



UPCOMING MEDICAL REVIEWS

The Centers for Medicare & Medicaid Services (CMS) implemented several initiatives to prevent improper payments before CMS processes a claim, and to identify and recover improper payments after processing a claim. The goal of the medical review program is to reduce payment error by identifying and addressing billing errors concerning recipient coverage and provider coding.

To achieve the goal of the medical review program, Medicare Contractors:

- Proactively identify patterns of potential billing errors through data analysis and evaluation of other information (e.g. complaints);
- Review CERT data, RAC vulnerabilities and OIG/GAO reports;
- Take action to prevent and/or address the identified error;
- Publish local medical review policy (Local Coverage Determination-(LCD)) to provide guidance to the public and medical community about when items and services will be eligible for payment under the Medicare statute; and
- Publish MLN (Medicare Learning Network) educational articles as they relate to the medical review process.

Novitas Solutions published (via website) a list of the upcoming focus of provider specific medical reviews and a list of specific code edits including the specialties impacted and what documentation is required for successful review for Part B Jurisdiction JH.

The complete list can be located at: [http://www.novitas-](http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00007723&_afLoop=1011941515871000#!%40%40%3F_afLoop%3D1011941515871000%26contentId%3D00007723%26_adf.ctrl-state%3D15p6wezg9z_138)

[solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00007723&_afLoop=1011941515871000#!%40%40%3F_afLoop%3D1011941515871000%26contentId%3D00007723%26_adf.ctrl-state%3D15p6wezg9z_138](http://www.novitas-solutions.com/webcenter/portal/MedicareJH/pagebyid?contentId=00007723&_afLoop=1011941515871000#!%40%40%3F_afLoop%3D1011941515871000%26contentId%3D00007723%26_adf.ctrl-state%3D15p6wezg9z_138).

- G0181 Physician supervision of a patient receiving Medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities...30 minutes or more.
- 99305-99306 Initial nursing facility care, per day, for the evaluation and management of a patient, which require 3 key components.
- 99349 Home visit for the evaluation and management of an established patient, which requires at least 2 of the 3 key components.
- 99204-99205 New patient office or other outpatient visit, for the evaluation and management of a patient, which requires 3 key components.
- 99222-99223 Initial hospital care, per day, for the evaluation and management of a patient, which requires 3 key components.
- 99232-99233 Subsequent hospital care, per day for the evaluation and management of a patient, which require at least 2 of the 3 key components.
- 99215 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of the 3 key components.
- 90960 End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month.
- 76942 Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation.
- 99291 Critical care, evaluation and management of critically ill or critically injured patients, first 30-74 minutes.

To avoid reduced payments and/or recoups, providers should use caution and review usage of these codes to confirm documentation and medical necessity will meet carrier's requirements should carrier request information for review.

Resources:

MDS/MSI News Blast: 022415 Requests for Medical Records and-or ADR:

http://www.medtronsoftware.com/pdf/2015/022415_Requests_for_Medical_Records_and-or_ADR.pdf

MSI User Guide: Carrier Requests for Medical Records: http://www.medtronsoftware.com/UserGuides/Carrier_Requests_for_Medical_Records.pdf

CMS Medical Review and Education: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/>

Novitas Provider Reviews: [http://www.novitas-](http://www.novitas-solutions.com/webcenter/faces/oracle/webcenter/page/scopedMD/sad78b265_6797_4ed0_a02f_81627913bc78/Page57.jsp?contentId=00083013&_adf.ctrl-state=15p6wezg9z_67&_afLoop=1011384076398000#)

[solutions.com/webcenter/faces/oracle/webcenter/page/scopedMD/sad78b265_6797_4ed0_a02f_81627913bc78/Page57.jsp?contentId=00083013&_adf.ctrl-state=15p6wezg9z_67&_afLoop=1011384076398000#](http://www.novitas-solutions.com/webcenter/faces/oracle/webcenter/page/scopedMD/sad78b265_6797_4ed0_a02f_81627913bc78/Page57.jsp?contentId=00083013&_adf.ctrl-state=15p6wezg9z_67&_afLoop=1011384076398000#)

Contact Software Support for assistance or any questions via:

From **MEDPM** or **MEDEHR** Sign On screens, double click on 'support@medtronsoftware.com' to compose an email to the Software Support Dept.

-OR-

Phone: (985) 234-0599 (local), (800) 978-0599 (toll free)

-OR-

Fax: (985) 234-0609