



Therapeutic Shoes for Persons with Diabetes

Presented by Noridian
Provider Outreach and Education
April 2017

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- [Noridian Medicare Website \(https://med.noridianmedicare.com\)](https://med.noridianmedicare.com)
- [CMS Website \(https://www.cms.gov\)](https://www.cms.gov)

Webinar Protocol

- Attendee lines are muted upon entry
- Questions
 - Written questions in Questions section
 - Verbal questions at the conclusion of the material
- Certificate of Completion
 - 1 AAPC CEU is offered for this course
 - CEU available in the Handouts panel
- Presentation
 - Available in the Handouts panel

Acronyms

- CERT: Comprehensive Error Rate Testing
- DMEPOS: Durable Medical Equipment, Prosthetics, Orthotics and Supplies
- DOS: Date of Service
- DWO: Detailed Written Order
- LCD: Local Coverage Determination
- MLN: Medicare Learning Network
- OIG: Office of Inspector General
- POD: Proof of Delivery
- POS: Place of Service
- TSPD: Therapeutic Shoes for Persons with Diabetes

Agenda

- TSPD Coverage Criteria
- Documentation
- CERT
- Resources

CERT 2016 Improper Payment Rates

| Service Type | Improper Error Rate | Projected Improper Payment |
|-----------------------------|---------------------|----------------------------|
| Part A Total | 9.7% | \$7.0 Billion |
| DMEPOS | 46.3% | \$3.7 Billion |
| Part B (Physician Services) | 11.7% | \$10.9 Billion |
| Overall | 11.0% | \$41.1 Billion |

CERT Improper Payment Rate webpage

(<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/CERT/Downloads/AppendicesMedicareFee-for-Service2016ImproperPaymentsReport.pdf>)

Policy-Specific CERT Errors

January – March 2017

- Criterion 2 - Missing certifying physician's clinical documentation within 6 months prior to delivery of shoes/inserts and prior to or on same day of certification statement that supports conditions specified on submitted statement of Certifying Physician for Therapeutic shoes.
- Criterion 3 - Missing certifying physician's clinical documentation within 6 months prior to delivery of billed inserts that supports the beneficiary has been treated under a comprehensive plan of care for diabetes
- Criterion 4 – Missing supplier in-person evaluation at time of selecting items billed that includes an examination of beneficiary's feet with a description of abnormalities that will need to be accommodated by shoes and inserts
 - Missing the supplier in-person visit documenting beneficiary's impressions, casts, or obtaining CAD-CAM images for billed inserts
- Criterion 5 - Supplier's documentation that supports an objective assessment of fit of shoes and results at time of in-person delivery to beneficiary of items
- The Detailed Written Order is missing quantity

Complex Medical Reviews

Top Denial Reasons

- Documentation was not received in response to Additional Documentation Request (ADR) letter
- Documentation does not support coverage criteria
- Medical documentation was not received
- Proof of Delivery (POD) was not received



TSPD Coverage Criteria

Local Coverage Criteria – L33369

Policy Article – A52501

Coverage Criteria

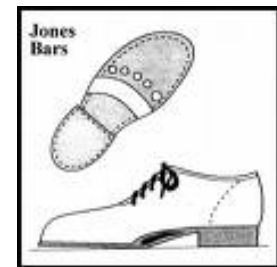
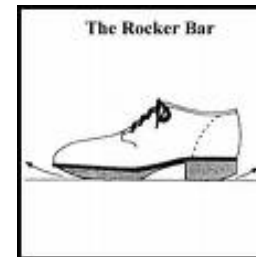
1. The beneficiary has diabetes mellitus; and
2. The certifying physician has documented in beneficiary's medical record one or more of conditions 2a-2f listed in policy article **or** initialed, dated and indicated agreement with records of another provider who conducted foot exam; and
3. The certifying physician (MD or DO) has completed Certifying Physician Statement; and
4. Supplier must conduct and document an in-person evaluation of beneficiary prior to selecting items; and
5. Supplier must conduct an objective assessment of fit of shoe and inserts and document results at time of in-person delivery

Allowance Per Calendar Year

- One pair of custom molded shoes (A5501) and two additional pairs of inserts (A5512 or A5513)
- or
- One pair of depth shoes (A5500) and three pairs of inserts (A5512 or A5513)
 - Not including non-customized removable inserts provided with shoes
- Calendar year is January through December

Modifications

- Modification may be covered as a substitute for an insert
- Common modifications may include:
 - Rigid rocker bottoms (A5503)
 - Roller bottoms (A5503)
 - Wedges (A5504)
 - Metatarsal bars (A5505)
 - Offset heels (A5506)
 - Other modification (A5507)
 - Include flared heels
 - Line item narrative describing the modification



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Documentation TSPD

Intake Process

- Ask the right questions
- Be thorough
- Eligibility
 - Fee for service or Medicare HMO
 - Permanent address on file with Social Security
- Same or Same (IVR or Noridian Medicare Portal)
- Coverage criteria
 - Ensure beneficiary seen by MD or DO for diabetic condition
- Medical records
 - Authenticated by the author

You are building your foundation.

Physician Documentation

- **Dispensing Order**
- **Detailed Written Order**
 - When supplier is also physician:
 - Separate order not required, but item provided must be clearly noted in beneficiary's record
- **Certifying Physician Statement.** Completed and signed by MD or DO
- **Medical Records from Certifying Physician, must be MD or DO**
 - Documenting comprehensive plan of care for diabetic condition within 6 months prior to delivery of shoes
 - and**
 - Conditions 2A-2F from policy article
 - or for 2A-2F only**
 - When the Prescribing Physician is NOT the Certifying Physician
 - Certifying Physician must obtain medical records documenting conditions 2A-2F from podiatrist, M.D., D.O., physician assistant, nurse practitioner, or clinical nurse specialist and initial, date and indicate agreement with those records of in-person visit with that provider prior to or on same day as signing certification statement

Comparison of Physician Roles and Documentation Requirements From Each

| Certifying Physician Must be MD or DO | Certifying Physician Must be MD or DO | Other Provider DPM, PA, NP, or CNS |
|--|--|---|
| Conducting foot exam and ordering shoes | Not ordering shoes | Conducting foot exam and ordering shoes |
| <ul style="list-style-type: none"> • Dispensing order • Detailed Written Order | <ul style="list-style-type: none"> • Medical records documenting diabetic exam within 6 months | <ul style="list-style-type: none"> • Dispensing order • Detailed Written Order |
| <ul style="list-style-type: none"> • Medical records documenting diabetic exam within 6 months and documentation of foot exam with one of 2A-2F conditions documented | <ul style="list-style-type: none"> • Indicates agreement with other provider records, prior to or on same day as signing Certification Statement that documents the foot exam | <ul style="list-style-type: none"> • Medical records documenting the foot exam with one of 2A-2F. • Certifying Physician must date, initial and indicate agreement with these records |
| <ul style="list-style-type: none"> • Completes Certification Statement within 3 months prior to delivery | <ul style="list-style-type: none"> • Completes Certification Statement within 3 months prior to delivery | <ul style="list-style-type: none"> • Cannot complete Certification Statement |

Supplier Documentation

- In person supplier evaluation, prior to selecting items
- Proof of Delivery
- Supplier objective assessment of the fit of the shoe and inserts at the time of in-person delivery
- Beneficiary Authorization
- ABN when applicable

Policy Specific Documentation

Prescribing Physician

- **Order signed and dated by prescribing physician**
 - If prescribing physician is supplier, a separate order is not required, but item provided must be clearly noted in beneficiary's record
- **Ordering physician knowledgeable in fitting of diabetic shoes and inserts**
 - May be a podiatrist, M.D., D.O., physician assistant, nurse practitioner, or clinical nurse specialist
 - Prescribing physician may be supplier (i.e., one who furnishes footwear)

Detailed Written Order Elements

- Basic Elements
 - Beneficiary's name
 - Physician's name
 - Date of the order
 - Detailed description of the item(s)
 - Physician signature and signature date
- When supplier is also physician:
 - Separate order is not required, but item provided must be clearly noted in beneficiary's record with all of the basic elements

Detailed Written Order Additional Elements

- Item(s) to be dispensed
- Quantity to be dispensed (number of inserts)
- Frequency
- Number of refills

Policy Specific Documentation

Certifying Physician (MD or DO) Criteria 1

- **There must be information in medical records of certifying physician (MD or DO) that:**
 - Documents management of beneficiary's diabetes

Policy Specific Documentation Certifying Physician - Criteria 2

- **Must be information in medical records of certifying physician that:**
 - Documents detailed information about condition 2a-2f
 - or**
 - Has indicated agreement with medical records of another provider of conditions 2a-2f of coverage criteria

Policy Specific Documentation

Certifying Physician – Criteria 2 (2)

- If certifying physician is not provider that performs examination of feet:
 - Certifying Physician must obtain, initial/sign, date and indicate agreement
 - Prior to or on same day as signing certification statement with medical records of a podiatrist, other M.D. or D.O., PA, NP or CNS that documents one or more of conditions 2a-2f of coverage criteria

Conditions 2A-2F

- A. Previous amputation of other foot, or part of either foot, or
- B. History of previous foot ulceration of either foot, or
- C. History of pre-ulcerative calluses of either foot, or
- D. Peripheral neuropathy with evidence of callus formation of either foot, or
- E. Foot deformity of either foot, or
- F. Poor circulation in either foot

Documentation must clearly indicate condition is of feet or foot.

Policy Specific Documentation

Certifying Physician Statement – Criteria 3

- Must be completed by M.D. or D.O. and may not be a podiatrist, physician assistant, nurse practitioner, or clinical nurse specialist (may not be co-signed)
 - Physician managing beneficiary's systemic diabetes condition
 - Must have in-person visit with beneficiary during which diabetes management is addressed within 6 months prior to delivery of shoes/inserts; and
 - Sign certification statement on or after date of in-person visit and within 3 months prior to delivery of shoes/inserts

Policy Specific Documentation

Certifying Physician Statement – Criteria 3 (2)

- Certify that beneficiary has diabetes mellitus
- Certify that beneficiary has one or more of conditions 2a-2f of coverage criteria
- Certify that beneficiary is being treated under a comprehensive plan of care for his/her diabetes
- Indicates beneficiary needs diabetic shoes

Recommended Form

Statement of Certifying Physician for Therapeutic Shoes

Patient Name: _____
HIC #: _____

I certify that all of the following statements are true:

1. This patient has diabetes mellitus.
2. This patient has one or more of the following conditions. (Circle all that apply):
 - a) History of partial or complete amputation of the foot
 - b) History of previous foot ulceration
 - c) History of pre-ulcerative callus
 - d) Peripheral neuropathy with evidence of callus formation
 - e) Foot deformity
 - f) Poor circulation
3. I am treating this patient under a comprehensive plan of care for his/her diabetes.
4. This patient needs special shoes (depth or custom-molded shoes) because of his/her diabetes.

Physician signature: _____
Date Signed: _____

Physician name (printed - MUST BE AN M.D. OR D.O.):

Physician address:

Physician NPI: _____

revised June 2007

https://downloads.cms.gov/medicare-coverage-database/lcd_attachments/157_27/certifyingphysiciantherapeuticshoesrevised2007.pdf

Policy Specific Documentation Supplier – Criteria 4

- **Documentation of in-person evaluation at time of selecting items, must include at least the following:**
 - An examination of beneficiary's feet with a description of abnormalities that will need to be accommodated by shoes/inserts/modifications
 - For all shoes, taking measurements of beneficiary's feet
 - For custom molded shoes (A5501) and inserts (A5513)
conducting and documenting
 - Taking impressions
 - Making casts
 - Obtaining CAD-CAM images of beneficiary's feet that will be used in creating positive models of feet

Policy Specific Documentation Supplier – Criteria 5

- **Documentation of in-person evaluation of beneficiary by supplier at time of delivery**
 - Supplier must conduct an objective assessment of fit of shoe and inserts and document results
 - Beneficiary's subjective statements regarding fit as sole documentation of in-person delivery does not meet this criterion
 - **Objective assessment** of fitter documented
 - What observed at time of fitting

New Order Requirements

- New order not required for replacement of insert or modification within one year of order on file
 - Supplier's records should document reason for replacement
- A new order is required for:
 - Replacement of any shoe
 - Replacement of insert or modification more than one year from most recent order on file

Proof of Delivery (POD)

Method 1- Direct Delivery

- Delivery directly to a beneficiary by a supplier
- The POD record must include:
 - Beneficiary's name
 - **Delivery address**
 - Sufficiently detailed description to identify the item(s) being delivered (e.g., brand name, serial number, narrative description)
 - Quantity delivered
 - Date delivered
 - Beneficiary (or designee) signature
- Date of service = Date of delivery

Proof of Delivery Signature

- Proof of delivery can be signed by:
 - Beneficiary
 - Beneficiary's designee
 - Relationship to beneficiary must be noted on delivery slip

- Proof of delivery cannot be signed by:
 - Suppliers
 - Employees of suppliers
 - Anyone with financial interest in delivery of item

*Required only for direct delivery method,
shipping service uses tracking

Left or Right Modifiers

- LT = Left side
- RT = Right side
- Must be used for shoe, insert, or modifications
- When a pair is provided on the same DOS:
 - Bill with 2 units of service and LTRT modifier on same claim line
- Claims without RT and/or LT will reject incorrect coding

KX, GY, GA or GZ Modifier

- KX - Requirements specified in LCD and Policy Article have been met
- GY - Statutory coverage criteria not met
 - Criteria 1-5 not met
- GA - Not reasonable and necessary, ABN executed
 - Coverage criteria 1-5 met, but custom shoes (A5501) not supported in medical record
- GZ - Not reasonable and necessary, No ABN
 - Coverage criteria 1-5 met, but custom shoes (A5501) not supported in medical record
- If one of the above modifiers is not on claim line, will reject as missing information

FAQ

Q. Can a nurse practitioner (NP) or physician assistant (PA) medical record showing treatment for the diabetic condition suffice if the medical doctor (MD) or doctor of osteopathy (DO) co-signs it?

A. There are two roles for the Certifying Physician, one of which cannot be delegated and one which can

FAQ Certifying Physician Cannot Delegate

Cannot Delegate – Documentation of treatment for the beneficiary's systemic diabetes condition. The Documentations section of the LCD states:

- The supplier must obtain a signed statement from the physician who is managing the beneficiary's systemic diabetes condition (i.e., the certifying physician) specifying that the beneficiary has diabetes mellitus, has one of conditions 2a-2f listed in the related Policy Article, is being treated under a comprehensive plan of care for his/her diabetes, and needs diabetic shoes. **The certifying physician must be an M.D. or D.O and may not be a podiatrist, physician assistant, nurse practitioner, or clinical nurse specialist.**

FAQ Certifying Physician Can Delegate

Can Delegate – Documentation of the qualifying foot condition. The Certifying Physician may delegate documentation of the beneficiary's qualifying foot condition (Local Coverage Determination related Policy Article coverage criterion 2). As noted in the related Policy Article to the Local Coverage Determination (LCD):

FAQ

Q. If a medical professional (Doctor of Podiatric Medicine (DPM), NP, PA, clinical nurse specialist (CNS), another MD or DO) other than the Certifying Physician conducts a foot examination, does the Certifying Physician also have to conduct a foot exam?

A. No. The related Policy Article states that if the Certifying Physician does not personally conduct the foot examination, they must obtain, indicate agreement, sign and date the foot examination completed by another medical professional. The foot examination conducted by another medical professional is expected to be detailed and discuss the qualifying foot condition(s) listed in the Policy Article.

FAQ

Q. Who can sign the detailed written order for diabetic shoes?

A. The medical professional that prescribed the shoes and wrote the dispensing order for the diabetic shoes should sign the detailed written order. Per the related Policy Article, the Prescribing Physician can be an MD, DO, DPM, NP, PA, or CNS. The Prescribing Physician does NOT have to be the Certifying Physician

FAQ

Q. Why do suppliers have to take an impression of the beneficiary's feet for custom inserts every year when some manufacturers say the molds are good for X number of years?



A. The LCD states the supplier must have an in-person evaluation with the beneficiary at the time of selection. If custom-molded shoes (A5501) and inserts (A5513) are ordered, the supplier must make impressions, casts, or CAD-CAM images of the beneficiary's feet that will be used in creating positive models of the feet. Since the diabetic shoe benefit is a calendar year benefit. As such, there must be new records for every new pair of shoes and inserts every year. This includes impressions, molds, etc.

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Comprehensive Error Rate Testing (CERT)

CERT Letter

**The Comprehensive Error Rate Testing (CERT) Program
Medical Record Request Letter**

TestAltname _____ **Date:** 02/23/2013
 TestProviderName _____
 TestAddress1 _____
 TestAddress2 _____
 TestCity, TestState TestZipCode _____
 Fax: TestFaxnum _____

Dear Medicare Physician/Provider:

The Centers for Medicare & Medicaid Services (CMS), the federal Medicare agency, strives to pay claims accurately. CMS implemented a system to monitor and improve the accuracy of Medicare payments to physicians and other providers - the Comprehensive Error Rate Testing (CERT) program. The CERT Review Contractor, located in Richmond, Virginia, is responsible for reviewing claims and producing paid claim error rates. The CERT Documentation Contractor, located in Annapolis Junction, Maryland, is responsible for requesting and receiving medical records and making the records available to the CERT Review Contractor.

You are receiving this letter because the CERT program has randomly selected one or more of your claims for review. In accordance with Social Security Act Sections 1136 (42 U.S.C. 1329C-5), 1833 (42 U.S.C. 1395j)(a), and 1815 (42 U.S.C. 1396g) (a), you must provide medical record documentation to support claims for Medicare services upon request. It is your responsibility to obtain additional supporting documentation from a third party (hospital, nursing home, etc.), as necessary. Please provide the requested documentation as soon as possible. A response is required from you even if records for the sampled beneficiary for the dates of service listed cannot be provided.

Providing medical records of Medicare patients to the CERT contractor does not violate the Health Insurance Portability and Accountability Act (HIPAA). Patient authorization is not required to respond to this request.

Your response is due on **TestDueDate**. If you fail to produce the requested information by this date, the CERT contractors will assume the services on the claim were not rendered and your local Medicare contractor will initiate claims adjustments and/or overpayment recoupment actions for these undocumented services.

Specific information and instructions pertaining to the sampled claim and returning requested documents are shown on the following pages of this letter. **Please include the bar coded cover sheet with your submission.**

We are not authorized to reimburse providers/suppliers for the cost of medical record duplication or mailing. If you use a photocopy service, please ensure that the service does not invoice the CERT Contractor.

Should you have questions about this request, please call the CERT Documentation Office at (888) 779-7477 or (301) 987-2380. For more information regarding the CERT program, please visit www.cms.hhs.gov/CERT.

Thank you for your cooperation and prompt attention in this important project.

Sincerely,

/s/
 Chrissy Fowler
 Acting Director for CERT Program
 Centers for Medicare & Medicaid Services
 Provider Compliance Group
 Office of Financial Management
 Enclosures

CENTERS FOR MEDICARE AND MEDICAID SERVICES
 CERT OPERATIONS CENTER
 9090 Junction Drive, Suite 9
 Annapolis Junction, MD 20701

Important Dated Information Enclosed

Immediate Response Required

Medicare Record Request

If no addressee name is shown, forward to Medical Records Department.

CERT

- Randomly select submitted claims
- Request medical records from provider/supplier that submitted claim
- Review claims and medical record for compliance with Medicare to include:
 - Coverage
 - Coding
 - Billing rules

Reasons for CERT Errors

- Insufficient documentation
- No documentation
- Service incorrectly coded
- Medically unnecessary service

Decrease CERT Errors

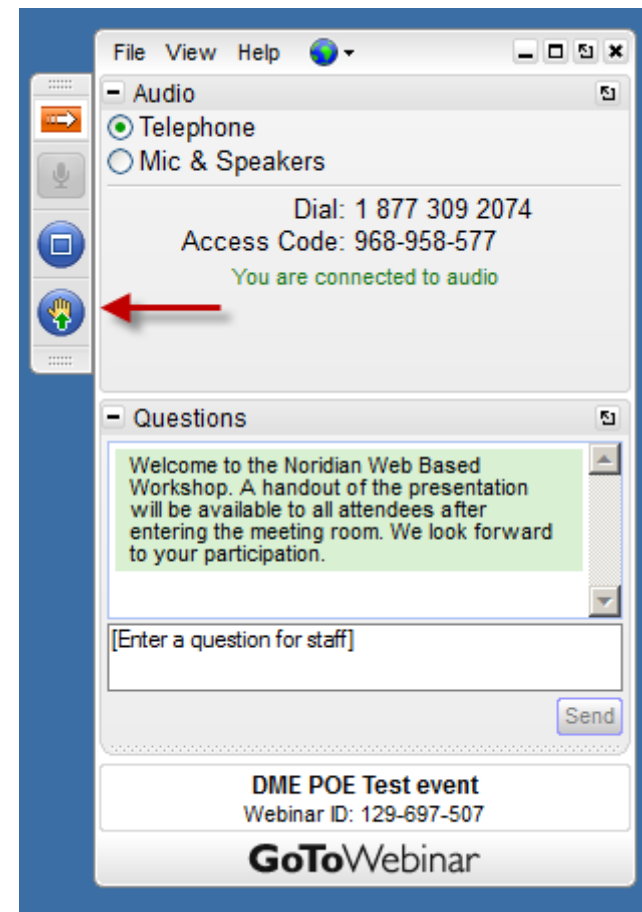
- Educate staff
- Train coders/billers
- Submit correct information
 - Beneficiary name, social security number, Medicare number, date of service
- Submit legible and complete records
 - Dates, required signatures, etc.

CERT Inquiries

- jadmecert@noridian.com
- jddmecert@noridian.com
- Email should include:
 - CERT Claim Identification (CID) – In Subject Line
 - Supplier name and address
 - Telephone number
 - Explanation of the issues, concern or question
- **DO NOT** send Protected Health Information (PHI)
- Response within 2 business days

Asking a Verbal Question

- To ask a verbal question:
 - Click on the hand icon (with the green arrow) to the left of the access panel



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Resources and Reminders

Resources



- Policies
 - LCD/Policy Article
 - Documentation Checklists
 - “Dear Physician” Letters
- Education & Outreach
 - Noridian Supplier Manual

Resources (cont.)

- Acronyms
 - CMS Acronym List
(<https://www.cms.gov/apps/acronyms/>)
 - Bottom of the Noridian Medicare Website

The screenshot shows the footer of the Noridian Medicare website, organized into four columns:

- Contact:** 877-320-0390, IVR Guide, Fax Us, Mail Us, Email Us.
- Support:** Help, Site Map, Web Tour, Web Feedback, Adobe Reader.
- Tools:** Noridian Medicare Portal (NMP), Redetermination Form, Remittance Advice, **Acronyms/Glossary** (highlighted), Calculators/Tools, Same or Similar Chart, Fee Schedule Look Up.
- External Resources:** www.CMS.gov, CMS Links, Internet Only Manuals, External Links, PDAC DMECS, CEDI, NSC, ICD-10.

Additional footer elements include "Bookmark this page", "Text Size: A A A", and "ISO 9001 Certified".

C2C Innovative Solutions, Inc.

Formal Telephone Discussion Demonstration & Reopening Process

- Under this Demonstration, selected suppliers will have the opportunity to participate in a formal recorded telephone discussion with C2C, to discuss the facts of the case and provide any additional documentation that would assist in reaching a favorable determination, and also receive feedback/education on CMS policies and requirements
- Demonstration is limited to appeals submitted by suppliers within DME MAC Jurisdictions C (CGS) and D (Noridian). Effective on, October 31, 2016, the service types under this demonstration include all appeal types, with exception to claims or suppliers that are already subject to another CMS initiative (e.g. prior authorization for power mobility devices (PMDs) or the settlement conference facilitation (SCF) process).
- Under the Demonstration, C2C will also conduct reopenings of claims that are similar to those selected as part of the formal telephone discussion.
- Reopenings are also limited to DME MAC Jurisdiction C and D and for QIC decision dates of January 1, 2013 and after.

For more information please visit <https://www.c2cinc.com>

Standard Documentation Language Update

- Coming 2017 with LCD updates
- Standard Documentation Language
 - Removed from LCD
 - Standard Documentation Language contained in a separate article linked to LCD
- More efficient updates when standard documentation is updated
- Shortens LCD for easier reading
- Allows for emphasis of policy requirements in the LCD and PA

Balance Billing

- Qualified Medicare Beneficiary (QMB) is a beneficiary that has both Medicare and a State Medicaid plan
- All Medicare suppliers must abide by the balance billing prohibitions
- Medicare suppliers may not charge a QMB regardless from which state their benefits originate
- A QMB cannot “waive” their QMB status and pay Medicare cost-sharing
- MLN Matters Article SE1128
 - <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf>

Social Security Number Removal Initiative (SSNRI)

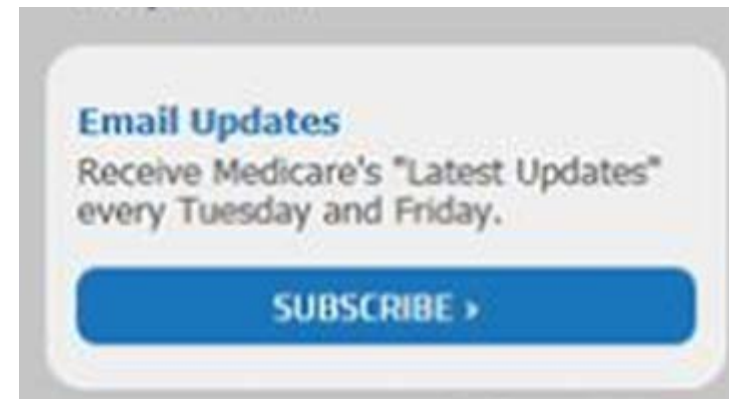
- Requires the removal of Social Security Numbers from Medicare cards by April 2019
 - Replaced with a Medicare Beneficiary Identifier (MBI)
 - Distribution of new cards will begin April 2018
- Noridian website: Claims & Appeals > Claim Submission > SSNI
- CMS Overview webpage:
 - <https://www.cms.gov/Medicare/SSNRI/Index.html>

Special Interest Resources

- PECOS
 - Noridian website: Claims and Appeals > Claim Submission > PECOS Edits
- ICD-10
 - Noridian website: Browse by Topic > ICD-10
 - CMS ICD-10 Webpage
(<https://www.cms.gov/medicare/coding/icd10/index.html>)
 - “Road to 10” Website
(<http://www.roadto10.org>)
- Electronic Submission of Medical Documentation (esMD)
 - CMS esMD Webpage
(<http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/index.html>)

Email Updates

- Tuesday and Friday
- Latest updates and announcements
- Customizable
- Sign-up in the lower right corner of our website
- Click “subscribe” →



Website Survey

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FORESEE

Thank you for visiting Noridian Medicare

Upon leaving our website, you may be selected to take part in a customer satisfaction survey. The feedback you provide will help Noridian Medicare enhance its site and serve you better in the future. All results are strictly confidential.

No thanks **Yes, I'll give feedback**

This survey is conducted by an independent company FORESEE, on behalf of Noridian Medicare.

TRUSTe
EU SAFE HARBOR

- Your feedback is valuable
- Click “Yes, I’ll give feedback”

MREP

- Medicare Remit Easy Print
 - Free software!
 - View, search and print remits
 - Print and export reports
- CMS Brochure
(https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedicareRemit_0408.pdf)
- MREP Software
(<https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/AccessstoDataApplication/index.html>)

Medicare Learning Network (MLN)

- Guides
 - Articles
 - Educational Tools
 - Booklets Brochures
 - Fact Sheets
 - Training Presentations
 - Web-Based Training
 - And more!
- MLN Webpage
(<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo/index.html>)



Noridian Medicare Portal

- Functionalities:
 - Eligibility
 - Claim status
 - Additional Documentation Request (ADR)
 - Financial Information
 - Appeal Submissions/Inquiries
 - Same/Similar
 - Plus more!
- Noridian Medicare Portal webpage located on the Noridian Medicare Website
 - Browse by Topic > Noridian Medicare Portal
 - Login
 - User Manual
 - Registration Guide

Self Service Reopenings in Noridian Medicare Portal (NMP)

- Add or remove diagnosis codes
- Add or replace modifiers
- Reprocess a claim
- Billed Amount
 - Decrease or Increase
- Procedure Code and Billed Amount
- Procedure Code, Modifier, and Billed Amount
- Units and Billed Amount
- Units, Modifier and Billed Amount
- Date of Service
 - Month and Day only
- Place of Service (can only be corrected to 12)

Noridian Medicare Website > Browse by Topic > Noridian Medicare Portal>Self Service Reopenings

Multi-Factor Authentication (MFA)

- Second layer of security for NMP accounts
- Requires a back-up method of authentication
 - First method: your email
 - Second method: text (SMS)
- Required at log-in
 - User name, password and one-time use passcode
- Mandatory effective April 1, 2017

Education Opportunities

- Webinars
- Q & A Sessions
- DME On Demand
- Education Request
- Ask the Contractor Teleconference (ACT)
- Education and Outreach Webpage located on the Noridian Medicare Website

Single Toll Free Line

Jurisdiction A **866-419-9458**

- Interactive Voice Response (IVR)
- Supplier Contact Center
- Telephone Reopenings
- Monday – Friday
- 8 a.m. – 5 p.m. ET

Jurisdiction D **877-320-0390**

- Interactive Voice Response (IVR)
- Supplier Contact Center
- Telephone Reopenings
- Monday – Friday
- 8 a.m. – 6 p.m. CT

Beneficiary Contact Information

- Beneficiaries who need assistance can be directed to:
 - 1-800-Medicare (800-633-4227)
 - Question on claims and coverage of equipment
 - Social Security Administration (800-772-1213)
 - Update name/address, questions on premiums, Medicare entitlement
 - Benefits Coordination Recovery Center (855-798-2627)
 - Primary insurance information update

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Questions?



Thank you for attending!