



# PART A MEDICAL REVIEW NEWS

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



## Documentation Commonly Found Missing for Skilled Nursing Facility (SNF) 5 Claim Probe and Educate Review Contributing to Errors

- Documentation to support the dates of service (DOS) billed as well as the documentation from the 7 day lookback period from the Assessment Reference Date (ARD) on the Minimum Data Set (MDS) to support the HIPPS code billed.
- Hospital documentation to support all items coded on the MDS.
- Complete SNF Certification/Recertification inclusive of CMS requirements or Delayed Certification if applicable.
- Signature logs and/or attestations to verify illegible signatures.
- Physical Therapy (PT)/Occupational Therapy (OT)/Speech Language Pathology (SLP) orders/evaluations, daily treatment notes, progress notes and calendar of minutes for each therapy billed.
- Medication Administration Record (MAR) and Treatment Administration Record (TAR).
- Consistent documentation between the medical record and MDS submitted that supports the care received, and each component of the HIPPS code billed.
- Sufficient information related to the 1st 3 days after admission assessments to support the GG scores.



## 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/finalmds-30-rai-manual-v11811october2023.pdf>
- SNF Delayed Certification/Recertifications
  - Delayed certifications and recertifications are allowed for an isolated oversight or lapse. The delayed certification or recertification must include an explanation of the delay along with any other information the SNF considers relevant to explain the delay.



## Avoid Faxing Issues Commonly Encountered and Sign Up for myCGS Today!

**myCGS** (<https://cgsmedicare.com/hhh/mycgs/index.html>) is the recommended route for submitting your **Medical Review Additional Documentation Requests** (MR ADRs). You can also submit missing records requested by our medical review department, complete 56900 denial reopenings and submit your redeterminations thru myCGS. 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. This electronic process is convenient and an immediate way to meet the **120-day time limit** for submitting an appeal or reopening as well. 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.



## Designated Provider Contacts

Please ensure if you will be out of the office that you have a **replacement designated contact** for your facility in case of any attempts from our medical review department to request missing documentation for an easily curable error found during a claim review. These requests are time sensitive. If you are contacted by CGS, please respond to these contact attempts promptly. Don't miss an opportunity to prevent a claim denial, partial denial or HIPPS code change.



## 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. Do not include PHI/PII in your email.



## Questions?

If you have questions, 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.

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**.