PART A MEDICAL REVIEW NEWS

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

Tips to Prepare for the Skilled Nursing Facility (SNF) 5-Claim Probe and Educate Review

- Implement a process to monitor for additional documentation requests (ADRs) related to the 5-claim review
- Respond to ADRs promptly and submit documentation to CGS within 45 days of the ADR notification letter received to avoid claim denials
- Do not forget to include 1-2 designated provider contacts with each ADR submission by completing the TPE ADR Cover Sheet (https://cgsmedicare.com/parta/forms/pdf/parta_tpe_adr_coversheet.pdf)
  - Without a designated provider contact identified, you may miss an important opportunity to prevent a claim denial
- If you receive a courtesy call from our medical review department for an easily curable error identified, please respond to the call promptly
- Ensure your facility is knowledgeable of the documentation requirements to meet Medicare payment
- Review PDPM Resources to increase your comprehension of correct billing practices

Is it appropriate to submit documentation for an appeal or an adjustment?

Refer to your Medicare Remittance Advice (RA) before taking action. The RA contains reason codes and/or remarks codes when a claim has been fully or partially denied or rejected, and is appropriate to appeal. Adjustments can't be completed on medically reviewed claims with a full claim denial or line denial. The "Claim Adjustment Reason Code" field (RC) and "Remittance Advice Reason Code" field (Rem) can be researched using the X12 website (https://x12.org/reference) to determine if appeal rights are available for the initial claim determination. Refer to the CGS "When to File Appeal" (https://www.cgsmedicare.com/hhh/appeals/when.html) and "When Not to File Appeal" (https://www.cgsmedicare.com/hhh/appeals/when.html) Web pages for additional information.

Provider Alert

CGS is **not permitted** to access encrypted or secure emails from providers. Please submit your inquiry directly to our education mailbox.

Reminder

Please **DO NOT** submit medical records unless you have received an official ADR letter requesting the documentation. When a claim is selected for an ADR, the claim is moved to a Fiscal Intermediary Standard System (FISS) status/location S B6001. The myCGS MR Dashboard is another option for you to quickly identify and respond to ADRs. Refer to the myCGS User Manual: Medical Review (https://www.cgsmedicare.com/mycgs/mycgs_user_manual.html) section for step by step instructions.

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.

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