



# PART A MEDICAL REVIEW NEWS

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

## Skilled Nursing Facility (SNF) 5-Claim Probe and Educate Review



The SNF 5-claim probe and educate review was completed June 30th 2025. Below are the results of the most common errors found:

- The Health Insurance Prospective Payment System (HIPPS) billed was down coded to reflect the MDS changes supported by the documentation submitted for review.
- Required signed and dated initial certification, 14-day recertification and 30-day recertification were missing or did not include the required content.
- The claim denied 56900 because the provider did not submit the medical record requested for review in response to an additional documentation request (ADR).

Ensure all documentation is submitted to support the HIPPS code billed for the dates of service under review as well as the look back period under review that supports the MDS findings submitted in the repository. (This may include the submission of medical records that fall outside the billing period. Additionally, please include the hospital records.)

### Resources:

- <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c08pdf.pdf>
- <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c06.pdf>
- <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c30.pdf>
- <https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual>

## Monitor for ADRs to Prevent Denials



- Ensure your facility has processes in place to monitor for additional documentation requests (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.
- You may request a "56900 reopening" if the claim denial date is within 120 days of the request. The Medical Review department will complete the review without utilizing the Medicare Appeals process. If the claim denial date is greater than 120 days, complete and submit the Redetermination Request form for the first level of appeal. Additional information can be found here: <https://cgsmedicare.com/parta/pubs/news/2023/08/cope143630.html>

## 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). 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. Refer to the myCGS User Manual Web page ([https://cgsmedicare.com/mycgs/mycgs\\_user\\_manual.html](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)

Check the Calendar of Events ([https://www.cgsmedicare.com/medicare\\_dynamic/wrkshp/pr/parta\\_report/parta\\_report.aspx](https://www.cgsmedicare.com/medicare_dynamic/wrkshp/pr/parta_report/parta_report.aspx)) to sign up for any webinars that may be of interest.



## Ensure Designated Provider Contacts are Submitted when Sending Records 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](https://cgsmedicare.com/parta/forms/pdf/parta_tpe_adr_coversheet.pdf)).

## Questions?



If you have questions or need education, please email, please email:

[J15AMREDUCATION@cgsadmin.com](mailto: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**.



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