



PART A MEDICAL REVIEW NEWS

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



Prevent 56900 Denials

We are experiencing a large volume of claims that are being denied for failure to submit the requested medical record in response to a medical review additional documentation request (MR ADR).

- Please ensure your facility has processes in place to monitor for MR ADRs and respond timely to these requests. If CGS does not receive the medical record documentation within the required timeframe (45 calendar days), the claim will deny with reason code 56900.

Please Do Not Submit Additional Documentation to the Medical Review Department in Place of an Appeal

- Our medical review department is receiving an increasing number of providers attempting to email records to our education mailbox and submit missing records in place of the formal appeal process. All appeal requests must follow the normal appeal process. As a reminder, providers only have 120 days from the date a claim and/or adjustment finalizes to submit an appeal. Please visit the designated Appeals/Redeterminations page for additional information: <https://www.cgsmedicare.com/parta/appeals/index.html>



Ensure a Designated Provider Contact is Submitted for Every Claim Submitted for Review

Don't miss an opportunity to prevent a claim denial, partial denial or HIPPS code change.

Please include 1-2 Designated Provider Contacts with each MR ADR submission by completing the ADR Cover Sheet included with the notification letter received or access a cover sheet here: (https://cgsmedicare.com/parta/forms/pdf/parta_tpe_adr_coversheet.pdf).

If you are contacted by our medical review department, please respond promptly. These contact attempts to request missing documentation and the receipt of the records are time sensitive.



Provider Alert

We are aware that providers are receiving incomplete medical review decision letters. Until the issue is resolved, please contact our CGS Part A Provider Customer Care (PCC) at: 1-866-590-6703 to obtain the medical review decision information. As a reminder, once the medical review department receives the medical record submitted, we have 30 days to complete the review of the documentation and render a decision for prepayment claim reviews.



Sign Up for myCGS Today to Submit Medical Records!

myCGS (<https://cgsmedicare.com/hhh/mycgs/index.html>) is the recommended route for submitting your Medical Review Additional Documentation Requests (MR ADRs). You can also submit missing records requested by our medical review department, complete 56900 denial reopenings and submit your redeterminations thru myCGS. This is a secure, **free** web-based application that allows you to submit your ADR's directly to CGS, ensuring a timely response in submitting your medical records for review as well as providing a confirmation of the receipt of your records. myCGS eliminates the issues that may be encountered when faxing and prevents the delays associated with mailing your documentation for review. This electronic process is convenient and an immediate way to meet the **120-day time limit** for submitting an appeal or reopening as well. Refer to the myCGS User Manual Web page (https://cgsmedicare.com/mycgs/mycgs_user_manual.html) for more details to get registered today.



Need Assistance with myCGS?

For questions or assistance with myCGS, please contact the EDI Help Desk. They can assist with connectivity or other technical questions.

- Part A: 1.866.590.6703 (Option 2)
 - Hours of Operation: 7:00 a.m. – 4:30 p.m. CST (8:00 a.m. – 5:30 p.m. EST)



Questions?

If you have questions regarding TPE or the SNF 5-Claim Probe and Educate Review, please email: J15AMREDUCATION@cgsadmin.com.

Please be sure to include the **Facility name** and **NPI** associated with your question and the specific review reason related to your inquiry. This will help to expedite a response. **Please do not include PHI/PII in the email, you may reference a claim by the Document Control Number (DCN) only.**

If you have general questions regarding a claim, an appeal/redetermination, provider enrollment or need assistance with a process, please contact our CGS Part A Provider Customer Care (PCC) at: **1-866-590-6703**.

PLEASE NOTE

CGS is not permitted to access encrypted or secure emails from providers. Please submit your inquiry directly to our education mailbox. You may reference a claim by the Document Control Number (DCN) only. Do not include PHI/PII in your email.



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