



PROVIDER BULLETIN

No. 19-08

DATE: March 27, 2019

TO: All Providers Participating in Nebraska Medicaid Program

FROM: Matthew A. Van Patton, DHA, Director
Division of Medicaid & Long-Term Care *MMP*

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RE: Medicare Mass Adjustment of Part B Physician/Practitioner Claims

This provider bulletin (PB) is being issued to notify Medicaid providers of a mass adjustment Medicare is performing on Medicare claims that could have an impact on Nebraska Medicaid Dual Eligible Crossover Claims.

The Centers for Medicare & Medicaid Services (CMS) alerted all Coordination of Benefits Agreement (COBA) trading partners to the following critically important information:

During the latter part of January 2019, CMS discovered an error in the manner in which it applies Merit-incentive Payment System (MIPS)/Quality Payment Program (QPP) payment adjustments to certain Part B non-DME claims. More specifically, CMS discovered it had been incorrectly applying payments for Medicare Part B drugs and other non-physician services billed by physicians. The following Healthcare Common Procedural Coding System (HCPCS) and Clinical Physician Terminology (CPT) codes that appear on Part B claims were impacted by the error:

- J0000—J9999, 36415, 85025, 80053, 85610, 83036, 80061, 81003, 84443, 81002, 81001, 80048,
- G0008, G0009, 84439, 82306, 82570, 87804, 84153, 80307, 90662, 81000, 82962
- 83735, 82728, 85027, 90670, 90732, 82607, Q9967, 83615, 83540, 84550, 82043, 80076, 82565
- 83861, 83550, 80305, 82947, 86140, 87880, 82550, 87086, 85652, 85651, 84100, 82044
- 83721, 84460, 90686, G0103, 82746, 84450, 83970, A9585, 84132, 84481, 82378, 84403, & G0328

**Note: This is a complete listing of codes to which the MIPS/QPP payment adjustments were applied in error. **

The error causing an incorrect application of MIPS/QPP payment adjustments to certain Part B claims was fixed on/about February 15, 2019.

On March 11, 2019, CMS directed its Part B MACs to begin to reprocess (mass adjust) the affected Part B claims **no later than 15 days** from the date of CMS's technical direction. CMS has determined the volume of impacted claims is approximately 3 million in total.

This bulletin is informational only, Nebraska Medicaid and the contracted Heritage Health Managed Care Organizations are not adjusting these claims, but claims already processed by both Medicare and Medicaid as a crossover claim may be included in this mass adjustment. This may affect amounts paid by Medicaid.

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