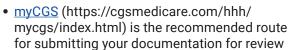


PART A MEDICAL REVIEW NEWS

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

Additional Documentation Request (ADR) Submission Tips



- Collaborate with clinical staff to ensure your submission contains all required elements to support the services for the dates of service (DOS) billed. (This may require submitting records that fall outside this time frame).
- Ensure a copy of the ADR letter is page 1 of your submission
- Include 1-2 designated provider contacts with each ADR submission that our medical review department may reach out to for any educational outreach attempts by completing the <u>ADR Documentation Cover Sheet</u> (https://cgsmedicare.com/parta/forms/pdf/parta_tpe_ adr_coversheet.pdf)

Need to Adjust or Cancel a Claim?

Please ensure on all adjusted or cancelled claim requests the reason for the request is clearly stated or we will be unable to process this request. If the specific reason for the request is not stated, the request will be dismissed.

Check Out Our Calendar of Events Page

(https://www.cgsmedicare.com/medicare_ dynamic/wrkshp/pr/parta_report/parta_report.aspx)

Were you unable to attend a webinar due to a scheduling conflict? Not to worry, everything is recorded! A tutorial is available if you need assistance. CVENT Tutorial video (https://www.cgsmedicare.com/videos/j15/cvent-tutorial. html) — How to register and use interactive features. If you missed our most recent Skilled Nursing Facility (SNF) Targeted Probe and Educate (TPE) Webinar or the SNF Lunch and Learn, the recordings are now available.

Heart Failure and Shock with MCC (DRG 291)

Targeted Probe and Educate (TPE) reviews are underway for claims billed with DRG 291 Heart Failure and Shock with MCC. Please ensure these claims are coded correctly. The most common reason for denial we are encountering is that the principal diagnosis for the inpatient admission isn't related to heart failure and/ or the documentation submitted doesn't support a Major Complication or Comorbidity (MCC). The clinical documentation must clearly support heart failure or shock as the principal reason for the patient's presentation and the need for inpatient care. The MCC must represent a significant increase in the beneficiary's condition severity or required resources. Ensure the medical record clearly documents the secondary diagnosis that qualifies as an MCC, and that its presence required additional resources or increased the intensity of services provided during the stay. The secondary diagnosis and MCC billed need to be unrelated to the principal diagnosis.

Please Submit Designated Provider Contacts With Records for Review



- Don't miss an opportunity to prevent a claim denial.
- Please include 1-2 Designated Provider Contacts with each Additional Documentation Request (ADR) submission by completing the cover sheer included with the notification letter of review received.
- Access an <u>ADR Documentation Cover Sheet</u> (https://cgsmedicare.com/parta/forms/pdf/parta_tpe_adr_coversheet.pdf).

Questions?

If you have questions or need education, 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.



