## 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	Issue Name	Claim Type	Date of Service	Regions and States	1967	Issue Type	Date Approved	Approval Status
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 fo 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.	r 0001 - Inpatient Hospital MS-DRG Coding Validation	Inpatient Hospital	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; 3. 4 2 CFR §405,930- Reopening of Initial Determinations, Redeterminations, 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 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, §53.1-3.6.6; 8. Medicare Program Integrity Manual, Chapter 3- Verifying Potential Errors and Taking Corrective Actions, §53.1-3.6.6; 8. Medicare Program Integrity Validation 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- DRG Validation Review; 9. CMS Quality Improvement System (IPPS) Final Rule and Correcting Amendment Tables: CMS-1752-F Table 5 https://www.cms.gov/medicare/acuteringnation-tps/ty-2022-ipps-final-rule-home-apage; 11. Medicare Claims Processing Manual, Chapter 3, §20.1.2.4 B & C, §40.2.4.C & D; 12. ICD-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	Complex	1/23/2017	Approved
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 fo principal and secondary diagnosis and procedures affecting or potentially affecting the MS-DRG assignment. Coding changes may result in a partial overpayment. Non-receipt of records will result in a full overpayment. Review of Length of Stay and Clinical Validation is not permitted.	r 0001 - Inpatient Hospital MS-DRG Coding Validation	Inpatient Hospital	3 years prior to the ADR Letter date	3 - all applicable states	<ol> <li>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</li> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits</li> <li>342 CFR \$405.930 - Failure to Respond to Additional Documentation Request</li> <li>542 CFR \$405.930 - Failure to Respond to Additional Documentation Request</li> <li>542 CFR \$405.930 - Boyeneing of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)-</li> <li>Timeframes and Requirements for Reopening Initial Determinations and Redeterminations Requested by a Party</li> <li>642 CFR \$405.936 - Good Cause for Reopening</li> <li>Add Cara Galos Se6 - Good Cause for Reopening</li> <li>Addicare Claims Processing Manual, Chapter 3 - Inpatient Hospital Billing, §20.12.4. B &amp; C, 40.2.4</li> <li>9.Medicare Claims Processing Manual, Chapter 3 - Inpatient Hospital Billing, §520.12.4. B &amp; C, 40.2.4</li> <li>9.Medicare Claims Processing Manual, Chapter 3 - Inpatient Hospital Billing, §520.12.4. B &amp; C, 40.2.4</li> <li>9.Medicare Program Integrity Manual, Chapter 3 - Inpatient Hospital Billing, §520.12.4. B &amp; C, 40.2.4</li> <li>9.Medicare Program Integrity Manual, Chapter 3 - Inpatient Hospital Billing, §520.12.4. B &amp; C, 40.2.4</li> <li>9.Medicare Program Integrity Manual, Chapter 3 - Merifying Potential Errors and Taking Corrective Actions, §53.1- 3.6.6</li> <li>10.Medicare Program Integrity Manual, Chapter 4 - Merifying Potential Errors and Taking Corrective Actions, §5.3</li> <li>DRG Validation Review, §6.5.4 - Review of Procedures Affecting the DRG</li> <li>11.Inpatient Prospective Payment System (IPPS) Final Rule and Correcting Amendment Tables: https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2024-ipps-final-rule-home-page</li> <li>12.ICD-10 Clinical Modification (ICD</li></ol>	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.	<sup>e</sup> 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	<ol> <li>Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Schulsons from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits; 3. 42 CFR \$405.980- Reopening of Initial Determinations, Redeterminations,</li> </ol>	Complex	2/12/2017	Approved

Description	laura Noma	Claim Tuna	Date of Service	Regions and States	1067	leave Tures	Data Assessed	Annen vol Chokur
Description	Issue Name	claim type	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	Approvarstatus
Documentation will be reviewed to determine if Cataract Surgery meets Medicare coverage criteria, meets applicable coding guidelines, and/or is medically	0002 - Cataract Removal: Medical Necessity and Documentation	Ambulatory Surgery Center (ASC),	3 years prior to the ADR Letter date	3 - all applicable states	Coverage and Medicare as a Secondary Payer	Complex	2/12/2017	Approved
reasonable and necessary.	Requirements	Outpatient Hospital	s years prior to the Abit Letter date	5 - all applicable states	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
······································		Inpatient Hospital, Outpatient Hospital,			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	-		
Claims for sacral nerve stimulation for urinary or fecal incontinence not deemed to	0003 - Sacral Neurostimulation: Medical Necessity and	Ambulatory Surgery Center (ASC),	3 years prior to the 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	1/23/2017	Approved
be medically necessary will be denied.	Documentation Requirements	Professional Services (Physician/Non-	o years prior to the non-cetter date	2 un opplicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	complex	1, 20, 201,	Approved
		Inpatient Hospital, Outpatient Hospital,			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Claims for sacral nerve stimulation for urinary or fecal incontinence not deemed to	0003 - Sacral Neurostimulation: Medical Necessity and	Ambulatory Surgery Center (ASC),	3 years prior to the 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	1/23/2017	Approved
be medically necessary will be denied.	Documentation Requirements	Professional Services (Physician/Non-	s years prior to the Abit Letter 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	complex	1/25/2017	Approved
Documentation will be reviewed to determine if the Skilled Nursing Facility stay		Physician Bractitionor)			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, meets applicable coding guidelines, and/or is	0004 - Skilled Nursing Facility: Medical Necessity and	Skilled Nursing Facility (SNF)	3 years prior to the 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	5/5/2017	Approved
medically reasonable and necessary.	Documentation Requirements		- , ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations 405.980- Reopening of Initial		-, -,	
Documentation will be reviewed to determine if the Skilled Nursing Facility stay					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, meets applicable coding guidelines, and/or is	0004 - Skilled Nursing Facility: Medical Necessity and	Skilled Nursing Facility (SNF)	Skilled Nursing Facility (SNF)	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	5/5/2017	Approved
medically reasonable and necessary.	Documentation Requirements				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations 405.980- Reopening of Initial		-, -,	
The surgical management for the treatment of morbid obesity is considered					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
	0008 - Bariatric Surgery: Medical Necessity and Documentation	Outpatient Hospital; Inpatient Hospital	3 years prior to the 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	1/23/2017	Approved
least one co-morbidity related to obesity and have been previously unsuccessful	Requirements		- , ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		_,,	
The surgical management for the treatment of morbid obesity is considered					1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
	0008 - Bariatric Surgery: Medical Necessity and Documentation	Outpatient Hospital; Inpatient Hospital	3 years prior to the ADR Letter date	3 - all applicable states	Coverage and Medicare as a Secondary Payer	Complex	1/23/2017	Approved
least one co-morbidity related to obesity and have been previously unsuccessful	Requirements		- , ,		2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits		-,,	
with the medical treatment of electity. Claims reporting surgical convices for Documentation will be reviewed to determine if Cardiac PET Scans meet Medicare		Outpatient Hospital; Professional			1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
coverage criteria, meet applicable coding guidelines, and/or are medically	0010 - Cardiac Positron Emission Tomography Scans: Medical	Services (Physician/Non-Physician	3 years prior to the ADR Letter date	3 - Florida, PR and VI	Coverage and Medicare as a Secondary Payer	Complex	1/24/2017	Approved
reasonable and necessary.	Necessity and Documentation Requirements	Practitioner)	s years prior to the Abit Letter date	ONLY	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					1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage			
be used for billing services provided in settings other than in the private residence	0011 - Inappropriate Billing of Home Visit Professional Service	Professional Services (Physician/Non-	3 years prior to the Informational Letter date	2 - all applicable states	and Medicare as a Secondary Payer; 2. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section	Automated	1/29/2017	Approved
of a beneficiary.	Evaluation and Management Codes During Inpatient	Physician Practitioner)	s years prior to the informational cetter date	2 - an applicable states	1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional	Automateu	1/25/2017	Approved
Home Services Billed for Hospital Inpatients - Home Services CPT Codes may not					1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	-		
be used for billing services provided in settings other than in the private residence	0011 - Inappropriate Billing of Home Visit Professional Service	Professional Services (Physician/Non-	3 years prior to the Informational Letter date	3 - all applicable states	Coverage and Medicare as a Secondary Payer	Automated	1/29/2017	Approved
of a beneficiary.	Evaluation and Management Codes During Inpatient	Physician Practitioner)	s years prior to the informational cetter date	5 - an applicable states	2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Automateu	1/25/2017	Approved
Under the Medicare PPS for inpatient psychiatric facilities (IPF), CMS makes an					1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage			
additional payment to an IPF or a distinct part unit (DPU) for the first day of a	0022 - Inpatient Psychiatric Admission Billed without Source of	Inpatient Hospital, Inpatient Psychiatric	3 years prior to the Informational Letter date	3 - all applicable states	and Medicare as a Secondary Payer	Automated	2/27/2017	Approved
beneficiary's stay to account for emergency department costs if the IPF has a	Admission Equal to "D"	Facility	s years prior to the informational cetter date	5 - an applicable states	2. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Automateu	2/2//201/	Approved
Under the Medicare PPS for inpatient psychiatric facilities (IPF), CMS makes ant if					1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage			
additional payment to an IPF or a distinct part unit (DPU) for the first day of a	0022 - Inpatient Psychiatric Stay Billed without Source of	Inpatient Hospital, Inpatient Psychiatric	3 years prior to the Informational Letter date	2 - all applicable states	and Medicare as a Secondary Payer; 2. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section	Automatod	2/27/2017	Approved
beneficiary's stay to account for emergency department costs if the IPF has a	Admission Equal to "D"	Facility	s years prior to the informational cetter date	2 - an applicable states	1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional	Automateu	2/2//201/	Approved
Claims for HCPCS code GD438 billed more than once in a litetime will be denied.					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
HCPCS code G0438 (Annual wellness visit; includes a personalized prevention plan	0028 - Annual Wellness Visits: Excessive Units	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	4/26/2017	Approved
of service (PPS), initial visit) is a "one time" allowed Medicare benefit per		Physician Practitioner)		2 un opplicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	/ latomated	4,20,201	Approved
Claims for HCPCS code GU438 billed more than once in a lifetime will be denied.					1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	-		
HCPCS code G0438 (Annual wellness visit; includes a personalized prevention plan	0028 - Annual Wellness Visits: Excessive Units	Professional Services (Physician/Non-	3 years prior to the Informational Letter date	3 - all applicable states	Coverage and Medicare as a Secondary Payer	Automated	4/26/2017	Approved
of service (PPS), initial visit) is a "one time" allowed Medicare benefit per	0020 - Annual Weiness Visits, Excessive Onits	Physician Practitioner)	s years prior to the informational cetter date	5 - all applicable states	2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Automateu	4/20/2017	Approved
Both Initial Hospital Care codes (CPT codes 99221–99223) and Subsequent					1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage			
Hospital Care codes (CPT Codes 99231 99233) are "per diem" services and may be	0037 - Hospital Services: Excessive Units	Professional Services (Physician/Non-	3 years prior to the Informational Letter date	2 - all applicable states	and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section	Automated	3/23/2017	Approved
reported only once per day by the same physician(s) of the same specialty from	ous - nospital services. Excessive onits	Physician Practitioner)	s years prior to the informational cetter date	2 - an applicable states	1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional	Automateu	5/25/2017	Approved
both Initial Hospital Care codes (CPT codes 99221–99223) and Subsequent					1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage			
Hospital Care codes (CPT Codes 99231 99233) are "per diem" services and may be	0037 - Hospital Services: Excessive Units	Professional Services (Physician/Non-	3 years prior to the Informational Letter date	3 - all applicable states	and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section	Automated	3/23/2017	Approved
reported only once per day by the same physician(s) of the same specialty from	ous - nospital services. Excessive onits	Physician Practitioner)	s years prior to the informational cetter date	5 - an applicable states	1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional	Automateu	5/25/2017	Approved
the same area to be a set of the same and the same and the same area to be a set of the same area to be					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
hospital care codes apply. If the inpatient care is being billed by the hospital as	0038 - Visits to Patients in Swing Beds: Incorrect Coding	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	3/23/2017	Approved
nursing facility care, then the nursing facility codes apply. Hospital Care CPT codes	buside visits to rational in Swing beas. Incorrect county	Physician Practitioner)	s years prior to the informational cetter date	2 - an applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 2 CFR §405.930- Failure to	Automateu	5/25/2017	Approved
If the inpatient care is being billed by the hospital as inpatient hospital care, the					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	-		
hospital care codes apply. If the inpatient care is being billed by the hospital as	0038 - Visits to Patients in Swing Beds: Incorrect Coding	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	3/23/2017	Approved
nursing facility care, then the nursing facility codes apply. Hospital Care CPT codes	buside visits to rational in Swing beas. Incorrect county	Physician Practitioner)	s years prior to the informational cetter date	5 - an applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 2 CFR §405.930- Failure to	Automateu	5/25/2017	Approved
Providers are only allowed to bill the CP1 codes for New Patient visits if the patient					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
has not received any face-to-face service from the physician or physician group	0039 - Ophthalmology Codes for New Patient: Incorrect Coding	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	3/23/2017	Approved
practice (limited to physicians of the same specialty) within the previous 3 years.	ouss - opininalitology codes for New Fadent. Incorrect coding	Physician Practitioner)	s years prior to the informational cetter date	2 - an applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automateu	5/25/2017	Approved
Priorduers are only and were to martine to who have have patient that are patient					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
has not received any face-to-face service from the physician or physician group	0039 - Ophthalmology Codes for New Patient: Incorrect Coding	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	3/23/2017	Approved
practice (limited to physicians of the same specialty) within the previous 3 years.	ouss - opininalitology codes for New Patient. Incorrect couling	Physician Practitioner)	s years prior to the informational tetter date	5 - all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automateu	3/23/2017	Approved
This quary identifies claims for nations, who have been seen by the same provider.					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	-		
Office or other outpatient visits for evaluation and management services may not be billed for patients while admitted to a hospital setting. Services billed	0042 - Evaluation and Management Services for Office or Other	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	3/23/2017	Approved
	Outpatient Visit Billed for Hospital Inpatients: Incorrect Coding	Physician Practitioner)	s 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	Automateu	5/25/2017	Approved
incorrectly will result in an overpayment and will be recouped.		1			1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Office or other outpatient visits for evaluation and management services may not be billed for patients while admitted to a bospital setting. Services billed	0042 - Evaluation and Management Services for Office or Other	Professional Services (Physician/Non-	3 years prior to the Informational Letter data	3 - all applicable states	L.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	Automated	3/23/2017	Approved
be billed for patients while admitted to a hospital setting. Services billed incorrectly will result in an overpayment and will be recouped.	Outpatient Visit Billed for Hospital Inpatients: Incorrect Coding	Physician Practitioner)	3 years prior to the Informational Letter date	5 - ail applicable states	2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Automated	5/25/201/	Abbioned
A new patient is one who has not received any professional services, [e.g., E/M						+		
service or other face-to-face service (e.g., surgical procedure)] from the physician	0042 New Detient Visite Incoment Calling	Professional Services (Physician/Non-	2 years arise to the lafe well with the	2 all applicable star	<ol> <li>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;</li> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and</li> </ol>	Automated	2/22/2017	A
	0043 - New Patient Visits: Incorrect Coding	Physician Practitioner)	3 years prior to the Informational Letter date	2 - all applicable states		Automated	3/23/2017	Approved
or physician group practice (same physician specialty) within the previous 3 years.		,			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			

Description	Issue Name	Claim Type	Date of Service	Regions and States	1967	Issue Type	Date Approved	Approval Status
A new patient is one who has not received any professional 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.	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
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 denied.	0047 - Panretinal (Scatter) Laser Photocoagulation: Excessive Frequency	Outpatient Hospital, Professional Services (Physician/Non-Physician Practitioner)	3 years prior to the Informational Letter date	2 - NGS states only: IL, MN, WI	<ol> <li>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. 4 2 CFR 8405 S29- Post-Payment Review; 4.4 2 CFR \$405.530- Failure to</li> </ol>	Automated	4/26/2017	Approved
Algorithm identifies 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	0049 - Ambulance Transfer between Skilled Nursing Facilities: Unbundling	Ambulance Providers	3 years prior to the Informational Letter date	2 - all applicable states	<ol> <li>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. 4 2 CFR 8405 529- Post-Payment Review; 4. 42 CFR \$405.530- Failure to</li> </ol>	Automated	8/8/2017	Approved
Augorithm raentines all para Ambariance clarks blied With any HCPCS codes instea in Appendix D with modifier NN on the same line, for SNF claims. Under the prospective payment system, some ambulance transportation provided by	0049 - Ambulance Transfer between Skilled Nursing Facilities: Unbundling	Ambulance Providers	3 years prior to the Informational Letter date	3 - all applicable states	<ol> <li>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. 4 2 CFR 8405 S29- Post-Payment Review; 4.4 2 CFR \$405.530- Failure to</li> </ol>	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	<ol> <li>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. 4 2 CFR 4905.580. Reopening of Initial Determinations, Redeterminations,</li> </ol>	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.	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	<ol> <li>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</li> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits</li> </ol>	Automated	1/22/2021	Approved
Claims for CP1/HCPCS codes that are billed with a 1C and/or PC modifier 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	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	<ol> <li>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</li> </ol>	Automated	4/26/2017	Approved
Claims for CPT/HCFCS codes that are billed with a TC and/or PC modifier 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	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	Automated	4/26/2017	Approved
Ambulance services during an inpatient stay are included in the facility's PPS 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	0054 - Ambulance Billed during Inpatient: Unbundling	Ambulance Providers	3 years prior to the Informational Letter date	2 - all applicable states	<ol> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2.</li> <li>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,</li> </ol>	Automated	6/20/2017	Approved
Amourance services ouring an impatient staty are indicated in the Tacinty's VPS 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	0054 - Ambulance Billed during Inpatient: Unbundling	Ambulance Providers	3 years prior to the Informational Letter date	3 - all applicable states	<ol> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2.</li> <li>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,</li> </ol>	Automated	6/20/2017	Approved
Claims with CP1 inplation hospital Claims with CP1 inplation and Management (C/W) Closes 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	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	<ol> <li>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</li> </ol>	Automated	8/7/2017	Approved
Claim's with CPT inpatient hospital Care evaluation and management (E/M) codes 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	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	3 - all applicable states	<ol> <li>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 Second Payer</li> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits</li> </ol>	Automated	8/7/2017	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.	0060 - Untimed Therapy: Excessive Units	Outpatient Hospital, Skilled Nursing Facility (SNF), Outpatient Rehabilitation Facility (ORF), Comprehensive	3 years prior to the Informational Letter date	2 - all applicable states	<ol> <li>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</li> </ol>	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.	0060 - Untimed Therapy: Excessive Units	Facility (SNF), Outpatient Rehabilitation Facility (SNF), Comprehensive	3 years prior to the Informational Letter date	3 - all applicable states	<ol> <li>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 529- Post-Payment Review, 4.4 2 CFR \$405,590- Follure to</li> </ol>	Automated	9/8/2017	Approved
The Nursing Facility Services codes represent a "per day" service. As such, these 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	0061 - Nursing Facility Services: Excessive Units	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 - all applicable states	<ol> <li>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</li> </ol>	Automated	9/8/2017	Approved
The Norsing Facility services codes represent a "per day" service. As such, these 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	0061 - Nursing Facility Services: Excessive Units	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	3 - all applicable states	1.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	Automated	9/8/2017	Approved
Carriers may not pay for the technical component (1C) of radiology services 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 where the second	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	<ol> <li>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. 4 2 CFR 8405 S29- Post-Payment Review; 4.4 2 CFR \$405.930- Failure to</li> </ol>	Automated	9/8/2017	Approved
Carriers thay hold pay for the technical component (1C) or Pauloby services 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	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	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	9/8/2017	Approved
billed with modifier TC and claim lines for some codes with TC IDC Indicator "1" 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	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	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	2 - all applicable states	<ol> <li>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</li> </ol>	Automated	9/8/2017	Approved
· · · · · · · · · · · · · · · · · · ·	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	<ol> <li>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</li> </ol>	Complex	9/8/2017	Approved
Inpatient Rospital services turnished to a patient of an inpatient psychiatric facility will be reviewed to determine that services were medically reasonable and necessary. Services found to be not medically reasonable and necessary will result is a supersented.	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	<ol> <li>Title XVIII of the Social Security Act (SSA), Section 1814(a)(2)(A) and (4)- Conditions of and Limitations on Payment for Services</li> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1815(a)- Payment to Providers of Services</li> </ol>	Complex	9/8/2017	Approved
in an overnament 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	<ol> <li>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.</li> <li>CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42</li> </ol>	Automated	10/5/2017	Approved

Description	Issue Name	Claim Type	Date of Service	Regions and States	1967 1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare	Issue Type	Date Approved	Approval Status
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	1: SA, mite VMIP headin maranee for the reget and obsared, sector add/gr/p/p/ Exclusion from the reget and metater as a Secondary Payer; 2: SSA, Title XVIII - Headin 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	Automated	10/5/2017	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	2 – all applicable states	<ol> <li>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; 4.4 2.CFR §405.25C)</li> </ol>	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	<ol> <li>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</li> <li>ZSA, Title XVIII- Health Insurance for the Aged and Disabled, §1833(e)- Payment of Benefits</li> </ol>	Complex	10/4/2018	Approved
During and Biologicals are billed in multiples of the comploxity of their surging- progs 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	<ol> <li>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</li> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits</li> </ol>	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	<ol> <li>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;</li> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits;</li> <li>42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,</li> </ol>	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	<ol> <li>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</li> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits</li> </ol>	Automated	1/9/2018	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	0085 - Laboratory Services Rendered During an Inpatient Stay: Unbundling	Laboratory, Outpatient Hospital	3 years prior to the Informational Letter date	2 – all applicable states	<ol> <li>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</li> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits</li> </ol>	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	0085 - Laboratory Services Rendered During an Inpatient Stay: Unbundling	Laboratory, Outpatient Hospital	3 years prior to the Informational Letter date	3 – all applicable states	<ol> <li>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,</li> </ol>	Automated	3/13/2018	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 wite includer all conference provided to the action to the date of admission	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	<ol> <li>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</li> </ol>	Automated	3/14/2018	Approved
Hospital outpatient boservation 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 beaution in include all enter an enter any other the network of the discrete 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	3 – all applicable states	<ol> <li>Social Security Act (SSA). Thie 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</li> </ol>	Automated	3/14/2018	Approved
The ESRO PPS includes consolidated billing for limited Part B 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 consolidated by the provided for ESRO beneficiated by provider of the thore then the the provider of the terms of the provider of the terms of the provider of the terms of terms of the terms of terms	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	<ol> <li>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</li> </ol>	Automated	3/14/2018	Approved
The ESRO PPS includes consolidated blinkfp for Infilized Part & Services and limited drugs 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 consolidated by provided for ESRO beneficiated by provider short then	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	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	3/14/2018	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	<ol> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)A)– Schusions 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,</li> </ol>	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	<ol> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)A)– Sclusions 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,</li> </ol>	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	<ol> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Sclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and</li> </ol>	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	Protessional Services (Physician/Non- Physician Practitioner); Laboratory; Independent Diagnostic Testing Facility	3 years prior to the Informational Letter date	2 – all applicable states	<ol> <li>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</li> </ol>	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	<ol> <li>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</li> </ol>	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 covinge meet than acco. Denied duplicate claims will exact the accounter than acc	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	<ol> <li>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</li> </ol>	Automated	5/8/2018	Approved
Upplicate dams 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 convice more than area. Denied duplicate claims will exalt in an exercise	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	<ol> <li>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</li> </ol>	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	<ol> <li>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,</li> </ol>	Complex	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	3 – all applicable states	<ol> <li>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</li> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits</li> </ol>	Complex	5/8/2018	Approved

Description	Issue Name		Date of Service	Regions and States	1067		Date Approved	Approval State
The implantable automatic defibrillator is an electronic device designed to detect	0093 - Implantable Automatic Defibrillators- Outpatient	Outpatient Hospital, Ambulatory Surgery	Date of Service	Regions and states	<ol> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from</li> </ol>	issue Type	Date Approved	Approvarstatt
and treat life-threatening tachyarrhythmias. The device consists of a pulse	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
generator and electrodes for sensing and defibrillating. Medical documentation	Requirements	(Physician/Non-Physician Practitioner)	S years prior to Abit 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	5/14/2010	Approved
The implantable automatic defibriliator is an electronic device designed to detect								
and treat life-threatening tachyarrhythmias. The device consists of a pulse	0093 - Implantable Automatic Defibrillators- Outpatient	Outpatient Hospital, Ambulatory Surgery		2 III III III	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 Paver	Constant	5/44/2040	
generator and electrodes for sensing and defibrillating. Medical documentation	Procedure: Medical Necessity and Documentation Requirements	Center (ASC), Professional 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	5/14/2018	Approved
Facet joint are joints in the spine that and stability and allow the spine to bend an	Requirements	(Physician/Non-Physician Practitioner)						
twist. Facet joint injections are a type of interventional pain management	0095 - Facet Joint Interventions: Medical Necessity and	Inpatient Hospital (Part B), Outpatient			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
technique used to diagnose or treat back pain. Intraarticular blocks may provide	Documentation Requirements	Hospital, Outpatient Surgery	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	2/1/2023	Approved
tertain CPT codes for Part & Professional services for the same Beneficiary, same	· · · · · · · · · · · · · · · · · · ·				2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
Date of Service, and Same Provider will be recovered as overpayments as they ar		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			
not payable when performed on the same day a physician bills for critical care.	0098 - Critical Care Professional Services: Unbundling	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	6/18/2018	Approved
These convises are included in the critical care convise and should not be reported.		in scian in actionery			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 B Professional services for the same Beneficiary, same		Des families I families (Dhadalan (Dha			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	e 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.		Physician Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
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	0099 - Skilled Nursing Facility Consolidated Billing: Unbundling	Outpatient 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	6/25/2018	Approved
by the outpatient facility, in a Medicare covered Part A SNF stay, are included in a	a since reasing reality consolidated similar of barraining	outputient ruenity	s years prior to the informational cetter date	2 un applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automateu	0/20/2010	rippioreu
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			1
Consolidated Billing Table, Major Category I.F and V.A., provided to beneficiaries	0000 Chilled Nursing Essility Cancelidated Dilling, Unbundling	Outpatient Facility	2 upper prior to the Informational Latter date	2 all applicable states	Coverage and Medicare as a Secondary Paver	Automotod	6/25/2018	Approved
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	2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Automated	0/25/2018	Approved
twostical presignation corrange to and an anti-conditional provided and the second of the	<b>`</b>					-		
always done in conjunction with another procedure and are only payable when a	n 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 On UCDCC/CDT ender without the required Drimaniced for Depind Drimanic CMS has designated certain codes as "add-on procedures". These services are					Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
	n 0100 Add On Code Baid without Brimary Code and/or Donied				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 a	Primary Code: Clinical Laboratory	Laboratory	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Automated	6/20/2018	Approved
appropriate primary service is also billed. Clinical Laboratory providers paid for	Fillinary Code. Clinical Eaboratory				2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
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	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	e		· ·		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
APC 286 lbg regaines that piloced arai information, as coded all a 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	e	outpatient nospital	S years prior to Abit 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	complex	772072010	Approved
the ABC by soviewing the hilled consists affecting or 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 a	n 0104 - Add-on Code Paid without Primary Code and/or Denied				Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and		- / /	
appropriate primary service is also paid. ASC providers paid for Add-On	Primary Code – Ambulatory Surgical Center	Ambulatory Surgery Center (ASC)	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	7/24/2018	Approved
UCRCS /CBT sodas without the required Briman code/or Donied Briman code will								
always done in conjunction with another procedure and are only payable when a	n 0104 - 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 paid. ASC providers paid for Add-On	Primary Code – Ambulatory Surgical Center	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
URBEF (RETwedcare throstictan registed Buienmursd some procedures naved mil					Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
		Professional Services (Physician/Non-	6 months prior to the Informational Letter		1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
separate rates for physicians' services when provided in facility and nonfacility	0108 - Facility vs Non-Facility Reimbursement: Incorrect Coding	Physician Practitioner)	dete	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
settings. The rate, facility or nonfacility, which a physician service is paid under the		Physician Practitioner)	uate		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
Under the Medicare Physician Fee schedule (MPFS), some procedures have					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
separate rates for physicians' services when provided in facility and nonfacility	0108 - Facility vs Non-Facility Reimbursement: Incorrect Coding	Professional Services (Physician/Non-	6 months prior to the Informational Letter	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
settings. The rate, facility or nonfacility, which a physician service is paid under the	ie , , , , , , , , , , , , , , , , , , ,	Physician Practitioner)	date		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,		., ,	
When a Part B CP1/HCPCs code listed on File 2 (Professional Components of					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Services to be Submitted with a 26 Modifier) is billed during a paid inpatient Part		Professional Services (Physician/Non-	3 years prior to the Informational Letter date	2 – 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 t	o of Modifier 26, Professional Component	Physician Practitioner)	s years prior to the informational tetter date	2 an applicable states	2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Automateu	5/20/2010	Approved
when the professional components and the professional components of hy-					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 0110 - Skilled Nursing Facility Consolidated Billing: Part B – Use	Professional Services (Physician/Non-			Coverage and Medicare as a Secondary Paver			
SNF stay, without modifier 26, the Part B claim will be repriced with modifier 26 t		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	9/20/2018	Approved
raflact the professional component reduction. The everyowment is identified by		Inpatient Hospital (Medicare Part B						
Documentation will be reviewed to determine if transthoracic echocardiography	0111 - Transthoracic Echocardiography: Medical Necessity and	only), Outpatient Hospital, Skilled			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	Documentation Requirements	Nursing Facility - Inpatient (Medicare	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.	bocamentation nequirements	- · - · ·			Medicare as a Secondary Payer; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to			
Documentation will be reviewed to determine if transthoracic echocardiography	Odda Tarachiana a Taka and tara tara tara tara	Inpatient Hospital (Medicare Part B			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, meets applicable coding guidelines, and/or is	0111 - Transthoracic Echocardiography: Medical Necessity and		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	Nursing Facility - Inpatient (Medicare			2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	1		1
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		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	Disease: 4 or More Visits per Month	Physician Practitioner)	, , , , , , , , , , , , , , , , , , ,	an application states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,		,.,2010	
A Monthly Capitation Payment (MCP) is a payment made to physicians for most	N*				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
dialysis-related physician services furnished to Medicare End Stage Renal Disease	0112 - Monthly Capitation Payment for End-Stage Renal	Professional Services (Physician/Non-	2 years prior to the informational latter 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	Disease: 4 or More Visits per Month	Physician Practitioner)	3 years prior to the Informational Letter date	3 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automated	11///2018	Approved
Home Visits for physician services should not overlap an active inpatient dialyze	st.					-		
	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			
Providers cannot hill for services that are rendered. Physician claims hilled with a			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
Providers cannot bill for services that are rendered. Physician claims billed with a home-related place of service that overlaps an inpatient hospital stay will be	Inpatient Hospital Stay: Services Rilled Not Rendered							
home-related place of service that overlaps an inpatient hospital stay will be	Inpatient Hospital Stay: Services Billed Not Rendered	Physician Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
home-related place of service that overlaps an inpatient hospital stay will be home visits for physician services should not overlap an active inpatient stay.					Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR 9405.929- Post-Payment Review; 4. 42 CFR 9405.930- Failure to 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 service that overlaps an inpatient hospital stay will be	Inpatient Hospital Stay: Services Billed Not Rendered 0115 - Physician Claims with Place of Service Home Overlapping Inpatient Hospital Stay: Services Billed Not Rendered		3 years prior to the Informational Letter date	3 – all applicable states		Automated	10/17/2018	Approved

Description	Issue Name	Claim Type	Date of Service	Regions and States	1967	Issue Type	Date Approved	Approval Statu
HCPCS todes with a PC/TC Indicator or "1" and billed with either 26 or TC in any modifier field should be paid at either the technical component or the professional component rate based on the modifier billed. Overpayments occur HCPCS todes with a PC/TC indicator or "1" and billed with either 26 of TC in any	0116 - Modifiers TC and 26: Incorrect Coding	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 – all applicable states	<ol> <li>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</li> </ol>	Automated	10/9/2018	Approved
modifier field should be paid at either the technical component or the professional component rate based on the modifier billed. Overpayments occur	0116 - Modifiers TC and 26: Incorrect Coding	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	3 – all applicable states	<ol> <li>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</li> </ol>	Automated	10/9/2018	Approved
Ebidural nections are generally performed to treat pair anshe trons generally nerve roots. These procedures may be performed via three distinct techniques, each of which involves introducing a needle into the epidural space by a different route of patro. These are torget the interdaminar caudal and technological procedures.	0119 - Transforaminal Epidural Steroid Injection: Medical Necessity and Documentation Requirements	Professional Services (Physician/Non- Physician Practitioner); Outpatient Hospital	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 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	Complex	10/31/2018	Approved
When blied on the same base of service as an inpatient hospital chain, the Technical Component (TC) of diagnostics is not payable to the Part B provider. The technical component is performed by the facility while a patient is in a covered the service of the	0123 - Technical Component of Diagnostic Procedures During Inpatient: Unbundling	Protessional Services (Physician/Non- Physician Practitioner); Independent Diagnostic Testing Facility (IDTF)	3 years prior to the Informational Letter date	2 – all applicable states	<ol> <li>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</li> </ol>	Automated	12/11/2018	Approved
technical component is performed by the facility while a patient is in a covered	0123 - Technical Component of Diagnostic Procedures During Inpatient: Unbundling	Professional Services (Physician/Non- Physician Practitioner); Independent Diagnostic Testing Facility (IDTF)	3 years prior to the Informational Letter date	3 – all applicable states	<ol> <li>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</li> </ol>	Automated	12/11/2018	Approved
RCPCS/CPTCodeS with a PC/TC hildroctor P- in the Medicare Physicial Federate Schedule Data Base payment may not be made if the service is provided to a hospital inpatient by a physical therapist, occupational therapist, or speech	0124 - Part B Therapies during Inpatient: Unbundling	Physical Therapist, Occupational Therapist, Speech Language Therapist	3 years prior to the Informational Letter date	2 – all applicable states	<ol> <li>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</li> </ol>	Automated	11/30/2018	Approved
HCPCS/CPT Codes with a PC/TC indicator 97 in the Medicare Physician Fee Schedule Data Base payment may not be made if the service is provided to a hospital inpatient by a physical therapist, occupational therapist, or speech	0124 - Part B Therapies during Inpatient: Unbundling	Physical Therapist, Occupational Therapist, Speech Language Therapist	3 years prior to the Informational Letter date	3 – all applicable states	<ol> <li>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</li> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits</li> </ol>	Automated	11/30/2018	Approved
Surgical endoscopy includes diagnostic endoscopy: A radignostic endoscopy HCPCS/CPT code shall not be reported with a surgical endoscopy code. If multiple endoscopic services are performed, the most comprehensive code describing the manifold mediated thell be uncented.	0126 - Endoscopy Procedures: Diagnostic and Surgical Billed Same Day	Outpatient Facility; Ambulatory Surgery Center (ASC); Professional Services (Physician/Non-Physician Practitioner)	3 years prior to the Informational Letter date	2 – all applicable states	<ol> <li>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,</li> </ol>	Automated	11/14/2018	Approved
Surgical endoscopy includes diagnostic endoscopy. A diagnostic endoscopy HCPCS/CPT code shall not be reported with a surgical endoscopy code. If multiple endoscopic services are performed, the most comprehensive code describing the maniful indicated thell be used at d	0126 - Endoscopy Procedures: Diagnostic and Surgical Billed Same Day	Outpatient Facility; Ambulatory Surgery Center (ASC); Professional Services (Physician/Non-Physician Practitioner)	3 years prior to the Informational Letter date	3 – all applicable states	<ol> <li>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,</li> </ol>	Automated	11/14/2018	Approved
For purposes of coverage under Medicare, Hyperbaric Oxygen Inerapy (HBO1) is a modality in which the entire body is exposed to oxygen under increased atmospheric pressure. The patient is entirely enclosed in a pressure chamber	0129 - Hyperbaric Oxygen Therapy for Diabetic Wounds: Medical Necessity and Documentation Requirements	Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	<ol> <li>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. 42 CFR \$405.980- Reopening of Initial Determinations, Redeterminations,</li> </ol>	Complex	1/30/2019	Approved
For purposes of coverage Under Medicate, hyper danc Oxygen Therapy (heoring a modality in which the entire body is exposed to oxygen under increased atmospheric pressure. The patient is entirely enclosed in a pressure chamber	0129 - Hyperbaric Oxygen Therapy for Diabetic Wounds: Medical Necessity and Documentation Requirements	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	<ol> <li>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</li> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits</li> </ol>	Complex	1/30/2019	Approved
All PET Scans require the use of radiopharmaceutical diagnostic imaging agent (tracer). Claims billed without the required Tracer HCPCS codes will be recovered as overpayments.	0133 - Positron Emission Tomography Scans Paid without Tracer Codes- Independent Diagnostic Testing Facility: Non-Allowable Service	Independent Diagnostic Testing Facility	3 years prior to the Informational Letter date	2 – all applicable states	<ol> <li>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. 42 CFR \$405.590. Reopening of Initial Determinations, Redeterminations,</li> </ol>	Automated	2/5/2019	Approved
All PET Scans require the use of radiopharmaceutical diagnostic imaging agent (tracer). Claims billed without the required Tracer HCPCS codes will be recovered as overpayments.	0133 - Positron Emission Tomography Scans Paid without Tracer Codes- Independent Diagnostic Testing Facility: Non-Allowable Service	Independent Diagnostic Testing Facility	3 years prior to the Informational Letter date	3 – all applicable states	<ol> <li>Social Security Act (SSA), Title XVIII- Health insurance for the Aged and Disabled, Section 1862(a)(1)(A)- ExclusionsSocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 342 CFR §405.929- Post-Payment Review</li> </ol>	Automated	2/5/2019	Approved
Claims for Cryosurgery or the Prostate are deemed to be medically necessary for the indications listed in the Centers for Medicare and Medicaid National Coverage Determination Manual (Publication 100-03, Part 4, §230.9). Documentation will be		Outpatient Hospital, Ambulatory Surgery Center, and Professional Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	2 – all applicable states	<ol> <li>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</li> </ol>	Complex	2/5/2019	Approved
Chaims for Cryosorgiery of the prostate are acefiled for be inedicated necessary for the indications listed in the Centers for Medicare and Medicaid National Coverage Determination Manual (Publication 100-03, Part 4, §230.9). Documentation will be		Outpatient Hospital, Ambulatory Surgery Center, 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), Thie XVIII- Health insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Complex	2/5/2019	Approved
Cardnac rehabilitation (uk) is a physician supervised program That furnishes met- physician prescribed exercise; cardiac risk factor modification, including education, counseling, and behavioral intervention; psychosocial assessment; and outcomes	0135 - Cardiac Rehabilitation: Medical Necessity and Documentation Requirements	Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	<ol> <li>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;</li> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits;</li> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and</li> </ol>	Complex	3/7/2019	Approved
Csrstarenethabilitabil (CR) ins aphysiciani'i baserwiseen plogrametria in our first dis- physician prescribed exercise; cardiac risk factor modification, including education, counseling, and behavioral intervention; psychosocial assessment; and outcomes	0135 - Cardiac Rehabilitation: 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 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	3/7/2019	Approved
Readiograph's of thie chest are common tells performed in many botplation of inces (radiology and many others), clinics, outpatient hospital departments, inpatient hospital episodes, skilled nursing facilities, homes, and other settings. They can be	0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements	Outpatient 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	4/15/2019	Approved
Kaalógraphs or the chest afe common dest genorm en in thany out patient on hear (radiology and many others), clinics, outpatient hospital departments, inpatient hospital episodes, skilled nursing facilities, homes, and other settings. They can be	0136 - Radiologic Examination of the Chest: 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 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	4/15/2019	Approved
PHySicar menapy: speech-idigoage participagi services, fand occupational menapy: are bundled into the SNF's global per diem payment for a resident's covered Part A stay. They are also subject to the SNF "Part B" consolidated billing requirement	0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling	Protessional Services (Physician/Non- Physician Practitioner); Physical Therapist; Occupational Therapist;	3 years prior to the Informational Letter date	2 – all applicable states	<ol> <li>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,</li> </ol>	Automated	2/20/2019	Approved
Physical tensors, speech Shar Badge Pathology services, and occupational therapy are bundled into the SNF's global per diem payment for a resident's covered Part A stay. They are also subject to the SNF "Part B" consolidated billing requirement	0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling	Professional Services (Physician/Non- Physician Practitioner); Physical Therapist; Occupational Therapist;	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 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	Automated	2/20/2019	Approved
Vertebroiser function of the SALE Bard Bard Policie Vertebroiser for medical necessity whether billed as an initial procedure, a repeat procedure (beyond once in a lifetime) or if performed at more than one vertebral level. Services that were not medically	0139 - Vertebroplasty or Kyphoplasty: Medical Necessity and Documentation Requirements	Concel Januara Bathologist Outpatient Hospital, Ambulatory Surgery Center, 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 1833(e) - Payment of Benefits; 2.     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 1834 - Special Payment Rules for	Complex	2/20/2019	Approved
Vertebroblasty and syphopiasty with be reviewed for the incar necessity whether billed as an initial procedure, a repeat procedure (beyond once in a lifetime) or if performed at more than one vertebral level. Services that were not medically	0139 - Vertebroplasty or Kyphoplasty: Medical Necessity and Documentation Requirements	Outpatient Hospital, Ambulatory Surgery 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 1833(e) - Payment of Benefits; 2.     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 1834 - Special Payment Rules for	Complex	2/20/2019	Approved

Description Pulmonary rehabilitation is a physician-supervised program for COPD and certain	Issue Name	Claim Type	Date of Service	Regions and States	1967 1. Casial Counting Ant (SCA), Title Will, Haalth Incurance for the Acad and Dischlad, Section 1863(a)(1)(A), Evaluations from:	Issue Type	Date Approved	Approval Statu
other chronic respiratory diseases designed to optimize physical and social	0140 - Pulmonary Rehabilitation: Medical Necessity and Documentation Requirements	Outpatient Hospital and Professional Services (Physician/Non-Physician	3 years prior to ADR Letter date	2 – all applicable states	<ol> <li>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</li> </ol>	Complex	3/27/2019	Approved
r Putmonary fehabilitation is a physician -supervised program for COPD and certain		Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA) §§1861 (s)(2)(CC) - Medical and Other Health			
other chronic respiratory diseases designed to optimize physical and social	0140 - Pulmonary Rehabilitation: Medical Necessity and Documentation Requirements	Outpatient Hospital and Professional Services (Physician/Non-Physician	3 years prior to ADR Letter date	3 – all applicable states	<ol> <li>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</li> </ol>	Complex	3/27/2019	Approved
Services provided by a freestanding non-hospital ASC (Ambulatory Surgery Center)	bodamentation nequirements	Practitioner)			2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
are included under the SNF Consolidated Billing Provisions. Certain services are	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		Automated	4/2/2019	Approved
the SNE provided by a freestanding non-hospital ASC (Ambulatory Surgery Center)					Coverage and Medicare as a Secondary Payer; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
are included under the SNF Consolidated Billing Provisions. Certain services are	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	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	Automated	4/2/2019	Approved
When a more extensive CT Scan is performed on the same site as a less extensive		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			
	0146 - Computed Tomography Scans: Excessive Units	Physician Practitioner); Outpatient Hospital	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 Code of Federal Regulations §405.980- Reopening of Initial	Automated	3/27/2019	Approved
When a more extensive CT Scan is performed on the same site as a less extensive		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			
CT Scan, the less extensive CT Scan is bundled into the more extensive CT Scan.	0146 - Computed Tomography Scans: Excessive Units	Physician Practitioner); Outpatient	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	3/27/2019	Approved
The less extensive CT scan code(s) will be recovered as an overpayment.		Hospital			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations §405.980- Reopening of Initial			
site as a less extensive MRI, the less extensive MRI is bundled into the more	0147 Magnetic Decembra Integing Dressed user Conserve Unite	Professional Services (Physician/Non-	2 wears prior to the Informational Latter data	2 all applicable states	<ol> <li>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;</li> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and</li> </ol>	Automotod	2/20/2010	Annenind
extensive MRI. The less extensive MRI procedure code(s) will be recovered as an	0147 - Magnetic Resonance Imaging Procedures: Excessive Units	Physician Practitioner); Outpatient Hospital	3 years prior to the Informational Letter date	2 – all applicable states	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 more extensive magnetic resonance imaging is performed on the same		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			
site as a less extensive MRI, the less extensive MRI is bundled into the more	0147 - Magnetic Resonance Imaging Procedures: Excessive Units	Physician Practitioner); Outpatient	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	3/29/2019	Approved
extensive wiki. The less extensive wiki procedure code(s) will be recovered as an		Hospital			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations §405.980- Reopening of Initial			
Prer Medicate Claims Processing Manual Chapter 12, Section 30.6.9.2 (C), CMS does not reimburse both a subsequent hospital visit in addition to hospital	0149 - Subsequent Hospital Visit and Discharge Day	Professional Services (Physician/Non- Physician Practitioner); exclude non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from			
	Management on the Same Day: Unbundling	physician practitioner codes 50 (NP) and	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	4/22/2019	Approved
Per Medicare Claims Processing Manual Chapter 12, Section 30.6.9.2 (C), CMS		Professional Services (Physician/Non-			Disabled, Section 1833(e) - Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
	0149 - Subsequent Hospital Visit and Discharge Day	Physician Practitioner); exclude non-	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	Automated	4/22/2019	Approved
discharge day management service on the same day by the same physician. CPT	Management on the Same Day: Unbundling	physician practitioner codes 50 (NP) and	s years phot to the informational tetter date	5 all applicable states	2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefits	Automateu	4/22/2015	Approved
Mons Micrographic Surgery is a two-step procession which? 17'll he tumor is a		07 (DA)			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
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	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	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	4/30/2019	Approved
Mors Micrographic Surgery is a two-step process in which: 1) The tumor is	incorrect offits billed				Disabled, Section 1833(e) - Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
	0150 - Mohs Micrographic Surgery: Incorrect Coding and	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			
the specimen(s); and 2) Additional excision and evaluation is performed until all	Incorrect Units Billed	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	4/30/2019	Approved
The Medicard Physician Fee Schedule (MPFS) is the primary whethod of payment					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from			
for enrolled health care professionals. Documentation will be reviewed to	0151 - Physician/Non-Physician Practitioner Coding Validation	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	4/24/2019	Approved
determine if professional services that affecting MPFS payment meet Medicare	, . , <b>.</b>	Physician Practitioner)			Disabled, Section 1833(e) - Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
ናበድናለት የሚያስት የሚያስት በ በ በ በ በ በ በ በ በ በ በ በ በ በ በ በ በ በ በ		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			
determine if professional services that affecting MPFS payment meet Medicare	0151 - Physician/Non-Physician Practitioner Coding Validation	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; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	4/24/2019	Approved
Ambulatory Surgical Center coding requires that procedural information, as coded								
and reported by the hospital on its claim, match both the attending physician	0152 Ambulatony Surgical Contor Coding Validation	Ambulatony Surgical Contor (ASC)	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 a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3.	Complex	5/28/2019	Approved
description and the mormation contained in the beneficiary's medical record.	0153 - Ambulatory Surgical Center Coding Validation	Ambulatory Surgical Center (ASC)	s years phor to Abk Letter date	z – ali applicable states	42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42	complex	5/26/2015	Арргочец
Ambulatory Surgical Center coding requires that procedural information, as coded		-			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare			
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	as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3.	Complex	5/28/2019	Approved
Reviewers will validate the CPT/HCPCS contained in the benchang's medican econd. Reviewers pays for hon-emergency amoudance services when a beneficiary s					42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42			
medical condition at the time of transport is such that other means of	0154 - Non-Emergency Ambulance Services- Advanced Life		state/date exclusions:		1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		- 4 4	
transportation are contraindicated (i.e. would endanger the beneficiary). The	Support and Basic Life Support: Medical Necessity and Documentation Requirements	Ambulance Providers	1. Exclude NJ, PA, SC, DE, DC, MD, NC, WV, and	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. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	5/22/2019	Approved
Medicare pays for hon-emergency ambulance services when a beneficiary's			3 years prior to ADR Letter date as well as		1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
medical condition at the time of transport is such that other means of	0154 - Non-Emergency Ambulance Services- Advanced Life Support and Basic Life Support: Medical Necessity and	Ambulance Providers	state/date exclusions:	3 – all applicable states	Coverage and Medicare as a Secondary Payer.	Complex	5/22/2019	Approved
transportation are contraindicated (i.e. would endanger the beneficiary). The	Documentation Requirements		1. Exclude NJ, PA, SC, DE, DC, MD, NC, WV, and	an application states	2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits.		2, 22, 2015	, protect
Modifiers provide a way for hospitals to report and be paid for expenses incurred	0157 Dissentioned Dessedues Drive to the Administration of	Outrations Heavital Ambulate			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
	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	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	6/28/2019	Approved
modifiable provide a way tion to socials to report and be data any wybenses urgicated	· · · · · · · · · · · · · · · · · · ·				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
	0157 - Discontinued Procedure Prior to the Administration of	Outpatient Hospital; Ambulatory	2 years prior to ADR Letter data	2 all applicable states	<ol> <li>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</li> </ol>	Complex	6/28/2019	Approved
	Anesthesia: Documentation Requirements	Surgical Center (ASC)	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,	Complex	0/20/2019	Approved
On claims submitted by providers using the institutional claim format, CWF		Outpatient Hospital, Skilled Nursing			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
	0158 - Outpatient Therapy Services During Home Health: Unbundling	Facility (SNF), Outpatient Hospital,	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	7/15/2019	Approved
	ounnumik	Outpatient Rehabilitation Facility			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
On claims submitted by providers using the institutional claim format, CWF """" enforces consolidated billing for outpatient therapies by recognizing as therapies	0158 - Outpatient Therapy Services During Home Health:	Outpatient Hospital, Skilled Nursing			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
	Unbundling	Facility (SNF), 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 Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automated	7/15/2019	Approved
all services billed under revenue codes 042x, 043x, 044x. Therapy services billed					policiologica, occioni zoobjej i avinenti or benento, o. 42 erik 3400.020° Fubtravinent neview, 4. 42 erik 3400.930° Fallure to			
constrately during a home health enjegie of care will be recoursed at the conjugation		Outpatient Rehabilitation Facility Outpatient Hospital; Ambulatory						
constrately during a home health enjegie of care will be recoursed at the conjugation	0160 - Intravenous Immune Globulin for the Treatment of Autoimmune Blistering Diseases: Medical Necessity and	Outpatient Rehabilitation Facility Outpatient Hospital; Ambulatory Surgical Center (ASC); Professional Services (Physician/Non-Physician	3 years prior to ADR Letter date	2 – all applicable states	<ol> <li>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</li> </ol>	Complex	8/20/2019	Approved

<b>B</b> ernalden	Land Martin	Chile The sec	Date of Service	Regions and States	1027		Data transmit	
Medical documentation will be reviewed to determine if the use of intravenous	Issue Name	Outpatient Hospital; Ambulatory		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
immune globulin for the treatment of Autoimmune Blistering Diseases (AMBDs)	0160 - Intravenous Immune Globulin for the Treatment of	Surgical Center (ASC); Professional		2 all and Parkla states		Constant and	0/20/2010	A
meets Medicare coverage criteria and is reasonable and necessary. Services that	Autoimmune Blistering Diseases: Medical Necessity and	Services (Physician/Non-Physician	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	8/20/2019	Approved
are not modically possessory will recult in an oversoyment	Documentation Requirements	Practitionar)						
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.	incorrect county and bocamentation nequirements				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	or on the second s				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	0161 - Therapeutic, Prophylactic, and Diagnostic Infusions:	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	11/18/2019	Approved
were met.	Incorrect Coding and Documentation Requirements				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					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section	1		
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	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
or modifiers RT and LT, and a '2' in the units field, reimbursement is based on	oroq - bilateral indicator 5 : incorrect counig	Physician Practitioner)	s years prior to the informational tetter date	2 all applicable states	Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial	Automateu	5/24/2015	Approved
A Bliatefahin Micetion on allo word catters the foscial payine for a guist metic to hometeral								
procedures does not apply. If the procedure is reported with either a modifier 50	Of CAL Dilators I to discharge?	Professional Services (Physician/Non-	2	2 II Park Is - total	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		0/24/2010	A
or modifiers RT and LT, and a '2' in the units field, reimbursement is based on	0164 - Bilateral Indicator '3': Incorrect Coding	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 1833(e)- Payment of Benefits	Automated	9/24/2019	Approved
100% of the Medicare allowed amount for each side loss any applicable multiple								
Emission Tomography (PET) scans for the differential diagnosis of fronto-temporal	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			
dementia (FTD) and Alzheimer's disease (AD). Medical records will be reviewed to	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
determine if the utilization of DET coop for the discretion of trackment of	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			
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 demontia (ETD) and Alzhaimar's disease (AD). Medical seconds will be reviewed to	Neurodegenerative Diseases: Medical Necessity and	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)			Disabled, Section 1833(e)- Payment of Benefit; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
All diagnostic (Including clinical diagnostic laboratory tests) services and related					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
non-diagnostic services provided to a beneficiary by the admitting hospital within	0169 - Outpatient Services within 3 Days Prior to and Including	Outpatient Hospital	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	11/27/2019	Approved
3 days (for IPPS Hospitals) prior to or 1 day (NON IPPS Hospitals) prior to and	the Date of a Hospital Admission: Unbundling	outputient nospitul	s years prior to the informational setter date	2 di applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	natomatea	11/2//2015	rippiored
All diagnostic (including clinical diagnostic laboratory tests) services and related					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
non-diagnostic services provided to a beneficiary by the admitting hospital within	0169 - Outpatient Services within 3 Days Prior to and Including	Outpatient Heavital	2 manual and a star the lafe section of the terms of the	2 all applies blocks	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Autom	11/27/2010	100000
3 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	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 honoficiany's admission are deemed to be innationt		Outpatient Hospital: Ambulatory						
Documentation will be reviewed to determine if diagnostic (aka stand-alone) renal	0170 - Renal and Peripheral Angiography: Medical Necessity and	Surgical Center (ASC): Professional			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	Services (Physician/Non-physician	3 years prior to ADR Letter date	2 – all applicable states		Complex	11/19/2019	Approved
applicable coding guidelines, and/or are medically reasonable and necessary.	bocamentation nequirements	Bractitioner)			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 Developed Device and Apple graphy, Madical Massacity and	Outpatient Hospital; Ambulatory			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	0170 - Renal and Peripheral Angiography: Medical Necessity and		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.	Documentation Requirements	Services (Physician/Non-physician			2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
Erythropoiesis stimulating agents (ESAs) stimulate the bone marrow 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	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	s years prior to have cetter date	2 di 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	12/2//2015	rippiored
Erythropoiesis stimulating agents (ESAS) stimulate the bone marrow to make more		Drefessional Captions (Deusisian /Nam			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:	Professional Services (Physician/Non- Physician Practitioner); Outpatient	3 years prior to ADR Letter date	3 – all applicable states		Complex	12/27/2019	Approved
approved for use in reducing the need for blood transfusion in patients with	Medical Necessity and Documentation Requirements	Hospital	s years prior to ADR Letter date	5 – ali applicable states	2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	complex	12/2//2019	Approved
coantis di nicol is dicate con 40-dical a prevenvall de envisional ta dictarrai no étable		Hospital						
may not be billed more than 12 months after the effective date of the		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			
beneficiary's first part B coverage, or more than once in a lifetime.	0176 - Annual Wellness Visits: Incorrect Coding	Physician Practitioner)	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
		i nysielen i rectaonery			Disabled, Section 1861 (s)(2)(FF)- Medical and other health services- personalized prevention plan services; 3. Social Security			
Claims for HCPCS code G0402- Initial Preventative Physical Examination (IPPE),		Drefessional Capilers (Dhusisian /Man			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
may not be billed more than 12 months after the effective date of the	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
beneficiary's first part B coverage, or more than once in a lifetime.		Physician Practitioner)			2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1861 (s)(2)(W)- an initial preventive			
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	0182 - Reduction of Technical Component Diagnostic	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	8/3/2020	Approved
on the same date of service, for the same patient, by the same physician, on the	Cardiovascular Services	Physician Practitioner)	, ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,		-, -,	
CPTC claim with any incorrect by centres indicately for some subject to a 525 million		<u> </u>	<b>-</b>		1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	+		<u> </u>
reduction of the Technical Component (TC) when multiple procedures are billed	0182 - Reduction of Technical Component Diagnostic	Professional Services (Physician/Non-	2 years prior to the informational Latter data			Automated	8/3/2020	Approved
on the same date of service, for the same patient, by the same physician, on the	Cardiovascular Services	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 1833(e)- Payment of Benefits	Automated	8/3/2020	Approved
Speciality care transport (SCT) is the interfacility transportation of a critically						+		ł
injured 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	1		
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 part provide contraction devices the effective tracticity and the	····				Disabled, Section 1833(e) - Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and			
Specialty care transport (SCT) is the interfacility transportation of a critically	0182 Creately Care Transport Marine Marine				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
injured or ill beneficiary by a ground ambulance vehicle, including the provision 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
medically necessary supplies and services, at a level of service beyond the scope of the EMT Paramedia. SCT is performed a hopeficiant's condition requires.	Documentation Requirements				2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
the EMT-Baramedic SCT is necessary when a bandiciary's condition Han wise		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			
	0184 - Total Hip Arthroplasty: Medical Necessity and	Professional Services (Physician/Non-	3 years prior to ADR Letter date	2 – all applicable states	as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3.	Complex	8/3/2020	Approved
advancement. Hip Arthroplasty surgery is most commonly performed for diseases	Documentation Requirements	physician Practitioner)	e y e e e p e e e e e e e e e e e e e e	oppileable states	42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)-	- Simplex	0, 0, 2020	rippiored
+br purposes of coverage under Medicare, Total Approximations and the second					1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
referred to as joint replacement, have proven to be an important medical	0184 - Total Hip Arthroplasty: Medical Necessity and	Inpatient Hospital, Outpatient Hospital,	2 uppers prior to ADD Letter date	2 all applicable states	Coverage and Medicare as a Secondary Payer	Complan	8/2/2020	Anneurod
	Documentation Requirements	Professional Services (Physician/Non-	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	8/3/2020	Approved
voich affost the function of the hin init! (hall if more head). Ostacionally, there		physician Practitioner) Inpatient Hospital, Outpatient Hospital,						
	0185 - Total Knee Arthroplasty: Medical Necessity and	Ambultory Surgical Center, Professional			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare	1		
		Services (Physician/Non-physician	3 years prior to ADR Letter date	2 – all applicable states	as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3.	Complex	8/3/2020	Approved
referred to as a joint replacement, has proven to be an important medical advancement. Knee Arthroplasty is most commonly performed for diseases which	Documentation Requirements					1		1
advancement. Knee Arthroplasty is most commonly performed for diseases which	Documentation Requirements	Departition or )			42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)-			
advancement. Knee Arthroplasty is most commonly performed for diseases which performing the set of cover tage under interface rotan knee Arthropiasty (TKA), as d of the set of the set o		Inpatient Hospital, Outpatient Hospital,			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
advancement. Knee Arthroplasty is most commonly performed for diseases which	Documentation Requirements 0185 - Total Knee Arthroplasty: Medical Necessity and Documentation Requirements	Departition or )	3 years prior to ADR Letter date	3 – all applicable states		Complex	8/3/2020	Approved

Description	Irrue Name	Claim Type	Date of Service	Regions and States	1067		Data Approved	Approval Statu
This review will determine it a duplex scan of the extracranial arteries was	Issue Marrie	clain rype	Date of Service	Regions and states	<ol> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from</li> </ol>	issue rype	Date Approved	Approvarstatus
reasonable and necessary for the patient's condition based on the documentation	0186 - Duplex Scans of Extracranial Arteries: Medical Necessity	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	8/3/2020	Approved
in the medical record. Claims that do not meet the indications of coverage and/or	and Documentation Requirements	outpatient nospital	5 years prior to Abit Letter 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	complex	0/ 3/ 2020	Approved
This review will determine if a duplex scan of the extracranial arteries was					1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
reasonable and necessary for the patient's condition based on the documentation	0186 - Duplex Scans of Extracranial Arteries: Medical Necessity	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Paver	Complex	8/3/2020	Approved
in the medical record. Claims that do not meet the indications of coverage and/or	and Documentation Requirements	outputient nospital	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 1833(e)- Payment of Benefits	complex	0/0/2020	rippioreu
Medical accorcity will be denied Medical documentation will be reviewed to determine if the use of nerve					1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare			
conduction studies meets Medicare coverage criteria and is reasonable and	0187 - Nerve Conduction Studies: Excessive Units	Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3.	Complex	9/25/2020	Approved
necessary.	0107 - Neive conduction studies. Excessive onits	outpatient nospital	5 years prior to Abit Letter date	2 an applicable states	42 Code of Federal Regulations (CFR) §410.32- Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests:	complex	5/25/2020	Approved
Medical documentation will be reviewed to determine if the use of nerve					1.SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as			
conduction studies meets Medicare coverage criteria and is reasonable and	0187 - Nerve Conduction Studies: Excessive Units	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	a Secondary Payer	Complex	9/25/2020	Approved
necessary.			- ,		2.SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits		-,,	
Documentation will be reviewed to determine if the Skilled Nursing Facility stay					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, meets applicable coding guidelines, and/or is	0190 - Skilled Nursing Facility with Patient-Driven Payment	Skilled Nursing Facility (SNF)	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	7/20/2022	Approved
medically reasonable and necessary.	Model: Medical Necessity and Documentation Requirements	, (,	- ,		Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and		.,==,====	
Documentation will be reviewed to determine if the Skilled Nursing Facility stay					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, meets applicable coding guidelines, and/or is	0190 - Skilled Nursing Facility with Patient-Driven Payment	Skilled Nursing Facility (SNF)	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	7/20/2022	Approved
medically reasonable and necessary.	Model: Medical Necessity and Documentation Requirements	Skilled Harshig Facility (SHIT)	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 1833(e)- Payment of Benefits	complex	1,20,2022	rippioreu
					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			<u> </u>
This review will determine if polysomnography is reasonable and necessary for the	0191 - Polysomnography: Medical Necessity and	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	9/24/2020	Approved
patient's condition based on the documentation in the medical record.	Documentation Requirements	outputient nospital	s years prior to ribit cetter date		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42CFR §405.930- Failure to	complex	3/24/2020	Approved
					1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
This review will determine if polysomnography is reasonable and necessary for the	0191 - Polysomnography: Medical Necessity and	Outpatient Hospital	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 1853(e)-rayment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Complex	9/24/2020	Approved
patient's condition based on the documentation in the medical record.	Documentation Requirements	outpatient nospital	5 years prior to Abit Letter date	5 an applicable states	Coverage and Medicare as a Secondary Payer	complex	5/24/2020	Approved
A ventricular assist device (VAD) is surgically attached to one or both intact					1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			1
ventricles and is used to assist or augment the ability of a damaged or weakened	0192 - Ventricular Assist Device: Medical Necessity and	Inpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	9/25/2020	Approved
native heart to pump blood. Improvement in the performance of the native heart	Documentation Requirements	inpatient nospital	s years prior to ADK Letter date	z – ali applicable states	2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	complex	5/25/2020	Approved
A ventricular assist device (VAD) is surgically attached to one or both intact					1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
ventricles and is used to assist or augment the ability of a damaged or weakened	0192 - Ventricular Assist Device: Medical Necessity and	Inpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	9/25/2020	Approved
native heart to pump blood. Improvement in the performance of the native heart	Documentation Requirements	inpatient nospital	5 years prior to Abit Letter date	5 an applicable states	2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	complex	5/25/2020	Approved
meinlipiantabile automatic cemprindicolis din electronic devide designed to detect	0105 Implementelle Automotic Defibrilleters Impetient				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	0195 - Implantable Automatic Defibrillators- Inpatient Procedure: Medical Necessity and Documentation	Inpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	10/23/2020	Approved
generator and electrodes for sensing and defibrillating. Medical documentation	Requirements	inpatient nospital	s years prior to ADR Letter date	2 – ali applicable states	2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	complex	10/23/2020	Approveu
The implantable automatic defibriliator is an electronic device designed to detect	0195 - Implantable Automatic Defibrillators- Inpatient				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	Procedure: Medical Necessity and Documentation	Inpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	10/23/2020	Approved
generator and electrodes for sensing and defibrillating. Medical documentation	Requirements	inpatient nospital	s years prior to ADK Letter date	5 – ali applicable states	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 brain stimulation (DBS) is an established treatment for people with	requirements	Outpatient Upphile Dreferrienel			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
movement disorders, such as essential tremor, Parkinson's disease and dystonia.	0196 - Deep Brain Stimulation- Outpatient Procedure: Medical	Outpatient Hospital; Professional 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	11/18/2020	Approved
DBS involves implanting electrodes within certain areas of the brain; these	Necessity and Documentation Requirements	Practitioner)	s years prior to ADR Letter date	2 – ali 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	11/18/2020	Approveu
Deep plan stirluration (biss) is an established treatment for people with "this the					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
movement disorders, such as essential tremor, Parkinson's disease and dystonia.	0196 - Deep Brain Stimulation- Outpatient Procedure: Medical	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	11/18/2020	Approved
DBS involves implanting electrodes within certain areas of the brain; these	Necessity and Documentation Requirements	Practitioner)	s years prior to ADK Letter date	5 – ali 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	11/18/2020	Approved
Deep brain stimulation (DBS) is an established treatment for people with					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
movement disorders, such as essential tremor, Parkinson's disease and dystonia.	0198 - Deep Brain Stimulation- Inpatient Procedure: Medical	Inpatient 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	11/18/2020	Approved
DBS involves implanting electrodes within certain areas of the brain; these	Necessity and Documentation Requirements	inpatient nospital	s years prior to ADR Letter date	2 – ali 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	11/18/2020	Approved
Deep brain stimulation (DBS) is an established treatment for people with the					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
movement disorders, such as essential tremor, Parkinson's disease and dystonia.	0198 - Deep Brain Stimulation- Inpatient Procedure: Medical	Inpatient 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	11/18/2020	Approved
DBS involves implanting electrodes within certain areas of the brain; these	Necessity and Documentation Requirements	inpatient nospital	s years prior to ADK Letter date	5 – ali 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	11/18/2020	Approved
This purpose of this review is to ensure that hearing to verge entering vor any time the					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			-
ambulance transport have been met. The air ambulance mileage rate is calculated	0200 - Air Ambulance: Medical Necessity and Documentation	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	2/4/2021	Approved
per actual loaded (patient onboard) miles flown and is expressed in statute miles	Requirements	Ambulance Providers	3 years prior to ADR Letter date	z – ali applicable states	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
(his purpose of this review is to ensure Medicare coverage criteria for air					1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
ambulance transport have been met. The air ambulance mileage rate is calculated	0200 - Air Ambulance: Medical Necessity and Documentation	Ambulance Providers	2 users prior to ADD Latter date	2 all applicable states	Coverage and Medicare as a Secondary Payer	Complex	2/4/2021	Annround
per actual loaded (patient onboard) miles flown and is expressed in statute miles	Requirements	Ambulance Providers	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	2/4/2021	Approved
(not noutical milec) You may furnich air Medicare ambulance transportation to a					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
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	0202 - Skilled Nursing Facility (SNF) Consolidated Billing for	Ambulance Providers	2	2 all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automotod	2/4/2021	Annewood
stay. A denial of services will result in an overpayment.	Ambulance Transports: Unbundling	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	Automated	2/4/2021	Approved
					1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
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	0202 - Skilled Nursing Facility (SNF) Consolidated Billing for	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	Automated	2/4/2021	Annand
stay. A denial of services will result in an overpayment.	Ambulance Transports: Unbundling	Singularice Frovide/S	s years prior to the informational tetter date	<ul> <li>all applicable states</li> </ul>	2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Automateu	2/4/2021	Approved
Vagus Nerve Stimulation (VNS) is reasonable and necessary for patients with								1
medically refractory partial onset seizures	0204 - Vagus Nerve Stimulation: Medical Necessity and	Outpatient Hospital; Ambulatory Surgery	2 upper prior to ADD Latter date	<ol> <li>all applies bits start</li> </ol>	<ol> <li>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</li> </ol>	Complex	2/11/2024	A
for whom surgery is not recommended or for whom surgery has failed. VNS is not	Documentation Requirements	Center (ASC), Professional Services (Physician/Non-Physician Practitioner)	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	3/11/2021	Approved
Vagus Nerve Stimulation (VNS) is reasonable and necessary for patients with								+
medically refractory partial onset seizures	0204 - Vagus Nerve Stimulation: Medical Necessity and	Outpatient Hospital; Ambulatory Surgery	2 years prior to ADR Latter date	2 all applicable states	<ol> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits</li> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from</li> </ol>	Complex	2/11/2021	Approved
for whom surgery is not recommended or for whom surgery has failed. VNS is not	Documentation Requirements	Center (ASC), Professional Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer	Complex	3/11/2021	Approved
Effective for services performed on or after March 16, 2018, the Centers for		(ingacian) Non-Englician Practicioner)						
Medicare & Medicaid Services (CMS) has determined that Next Generation	0205 - Next Generation Sequencing: Medical Necessity and	had a start of the start	2	a sila sala kata s	<ol> <li>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</li> </ol>	Course la co	5/20/2023	
	Documentation Requirements	Laboratory Services	3 years prior to ADR Letter date	2 – all applicable states		Complex	5/29/2021	Approved
Sequencing (NGS) as a diagnostic laboratory test is reasonable and necessary and	Documentation Requirements				CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42 CFR			

Description	Issue Name	Claim Type	Date of Service	Regions and States	1967	Issue Type	Date Approved	Annroval Status
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	0205 - Next Generation Sequencing: Medical Necessity and		3 years prior to ADR Letter date	3 – all applicable states	Loocial 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	5/29/2021	Approved
Fluorodeoxyglu2dser(HOL) Po5atron Linus.Glin ToHabraphyteLT) 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 action as a context a paradicular 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		<ol> <li>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</li> </ol>	Complex	5/29/2021	Approved
Hudrodeoxygliteose (FDG) Yeshton Emission' Tomography (PE) is Edvered 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 a ordere as invasion association. PET 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	3 – all applicable states	<ol> <li>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</li> <li>Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefit</li> </ol>	Complex	5/29/2021	Approved
Hypbglossal nerve sumulation (HNS) is reasonable and necessary 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 coverage criteria, applicable coding quidelinger and car are meticable	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		<ol> <li>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. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews,</li> </ol>	Complex	6/29/2022	Approved
Hypbgrossa verve striktulation (Hvh5) is realisonautie sing necessary for the in-the treatment of moderate to severe obstructive sleep apnea (OSA) when coverage criteria are met. Documentation will be reviewed to determine if HNS meets Moderse coverage criteria pulciphic acting mulciphics and for an emotion but criteria are met. Documentation will be reviewed to determine if HNS meets Moderse coverage criteria pulciphic acting mulciphics and for an emotion but criteria are met. Documentation will be reviewed to determine if HNS meets Moderse coverage criteria and the second se	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	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	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 CP1 code 15754 warranted separate reinbursement 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 inclision/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 §405.980- Reopening 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