Cotiviti Approved Issues List as of March 21, 2023

All physician/NPP specialties	32
Ambulance Providers	34
Ambulatory Surgery Center (ASC), Outpatient Hospital	38
Inpatient Hospital	40
Inpatient Hospital, Inpatient Psychiatric Facility	46
Inpatient, Outpatient, ASC, Physician	48
IP, OP, SNF, OP Clinics, ORF, CORF	50
OPH, OP Non-Hospital, SNF, ORF, CORF, Physician	52
Outpatient Hospital	54
Outpatient Hospital (OPH), Physician/Non-physician	56
Outpatient Hospital, ASC	57
Outpatient Hospital, ASC, Physician/Non-Physician	59
Outpatient Hospital, Inpatient Hospital	61
Outpatient Hospital, Physician	63
Outpatient Hospital, Physician/NPP, Lab/Ambulance	66
Outpatient Hospital; Physician	68
Physician, Outpatient Hospital, Professional Services	70
Physician, Professional Services	72
Physician, Professional Services/Outpatient Hospital	78
Physician/Non-physician Practitioner	80
Physician/Non-physician Practitioner (NPP)	82
Physician/NPP	84
Professional Services (Physician/Non-Physician)	86
Radiologists/Part B providers doing radiology service	110
SNF	112

Description MS-DRG Coding requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded and reported by the hospital on its claim, matches both the attending physician description and the information contained in the beneficiary's medical record. Reviewers will validate MS-DRGs for principal and secondary diagnosis and procedures affecting or potentially affecting the MS-DRG assignment. Coding changes may result in a partial overpayment. Under payment. Non-receipt of records will result in a full overpayment. Review of Length of Stay and Clinical Validation is not permitted.	UUU1 - Inpatient Hospital MS-DRG Coding Validation	Claim Type	Date of Service	Regions and States	1967 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR 9405.929- Post-Payment Review; 4. 42 CFR 9405.930-Failure to Respond to Additional Documentation Request: 5. 42 CFR 9405.930- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)- Timeframes and Requirements for Reopening Initial Determinations and Redeterminations Initiated by a Contractor; and (c)- Timeframes and Requirements for Reopening Initial Determinations and Redeterminations Initiated by a Contractor; and (c)- Timeframes and Requirements for Reopening Initial Determinations and Redeterminations Initiated by a Contractor; and (c)- Timeframes and Requirements for Reopening; Initial Determinations and Redeterminations Requested by a Party; 6. 42 CFR §405.986- Good Cause for Reopening; 7. Medicare Program Integrity Manual, Chapter 3- Verifying Potential Errors and Taking Corrective Actions, §53.1-3.6, 5. Medicare Program Integrity Manual, Chapter 3- Verifying Potential Errors and Taking Corrective Actions, §53.1-3.6, 5. Medicare Program Integrity Manual, Chapter 4- Case Review; 9. CMS Quality Improvement Organization (QIO) Manual, Chapter 4- Case Review, Section 4130. DRG Validation Review; 9. CMS Quality Improvement Organization (QIO) Manual, Chapter 4- Case Review, Section 4130. ERG Validation Review; 9. CMS Quality Improvement System (IPPS) Final-Rule and Correcting Amendment Tables: CMS-1752-F Table 5 https://www.cms.gov/medicare/acute-inpatient-ps/fy-2022-ipps-final-rule-home-page; 11. Medicare Claims Processing Manual, Chapter 3, \$20.1.2.4 B & C, \$40.2.4.C & D; 12. (CD-10 Clinical Modification (ICD-10-CM) and ICD-10- Procedural Coding System (PCS) (ICD-10-PCS) Coding Manual, Official Guidelines for Coding and Reporting, and Addendums	Issue Type	Date Approved	Approval Statu
MS-DRG Coding requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded and reported by the hospital on its claim, matches both the attending physician description and the information contained in the beneficiary's medical record. Reviewers will validate MS-DRGs for principal and secondary diagnosis and procedures affecting or potentially affecting the MS-DRG assignment. Coding changes may result in a partial overpayment or under payment. Non-receipt of records will result in a full overpayment. Review of Length of Stay and Clinical Validation is not permitted.	UUU1 - Inpatient Hospital MS-DRG Coding Validation	Inpatient Hospital	3 years prior to the ADR Letter date	3 - all applicable states	Locial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1883(e)- Payment of Benefits 3.42 CFR §405.930- Failure to Respond to Additional Documentation Request 5.42 CFR §405.930- Failure to Respond to Additional Documentation Request S.42 CFR §405.930- Failure to Respond to Additional Documentations, Reconsiderations, Decisions, and Reviews, (b)- Timeframes and Requirements for Reopening Initial Determinations and Redeterminations Initiated by a Contractor; and (c)- Timeframes and Requirements for Reopening Initial Determinations and Redeterminations Requested by a Party 6.42 CFR §405.980- Good Cause for Reopening Initial Determinations and Redeterminations Requested by a Party 6.42 CFR §405.980-Good Cause for Reopening Initial Determinations and Redeterminations Requested by a Party 6.42 CFR §405.980-Good Cause for Reopening 7.Medicare Claims Processing Manual, Chapter 3- Inpatient Hospital Billing, §20-Payment Under Prospective Payment System (PPS) Diagnosis Related Groups (DRGs) 8.Medicare Program Integrity Manual, Chapter 3- Inpatient Hospital Billing, §20-12.4. B & C, 40.2.4 9.Medicare Program Integrity Manual, Chapter 4- Verifying Potential Errors and Taking Corrective Actions, §§3.1-3.6.6 10.Medicare Program Integrity Manual, Chapter 6- Medicare Contractor Medical Review Guidelines for Specific Services, §6.5.3- DRG Validation Review, §6.5.4 – Review of Procedures Affecting the DRG 11.Inpatient Prospective Payment System (IPPS) Final Rule and Correcting Amendment Tables: https://www.sm.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2024-ipps-final-rule-home- page 12.ICD-10 Clinical Modification (ICD-10-CM) and ICD-10-Procedural Coding System (PCS) (CD-10-PCS) Coding Manual, Official Guidelines for	Complex	1/23/2017	Approved
Documentation will be reviewed to determine if Cataract Surgery meets Medicare coverage criteria, meets applicable coding guidelines, and/or is medically reasonable and necessary.	0002 - Cataract Removal: Medical Necessity and Documentation Requirements	Ambulatory Surgery Center (ASC), Outpatient Hospital	3 years prior to the ADR Letter date	2 - all applicable states; excluding WPS	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405-980- Reopening of Initial Determinations, Redeterminations, 	Complex	2/12/2017	Approved
Documentation will be reviewed to determine if Cataract Surgery meets Medicare coverage criteria, meets applicable coding guidelines, and/or is medically reasonable and necessary.	0002 - Cataract Removal: Medical Necessity and Documentation Requirements	Ambulatory Surgery Center (ASC), Outpatient Hospital	3 years prior to the ADR Letter date	3 - all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Complex	2/12/2017	Approved

Description	lancia Na ma	Claim Tura		Designs and Chates	4067		Data Assessed	A manager of Charles
Description	Issue Name	Claim Type Inpatient Hospital, Outpatient Hospital,	Date of Service	Regions and States	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	issue Type	Date Approved	Approval Status
Claims for sacral nerve stimulation for urinary or fecal incontinence not deemed to be medically necessary will be denied.	0003 - Sacral Neurostimulation: Medical Necessity and Documentation Requirements	Ambulatory Surgery Center (ASC), Professional Services (Physician/Non-	3 years prior to the ADR Letter date	2 - all applicable states	Social section (Act (DSA), the Vith Health Insurance for the Aged and Disabled). Section (Dod(a)(1)(Art)-exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII-Health Insurance for the Aged and Disabled, Section (1832)(e)-Payment of Benefits; 3. 42 CFR \$405.929-Post-Payment Review; 4. 42 CFR \$405.930-Failure to	Complex	1/23/2017	Approved
Claims for sacral nerve stimulation for urinary or fecal incontinence not deemed to be medically necessary will be denied.	0003 - Sacral Neurostimulation: Medical Necessity and Documentation Requirements	Physician Prostition of the physician (ASC), Professional Services (Physician/Non-	3 years prior to the ADR Letter date	3 - all applicable states	Social Security Act (SSA), Title XVIII-Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII-Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	1/23/2017	Approved
Documentation will be reviewed to determine if the Skilled Nursing Facility stay meets Medicare coverage criteria, meets applicable coding guidelines, and/or is medically reasonable and necessary.	0004 - Skilled Nursing Facility: Medical Necessity and Documentation Requirements	Skilled Nursing Facility (SNF)	3 years prior to the ADR Letter date	2 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations 405.980- Reopening of Initial Determinations, 	Complex	5/5/2017	Approved
Documentation will be reviewed to determine if the Skilled Nursing Facility stay meets Medicare coverage criteria, meets applicable coding guidelines, and/or is medically reasonable and necessary.	0004 - Skilled Nursing Facility: Medical Necessity and Documentation Requirements	Skilled Nursing Facility (SNF)	Skilled Nursing Facility (SNF)	3 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1333(e)- Payment of Benefitis; 3. 4 2 Code of Federal Regulations 405.980- Reopening of Initial Determinations, 	Complex	5/5/2017	Approved
The surgical management for the treatment or morbid obesity is considered reasonable and necessary for Medicare beneficiaries who have a BMI ≥ 35, have at least one co-morbidity related to obesity and have been previously unsuccessful with the architect between the family of the strength one interface for	0008 - Bariatric Surgery: Medical Necessity and Documentation Requirements	Outpatient Hospital; Inpatient Hospital	3 years prior to the ADR Letter date	2 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefitis; 3. 4 2 CFR 8405.929- Post-Payment Review; 4. 42 CFR \$405.930- Failure to 	Complex	1/23/2017	Approved
The surgical management for the treatment of moroid obesity is considered reasonable and necessary for Medicare beneficiaries who have a BMI ≥ 35, have at least one co-morbidity related to obesity and have been previously unsuccessful it is the theory of the second secon	0008 - Bariatric Surgery: Medical Necessity and Documentation Requirements	Outpatient Hospital; Inpatient Hospital	3 years prior to the ADR Letter date	3 - all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Complex	1/23/2017	Approved
Documentation will be reviewed to determine if Cardiac PET Scans meet Medicare coverage criteria, meet applicable coding guidelines, and/or are medically reasonable and necessary.	0010 - Cardiac Positron Emission Tomography Scans: Medical Necessity and Documentation Requirements	Outpatient Hospital; Professional Services (Physician/Non-Physician Practitioner)	3 years prior to the ADR Letter date	3 - Florida, PR and VI ONLY	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Complex	1/24/2017	Approved
Home Services Billed for Hospital Inpatients - Home Services CPT Codes may not be used for billing services provided in settings other than in the private residence of a beneficiary.	0011 - Inappropriate Billing of Home Visit Professional Service Evaluation and Management Codes During Inpatient	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 - all applicable states	 Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 4 CFR §405.929- Post-Payment Review; 4 2 CFR §405.930- Failure to Respond to Additional 	Automated	1/29/2017	Approved
Home Services Billed for Hospital Inpatients - Home Services CPT Codes may not be used for billing services provided in settings other than in the private residence of a beneficiary.	0011 - Inappropriate Billing of Home Visit Professional Service Evaluation and Management Codes During Inpatient	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	3 - all applicable states	 Social Security Act, Trile XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional 	Automated	1/29/2017	Approved
Under the Medicare PPS for inpatient psychiatric facilities (IPP), LMS makes an additional payment to an IPF or a distinct part unit (DPU) for the first day of a beneficiary's stay to account for emergency department costs if the IPF has a multiplice generation of the terms of Medicare CAS does not make this caumont if any life in a medicare of the terms of terms of the terms of te	0022 - Inpatient Psychiatric Admission Billed without Source of Admission Equal to "D"	Inpatient Hospital, Inpatient Psychiatric Facility	3 years prior to the Informational Letter date	3 - all applicable states	 Social Security Act, Trile XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer Social Security Act, Trile XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 	Automated	2/27/2017	Approved
Under the WeatCare VPS for Impatient psychiachCraCinities (IPF), 'CMIS makes an ' additional payment to an IPF or a distinct part unit (DPU) for the first day of a beneficiary's stay to account for emergency department costs if the IPF has a multifician generation department. However, CMIS does are have hit company if it	0022 - Inpatient Psychiatric Stay Billed without Source of Admission Equal to "D"	Inpatient Hospital, Inpatient Psychiatric Facility	3 years prior to the Informational Letter date	2 - all applicable states	 Social Security Act, Trile XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional 	Automated	2/27/2017	Approved
Claims for ACPCS code 60438 billed more than once in a inferme while be deneed. HCPCS code 60438 (Annual wellness visit; includes a personalized prevention plan of service (PPS), includes a "one time" allowed Medicare benefit per baseficion.	0028 - Annual Wellness Visits: Excessive Units	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)[1]/Ab- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR \$405.980- Reopening of Initial Determinations, Redeterminations, 	Automated	4/26/2017	Approved
ClaimS*10P HCPCS code GU438 billed more than once in a infetime will be denied. HCPCS code GU438 (Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit) is a "one time" allowed Medicare benefit per beooficiare.	0028 - Annual Wellness Visits: Excessive Units	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	3 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3.42 CFR 5405.980- Reopening of Initial Determinations, Redeterminations, 	Automated	4/26/2017	Approved
Both finitial Hospital care codes (CPT codes 92221–99223) and Subsequent Hospital Care codes (CPT Codes 99231 99233) are "per diem" services and may be reported only once per day by the same physician(s) of the same specialty from the same service percent.	0037 - Hospital Services: Excessive Units	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 - all applicable states	 Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional 	Automated	3/23/2017	Approved
Both finitial Hospital Care codes (CPT codes 99221–99223) and Subsequent Hospital Care codes (CPT Codes 99231 99233) are "per diem" services and may be reported only once per day by the same physician(s) of the same specialty from the same recurs percise.	0037 - Hospital Services: Excessive Units	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	3 - all applicable states	 Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Paper; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional 	Automated	3/23/2017	Approved
If the infpatient care is being billed by the nospital as inpatient nospital care, the hospital care codes apply. If the inpatient care is being billed by the hospital as nursing facility care, then the nursing facility codes apply. Hospital Care CPT codes 00231-00232-00231-00232 and 00238-00230 will could be an expressionment and	0038 - Visits to Patients in Swing Beds: Incorrect Coding	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3.42 CFR §405.929- Post-Payment Review; 4. 2 CFR §405.930- Failure to 	Automated	3/23/2017	Approved
If the inplatient care is being billed by the hospital as inplatient hospital care, the hospital care codes apply. If the inplatient care is being billed by the hospital as nursing facility care, then the nursing facility codes apply. Hospital Care CPT codes 02121-0212, 2021, 0213, 04 0213, 00239, will result in an ourserparament and	0038 - Visits to Patients in Swing Beds: Incorrect Coding	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	3 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)[1](A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR \$405.920- Post-Payment Review, 4. 2 CFR \$405.930- Failure to 	Automated	3/23/2017	Approved
Providers are only another to bill the CPP codes for New Patient Visits in the patient has not received any face-to-face service from the physician or physician group practice (limited to physicians of the same specialty) within the previous 3 years.	0039 - Ophthalmology Codes for New Patient: Incorrect Coding	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 - all applicable states	 Social Security Act (ISA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(1)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 	Automated	3/23/2017	Approved
Providers are only anowed to bin the CPT codes for New Patient Visits in the patient has not received any face-to-face service from the physician or physician group practice (limited to physicians of the same specialty) within the previous 3 years. This group identifies claims for patients who have hear come by the come provider.	0039 - Ophthalmology Codes for New Patient: Incorrect Coding	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	3 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 	Automated	3/23/2017	Approved
Office or other outpatient visits for evaluation and management services may not be billed for patients while admitted to a hospital setting. Services billed incorrectly will result in an overpayment and will be recouped.	0042 - Evaluation and Management Services for Office or Other Outpatient Visit Billed for Hospital Inpatients: Incorrect Coding	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Automated	3/23/2017	Approved
Office or other outpatient visits for evaluation and management services may not be billed for patients while admitted to a hospital setting. Services billed incorrectly will result in an overpayment and will be recouped.	0042 - Evaluation and Management Services for Office or Other Outpatient Visit Billed for Hospital Inpatients: Incorrect Coding	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	3 - all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Automated	3/23/2017	Approved
A new patient is one who has not received any protessional services, [e.g., L/M service or other face-to-face service (e.g., surgical procedure)] from the physician or physician group practice (same physician specialty) within the previous 3 years. The other expendity hilled according a strate tick will be desired if a states EAL second was	0043 - New Patient Visits: Incorrect Coding	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Automated	3/23/2017	Approved
A new patient is one who has not received any protessional services, [e.g., E/M service or other face-to-face service (e.g., surgical procedure)] from the physician or physician group practice (same physician specialty) within the previous 3 years.	0043 - New Patient Visits: Incorrect Coding	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	3 - all applicable states	1.Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Automated	3/23/2017	Approved

Description	Issue Name	Claim Tune	Date of Service	Regions and States	1067		Date Approved	Approval Status
Claims for CPT code 67228 (Treatment of extensive or progressive retinopathy), billed more frequently than once per eye within the global surgery period will be	0047 - Panretinal (Scatter) Laser Photocoagulation: Excessive	Outpatient Hospital, Professional Services (Physician/Non-Physician	3 years prior to the Informational Letter date	2 - NGS states only: IL, MN. WI	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 	Automated	4/26/2017	Approval status
denied. Algoritom tentrites all paid Ambulance Claims billed with any HCPCS codes listed in Appendix D with modifier NN on the same line, for SNF claims. Under the prospective payment system, some ambulance transportation provided by outside	0049 - Ambulance Transfer between Skilled Nursing Facilities: Unbundling	Practitioner) Ambulance Providers	3 years prior to the Informational Letter date	2 - all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.939- Failure to	Automated	8/8/2017	Approved
Augorient he ENEries is paid Ambulance than Stinket Winnan y HC PCS concernated in in Appendix D with modifier NN on the same line, for SNF claims. Under the prospective payment system, some ambulance transportation provided by outside unalizers to Exception to include do the NEPPI Molicare Date a payment and in	0049 - Ambulance Transfer between Skilled Nursing Facilities: Unbundling	Ambulance Providers	3 years prior to the Informational Letter date	3 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405:929- Post-Payment Review; 4. 42 CFR §405:930- Failure to 	Automated	8/8/2017	Approved
CPT has designated certain codes as "add-on procedures". These services are always done in conjunction with another procedure and are only payable when an appropriate primary service is also billed.	0050 - Add-on Codes Paid without Primary Code and/or Denied Primary Code	Professional Services (Physician/Non- Physician Practitioners); Outpatient Hospital	3 years prior to the Informational Letter date	2 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405-980- Reopening of Initial Determinations, Redeterminations, 	Automated	1/22/2021	Approved
CPT has designated certain codes as "add-on procedures". These services are always done in conjunction with another procedure and are only payable when an appropriate primary service is also billed. Clams for CPT/NPCPS codes that are billed with a 1 C and/or PC modifier in Clams for CPT/NPCPS codes that are billed with a 1 C and/or PC modifier in Common comparison.	0050 - Add-on Codes Paid without Primary Code and/or Denied Primary Code	Professional Services (Physician/Non- Physician Practitioners); Outpatient Hospital	3 years prior to the Informational Letter date	3 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 	Automated	1/22/2021	Approved
claims for a right body state to be balled with a real by the through the mounter in addition to the global procedure by the same provider, will be denied. Denied claims (or claim lines) will result in an overpayment and payment will be Claims for CPT/HCPCS codes that are billed with a TC and/or PC mounter in	0051 - Global versus Technical Component/Professional Component Reimbursements: Unbundling	Professional Services (Physician/Non- Physician Practitioner), Lab/Ambulance	3 years prior to the Informational Letter date	2 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Automated	4/26/2017	Approved
addition to the global procedure by the same provider, will be denied. Denied claims (or claim lines) will result in an overpayment and payment will be AMBUISANCE services ouring an inpatient stay are included in the facility SPPS	0051 - Global versus Technical Component/Professional Component Reimbursements: Unbundling	Professional Services (Physician/Non- Physician Practitioner), Lab/Ambulance	3 years prior to the Informational Letter date	3 - all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1833(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1833(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1833(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1833(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1833(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1833(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1833(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1833(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1833(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1833(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1833(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1833(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1833(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1833(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1833(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1833(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1834(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1834(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1834(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1834(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1834(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1834(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1834(e)- Payment of Benefits Coverage for the Aged and Disabled, Section 1834(e)- Payment of Benefits Co	Automated	4/26/2017	Approved
payment and are not separately payable under Part B, excluding the date of admission, date of discharge and any leave of absence days. Ambulance providers Ambulance services during an impatient start are included in the fracticity spell	0054 - Ambulance Billed during Inpatient: Unbundling	Ambulance Providers	3 years prior to the Informational Letter date	2 - all applicable states	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exultions from Coverage and Medicare as a Secondary Payer; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Social Security Act (SSA), Title XVIII- Health Insurance for Aged Section 1862(a)(1)(A)- Exult Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exult Security Act (SSA), Title XVIII- Health Insurance for Aged Section 1862(a)(1)(A)- Expected Section 1862(a)(A) Social Security Act (SSA), Title XVIII- Health Insurance for Aged Section 1862(a)(A) Act (SSA), Title XVIII- Health Insurance for Aged Section 1862(a)(A) Act (SSA), Title XVIII- Health Insurance for Aged Section 1862(a)(A) Act (SSA), Title XVIII- Health Insurance for Aged Section 1862(a)(A) Act (SSA), Title XVIII- Health Insurance for Aged Section 1862(a)(A) Act (SSA), Title XVIII- Health Insurance for Aged Section 1862(a)(A) Act (SSA), Title XVIII- Health Insurance for Aged Section 1862(a)(A) Act (SSA), Title XVIII- Health Insurance for Aged Section 1862(a)(A) Act (SSA), Advected Aged Section 1862(a)	Automated	6/20/2017	Approved
payment and are not separately payable under Part B, excluding the date of admission, date of discharge and any leave of absence days. Ambulance providers cranns with CP1 inglareint hospiranciafer with a long hind handling method (c)	0054 - Ambulance Billed during Inpatient: Unbundling	Ambulance Providers	3 years prior to the Informational Letter date	3 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefit; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 3. 42 CFR §405.980. Reopening of Initial Determinations, Redeterminations, I. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from I. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from 	Automated	6/20/2017	Approved
billed for services rendered to a patient residing in a skilled nursing facility (SNF), with no inpatient hospital facility claim for the same date of service, will be <u>claints with CPI inflatefit fostbicate a construction and management (E/M) codes</u>	0056 - Evaluation and Management Services in Skilled Nursing Facilities: Incorrect Coding	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) = CKUSIONS from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefity; 3. 42 CFR \$405.593 - Post-Payment Review; 4. 42 CFR \$405.593 - Failure to 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from 	Automated	8/7/2017	Approved
billed for services rendered to a patient residing in a skilled nursing facility (SNF), with no inpatient hospital facility claim for the same date of service, will be editated to equivalent CRTENCE (Mender	0056 - Evaluation and Management Services in Skilled Nursing Facilities: Incorrect Coding	Professional Services (Physician/Non- Physician Practitioner) Outpatient Hospital, Skilled Nursing	3 years prior to the Informational Letter date	3 - all applicable states	Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Automated	8/7/2017	Approved
exceed (1) in the units billed column per date of service.	0060 - Untimed Therapy: Excessive Units	Facility (SNF), Outpatient Rehabilitation Facility (ORF), Comprehensive Outpatient Butpatient nospitality skiller Nursing	3 years prior to the Informational Letter date	2 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from 	Automated	9/8/2017	Approved
When reporting service units for untimed codes (excluding Modifiers -KX, and -59) where the procedure is not defined by a specific timeframe, the provider may not exceed (1) in the units billed column per date of service. The NURSING Facility Services codes represent a per day Service. As such, these	0060 - Untimed Therapy: Excessive Units	Facility (SNF), Outpatient Rehabilitation Facility (ORF), Comprehensive Outpatient Pobabilitation Facility (CORF)	3 years prior to the Informational Letter date	3 - all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405:929- Post-Payment Review; 4. 42 CFR §405:930- Failure to	Automated	9/8/2017	Approved
codes may only be reported once per day, per Beneficiary, Provider and date of service. Relevant CPT codes billed more than once per day will result in an The Nairsing Facility services codes represent a "per day" service. As such, these	0061 - Nursing Facility Services: Excessive Units	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 - all applicable states	 Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer; 3. 42 Code of Federal Regulations §424.5(a)(6)- Sufficient Information; 4. 42 Code of Federal Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled. Section 1833(e)- Payment of Benefits 	Automated	9/8/2017	Approved
codes may only be reported once per day, per Beneficiary, Provider and date of service. Relevant CPT codes billed more than once per day will result in an Carriers may hot pay for the technical component (1C) or radiology services	0061 - Nursing Facility Services: Excessive Units	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	3 - all applicable states	2. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(Å) - Exclusions from Coverage and Medicare as a Secondary Payer	Automated	9/8/2017	Approved
furnished to patients in hospital settings. Query identifies TC portion of radiology paid to entities other than the inpatient facility. Findings are limited to claim lines <u>tilled with modifies to the technical composition of the statology sectors</u> " ¹¹	0062 - Radiology: Technical Component during Inpatient Stay	Radiologists/Part B providers doing radiology service	3 years prior to the Informational Letter date	2 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from 	Automated	9/8/2017	Approved
furnished to patients in hospital settings. Query identifies TC portion of radiology paid to entities other than the inpatient facility. Findings are limited to claim lines billed with modifier TC and claim lines for sensing codes with TC/RC Indicator "1"	0062 - Radiology: Technical Component during Inpatient Stay	Radiologists/Part B providers doing radiology service	3 years prior to the Informational Letter date	3 - all applicable states	Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Automated	9/8/2017	Approved
Duplicate claims or line date of service items will be denied.	0064 - Facility Duplicate Claims	Inpatient Hospital; Outpatient Hospital; Skilled Nursing Facility (SNF)	3 years prior to the Informational Letter date	3 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from 	Automated	9/8/2017	Approved
Duplicate claims or line date of service items will be denied. Inpatient hospital services turnished to a patient of an inpatient psychiatric facility	0064 - Facility Duplicate Claims	Inpatient Hospital; Outpatient Hospital; Skilled Nursing Facility (SNF)	3 years prior to the Informational Letter date	2 - all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automated	9/8/2017	Approved
will be reviewed to determine that services were medically reasonable and necessary. Services found to be not medically reasonable and necessary will result inpartem nospital services turnisneo to a patient or an inpatienc psychiatric raciiity	0067 - Inpatient Psychiatric Facility Services: Medical Necessity and Documentation Requirements	Inpatient Hospital (IP); Inpatient Psychiatric Facility (IPF)	3 years prior to ADR Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1815(a)- Payment to Providers of Services; 2. Title XVIII of the Social Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Act (SSA), Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as Secondary Payer, 4. Title XVIII of the Social Security Title XVIII of the Social Security Act (SSA). Section 1814(J)(J)(A) and (A). Conditions of and Institutions on Dawned for Excuring Title XVIII of the Social Security Act (SSA). Section 1814(J)(J)(A) and (A). Conditions of and Institutions on Dawned for Excuring Title XVIII of the Social Security Act (SSA). 	Complex	9/8/2017	Approved
will be reviewed to determine that services were medically reasonable and necessary. Services found to be not medically reasonable and necessary will result is an excession of the services and the services and the services are services are services and the services are services are services are services and the services are services are services are services are services are services are services and the services are services a	0067 - Inpatient Psychiatric Facility Services: Medical Necessity and Documentation Requirements	Inpatient Hospital (IP); Inpatient Psychiatric Facility (IPF)	3 years prior to ADR Letter date	3 – all applicable states	1.Title XVIII of the Social Security Act (SSA), Section 1814(a)(2)(A) and (4)- Conditions of and Limitations on Payment for Services 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1815(a)- Payment to Providers of Services	Complex	9/8/2017	Approved
Outpatient service dates that fall totally within inpatient admission and discharge dates at the same or another provider or outpatient bill that overlaps an inpatient admission are considered exact duplicates and should be rejected.	0072 - Outpatient Service Overlapping or During an Inpatient Stay: Duplicate Payments	Outpatient Hospital; Inpatient Hospital Part B, TOB: 12x, 13x	3 years prior to the Informational Letter date	2 - all applicable states	 SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR \$405, 929- Post-Payment Review; 4. 42 CFR \$405,930- Failure to Respond to Additional Documentation Request; 5. 42 CFR 5. CA Title value listed to a second and the second disabled for the Aged and Disabled. Section 5. Control and Second to Additional Documentation Request; 5. 42 CFR 	Automated	10/5/2017	Approved
Outpatient service dates that fall totally within inpatient admission and discharge dates at the same or another provider or outpatient bill that overlaps an inpatient admission are considered exact duplicates and should be rejected.	0072 - Outpatient Service Overlapping or During an Inpatient Stay: Duplicate Payments	Outpatient Hospital; Inpatient Hospital Part B, TOB: 12x, 13x	3 years prior to the Informational Letter date	3 - all applicable states	 SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42 CFR 	Automated	10/5/2017	Approved

Description Medicare only pays for services that are reasonable and necessary for the setting	Issue Name	Claim Type	Date of Service	Regions and States	1967	Issue Type	Date Approved	Approval Status
billed. The inpatient rehabilitation facility (IRF) benefit is designed to provide intensive rehabilitation therapy in a resource intensive inpatient hospital meticare and for bays raff ciervices that due treasonable lawit necessary our ine settling.	0073 - Inpatient Rehabilitation Facility: Medical Necessity and Documentation Requirements	Inpatient Rehabilitation Facility; Inpatient	3 years prior to ADR Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1862(a)(1)(A): Exclusions from Coverage and Medicare as a Secondary Payer, 2:SSA, Title XVIII- Health Insurance for the Aged and Disabled, §1833(e): Payment of Benefits; 3: SSA, Title XVII- Health Insurance for the Aged and Disabled, §1834(m)(4)(F)- Telehealth Service; 4: 42 CFR §405:929- 	Complex	10/4/2018	Approved
Medicare only pays for services that are reasonable and necessary for the setting billed. The inpatient rehabilitation facility (IRF) benefit is designed to provide intensive rehabilitation therapy in a resource intensive inpatient hospital	0073 - Inpatient Rehabilitation Facility: Medical Necessity and Documentation Requirements	Inpatient Rehabilitation Facility; Inpatient	3 years prior to ADR Letter date	3 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer ZSA, Title XVIII- Health Insurance for the Aged and Disabled, §1833(e)- Payment of Benefits 	Complex	10/4/2018	Approved
Drugs and Biologicals are billed in multiples of the dosage specified in the HCPCS code long descriptor. The number of units billed should be assigned based on the dosage increment specified in that CPT/HCPCS long descriptor, and correspond to	0074 - Drugs and Biologicals: Incorrect Units Billed	Outpatient Hospital; Professional Services (Physician/Non-Physician Practitioner)	3 years prior to the ADR Letter date	2 – all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Complex	12/21/2017	Approved
Claims billed with excessive or insufficient units will be reviewed to determine the actual amount administered and the correct number of billable/payable units.	0074 - Drugs and Biologicals in Single-Dose Vials: Incorrect Units Billed	Outpatient Hospital; Professional Services (Physician/Non-Physician Practitioner)	3 years prior to the ADR Letter date	3 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 	Complex	12/21/2017	Approved
The Annual Wellness Visit (AWV) is not payable if an Initial Preventive Physical Examination (IPPE) or an Annual Wellness Visit (AWV) has been paid within the previous eleven (11) whole months.	0077 - Annual Wellness Visit Billed Sooner Than Eleven Whole Months Following the Initial Preventive Physical Examination	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 - all applicable states	 Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR \$405.980. Reopening of Initial Determinations, Redeterminations, 	Automated	1/9/2018	Approved
The Annual Wellness Visit (AWV) is not payable if an Initial Preventive Physical Examination (IPPE) or an Annual Wellness Visit (AWV) has been paid within the previous eleven (11) whole months.	0077 - Annual Wellness Visit Billed Sooner Than Eleven Whole Months Following the Initial Preventive Physical Examination	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	3 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, 	Automated	1/9/2018	Approved
Documentation will be reviewed to determine if Cardiac Pacemakers meet Medicare coverage criteria, meet applicable coding guidelines, and/or are medically reasonable and necessary.	0078 - Cardiac Pacemakers: Medical Necessity and Documentation Requirements	Outpatient Hospital (OP), Ambulatory Surgical Center (ASC)	3 years prior to ADR Letter date	2 – all applicable states	 Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR \$405.980. Reopening of Initial Determinations, Redeterminations, 	Complex	2/15/2018	Approved
Documentation will be reviewed to determine if Cardiac Pacemakers meet Medicare coverage criteria, meet applicable coding guidelines, and/or are medically reasonable and necessary.	0078 - Cardiac Pacemakers: Medical Necessity and Documentation Requirements	Outpatient Hospital, Ambulatory Surgical Center (ASC)	3 years prior to ADR Letter date	3 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, 	Complex	2/15/2018	Approved
Laboratory services are covered under Part A, excluding anatomic pathology services and certain clinical pathology services, therefore if billed separately should be denied as unbundled services. Denied services will result in an overpayment.	0085 - Laboratory Services Rendered During an Inpatient Stay: Unbundling	Laboratory, Outpatient Hospital	3 years prior to the Informational Letter date	2 – all applicable states	1 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Automated	3/13/2018	Approved
Laboratory services are covered under Part A, excluding anatomic pathology services and certain clinical pathology services, therefore if billed separately should be denied as unbundled services. Denied services will result in an overpayment.	0085 - Laboratory Services Rendered During an Inpatient Stay: Unbundling	Laboratory, Outpatient Hospital	3 years prior to the Informational Letter date	3 – all applicable states	 Social Security Act, Title XVIII - Health Insurance for the Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act, Title XVIII - Health Insurance for the Aged and Disabled, §1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, 	Automated	3/13/2018	Approved
Hospital outpatient observation care (initial, subsequent and/or discnarge management) rendered on the same date as a hospital inpatient admission by the same physician is not separately payable. Medicare payment for the initial hospital with include all contexe required to the patient on the date of admission by the same physician is not separately payable.	0086 - Observation Evaluation & Management (E&M) Services Billed Same Day as Inpatient Admission: Unbundling	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 – all applicable states	 Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR \$405.529- Post-Payment Review; 4. 42 CFR \$405.930-Failure to 	Automated	3/14/2018	Approved
Hospital outpatient observation care (initial, subsequent and/or discharge management) rendered on the same date as a hospital inpatient admission by the same physician is not separately payable. Medicare payment for the initial hospital with includes all considers consided to the patients and the date of admission by the table to be additional to the same set of the set of admission by the same physician is not set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set o	0086 - Observation Evaluation & Management (E&M) Services Billed Same Day as Inpatient Admission: Unbundling	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	3 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 42 CFR §405.929- Post-Payment Review; 42 CFR §405.930- Failure to 	Automated	3/14/2018	Approved
The ESRO PPS includes consolidated billing for immed Part & services included in the ESRO facility bundled payment. Certain laboratory services and limited drugs and supplies will be subject to Part B consolidated billing and will no longer be the ESRO PPS includes consolidated on FIND for minicial Part is services includeed in the ESRO PPS includes consolidated on FIND for minicial Part is services includeed in the ESRO PPS includes consolidated on FIND for minicial Part is services includeed in the ESRO PPS includes consolidated on FIND for minicial Part is serviced in the Part is the Part in the Part is the Part is the Part in the Part is the Part i	0087 - Laboratory Services for End-Stage Renal Disease Subject to Part B Consolidated Billing: Unbundling	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Automated	3/14/2018	Approved
the ESRD FrS includes consolidated billing on imitted Part & services included in the ESRD facility bundled payment. Certain laboratory services and limited drugs and supplies will be subject to Part B consolidated billing and will no longer be constable payble when servided for ESRD beneficiates by previder after than the constable payble when servided for ESRD beneficiates by previder after than the constable payble when servided for ESRD beneficiates by previder after than the constable payble when servided for ESRD beneficiates by previder after than the constable payble when servided for ESRD beneficiates by previder after than the constable payble payb	0087 - Laboratory Services for End-Stage Renal Disease Subject to Part B Consolidated Billing: Unbundling	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	3 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer: 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Automated	3/14/2018	Approved
Covered ancillary items and services are not payable if there is no approved Ambulatory Surgical Center (ASC) surgical procedure on the same claim or in history for the same date of service and same provider.	0088 - Ancillary Services Billed Without an Approved Surgical Procedure	Ambulatory Surgery Center (ASC)	3 years prior to the Informational Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as 3 Secondary Payer: 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, 	Automated	3/14/2018	Approved
Covered ancillary items and services are not payable if there is no approved Ambulatory Surgical Center (ASC) surgical procedure on the same claim or in history for the same date of service and same provider.	0088 - Ancillary Services Billed Without an Approved Surgical Procedure	Ambulatory Surgery Center (ASC)	3 years prior to the Informational Letter date	3 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as 3 Secondary Payer: 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, 	Automated	3/14/2018	Approved
Services of Clinical Social Workers (CSW) rendered during Inpatient Hospital stays are included in the facilities PPS payment and are not separately payable under Part B. CSW providers are expected to seek reimbursement from the facility.	0089 - Clinical Social Worker during Inpatient: Unbundling	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)-Exclusions from Coverage and Medicare as 3 Secondary Payer: 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 	Automated	3/14/2018	Approved
Services of Clinical Social Workers (CSW) rendered during Inpatient Hospital stays are included in the facilities PPS payment and are not separately payable under Part B. CSW providers are expected to seek reimbursement from the facility.	0089 - Clinical Social Worker during Inpatient: Unbundling	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	3 – all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section §1861(hh)- Clinical Social Worker,	Automated	3/14/2018	Approved
The technical component (TC) of lab/pathology services furnished to patients in an inpatient or outpatient hospital setting are not separately payable.	0090 - Laboratory/Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbundling	Professional Services (Physician/Non- Physician Practitioner); Laboratory; Independent Diagnostic Testing Facility	3 years prior to the Informational Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405:929- Post-Payment Review; 4.42 CFR §405:930- Failure to 	Automated	4/4/2018	Approved
The technical component (TC) of lab/pathology services furnished to patients in an inpatient or outpatient hospital setting are not separately payable.	0090 - Laboratory/Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbundling	Professional Services (Physician/Non- Physician Practitioner); Laboratory; Independent Diagnostic Testing Facility	3 years prior to the Informational Letter date	3 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Automated	4/4/2018	Approved
Duplicate claims are any claims paid across more than one claim number for the same Beneficiary, CPT/HCPCS code and service date by the same provider. Duplicate claims will be denied if billed with exact data and the contractor paid for concises provided by across Denied duplicate claims will result in an oursequence.	0091- Duplicate Claims: Professional Services	Part B Professional Services (Physician/Non-Physician Practitioner)	3 years prior to the Informational Letter date	2 – all applicable states	 Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional 	Automated	5/8/2018	Approved
copilicate claims are any claims paid across inore than one claims humber for the same Beneficiary, CPT/HCPCS code and service date by the same provider. Duplicate claims will be denied if billed with exact data and the contractor paid for concises means than area. Denied duplicate claims will could in an experiment	0091- Duplicate Claims: Professional Services	Part B Professional Services (Physician/Non-Physician Practitioner)	3 years prior to the Informational Letter date	3 – all applicable states	 Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional 	Automated	5/8/2018	Approved
The review shall identify claims billed incorrectly as percutaneous implantation of neurostimulator electrode arrays when the medical record demonstrates the transcutaneous placement of a device.	0092 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical Necessity and Documentation Requirements	Outpatient Hospital; Ambulatory Surgery Center (ASC); Professional Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, 	Complex	5/8/2018	Approved

Description	Issue Name	Claim Type	Date of Service	Regions and States	1967	Issue Type	Date Approved	Approval Status
The review shall identify claims billed incorrectly as percutaneous implantation of	0092 - Percutaneous Implantation of Neurostimulator Electrode	Outpatient Hospital; Ambulatory Surgery			1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
neurostimulator electrode arrays when the medical record demonstrates the	Array: Medical Necessity and Documentation Requirements	Center (ASC); Professional Services	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	5/8/2018	Approved
transcutaneous placement of a device.	-,	(Physician/Non-Physician Practitioner)			2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
and treat life-threatening tachyarrhythmias. The device consists of a pulse	0093 - Implantable Automatic Defibrillators- Outpatient	Outpatient Hospital, Ambulatory Surgery			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
generator and electrodes for sensing and defibrillating. Medical documentation	Procedure: Medical Necessity and Documentation	Center (ASC), Professional Services	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	5/14/2018	Approved
All the second second frequency of the second s	Requirements	(Physician/Non-Physician Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
The Implantable automatic deribilitator is an electronic device designed to detect	0093 - Implantable Automatic Defibrillators- Outpatient	Outpatient Hospital, Ambulatory Surgery			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
and treat life-threatening tachyarrhythmias. The device consists of a pulse generator and electrodes for sensing and defibrillating. Medical documentation	Procedure: Medical Necessity and Documentation	Center (ASC), Professional Services	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	5/14/2018	Approved
	Requirements	(Physician/Non-Physician Practitioner)			2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
Facet joint are joints in the spine that aid stability and allow the spine to bend and					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
twist. Facet joint injections are a type of interventional pain management	0095 - Facet Joint Interventions: Medical Necessity and	Inpatient Hospital (Part B), Outpatient	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	2/1/2023	Approved
technique used to diagnose or treat back pain. Intraarticular blocks may provide	Documentation Requirements	Hospital, Outpatient Surgery			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
tertain to redoes for fart is proressional services for the same beneficiary, same					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Date of Service, and Same Provider will be recovered as overpayments as they are	0098 - Critical Care Professional Services: Unbundling	Professional Services (Physician/Non-	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	6/18/2018	Approved
not payable when performed on the same day a physician bills for critical care.	· ·	Physician Practitioner)	· ·		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Certain CPT codes for Part & Professional services for the same deneticiary, same					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			1
Date of Service, and Same Provider will be recovered as overpayments as they are	0098 - Critical Care Professional Services: Unbundling	Professional Services (Physician/Non-	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	6/18/2018	Approved
not payable when performed on the same day a physician bills for critical care.	bood - childa care i foressional services. Onbunuling	Physician Practitioner)	5 years prior to the mormational tetter date	5 an applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automateu	0/10/2010	Approved
Payment for the Skilled Nursing Facility (SNF) services, listed in the SNF					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Consolidated Billing Table, Major Category I.F and V.A., provided to beneficiaries	0000 Chilled Number Cosility Consolidated Dillion Unbundling	Outpatient Facility	2	2 all analizable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	A	C /25 /2010	A
by the outpatient facility, in a Medicare covered Part A SNF stay, are included in a	0099 - Skilled Nursing Facility Consolidated Billing: Unbundling	Outpatient Facility	3 years prior to the Informational Letter date	2 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automated	6/25/2018	Approved
buydledt for the Skined Wursthg Facility (Styr) services, listed in Prie Skir for those					1.Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and Disabled. Section 1862(a)(1)(A)- Exclusions from			+
Consolidated Billing Table, Major Category I.F and V.A., provided to beneficiaries	people chilled at active provide consultational patholic starts.			5			c /25 /201 c	
by the outpatient facility, in a Medicare covered Part A SNF stay, are included in a	0099 - Skilled Nursing Facility Consolidated Billing: Unbundling	Outpatient Facility	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Automated	6/25/2018	Approved
CMS has designated certain codes as "add-on procedures". These services are								
always done in conjunction with another procedure and are only payable when an	0100 - Add-On Code Paid without Primary Code and/or Denied				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
appropriate primary service is also billed. Clinical Laboratory providers paid for	Primary Code: Clinical Laboratory	Laboratory	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	6/20/2018	Approved
Add na HCRCS/CPT codes without the radius of Proceedures . I here services are					Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
	0100 Add On Code Daid without Drivery Code and /or Desired				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
always done in conjunction with another procedure and are only payable when an	0100 - Add-On Code Paid without Primary Code and/or Denied Primary Code: Clinical Laboratory	Laboratory	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	6/20/2018	Approved
appropriate primary service is also billed. Clinical Laboratory providers paid for	Finally code. Chinical Eaboratory				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
APC cooling requires that proceduration formation, as coved and reported by the					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
hospital on its claim, match both the attending physician description and the	0101 - Ambulatory Payment Classification Coding Validation	Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	7/26/2018	Approved
information contained in the beneficiary's medical record. Reviewers will validate					Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
APC coding requires that procedural information, as coded and reported by the					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
hospital on its claim, match both the attending physician description and the	0101 - Ambulatory Payment Classification Coding Validation	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	7/26/2018	Approved
information contained in the beneficiary's medical record. Reviewers will validate			.,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		, , , , ,	
this has besignated certabilicodes as "add-on procedures". These services are					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
always done in conjunction with another procedure and are only payable when an	0104 - Add-on Code Paid without Primary Code and/or Denied	Ambulatory Surgery Center (ASC)	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Paver: 2. Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and	Automated	7/24/2018	Approved
appropriate primary service is also paid. ASC providers paid for Add-On	Primary Code – Ambulatory Surgical Center	Ambulatory Surgery Center (ASC)	5 years prior to the mormational cetter date	2 an applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automateu	7/24/2010	Approved
CCMS has be signated the tain to des as a dation procedures of these services are will					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			-
always done in conjunction with another procedure and are only payable when an	0104 - Add-on Code Paid without Primary Code and/or Denied	Ambulatory Surgery Center (ASC)	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	7/24/2018	Approved
appropriate primary service is also paid. ASC providers paid for Add-On	Primary Code – Ambulatory Surgical Center	Ambulatory Surgery Center (ASC)	s years prior to the mormational Letter date	5 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automateu	//24/2018	Approved
Under the Medicare Physician Fee schedule (MPFS), some procedures have								
separate rates for physicians' services when provided in facility and nonfacility		Professional Services (Physician/Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		- / /	
settings. The rate, facility or nonfacility, which a physician service is paid under the	0108 - Facility vs Non-Facility Reimbursement: Incorrect Coding	Physician Practitioner)	6 months prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	9/11/2018	Approved
MRREF is detorminante brothen Blansper Senanting (ROS)-so desther his vised the identify the					Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			4
separate rates for physicians' services when provided in facility and nonfacility		Professional Services (Physician/Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
settings. The rate, facility or nonfacility, which a physician service is paid under the	0108 - Facility vs Non-Facility Reimbursement: Incorrect Coding	Physician Practitioner)	6 months prior to the Informational Letter date	e 3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	9/11/2018	Approved
MEE is determined by the Black of the Control (DCC) and the interview of t					Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			┢────
Services to be Submitted with a 26 Modifier) is billed during a paid inpatient Part A	0110 - Skilled Nursing Facility Consolidated Billing: Part B – Use	Professional Services (Physician/Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
SNF stay, without modifier 26, the Part B claim will be repriced with modifier 26 to		Physician Practitioner)	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer	Automated	9/20/2018	Approved
when the part of certain content of the second s	or mounter 20, Protessional component	Thysician Practicinery			2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
	0110 Skilled Nursian Conility Consolidated Billion Dort D. Line	Destantional Consistent (Discriminan /Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusion from			
Services to be Submitted with a 26 Modifier) is billed during a paid inpatient Part A		Professional Services (Physician/Non-	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Automated	9/20/2018	Approved
SNF stay, without modifier 26, the Part B claim will be repriced with modifier 26 to	or woulder 20, Professional component	Physician Practitioner)			2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
Documentation will be reviewed to determine if transthoracic echocardiography		Inpatient Hospital (Medicare Part B only),			1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2. Social			
meets Medicare coverage criteria, meets applicable coding guidelines, and/or is	0111 - Transthoracic Echocardiography: Medical Necessity and	Outpatient Hospital, Skilled Nursing	3 years prior to ADR Letter date	2 – all applicable states	Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A); (a)(7)- Exclusions from Coverage and	Complex	9/28/2018	Approved
reasonable and necessary.	Documentation Requirements	Facility - Inpatient (Medicare Part B only)			Medicare as a Secondary Payer; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional			
Documentation will be reviewed to determine if transthoracic echocardiography		Inpatient Hospital (Medicare Part B only),			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			1
meets Medicare coverage criteria, meets applicable coding guidelines, and/or is	0111 - Transthoracic Echocardiography: Medical Necessity and	Outpatient Hospital (Medicale Part Bolily),	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	9/28/2018	Approved
reasonable and necessary.	Documentation Requirements	Facility - Inpatient (Medicare Part B only)			2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	b.ex	-,, 2010	
A Monthly Capitation Payment (MCP) is a payment made to physicians for most		,			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			1
dialysis-related physician services furnished to Medicare End Stage Renal Disease	0112 - Monthly Capitation Payment for End-Stage Renal Disease:	Professional Services (Physician/Non-	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	11/7/2018	Approved
(ESRD) patients on a monthly basis. The same monthly amount is paid to the	4 or More Visits per Month	Physician Practitioner)	s years prior to the mormational Letter date	2 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automated	11/7/2018	Approved
Abvioritany capatation trayment (wice) is a payment what to physicians of those at					1. Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and Disabled. Section 1862(a)(1)(A)- Exclusions from			1
dialysis-related physician services furnished to Medicare End Stage Renal Disease	0112 - Monthly Capitation Payment for End-Stage Renal Disease:	Professional Services (Physician/Non-						1.
(ESRD) patients on a monthly basis. The same monthly amount is paid to the	4 or More Visits per Month	Physician Practitioner)	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled Section 1932(a). Descent of Reports 2: 42 CER & 405 090. Reappoint of Initial Determinations.	Automated	11/7/2018	Approved
Home Visits for physician services should not overlap an active inpatient Stay.					Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
Providers cannot bill for services that are rendered. Physician claims billed with a	0115 - Physician Claims with Place of Service Home Overlapping	Professional Services (Physician/Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
home-related place of services that overlaps an inpatient hospital stay will be	Inpatient Hospital Stay: Services Billed Not Rendered	Physician Practitioner)	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	10/17/2018	Approved
in the second se	, ,	,,			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			4

Description Home Visits for physician services should not overlap an active Inpatient Stay.	Issue Name	Claim Type	Date of Service	Regions and States	1957 A Castal Counties Act (CCA), Title 20/00, Usebb Insurance for the Acad and Dischlad, Castian 1962(a)(1)(A). Evaluations from	Issue Type	Date Approved	Approval Statu
Providers cannot bill for services that are rendered. Physician claims billed with a	0115 - Physician Claims with Place of Service Home Overlapping	Professional Services (Physician/Non-		5	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 		40/47/2040	
home-related place of service that overlaps an inpatient hospital stay will be	Inpatient Hospital Stay: Services Billed Not Rendered	Physician Practitioner)	3 years prior to the Informational Letter date	3 – all applicable states	2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Automated	10/17/2018	Approved
HCPCS codes with a PC/TC indicator of "1" and billed with either 26 or TC in any								
modifier field should be paid at either the technical component or the professional	and Multimered and a large to the second and the	Professional Services (Physician/Non-	a second state to the total second	2	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 		40/0/2010	
component rate based on the modifier billed. Overpayments occur when the	0116 - Modifiers TC and 26: Incorrect Coding	Physician Practitioner)	3 years prior to the Informational Letter date	2 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automated	10/9/2018	Approved
ACPICs blodes with a Pbyric indicator or durant onlined for Medifier 26 or dura Shyro								
modifier field should be paid at either the technical component or the professional		Professional Services (Physician/Non-			 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 			
component rate based on the modifier billed. Overpayments occur when the	0116 - Modifiers TC and 26: Incorrect Coding	Physician Practitioner)	3 years prior to the Informational Letter date	3 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automated	10/9/2018	Approved
epplicable Medicare Boycician Foo Schedule amount for Medifier TC and for 26 are						-		1
roots. These procedures may be performed via three distinct techniques, each of	0119 - Transforaminal Epidural Steroid Injection: Medical	Professional Services (Physician/Non-			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as			
which involves introducing a needle into the epidural space by a different route of	Necessity and Documentation Requirements	Physician Practitioner); Outpatient	3 years prior to ADR Letter date	2 – all applicable states	a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42	Complex	10/31/2018	Approved
ootan Thiasa ang targanda tagiatar lamipar se sudah and transforamigah agar seber		Hospital			CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42 Code			
Technical Component (TC) of diagnostics is not payable to the Part B provider. The	0123 - Technical Component of Diagnostic Procedures During	Physician Practitioner); Independent			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
technical component is performed by the facility while a patient is in a covered	Inpatient: Unbundling	Diagnostic Testing Facility (IDTF)	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	12/11/2018	Approved
White A binedion the same case of service as an inpatient mospical trailly the mind					Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
	0123 - Technical Component of Diagnostic Procedures During	Professional Services (Physician/Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
technical component (re) of diagnostics is not payable to the name provider. The technical component is performed by the facility while a patient is in a covered	Inpatient: Unbundling	Physician Practitioner); Independent	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	12/11/2018	Approved
Build All south of the state of the base of the state of	inputerie oriouriumg	Diagnostic Testing Facility (IDTF)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
HCPCS/CPT Codes with a PC/TC indicator "7" in the Medicare Physician Fee		Physical Therapist, Operantical			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Schedule Data Base payment may not be made if the service is provided to a	0124 - Part B Therapies during Inpatient: Unbundling	Physical Therapist, Occupational	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	11/30/2018	Approved
hospital inpatient by a physical therapist, occupational therapist, or speech		Therapist, Speech Language Therapist			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
hcpus/off codes with a pty incriniticator hy rith the meancare physician feer					1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Schedule Data Base payment may not be made if the service is provided to a	0124 - Part B Therapies during Inpatient: Unbundling	Physical Therapist, Occupational	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Automated	11/30/2018	Approved
hospital inpatient by a physical therapist, occupational therapist, or speech		Therapist, Speech Language Therapist			2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
Surgical endoscopy includes diagnostic endoscopy. A diagnostic endoscopy		Outpatient Facility; Ambulatory Surgery			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
HCPCS/CPT code shall not be reported with a surgical endoscopy code. If multiple	0126 - Endoscopy Procedures: Diagnostic and Surgical Billed	Center (ASC); Professional Services	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	11/14/2018	Approved
endoscopic services are performed, the most comprehensive code describing the	Same Day	(Physician/Non-Physician Practitioner)	s years prior to the mornational cetter date	2 un applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	, latomated	11/14/2010	Approved
surgical endoscopy includes diagnostic endoscopy. A diagnostic endoscopy					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
HCPCS/CPT code shall not be reported with a surgical endoscopy code. If multiple	0126 - Endoscopy Procedures: Diagnostic and Surgical Billed	Outpatient Facility; Ambulatory Surgery Center (ASC): Professional Services	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	11/14/2018	Approved
endoscopic services are performed, the most comprehensive code describing the	Same Day	(Physician/Non-Physician Practitioner)	s years prior to the mornational cetter date	5 – ali applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automateu	11/14/2018	Approveu
For purposes or coverage under Medicare, нурегоатіс oxygen (петару (нвот) із а		(mysicial) Non-mysicial macutonery			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			-
modality in which the entire body is exposed to oxygen under increased	0129 - Hyperbaric Oxygen Therapy for Diabetic Wounds:	0.1		a	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	C	4 /20 /2010	
atmospheric pressure. The patient is entirely enclosed in a pressure chamber	Medical Necessity and Documentation Requirements	Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Complex	1/30/2019	Approved
For purposes of coverage under medicate, Hyperbaric Oxygen Therapy (HBUT) is a								
modality in which the entire body is exposed to oxygen under increased	0129 - Hyperbaric Oxygen Therapy for Diabetic Wounds:				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		. /	
atmospheric pressure. The patient is entirely enclosed in a pressure chamber	Medical Necessity and Documentation Requirements	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer 2 Social Security Act (SSA). Title XV/III. Health Insurance for the Aged and Disabled. Section 1932(a). Downent of Repolition	Complex	1/30/2019	Approved
broathing 100% on gon (02) at greater than one atmosphere processor. The use of					2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
All PET Scans require the use of radiopharmaceutical diagnostic imaging agent	0133 - Positron Emission Tomography Scans Paid without Tracer				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
(tracer). Claims billed without the required Tracer HCPCS codes will be recovered	Codes- Independent Diagnostic Testing Facility: Non-Allowable	Independent Diagnostic Testing Facility	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	2/5/2019	Approved
as overpayments.	Service				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
All PET Scans require the use of radiopharmaceutical diagnostic imaging agent	0133 - Positron Emission Tomography Scans Paid without Tracer				1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- ExclusionsSocial			
(tracer). Claims billed without the required Tracer HCPCS codes will be recovered	Codes- Independent Diagnostic Testing Facility: Non-Allowable	Independent Diagnostic Testing Facility	3 years prior to the Informational Letter date	3 – all applicable states	Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Automated	2/5/2019	Approved
as overpayments.	Service				3.42 CFR §405.929- Post-Payment Review			
Claims for Cryosurgery of the Prostate are deemed to be medically necessary for the indications listed in the Centers for Medicare and Medicaid National Coverage	0134 - Covosurgery of the Prostate: Medical Necessity and	Outpatient Hospital, Ambulatory Surgery			 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from 			
Determination Manual (Publication 100-03, Part 4, §230.9). Documentation will be		Center, and Professional Services	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	2/5/2019	Approved
	bocamentation nequirements	(Physician/Non-Physician Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Claims for Cryosurgery of the Prostate are deemed to be medically necessary for the indications listed in the Centers for Medicare and Medicaid National Coverage	0124 Country of the Drestets Medical Nessesity and	Outpatient Hospital, Ambulatory Surgery			1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Determination Manual (Publication 100-03, Part 4, §230.9). Documentation will be	Documentation Requirements	Center, and Professional Services	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	2/5/2019	Approved
reviewed to determine whether Chiercurrent of the Prostate Gland convices mat	Documentation Requirements	(Physician/Non-Physician Practitioner)			2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
Cardiac rehabilitation (CR) is a physician-supervised program that furnishes	0125 Condina Bahabilitation Medical Managaity 11				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
physician prescribed exercise; cardiac risk factor modification, including education,	0135 - Cardiac Rehabilitation: Medical Necessity and Documentation Requirements	Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	3/7/2019	Approved
counseling, and behavioral intervention; psychosocial assessment; and outcomes	Documentation Requirements		1		Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and			1
cardiac rehabilitation (CK) is a physician-supervised program that furtheres					1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
physician prescribed exercise; cardiac risk factor modification, including education,		Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	3/7/2019	Approved
counseling, and behavioral intervention; psychosocial assessment; and outcomes	Documentation Requirements				2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
Radiographs of the chest are common tests performed in many outpatient onices					1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
(radiology and many others), clinics, outpatient hospital departments, inpatient	0136 - Radiologic Examination of the Chest: Medical Necessity	Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	4/15/2019	Approved
hospital episodes, skilled nursing facilities, homes, and other settings. They can be	and Documentation Requirements		- , care prior to non cetter dute	applicable states	2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	- Simplex	-1,15,2015	, approved
Kadiographs of the chest are common tests performed in many outpatient offices					1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	1		
(radiology and many others), clinics, outpatient hospital departments, inpatient	0136 - Radiologic Examination of the Chest: Medical Necessity	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	4/15/2019	Approved
hospital episodes, skilled nursing facilities, homes, and other settings. They can be	and Documentation Requirements		, cars prior to rior cetter date	an applicable states	2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Somplex	1, 13/2015	, pproved
vnysićar merapy, speech-raliguage patriology services, and occupational merapy		Protessional Services (Physician/Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
are bundled into the SNF's global per diem payment for a resident's covered Part A	0138 - Skilled Nursing Facility Consolidated Billing for Therapies:	Physician Practitioner); Physical	3 years prior to the Informational Lottor date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	2/20/2019	Approved
stay. They are also subject to the SNF "Part B" consolidated billing requirement for		Therapist; Occupational Therapist;	3 years prior to the Informational Letter date	 an applicable states 	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automateu	2/20/2019	Approved
Physical therapy, speech-language pathology services, and occupational therapy		Professional Services (Physician/Non-				1		
are bundled into the SNF's global per diem payment for a resident's covered Part A	0138 - Skilled Nursing Facility Consolidated Billing for Therapies:	Physician Practitioner); Physical		2	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits		2/20/2016	
stay. They are also subject to the SNF "Part B" consolidated billing requirement for		Therapist; Occupational Therapist;	3 years prior to the Informational Letter date	3 – all applicable states	2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Automated	2/20/2019	Approved
Vertebroplasty and kyphoplasty will be reviewed for medical necessity whether		Spooch Janguago Bathologist			Coverage and Medicare as a Secondary Payer			
billed as an initial procedure, a repeat procedure (beyond once in a lifetime) or if	0139 - Vertebroplasty or Kyphoplasty: Medical Necessity and	Outpatient Hospital, Ambulatory Surgery	1		1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefits; 2.			1
		Center, and Professional Services	3 years prior to ADR Letter date	2 – all applicable states	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1834 - Special Payment Rules for Particular Items and Services; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section	Complex	2/20/2019	Approved
performed at more than one vertebral level. Services that were not medically	Documentation Requirements	(Physician/Non-Physician Practitioner)						

Description	Issue Name	Claim Type	Date of Service	Regions and States	1967	Issue Type	Date Approved	Approval Status
Vertebroplasty and kyphoplasty will be reviewed for medical necessity whether billed as an initial procedure, a repeat procedure (beyond once in a lifetime) or if	0139 - Vertebroplasty or Kyphoplasty: Medical Necessity and	Outpatient Hospital, Ambulatory Surgery		Regions and states	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefits; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefits; 2.		Date Approved	Approvar Status
performed at more than one vertebral level. Services that were not medically romonally redamination is all physician supervised program or COPU and Certain	Documentation Requirements	Center, and Professional Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	3 – all applicable states	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1834 - Special Payment Rules for Particular Items and Services; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section	Complex	2/20/2019	Approved
other chronic respiratory diseases designed to optimize physical and social performance and autonomy. Medical Documentation will be reviewed to	0140 - Pulmonary Rehabilitation: Medical Necessity and Documentation Requirements	Outpatient Hospital and Professional Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A): Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e): Payment of Benefits; 3. Social Security Act (SSA) §51861 (s)(2)(CC). Medical and Other Health 	Complex	3/27/2019	Approved
Potentiania of the second	0140 - Pulmonary Rehabilitation: Medical Necessity and	Outpatient Hospital and Professional			1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
other chronic respiratory diseases designed to optimize physical and social performance and autonomy. Medical Documentation will be reviewed to	Documentation Requirements	Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Complex	3/27/2019	Approved
Services provided by a freestanding non-hospital XSC (Ambulatory Surgery Center) are included under the SNF Consolidated Billing Provisions. Certain services are not payable because they are included in SNF Consolidated Billing. Codes found in	0142 - Ambulatory Surgical Center Services Billed During a Covered Part A Skilled Nursing Facility Stay: Unbundling	Ambulatory Surgical Center (ASC), Skilled Nursing Facility (SNF)	3 years prior to the Informational Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1852(a)(1)(A) E-Ktubiosins from Coverage and Medicare as a Secondary Payer; 34 2 CFR 9405-808-Reopening of Initial Determinations, Redeterminations, 	Automated	4/2/2019	Approved
Services provided by a lifeestanding hold holp final ASC (AMDUNATORY Strgerly Center) are included under the SNF Consolidated Billing Provisions. Certain services are not payable because they are included in SNF Consolidated Billing. Codes found in	0142 - Ambulatory Surgical Center Services Billed During a Covered Part A Skilled Nursing Facility Stay: Unbundling	Ambulatory Surgical Center (ASC), Skilled Nursing Facility (SNF)	3 years prior to the Informational Letter date	3 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1852(a)(1)(A)F- Exclusions from Coverage and Medicare as a Secondary Payer; 34 2 CFR \$405-808-Reopening of Initial Determinations, Redeterminations, 	Automated	4/2/2019	Approved
the CME Consolidated Billing. Part A MAC Unders are overses monostrand will be When a more extensive CT Scan is performed on the same site as a less extensive CT Scan, the less extensive CT Scan is bundled into the more extensive CT Scan. The less extensive CT scan code(s) will be recovered as an oversamment.	0146 - Computed Tomography Scans: Excessive Units	Professional Services (Physician/Non- Physician Practitioner); Outpatient Hospital	3 years prior to the Informational Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations 5405.980- Reopening of Initial 	Automated	3/27/2019	Approved
When a more extensive CT Scan is performed on the same site as a less extensive CT Scan, the less extensive CT Scan is bundled into the more extensive CT Scan. The less extensive CT scan code(s) will be recovered as an overpayment.	0146 - Computed Tomography Scans: Excessive Units	Professional Services (Physician/Non- Physician Practitioner); Outpatient Hospital	3 years prior to the Informational Letter date	3 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; Z. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations \$405.980- Reopening of Initial 	Automated	3/27/2019	Approved
when a more extensive Magnetic reasonance imaging is performed on the same site as a less extensive MRI, the less extensive MRI is bundled into the more extensive MRI. The less extensive MRI procedure code(s) will be recovered as an	0147 - Magnetic Resonance Imaging Procedures: Excessive Units	Professional Services (Physician/Non-	3 years prior to the Informational Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations \$405.980- Reopening of Initial 	Automated	3/29/2019	Approved
When a most extensive Magnetic Resonance Imaging is performed on the same site as a less extensive MRI, the less extensive MRI is bundled into the more extensive MRI. The less extensive MRI procedure code(s) will be recovered as an	0147 - Magnetic Resonance Imaging Procedures: Excessive Units	Professional Services (Physician/Non- Physician Practitioner); Outpatient Hospital	3 years prior to the Informational Letter date	3 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations §405.980- Reopening of Initial 	Automated	3/29/2019	Approved
Per Medicare Claims Processing Manual Chapter 12, Section 30.6.9.2 (C), CMS does not reimburse both a subsequent hospital visit in addition to hospital discharge day management service on the same day by the same physician. CPT codes 99231	0149 - Subsequent Hospital Visit and Discharge Day Management on the Same Day: Unbundling	Protessional Services (Physician/Non- Physician Practitioner); exclude non- physician practitioner codes 50 (NP) and	3 years prior to the Informational Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930-Failure to 	Automated	4/22/2019	Approved
Pell Medical & Clams' Processing Wandal'Chapter'12, Section '305.9.2 (C), CMS operation of reimburse both a subsequent hospital visit in addition to hospital discharge day management service on the same day by the same physician. CPT codes 99231 (0):023 will be considered an unergaments and will be recovered.	0149 - Subsequent Hospital Visit and Discharge Day Management on the Same Day: Unbundling	Professional Services (Physician/Non- Physician Practitioner); exclude non- physician practitioner codes 50 (NP) and	3 years prior to the Informational Letter date	3 – all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefits	Automated	4/22/2019	Approved
Mohs Micrographic Surgery is a two-step process in which: 1) The tumor is removed in stages, followed by immediate histologic evaluation of the margins of the specimen(s); and 2) Additional excision and evaluation is performed until all particle are also. This content will work that the objection who approach the approach are the second second and the second s	0150 - Mohs Micrographic Surgery: Incorrect Coding and Incorrect Units Billed	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to ADR Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A): Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e): Payment of Benefits; 3. 42 CFR \$405.529: Post-Payment Review; 4. 42 CFR \$405.530- Failure to 	Complex	4/30/2019	Approved
Monshindrographic Surgery is a two-step photes in which 11 he tomorish removed in stages, followed by immediate histologic evaluation of the margins of the specimen(s); and 2) Additional excision and evaluation is performed until all marging are according to the stage will work that the objection who explores the	0150 - Mohs Micrographic Surgery: Incorrect Coding and Incorrect Units Billed	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to ADR Letter date	3 – all applicable states	 Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefits 	Complex	4/30/2019	Approved
The inequicard Physician Fee Schellure (MPPs) is the printiary internot for psythem for enrolled health care professionals. Documentation will be reviewed to determine if professional services that affecting MPFS payment meet Medicare encourage of the schelle acting and validations.	0151 - Physician/Non-Physician Practitioner Coding Validation	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to ADR Letter date	2 – all applicable states	 Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefity: 3. 42 CFR \$405.529 - Post-Payment Review; 4. 42 CFR \$405.530 - Failure to 	Complex	4/24/2019	Approved
The Medicare Physician Fee Schedule (MPFS) is the primary method of payment for enrolled health care professionals. Documentation will be reviewed to determine if professional services that affecting MPFS payment meet Medicare	0151 - Physician/Non-Physician Practitioner Coding Validation	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to ADR Letter date	3 – all applicable states	 Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefits; 3. 42 CFR §405.529 - Post-Payment Review; 4. 42 CFR §405.930 - Failure to 	Complex	4/24/2019	Approved
ambulatory surgical Center cooling requires that procedural information, as coded and reported by the hospital on its claim, match both the attending physician description and the information contained in the beneficiary's medical record.	0153 - Ambulatory Surgical Center Coding Validation	Ambulatory Surgical Center (ASC)	3 years prior to ADR Letter date	2 – all applicable states	 SSA. Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(p)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42 CFR 	Complex	5/28/2019	Approved
Ambulatory Surgical Lenter County Requires that proceedurial information, as coded and reported by the hospital on its claim, match both the attending physician description and the information contained in the beneficiary's medical record.	0153 - Ambulatory Surgical Center Coding Validation	Ambulatory Surgical Center (ASC)	3 years prior to ADR Letter date	3 – all applicable states	 SSA. Title XVIII- Health insurance for the Aged and Disabled, Section 1862(p)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. SSA, Title XVIII- Health insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42 CFR 	Complex	5/28/2019	Approved
Receivere pully roli rate the FBEHC Standard services when a pelifenciary s medical condition at the time of transport is such that other means of transportation are contraindicated (i.e. would endanger the beneficiary). The beneficiary conditions must convict the applying transportation iteral and the mean service and the service the applying transportation iteral and the service and the service the applying transportation iteral and the service and the service the applying transportation iteral and the service and the service the applying transportation iteral and the service and the service the applying transportation iteral and the service and the service the applying transport to the service service and the service the service the service the service service and the service the service the service the service service and the service the service the service the service service applying the service th	0154 - Non-Emergency Ambulance Services- Advanced Life Support and Basic Life Support: Medical Necessity and Documentation Requirements	Ambulance Providers	3 years prior to ADR Letter date as well as state/date exclusions: 1. Exclude NJ, PA, SC, DE, DC, MD, NC, WV, and	2 – all applicable states	 Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A): Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e): Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 	Complex	5/22/2019	Approved
medical condition at the time of transport is such that other means of transportation are contraindicated (i.e. would endanger the beneficiary). The beneficiary condition grant courts of the applylace transportation is for a different to the second second transport to the top of the applylace transport top is for a different top of the applylace transport top is for a different top of the applylace transport top is for a different top of the applylace transport top is for a different top of the applylace transport top is for a different top of the applylace transport top is for a different top of the applylace transport top is for a different top of the applylace transport top is for a different top of the applylace transport top is for a different top of the applylace transport top is for a different top of the applylace transport top is for a different top of the applylace transport top is for a different top of the applylace transport top is for a different top of the applylace transport top is for a different top of the applylace transport top is for a different top of the applylace transport top is for a different top of the applylace transport top is for a different top of the applylace transport top of top of the applylace transport top of top of the applylace transport top of top of top of the applylace transport top of t	0154 - Non-Emergency Ambulance Services- Advanced Life Support and Basic Life Support: Medical Necessity and Documentation Requirements	Ambulance Providers	3 Spears prior to ADR Letter date as well as state/date exclusions: 1. Exclude NJ, PA, SC, DE, DC, MD, NC, WV, and VA	3 – all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer. 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits.	Complex	5/22/2019	Approved
Modifiers provide a way for hospitals to report and be paid for expenses incurred in preparing a patient for surgery and scheduling a room for performing the procedure where the service is subsequently discontinued. This instruction is sealicable to be the durative benefit down strengt and the applicable to apply approximate.	0157 - Discontinued Procedure Prior to the Administration of Anesthesia: Documentation Requirements	Outpatient Hospital; Ambulatory Surgical Center (ASC)	3 years prior to ADR Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Complex	6/28/2019	Approved
Modifiel's provide a way for hospital's do report and be pain for expenses introlled in preparing a patient for surgery and scheduling a room for performing the procedure where the service is subsequently discontinued. This instruction is applicable to both autoatient benefit do attempts and to apply apply curvical	0157 - Discontinued Procedure Prior to the Administration of Anesthesia: Documentation Requirements	Outpatient Hospital; Ambulatory Surgical Center (ASC)	3 years prior to ADR Letter date	3 – all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled,	Complex	6/28/2019	Approved
on claims suomittee by providers using the institutional claim format, CWF enforces consolidated billing for outpatient therapies by recognizing as therapies all services billed under revenue codes 042x, 043x, 044x. Therapy services billed concaracted uniting a home batch acided of fare will be required as the concern	0158 - Outpatient Therapy Services During Home Health: Unbundling	Outpatient Hospital, Skilled Nursing Facility (SNF), Outpatient Hospital, Outpatient Rehabilitation Facility	3 years prior to the Informational Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A): Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e): Payment of Benefits; 3. 42 CFR 9405.929: Post-Payment Review; 4. 42 CFR 9405.930: Failure to 	Automated	7/15/2019	Approved
Un claim's durinitized By providers using the institutional claim format, CVP efforts of the provider of the second structure	0158 - Outpatient Therapy Services During Home Health: Unbundling	Outpatient Hospital, Skilled Nursing Facility (SNF), Outpatient Hospital, Outpatient Rehabilitation Facility	3 years prior to the Informational Letter date	3 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR 9405-329- Post-Payment Review; 4. 42 CFR 9405-330- Failure to 	Automated	7/15/2019	Approved

Description Medical documentation will be reviewed to determine if the use of intravenous	Issue Name	Claim Type	Date of Service	Regions and States	1967 1. Casial Casurity Act (CCA), Title VV/III, Markh Jacurean facths Acad and Disabled, Castian 1963(a)(1)(A). Evolutions from	Issue Type	Date Approved	Approval Status
immune globulin for the treatment of Autoimmune Blistering Diseases (AMBDs)	0160 - Intravenous Immune Globulin for the Treatment of	Outpatient Hospital; Ambulatory Surgical			 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 		- / /	
meets Medicare coverage criteria and is reasonable and necessary. Services that	Autoimmune Blistering Diseases: Medical Necessity and	Center (ASC); Professional Services	3 years prior to ADR Letter date	2 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	8/20/2019	Approved
are not medically peroceany will result in an overnayment	Documentation Requirements	(Physician/Non-Physician Practitioner)						
immune globulin for the treatment of Autoimmune Blistering Diseases (AMBDs)	0160 - Intravenous Immune Globulin for the Treatment of	Outpatient Hospital; Ambulatory Surgical			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		- / /	
meets Medicare coverage criteria and is reasonable and necessary. Services that	Autoimmune Blistering Diseases: Medical Necessity and	Center (ASC); Professional Services	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer 2 Social Society Act (SSA). Title YVIII, Health Insurance for the Acad and Disabled. Section 1922(a). Dymont of Reporter	Complex	8/20/2019	Approved
are not medically percessory will result in an overnayment	Documentation Requirements	(Physician/Non-Physician Practitioner)			2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
Documentation will be reviewed to determine if correct billing, coding, and	0161 - Therapeutic, Prophylactic, and Diagnostic Infusions:				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
documentation guidelines for Therapeutic, Prophylactic, and Diagnostic Infusions	Incorrect Coding and Documentation Requirements	Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	11/18/2019	Approved
were met.	······································				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Documentation will be reviewed to determine if correct billing, coding, and	0161 - Therapeutic, Prophylactic, and Diagnostic Infusions:				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
documentation guidelines for Therapeutic, Prophylactic, and Diagnostic Infusions	Incorrect Coding and Documentation Requirements	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states		Complex	11/18/2019	Approved
were met.					2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
A Bilateral indicator of "3" indicates the usual payment adjustment for bilateral		Professional Convince (Diversion /Non			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section			
procedures does not apply. If the procedure is reported with either a modifier 50 or modifiers RT and LT, and a '2' in the units field, reimbursement is based on	0164 - Bilateral Indicator '3': Incorrect Coding	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 – all applicable states	1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health	Automated	9/24/2019	Approved
100% of the Medicare allowed amount for each ride loss any applicable multiple		Physician Practitioner)			Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial			
A Bilateral indicator of 3" indicates the usual payment adjustment for bilateral					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section			
procedures does not apply. If the procedure is reported with either a modifier 50	0164 - Bilateral Indicator '3': Incorrect Coding	Professional Services (Physician/Non-	3 years prior to the Informational Letter date	3 – all applicable states	1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health	Automated	9/24/2019	Approved
or modifiers RT and LT, and a '2' in the units field, reimbursement is based on		Physician Practitioner)	· ·		Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial			
Under specific requirements, Medicare covers FDG (fluorodeoxyglucose) Positron	0165 - Positron Emission Tomography for Dementia and	Outpatient Hospital; Professional			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Emission Tomography (PET) scans for the differential diagnosis of fronto-temporal	Neurodegenerative Diseases: Medical Necessity and	Services (Physician/Non-Physician	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	9/25/2019	Approved
dementia (FTD) and Alzheimer's disease (AD). Medical records will be reviewed to	Documentation Requirements	Practitioner)	- ,		Disabled, Section 1833(e)- Payment of Benefit; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		-,,	
Charrispecific requirements, Reaccare covers Fiber (muorodeoxygracose) Positron					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	1		
Emission Tomography (PET) scans for the differential diagnosis of fronto-temporal	0165 - Positron Emission Tomography for Dementia and Neurodegenerative Diseases: Medical Necessity and	Outpatient Hospital; Professional Services (Physician/Non-Physician	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	9/25/2019	Approved
dementia (FTD) and Alzheimer's disease (AD). Medical records will be reviewed to	Documentation Requirements	Practitioner)	s years prior to Abit Letter date	5 an applicable states	Disabled, Section 1833(e)- Payment of Benefit; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	complex	5/25/2015	Approved
All diagnostic (including clinical diagnostic laboratory tests) services and related	bocumentation nequirements	racationery						
non-diagnostic services provided to a beneficiary by the admitting hospital within a	0169 - Outpatient Services within 3 Days Prior to and Including		2	2	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 		44 (27 (2040	
days (for IPPS Hospitals) prior to or 1 day (NON IPPS Hospitals) prior to and	the Date of a Hospital Admission: Unbundling	Outpatient Hospital	3 years prior to the Informational Letter date	2 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automated	11/27/2019	Approved
including the date of the chancelicity's addression and destry destry services and related								
non-diagnostic services provided to a beneficiary by the admitting hospital within a	0169 - Outpatient Services within 3 Days Prior to and Including				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
days (for IPPS Hospitals) prior to or 1 day (NON IPPS Hospitals) prior to and	the Date of a Hospital Admission: Unbundling	Outpatient Hospital	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	11/27/2019	Approved
including the date of the beneficiary's admission are deemed to be inpatient					Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Documentation will be reviewed to determine if diagnostic (aka stand-alone) renal	0170 - Renal and Peripheral Angiography: Medical Necessity and	Outpatient Hospital; Ambulatory Surgical			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
and peripheral angiography procedures meet Medicare coverage criteria, meet	Documentation Requirements	Center (ASC); Professional Services	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	11/19/2019	Approved
applicable coding guidelines, and/or are medically reasonable and necessary.		(Physician/Non-physician Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Documentation will be reviewed to determine if diagnostic (aka stand-alone) renal	0170 - Renal and Peripheral Angiography: Medical Necessity and	Outpatient Hospital; Ambulatory Surgical			1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
and peripheral angiography procedures meet Medicare coverage criteria, meet	Documentation Requirements	Center (ASC); Professional Services	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	11/19/2019	Approved
applicable coding guidelines, and/or are medically reasonable and necessary.	bocumentation nequirements	(Physician/Non-physician Practitioner)			2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
Erythropolesis stimulating agents (ESAs) stimulate the bone marrow to make more	0171 En threading friendsting Access for Concer Batienter	Professional Services (Physician/Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
red blood cells and are United States Food and Drug Administration (FDA)	0171 - Erythropoiesis Stimulating Agents for Cancer Patients:	Physician Practitioner); Outpatient	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	12/27/2019	Approved
approved for use in reducing the need for blood transfusion in patients with	Medical Necessity and Documentation Requirements	Hospital			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Erythropolesis' stimulating agents (ESAS) stimulate the bone marfow to make more		Professional Services (Physician/Non-			1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
red blood cells and are United States Food and Drug Administration (FDA)	0171 - Erythropoiesis Stimulating Agents for Cancer Patients:	Physician Practitioner); Outpatient	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	12/27/2019	Approved
approved for use in reducing the need for blood transfusion in patients with	Medical Necessity and Documentation Requirements	Hospital	· ·		2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
Claims for HCPCS code G0402- Initial Preventative Physical Examination (IPPE), may					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
not be billed more than 12 months after the effective date of the beneficiary's first	0176 - Annual Wellness Visits: Incorrect Coding	Professional Services (Physician/Non-	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	1/23/2020	Approved
part B coverage, or more than once in a lifetime.		Physician Practitioner)	- ,		Disabled, Section 1861 (s)(2)(FF)- Medical and other health services- personalized prevention plan services; 3. Social Security Act		-,,	
Claims for HCPCS code G0402- Initial Preventative Physical Examination (IPPE), may				1	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	1	1	1
not be billed more than 12 months after the effective date of the beneficiary's first	0176 - Annual Wellness Visits: Incorrect Coding	Professional Services (Physician/Non-	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	1/23/2020	Approved
part B coverage, or more than once in a lifetime.	or of a main treaters that incorrect county	Physician Practitioner)	s years prior to ribit cetter date	5 un applicable states	2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1861 (s)(2)(W)- an initial preventive	complex	1/20/2020	Approved
CP1 Codes with a Multiple Procedure Indicator of "6" are subject to a 25%					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
reduction of the Technical Component (TC) when multiple procedures are billed or	0182 - Reduction of Technical Component Diagnostic	Professional Services (Physician/Non-	3 years prior to the Informational Lattor data	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	8/3/2020	Approved
the same date of service, for the same patient, by the same physician, on the same		Physician Practitioner)	3 years prior to the Informational Letter date	 an applicable states 	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automateu	0/ 3/ 2020	Approved
Claim of the state of the second s			h		1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	1	1	
reduction of the Technical Component (TC) when multiple procedures are billed or	0182 - Reduction of Technical Component Diagnostic	Professional Services (Physician/Non-	2 manual and a the lafe sector of the sector	2 all applies blocks	1. Social Security Act (SSA), Title XVIII- Health insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	A	0/2/2020	0.000
the same date of service, for the same patient, by the same physician, on the same		Physician Practitioner)	3 years prior to the Informational Letter date	3 – all applicable states	Loverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automated	8/3/2020	Approved
special cycles in the second								
or ill beneficiary by a ground ambulance vehicle, including the provision of	0183 - Specialty Care Transport: Medical Necessity and				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	I		
medically necessary supplies and services, at a level of service beyond the scope of		Ambulance Providers	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	8/3/2020	Approved
the EMT. Daragedic SCT is no section when a two of size of the section of a critically injured					Disabled, Section 1833(e) - Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	I		L
or ill beneficiary by a ground ambulance vehicle, including the provision of	0183 - Specialty Care Transport: Medical Necessity and				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
medically necessary supplies and services, at a level of service beyond the scope of		Ambulance Providers	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	8/3/2020	Approved
					2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
tor Burposes or coverage indeer medicate, rotannificarent opnastiv (nnar, aiso	0184 - Total Hip Arthroplasty: Medical Necessity and	Inpatient Hospital, Outpatient Hospital,			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as	1		
referred to as joint replacement, have proven to be an important medical advancement. Hip Arthroplasty surgery is most commonly performed for diseases	0184 - Total Hip Arthroplasty: Medical Necessity and Documentation Requirements	Professional Services (Physician/Non-	3 years prior to ADR Letter date	2 – all applicable states	a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42	Complex	8/3/2020	Approved
	Documentation Requirements	physician Practitioner)			CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)-	I		
vor purpfoses or coverage under bredicate, 18th mp Althrophasty (THA), austor		Inpatient Hospital, Outpatient Hospital,			1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusion from			
referred to as joint replacement, have proven to be an important medical	0184 - Total Hip Arthroplasty: Medical Necessity and	Professional Services (Physician/Non-	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	8/3/2020	Approved
advancement. Hip Arthroplasty surgery is most commonly performed for diseases	Documentation Requirements	physician Practitioner)			2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
For purposes of coverage under Medicare, Total Knee Arthroplasty (TRA), also		Inpatient Hospital, Outpatient Hospital,			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as			
referred to as a joint replacement, has proven to be an important medical	0185 - Total Knee Arthroplasty: Medical Necessity and	Ambultory Surgical Center, Professional	3 years prior to ADR Letter date	2 – all applicable states	a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42	Complex	8/3/2020	Approved
advancement. Knee Arthroplasty is most commonly performed for diseases which	Documentation Requirements	Services (Physician/Non-physician	a years prior to rior better date		CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)-		0, 5, 2025	rippiored
affect the function of the knee joint (the lower and of the femue, the upper and of		Practitionar)	1	1		1	1	1

Description	Issue Name	Claim Type	Date of Service	Regions and States	1967	Issue Type	Date Approved	Approval Status
For purposes of coverage under Medicare, I total Knee Arthroplasty (I KA), also referred to as a joint replacement, has proven to be an important medical advancement. Knee Arthroplasty is most commonly performed for diseases which	0185 - Total Knee Arthroplasty: Medical Necessity and Documentation Requirements	Inpatient Hospital, Outpatient Hospital, Ambultory Surgical Center, Professional Services (Physician/Non-physician	3 years prior to ADR Letter date	3 – all applicable states	1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42	Complex	8/3/2020	Approved
This tellie will decer this and a bapter scale or the data the finant arches was and of reasonable and necessary for the patient's condition based on the documentation in the medical record. Claims that do not meet the indications of coverage and/or	0186 - Duplex Scans of Extracranial Arteries: Medical Necessity and Documentation Requirements	Reactitioner) Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)- 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)-Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.932- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	8/3/2020	Approved
This 'review win'there'l hind 'n' a duplex scan or the extracranial arteries was reasonable and necessary for the patient's condition based on the documentation in the medical record. Claims that do not meet the indications of coverage and/or medical accessituries the claim.	0186 - Duplex Scans of Extracranial Arteries: Medical Necessity and Documentation Requirements	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Complex	8/3/2020	Approved
Medical documentation will be reviewed to determine if the use of nerve conduction studies meets Medicare coverage criteria and is reasonable and necessary.	0187 - Nerve Conduction Studies: Excessive Units	Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	 SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations (CFR) §410.32- Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: 	Complex	9/25/2020	Approved
Medical documentation will be reviewed to determine if the use of nerve conduction studies meets Medicare coverage criteria and is reasonable and necessary.	0187 - Nerve Conduction Studies: Excessive Units	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	1.SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Complex	9/25/2020	Approved
Documentation will be reviewed to determine if the Skilled Nursing Facility stay meets Medicare coverage criteria, meets applicable coding guidelines, and/or is medically reasonable and necessary.	0190 - Skilled Nursing Facility with Patient-Driven Payment Model: Medical Necessity and Documentation Requirements	Skilled Nursing Facility (SNF)	3 years prior to ADR Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as 3 secondary Payer 2. Social Security Act (SSA), Title XVIII-Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII-Health Insurance for the Aged and 	Complex	7/20/2022	Approved
Documentation will be reviewed to determine if the Skilled Nursing Facility stay meets Medicare coverage criteria, meets applicable coding guidelines, and/or is medically reasonable and necessary.	0190 - Skilled Nursing Facility with Patient-Driven Payment Model: Medical Necessity and Documentation Requirements	Skilled Nursing Facility (SNF)	3 years prior to ADR Letter date	3 – all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer Secondary Coverage and Disabled, Section 1833(e)- Payment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Complex	7/20/2022	Approved
This review will determine if polysomnography is reasonable and necessary for the patient's condition based on the documentation in the medical record.	0191 - Polysomnography: Medical Necessity and Documentation Requirements	Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)-Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3.42 CFR §405.929- Post-Payment Review; 4.42CFR §405.930- Failure to 	Complex	9/24/2020	Approved
This review will determine if polysomnography is reasonable and necessary for the patient's condition based on the documentation in the medical record.	0191 - Polysomnography: Medical Necessity and Documentation Requirements	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Complex	9/24/2020	Approved
A ventricular assist device (VAD) is surgically attached to one or both intact ventricles and is used to assist or augment the ability of a damaged or weakened native heart to pump blood. Improvement in the performance of the native heart may allow the device to be ground. The device native heart and the performance of the second of the device native will be reviewed to the second of the device to be second. The device native heart to be a second of the device to the second of the device native heart to be a second of the device to the second of the device native heart to be a second of the device to the second of the device native heart to be a second of the device to the second of the device native heart to be a second of the device to the second of the device native heart to be a second of the device to the second of the device native heart to be a second of the device to the second of the device native heart to be a second of the device to the second of the device native heart to be a second of the device to the second of the device native heart to be a second of the device to the second of the device native heart to be a second of the device to the second of the device native heart to be a second of the device to the second of the device native heart to be a second of the device to the second of the device native heart to be a second of the device to the second of the device native heart to be a second of the device to the device to the second of the device to the device to the second of the device to the second of the device to the	0192 - Ventricular Assist Device: Medical Necessity and Documentation Requirements	Inpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondarp Payer Secondary Coverage and Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Complex	9/25/2020	Approved
A Ventificular assist device (VAD) is surgically an achieved to one of both Intract of ventricles and is used to assist or augment the ability of a damaged or weakened native heart to pump blood. Improvement in the performance of the native heart may allow the during to be compared. The documentation will be conjugated to the second to be a second to be documentations.	0192 - Ventricular Assist Device: Medical Necessity and Documentation Requirements	Inpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Complex	9/25/2020	Approved
The implantable automatic denomiator is an electronic device designed to detect and treat life-threatening tachyarrhythmias. The device consists of a pulse generator and electrodes for sensing and defibrillating. Medical documentation will be prevident for modical program to the unclude the thi emplatible automatic	0195 - Implantable Automatic Defibrillators- Inpatient Procedure: Medical Necessity and Documentation Requirements	Inpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Complex	10/23/2020	Approved
Trile Imparitable documatic benomiator is all electronic device belogited to detect and treat life-threatening tachyarrhythmias. The device consists of a pulse generator and electrodes for sensing and defibrillating. Medical documentation will be projected for modical prospective to violate that impact belogitable.	0195 - Implantable Automatic Defibrillators- Inpatient Procedure: Medical Necessity and Documentation Requirements	Inpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Complex	10/23/2020	Approved
Deep Drain sumulation (UBS) is an established treatment for people with movement disorders, such as essential tremor, Parkinson's disease and dystonia. DBS involves implanting electrodes within certain areas of the brain; these electrodes exercise allocitic imputes the treat could be absorbed imputes within the sectors of the sectors of the sectors of the brain; these sectors of the sectors of the sectors of the brain sectors of the brain sectors of the brain sectors of the sectors of the sectors of the brain sectors of the sectors of the brain	0196 - Deep Brain Stimulation- Outpatient Procedure: Medical Necessity and Documentation Requirements	Outpatient Hospital; Professional Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	2 – all applicable states	1. Social Security Act (DSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A): Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII-Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review, 4. 42 CFR §405.930- Failure to	Complex	11/18/2020	Approved
Deep Brain Stimulation (DBS) is an established treatment for people with the brain movement disorders, such as essential tremor, Parkinson's disease and dystonia. DBS involves implanting electrodes within certain areas of the brain; these	0196 - Deep Brain Stimulation- Outpatient Procedure: Medical Necessity and Documentation Requirements	Outpatient Hospital; Professional Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	3 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII-Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Complex	11/18/2020	Approved
Deep orain sumulation (UBS) is an established treatment for people with movement disorders, such as essential tremor, Parkinson's disease and dystonia. DBS involves implanting electrodes within certain areas of the brain; these electrodes conduce alectric imputes that conduct an encount imputes within the second second	0198 - Deep Brain Stimulation- Inpatient Procedure: Medical Necessity and Documentation Requirements	Inpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1852(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII-Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review, 4. 42 CFR §405.930- Failure to 	Complex	11/18/2020	Approved
Deep brain stimulation (DBS) is an established treatment for people with movement disorders, such as essential tremor, Parkinson's disease and dystonia. DBS involves implanting electrodes within certain areas of the brain; these electrodes croduce alectric imputes that regulate abnormal imputes within the	0198 - Deep Brain Stimulation- Inpatient Procedure: Medical Necessity and Documentation Requirements	Inpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII-Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Complex	11/18/2020	Approved
per actual loaded (patient onboard) miles flown and is expressed in statute miles	0200 - Air Ambulance: Medical Necessity and Documentation Requirements	Ambulance Providers	3 years prior to ADR Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)-Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 	Complex	2/4/2021	Approved
This purpose of this Yeview is for ensure Medicare coverage criteria nor all in a ambulance transport have been met. The air ambulance mileage rate is calculated per actual loaded (patient onboard) miles flown and is expressed in statute miles foot a wide likely. Yeview y function is Medicare ambulance transporting to a	0200 - Air Ambulance: Medical Necessity and Documentation Requirements	Ambulance Providers	3 years prior to ADR Letter date	3 – all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer Secondary Coverage and Disabled, Section 1833(e)- Payment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Complex	2/4/2021	Approved
Certain ambulance services are included in SNF consolidated billing and may not be billed as Part B services to the A/B MAC, when the beneficiary is in a Part A stay. A denial of services will result in an overpayment.	0202 - Skilled Nursing Facility (SNF) Consolidated Billing for Ambulance Transports: Unbundling	Ambulance Providers	3 years prior to the Informational Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Automated	2/4/2021	Approved
Certain ambulance services are included in SNF consolidated billing and may not be billed as Part B services to the A/B MAC, when the beneficiary is in a Part A stay. A denial of services will result in an overpayment.	0202 - Skilled Nursing Facility (SNF) Consolidated Billing for Ambulance Transports: Unbundling	Ambulance Providers	3 years prior to the Informational Letter date	3 – all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Automated	2/4/2021	Approved
Vagus Nerve Stimulation (VNS) is reasonable and necessary for patients with medically refractory partial onset seizures for whom surgery is not recommended or for whom surgery has failed. VNS is not reasonable and necessary. for all other tings of ceisure directory, which are,	0204 - Vagus Nerve Stimulation: Medical Necessity and Documentation Requirements	Outpatient Hospital; Ambulatory Surgery Center (ASC), Professional Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Complex	3/11/2021	Approved
Vagus Nerve Stimulation (VNLS) is reasonable and necessary for patients with medically refractory partial onset seizures for whom surgery is not recommended or for whom surgery has failed. VNS is not	0204 - Vagus Nerve Stimulation: Medical Necessity and Documentation Requirements	Outpatient Hospital; Ambulatory Surgery Center (ASC), Professional Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	3 – all applicable states	1.Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2.Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Complex	3/11/2021	Approved

Description	Issue Name	Claim Type	Date of Service	Regions and States	1967	Issue Type	Date Approved	Approval Status
Description Effective for services performed on or after March 16, 2018, the Centers for Medicare & Medicaid Services (CMS) has determined that Next Generation Sequencing (NGS) as a diagnostic laboratory test is reasonable and necessary and enumeration to the second s	0205 - Next Generation Sequencing: Medical Necessity and Documentation Requirements	Laboratory Services	3 years prior to ADR Letter date	2 – all applicable states	1. SSA, Title XVIII-Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)-Exclusions from Coverage and Medicare as	Complex	5/29/2021	Approval status
Emetade notiseRitces benomfeer and in a fell wiral in the store of the second s	0205 - Next Generation Sequencing: Medical Necessity and Documentation Requirements	Laboratory Services	3 years prior to ADR Letter date	3 – all applicable states	2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Complex	5/29/2021	Approved
Fluorodeoxyglucose (FDG Positron Emission Tolkigraphy (PET) is covered only in clinical situations in which PET results may assist in avoiding an invasive diagnostic procedure, or in which the PET results may assist in determining the optimal location to order an invasive orgendure. DET would also be considered	0206 - Positron Emission Tomography for Initial Treatment Strategy in Oncologic Conditions: Medical Necessity and Documentation Requirements	Hospital Outpatient, Professional Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefit; 3. 42 CFR \$405.929 - Post-Payment Review; 4. 42 CFR \$405.930 - Failure to 	Complex	5/29/2021	Approved
Hubrodebxyguicose (PUG) Positron Emission ¹¹ bmography (PE (1)'s covered only in clinical situations in which PET results may assist in avoiding an invasive diagnostic procedure, or in which the PET results may assist in determining the optimal location to experiment and the presenter of the transition of the period part of the pe	0206 - Positron Emission Tomography for Initial Treatment Strategy in Oncologic Conditions: Medical Necessity and Documentation Requirements	Hospital Outpatient, Professional Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	3 – all applicable states	1.Social Security Act (SSA), Trite XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Trite XVIII - Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefit	Complex	5/29/2021	Approved
hypógossan nérve sumunation (AKS) is reasolitable alid nécessary for the treatmen of moderate to severe obstructive sleep apnea (OSA) when coverage criteria are met. Documentation will be reviewed to determine if HNS meets Medicare experience (review) applicable coding exidence and/or sematicible recomplicible second to the second second second second secon	r 0210 - Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: Medical Necessity and Documentation Requirements	Outpatient Hospital; Ambulatory Surgical Center; Professional Services (Physician/Non-Physician Practitioners)	3 years prior to ADR Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, 51862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, 51833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, 	Complex	6/29/2022	Approved
Hypoglossai herve stimulation (HNS) is reasonable and heressary for the treatment of moderate to severe obstructive sleep apnea (OSA) when coverage criteria are met. Documentation will be reviewed to determine if HNS meets Medicare experime criteria analization coding available condect and the model of the company of the condect of the coding available condect on the code of the code of the code of the code	r 0210 - Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: Medical Necessity and Documentation Requirements	Outpatient Hospital; Ambulatory Surgical Center; Professional Services (Physician/Non-Physician Practitioners)	3 years prior to ADR Letter date	3 – all applicable states	1 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2 SSA, Title XVIII- Health Insurance for the Aged and Disabled, \$1833(e)- Payment of Benefits	Complex	6/29/2022	Approved
Per the 2019 and 2020 AMA CPT manuals, do not report CPT codes 99358 and/or 99359 during the same calendar month as CPT codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494.	0211 - Prolonged Service Codes: Unbundling	Professional Services (Physician/Non- Physician Practitioners)	3 years prior to the Informational Letter date	3 – all applicable states	15SA, Title XVIII- Health Insurance for the Aged and Disabled, \$1833[e]- Payment of Benefits 2.42 CFR \$405.930- Failure to Respond to Additional Documentation Request 4.42 CFR \$405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, and Reviews, [b]- Timeframes and Requirements for	Automated	1/26/2023	Approved
Documentation will be reviewed to determine whether Transurethral waterjet ablation services met Medicare coverage criteria and were reasonable and necessary.	0214 - Transurethral Waterjet Ablation of the Prostate for Benign Prostatic Hyperplasia (BPH) with Lower Urinary Tract Symptoms (LUTS): Medical Necessity and Documentation Requirements	Outpatient Hospital, Ambulatory Surgery Center (ASC), and Professional Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	3 – all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 3.42 CFR §405:929 - Post-Payment Review 4.42 CFR §405:930 - Failure to Respond to Additional Documentation Request	Complex	4/26/2023	Approved
Documentation will be reviewed to determine in Cr1 Code 15/34 warranted separate reimbursement given that a flap is considered inclusive to breast reconstruction (19357-19364, 19367-19369) or breast prosthesis (19340, 19342). Documentation will be reviewed to support a that the flap (15734) was performed at a different session, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury not	0217 - Muscle Flap with Breast Reconstruction or Breast Prosthesis Insertion: Unbundling	Physician/Non-physician Practitioner (NPP)	3 years prior to ADR letter date	3 - all applicable states	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 3. 42 CFR §405.929- Post-Payment Review 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request 5. 42 CFR §405.930- Redpending of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)-	Complex	6/6/2023	Approved
Documentation will be reviewed to determine whether minimally invasive surgical fusion of the sacroiliac joint met Medicare coverage criteria and was reasonable and necessary.	0219 - Minimally-Invasive Surgical (MIS) Fusion of the Sacroiliac Joint: Medical Necessity and Documentation Requirements	Center (ASC), and Professional Services	Claims having a "paid claim date" which is less than 3 years prior to the ADR letter date. JJ and JM are limited to DOS on/after 7/17/2022.	3 – all applicable states	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Complex	6/6/2023	Approved