



PART A MEDICAL REVIEW NEWS

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



Targeted Probe and Educate (TPE) and Skilled Nursing Facility (SNF) 5-Claim Probe and Educate Reviews

Please note that any additional documentation requests (ADRs) received for claims over the sample claim collection for TPE and SNF reviews will be released 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.



Ensure a Designated Provider Contact is Submitted for Every Claim Submitted for Review

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.



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.



Need Assistance with myCGS?

For questions or assistance with myCGS, please contact the EDI Help Desk. They can assist with connectivity or other technical questions.

- Part A: 1.866.590.6703 (Option 2)
– Hours of Operation: 7:00 a.m. – 4:30 p.m. CST (8:00 a.m. – 5:30 p.m. EST)



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. **Please do not include PHI/PII in the email, you may reference a claim by the Document Control Number (DCN) only.**

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

