



Medicare transition to Noridian is just a week away!



We are just one week away from the September 16 cutover date from Palmetto to the new Medicare Part B fee-for-service contractor, Noridian. Although efforts have been made to minimize the burden to practices and to ensure that physicians continue to receive their Medicare payments in a timely fashion after the transition, there are a number of things physicians should be aware of, including:

Last day to submit to Palmetto: September 11, 2013 is the last day providers may submit electronic claims to Palmetto (2:00 p.m. cutoff time), and the last day "early boarders" can submit claims to Noridian with the Palmetto contractor/payer ID. As of September 12, 2013, electronic claims must be submitted to Noridian with the new contractor/payer ID (01112 for Northern CA; 01182 for Southern CA).

Dark Days: In order to transition workloads successfully, Palmetto and Noridian systems will be unavailable from Friday, September 13 until Sunday September 15. Systems will be back up and running on Monday, September 16, the official cutover date.

Remittance Advice: There will be a delay in the delivery of the 835 Remittance Advice when the JE Implementation cutover occurs. The 835 Remittance Advice at cutover will be delivered on September 17, 2013.

Phone Number: Beginning September 16, 2013, Part B providers can contact Noridian through a single toll free service phone number, (855) 609-9960. For more details, see the IVR Guide on the Noridian website.

Mailing Address: Noridian mailing addresses for correspondence have been posted. Routine correspondence, appeals, and reopening should be addressed to the appropriate Northern California or Southern California post office box.

Paper Claims: Effective September 16, 2013, paper claims must meet the Noridian submission requirements, which are slightly different than Palmetto's. Claims not meeting the Noridian requirements will be denied or returned as unprocessable.

Coding: Noridian has published articles detailing its requirements for the following: compounded drugs reimbursement billing; infusion drugs reimbursement billing; unlisted procedure and not otherwise classified codes; avoiding denials on priced per invoice claims. Please refer to these articles to ensure you are submitting your claims in accordance with their coding instructions to avoid unprocessable claims.

If you have not signed up for the mailing list, be sure to check the Noridian website daily for additional changes that may impact your practice.

For more information and the latest news and resources relating to the Medicare transition, see the CMA's Medicare Transition webpage, <http://www.cmanet.org/medicare-transition>.