



PART A MEDICAL REVIEW NEWS

APRIL EDITION | PROVIDER ALERT: TARGETED PROBE AND EDUCATE (TPE)

Prevent 56900 Claim Denials

Ensure each facility has an internal process established to monitor claims selected for an ADR and that the documentation is submitted within the required timeframe. Documentation must be received by CGS within 45 calendar days or the claim will automatically deny on the 46th day for non-receipt of documentation (denial message-56900).



Provider Contacts Needed

Please ensure a designated provider contact is included with each Additional Documentation Request (ADR) submission for all claims. This individual may receive a courtesy call from our Medical Review Department to submit additional documentation for an easily curable error identified during the review process. Please visit the link provided to obtain a copy of the TPE ADR Documentation Cover Letter where the provider contact information can be completed and submitted with each claim. You can designate more than one person for each facility and you may also include an email address. https://www.cgsmedicare.com/parta/forms/pdf/parta_tpe_adr_coversheet.pdf



Additional Documentation Requests (ADR) Submission Errors

For the initial submission of medical records:

CGS is receiving a large quantity of medical records that are being submitted without proper identification of the claim documentation. Please ensure a copy of the ADR letter is included with each submission. If you are responding to multiple ADR requests, clearly separate the documentation for each claim with a copy of the ADR letter and/or send separately. CGS recommends you also include the TPE ADR Documentation Cover Sheet identifying a designated provider contact for any questions related to your submission or any educational opportunities identified by our medical review team.



Requested Additional Documentation for Curable Errors Submission Errors

For the submission of requested additional documentation by the medical review department for curable errors:

Please ensure you are submitting via fax only the additional documentation requested by our medical review team. CGS only needs the missing documentation discussed during the courtesy call. Please do not send in the entire records for review.

We are receiving a large volume of improperly submitted documentation which may result in claims denials. Please continue to follow the specific step-by-step fax instructions for the curable error submissions found here: <https://www.cgsmedicare.com/parta/pubs/news/2018/01/cope6101.html>



Questions?

If you have questions, please email: J15AMREDUCATION@cgsadmin.com

Please be sure to include the Facility name and Provider Number or PTAN associated with your question and the specific review reason related to your inquiry. This will help to expedite a response.

