

# C Medicare A CONNECTION

medicare.fcso.com



*A Newsletter for MAC Jurisdiction N Providers*

June 2019



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## MLN Connects® -- Special Edition for June 6, 2019

### **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



**WHEN EXPERIENCE COUNTS & QUALITY MATTERS**

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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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## 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.



## New LCD

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

**LCD ID number: L37943 (Florida/Puerto Rico/U.S. Virgin Islands)**

The local coverage determination (LCD) for anorectal manometry and electromyography (EMG) of the urinary and anal sphincters was developed to address coverage criteria, coding requirements, documentation requirements, and utilization parameters for anorectal manometry and electromyography. The LCD also addresses providers eligible to perform this service. Furthermore, in creating this new LCD, the current LCD for anorectal manometry and EMG of the urinary and anal sphincters (L33263) will be retired when the new LCD and related billing and coding article become effective.

**Effective date**

This new LCD is effective for services rendered **on or after August 12, 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](#).

## Revisions to LCDs

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

**LCD ID number: L36356 (Florida/Puerto Rico/U.S. Virgin Islands)**

Based on review of the local coverage determination (LCD) and related billing and coding article for bone mineral density studies, typographical and formatting errors were identified and corrected. Also, the “Bibliography” section of the LCD was updated to be consistent with American Medical Association (AMA) formatting. In addition, national coverage determination (NCD) and internet-only manual (IOM) language was removed from the billing and coding article and instead the NCD IOM citation related to this language is referenced in the LCD.

**Effective date**

The LCD revision is effective for services rendered **on or after June 18, 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](#).

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

**LCD ID number: L33684 (Florida/Puerto Rico/U.S. Virgin Islands)**

Based on change requests (CRs) 11293, 11296, 11298, 11318, and 11328, the billing and coding article for hemophilia clotting factors (A56482) was updated to remove Healthcare Common Procedure Coding System (HCPCS) codes C9141 and J7199 and replace them with HCPCS code J7208 (Injection, factor viii, [antihemophilic factor, recombinant], pegylated-aucl, [Jivi], 1 i.u). In addition, based on review of the the local coverage determination (LCD) and related billing and coding article for hemophilia clotting factors, typographical and formatting errors were corrected.

**Effective date**

These revisions are 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](#).

## 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**.

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](#).

## Bendamustine hydrochloride (Treanda<sup>®</sup>, Bendeka<sup>™</sup>) -- 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<sup>®</sup>, Bendeka<sup>™</sup>) was revised to remove all billing and coding and all language not related to reasonable and necessary provisions (“Bill Type Codes,” “Revenue Codes,” “CPT<sup>®</sup>/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<sup>®</sup>” and “Bendeka<sup>™</sup>” 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**.

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](#).

## 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:



<https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>.

A 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](#).

## 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](http://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 the 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.





## CMS MLN Connects®



The Centers for Medicare & Medicaid Services (CMS) *MLN Connects*® is an official *Medicare Learning Network*® (MLN) – branded product that contains a week's worth of news for Medicare fee-for-service (FFS) providers. CMS sends these messages weekly to national health industry provider associations, who then disseminates the *MLN Connects*® to its membership as appropriate.

## MLN Connects® for May 23, 2019

*MLN Connects*® for Thursday, May 23, 2019

[View this edition as a PDF](#)

### 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

- Post-Acute Care QRPs: Reporting Requirements and Resources Call — June 5
- Emergency Department Services: Comparative Billing Report Webinar — June 11
- Hospice Quality Reporting Program: Review and Correct Report Webinar — June 11

### MLN Matters® Articles

- Claim Status Category and Claim Status Codes Update
- Quarterly Healthcare Common Procedure Coding System (HCPCS) Drug/Biological Code Changes – July 2019 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*

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### 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

- Prior Authorization of Pressure Reducing Support Surfaces Special Open Door Forum — June 4
- Post-Acute Care QRPs: Reporting Requirements and Resources Call — June 5
- Delivering Dementia Capable Care within Health Plans: Why & How? Webinar — June 19
- Practices for Supporting Dually Eligible Older Adults with Complex Pain Needs Webinar — June 27

### MLN Matters® Articles

- Additional Processing Instructions to Update the Standard Paper Remit (SPR)
- Home Health (HH) Patient-Driven Groupings Model (PDGM) – Additional Manual Instructions — Revised

### Publications

- Outpatient Rehabilitation Therapy Services: Complying with Documentation Requirements

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## MLN Connects® for June 6, 2019

*MLN Connects® for Thursday, June 6, 2019*

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### 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

- Ligature Risk in Hospitals Listening Session — June 20
- Hospital Co-location Listening Session — June 27

### MLN Matters® Articles

- Chimeric Antigen Receptor (CAR) T-Cell Therapy Revenue Code and HCPCS Setup Revisions
- Documentation of Medical Necessity of the Home Visit; and Physician Management Associated with Superficial Radiation Treatment
- July 2019 Integrated Outpatient Code Editor (I/OCE) Specifications Version 20.2
- July 2019 Update of the Hospital Outpatient Prospective Payment System (OPPS)
- Update to 46.2, 46.3, 46.4, and 46.5 in Publication (Pub.) 100-08

### Publications

- Quality Payment Program: 2019 Measure Development Plan Annual Report

### Multimedia

- CMS: Beyond the Policy Podcast: Innovation Center

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## MLN Connects® for June 13, 2019

MLN Connects® for Thursday, June 13, 2019

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### 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

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## MLN Connects® for June 20, 2019

### New Medicare Card: 75% of Claims Submitted with MBI

MLN Connects® for Thursday, June 20, 2019

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### 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
- Dermatology: Comparative Billing Report on Modifier 25 Webinar — July 10

### 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

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## 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](mailto:FCSOSPOTHelp@fcso.com)

855-416-4199

### Websites

[medicare.fcso.com](http://medicare.fcso.com)

[medicareespanol.fcso.com](http://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)

Attn: FOIA PARD – 16T

P. O. Box 45268

Jacksonville, FL 32232-5268

### General Inquiries

*Online Form (Click here)*

Email: [EDOC-CS-FLINQA@fcso.com](mailto: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](mailto: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