The "How to" in Avoiding Documentation Related Claim Denials

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Objective

Providers will gain an understanding of the TPE process, learn how to respond to ADRs timely and accurately, and how to avoid documentation related claim denials.

Today's Presenters

- Jeanine Gombos, LPN
  - Provider Outreach and Education Consultant
- Martha Castle, RN
  - Nurse Review Lead, JK Part A Medical Review

Agenda

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Jeanine Gombos

[Record Preparation and Submission](#)

Jeanine Gombos

[ADR Tips](#)

Jeanine Gombos

[Medical Review Common Documentation](#)

[Related Claim Denials](#)

Martha Castle

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Jeanine Gombos

MR Background

MR Objectives

- Reduce payment errors by preventing initial payment of claims that don't comply with Medicare's coverage, coding, payment and billing policies

- Identify errors through claims analysis and/or medical record review activities

- Appropriately pay for covered services

- Provide education to providers to help ensure future compliance

MR Process

- Leverage data analysis to identify
  - Providers and suppliers who have high claim error rates or unusual billing practices
  - Items and services with high national error rates and high financial risk to Medicare
- Verify if issue approved by CMS via CMS approved review topics list (CART)
- Consider
  - CERT findings
  - Referrals from other entities: OIG, UPIC, RAC

TPE Process

Round 1	Round 2	Round 3	CMS Referral for Corrective Action
Provider notification	ADRs: 45-56 days after education	ADRs: 45-56 days after education	Extrapolation
ADR request	Validation	Validation	Referral to UPIC or RAC
Validation	Calculation	Calculation	100% pre-payment review
Calculation	Review results letter	Review results letter	List not all-inclusive
Review results letter	One-on-one education	Referral (if applicable)	NA

Responding to an ADR: Time Matters!

- Avoid clams processing delays!
- Provider has 45 days to respond to request for medical records
  - We recommend responding by 35-40 days
  - Use NGS ADR Timeline Calculator

45 days includes mail time and contractor processing time to a medical review location

Post-Probe Education

- Request education via email within two weeks from results letter date
- Discussion topics include
  - Claim denials
  - Related Medicare regulations
  - Best practices to ensure proper payment
- Recommended attendees
  - Representatives from compliance, clinical, billing, coding, finance areas, and any additional staff that would benefit from attending
- Next round of TPE review initiated no earlier than 45 days after education session

CMS Referral

- If provider continues to have PER greater than 15% after three (3) rounds of review, CMS may instruct NGS to take additional action including
  - Extrapolation
  - Referral to UPIC
  - Referral to RAC
  - 100% pre-pay review

Case Management Contact Information

- Send POC information and contact NGS Case Management at any point during TPE process
    - J6 Part A: J6ACasemanagement@ElevanceHealth.com
    - JK Part A: JKACasemanagement@ElevanceHealth.com
    - J6 Part B: J6BCasemanagement@ElevanceHealth.com
    - JK Part B: JKBCasemanagement@ElevanceHealth.com

Record Preparation and Submission

Documentation Preparation: Helpful Reminders

- NGSConnex is preferred method for medical records submission/ADR response

- **Reminders!**
  - Create a checklist for ADR responses
  - Copy both sides of records
  - Organize/paginate documentation
  - Attach ADR to top of records
  - Provide signature log
  - Quality review documents before submitting

Documentation Preparation: What Not to Do!

- **Please do not...**
  - Bind all records together
  - Highlight records
  - Attach sticky notes or tabs
  - Change or alter records

Documentation Submission Methods

NGSConnex *Preferred*
Log into NGSConnex
NGSConnex User Guide

FedEx/UPS
National Government Services, Inc.
220 Virginia Ave
Indianapolis, IN 46204
ATTN: Mail & Distribution
*Add/insert the operational unit record to be scanned

USPS
National Government Services, Inc.
JK:
P.O. Box 7108
Indianapolis, IN 46207-7108
J6:
P.O. Box 6474
Indianapolis, IN **46206-6474**

Fax
JK: 315-442-4390
J6: 315-442-4154

ADR Tips: Using FISS and NGSConnex

Additional Documentation Request

System Issues ADR

- Claims suspend to status location SB 6001

- ADR sent to provider

- Provider has 45 days to return records to MAC

Records NOT Received Timely

- Claim will deny on day 46

- Claim moves to status location DB 9997

- Provider receives 56900 denial

Records Received Timely

When records received, claim will move to status location SM 5REC

Using FISS: Check for Pending ADRs

- Enter 01 (inquiry)

- Enter 12 (claims)

- Type SB6001, SB6098 and SB6099 in S/LOC field and press enter

  - List of claims provided showing an ADR has been issued (F6 moves to next page for multiple pages)

- Screen print each page for tracking purposes

Using FISS: Print the ADR

- From the SB6001, SB6098, SB6099 S/LOC select individual claim

- Go to page seven (7) to view ADR

- Print page one (1) and hit F8 to view page two (2)

- Requested records and due date are listed

Using FISS: Track Receipt of Records

- Enter 01 (inquiry)
- Enter 12 (claims)
- Enter MBI and DOS for which records have been submitted
- Continue to monitor claim ADRs through the process to the remittance advice

Using FISS: Determine Denial Reason

- Enter 01 (inquiry)
- Enter 12 (claims)
- Enter MBI and DOS for which records have been submitted
- On page two (2), review lines with noncovered charges

Using FISS: View Remarks

- Go to Remarks section to see a brief narrative in cases where a denial occurred
  - Ensure appropriate clinical personnel are provided this information

This narrative will not appear for 56900 denials as no records have been reviewed

Using NGSConnex: Check MR ADR Portal

- Use MR ADR portal to:
  - View ADR letter content to help ensure you submit required documentation
  - Respond to MR ADRs
  - Submit supporting documentation electronically
  - Obtain detailed status information on MR ADR

Using NGSConnex: View ADR Information

- View detailed ADR status information including:
  - Documentation receipt date
  - Date the reviewer started/completed review of documentation
  - Reviewer decision
  - Appeals outcome

- Not yet registered for NGSConnex?
  - Visit NGSConnex and click 'Create Account' to register

- Registration instructions are available in our *NGSConnex User Guide* and video tutorials are available on our YouTube channel

Medical Review Common Documentation Related Claim Denials

Individual Psychotherapy Claim Denials

- CPT codes 90832–90834

55B31	Incomplete/insufficient documentation denials: • Lacks individualized treatment plan • Lacks required elements of individualized treatment plan

L33632 - Psychiatry and Psychology Services

Group Psychotherapy Claim Denials

- CPT 90853

Reason Code	Detail
55B31	Incomplete/insufficient documentation denials: • Lacks individualized treatment plan • Lacks required elements of individualized treatment plan • Lacks group notes to support services billed

LCD L33632 - Psychiatry and Psychology Services

PT Re-evaluation Services

- CPT codes 97164

Reason Code	Detail
55B31	Incomplete/insufficient information
55T02	Documentation submitted doesn't support approval/certification of POC
55T11	Documentation doesn't support significant change in condition or unresponsiveness to therapy interventions to support need for clinical re-evaluation

LCD L33631 - Outpatient Physical and Occupational Therapy Services

HBO Common Claim Denials

- HCPCS G0277

Reason Code	Detail
55B30	Documentation submitted doesn't support service(s) billed as being rendered
55B31	Incomplete/insufficient information
55C01	Documentation doesn't include history and physical and any previous treatment (i.e. antibiotic therapy, surgical interventions) for specified condition
55C02	HBO therapy treatment records not provided or didn't include ascent time, descent time, total compression time, dose of oxygen, pressurization level, documentation of attendance, and a recording of events

NCD 20.29 - Hyperbaric Oxygen Therapy

SNF Common Claim Denials

55S21	Documentation submitted doesn't support skilled services provided at frequency to meet definition of "daily"
55S22	Documentation submitted doesn't support level of service as shown on claim HIPPS was recoded to reflect MDS changes supported by documentation submitted
55S28/55S29	Documentation insufficient/missing for services billed
55S30/55S31	Documentation provided doesn't support need for SNF care
55S34	Documentation submitted doesn't include required certification for SNF stay

How to Prevent Common SNF Claim Denials

Resources

NGS Resources

- Assistance with general questions
  - [Interactive Voice Response System](#)
- Complex inquires and assistance
  - [Provider Contact Center](#)
- *[NGSConnex User Guide](#)*
- [Medical Review Portal in NGSConnex](#)
- [MR FAQs](#)

TPE Resources

- NGS website
  - Resources > Medicare Compliance> Targeted Probe and Educate
    - TPE Manual
    - How to Find and Respond to TPE ADR
    - Medical Review: Targeted Probe and Educate Review Topics
  - Education > News
    - Targeted Probe and Educate Letters – An Informational Overview

CMS Resources

- [CMS website](#) – Medical Review & Education
  - [Targeted Probe and Educate](#)
  - [Targeted Probe & Educate Flow Chart](#)
  - CR 10249: [Targeted Probe and Educate](#)

YouTube Video Resources

- CMS YouTube Videos
  - [Targeted Probe and Educate – 2019 CMS National Provider Compliance Conference](#)
  - [Targeted Probe and Educate](#)
  - [Provider Minute: The Importance of Proper Documentation](#)

- NGS YouTube Video
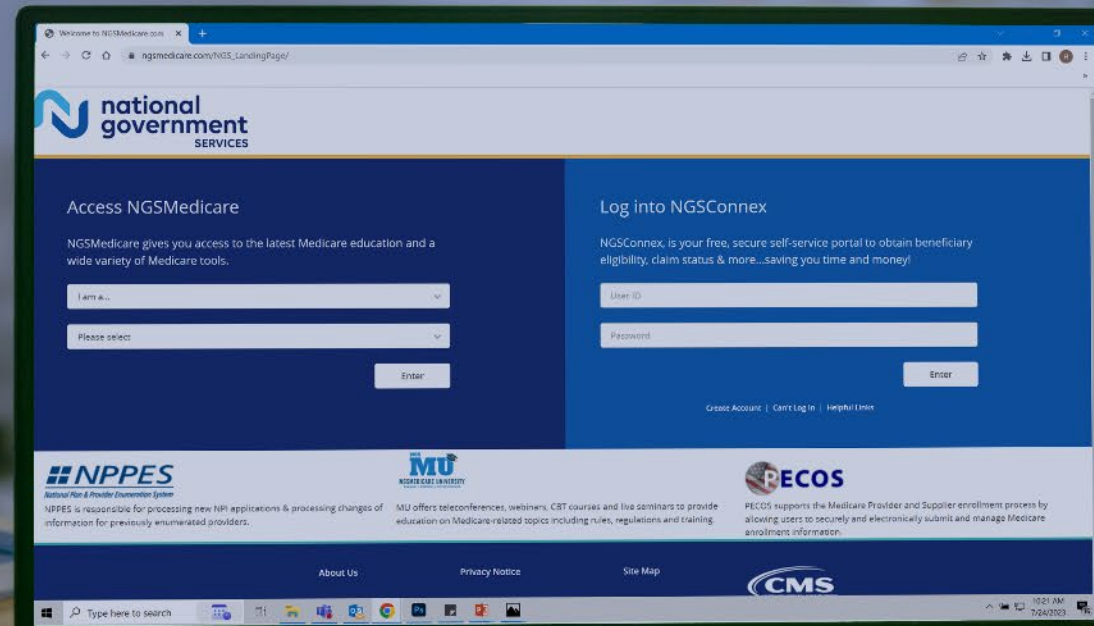 - [Targeted Probe and Educate (TPE) Medical Review Strategy](#)
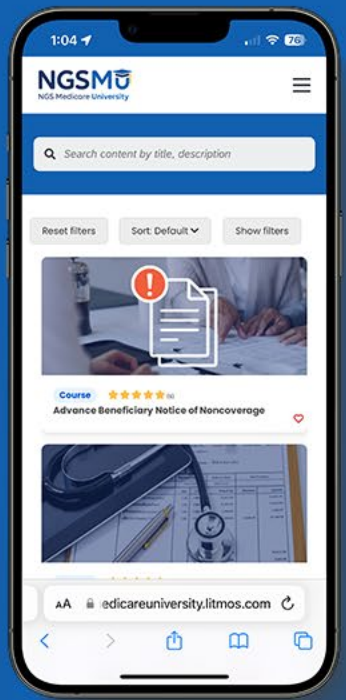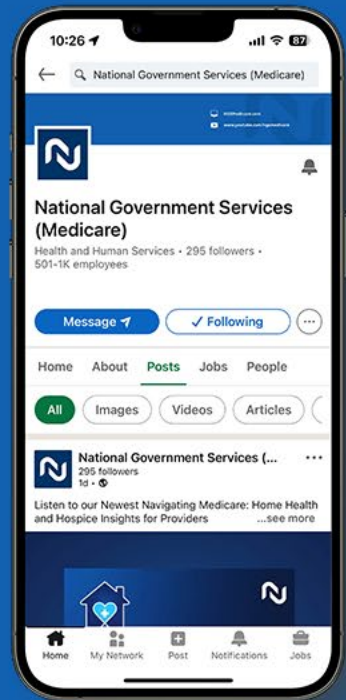
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Medicare University
Self-paced online learning

LinkedIn
Educational Content

Find us online

www.NGSMedicare.com
Online resources, event calendar, LCD/NCD, and tools

IVR System
The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries

NGSConnex
Web portal for claim information

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Questions?

Thank you!