



## CGS Connect

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Hello and welcome to another edition of Medicare Minute. I'm Dr. Robert Hoover, medical director at CGS Administrators, the Jurisdiction C DME MAC.

In this edition of Medicare Minute, I'm going to introduce you to a new service offered by CGS called CGS Connect. CGS Connect is a way for suppliers to get advice from CGS review staff on the acceptability of their documentation before submitting a claim or even before the equipment is delivered.

Is this prior authorization? No. And I want to be clear on this point. At the present time, Medicare rules only allow prior authorization on power mobility devices.

CGS Connect is a voluntary program that gives you the opportunity, if you're unsure about whether or not your documentation meets Medicare requirements, to fax that documentation to CGS for review.

CGS Connect has two tracks for documentation review. The first is for documentation that does not include medical records or clinical notes. So things like orders, proof of delivery and advance beneficiary notices. These can be submitted for review by our non-clinical staff.

The second track is for documentation that DOES include clinical notes. These will be reviewed by our clinical staff. You can still submit other non-clinical documents like proof of delivery and orders along with the medical notes but again, it is whether or not you're looking for medical documentation review that determines which track you should use to submit your documents.

So you're probably asking yourself "Wow, can I submit documentation on any DMEPOS claim and have it reviewed?" No. Because this is a new program and it's voluntary, CGS is phasing in the implementation of the program and monitoring the volume of requests. Once we gauge the response to the new program, we'll consider adding additional DME-POS items for review.

So what items can I have reviewed?

For the non-clinical documentation track, we're starting with things that require a written order prior to delivery. Negative pressure wound therapy and items subject to the Affordable Care Act Section 6407 requirements.

For the clinical documentation track, we're offering this review for Therapeutic Shoes and Manual Wheelchairs.

So you've faxed in your documentation and now what? How long do you have to wait for an answer?

There are a couple of timeframes to keep in mind.

If the documentation review is being requested after the equipment has been delivered, CGS will respond in writing within 15 days. You'll be notified that the documentation is either "acceptable" or "unacceptable" and be provided with information about why the documentation didn't meet Medicare guidelines.

And if you get an answer with the first request that your documentation is not acceptable but you want us to collect more and have us look at it again, you'll get an answer within 30 days.

Although this program is voluntary, CGS hopes you'll take advantage of CGS Connect to improve your documentation and claims payment accuracy.

CGS Connect is just one of the many tools that CGS now has available to help you make smarter decisions about your claims and get it right the first time, thus avoiding calls to Customer Service and having to file an appeal.

Where can you find more information about CGS Connect and other claim submission tools and resources? On the CGS web site at [www.cgsmedicare.com](http://www.cgsmedicare.com).

That's it for this edition of Medicare Minute. I'm Dr. Robert Hoover. Thanks for watching and have a nice day!