

Home Health Pre-Claim Review (PCR)

Demonstration Fact Sheet

The Centers for Medicare & Medicaid Services (CMS) has implemented a three year pre-claim review (PCR) demonstration for home health services to ensure that the Medicare home health benefit coverage criteria are met.

<p>Who is affected by this demonstration?</p>	<ul style="list-style-type: none"> Home health agencies (HHAs) that are enrolled in the Medicare program and provide home health services to Medicare beneficiaries in Illinois, Florida, Texas, Michigan, and Massachusetts. This demonstration includes rendering providers who are located in the demonstration states regardless of from where they bill. 																				
<p>When does it begin?</p>	<ul style="list-style-type: none"> The PCR demonstration begins with home health benefit periods with a 'FROM' date on or after: <ul style="list-style-type: none"> August 3, 2016, for HHAs in Illinois No earlier than October 1, 2016, for HHAs in Florida No earlier than December 1, 2016, for HHAs in Texas No earlier than January 1, 2017, for HHAs in Michigan and Massachusetts 																				
<p>What types of services are included in this demonstration?</p>	<ul style="list-style-type: none"> Type of bills: <ul style="list-style-type: none"> 327 – Replacement of prior claim 329 – Final claim for home health episode 32Q – Reopening request <p>The following TOBs apply to adjustments initiated by CGS.</p> <table border="1" data-bbox="583 1117 1515 1161"> <tr> <td>32F</td> <td>32G</td> <td>32H</td> <td>32I</td> <td>32J</td> <td>32K</td> <td>32M</td> <td>32P</td> </tr> </table> HCPs: <table border="1" data-bbox="583 1232 1515 1486"> <tr> <td>Skilled Nursing</td> <td>G0162,G0163, G0164, G0299, G0300</td> </tr> <tr> <td>Physical Therapy</td> <td>G0151, G0157, G0159</td> </tr> <tr> <td>Occupational Therapy</td> <td>G0152, G0158, G0160</td> </tr> <tr> <td>Speech-language Pathologist</td> <td>G0153, G0161</td> </tr> <tr> <td>Social Worker</td> <td>G0155</td> </tr> <tr> <td>Aide</td> <td>G0156</td> </tr> </table> 	32F	32G	32H	32I	32J	32K	32M	32P	Skilled Nursing	G0162,G0163, G0164, G0299, G0300	Physical Therapy	G0151, G0157, G0159	Occupational Therapy	G0152, G0158, G0160	Speech-language Pathologist	G0153, G0161	Social Worker	G0155	Aide	G0156
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<p>What do HHAs need to do?</p>	<ul style="list-style-type: none">▪ Submit the Request for Anticipated Payment (RAP) as usual. No changes have been made to the RAP submission or payment process.▪ The PCR process must occur before the final claim is submitted.▪ Before submitting your final claim, and when you have the documentation necessary to ensure that the Medicare home health benefit coverage criteria are met, complete the Pre-Claim Review (PCR) Coversheet at http://www.cgsmedicare.com/hhh/forms/pdf/pcr_coversheet.pdf and submit it along with the medical record documentation to CGS.<ul style="list-style-type: none">• esMD (Electronic Submission of Medical Documentation): Refer to https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Information_for_Providers.html on the CMS website for details.• Fax: 1.615.664.5950 (active August 1, 2016)• Mail: CGS Administrators, LLC PO Box 20203 Nashville, TN 37202• myCGS Web Portal: Refer to “Chapter 7: Forms Tab” of the <i>myCGS User Guide</i> at http://www.cgsmedicare.com/pdf/mycgs/chapter7_hhh.pdf for details <p>NOTE: For PCRs submitted via myCGS, the PCR decision notification letter (provisionally affirm or non-affirm) will be sent to home health providers via mail or fax. If you prefer to receive the decision notification letter via fax, please provide your fax number on the PCR Coversheet in the space provided. If no fax number is listed, the decision notification letter will be sent via mail.</p> <ul style="list-style-type: none">▪ The Pre-Claim Review (PCR) Coversheet includes a list of the documentation you need to submit. <p>NOTE: It is important that providers complete the Pre Claim Request (PCR) Coversheet in full. List all HCPCS codes that will be submitted on the final claim.</p>
<p>When will HHAs be notified of the medical review decision?</p>	<ul style="list-style-type: none">▪ A decision letter will be sent to the HHA and the beneficiary within 10 business days of receipt.<p>Note: When the PCR is faxed or mailed to CGS, the decision letter will be sent in the same manner to the provider. If the PCR request is submitted via the myCGS secure Web portal, at this time, the PCR decision notification letter will be sent to home health providers via mail or fax (see above Note).</p>• Affirm – Medicare will pay for the home health benefit period as long as all other requirements are met• Non-affirm – Medicare will deny the home health benefit period.<ul style="list-style-type: none">— Standard claims Appeal rights apply.— HHAs may resubmit the PCR with additional documentation (no limit on resubmitted PCR requests).— CGS will make every effort to send a decision letter within 20 business days.▪ The decision letter (affirm and non-affirm) will provide a 14 digit Unique Tracking Number (UTN), which must be submitted on the final claim.

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<p>Where do I report the Unique Tracking Number (UTN) on the Final Claim?</p>	<ul style="list-style-type: none"> ▪ The UTN is a 14-digit number that is provided to HHAs in the affirm or non-affirm decision letter. The UTN tells the Fiscal Intermediary Standard System (FISS) how to process the claim, (affirm or non-affirm) and it must be submitted on the final claim. ▪ Report the UTN as follows: <ul style="list-style-type: none"> • ASC X12 837 5010 – Positions 19 through 32 of Loop 2300 REF02 (REF01=G1) • CMS-1450 (UB-04) – Form Locator 63 (positions 19-30). The last two characters of the UTN should be written outside the lines next to position 30. • Direct Data Entry – TREAT. AUTH. CODE field immediately following the 18-digit OASIS Matching Key code (example below). <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>TREAT. AUTH. CODE 11111111111111111111 22222222222222</p> </div> ▪ All the usual data elements are submitted on the final claim.
<p>What is important to remember?</p>	<ul style="list-style-type: none"> ▪ The PCR demonstration is optional. ▪ Final claims submitted without a pre-claim review decision will be stopped for pre-pay review. ▪ After the first 3 months of the demonstration in each state, if a pre-claim review is not submitted, the final claim will be subject to a 25 percent payment reduction. ▪ The PCR demonstration does not apply to RAPs, Low Utilization Payment Adjustments (LUPAs), demand bills with condition code 20, and no-pay bills with condition code 21.
<p>Where can I find more information?</p>	<ul style="list-style-type: none"> ▪ For home health coverage criteria, refer to the CMS Medicare Benefit Policy Manual (CMS Pub. 100-02, Ch. 7, §30.5.1.1 – http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c07.pdf ▪ CMS Pre-Claim Review Demonstration for Home Health Services Frequently Asked Questions – https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Pre-Claim-Review-Initiatives/Downloads/FAQ.pdf ▪ CMS Pre-Claim Review Demonstration for Home Health Services Operational Guide – https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Pre-Claim-Review-Initiatives/Downloads/PCRD_HH_Operational_Guide.pdf ▪ CMS Pre-Claim Review Demonstration for Home Health Services Web page – https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Pre-Claim-Review-Initiatives/Overview.html ▪ CGS Pre-Claim Review Demonstration for Home Health Services Web page - http://www.cgsmedicare.com/hhh/medreview/pre_claim_review_demo.html
<p>Who can I contact if I have questions?</p>	<ul style="list-style-type: none"> ▪ Contact the Home Health and Hospice Provider Contact Center at 1.877.299.4500 and select Option 5 (active August 1, 2016).