PALMETTO GBA®

A CELERIAN GROUP COMPANY

CMS

CENTERS FOR MEDICARE & MEDICAID SERVICES

2018 MEDICARE PART A

Disclaimer

- This information is current as of March 2, 2018. Any changes or new information superseding this information is provided in articles with publication dates after March 2, 2018, posted on our website: www.PalmettoGBA.com

Pre-Test

Welcome! I'm Paul Metto! What do you know?

https://www.surveymonkey.com/r/BYWQMMG

Audit & Reimbursement

Updates

JURISDICTION J MAC

- JJ Part A MAC = GA, TN & AL
  - Palmetto GBA operates two distinct Audit shops - JJ & JM (SC, NC, VA, WV)
  - Economies of scale for Reimbursement & Cost Report reopening activities
  - Standardized policies & procedures between both MACs
  - Review for best practices

A/R Organization Contacts

- Vincent Brezovic, A/R Director
- Scott Neely, Manager IQC/Training
- Cecile Huggins, Supervisor Appeals
- Deborah Scott, Supervisor Reopenings

***Contact.Name*@palmettogba.com**

Audit Information Request

- Information is requested to establish accurate interim rates, cost & visit
  - Processing time is usually accomplished within 45 days of receipt of the provider's information
  - Each review is stamped with a receipt date & processed in the order received
  - **It's imperative that the provider number be included on <u>every piece of correspondence sent</u> to Palmetto GBA**

Notice of Program Reimbursement (NPR) Letter

- Notice of Program Reimbursement (NPR) letter and a copy of the finalized cost report are sent via **email**
  - Unless there is an overpayment

- In a case of overpayment:
  - NPR letter, Overpayment letter & a copy of finalized cost report is sent via **certified mail**

Cost Report

- When a cost report is filed late = provider is placed on payment hold
  - Payment hold is released after cost report is received, reviewed, & accepted
    - In peak periods (such as in June), it may take 30 days to accept
  - File timely/early to prevent being placed on payment hold!
  - Fastest, most efficient way to submit is via eServices!

- A/R education article: Cost Report Filing Information

Cost Reports Filing

Mailing

Palmetto GBA
Attn: Cost Report Acceptance
Mail Code AG-390
Post Office Box 100307
Columbia, SC 29202-3307

Courier Service

Palmetto GBA
Attn: Cost Report Acceptance
Mail Code AG-390
2300 Springdale Dr., Bldg. One
Camden, SC 29020-1728

Cost Report Overpayment Address - Checks Only

Palmetto GBA - JJA Checks
PO Box 100312
Columbia, SC, 29202-3312

Cost Report Reopening & Appeal

Cost Report Reopenings

Palmetto GBA
Provider Audit, AG-390
Post Office Box 100307
Columbia SC 29202-3307

JJAudit.Reopening@palmettogba.com

Cost Report Appeals

Federal Specialized Services (FSS)

prrb@fssappeals.com

Credit Balance Reporting

Regular & Certified Mail
Palmetto GBA, LLC
Attn: Credit Balance Reporting
Mail Code: AG-340
P.O. Box100308
Columbia, SC 29202-3308

Courier
Palmetto GBA, LLC
Attn: Credit Balance Reporting
Mail Code: AG-340
2300 Springdale Dr. Bldg. One
Camden, SC 29020-1728

Credit Balance Overpayment - Checks Only
Palmetto GBA, LLC
Medicare Finance
PO Box 100312
Columbia, SC, 29202-3312

Reports may be faxed to:
MCBR Reports
Attn: Credit Balance Reporting
(803) 870-0147

Overpayment Checks

Palmetto GBA
Medicare Part A Overpayments
Mail Code: AG-340
P.O. Box100277
Columbia, SC 29202-3277

Any financial correspondence to the Overpayment Dept. may be faxed to: (803) 419-3275

To request an immediate offset, fax a request to: (803) 462-2574

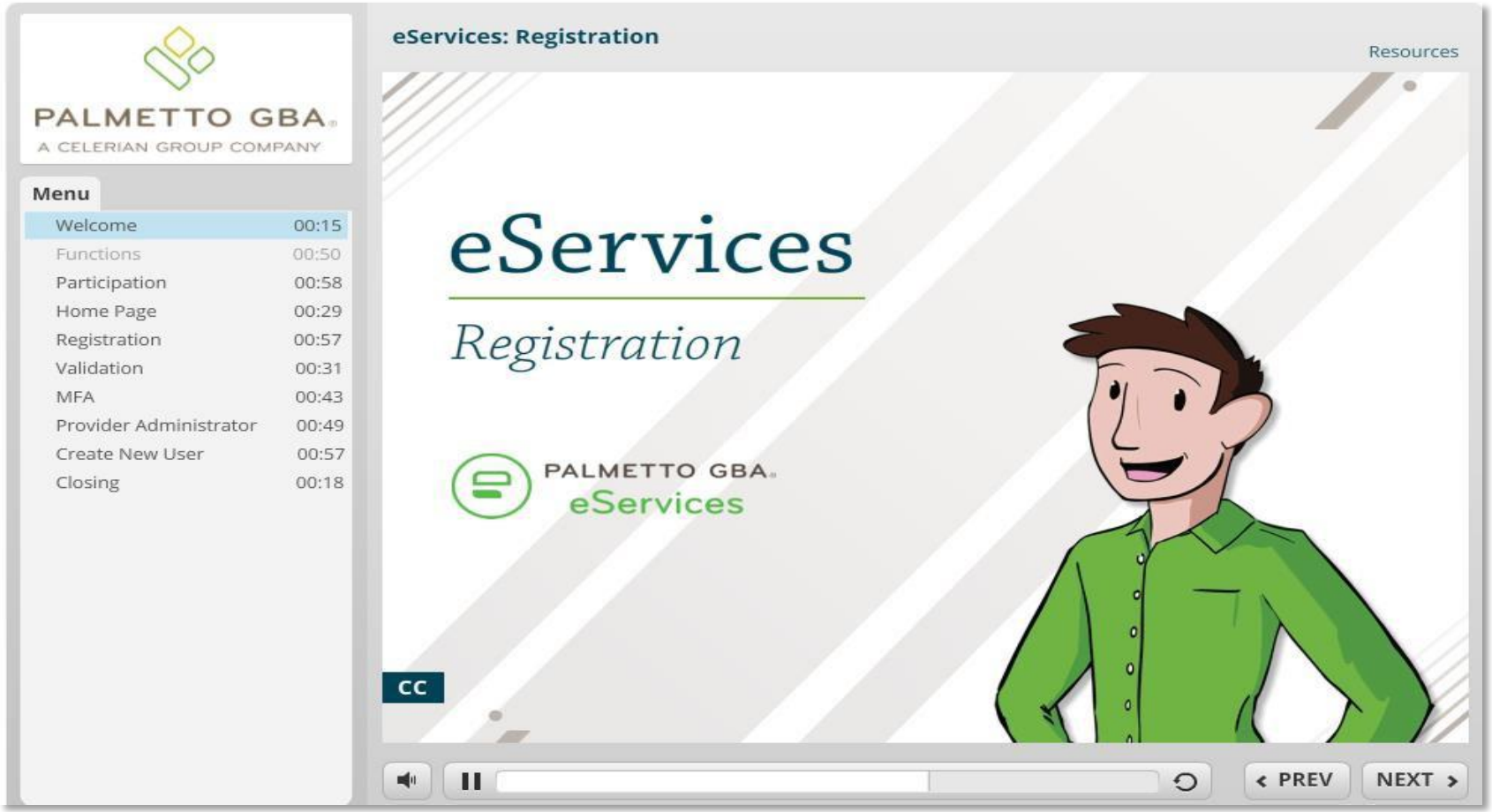
Provider Inquiries:
For inquiries regarding overpayments, please call our Provider Contact Center (PCC) at 877-567-7271.

Submit an electronic payment to satisfy an overpayment	Enroll in Palmetto GBA's online eServices (https://palmettogba.com/eservices) and follow instructions for submitting an eCheck
Mail a check to satisfy an overpayment	Mail checks to: Palmetto GBA, LLC PO Box 100312 Columbia, SC 29202-3312
Request Immediate Offset (Individual or Ongoing)	Visit PalmettoGBA.com/Medicare and download the Immediate Recoupment Request form – or – Enroll in Palmetto GBA's online eServices and follow instructions for submitting an eOffset request
Submit a Rebuttal	Mail rebuttal requests to: Palmetto GBA, LLC PO Box 100305 Columbia, SC 29202 – or – Fax rebuttal requests to 803.870.0154
Submit an Appeal (Non-935 Eligible)	Mail appeal requests to: Palmetto GBA, LLC – APPEALS REDETERMINATION Attn: JJ Medicare Part A Appeals PO Box 100305 Columbia, SC 29202-3305
Submit an Appeal (935 Eligible)	Mail appeal requests to: Palmetto GBA, LLC – 935 APPEALS REDETERMINATION Attn: JJ Medicare Part A Appeals PO Box 100305 Columbia, SC 29202-3305
Request an Extended Repayment Schedule (ERS)	Visit PalmettoGBA.com/Medicare and download the ERS request instructions

eServices

Secure Portal

eSERVICES: REGISTRATION



Manage your Medicare Information with eServices

- Preferred mechanism to interact with Palmetto GBA:
  - Check eligibility
  - Claims status
  - Submit cost reports
  - Respond to Additional Documentation Requests (ADR)
  - Submit First-level Redeterminations

PALMETTO GBA eSERVICES PORTAL

- If you are not registered for eServices, sign up at: www.PalmettoGBA.com/eServices

- To participate in eServices you must have a signed electronic data interchange (EDI) Enrollment Agreement on file with Palmetto GBA
  - If you already submit claims electronically, you don't have to submit a new EDI Enrollment Agreement

Registration and Login

- To register, you will need Provider Transaction Access Number (PTAN), NPI, Tax ID number & amount of the last Medicare payment received

- Only one administrator per PTAN/NPI combination can initially register; can assign back-up administrators & add more users through the Admin tab
  - You can also add provider users who have access to individual functions, such as eligibility or claims status
  - You must register separately for each PTAN/NPI combination. Each PTAN/NPI combination will have a unique user ID

MEDICARE BENEFICIARY IDENTIFIER (MBI) LOOK-UP TOOL

- In the future providers will access the beneficiary MBI in the eServices secure portal at: https://palmettogba.com/eservices

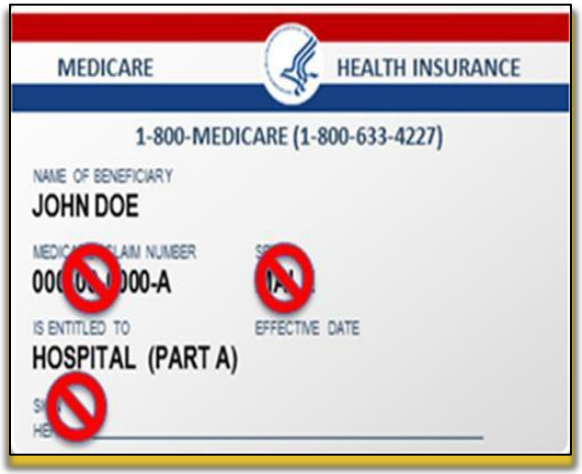
- This will give providers a mechanism to access a beneficiary's MBI without disrupting workflow

Medicare Beneficiary Identifier (MBI)

New Medicare Card Program

Medicare Beneficiary Identifier (MBI)

- MACRA requires removal of SSNs from all Medicare cards by April 2019 with MBI
  - MBI does not change benefits
  - Improves protection of private healthcare & financial information



HICN VERSUS MBI

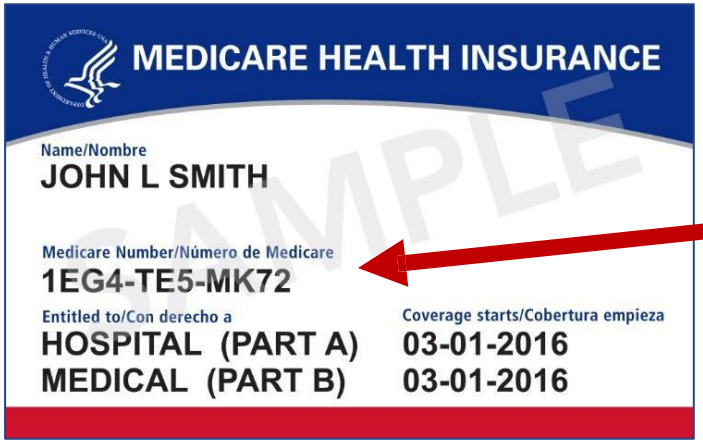
- **Medicare Beneficiary Identifier (MBI)**
  - New Non-Intelligent Unique Identifier
  - 11-characters in length
  - Key positions 2, 5, 8, & 9 will always be alphabetic

Key	Example
SSA HICN	123-45-6789-A1
MBI	1EG4-TE5-MK73

Note: Identifiers are fictitious and dashes for display purposes only; they are not stored in the database nor used in file formats

April 2018

New Unique Medicare Number



New Medicare Number

- New Non-Intelligent Unique Identifier
- 11 bytes
- Key positions 2, 5, 8 & 9 will always be alphabetic

Medicare Beneficiary Identifier (MBI)

CMS will use an MBI generator to:

- Assign 150 million MBIs in the initial enumeration (60 million active and 90 million **deceased/archived**) and generate a unique MBI for each new Medicare beneficiary
- Generate a new unique MBI for a Medicare beneficiary whose identity has been compromised

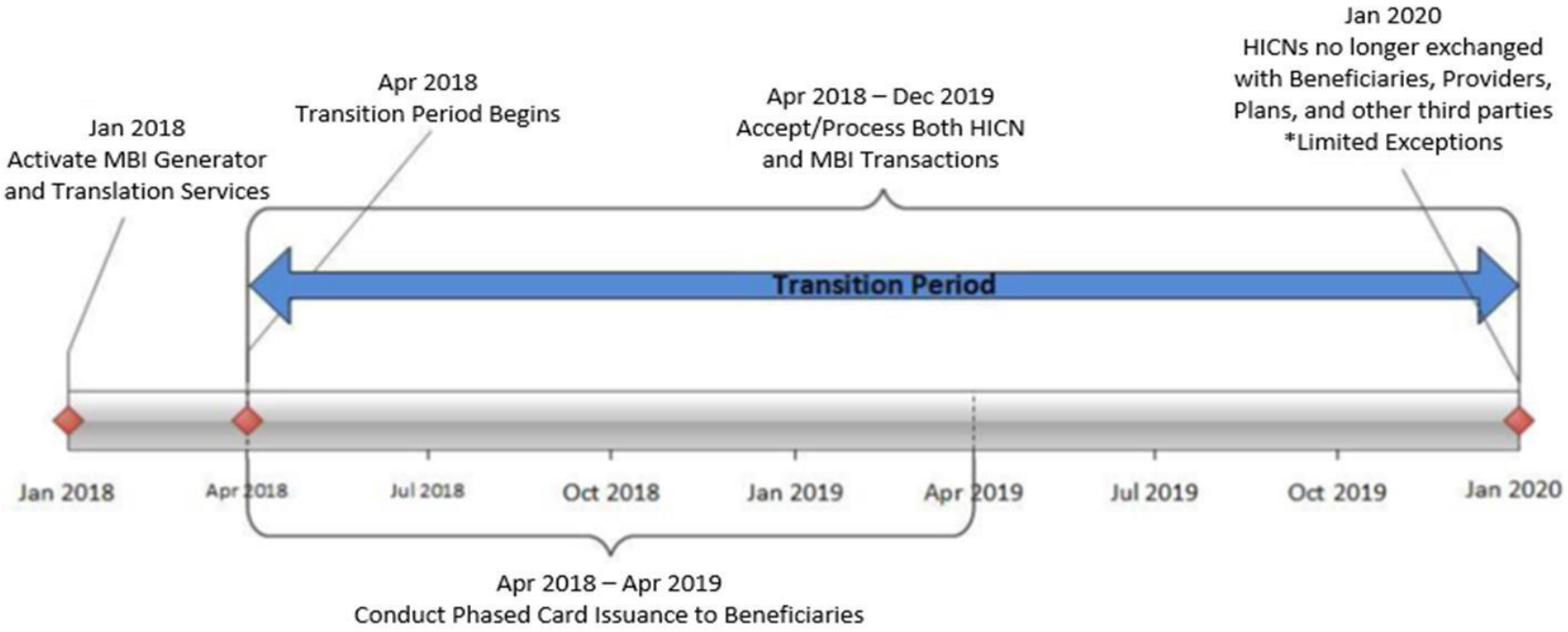
Sending New Medicare Cards

- Medicare starts mailing new cards in April 2018
  - Newly-eligible beneficiaries will get a card with a unique number, regardless of where they live
  - Existing beneficiaries will get a new card over a period of approximately 12 months
  - Mailing will include new Medicare card & letter
  - Distribution will be randomized by geographic location
  - All existing cards to be replaced by April 2019 statutory deadline

Sending New Medicare Cards

- Beneficiaries should use the new card once received, but either SSN-based or MBI cards can be used through December 2019
- Beginning January 1, 2020 only new card is usable
- Railroad Retirement Board will issue new cards to RRB beneficiaries

MBI Generation & Transition Period



Transition Period

- Transition period: Apr. 2018 - Dec. 31, 2019
  - CMS to complete system/process updates & ready to accept/return MBI on April 1, 2018

- All stakeholders who submit/receive transactions with HICN must modify processes/systems to be ready to submit/exchange MBI by April 1, 2018
  - May submit **<u>either</u>** MBI or HICN **during transition period**

Transition Period

- Beginning October 2018 to end of transition period, when a valid and active HICN is submitted on Medicare fee-for-service claims both HICN & MBI will be returned on remittance advice
  - MBI will be where ***changed HICN*** currently is: 835 Loop 2100, Segment NM1 (Corrected Patient/Insured Name), Field NM109 (ID Code)

Transition Period

- Medicaid & Supplemental Insurers
  - CMS will give State Medicaid Agencies & supplemental insurers MBIs for Medicaid-eligible people who also have Medicare before new Medicare cards are mailed
  - During transition period, CMS will process & transmit Medicare crossover claims with either HICN or MBI

Railroad Retirement Board (RRB) beneficiaries

- In transition period, a message will be returned on the eligibility transaction response for RRB beneficiaries
  - RRB will continue to send cards with the RRB logo

- You will not be able to identify if beneficiary is eligible for Medicare as a railroad retirees by their MBI
  - Providers must program their systems to identify RRBs so they know to send those claims to the Specialty Medicare Administrative Contractor (SMAC)

Transition Period

- Private Payers
  - For non-Medicare business, private payers will not have to use the MBI - CMS will continue to use supplemental insurer's unique numbers to identify customers

- After the transition period, supplemental insurers must use the MBI for any Medicare transactions where they would have used the HICN

Look-Up Tool

- Providers will access the MBI in the eServices secure portal at https://palmettogba.com/eservices
  - This will give providers a mechanism to access a beneficiary's MBI without disrupting workflow
  - CMS is making systems changes so that when a provider checks a beneficiary's eligibility, the CMS HIPAA Eligibility Transaction System (HETS) will return a message on the response indicating that CMS mailed that particular beneficiary's new Medicare card

Sign up for eServices NOW!

Exceptions After Transition Period

- Once transition period is over, you will be able to use HICN in:
  - Appeals: Appeal requests & related forms will be accepted with either a HICN or MBI
  - Adjustments: HICN can be used indefinitely for certain systems (i.e., Drug Data Processing System, Risk Adjustment Processing system & Encounter Data system) for all records, not limited to adjustments

Exceptions After Transition Period

1. Incoming Information Requests (i.e., inquiries, MSP information requests, Requests for Medical Documentation)
2. Incoming Premium Payments (i.e., Part A & Part B premiums, Part D income related monthly adjustment amounts)
3. Span-date claims (FFS)
   - 11X-Inpatient Hospital, 32X-HH & 41X-Religious Non-Medical Health Care Institution claims with a "From Date" prior to end of the transition period (12/31/19)
4. Reports (FFS)
   - Incoming Reports to CMS (i.e., quality reporting, disproportionate hospital data requests)
   - Outgoing Reports from CMS *(i.e., PS&R, ACO Reports)

Get Ready for the MBI

- Verify patients' addresses
  - If the address on file is different than address from electronic eligibility transaction responses, ask your patients to contact SSA **NOW** to update their Medicare records
- Sign up for eServices for secure portal look-up tool
- Sign up for the weekly MLN Connects newsletter

Get Ready for the MBI

- Reference the new Medicare card webpage

https://www.cms.gov/Medicare/New-Medicare-Card/index.html

- Use resources when speaking to Medicare beneficiaries

https://www.cms.gov/Medicare/New-Medicare-Card/Partners-and-Employers/Partners-and-employers.html

  - Video file or link
  - Messaging Guidelines
  - Job Aids, Flyers, Posters, Slides
  - Social media kit

MBI Implementation Milestones

2016-2017

March-Sept. 2016

- Launch Phase I & II web content
- Listening sessions with external stakeholders
- MBI Generator in test environment

May-Sept. 2017

- MBI development complete
- *Medicare & You* mailed with information about New Medicare Card

2018-2020

April-October 2018

- All systems & processes able to accept MBI
- Begin distributing new MBI cards to 60M beneficiaries
- MBI returned on remittance advice
- **Expect launch of Look-UpTool**

April 16, 2019

- Statutory deadline to issue new cards

January 2020

- HICN no longer exchanged, with limited exceptions

PALMETTO GBA

Interactive Tools

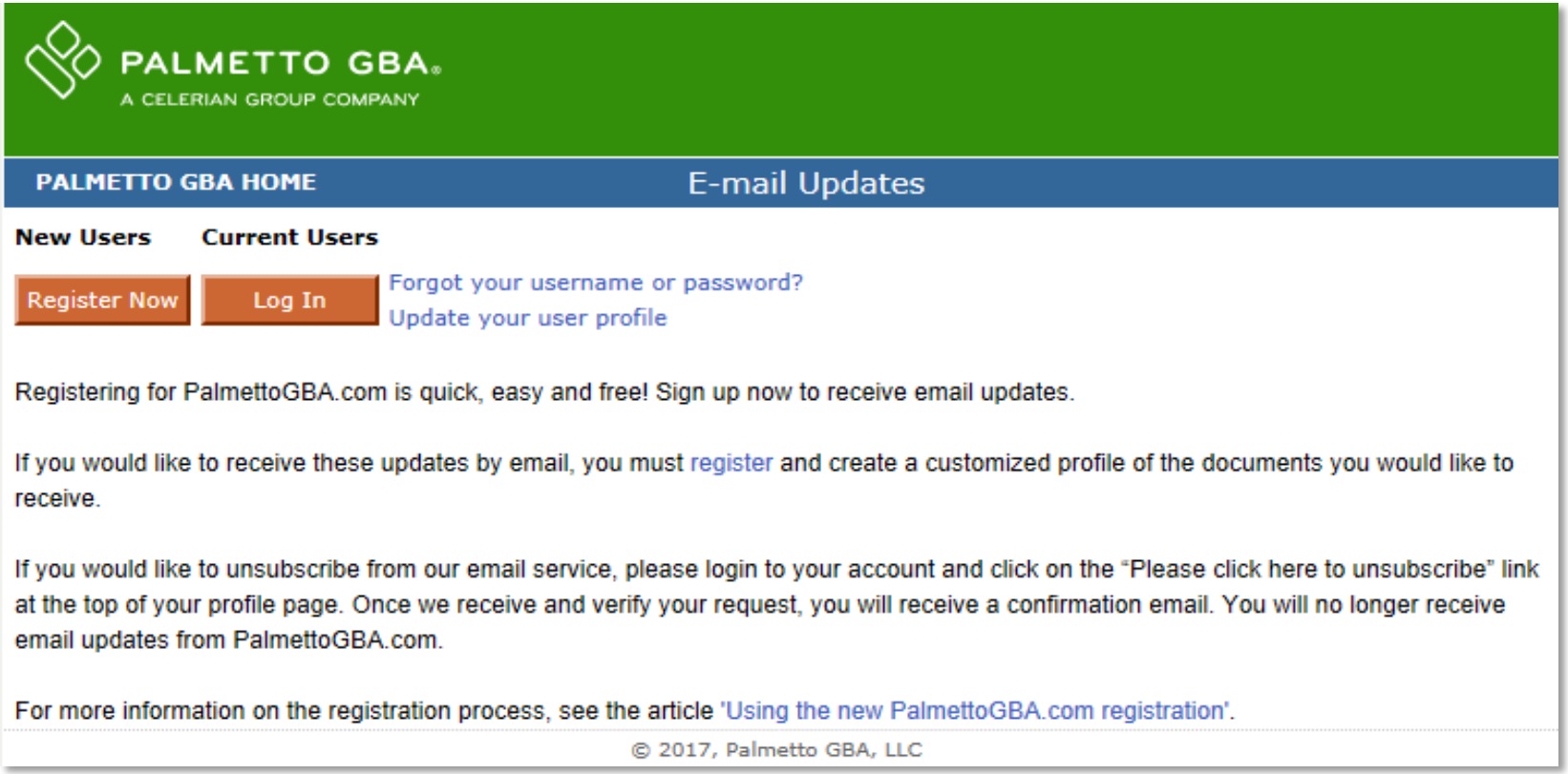
Website

- We encourage you to bookmark the website!
  - Part A homepage: www.palmettogba.com/jja
  - Part B homepage: www.palmettogba.com/jjb

- You may also visit the Palmetto GBA website at: www.palmettogba.com/medicare & select the appropriate contract page from this link

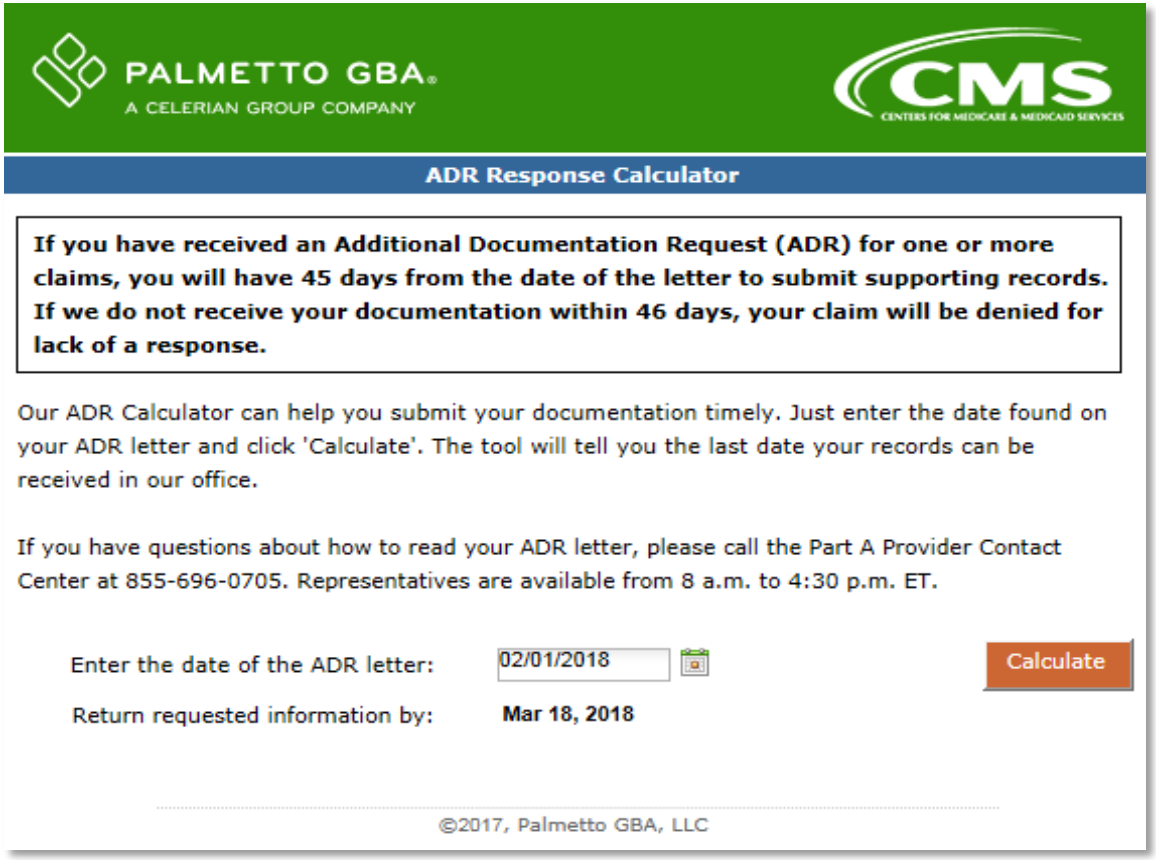
Email Updates

Listservs

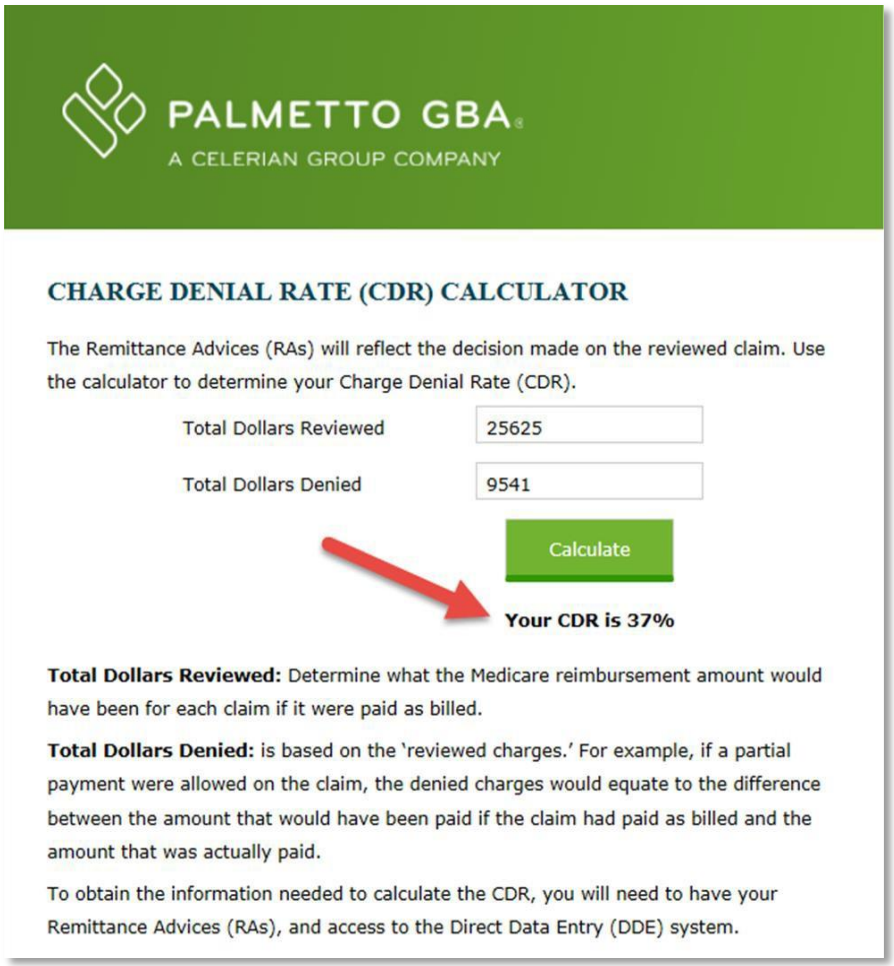


Provider Enrollment Application Status Lookup

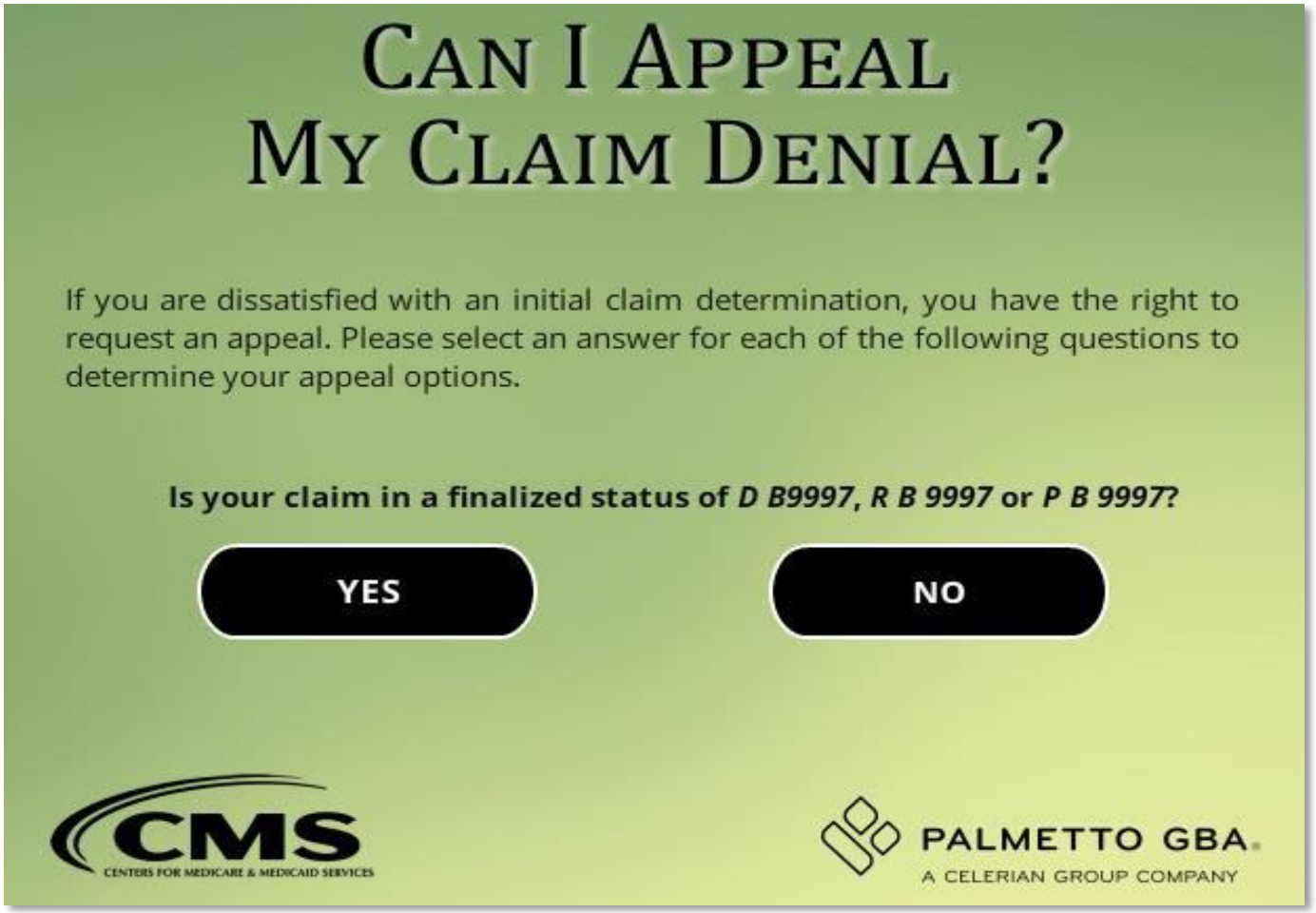
ADR Response Calculator



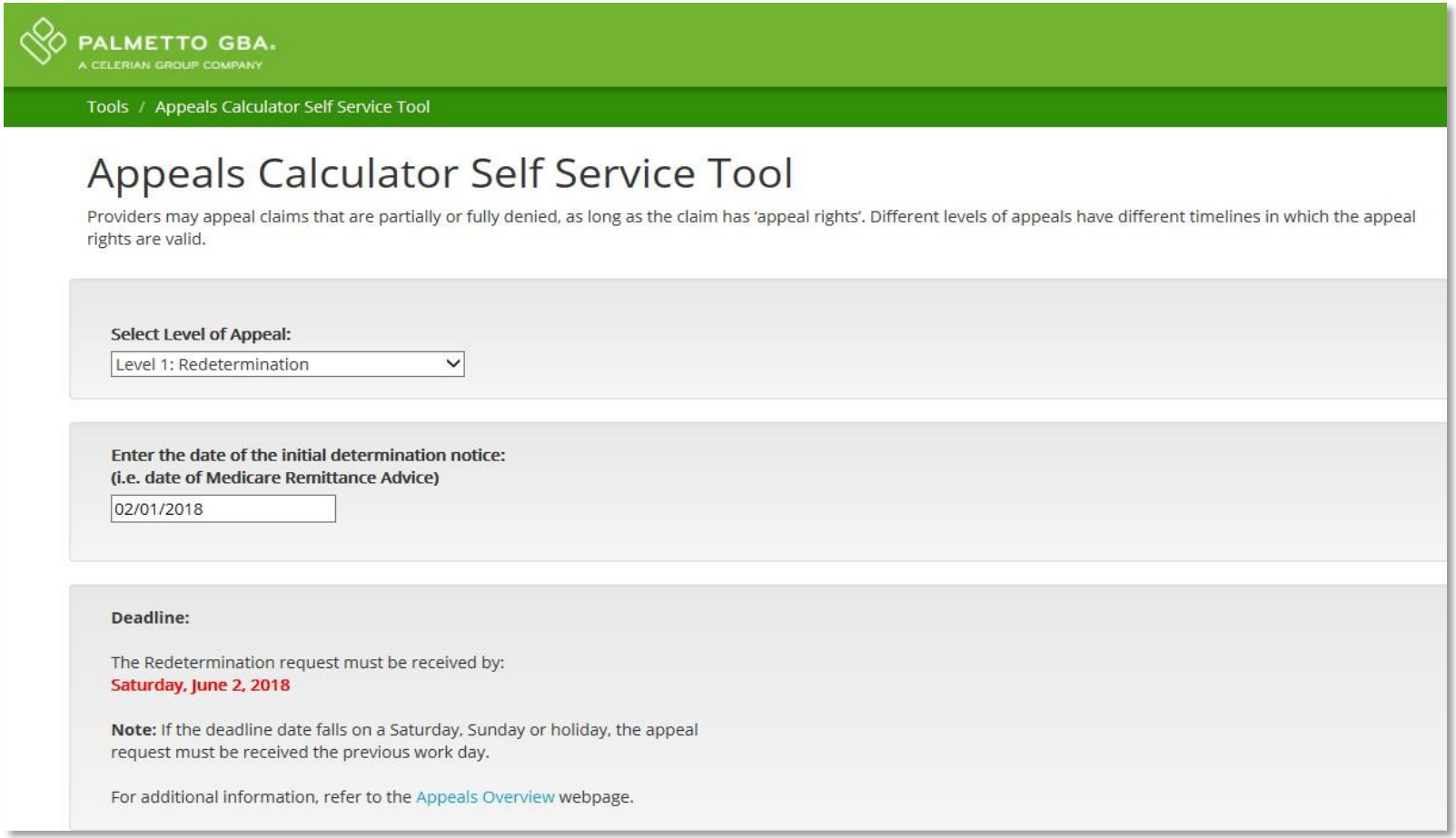
CDR CALCULATOR



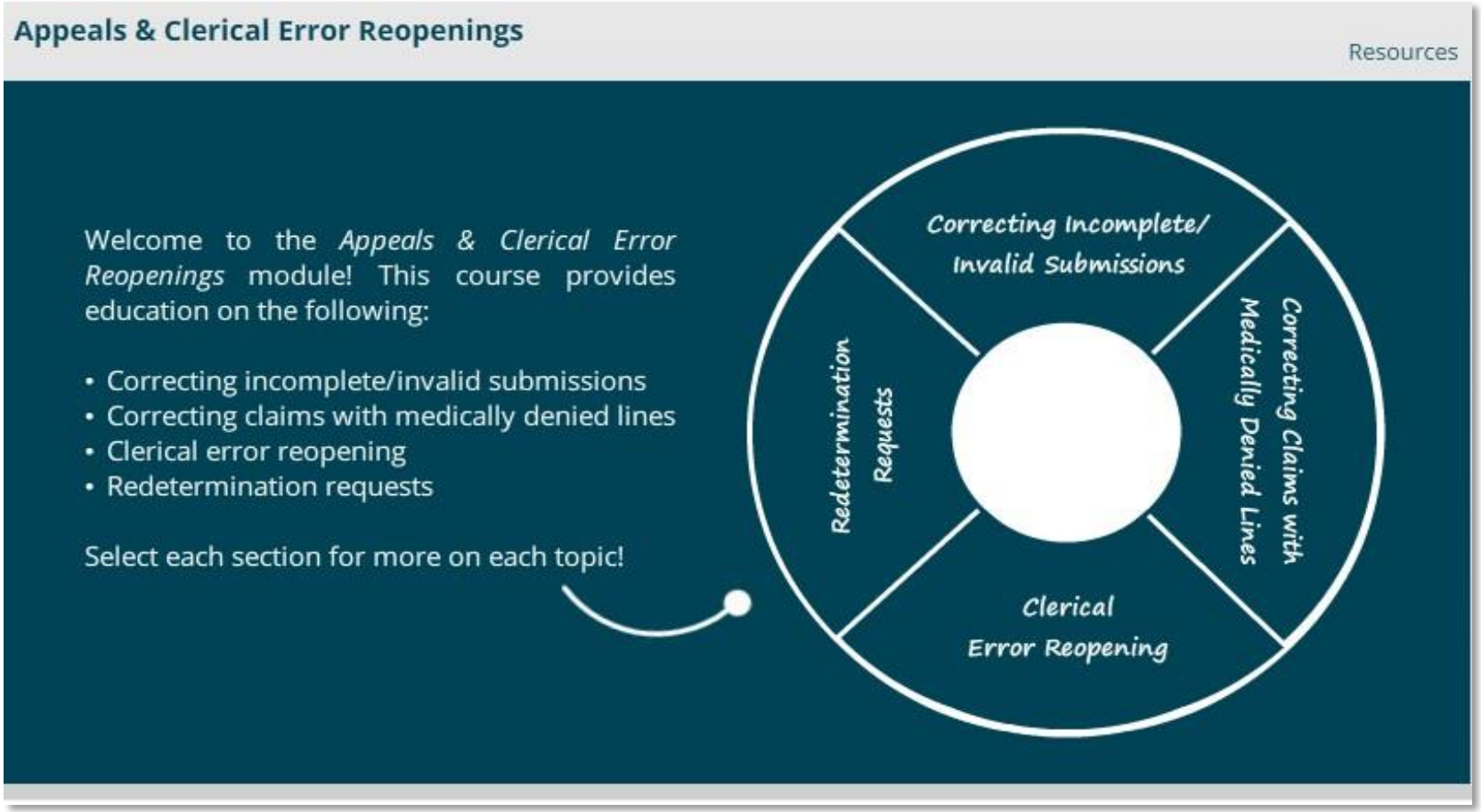
Appeals Decision Tool



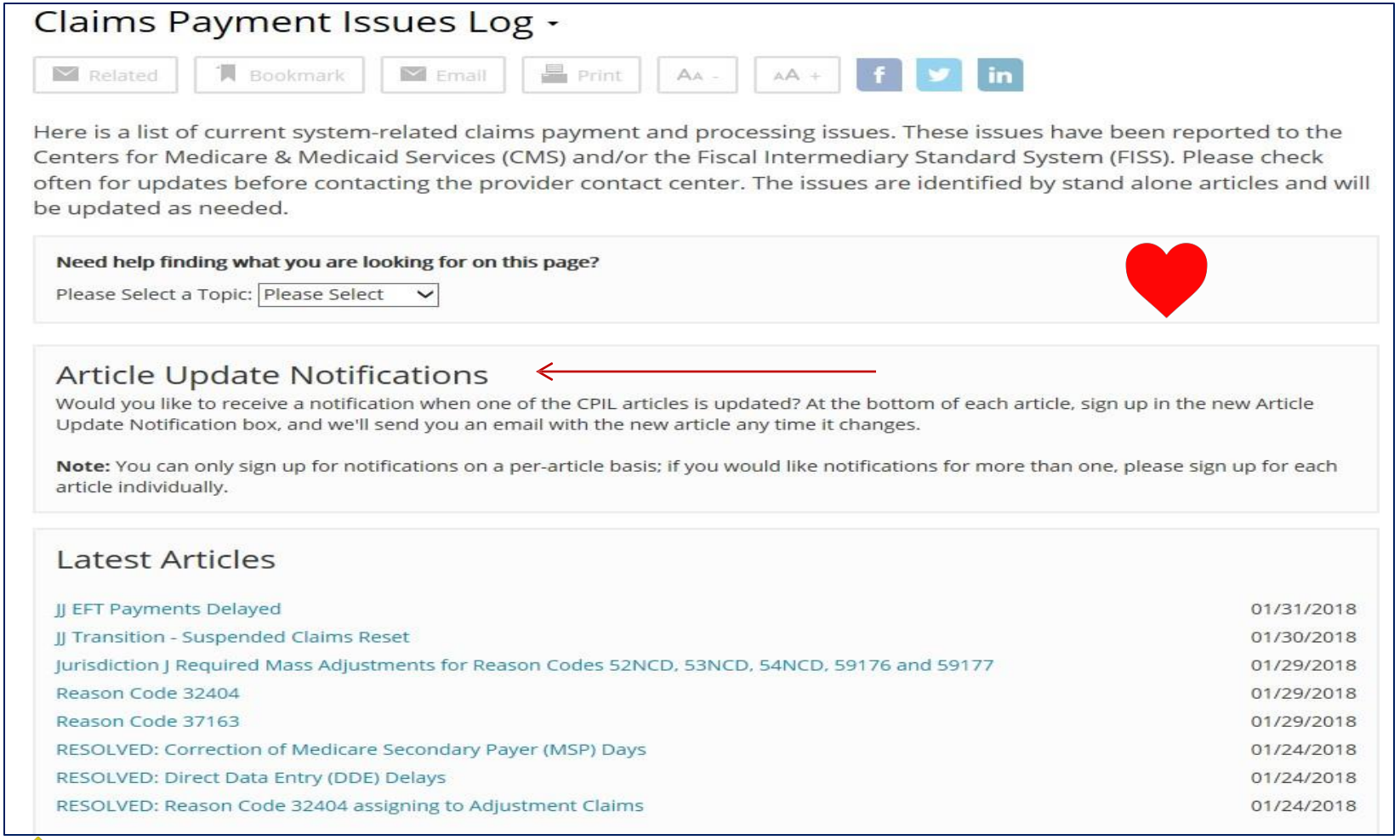
APPEALS CALCULATOR



Appeals & Clerical Error Reopening Module



CLAIMS PAYMENT ISSUES LOG



Claims Payment Issues Log -

Related Bookmark Email Print AA - AA +

Here is a list of current system-related claims payment and processing issues. These issues have been reported to the Centers for Medicare & Medicaid Services (CMS) and/or the Fiscal Intermediary Standard System (FISS). Please check often for updates before contacting the provider contact center. The issues are identified by stand alone articles and will be updated as needed.

Need help finding what you are looking for on this page?

Please Select a Topic: Please Select

Article Update Notifications

Would you like to receive a notification when one of the CPIL articles is updated? At the bottom of each article, sign up in the new Article Update Notification box, and we'll send you an email with the new article any time it changes.

Note: You can only sign up for notifications on a per-article basis; if you would like notifications for more than one, please sign up for each article individually.

Latest Articles

JJ EFT Payments Delayed	01/31/2018
JJ Transition - Suspended Claims Reset	01/30/2018
Jurisdiction J Required Mass Adjustments for Reason Codes 52NCD, 53NCD, 54NCD, 59176 and 59177	01/29/2018
Reason Code 32404	01/29/2018
Reason Code 37163	01/29/2018
RESOLVED: Correction of Medicare Secondary Payer (MSP) Days	01/24/2018
RESOLVED: Direct Data Entry (DDE) Delays	01/24/2018
RESOLVED: Reason Code 32404 assigning to Adjustment Claims	01/24/2018

Comprehensive Error Rate Testing (CERT)

A Partnership

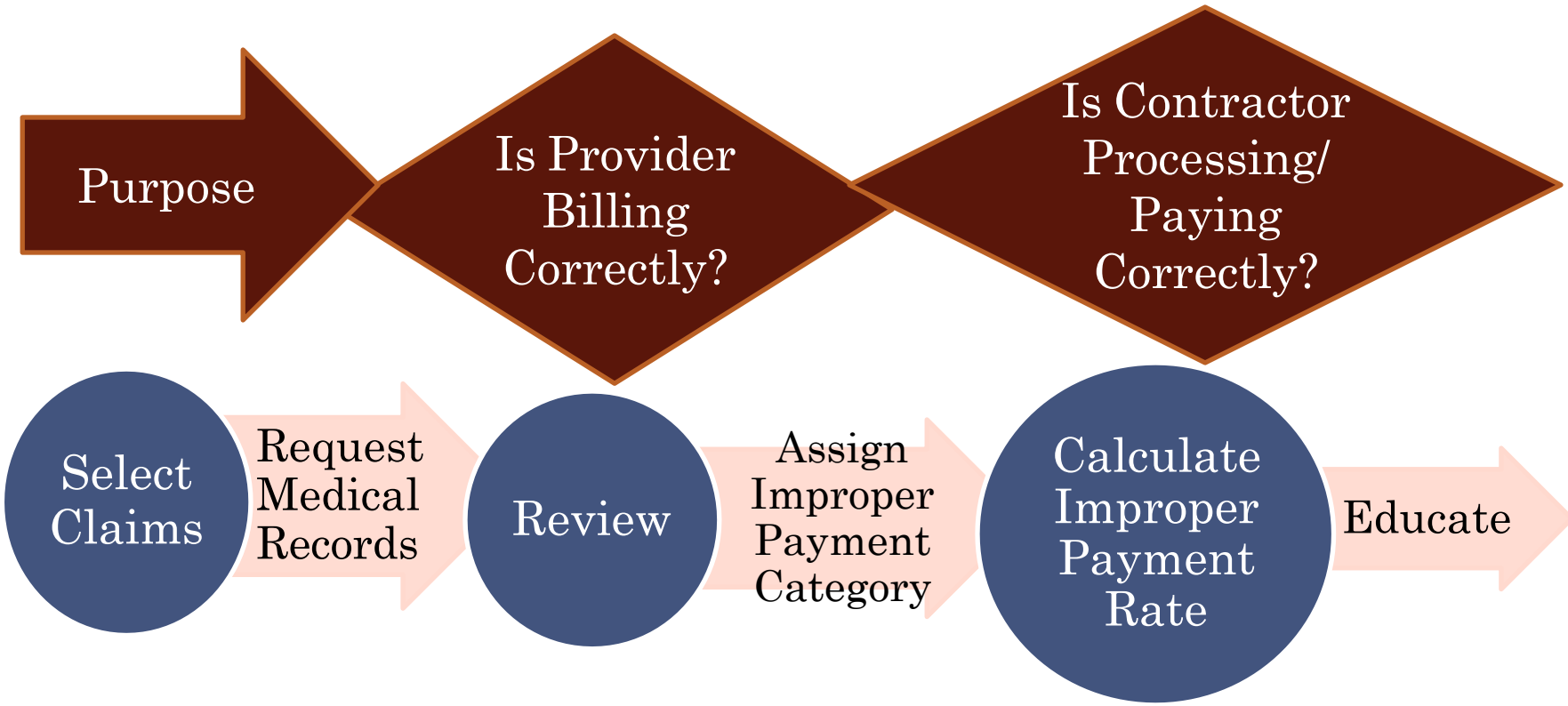
CERT

- Palmetto GBA uses CERT reports to identify areas of focus for education efforts
  - CERT Tips are provided weekly on our website
  - Tips based on actual data analysis & frequent provider inquiries

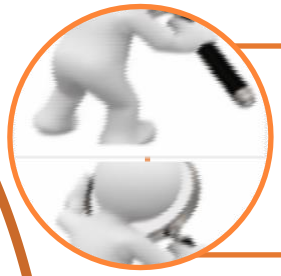
Medicare Fee For Service Program

November 2017 Report (National)		
Service Type	**Improper Payment Rate**	**Improper Payment Amount (In Billions)**
Part A Providers (excluding IPPS)	**11.31%**	**$18.24**
DME Prosthetics, Orthotics, & Supplies	44.60%	$3.65
Hospital IPPS	**3.91%**	**$4.46**
Part B Providers	10.16%	$9.85
Overall	9.51%	$36.21

CERT Purpose and Process



CERT
CONTRACTOR RESPONSIBILITIES



Identify Improper Payments

Submit Claim Adjustment to MAC When Error Identified

If No Error Identified – No Action is Taken

Respond to any audit specific questions you may have, such as their rationale for identifying potential improper payment

MAC Responsibilities

Perform claim adjustments based on CERT review if improper payment identified

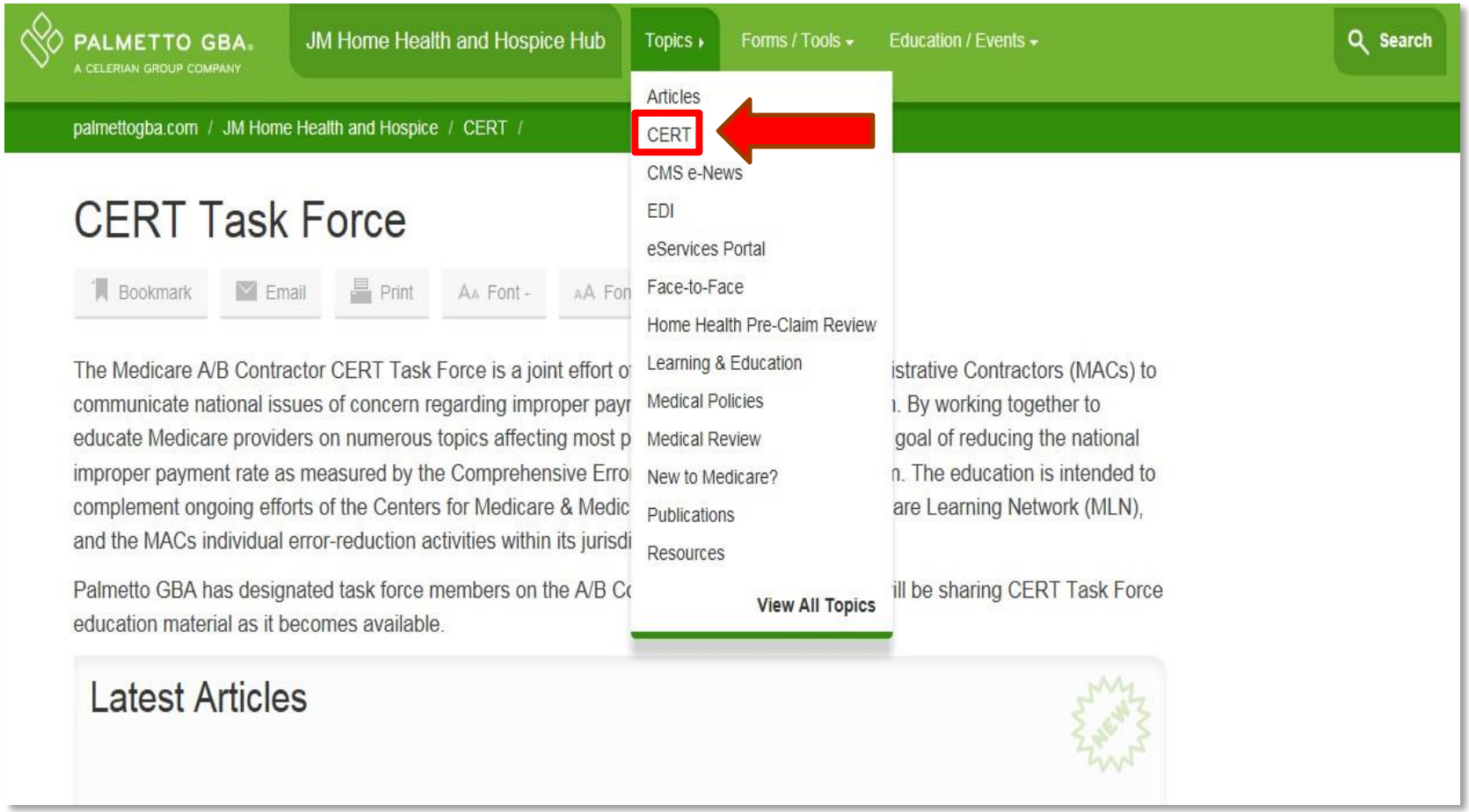
- CERT adjusted claims are identified by type of bill (TOB) *xxH*

Issue demand letters for overpayments generated for improper payments

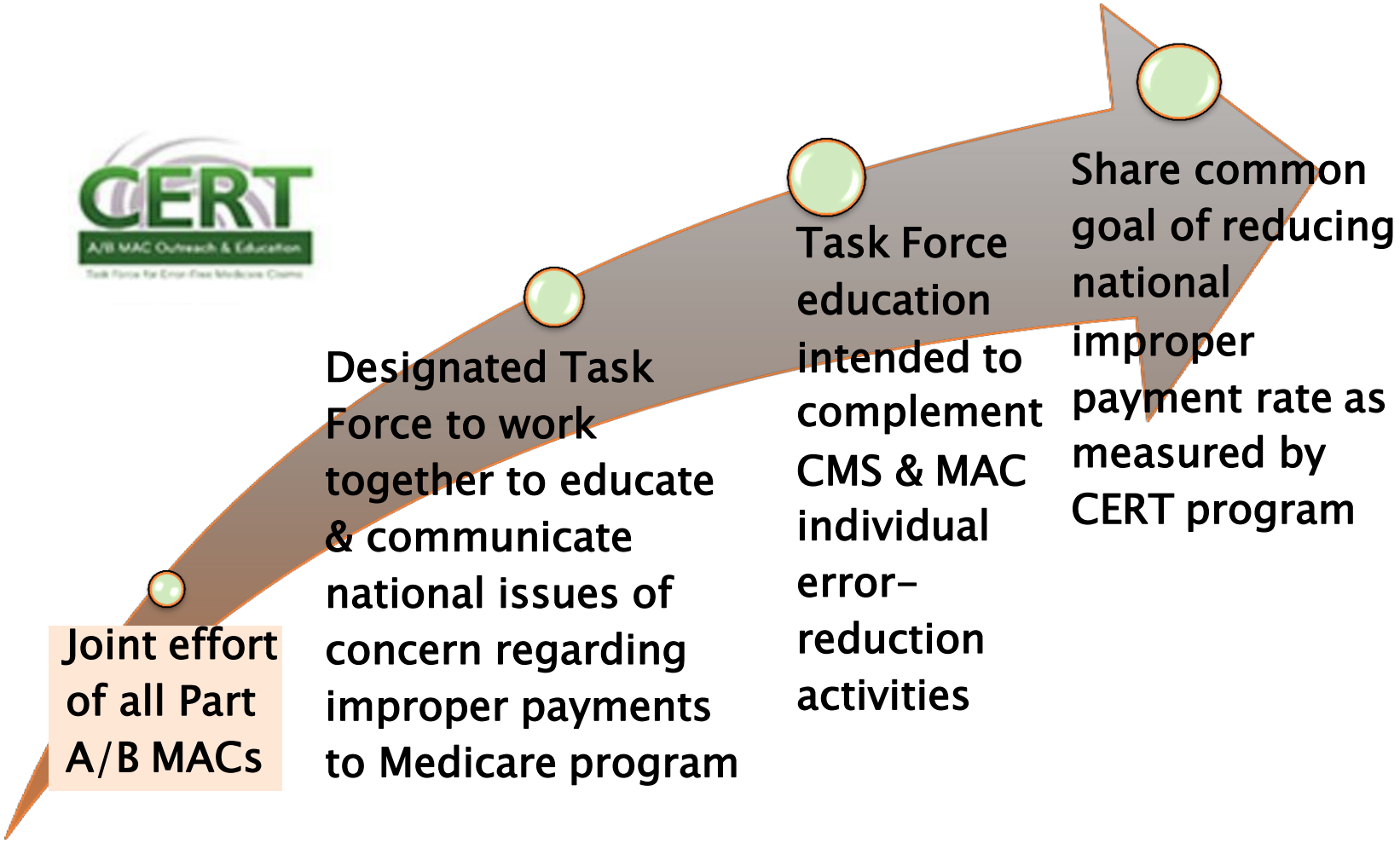
- Demand letters will be sent to provider's *physical address*

Handle administrative concerns such as timeframes for *payment recovery & redeterminations*

A/B MAC CERT Task Force



A/B MAC CERT Task Force



CERT Task Force Education

- CMS MLN Provider Compliance webpage

  https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/ProviderCompliance.html

  - Task Force educates & contributes to Fast Facts

- Review CERT Fast Facts at:

  https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Fast- Facts.html

CERT Task Force Education

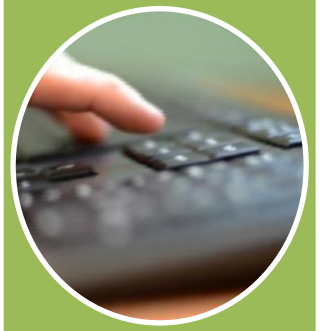
- Complying with Medical Record Documentation Requirements Fact Sheet
- Complying with Documentation Requirements for Laboratory Services
- Caring for Medicare Patients is a Partnership Inpatient Skilled Nursing Facility Denials
- IRFs: Improving Documentation Positively Impacts CERT (WBT)

https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/CERT-A-B-MAC-Outreach-Education-Task-Force-.html

Outreach & Education

Priority Goal is to Reduce CERT	Medicare Program Fundamentals & Initiatives	Data Analysis Targeted Education

Outreach & Education



Online via our website

Webcasts, web-based training & self-service tools

YouTube videos & tutorials

Live events - workshops & partnership speaker requests

Ask the Contractor Teleconferences (ACTs) & education requests

Outreach & Education

- Provider Outreach & Education department (POE) educates providers regarding the fundamentals of the Medicare program
  - National and local policies
  - Procedures
  - New Medicare initiatives
  - Significant changes to the Medicare program
  - Issues identified through data analysis

Medical Review

Targeted Probe & Educate Process

Background

- Targeted Probe and Educate (TPE) began as a pilot program in June of 2016
- Developed from the Inpatient as well as HH Probe and Educate models
- Previous success was demonstrated by:
  - Decreased appeals
  - Increased acceptance of provider education

Purpose of Targeted Probe and Educate (TPE)

- Purpose of TPE is to reduce appeals, decrease provider burden & improve medical review education process

- Change Request 10249: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R1919OTN.pdf

- CMS TPE Strategy Article: https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Targeted-Probe-and-EducateTPE.html

Previous Medical Review Process

- Previous Medical Review Process consisted of:
  - Service specific & provider specific edits
  - Probe with progression to Targeted Medical Review with percent of claims sampled
  - Quarterly results reviewed for continuation of edit
  - No interaction with clinical review staff to understand denials

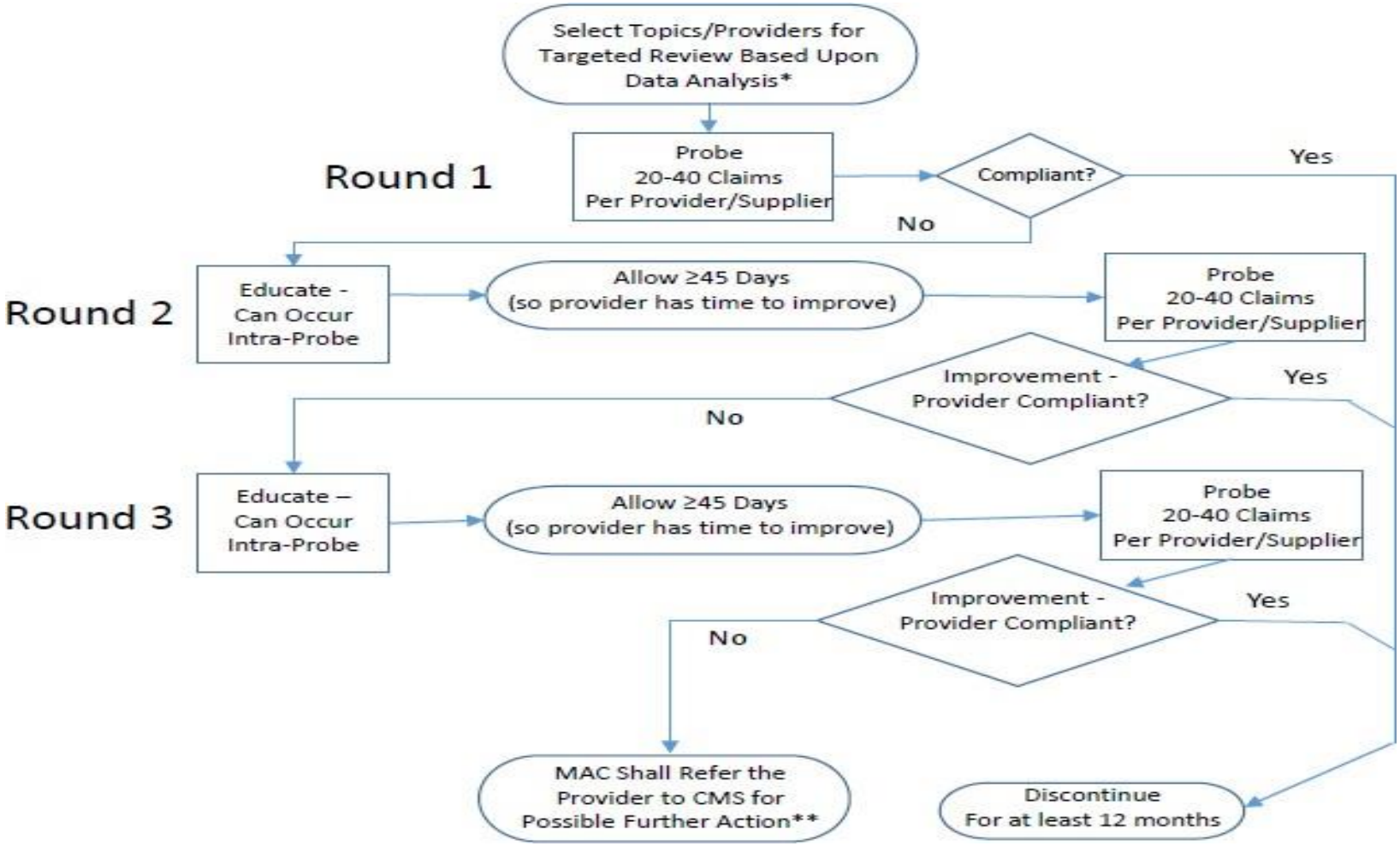
Current Targeted Probe & Educate Process

- Up to three rounds of probe review
  - Each round consist of a 20-40 claims for review
  - One on one education intervention with clinical staff
  - Allow 45 - 56 days between education intervention & the next round
  - Discontinue review when provider becomes compliant
  - Monitor for one year via data analysis with follow-up review, if needed

VIP - TPE Provider Contact!

- Palmetto GBA will mail a letter to those providers that have been selected for TPE review
  - Letter outlines reason for selection, provides an overview of the TPE process and requests contact information

- It is **imperative** when responding to the TPE Additional Documentation Request (ADR) to **include name & number of your designated contact person**
  - Our medical reviewer will contact your designated person prior to the conclusion of each TPE round to discuss the review summary



https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/TPE-Pilot-Flow-chart06-20-17v9-final.pdf

Part A Area of Focus

- SNF Ultra High/Very High RUG Codes - RU*, RV*
- DRG 885 - Psychoses (Inpatient Rehab Facility)
- DRG 470 - Major Joint Replacement or Reattachment of Lower Extremities w/o MCC
- J2505 - Neulasta 6 mg (Pegfilgrastim)
- J9035 - Bevacizumab, 10 mg (coming soon)

Data Analysis

- Data analytics used to target providers include:
  - Clinically relevant metrics for the service of interest
  - Examples include:
    - Level/types of services
    - Diagnosis
    - LOS
  - Number or procedures or time between procedures
- Geospatial analysis
- Utilization trends
- OIG and GAO identified vulnerabilities

How To Stay Off Edit?

- Use self-audit tools
  - eCompare
  - eReview
  - eCBR
  - eUtilization
  - eAudit

eCompare Smart Edit

- eCompare Smart Edit Message will:
  - Informs you that we've noticed a potential issue with your billing pattern
  - Provide a link to eCBR and accompanying education material for more information on your billing pattern
- Sent back in the 277CA for each claim hitting the edit
- eCompare does not stop a claim from processing, it's only educational for a provider

277CA Report Format
Claim Information

ABILITY | PC-ACE ANSI-277 CLAIM ACKNOWLEDGMENT REPORT

File Date/Time: 01/26/2016 02:37:00

Line Item Status:
Status Desc: SmartEdit INFO eCompare A potential issue with your billing pattern was noticed, please see STC 2220D Loop for specific information. For more information, refer to www.palmettgba.com/jmb/eCBR/99211-15/.

Line Item Status:
Status Desc: SmartEdit INFO eCompare A potential issue with your billing pattern was noticed, please see STC 2220D Loop for specific information. For more information, refer to www.palmettgba.com/jmb/eCBR/99211-15/.

Line Item Status:
Status Desc: SmartEdit eCompare Your billing of 99214 and/or 99215 is higher than that of your peers. For more information on Medicare requirement for these codes, refer to www.palmettgba.com/jmb/eCBR/99211-15/.

is higher than that of your peers. For more information on Medicare requirement for these codes, refer to www.palmettgba.com/jmb/eCBR/99211-15/.

eServices eReview

- eReview is a tab available on eServices

- Suite of tools is designed to:
  - Help providers self-audit
  - Increase self-awareness of how their data is being used

eCBR

- Data is updated monthly
- Providers can pull for multiple time periods (last 3, 6, 12, or 18 months)
- Comparisons made to state & JJ for the specialty

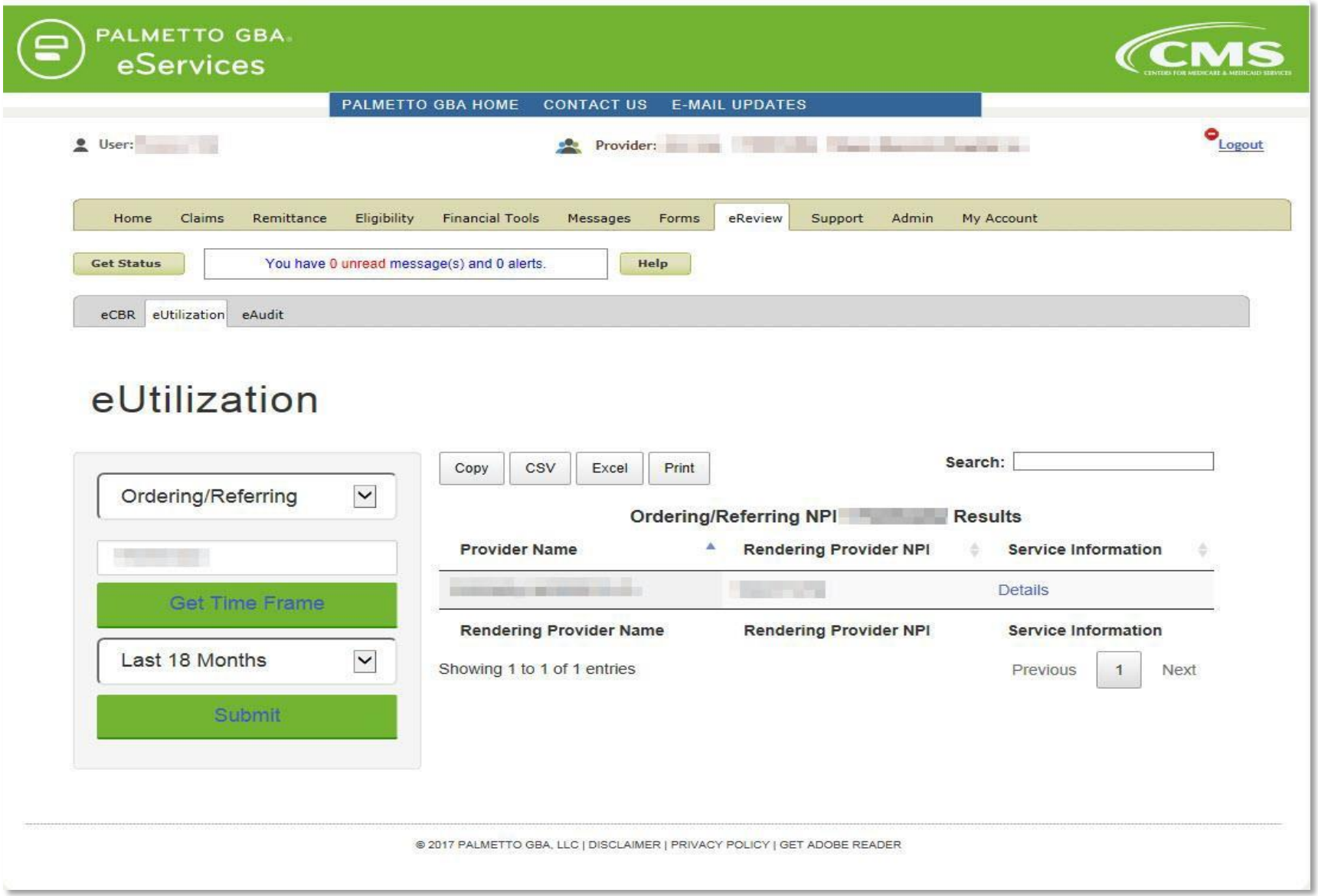
eUTILIZATION

- Two functions are available

- **Ordering/Referring** – Enter an NPI and see all providers that have the NPI listed as the ordering/referring physician for a claim
  - Offers a detail drill down to identify the specific service provided and number rendered

eUTILIZATION

- **Rendering** – Enter an NPI and see all the PTANs and their utilization for that NPI
  - Available for multiple time periods just like eCBR
  - Gives providers the ability to monitor where their numbers are being used
  - Offers a detail drill down to identify the specific service provided and number rendered by each PTAN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E-MAIL UPDATES
User:
Provider:
Logout
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Claims
Remittance
Eligibility
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My Account
Get Status
You have 0 unread message(s) and 0 alerts.
Help
eCBR
eUtilization
eAudit
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Submit
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Search:
Ordering/Referring NPI Results
Provider Name
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Rendering Provider Name
Rendering Provider NPI
Service Information
Showing 1 to 1 of 1 entries
Previous
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Next
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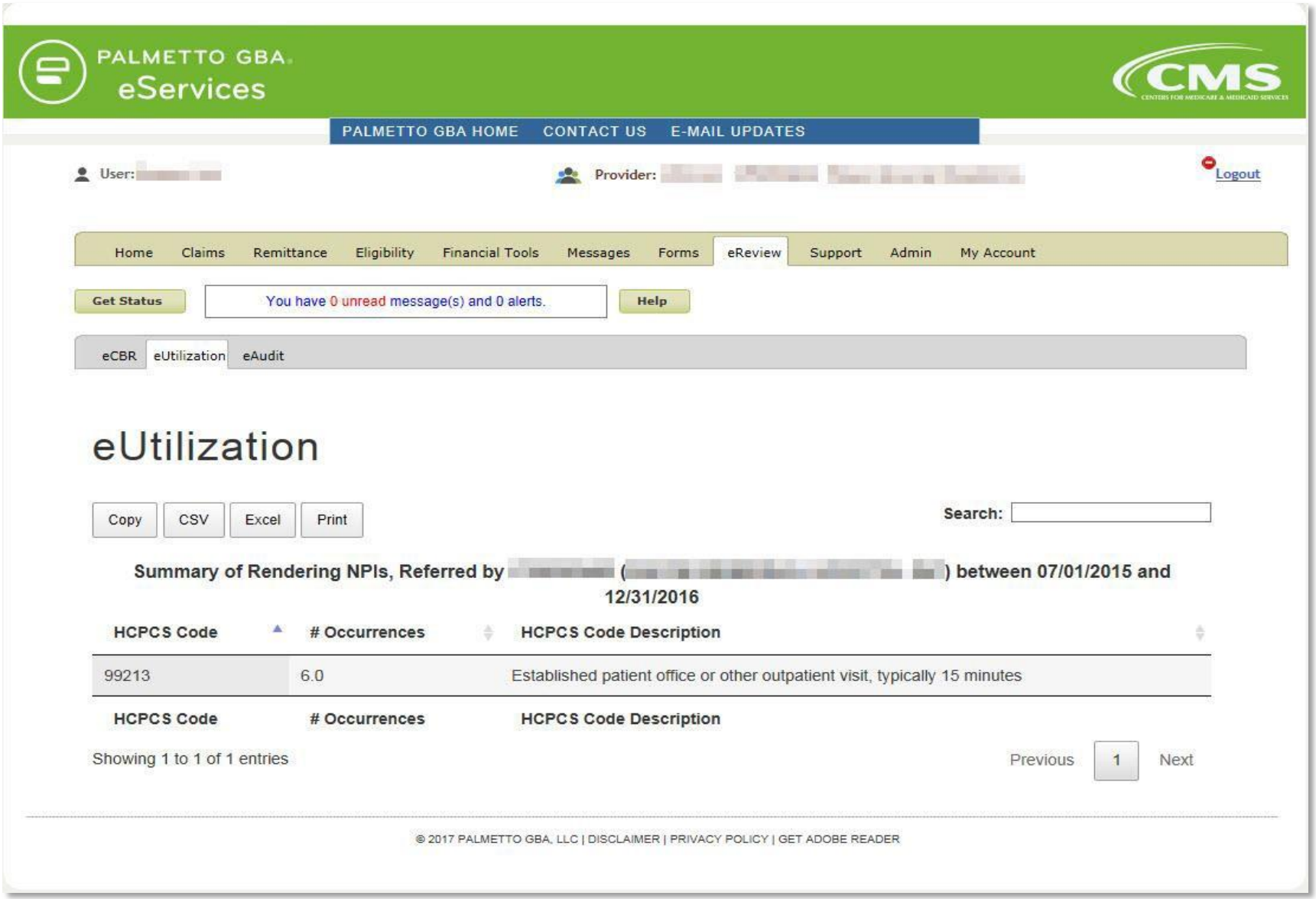
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Help
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eUtilization
eAudit
eUtilization
Copy
CSV
Excel
Print
Search:
Summary of Rendering NPIs, Referred by ( ) between 07/01/2015 and 12/31/2016
HCPCS Code
Occurrences
HCPCS Code Description
99213
6.0
Established patient office or other outpatient visit, typically 15 minutes
HCPCS Code
Occurrences
HCPCS Code Description
Showing 1 to 1 of 1 entries
Previous
1
Next
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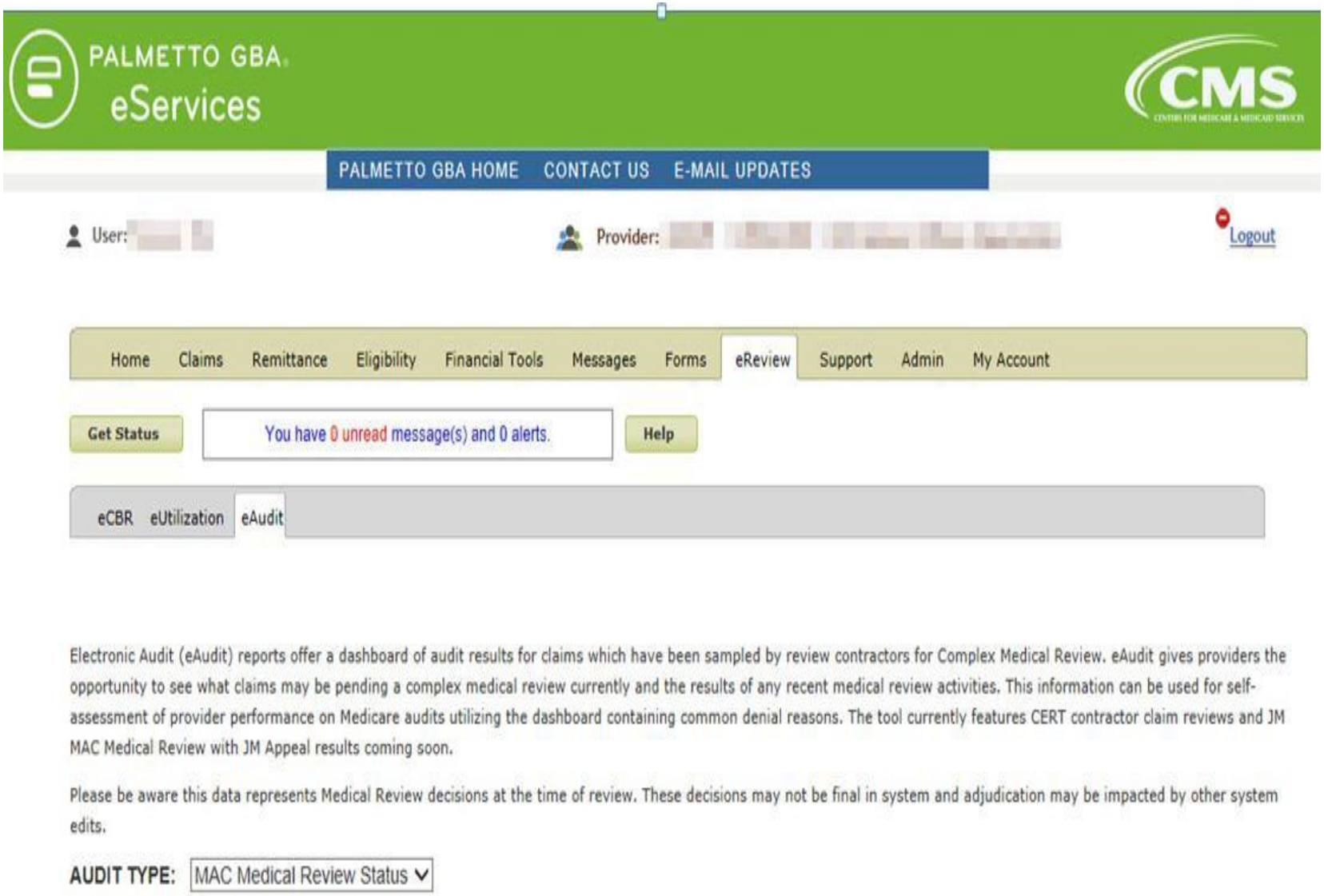
eAudit

- Three functions are available:
  - **CERT**
  - **MAC Medical Review**
  - **MAC Appeals -** Part A launched 1st quarter 2018
- eAudit tool offers a dashboard with:
  - Total claims sampled
  - Summary of denials
  - Drilldown capabilities to claim line
- Shows pending CERT reviews & gives current status
  - Status is updated monthly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You have 0 unread message(s) and 0 alerts.
Help
eCBR
eUtilization
eAudit
Electronic Audit (eAudit) reports offer a dashboard of audit results for claims which have been sampled by review contractors for Complex Medical Review. eAudit gives providers the opportunity to see what claims may be pending a complex medical review currently and the results of any recent medical review activities. This information can be used for self-assessment of provider performance on Medicare audits utilizing the dashboard containing common denial reasons. The tool currently features CERT contractor claim reviews and JM MAC Medical Review with JM Appeal results coming soon.
Please be aware this data represents Medical Review decisions at the time of review. These decisions may not be final in system and adjudication may be impacted by other system edits.
AUDIT TYPE:
MAC Medical Review Status

AC Medical Review Status Review Date Range between 2015-08-01 and 2017-01-31 (Updated on 2017-01-31)

AC Medical Review Status Review Date Range between 2015-08-01 and 2017-01-31 (Updated on 2017-01-31)

Copy CSV Excel Search:

	Claim Control Number	Line Number	Service Date	Original Allow Amt	Final Allow Amt
▼	[redacted]	0	09/29/2015	$24111.14	$0.00
Decision	Full Denial				
Provider ID	[redacted]				
Bill Type	110				
DRG Code	460				
CPT Code					
Granular Error Description	THERE WAS NO DOCUMENTATION OF PAIN IMPACTING THE FUNCTIONAL ABILITY OF BENEFICIARY DESPITE CONSERVATIVE TREATMENT.				
▼	[redacted]	0	08/31/2016	$24230.30	$0.00
Decision	Full Denial				
Provider ID	[redacted]				
Bill Type	110				
DRG Code	460				
CPT Code					
Granular Error Description	THERE WERE NO X-RAY, CT OR MRI RESULTS SUBMITTED THAT SUPPORT ADVANCED DEGENERATIVE CHANGES, MECHANICAL INSTABILITY, AND DEFORMITY OF THE LUMBAR SPINE OR NEURAL COMPRESSION THAT WOULD REQUIRE THIS TYPE OF PROCEDURE.				
▶	[redacted]	0	09/02/2016	$24230.30	$0.00
▶	[redacted]	0	08/22/2016	$24230.30	$0.00
▶	[redacted]	0	10/13/2016	$312.30	$0.00
▶	[redacted]	0	10/14/2016	$312.30	$0.00
▶	[redacted]	0	09/07/2016	$5621.40	$0.00

Showing 1 to 7 of 7 entries Previous 1 Next

TPE Resources

- Go to Palmetto GBA Medical Review webpage at: www.palmettogba.com/jja

- **General Information**
  - Review DRG Denial Reason Code Crosswalk articles & more

- **Targeted Probe & Education**
  - February 1, 2018, Medical Review Hot Topic Targeted Probe & Education (TPE) Teleconference Q &As

Documentation

Tips

Documentation Requirement Tips

- Correct Beneficiary
- Correct Dates of Service (DOS)
- Valid order
  - Correct medication
  - Dosage/Frequency/Route
  - Date of order
  - Legible signature with credentials
    - CMS: Signature Guidelines for Medical Review Purposes
- Order should include combination drugs, if indicated

Documentation Requirement Tips

- Medical records must substantiate medical need:
  - Disease, type of malignancy, if cancer is diagnosis
  - Staging, if applicable
  - All prior therapy & patient's response to that therapy
  - Diagnosis should include relevant history to support medical necessity of administration & dosage
  - Actual Medication Administration Record (MAR)
  - Current Body Surface Area (BSA) & weight in kilograms (Kg) used to calculate dose given
  - Units reported & billed should correspond

Documentation Requirement Tips

- Some biologicals are to be given in combination or in conjunction with other medications
  - If there is a contraindication for the patient, there should be clear documentation in the record as to the rationale for not following guidelines

Off-Label Use in Anti-Cancer Chemotherapeutic Regimen

- If prescribed regimen varies from standard protocols for medication administration
  - Compendia documentation or peer-reviewed literature supporting off-label use by treating physician may also be requested of the physician by the Medicare Contractor

CMS Change Request 6191

CMS IOM, 100-02, Chapter 15, Section 50.4.5

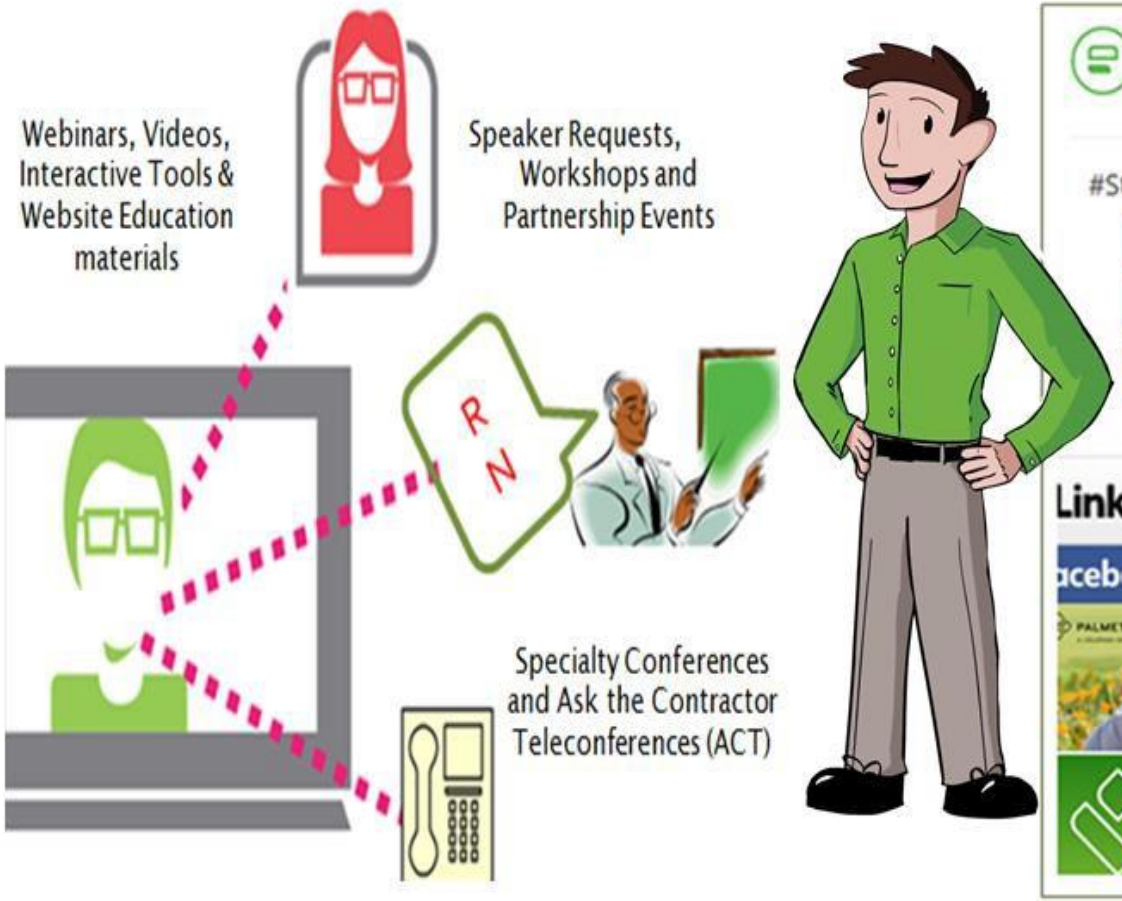
Stay Connected!

Provider Contact Center
877-567-7271

Webinars, Videos, Interactive Tools & Website Education materials

Speaker Requests, Workshops and Partnership Events

Specialty Conferences and Ask the Contractor Teleconferences (ACT)



Post-Test

Welcome! I'm Paul Metto! What do you know?

https://www.surveymonkey.com/r/BYWYVJJ