



PART A MEDICAL REVIEW NEWS

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



Please Submit Appeal/Redetermination Requests Properly

- CGS is continuing to experience a large volume of incorrectly submitted appeal/redetermination requests that are unable to be processed leading to dismissals and provider rework.
- Verify that submitting a redetermination request is appropriate and that you are submitting your request within the allowable timeframe (https://www.cgsmedicare.com/medicare_dynamic/j15/parta_time_limit_calculator/parta_time_limit_calculator.aspx).
- Ensure your documentation includes a completed redetermination request form (https://www.cgsmedicare.com/parta/appeals/pdf/redetermination_form.pdf) to identify your submission.
- View the available submission options here (https://www.cgsmedicare.com/parta/appeals/submitting_redetermination_requests.html).
- Why use snail-mail, when you can submit a redetermination electronically! The myCGS portal process is convenient and an immediate solution in meeting the 120-day time limit for submitting an appeal. See the User Manual (<https://www.cgsmedicare.com/mycgs/ssi/intro/registration.html>) to register for myCGS and view step by step instructions here (https://www.cgsmedicare.com/mycgs/mycgs_user_manual_appeals.html#appeals_main).
- Please visit our dedicated Appeals/Redeterminations page (<https://www.cgsmedicare.com/parta/appeals/index.html>) for additional information.



Reminder for Redetermination Requests

The time limit for filing a request for redetermination is 120 days from the date of receipt of the Medicare Summary Notice (MSN) or Remittance Advice (RA).



Skilled Nursing Facility (SNF) Alert

- Prevent Health Insurance Prospective Payment System (HIPPS) code changes.
 - The medical review department is down coding a significant number of claims due to the documentation being submitted DOES NOT support the HIPPS code billed.
 - The documentation MUST support each component of the HIPPS code billed. Please do not forget to include the documentation from the 7-day lookback period from the Assessment Reference Date (ARD) on the MDS.
 - Please refer to the Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 User's Manual for assistance with coding: <https://www.cms.gov/files/document/finalmlds-30-rai-manual-v11811october2023.pdf>

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**.



Tips for Submitting Missing Documentation if Contacted

If you are contacted by our CGS medical review department to provide missing documentation for an easily curable error identified during the review process, please follow the specific submission instructions provided during the call.

Please note that the submission of the requested records can be completed via esMD, myCGS or fax. The documentation must be properly identified with the submission to ensure the records are received and can be reviewed. Include with the submission of records:

- **Part A MR Additional Documentation Requested**
- Provide the **DCN, beneficiary name** and claim's **date of service**
- Include the number of pages contained within the submission and a **staff contact**



Provider Alert

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.



Questions?

If you have questions, 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.



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