

PART A MEDICAL REVIEW NEWS

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



Prevent 56900 Denials

Ensure your facility has processes in place to monitor for Additional Documentation Requests (ADRs) and respond timely to these requests. If CGS does not receive

the medical record documentation within the required timeframe (45 calendar days), the claim will deny with reason code 56900. You may request a "56900 reopening" if the claim denial date is within 120 days of the request. The Medical Review department will complete the review without utilizing the Medicare Appeals process. If the claim denial date is greater than 120 days, complete and submit the Redetermination Request form for the first level of appeal.



Skilled Nursing Facility (SNF) Alert

We are aware of an issue that caused Skilled Nursing Facility (SNF) providers to receive more than 5 Additional Documentation Requests (ADRs) for their SNF 5-claim probe and educate review.

CGS Action: Within approximately 2 weeks, we will identify the associated claims and release them to process for payment without medical review.

Provider Action: Review claims in the Direct Data Entry (DDE) ADR location (S B6001). If the 'USER ACT CODE' on MAP 171D = Q, we released the claim, and you don't need to respond to the ADR.

To access this information in DDE:

- Select 01 (Inquiries) from the Main Menu.
- Select 12 (Claim Summary) from the Inquiry Menu.
- Key your NPI in the NPI field and S B6001 in the S/LOC field.
- Select a claim and navigate (F8) to claim page 02.
- Navigate (F11 x 3) to MAP171D.



Designated Provider Contacts Needed

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.



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 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) for more details to get registered today.



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.



