



PART A MEDICAL REVIEW NEWS

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



Sign up for myCGS Today and Eliminate Mailing or Faxing Medical Records!

myCGS (<https://cgsmedicare.com/hhh/mycgs/index.html>) is the recommended route for submitting your Medical

Review Additional Documentation Requests (MRADRs). You can also submit missing records requested by our medical review department, complete 56900 denial reopenings and submit your redeterminations through 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) for more details to get registered today.



Reminder

Please DO NOT submit medical records unless you have received an official Additional Documentation Request (ADR) letter requesting the documentation. When a claim is selected for an ADR, the claim is moved to a Fiscal Intermediary Standard System (FISS) status/location S B6001. Claims in S/LOC S B6000 have NOT been selected for review. Any claims ADR'd over the sample claim collection will be released to process without medical review. Released claims are identified in FISS with a "Q" on page 32 "User ACT CODE". The myCGS MR Dashboard is another option for you to quickly identify and respond to ADRs. Refer to the myCGS User Manual: Medical Review section for step by step instructions.



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.



Skilled Nursing Facility (SNF) Alert

- Please submit a signature log or an attestation to identify physician and/or non-physician practitioner's (NPPs) illegible, handwritten signatures that are not followed by a printed name and credentials located on the SNF Certification/Recertification forms. <https://cgsmedicare.com/parta/mr/signatures.html>

Follow These Steps Before Submitting an MR ADR

	Was my MRADR submitted properly?
	Did I include a copy of the Additional Documentation Request (ADR) letter as page 1 of my submission in place of my facility's cover letter?
	Did I include a TPE or Probe & Educate ADR Documentation Cover Sheet (with a designated provider contact) after a copy of the ADR letter?
	If multiple MRADR requests are being submitted: Each request was clearly separated with a copy of the ADR letter as page 1, followed by the TPE ADR Documentation Cover Sheet (https://cgsmedicare.com/parta/forms/pdf/parta_tpe_adr_coversheet.pdf) (with a designated provider contact) or the ADR will be sent separately for each submission. myCGS (https://cgsmedicare.com/hhh/mycgs/index.html) is the recommended route for submission.
	If the first 3 steps are completed, you are ready to send your documentation for review!



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. 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**.



A CELERIAN GROUP COMPANY

