

Medicare 101:

Why should I become a Medicare Provider

&

What do I need to know?

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Workshop Goals

- Understand the Medicare program & how psychologists function in Medicare
- Discuss who can participate in Medicare
- Identify which patients are seen in Medicare
- Develop strategy for ethical & legally appropriate psychological practice with Medicare patients
- Understand documentation requirements to bill Medicare
- Differentiate myths from facts about Medicare

Benefits of being a Medicare provider



Benefits of being a Medicare provider

- Large unmet need
 - Many psychologists who participate in Medicare report getting more inquiries than they can serve
 - Population is aging, although many Medicare-eligible seniors are quite vigorous & may still be in the workforce
 - Population of adults with disabilities requiring knowledge & psychological expertise
- Largely free of micromanagement from Medicare/Noridian (traditional Medicare)
 - Most services do not have session limits attached
 - Most patients can self-refer for psychotherapy (especially in traditional Medicare)
 - Deductibles (if not covered by secondary insurance) are relatively low & manageable for patients

Myths about being a Medicare Provider

- Impossible bureaucracy
- Poor payment
- I don't see old people in my practice

Myths about being a Medicare Provider

- Impossible bureaucracy
 - Getting set up does have some bureaucracy, but was streamlined during pandemic, so now may be the time to enroll! Toll-free hotlines to enroll with temporary Medicare billing privileges, and expedited applications. (Noridian: 1-866-575-4067 open 8 am – 6 pm Central time)
 - Once you learn the structure & rules, fewer intrusions in therapy than many commercial plans
- Poor payment
 - Medicare allowed amounts used to be the floor (commercial insurance paid more) but that is not necessarily the case any longer
 - Statutory, by state & region
 - Medicare must pay within statutory time period or they will pay interest on the claim.
- I don't see old people in my practice
 - Medicare also serves people with disabilities at any age
 - Automatic enrollment at 65 years old

Medicare Terminology: Some nuts & bolts

- **Physician/Provider**
 - Psychologists & LCSWs can be participating Medicare providers (LPCs can not)
 - In outpatient settings, practice independently
 - In inpatient settings, may need signature of Physician (APA has been lobbying to change this for many years)
- **Medicare Part A**
 - Hospital insurance (also covers skilled nursing facilities, home health & hospice care)
- **Medicare Part B**
 - Outpatient services, including psychologists
 - Often paired with supplemental or MediGap plan (aka “secondary”)

Medicare Terminology: Some nuts & bolts

- Medicare Part C – Medicare Advantage plans
 - May operate as PPO or HMO
 - Must be a Medicare provider to bill MedAdvantage plans
- Medicare Part D – Prescription Drug coverage
- Medicare Administrative Contractor (MAC)
 - Varies by region. In Oregon, Noridian is our MAC & handles all billing, payment, etc.
- Centers for Medicare & Medicaid Services (CMS)
 - Part of US Department of Health & Human Services
 - Administers Medicare, Medicaid (jointly with states), CHIP & Health Insurance Marketplace

Medicare Terminology: Some nuts & bolts

- Assignment
 - Psychologists **MUST** accept assignment, which means the psychologist gets the Medicare-allowed amount as payment in full and may not bill or collect from the patient any amount other than unmet copayments, deductibles, and/or coinsurance (no balance billing)
- Dual eligible
 - Term for Medicare enrollees who are also enrolled in Medicaid
 - Can be problematic, as Medicaid rules & fees differ substantially from Medicare

What do I need to become a Medicare provider?

- NPI number (can register for one at <https://nppes.cms.hhs.gov/#/>)
- EIN number or TIN (protects your social security number)
- Complete Medicare Enrollment Application through PECOS system
 - Keep track of User ID & Password because you'll need it again to update information in future, periodic need to revalidate Medicare status.
 - If needed, contact Noridian Provider Enrollment if there are errors, rejected application, etc.
- Select specialty designation
 - Clinical Psychologist (specialty code 68)
 - Can provide diagnostic *and* therapeutic services
 - Not restricted to psychologists whose degree is specifically in Clinical (could be health psychology, counseling psychology, etc)
 - Independently Practicing Psychologist (specialty code 62)
 - Can **only** furnish diagnostic testing services

Oregon 2021 Allowed Amounts

- Publicly available information, searchable
- Non-Indian Jurisdiction F
- Requires ICD-10 diagnostic code, not DSM-V code
 - Many free crosswalk directories available
- Medicare covers (when medically necessary):
 - Psychotherapy
 - Psychological & neuropsychological testing
 - Health & Behavior services

CPT	Portland	Rest of OR
90791	\$184.06	\$176.26
90834	\$104.93	\$87.90
90837	\$154.96	\$148.65

Billing information

- Must accept Medicare assignment as payment in full
- Cannot balance bill beyond copays, coinsurance & deductibles
- Can bill Medicare patients a fee for missed appointment if:
 - Written policy on missed appointments was provided to patient in advance
 - Policy applies equally to Medicare & non-Medicare patients alike
 - Patient is billed directly for the missed appointment
 - Fee reflects missed business opportunity (not the cost of the service)
- Quality payment program (MIPS) – low volume threshold may exempt small practices
 - 200 or fewer Medicare Part B beneficiaries
 - \$90,000 or less in allowed charges billed to Medicare Part B
 - 200 or fewer covered professional services

Record keeping rules

- Follow HIPAA rules – use HIPAA compliant programs for recordkeeping & telepsychology
- Record stop & start times for all sessions
- Know the rules during pandemic (telehealth rules)
 - New & established Medicare patients
 - Currently: Audio only (telephone) is allowed, as are videoconference platforms
 - Good practice: use HIPAA-compliant platforms
 - Use modifier -95 for videoconference sessions, with Place of Service code same as if patient had been seen in person (POS 11 for private office, POS 02 for facility)
 - Reference: <https://www.apaservices.org/practice/reimbursement/government/medicare-telehealth-temporary-changes>
- Audits may be conducted, especially in MedAdvantage plans
 - Most audits are routine, part of the MedAdvantage plans' compliance with Medicare rules
 - Some areas have experienced pre-payment audits

MedAdvantage plans

- A little more complicated than traditional Medicare
- In general, Medicare coverage rules apply, MedAdvantage plans may offer “more” than traditional Medicare plans
- Some MedAdvantage plans may be HMO or PPO, which could add panel restrictions (if patient has HMO, may not have OON coverage even if the provider participates in Medicare)
- Behavioral health carveouts in MedAdvantage may create arbitrary mind/body distinctions that traditional Medicare does not (eg, CBT-Insomnia issues)
- You can be a provider in traditional Medicare, participate or not participate in some MedAdvantage PPOs

Special circumstances

- Supervising Trainees
- Dual-eligible participants
- Medicare as secondary insurance to commercial insurance

Resources & Links

- APA Services – Applying to become a Medicare provider
 - Includes link to get NPI number as well
 - <https://www.apaservices.org/practice/medicare/enrollment/provider-application>
 - <https://www.apaservices.org/practice/reimbursement/government/medicare-telehealth-temporary-changes>
- IRS – application information for EIN
 - <https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online>
- CMS reference
 - <https://www.cms.gov/files/document/medicare-mental-health.pdf>
 - <https://www.cms.gov/files/document/provider-enrollment-relief-faqs-covid-19.pdf>

