

# The Inevitable Tsunami of Medical Review

*Prepare to Ride the Wave*

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[www.TrinityRehabServices.com](http://www.TrinityRehabServices.com)

# Discuss



Medical Review Entities and Process



Targeted Probe and Educate



Current Trends and Predictions



What and When to Audit



Resources





# Wipeout



# CMS Contractors

MAC – Novitas Solutions, Inc.

RAC – Cotiviti Gov Services

UPIC – Safeguard Services (SGS)

SMRC – Noridian

- **CERT**
  - ✓ Statistical (SC) – The Lewin Group
  - ✓ Review (RC) – NCI Information Systems Inc.
  
- **PERM**
  - ✓ Statistical (SC) – The Lewin Group
  - ✓ Medical Review (RC) – NCI Information Systems Inc.
  - ✓ Eligibility Review (ERC) – Booz Allen Hamilton

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map>

**CMS  
Contractors**

# CERT Claim Errors

2021 SNF  
Improper  
Payment Rate  
7.8%

\$2.7 billion

Description	Root Cause	Error
HIPPS/RUG level	Incorrect	Incorrect Coding
Physician's Certification/Recertification	Inadequate	Insufficient Documentation
Physician's Certification/Recertification	Missing	Insufficient Documentation
Physician's delayed certification statement	Missing	Insufficient Documentation
Nursing home records	Missing	Insufficient Documentation
Order	Missing	Insufficient Documentation
Order	Inadequate	Insufficient Documentation
Estimated time beneficiary will need to remain in SNF	Missing	Insufficient Documentation
ARD versus ARD listed on MDS	Not Matched	Other
PT/OT/SLP minutes in treatment note/log	Missing	Insufficient Documentation

# Office of the Inspector General

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Medicare Fraud Strike Force

Medicaid Fraud Control Units (MFCUs)

Compliance

LEIE

Reports

Advisory Opinions

**HHS OIG**



# Medicare Process

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## ADR

- Request for documentation
- Can come from various reviewing bodies
- Requires timely submission (typically 45 days)
- No dollar limit
- Non-response will result in denial

## Edits

- Automatic denial
- Based on LCD/NCD, NCCI – PTP, MUE
- May be able to do re-opening versus appeal



**Standard Process for Original Medicare (Part A and B)**

**Expedited Process for Original Medicare (Some Part A)**

Time limit for Decision	Initial Determination	Days to File	Notice of Discharge or Service Termination	Time limit for Decision
60-day time limit	MAC Redetermination	120 days to file Noon next calendar day	QIO Redetermination	72-hour time limit
60-day time limit	QIC Reconsideration	180 days to file Noon next calendar day	QIC Reconsideration	72-hour time limit
90-day time limit	OMHA ALJ Hearing	60 days to file <b>AIC ≥ \$180</b>	OMHA ALJ Hearing	90-day time limit
90-day time limit	Medicare Appeals Council	60 days to file	Medicare Appeals Council	90-day time limit
	Federal District Court	60 days to file <b>AIC ≥ \$1760</b>	Federal District Court	

Time limit for Decision	Standard Process for Medicare Advantage (Part C)	Days to File	Expedited Process for Medicare Advantage (Part C)	Time limit for Decision
Pre-Service: 14- day time limit Payment: 60-day time limit	Health Plan Determination	60 days to file	Health Plan Determination	72-hour time limit
Pre-Service: 30- day time limit Payment: 60-day time limit	Health Plan Reconsideration		Health Plan Reconsideration	72-hour time limit
Pre-Service: 30- day time limit Payment: 60-day time limit	IRE Reconsideration	Automatically sent to IRE	IRE Reconsideration	72-hour time limit
No time limit	OMHA ALJ Hearing	60 days to file AIC ≥ \$180	OMHA ALJ Hearing	No time limit
No time limit	Medicare Appeals Council	60 days to file	Medicare Appeals Council	No time limit
	Federal District Court	60 days to file AIC ≥ \$1760	Federal District Court	

# Insurance Process

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## ADR

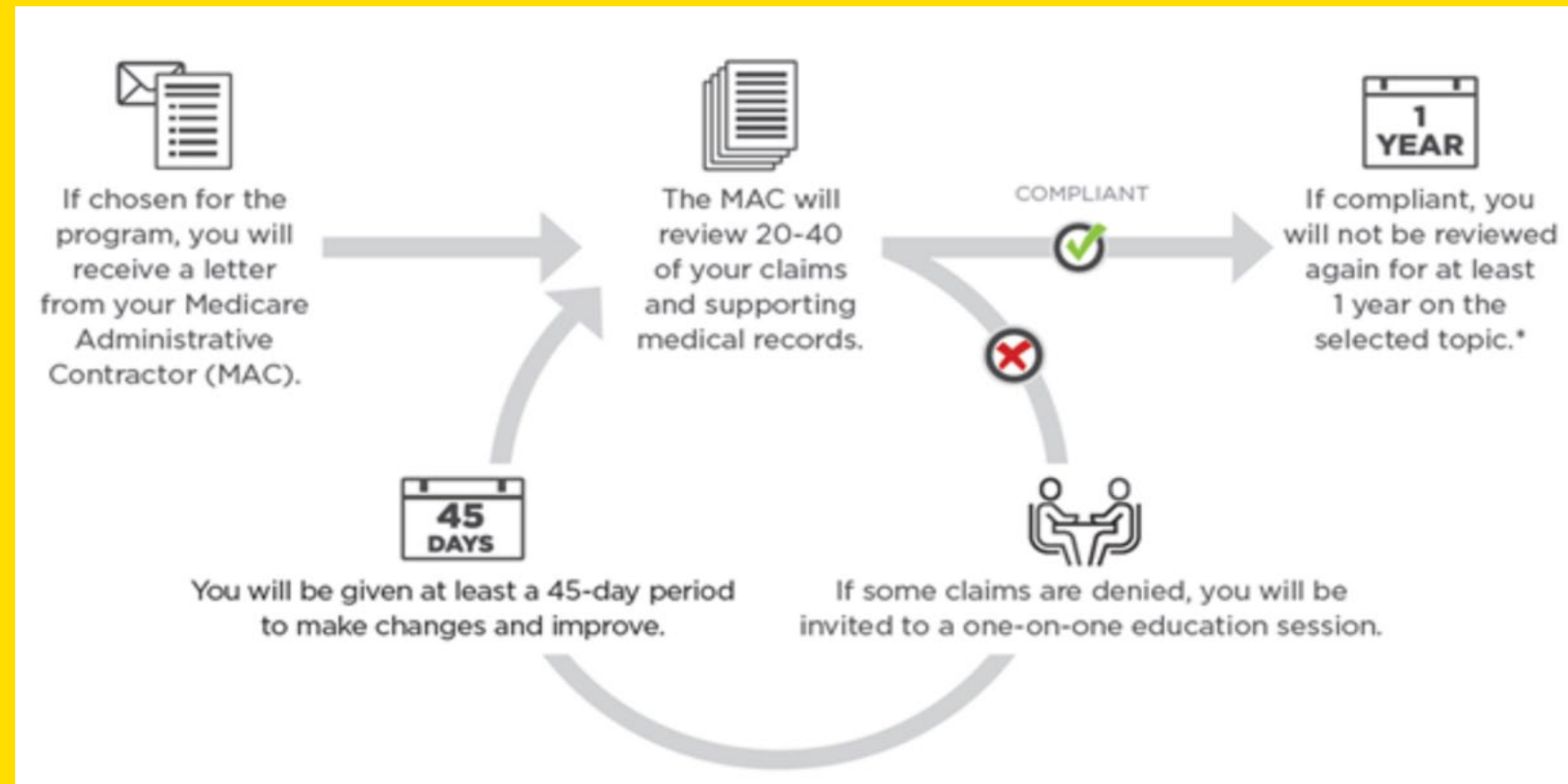
- Request for documentation
- Can come from various reviewing bodies
- Requires timely submission

## Appeals

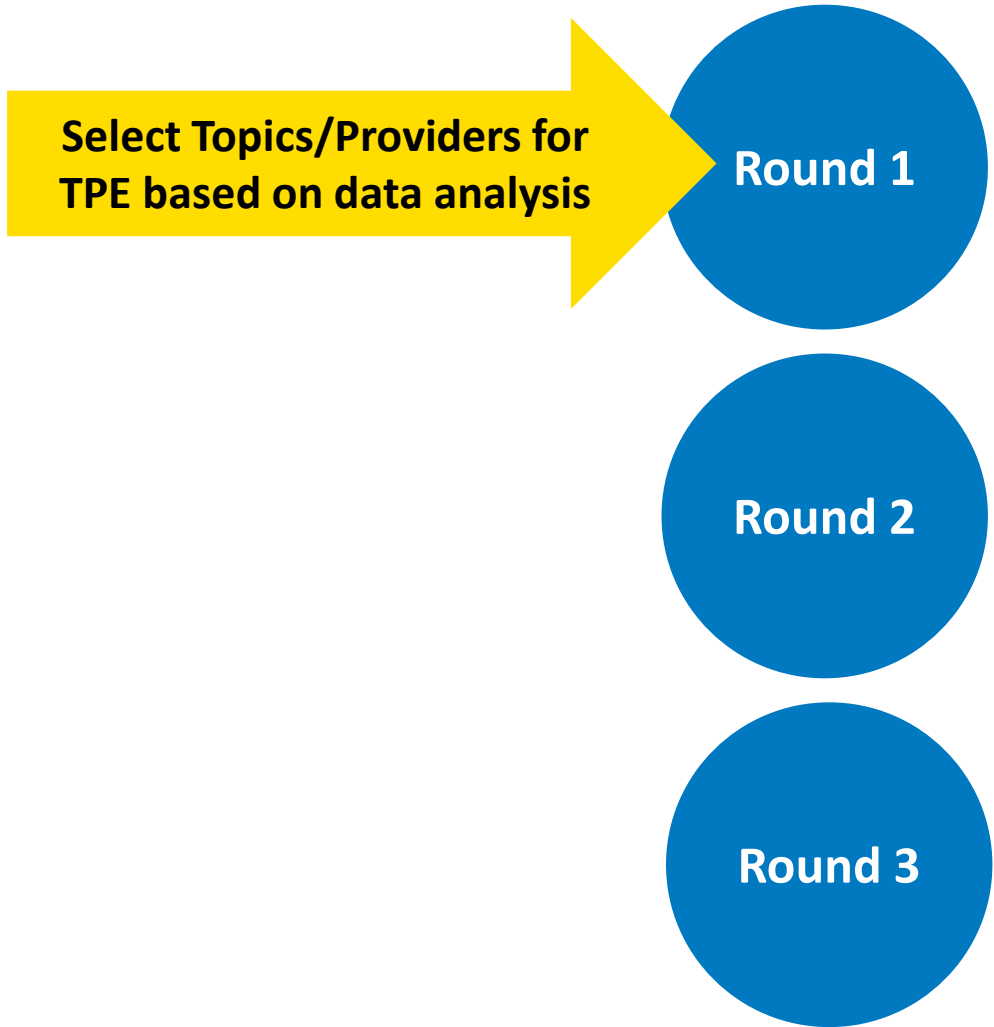
- Check online
- Review letter
- Call insurer
- Time frames vary significantly from 30 days to 180 days
- Limited process



# Targeted Probe and Educate (TPE)

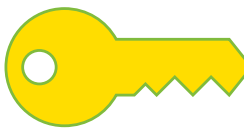






Probe 20 to 40 claims	Compliant?		
	<table border="1"> <tr> <td>No</td> <td>Yes</td> </tr> </table>	No	Yes
No	Yes		
<ul style="list-style-type: none"> <li>✓ Educate</li> <li>✓ Allow <math>\geq</math> 45 days to improve</li> <li>✓ Probe 20 to 40 claims</li> </ul>	<table border="1"> <tr> <td>No</td> <td>Yes</td> </tr> </table>	No	Yes
No	Yes		
<ul style="list-style-type: none"> <li>✓ Educate</li> <li>✓ Allow <math>\geq</math> 45 days to improve</li> <li>✓ Probe 20 to 40 claims</li> </ul>	<table border="1"> <tr> <td>No</td> <td>Yes</td> </tr> </table>	No	Yes
No	Yes		
<div style="border: 2px solid red; padding: 5px;"> <b>MAC refers Provider to CMS for further action</b> </div>	<table border="1"> <tr> <td>No</td> <td>Yes</td> </tr> </table>	No	Yes
No	Yes		

**Discontinue for at least 12 months**



**Claims denied CAN be appealed. Claims overturned on appeal are accounted for when determining further action.**

## Common Claim Errors



Signature of Certifying Physician not included



Encounter notes did not support all elements of eligibility



Documentation does not meet medical necessity



Missing or incomplete initial certifications or recertifications

# **Significant Findings from TPE Reviews**

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## **Skilled Nursing Facility**

- **Documentation does not support medical necessity**
- **Certification requirements not met**
- **MDS Denials**
- **Insufficient Documentation**

## **Therapy Services**

- **Documentation does not support medical necessity**
- **Insufficient Documentation**



# Current Trends

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**Untimed  
Therapy and  
Nursing Facility**

**1 unit/service  
per day**

**Physician  
Units**

**Inpatient hospital  
E & M codes when  
patient in SNF**

**Consolidated  
Billing  
Ambulance, ASC,  
and  
Home Health**

**Unbundling  
of services**

**SNF Medical  
Necessity**

**Documentation  
supports all  
Medicare criteria**



# Current Trends

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## TPE Topics

Wound Debridement  
Therapy Services

CPT 97597, 97598

## 59 Modifier

Distinct & Separate

## KX Modifier

$\geq$  \$2,010 PT & SLP  
 $\geq$  \$2,010 OT

## Outpatient Therapy

$\leq$  \$2,040 PT & SLP  
 $\leq$  \$2,040 OT

# Predictions

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- NCCI  
Modifiers
- PTP
  - MUEs
  - 59 – Distinct and separate
  - KX – Over threshold
  - 95 - Telehealth





# Predictions

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## PDPM

- Diagnosis Coding
- Isolation
- SLP Categorization
- Functional Scores
- Group Therapy





# Predictions

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## Waivers & Flexibilities

- 3-day
- 100-day
- Telehealth
- Pre-authorization

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# Scrutinize

- Check prior to billing
- Establish a process
- Address claim resolution





# Utilization Review

Gather and Review documentation

Examine MDS

Proactively Audit



R

# Resources

Websites

Listservs

IVR

Network

Reports



F

Fight

If you can defend it, fight it



# Resources

Resource	Website/Phone Number
<b>CMS and CMS Programs</b>	
CMS	<a href="https://www.cms.gov">https://www.cms.gov</a>
	<a href="https://www.cms.gov/medicare-coverage-database/">https://www.cms.gov/medicare-coverage-database/</a>
	<a href="https://www.cms.gov/regulations-and-guidance/guidance/manuals">https://www.cms.gov/regulations-and-guidance/guidance/manuals</a>
CERT	<a href="https://www.cms.gov/Research-Statistics-Data-Systems/Monitoring-Programs/Improper-Payment-Measurements-Programs/CERT">https://www.cms.gov/Research-Statistics-Data-Systems/Monitoring-Programs/Improper-Payment-Measurements-Programs/CERT</a>
	1-888-779-7477
	<a href="mailto:CERTprovider@nciinc.com">CERTprovider@nciinc.com</a>
PERM	<a href="https://www.cms.gov/Research-Statistics-Data-Systems/Monitoring-Programs/Improper-Payment-Measurements-Programs/PERM">https://www.cms.gov/Research-Statistics-Data-Systems/Monitoring-Programs/Improper-Payment-Measurements-Programs/PERM</a>
Medical Record	1-800-393-3068
Statistical	<a href="mailto:PERMSC.2022@Lewin.com">PERMSC.2022@Lewin.com</a>
Review	<a href="mailto:PERMMC_2022@nciinc.com">PERMMC_2022@nciinc.com</a>
OMHA	<a href="https://www.hhs.gov/about/agencies/omha/index.html">https://www.hhs.gov/about/agencies/omha/index.html</a>

# Resources

Resource	Website/Phone Number
<b>CMS Contractors</b>	
Novitas (MAC)	<a href="https://www.novitas-solutions.com/webcenter/portal/MedicareJL">https://www.novitas-solutions.com/webcenter/portal/MedicareJL</a>
	1-877-235-8073
Cotiviti (RAC)	<a href="https://rac4info.cotiviti.com/home.aspx?ReturnUrl=%2f">https://rac4info.cotiviti.com/home.aspx?ReturnUrl=%2f</a>
	(877) 350-7992
Noridian (SMRC)	<a href="https://www.noridiansmrc.com/">https://www.noridiansmrc.com/</a>
	833-860-4133
Safeguard Services (UPIC)	<a href="http://www.safeguard-servicesllc.com/">http://www.safeguard-servicesllc.com/</a>
C2C (QIC Part A East)	<a href="https://www.c2cinc.com/QIC-Part-A-East">https://www.c2cinc.com/QIC-Part-A-East</a>
	904-224-7446
Livanta (QIO)	<a href="https://www.livantaqio.com">https://www.livantaqio.com</a>
	888-396-4646 (Region 3)

# Resources

Resource	Website/Phone Number
<b>General Resources</b>	
RAC Monitor	<a href="https://racmonitor.com/">https://racmonitor.com/</a>
NCCI Edits (PTP and MUE)	<a href="https://www.cms.gov/Medicare/Coding/NCCI-Coding-Edits">https://www.cms.gov/Medicare/Coding/NCCI-Coding-Edits</a>
WPC (Reason/Remark Codes)	<a href="http://www.wpc-edi.com">www.wpc-edi.com</a>
Office of Inspector General (OIG)	<a href="https://oig.hhs.gov">https://oig.hhs.gov</a>
PEPPER	<a href="https://pepper.cbrpepper.org/">https://pepper.cbrpepper.org/</a>
<b>Claim/Appeal Status</b>	
Novitasphere (Portal)	<a href="https://www.novitas-solutions.com/webcenter/portal/Novitasphere_JL">https://www.novitas-solutions.com/webcenter/portal/Novitasphere_JL</a>
Novitas IVR	1-877-235-8073
Reconsideration/QIC Status	<a href="https://www.q2a.com">https://www.q2a.com</a>
IRE Decision on Part C Appeals	<a href="https://qicappeals.cms.gov/qicportal/">https://qicappeals.cms.gov/qicportal/</a>
OMHA ALJ Appeal Status Information System (AASIS)	<a href="http://www.hhs.gov/about/agencies/omha/filing-an-appeal/appeals-status-lookup/index.html">www.hhs.gov/about/agencies/omha/filing-an-appeal/appeals-status-lookup/index.html</a>
CMS QIC Information	<a href="https://medicarepartaappeals.com">https://medicarepartaappeals.com</a>

# Resources

Resource	Website
<b>Insurance</b>	
Humana	<a href="https://www.humana.com/provider/">https://www.humana.com/provider/</a>
	800-457-4708 (Medicare and Medicaid)
Highmark	<a href="https://hbs.highmarkprc.com">https://hbs.highmarkprc.com</a>
	<a href="https://hmportal.cgicleve.com">https://hmportal.cgicleve.com</a> (portal)
Cohere Health	<a href="https://coherehealth.com/provider/resources/">https://coherehealth.com/provider/resources/</a>
Aetna	<a href="https://www.aetna.com/health-care-professionals.html">https://www.aetna.com/health-care-professionals.html</a>
	1-888-632-3862 (Indemnity and PPO-based plans)
	1-800-624-0756 (HMO and Medicare Advantage)
Anthem	<a href="https://www.anthem.com/provider">https://www.anthem.com/provider</a>
	800-676-2583
Availity	<a href="https://apps.availity.com/availity/web/public.elegant.login">https://apps.availity.com/availity/web/public.elegant.login</a>
	1-800-282-4548
United Healthcare	<a href="https://www.uhcprovider.com">https://www.uhcprovider.com</a>



# Thank you for participating!

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