

CAC MEMBER NEWSLETTER

JANUARY 2024

Dear Kentucky and Ohio Contractor Advisory Committee Members,

We hope 2024 is off to a good start! We hope you join us at the upcoming Open Meeting and Provider Touch Point meeting on 2/13/24. The Provider Touch Point meeting is our closed meeting for J15 CAC members- we hope you can join us.

There are many reasons why providers may request a meeting with your CGS medical directors. We enjoy discussions with providers in our jurisdiction and hope when a meeting is requested, we can optimize our time together. Specifically, informal meetings are intended to discuss an LCD request or reconsideration. This opportunity to discuss a potential policy prior to submitting an LCD request or reconsideration can be a useful to help guide the process and determine if the LCD process is the best option for the service being considered. They can be requested through CMD.Inquiry@cgsadmin.com. Since this meeting is for policy request it would not apply for a request to discuss pricing, claims, education, or other areas. To ensure the right people are on the call and optimize our time it is helpful to understand the purpose of the call, questions to address and any literature to discuss in advance of the meeting.

POLICY

Upcoming Meeting

Open Meeting

Schedule at: https://www.cgsmedicare.com/partb/medicalpolicy/stakeholder_meetings.html

Date:	Time:	Place (virtual):
Tuesday February 13, 2024	4:00 – 5:00 p.m. ET (3:00 – 4:00 p.m. CT)	Microsoft Teams

List of proposed policies to be presented:

- DL38773 – Facet Joint Interventions for Pain Management
- DA58364 – Billing and Coding: Facet Joint Interventions for Pain Management
- DL39741 – Cervical Fusion
- DA59608 – Billing and Coding: Cervical Fusion

We invite you to present on any of these topics of interest and comment during the open comment period from 01/18/2024 - 03/09/2024.

Registration Link: <https://events.teams.microsoft.com/event/a212ed88-29d5-41ae-912c-689b6e22ead9@d560165e-85d7-436f-a978-c588cf12ebe1>

We also had Open Meetings for the following two policies in May and June:

- DL36029 Urine Drug Testing (comment period is closed)
- DL39616 Urinary Biomarkers for Chronic Pain Management (comment period May 25, 2023 - July 9, 2023)

Contractor Advisory Meetings

None

New Policies

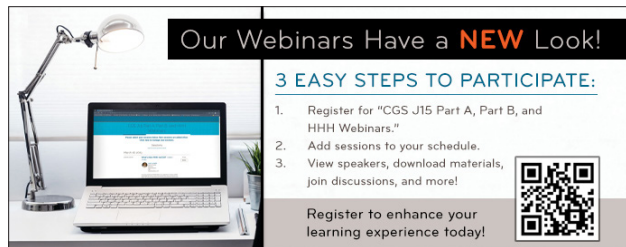
- Implantable Glucose Monitors (revision)
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38662&ver=10&keyword=continuous%20glucose%20monitor&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6.3.5.1.F,P&contractOption=all&sortBy=relevance&bc=1>
- Amniotic and Placental Derived Product Injections and/or Applications for Musculoskeletal Indications, Non-Wound
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39575&ver=4&keyword=amniotic&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6.3.5.1.F,P&contractOption=all&sortBy=relevance&bc=1>

CERT

Register for Cvent to Attend Events!

Register to attend webinars live or view the recordings on demand. Either scan the QR code or go to Personal Information (cvent.com) to add them to your personal schedule.

If you were unable to attend the 2023 Comprehensive Error Rate Testing (CERT) Results on January 30, 2024, you can still go out and listen to this taped webinar on the review year 2023 CERT results.



Check out the latest CERT article related to CERT errors CGS is seeing for review year 2024, Avoid CERT No Documentation Errors (<https://www.cgsmedicare.com/partb/pubs/news/2024/01/cope150254.html>), in the list serv as well as the news and publication link from the CERT web page. Please keep an eye out here as new articles are developed and added to the CGS website.

Common CERT Errors for CGS:

- Nonresponse
- Certification/recertification (please remember to submit with documentation and make sure these are signed)
 - » Hospice
 - » Home Health
 - » SNF
 - » Physical Therapy
- Illegible Documentation (When copying make sure the pages are clear)
- Insufficient Documentation (Make sure you send all documentation pertaining to the service)
- Discharge listed on claim not the same as what is in the documentation and CWF (If this changes, please update your claim submission)
 - » **Example:** discharge on claim is 01 (home) but documentation and CWF show 03 (SNF)

EDUCATION

The modifier 95 for Telehealth service.

Reminder: CPT Modifier 95

Final Rule 2023-24184.pdf (<https://public-inspection.federalregister.gov/2023-24184.pdf>) page 155, regarding the modifier 95.

- We finalized that we would continue to maintain payment at the rate for a service had the service been furnished in person, and that this would allow payments to continue to be made at the non-facility-based rate for Medicare telehealth services through the latter of the end of CY 2023 or the end of the calendar year in which the PHE ends.

- » In the CY 2023 PFS final rule (87 FR 69467), we finalized that, following the end of the end of the calendar year in which the PHE ends, practitioners will no longer bill claims with Modifier '95' along with the POS code that would have applied had the service been furnished in person, and telehealth claims will instead be billed with the POS indicators:
- POS "02" - is redefined as Telehealth Provided Other than in Patient's Home (Descriptor: The location where health services and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology.); and
 - POS "10" - Telehealth Provided in Patient's Home (Descriptor: The location where health services and health related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication technology.).

CMS issued 12/2023 MLN

<https://www.cms.gov/files/document/mln901705-telehealth-services.pdf>

Place of Service (POS) Codes:

- For 2024, continue billing telehealth claims with the POS indicator you'd bill for an in-person visit. Use modifier 95 when the clinician is in the hospital and the patient is in the home, as well as for outpatient therapy services provided via telehealth by qualified PTs, OTs, or SLPs through December 31, 2024.

After December 31, 2023

- Use POS 02-Telehealth to indicate you provided the billed service as a professional telehealth service when the originating site is other than the patient's home.
- Use POS 10-Telehealth for services when the patient is in their home.