PART A MEDICAL REVIEW NEWS

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

Key Actions to Avoid Denials

- Ensure your facility has internal processes in place to monitor Additional Documentation Requests (ADRs) and respond promptly
  - Claims will be denied (reason code 56900) if the requested medical records are not received by CGS within 45 calendar days
- Submit all pertinent documentation that clearly supports the services billed
  - This may include the submission of records that fall outside the dates of service billed

Documentation Submission Tips

- Collaborate with clinical staff to ensure the submission of records contains all required elements to support the services billed
  - Preferred Route of submission—myCGS (https://www.cgsmedicare.com/mycgs/index.html)
- Page 1 of the submission—Include a copy of the ADR letter
- Page 2 of the submission—Include the TPE ADR cover sheet (https://cgsmedicare.com/parta/forms/pdf/parta_tpe_adr_coversheet.pdf) to identify 1-2 designated provider contacts (preferably a clinical contact familiar with the review) with each ADR submission for any educational outreach attempts or calls to request missing records
  - If a designated provider contact is missing or a prompt return call is not completed when we reach out to your facility, you may miss an opportunity to prevent a claim denial

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**.

Kidney and Urinary Tract Infections (UTI) with & without Major Complication and Comorbidity (MCC) (DRGs 689 & 690)

Targeted Probe and Educate (TPE) reviews are underway for claims billed with DRG 689 & 690. 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 kidney/UTI and/or the documentation submitted doesn't support the MCC billed. The clinical documentation must clearly support kidney/UTI 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.

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.

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.**

CGS
A CELERIAN GROUP COMPANY

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Originated December 23, 2025 |