PART A MEDICAL REVIEW NEWS

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

Tips for Submitting Medical Review Additional Documentation Requests (MR ADRs)

For the initial submission of medical records for review:

- Submit a copy of the ADR letter as page 1 to properly identify the submission. Without properly identifying records, documentation may be lost or not reach the correct department, which could result in a claim denial.

- Submit a completed TPE ADR Documentation Cover Sheet with each claim. Ensure the provider contact name and phone number are completed on this form. The medical review department may provide a courtesy call to the provider contact listed on the cover sheet to request additional documentation for an easily curable error identified during the review process to prevent a claim denial.
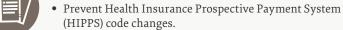
Tips for Submitting Missing Documentation if Contacted

If you are contacted by our CGS medical review department to provide additional 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***

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 because 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-v118110ctober2023.pdf

Sign Up for myCGS Today to Submit Medical Records!

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 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.

Designated Provider Contacts

- Don't miss an opportunity to prevent a claim denial, partial denial or HIPPS code change.

Please include 1-2 Designated Provider Contacts with each MR ADR submission by completing the ADR Cover Sheet included with the notification letter received or access a cover sheet here: (https://cgsmedicare.com/parta/forms/pdf/parta_tpe_adr_coversheet.pdf).

If you are contacted by our medical review department, please respond promptly. These contact attempts to request missing documentation and the receipt of the records are time sensitive.

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**.