



PART A MEDICAL REVIEW NEWS

MARCH 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.
- Collaborate with clinical staff to ensure the submission contains all the required elements for the review.
- Please complete the TPE ADR Cover Sheet (https://cgsmedicare.com/parta/forms/pdf/parta_tpe_adr_coversheet.pdf) and **include 1-2 provider contacts that can be reached regarding the ADR submission.**
 - Without a designated provider contact identified, you may miss an important opportunity to prevent a claim denial and/or down-code or receive education.
 - If you receive a courtesy call from our medical review department for an easily curable error identified, please respond to the call promptly.



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.



Documentation Commonly Found Missing for Skilled Nursing Facility (SNF) 5 Claim Probe and Educate Review Contributing to Errors

- Documentation to support the dates of service (DOS) billed as well as the documentation from the 7 day lookback period from the Assessment Reference Date (ARD) on the Minimum Data Set (MDS) to support the HIPPS code billed.
- Hospital documentation to support all items coded on the MDS.
- Complete SNF Certification/Recertification inclusive of CMS requirements or Delayed Certification/Recertification if applicable.
- Signature logs and/or attestations to verify illegible signatures.
- Physical Therapy (PT)/Occupational Therapy (OT)/Speech Language Pathology (SLP) orders/evaluations, daily treatment notes, progress notes and calendar of minutes for each therapy billed.
- Medication Administration Record (MAR) and Treatment Administration Record (TAR).
- Consistent documentation between the medical record and MDS submitted that supports the care received, and each component of the HIPPS code billed.
- Sufficient information related to the 1st 3 days after admission assessments to support the GG scores.



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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