive for over a year you will be deactivated by Medicare. If you then choose to see Medicare patients as a non-provider you will need to opt out (see above).

To reenroll you need to find the Enrollment Tools at [NGSMedicare.com](http://NGSMedicare.com) and take the steps to complete the PECOS enrollment forms either online or by downloading the form and mailing it. **Note that this process times out after 60 days.** NGS admits the application form is cumbersome but states that it is easier to complete now. For example, the site can be bookmarked so that you can leave the site while you gather necessary information.

### **CPT Codes:**

New CPT codes which went into effect January 1 were discussed. A list is available on the PowerPoint from NGS (slides 37-38), on our website. See details below.

To use the new crisis codes the patient has to have significant documented need.

We asked Kathy and Jim specifically about whether therapists can routinely bill for 90837 if they are seeing the patient for 60 minute sessions. Answer: you need to fully document the necessity. We learned it is acceptable to alternate 60 minute and 45 minute sessions.

### **Diagnostic Codes:**

Kathy reminded us that Medicare currently uses ICD-9 codes which resemble DSM codes but will soon switch to ICD-10 codes, which are different, for all medical treatments, date to be announced.

### **Recent 2% decrease in Medicare payment:**

This 2% decrease occurred April 1 across every Medicare payment type in connection with "Sequestration", i.e., the mandatory across-the board reductions in Federal spending.

### **Copayment:**

The 2013 copayment is calculated at 35% of the allowable rate. In 2014 it will be 20% and will be at full parity with medical copayments.

**PQRS:**

The Physicians Quality Reporting System gives small incentives for using measurement tools to report issues such as alcohol and tobacco use or depression. Take an online session to get the basics of PQRS.

**Waiver if Filing Paper Claims:**

This waiver is not necessary if the provider has less than 5 employees. However the document, "Administrative Simplification Compliance Act Waiver Request Form", is available at [NGSMedicare.com](http://NGSMedicare.com). Look for it under Claims.

**An extensive PowerPoint presentation which accompanied this session is available at [www.nysscsw.org/vendorship-a-managed-care](http://www.nysscsw.org/vendorship-a-managed-care).**

**Helen T. Hoffman, LCSW, Chair  
Vendorship and Managed Care Committee**

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