CMS Seeks Public Input on Patients over Paperwork Initiative to Further Reduce Administrative, Regulatory Burden to Lower Healthcare Costs

On June 6, CMS issued a Request for Information (RFI) seeking new ideas from the public on how to continue the progress of the Patients over Paperwork initiative. Since launching in fall 2017, Patients over Paperwork has streamlined regulations to significantly cut the “red tape” that weighs down our healthcare system and takes clinicians away from their primary mission—caring for patients. As of January 2019, we estimate that through regulatory reform alone, the healthcare system will save an estimated 40 million hours and $5.7 billion through 2021. These estimated savings come from both final and proposed rules.

This RFI provides an opportunity to share new ideas not conveyed during the first Patients over Paperwork RFI in 2017 and continue the national conversation on improving healthcare delivery. We are especially seeking innovative ideas that broaden perspectives on potential solutions to relieve burden and ways to improve:

- Reporting and documentation requirements
- Coding and documentation requirements for Medicare or Medicaid payment
- Prior authorization procedures
- Policies and requirements for rural providers, clinicians, and beneficiaries
- Policies and requirements for dually enrolled (i.e., Medicare and Medicaid) beneficiaries
- Beneficiary enrollment and eligibility determination
- CMS processes for issuing regulations and policies

Key Burden Reduction Milestones to Date:
We gathered feedback on burdensome requirements from medical and patient communities through other RFIs, listening sessions, and on-site meetings with frontline clinicians, healthcare staff, and patients and are working every day to reduce regulatory burden while safeguarding patient safety, quality, and program integrity. Achievements so far:

- Simplified Documentation and Coding
- Improved Quality and Operational Efficiency
- Meaningful Measures
- Changing CMS Culture

See MLN SPECIAL EDITION, page 11
Contents

Medicare A Connection

General Information

MLN Connects Special Edition for June 6, 2019 ................................................................. 1

Billing

Common working file (CWF) provider inquiries for medicare beneficiary eligibility data ...... 3

Local Coverage Determinations

Looking for LCDs? .................................................................................................................. 4
Advance beneficiary notice .................................................................................................... 4

New LCD

Anorectal manometry and electromyography (EMG) of the urinary and anal sphincters - new Part A and Part B LCD ........................................................................................................ 5

Revisions to LCDs

Bone mineral density studies - revision to the Part A and Part B LCD ................................. 5
Hemophilia clotting factors – revision to the Part A and Part B LCD ....................................... 5
Screening and diagnostic mammography - revision to the Part A and Part B LCD .................. 6
Bendamustine hydrochloride (Treanda®, Bendeka™) – revision to the Part A and Part B LCD ..... 6
Frequency of hemodialysis – revision to the Part A and Part B LCD ...................................... 7
Trastuzumab (Herceptin®) – revision to the Part A and Part B LCD ........................................ 7

Educational Resources

Provider outreach and educational events ........................................................................... 8

CMS MLN Connects®

MLN Connects® for May 23, 2019 ...................................................................................... 9
MLN Connects® for May 30, 2019 ..................................................................................... 10
MLN Connects® for June 6, 2019 ...................................................................................... 10
MLN Connects® for June 13, 2019 ................................................................................... 11
MLN Connects® for June 20, 2019 ................................................................................... 11

First Coast Contact Information

Phone numbers/address ....................................................................................................... 12

The Medicare A Connection is published monthly by First Coast Service Options Inc.’s Provider Outreach & Education division to provide timely and useful information to Medicare Part A providers.

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Medicare Publications
904-361-0723

Articles included in the Medicare A Connection represent formal notice of coverage policies. Policies have or will take effect on the date given. Providers are expected to read, understand, and abide by the policies outlined within to ensure compliance with Medicare coverage and payment guidelines.

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Billing

Common working file (CWF) provider inquiries for Medicare beneficiary eligibility data

The Centers for Medicare & Medicaid Services (CMS) will add an educational message to certain Part A CWF provider inquiries (i.e., ELGA, ELGH, HIQA, and HIQH) for Medicare beneficiary eligibility data with the implementation of the July 2019 quarterly release on July 1, 2019. The message will notify users that beginning in the fall of 2019, CMS plans to terminate access to CWF eligibility queries for those who already utilize the HIPAA eligibility transaction system (HETS).

With this change, clearinghouses, third-party billers, providers, and other users will be required to press the "ENTER" key on the eligibility request screen acknowledging the message before beneficiary eligibility information will be furnished to the submitter. This change will affect individuals and organizations using the CWF provider inquiry screens, and will require organizations that use screen-scraping and/or other automation methods to obtain beneficiary eligibility information via the CWF to modify their programs, if necessary, to accept the message.

As mentioned above, beginning in the fall of 2019, CMS plans to terminate access to CWF eligibility queries for those who already utilize HETS. Clearinghouses, third-party billers, providers, and other users with access to CWF and/or HETS to get Medicare beneficiary health insurance eligibility information should immediately begin using HETS.

Quarterly provider update

The Centers for Medicare & Medicaid Services (CMS) publishes the quarterly provider update (QPU) at the beginning of each quarter to inform the public about:

- Regulations and major policies currently under development during this quarter.
- Regulations and major policies completed or canceled.
- New/revised manual instructions.

CMS regulations establish or modify the way CMS administers the Medicare program. These regulations impact providers and suppliers providing services to Medicare beneficiaries. Providers may access the QPU by going to the CMS website at https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Policies/QuarterlyProviderUpdates/index.html. Providers may join the CMS-QPU electronic mail to ensure timely notification of all additions to the QPU.
Local Coverage Determinations

This section of *Medicare A Connection* features summaries of new and revised local coverage determinations (LCDs) developed as a result of either local medical review or comprehensive data analysis initiatives. These initiatives are designed to ensure the appropriateness of medical care and to make sure that the Medicare administrative contractor (MAC) jurisdiction N (JN) Part A LCDs and review guidelines are consistent with accepted standards of medical practice.

Refer to our LCDs/Medical Coverage web page at https://medicare.fcso.com/Landing/139800.asp for full-text LCDs, including final LCDs, draft LCDs available for comment, LCD statuses, and LCD comment/response summaries.

### Effective and notice dates

Effective dates are provided in each LCD, and are based on the date services are furnished unless otherwise noted in the LCD. Medicare contractors are required to offer a 45-day notice period for LCDs; the date the LCD is posted to the website is considered the notice date.

### Electronic notification

To receive quick, automatic notification when new and revised LCDs are posted to the website, subscribe to the First Coast eNews mailing list. Simply go to https://medicare.fcso.com/Header/137525.asp, enter your email address and select the subscription option that best meets your needs.

### More information

For more information, or, if you do not have internet access, to obtain a hardcopy of a specific LCD, contact Medical Policy at:

Medical Policy and Procedures
PO Box 2078
Jacksonville, FL 32231-0048

### Looking for LCDs?

Would you like to find local coverage determinations (LCD) in 10 seconds or less? First Coast's LCD lookup, available at https://medicare.fcso.com/coverage_find_lcds_and_ncds/lcd_search.asp, helps you find the coverage information you need quickly and easily. Just enter a procedure code, keyword, or the LCD's "L number,” click the corresponding button, and the application will automatically display links to any LCDs applicable to the parameters you specified. Best of all, depending upon the speed of your internet connection, the LCD search process can be completed in less than 10 seconds.

### Advance beneficiary notice

Modifier GZ must be used when physicians, practitioners, or suppliers want to indicate that they expect that Medicare will deny an item or service as not reasonable and necessary and they have not had an advance beneficiary notification (ABN) signed by the beneficiary.

**Note:** Line items submitted with the modifier GZ will be automatically denied and will not be subject to complex medical review.

Modifier GA must be used when physicians, practitioners, or suppliers want to indicate that they expect that Medicare will deny a service as not reasonable and necessary and they do have on file an ABN signed by the beneficiary.

All claims not meeting medical necessity of a local coverage determination must append the billed service with modifier GA or GZ.
New LCD

Anorectal manometry and electromyography (EMG) of the urinary and anal sphincters – new Part A and Part B LCD

**Effective date**

This new LCD is effective for services rendered on or after August 12, 2019.


A billing and coding article for an LCD (when present) may be found by selecting “Related Local Coverage Documents” in the “Section Navigation” drop-down menu at the top of the LCD page.

**Note:** To review active, future and retired LCDs, click here.

Revisions to LCDs

Bone mineral density studies -- revision to the Part A and Part B LCD

**Effective date**


A billing and coding article for an LCD (when present) may be found by selecting “Related Local Coverage Documents” in the “Section Navigation” drop-down menu at the top of the LCD page.

**Note:** To review active, future and retired LCDs, click here.

Hemophilia clotting factors -- revision to the Part A and Part B LCD

**Effective date**

These revisions are effective for services rendered on or after July 1, 2019.


A billing and coding article for an LCD (when present) may be found by selecting “Related Local Coverage Documents” in the “Section Navigation” drop-down menu at the top of the LCD page.

**Note:** To review active, future and retired LCDs, click here.
Screening and diagnostic mammography -- revision to the Part A and Part B LCD

LCD ID number: L36342 (Florida/Puerto Rico/U.S. Virgin Islands)

Based on change request (CR) 11132, the local coverage determination (LCD) for screening and diagnostic mammography was revised to delete revenue codes 0400 and 0524 and add revenue codes 096x, 097x, 098x and 0520.

Also, bill type code 071x was added.

Effective date

This LCD revision is effective for services rendered on or after July 1, 2019.

Bendamustine hydrochloride (Treanda®, Bendeka™) -- revision to the Part A and Part B LCD

LCD ID number: L33268 (Florida/Puerto Rico/U.S. Virgin Islands)

Based on change request (CR) 10901, the local coverage determination (LCD) for bendamustine hydrochloride (Treanda®, Bendeka™) was revised to remove all billing and coding and all language not related to reasonable and necessary provisions (“Bill Type Codes,” “Revenue Codes,” “CPT®/HCPCS Codes,” “ICD-10 Codes that Support Medical Necessity,” “Documentation Requirements” and “Utilization Guidelines” sections of the LCD) and place them into a newly created billing and coding article.

During the process of moving the ICD-10-CM diagnosis codes to the billing and coding article, the ICD-10-CM diagnosis code ranges were broken out and listed individually.

Also, the Food and Drug Administration (FDA) language has been removed from the LCD and instead the FDA citation related to this language is referenced to the FDA approved product labels.

Also, based on CRs 11293, 11296, 11298, 11318, and 11328, the LCD was revised to add Healthcare Common Procedure Coding System (HCPCS) code J9036 (Injection, bendamustine hydrochloride, [Belrapzo/bendamustine], 1 mg). In addition, “Treanda®” and “Bendeka™” was removed from the title and the “Coverage Indications, Limitations, and/or Medical Necessity” section of the LCD and the “Sources of Information” section of the LCD has been updated.

Effective date

The LCD revision related to CR 10901 is for claims processed on or after January 8, 2019, for services rendered on or after October 3, 2018. The LCD revision related to CRs 11293, 11296, 11298, 11318, and 11328 is effective for services rendered on or after July 1, 2019.


A billing and coding article for an LCD (when present) may be found by selecting “Related Local Coverage Documents” in the “Section Navigation” drop-down menu at the top of the LCD page.

Note: To review active, future and retired LCDs, click here.
Local Coverage Determinations

Frequency of hemodialysis -- revision to Part A and Part B LCD

LCD ID number: L37564 (Florida/Puerto Rico/U.S. Virgin Islands)

The local coverage determination (LCD) for frequency of hemodialysis was revised and published June 27, 2019, consistent with change request (CR)10901, to remove language from the Centers for Medicare and Medicaid Services (CMS) Internet-Only Manuals (IOM) and/or regulations, list applicable manual/regulation reference, and to remove all Current Procedural Terminology (CPT®) codes and ICD-10-CM diagnosis codes.

IOM references have been updated and all codes have been placed in the companion Local Coverage Article A56666 Billing and Coding: Frequency of Hemodialysis. There will not be a lapse in coverage and there has been no change to the coverage content of this LCD.

Effective date

This LCD revision is effective for services rendered on or after July 1, 2019.

LCDs are available through the CMS Medicare coverage database at:


Trastuzumab (Herceptin®) -- revisions to the Part A and Part B LCD

LCD ID number: L34026 (Florida/Puerto Rico/U.S. Virgin Islands)

Based on change request (CR) 10901, the local coverage determination (LCD) for trastuzumab was revised to remove all billing and coding and all language not related to reasonable and necessary provisions (“Bill Type Codes,” “Revenue Codes,” “CPT®/HCPCS codes,” “ICD-10 Codes that Support Medical Necessity,” “Documentation Requirements,” and “Utilization Guidelines,” sections of the LCD) and place them into a newly created billing and coding article. During the process of moving the ICD-10-CM diagnosis codes to the billing and coding article, the ICD-10-CM diagnosis code ranges were broken out and listed individually. Also, the Food and Drug Administration (FDA) language has been removed from the LCD and instead the FDA citation related to this language is referenced to the FDA approved product labels.

In addition, based on the Centers for Medicare & Medicaid Services (CMS) change requests (CRs) 11293, 11296, 11298, 11318, and 11328, the “CPT®/HCPCS Codes” section of the newly created billing and coding article was updated to change the descriptor for Healthcare Common Procedure Coding System (HCPCS) code J9355 and add new HCPCS codes J9356, Q5112, Q5113 and Q5114 to the “Group 1 Paragraph:” section of the billing and coding article. Also, the LCD title was changed to “Trastuzumab – Trastuzumab Biologics” (Herceptin was removed from the title).

Effective date

The revision related to CR 10901 is effective for claims processed on or after January 8, 2019, for services rendered on or after October 3, 2018.

The revision related to CRs 11293, 11296, 11298, 11318, and 11328 is effective for services rendered on or after July 1, 2019. LCDs are available through the CMS Medicare coverage database at https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx.

A billing and coding article for an LCD (when present) may be found by selecting “Related Local Coverage Documents” in the “Section Navigation” drop-down menu at the top of the LCD page.

Note: To review active, future and retired LCDs, click here.
Upcoming provider outreach and educational events

Understanding the Basics of Medicare Secondary Payer (A/B)

Date: Tuesday, July 16
Time: 11:30 a.m. - 1:00 p.m. ET
Type of Event: Webcast

https://medicare.fcso.com/Events/0435640.asp

Note: Unless otherwise indicated, designated times for educational events are stated as ET, and the focus is to Florida, Puerto Rico, and the U.S. Virgin Islands.

Two easy ways to register

Online – Visit our provider training website at First Coast University, log on to your account and select the course you wish to register. Class materials are available under “My Courses” no later than one day before the event.

First-time User? Set up an account by completing the Create User Account form online. Providers who do not have yet a national provider identifier may enter “99999” in the NPI field. You will receive logon information within 72 hours of your request.

Fax – Providers without internet access may request a fax registration form through our Registration Hotline at 1-904-791-8103. Class materials will be faxed to you the day of the event.

Please Note:

• Pre-registration is required for all teleconferences, webcasts and in-person educational seminars.
• Dates and times are subject to change prior to opening of event registration.

Registrant’s Name: ________________________________________________________________
Registrant’s Title: ________________________________________________________________
Provider’s Name: ________________________________________________________________
Telephone Number: _____________________________ Fax Number: ______________________
Email Address: _________________________________________________________________
Provider Address: __________________________________________________________________
City, State, ZIP Code: __________________________________________________________________

Keep checking our website, medicare.fcso.com, for details and newly scheduled educational events (teleconferences, webcasts, etc.) or call the First Coast Provider Education Registration Hotline at 1-904-791-8103 to learn more about our newest training opportunities for providers.

Never miss a training opportunity

If you or your colleagues were unable to attend one of our past Medicare educational webcasts, you still have the opportunity to learn about the topics covered during the training session. Visit the First Coast Medicare training website, download the recording of the event, and listen to the webcast when you have the time.

Take advantage of 24-hour access to free online training

In addition to live training events, we also offer you the advantage of self-paced, free online courses that will allow you and your staff to train when and where it is most convenient for you. In addition, our comprehensive course catalog allows you to find the Medicare training that fits your specific needs, and several of our online courses offer CEUs. Learn more on the First Coast Medicare training website and explore our catalog of online courses.
MLN Connects® for May 23, 2019

News

- No Shortcuts to Safer Opioids Prescribing: CDC Commentary
- CMS Takes Action to Lower Prescription Drug Prices and Increase Transparency
- SNF Provider Preview Reports: Review Your Data by May 30
- Draft 2020 QRDA Category III Implementation Guide: Submit Comments by June 5
- Medicare Shared Savings Program: Do You Plan to Apply to be an ACO?
- Promoting Interoperability Program: 2015 Edition CEHRT Required
- April – June Quarterly Provider Update
- Break Free from Osteoporosis

Compliance

- Provider Minute Video: The Importance of Proper Documentation

Claims, Pricers & Codes

- Medicare Diabetes Prevention Program: Valid Claims

Events

- DMEPOS Competitive Bidding: Round 2021 Webcast Series — Updated Schedule

MLN Matters® Articles

- Claim Status Category and Claim Status Codes Update
- Remittance Advice Remark Code (RARC), Claims Adjustment Reason Code (CARC), Medicare Remit Easy Print (MREP) and PC Print Update
- Reporting the HCPCS Level II Modifiers of the Patient Relationship Categories and Codes
- Proper Use of Modifier 59 — Revised

Publications

- Provider Compliance Tips for Positive Airway Pressure (PAP) Devices and Accessories Including Continuous Positive Airway Pressure (CPAP) — Revised
- Medicare Basics: Commonly Used Acronyms — Reminder

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MLN Connects® for May 30, 2019

MLN Connects® for Thursday, May 30, 2019

View this edition as a PDF

News
- New Medicare Card Flyer for Your Patients
- Programs of All-Inclusive Care for the Elderly Final Rule
- Hospice Compare Refresh
- SNF PPS Patient Driven Payment Model: Get Ready for Implementation on October 1

Compliance
- Chiropractic Services: Comply with Medicare Billing Requirements

Claims, Pricers & Codes
- HETS Includes Medicare Diabetes Prevention Program Information

Events
- DMEPOS Competitive Bidding: Round 2021 Webcast Series — Updated Schedule

MLN Connects® for June 6, 2019

MLN Connects® for Thursday, June 6, 2019

View this edition as a PDF

News
- Medicare Shared Savings Program: Submit Notice of Intent to Apply Beginning June 11
- Promoting Interoperability Program: Submit Comments on Proposed Changes by June 24
- Promoting Interoperability Program: Submit a Measure Proposal by June 28
- Hospice Provider Preview Reports: Review Your Data by July 1
- PEPPERs for Short-term Acute Care Hospitals

Compliance
- Bill Correctly for Device Replacement Procedures

Claims, Pricers & Codes
- ICD-10-PCS Procedure Codes: FY 2020
- Average Sales Price Files: July 2019

Events
- DMEPOS Competitive Bidding: Round 2021 Webcast Series
- Developing a Hospice Assessment Tool Special Open Door Forum — June 12
MLN Connects® for June 13, 2019

MLN Connects® for Thursday, June 13, 2019

View this edition as a PDF

News
- DMEPOS Competitive Bidding - Round 2021: Register Now
- Medicare Shared Savings Program: Submit Notice of Intent to Apply by June 28
- LTCH Provider Preview Reports: Review Your Data by July 10
- IRF Provider Preview Reports: Review Your Data by July 10
- When It Comes To Our Health – Every Second Counts: Comment on RFI by August 12
- LTCH Compare Refresh
- IRF Compare Refresh
- Men’s Health Week Ends on Father’s Day

Compliance
- Outpatient Rehabilitation Therapy Services: Comply with Medicare Billing Requirements

Events
- DMEPOS Competitive Bidding: Round 2021 Webcast Series
- Ligature Risk in Hospitals Listening Session — June 20
- Hospital Co-location Listening Session — June 27

Publications
- Quality Payment Program: 2019 Resources
- Provider Compliance Tips for Urological Supplies — Revised

Multimedia
- Medicare Billing: Form CMS-1450 and the 837 Institutional Web-Based Training Course — Reminder

MLN Connects® for June 20, 2019

MLN Connects® for Thursday, June 20, 2019

View this edition as a PDF

News
- New Medicare Card: 75% of Claims Submitted with MBI
- IRF: Voluntary Appeals Settlement Options
- CMS Proposes to Update e-Prescribing Standards
- Medicare Shared Savings Program: Submit Notice of Intent to Apply by June 28
- Dermatology: Comparative Billing Report on Modifier 25 in June
- Hospice Provider Preview Reports: Review Your Data by July 1

Events
- DMEPOS Competitive Bidding: Round 2021 Webcast Series
- Hospital Co-location Listening Session — June 27

MLN Matters® Articles
- Implement Operating Rules - Phase III Electronic Remittance Advice (ERA) Electronic Funds Transfer (EFT): Committee on Operating Rules for Information Exchange (CORE) 360 Uniform Use of Claim Adjustment Reason Codes (CARC), Remittance Advice Remark Codes (RARC), and Claim Adjustment Group Code (CAGC) Rule - Update from Council for Affordable Quality Healthcare (CAQH) CORE

MLN SPECIAL EDITION

from page 1

For More Information:
- RFI on Reducing Administrative Burden to Put Patients over Paperwork
- Patients over Paperwork webpage

Read the full text of this excerpted CMS Press Release (issued June 6). Submit comments by August 12.

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First Coast Service Options
Phone Numbers
(Note: Specific geographic contact information is noted when phone numbers and addresses are different for providers in Florida, U.S. Virgin Islands or Puerto Rico.

Customer service
Monday to Friday
8:00 a.m. to 4:00 p.m
888-664-4112 (FL/USVI)
877-908-8433 (Puerto Rico)
877-660-1759 (TDD-FL/USVI)
888-216-8261 (TDD-Puerto Rico)

Electronic data interchange
888-670-0940 (FL/USVI)
888-875-9779 (Puerto Rico)

Interactive Voice Response
877-602-8816

Provider education/outreach
Event registration hotline
904-791-8103

Overpayments
904-791-8123

SPOT Help Desk
FCSOSPOTHelp@fcso.com
855-416-4199

Websites
medicare.fcso.com
medicareespanol.fcso.com

First Coast Service Options
Addresses

Claims/correspondence
Florida/ U.S. Virgin Islands
Medicare Part A Customer Service
P. O. Box 2711
Jacksonville, FL 32231-0021

Puerto Rico
First Coast Service Options Inc.
P. O. Box 45003
Jacksonville, FL 32232-5003

Medicare EDI
Electronic claim filing
Direct Data Entry
P. O. Box 44071
Jacksonville, FL 32231-4071

Fraud and abuse
Complaint Processing Unit
P. O. Box 45087

FOIA requests
Provider audit/reimbursement
(relative to cost reports and audits)
Attr: FOIA PARD – 16T
P. O. Box 45268
Jacksonville, FL 32232-5268

General Inquiries
Online Form (Click here)
Email: EDOC-CS-FLINQA@fcso.com

Local coverage determinations
Medical Policy and Procedures – 19T
P. O. Box 2078
Jacksonville, FL 32231-0048

Medicare secondary payer (MSP)
Medicare Secondary Payer
P. O. Box 2711
Jacksonville, FL 32231-0021

Hospital audits
MSP – Hospital Review
P. O. Box 45267
Jacksonville, FL 32232-5267

MSPRC DPP debt recovery, auto
accident settlements/lawsuits, liabilities
Auto/Liability – 17T
P. O. Box 44179
Jacksonville, FL 32231-4179

Overpayment collections and debt recovery
Repayment, cost reports, receipts and acceptances, tentative settlement determinations, provider statistical and reimbursement reports, cost report settlement, TEFRA target limit and SNF routine cost limit exceptions
Provider Audit and Reimbursement
P. O. Box 45268
Jacksonville, FL 32232-5268

Credit balance reports
First Coast Service Options Inc.
P. O. Box 45011
Jacksonville, FL 32232-5011

Post-pay medical review
First Coast Service Options Inc.
P. O. Box 44159
Jacksonville, FL 32231-4159

Provider enrollment
CMS-855 Applications
P. O. Box 3409
Mechanicsburg, PA 17055-1849

Special or overnight deliveries
Provider Enrollment
2020 Technology Parkway Suite 100
Mechanicsburg, PA 17055-1849

Redetermination
Florida:
Medicare Part A Redetermination/Appeals
P. O. Box 3409
Jacksonville, FL 32232-5053

U.S. Virgin Islands:
First Coast Service Options Inc
P. O. Box 45097
Jacksonville, FL 32232-5097

Puerto Rico
First Coast Service Options Inc.
P. O. Box 45028
Jacksonville, FL 32232-5028

Special delivery/courier services
First Coast Service Options Inc.
532 Riverside Avenue
Jacksonville, FL 32202-4914

Other Medicare carriers and intermediaries
DME regional carrier (DMERC)
DME, orthotic, prosthetic device, take-home supply, oral anti-cancer drug claims
CGS Administrators, LLC
P. O. Box 20010
Nashville, Tennessee 37202

Railroad Medicare
Palmetto GBA
P. O. Box 10066
Augusta, GA 30999-0001

Regional home health/hospice intermediary
Palmetto GBA
Medicare Part A
34650 US HWY 19N
Palm Harbor, FL 34684

Contact CMS
Centers for Medicare & Medicaid Services (CMS)
(https://www.cms.gov/)
Centers for Medicare & Medicaid Services, Division of Financial Management and Fee for Service Operations
ROATLFM@CMS.HHS.GOV

Office of Inspector General (OIG)
Medicare fraud hotline
800-HHS-TIPS (800-447-8477)

Beneficiary customer service
1-800-MEDICARE (1-800-633-4227)
Hearing and speech impaired (TDD)
1-800-754-7820