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	Additional Information	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 for principal and secondary diagnosis and procedures affecting or potentially affecting the MS-DRG assignment. Coding changes may result in a partial overpayment. Review of Length of Stay and Clinical Validation is not permitted.	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. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42 CFR §405.930- Post-Payment Review; 4. 42 CFR §405.930- Failure to Redeterminations, Indited Pb 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 Initiated by a Contractor; and (c)- Timeframes and Requirements 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- UserVises; 65.5.3 - DRG Validation Review; 9. CMS Quality Improvement Organization (QIO) Manual, Chapter 4- Case Review, Section 4130- DRG Validation Review; 9. Unsteint Prospective Payment System (IPPS) Final Rule and Correcting Amendment Tables: CMS-1722-F Table 5 https://www.cms.gov/medicare/fauctie-inpatient-ps/fv2022-ps-final-rule-home-page; 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 for principal and secondary diagnosis and procedures affecting or potentially affecting the MS-DRG assignment. Coding changes may result in a partial overpayment. Review of Length of Stay and Clinical Validation is not permitted.	0001 - Inpatient Hospital MS-DRG Coding Validation	Inpatient Hospital	3 years prior to the ADR Letter date	3 - all applicable states	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer, 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Pox-Payment Review; 4. 42 CFR §405.930-Failure to Respond to Additional Documentation Request; 5. 42 CFR §405.929- Pox-Payment Review; 4. 42 CFR §405.930-Failure to Respond to Additional Documentation Request; 5. 42 CFR §405.939- Neopening Initial Determinations, 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; 1. 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 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 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; 10. Inpatient Prospective Payment System (IPPS) Final Rule and Correcting Amendment Tables: CMS-1752-F Table 5 https://www.cms.gov/medicare/acute-inpatient-pps/fy-2022-ipps-final-rule-home-page; 11. Medicare Claims Processing Manual, Chapter 3, §20.1.2.4 B & C, §40.2.4.C & D; 12. 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		1/23/2017	Approved

Description	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information	Issue Type	Date Approved	Approval State
Documentation will be reviewed to determine if Cataract Surgery meets Medicare					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
coverage criteria, meets applicable coding guidelines, and/or is medically	0002 - Cataract Removal: Medical Necessity and		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	2/12/2017	Approved
reasonable and necessary.	Documentation Requirements	Outpatient Hospital		excluding WPS	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
Documentation will be reviewed to determine if Cataract Surgery meets Medicare					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
coverage criteria, meets applicable coding guidelines, and/or is medically	0002 - Cataract Removal: Medical Necessity and		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	2/12/2017	Approved
reasonable and necessary.	Documentation Requirements	Outpatient Hospital			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
		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	0003 - Sacral Neurostimulation: Medical	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
to be medically necessary will be denied.	Necessity and Documentation Requirements	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			
		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	0003 - Sacral Neurostimulation: Medical	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
to be medically necessary will be denied.	Necessity and Documentation Requirements	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			
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	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.	Necessity and 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	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.	Necessity and 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			
reasonable and necessary for Medicare beneficiaries who have a BMI \geq 35, have	0008 - Bariatric Surgery: Medical Necessity and	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
at least one co-morbidity related to obesity and have been previously	Documentation 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 with the medical the treatment of charity of aberity is considered					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 Medicare beneficiaries who have a BMI \ge 35, have	0008 - Bariatric Surgery: Medical Necessity and	Outpatient Hospital; Inpatient Hospital	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
at least one co-morbidity related to obesity and have been previously	Documentation Requirements	· · · · · · · · · · · · · · · · · · ·		,,	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 Cardiac PET Scans meet	0010 - Cardiac Positron Emission Tomography	Outpatient Hospital; Professional			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Medicare coverage criteria, meet applicable coding guidelines, and/or are	Scans: Medical Necessity and Documentation	Services (Physician/Non-Physician	3 years prior to the ADR Letter date	3 - Florida, PR and VI	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	1/24/2017	Approved
medically reasonable and necessary.	Requirements	Practitioner)	- , ,	ONLY	Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and		_,,	
Home Services Billed for Hospital Inpatients - Home Services CPT Codes may not	0011 - Inappropriate Billing of Home Visit				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	Professional Service Evaluation and	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.	Management Codes During Inpatient	Physician Practitioner)	- ,		1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional	1	_,,	
Home Services Billed for Hospital Inpatients - Home Services CPT Codes may not	0011 - Inappropriate Billing of Home Visit				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	Professional Service Evaluation and	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, Title XVIII- Health Insurance for the Aged and Disabled, Section	Automated	1/29/2017	Approved
of a beneficiary.	Management Codes During Inpatient	Physician Practitioner)	.,		1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional			
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	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	without Source of Admission Equal to "D"	Facility	.,	,,	2. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits			
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			1
additional payment to an IPF or a distinct part unit (DPU) for the first day of a	0022 - Inpatient Psychiatric Stay Billed without	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	Automated	2/27/2017	Approved
beneficiary's stay to account for emergency department costs if the IPF has a	Source of Admission Equal to "D"	Facility	,,	,,	1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional	1		
Reviéwers smar complete a complex medical FeVIew to determine this payment if		Outpatient Hospital, Professional			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
endomyocardial biopsy and right heart catheterization were performed as two	0027 - Endomyocardial Biopsies and Right Heart	Services (Physician/Non-Physician	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	4/3/2017	Approved
distinct services. The review shall identify claims where modifier 59 or XU have	Catheterizations that were Not Distinct Services	Practitioner)	· ·		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Reviewers snar complete a complex medicar review to determine of Picture Hoart		Outpatient Hospital, Professional			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
endomyocardial biopsy and right heart catheterization were performed as two	0027 - Endomyocardial Biopsies and Right Heart	Services (Physician/Non-Physician	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	4/3/2017	Approved
distinct services. The review shall identify claims where modifier 59 or XU have	Catheterizations that were Not Distinct Services	Practitioner)	- ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		., .,	
Claims for HCPCS code G0438 billed more than once in a infetime 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	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
plan of service (PPS), initial visit) is a "one time" allowed Medicare benefit per		Physician Practitioner)	- , ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,		., _ = = , _ = = = .	
Claims for HCPCS code G0438 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	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; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	4/26/2017	Approved
plan of service (PPS), initial visit) is a "one time" allowed Medicare benefit per		Physician Practitioner)	,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,		.,,,,,	
Both finitial 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		1	
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,	Automated	3/23/2017	Approved
reported only once per day by the same physician(s) of the same specialty from		Physician Practitioner)	, protection and the state of the state	an approace states	Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to		-,, 201,	
ซึ่งกาทกิลที่คียริติกิลาปีลิค 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,	Automated	3/23/2017	Approved
reported only once per day by the same physician(s) of the same specialty from	COST TOSPICE SCINCES, EXCESSIVE UTILS	Physician Practitioner)	s years prior to the mornational tetter tale	s an applicable states	Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to	, atomateu	5/25/201/	Approved
the inpatient care is being billed by the nospital as inpatient nospital 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		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	Coding	Physician Practitioner)	s years prior to the mormational tetter date	- 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	, atomateu	5/25/2017	Approved
If the inpatient care is being birled 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	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	Annrous
nursing facility care, then the nursing facility codes apply. Hospital Care CPT codes		Physician Practitioner)	s years prior to the informational letter 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	Automated	3/23/201/	Approved
Providers are only allowed to bill the CP1 codes for New Patient visits in the								
	0039 - Ophthalmology Codes for New Patient:	Professional Services (Physician/Non-	2 years prior to the lafe method is the	2 all applicable star	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Automated	2/22/2017	4.0
group practice (limited to physicians of the same specialty) within the previous 3	Incorrect Coding	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 Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	3/23/2017	Approved

Description	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information	Issue Type	Date Approved	Approval Status
Providers are only allowed to bill the CPT codes for New Patient visits if the	Issue Marrie	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
patient has not received any face-to-face service from the physician or physician	0039 - Ophthalmology Codes for New Patient:	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
group practice (limited to physicians of the same specialty) within the previous 3	Incorrect Coding	Physician Practitioner)		o un applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	, la comarca	3/23/2017	Approved
Office or other outpatient visits for evaluation and management services may not	0042 - Evaluation and Management Services for				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
be billed for patients while admitted to a hospital setting. Services billed	Office or Other Outpatient Visit Billed for	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
incorrectly will result in an overpayment and will be recouped.	Hospital Inpatients: Incorrect Coding	Physician Practitioner)	- ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		-,,	
Office or other outpatient visits for evaluation and management services may not	0042 - Evaluation and Management Services for				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
be billed for patients while admitted to a hospital setting. Services billed	Office or Other Outpatient Visit Billed for	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
incorrectly will result in an overpayment and will be recouped.	Hospital Inpatients: Incorrect Coding	Physician Practitioner)	.,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
A new patient is one who has not received any professional services, [e.g., E/M					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
service or other face-to-face service (e.g., surgical procedure)] from the physician	0043 - New Patient Visits: 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
or physician group practice (same physician specialty) within the previous 3 years.		Physician Practitioner)	.,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Thew patients whe was not received all provided a services (4.g., e./www.					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
service or other face-to-face service (e.g., surgical procedure)] from the physician	0043 - New Patient Visits: 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
or physician group practice (same physician specialty) within the previous 3 years.		Physician Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Claims for CPT code 67228 (Treatment of extensive or progressive retinopathy),		Outpatient Hospital, Professional			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
billed more frequently than once per eye within the global surgery period will be	0047 - Panretinal (Scatter) Laser	Services (Physician/Non-Physician	3 years prior to the Informational Letter date	2 - NGS states only: IL,	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
denied.	Photocoagulation: Excessive Frequency	Practitioner)	- ,	MN, WI	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		., ,	
Algorithm identifies all paid Ambulance Claims billed with any HCPCS codes listed					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
in Appendix D with modifier NN on the same line, for SNF claims. Under the	0049 - Ambulance Transfer between Skilled	Ambulance Providers	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	8/8/2017	Approved
prospective payment system, some ambulance transportation provided by	Nursing Facilities: Unbundling		, prier te tre institutional cetter date	appliable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		-, -, 2027	
Augorithm indentifies all para Ambuiance clarks billed With any HCPCS addes listed					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
in Appendix D with modifier NN on the same line, for SNF claims. Under the	0049 - Ambulance Transfer between Skilled	Ambulance Providers	3 years prior to the Informational Letter date	3 - all annlicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	8/8/2017	Approved
prospective payment system, some ambulance transportation provided by	Nursing Facilities: Unbundling		o years prior to the mornational cetter date	o un applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	, la comarca	0,0,2017	Approved
CPT has designated certain codes as "add-on procedures". These services are		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			
always done in conjunction with another procedure and are only payable when	0050 - Add-on Codes Paid without Primary	Physician Practitioners); Outpatient	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	1/22/2021	Approved
an appropriate primary service is also billed.	Code and/or Denied Primary Code	Hospital	s years prior to the informational cetter date		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automateu	1/22/2021	Approved
CPT has designated certain codes as "add-on procedures". These services are		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	├ ─── ∤		
always done in conjunction with another procedure and are only payable when	0050 - Add-on Codes Paid without Primary	Physician Practitioners); 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	1/22/2021	Approved
an appropriate primary service is also billed.	Code and/or Denied Primary Code	Hospital	s years prior to the informational cetter date	5 an applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automateu	1/22/2021	Approved
Claims for CP1/HCPCS codes that are billed with a TC and/or PC modifier in	0051 - Global versus Technical				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
addition to the global procedure by the same provider, will be denied. Denied	Component/Professional Component	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
claims (or claim lines) will result in an overpayment and payment will be	Reimbursements: Unbundling	Physician Practitioner), Lab/Ambulance	s years prior to the informational cetter date		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automateu	4/20/2017	Approved
Claims for CPT/HCPCs codes that are billed with a TC and/or PC modifier in	0051 - Global versus Technical				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
addition to the global procedure by the same provider, will be denied. Denied	Component/Professional Component	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	4/26/2017	Approved
claims (or claim lines) will result in an overpayment and payment will be	Reimbursements: Unbundling	Physician Practitioner), Lab/Ambulance	o years prior to the mornational cetter date	o un applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	, la comarca	1/20/2017	Approved
Ambulance services during an inpatient stay are included in the facility's PPS	5				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2.			
payment and are not separately payable under Part B, excluding the date of	0054 - Ambulance Billed during Inpatient:	Ambulance Providers	3 years prior to the Informational Letter date	2 - all applicable states	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Automated	6/20/2017	Approved
admission, date of discharge and any leave of absence days. Ambulance providers	Unbundling		- ,		Coverage and Medicare as a Secondary Payer; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,		-,,	
Amoutance services doints an impartence advare included in the Tacind's PPS					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2.			
payment and are not separately payable under Part B, excluding the date of	0054 - Ambulance Billed during Inpatient:	Ambulance Providers	3 years prior to the Informational Letter date	3 - all applicable states	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Automated	6/20/2017	Approved
admission, date of discharge and any leave of absence days. Ambulance providers	Unbundling		- ,		Coverage and Medicare as a Secondary Payer; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,		-,,	
crains with CP1 inplateint hospital cafe evaluation and fracility ment (cl/w) closes					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
billed for services rendered to a patient residing in a skilled nursing facility (SNF),	0056 - Evaluation and Management Services in	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	8/7/2017	Approved
with no inpatient hospital facility claim for the same date of service, will be	Skilled Nursing Facilities: Incorrect Coding	Physician Practitioner)	o years prior to the mornational cetter date		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	, la comarca	0///201/	Approved
Claims with CPI inpatient hospital care evaluation and management (E/M) codes					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
billed for services rendered to a patient residing in a skilled nursing facility (SNF),	0056 - Evaluation and Management Services in	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	8/7/2017	Approved
with no inpatient hospital facility claim for the same date of service, will be	Skilled Nursing Facilities: Incorrect Coding	Physician Practitioner)	- ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		-, - ,	
Shoulder arthroscopy procedures include a limited debridement (CP1 code		Outpatient Hospital; Ambulatory			1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage			
29822). Code 29822, is not separately payable when another shoulder	0057 - Arthroscopic Limited Shoulder	Surgical Center (ASC); Professional	3 years prior to the ADR 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	Complex	9/8/2017	Approved
arthroscopy procedure is billed and paid on the same shoulder for the same day	Debridement: Incorrect Coding	Services (Physician/Non-Physician	- ,		1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations,		-,-,	
Shotilder arthroscopy procedures include a limited debridement (CPT code		Outpatient Hospital; Ambulatory			1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage			
29822). Code 29822, is not separately payable when another shoulder	0057 - Arthroscopic Limited Shoulder	Surgical Center (ASC); Professional	3 years prior to the ADR Letter date	3 - all applicable states	and Medicare as a Secondary Payer; 2. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section	Complex	9/8/2017	Approved
arthroscopy procedure is billed and paid on the same shoulder for the same day	Debridement: Incorrect Coding	Services (Physician/Non-Physician	- ,		1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations,		-,-,	
When reporting service units for untimed codes (excluding Modifiers -KX, and -		Butpatient Hospital, Skilled Nursing			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
59) where the procedure is not defined by a specific timeframe, the provider may	0060 - Untimed Therapy: Excessive Units	Facility (SNF), Outpatient Rehabilitation	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	9/8/2017	Approved
not exceed (1) in the units billed column per date of service.		Facility (ORF), Comprehensive	- , care prior to the informational cetter date		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		5, 6, 2027	, approved
When reporting service units for untimed codes (excluding Modifiers -KX, and -		Outpatient Rospital, Skille Routsing			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
59) where the procedure is not defined by a specific timeframe, the provider may	0060 - Untimed Therapy: Excessive Units	Facility (SNF), Outpatient Rehabilitation	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	9/8/2017	Approved
not exceed (1) in the units billed column per date of service.		Facility (ORF), Comprehensive	- , care prise to the international cetter date	a an oppredote states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		5, 6, 2027	, approved
The Nursing Facility Services codes represent a "per day" service. As such, these		Outpatiant Pohabilitation Facility			1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2. Social			
codes may only be reported once per day, per Beneficiary, Provider and date of	0061 - Nursing Facility Services: Excessive Units	Professional Services (Physician/Non-	3 years prior to the Informational Letter date	2 - all applicable states	Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1852(a)(1)(A) - Exclusions from Coverage and	Automated	9/8/2017	Approved
service. Relevant CPT codes billed more than once per day will result in an	Cool mananig racincy services. Excessive Units	Physician Practitioner)	s years prior to the mornational cetter date	- an applicable states	Medicare as a Secondary Payer; 3. 42 Code of Federal Regulations §424.5(a)(6)- Sufficient Information; 4. 42 Code of Federal		5/0/2017	Approved
The Nursing Facility Services codes represent a "per day" service. As such, these					1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2. Social			
codes may only be reported once per day, per Beneficiary, Provider and date of	0061 - Nursing Facility Services: Excessive Units	Professional Services (Physician/Non-	3 years prior to the Informational Letter date	3 - all applicable states	Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1852(a)(1)(A) - Exclusions from Coverage and	Automated	9/8/2017	Approved
service. Relevant CPT codes billed more than once per day will result in an	toost indising rucincy services. Excessive Units	Physician Practitioner)	s years prior to the mornational tetter date	o an applicable states	Medicare as a Secondary Payer; 3. 42 Code of Federal Regulations §424.5(a)(6)- Sufficient Information; 4. 42 Code of Federal	, latomateu	5/0/2017	Appioveu
						1		

Description	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information	Issue Type	Date Approved	Approval State
carriers may not pay for the technical component (TC) of radiology services					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			- A - A - A - A - A - A - A - A - A - A
furnished to patients in hospital settings. Query identifies TC portion of	0062 - Radiology: Technical Component during	Radiologists/Part B providers doing	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	9/8/2017	Approved
radiology paid to entities other than the inpatient facility. Findings are limited to	Inpatient Stay	radiology service	, .		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Carriers may hot pay for the technical component (TC) or radiology wervices					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
	0062 - Radiology: Technical Component during	Radiologists/Part B providers doing	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	9/8/2017	Approved
radiology paid to entities other than the inpatient facility. Findings are limited to	Inpatient Stay	radiology service			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
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	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	9/8/2017	Approved
		Skilled Nursing Facility (SNF)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
		In a still set the sector is the time the sector is			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
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	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	9/8/2017	Approved
		Skilled Nul Slig Facility (SNF)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
facility will be reviewed to determine that services were medically reasonable and	0067 - Inpatient Psychiatric Facility Services:	Inpatient Hospital (IP); Inpatient			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1815(a)- Payment to Providers of			
necessary. Services found to be not medically reasonable and necessary will	Medical Necessity and Documentation	Psychiatric Facility (IPF)	3 years prior to ADR Letter date	2 – all applicable states	Services; 2. Title XVIII of the Social Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security	Complex	9/8/2017	Approved
Infoldten nosofia services runisned to a patient or an inpatient psychiatric	Requirements				Act (SSA), Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as Secondary Payer; 4. Title XVIII of the Social	<u> </u>		
facility will be reviewed to determine that services were medically reasonable and	0067 - Inpatient Psychiatric Facility Services:	Inpatient Hospital (IP); Inpatient			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1815(a)- Payment to Providers of			
necessary. Services found to be not medically reasonable and necessary will	Medical Necessity and Documentation	Psychiatric Facility (IPF)	3 years prior to ADR Letter date	3 – all applicable states		Complex	9/8/2017	Approved
Höspital emergency department services are not payable for the same calendar	Requirements	· - ,			Act (SSA), Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as Secondary Payer; 4. Title XVIII of the Social			
date as critical care services when billed for the same beneficiary, on the same	0070 - Critical Care Billed on the Same Day as	Professional Services (Physician/Non-			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare			
date of service and by the same service provider (based on Tax ID and Provider	Emergency Room Services: Unbundling	Physician Practitioner)	3 years prior to the Informational 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.	Automated	10/5/2017	Approved
Rospital emergency department services are not payable for the same calendar					42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42	<u> </u>		
date as critical care services when billed for the same beneficiary, on the same	0070 - Critical Care Billed on the Same Day as	Professional Services (Physician/Non-			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare			
date of service and by the same service provider (based on Tax ID and Provider	Emergency Room Services: Unbundling	Physician Practitioner)	3 years prior to the Informational 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.	Automated	10/5/2017	Approved
Spacially Code)					42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42		<u> </u>	
Outpatient service dates that fall totally within inpatient admission and discharge	0072 - Outpatient Service Overlapping or During	Outpatient Hospital; Inpatient Hospital			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare			
uates at the same of another provider of outpatient bill that overlaps an inpatient	an Inpatient Stay: Duplicate Payments	Part B, TOB: 12x, 13x	3 years prior to the Informational 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. 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
admission are considered exact duplicates and should be rejected.						───		
Outpatient service dates that fall totally within inpatient admission and discharge	0072 - Outpatient Service Overlapping or During	Outpatient Hospital; Inpatient Hospital			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.	L	10/5/0017	
dates at the same or another provider or outpatient bill that overlaps an inpatient	an Inpatient Stay: Duplicate Payments	Part B, TOB: 12x, 13x	3 years prior to the Informational Letter date	3 - all applicable states	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
admission are considered exact duplicates and should be rejected. Medicare only pays for services that are reasonable and necessary for the setting					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage	<u> </u>		
	0073 - Inpatient Rehabilitation Facility: Medical	Inpatient Rehabilitation Facility;	2 warm and a to ADD Latter date	2 all an all as his states	and Medicare as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, §1802(a)(1)(A)- Exclusions from Coverage	Consulari	10/4/2010	A
intensive rehabilitation therapy in a resource intensive inpatient hospital	Necessity and Documentation Requirements	Inpatient	3 years prior to ADR Letter date	2 – all applicable states	Benefits; 3. SSA, Title XVII- Health Insurance for the Aged and Disabled, §1834(m)(4)(F)- Telehealth Service; 4. 42 CFR §405.929	Complex	10/4/2018	Approved
medicare only pays for services that are reasonable and hecessary for the setting					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage			
billed. The inpatient rehabilitation facility (IRF) benefit is designed to provide	0073 - Inpatient Rehabilitation Facility: Medical	Inpatient Rehabilitation Facility;	3 years prior to ADR Letter date	3 – all applicable states		Complex	10/4/2018	Approved
intensive rehabilitation therapy in a resource intensive inpatient hospital	Necessity and Documentation Requirements	Inpatient	S years prior to ADK Letter date	5 – all applicable states	Benefits; 3. SSA, Title XVII- Health Insurance for the Aged and Disabled, §1834(m)(4)(F)- Telehealth Service; 4. 42 CFR §405.929	J-	10/4/2018	Approved
Drugs and Biologicals are billed in multiples of the dosage specified in the HCPCS		Outpatient Hespital: Professional		1	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	1		1
code long descriptor. The number of units billed should be assigned based on the	0074 - Drugs and Biologicals: Incorrect Units	Outpatient Hospital; Professional Services (Physician/Non-Physician	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	12/21/2017	Approved
dosage increment specified in that CPT/HCPCS long descriptor, and correspond to	Billed	Practitioner)	o years prior to the non-cetter date	2 un 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	12/21/2017	rippioreu
Drugs and Biologicals are billed in multiples of the dosage specified in the HCPCS		Outpatient Hospital; Professional			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	<u> </u>		
code long descriptor. The number of units billed should be assigned based on the	0074 - Drugs and Biologicals: Incorrect Units	Services (Physician/Non-Physician	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	12/21/2017	Approved
dosage increment specified in that CPT/HCPCS long descriptor, and correspond to	Billed	Practitioner)	, .		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	· ·		
The Annual Wellness Visit (AWV) is not payable if an Initial Preventive Physical	0077 - Annual Wellness Visit Billed Sooner Than				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			1
Examination (IPPE) or an Annual Wellness Visit (AWV) has been paid within the	Eleven Whole Months Following the Initial	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	1/9/2018	Approved
previous eleven (11) whole months.	Preventive Physical Examination	Physician Practitioner)	, .		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
The Annual Wellness Visit (AWV) is not payable if an Initial Preventive Physical	0077 - Annual Wellness Visit Billed Sooner Than				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Examination (IPPE) or an Annual Wellness Visit (AWV) has been paid within the	Eleven Whole Months Following the Initial	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	1/9/2018	Approved
previous eleven (11) whole months.	Preventive Physical Examination	Physician Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
Documentation will be reviewed to determine if Cardiac Pacemakers meet					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Medicare coverage criteria, meet applicable coding guidelines, and/or are	0078 - Cardiac Pacemakers: Medical Necessity	Outpatient Hospital (OP), Ambulatory	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	2/15/2018	Approved
medically reasonable and necessary.	and Documentation Requirements	Surgical Center (ASC)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
Documentation will be reviewed to determine if Cardiac Pacemakers meet	0079 Cardias Dasamakara Madaalaha	Outpatient Liespitel Ambulatory			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Medicare coverage criteria, meet applicable coding guidelines, and/or are	0078 - Cardiac Pacemakers: Medical Necessity and Documentation Requirements	Outpatient Hospital, Ambulatory Surgical Center (ASC)	3 years prior to ADR Letter date	3 – all applicable states		Complex	2/15/2018	Approved
medically reasonable and necessary.		Surgical Center (ASC)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
Cataract removal cannot be performed more than once on the same eye on the	0083 - Cataract Removal Excessive Units	Protessional Services (Physician/Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
same date of service. Providers billing for more than one unit of cataract removal for the same eye, on the same claim line, will be denied. The New Issue indicates		Physician Practitioner), Outpatient Hospital Ambulatory Surgical Center	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	3/14/2018	Approved
the fact removal cannot be performed innove than once on the same feet the fact removal cannot be performed innove than the center of the same feet the fact removal cannot be performed innove than the center of the same feet the fact removal cannot be performed innove that the same feet the fact removal cannot be performed innove that the same feet the		Hospital, Ambulatory Surgical Center			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
	0083 - Cataract Removal Excessive Units -	Professional Services (Physician/Non- Physician Practitioner), Outpatient			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
same date of service. Providers billing for more than one unit of cataract removal for the same eye, on the same claim line, will be denied. The New Issue indicates	Partial Denial	Hospital, Ambulatory Surgical Center	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	3/14/2018	Approved
the fiding is the same claim inter, will be defined. The New State Indicates the fiding is the same eye on the	raida benar	(ASC)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
Cataract removal cannot be performed more than once on the same eye on the same date of service. Providers billing for more than one unit of cataract removal		Professional Services (Physician/Non- Physician Practitioner), Outpatient			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
for the same eye will be denied. This new issue indicates that findings are across	0084 - Cataract Removal: Duplicate Payment	Hospital, Ambulatory Surgical Center	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	3/14/2018	Approved
clataract rethoval cannot be benormed more than once on the same eye on the					Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post Payment Review; 4. 42 CFR §405.930- Failure to	<u> </u>	L	
Lataract removal cannot be performed more than once on the same eye on the same date of service. Providers billing for more than one unit of cataract removal		Professional Services (Physician/Non- Physician Practitioner), Outpatient			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
for the same eye will be denied. This new issue indicates that findings are across	0084 - Cataract Removal: Duplicate Payment	Hospital, Ambulatory Surgical Center	3 years prior to the Informational Letter date	3 – all applicable states		Automated	3/14/2018	Approved
		nospital, Ambulatory Surgical Center			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post Payment Review; 4. 42 CFR §405.930- Failure to	4	1	

								Approval Status
Laboratory services are covered under Part A, excluding anatomic pathology	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information 1. Social Security Act, Title XVIII - Health Insurance for the Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage and	Issue Type	Date Approved	Approval Status
services and certain clinical pathology services, therefore if billed separately	0085 - Laboratory Services Rendered During an	Laboratory, Outpatient Hospital	3 years prior to the Informational Letter date	2 – all applicable states	Medicare as a Secondary Payer; 2. Social Security Act, Title XVIII - Health Insurance for the Aged and Disabled, §1833(e)-	Automated	3/13/2018	Approved
should be denied as unbundled services. Denied services will result in an	Inpatient Stay: Unbundling	caboratory, outpatient nospital	s years prior to the informational tetter date		Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions,	Automateu	5/15/2010	Approved
Laboratory services are covered under Part A, excluding anatomic pathology					1. Social Security Act, Title XVIII - Health Insurance for the Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage and			
services and certain clinical pathology services, therefore if billed separately	0085 - Laboratory Services Rendered During an	Laboratory, Outpatient Hospital	3 years prior to the Informational Letter date	3 – all applicable states	Medicare as a Secondary Payer; 2. Social Security Act, Title XVIII - Health Insurance for the Aged and Disabled, §1833(e)-	Automated	3/13/2018	Approved
should be denied as unbundled services. Denied services will result in an	Inpatient Stay: Unbundling				Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions,			
Hospital outpatient observation care (initial, subsequent and/or discharge management) rendered on the same date as a hospital inpatient admission by the	0086 - Observation Evaluation & Management	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			
same physician is not separately payable. Medicare payment for the initial	(E&M) Services Billed Same Day as Inpatient	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	3/14/2018	Approved
hospital outpacient opservation care linitial, subsequent and/or discharge	Admission: Unbundling	,,			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
management) rendered on the same date as a hospital inpatient admission by th	0086 - Observation Evaluation & Management	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			
same physician is not separately payable. Medicare payment for the initial	(E&IVI) Services Billed Same Day as inpatient	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; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automated	3/14/2018	Approved
here is the second s	Admission: Unbundling				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
the ESRD facility bundled payment. Certain laboratory services and limited drugs	0087 - Laboratory Services for End-Stage Renal Disease Subject to Part B Consolidated Billing:	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	3/14/2018	Approved
and supplies will be subject to Part B consolidated billing and will no longer be	Unbundling	Physician Practitioner)	s years prior to the informational tetter date		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automateu	5/14/2010	Approved
THE ESKO PPS INCLORES CONSOLIDATED SINGLAD INFORMATION IN THE SERVICES INCLORED IN	0087 - Laboratory Services for End-Stage Renal				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
the ESRD facility bundled payment. Certain laboratory services and limited drugs	Disease Subject to Part B Consolidated Billing:	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	3/14/2018	Approved
and supplies will be subject to Part B consolidated billing and will no longer be	Unbundling	Physician Practitioner)	· ·		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Covered ancillary items and services are not payable if there is no approved					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Ambulatory Surgical Center (ASC) surgical procedure on the same claim or in	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	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	3/14/2018	Approved
history for the same date of service and same provider.	Approved Surgical Procedure				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
Covered ancillary items and services are not payable if there is no approved	0088 - Ancillary Services Billed Without an				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Ambulatory Surgical Center (ASC) surgical procedure on the same claim or in	Approved Surgical Procedure	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	3/14/2018	Approved
history for the same date of service and same provider.					Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
Services of Clinical Social Workers (CSW) rendered during Inpatient Hospital stay	S 0089 - Clinical Social Worker during Inpatient:	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			
are included in the facilities PPS payment and are not separately payable under	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 Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	3/14/2018	Approved
Part B. CSW providers are expected to seek reimbursement from the facility.					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Services of Clinical Social Workers (CSW) rendered during Inpatient Hospital stay	^S 0089 - Clinical Social Worker during Inpatient:	Professional Services (Physician/Non-	2 years prior to the Informational Latter 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	Automated	2/14/2019	Approved
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.	Unbundling	Physician Practitioner)	3 years prior to the Informational Letter date	3 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	3/14/2018	Approved
	0090 - Laboratory/Pathology Technical	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 technical component (TC) of lab/pathology services furnished to patients in	Component for Inpatient or Outpatient	Physician Practitioner); 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	4/4/2018	Approved
an inpatient or outpatient hospital setting are not separately payable.	Hospitals: Unbundling	Independent Diagnostic Testing Facility	.,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
	0090 - Laboratory/Pathology Technical	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 technical component (TC) of lab/pathology services furnished to patients in an inpatient or outpatient hospital setting are not separately payable.	Component for Inpatient or Outpatient	Physician Practitioner); Laboratory; Independent Diagnostic Testing Facility	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	4/4/2018	Approved
Duplicate claims are any claims paid across more than one claim number for the	Hospitals: Unbundling	(IDTE)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
same Beneficiary, CPT/HCPCS code and service date by the same provider.		Part B Professional Services			1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage			
Duplicate claims will be denied if billed with exact data and the contractor paid	0091- Duplicate Claims: Professional Services	(Physician/Non-Physician Practitioner)	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	5/8/2018	Approved
for preview cannot a the any crain Repiald durbise thorie iman will excult in number for the					1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional			
same Beneficiary, CPT/HCPCS code and service date by the same provider.	0001 Dualizata Claima Dasfassianal Candesa	Part B Professional Services		2 all analisable states	1. 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	Automated	F /0 /2010	A
Duplicate claims will be denied if billed with exact data and the contractor paid	0091- Duplicate Claims: Professional Services	(Physician/Non-Physician Practitioner)	3 years prior to the Informational Letter date	3 – all 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	Automated	5/8/2018	Approved
for conject more than once. Denied duplicate claims will result in an The review shall identify claims billed incorrectly as percutaneous implantation of	f 0092 - Percutaneous Implantation of	Outpatient Hospital; Ambulatory			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
neurostimulator electrode arrays when the medical record demonstrates the	Neurostimulator Electrode Array: Medical	Surgery Center (ASC); Professional	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	5/8/2018	Approved
transcutaneous placement of a device.	Necessity and Documentation Requirements	Services (Physician/Non-Physician	s years prior to Abit zetter date		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	complex	5/0/2010	Approved
The review shall identify claims billed incorrectly as percutaneous implantation of	f 0092 - Percutaneous Implantation of	Outpatient Hospital; Ambulatory			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
neurostimulator electrode arrays when the medical record demonstrates the	Neurostimulator Electrode Array: Medical	Surgery Center (ASC); Professional	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	5/8/2018	Approved
transcutaneous placement of a device.	Necessity and Documentation Requirements	Services (Physician/Non-Physician Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
The implantable automatic delibrillator is an electronic device designed to detect and treat life-threatening tachyarrhythmias. The device consists of a pulse	0093 - Implantable Automatic Defibrillators-	Outpatient Hospital, Ambulatory Surgery	r		1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
generator and electrodes for sensing and defibrillating. Medical documentation	Outpatient Procedure: Medical Necessity and	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
The implaintable for condition dependent of a salidetection is revised to detect	Documentation Requirements	(Physician/Non-Physician Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
and treat life-threatening tachyarrhythmias. The device consists of a pulse	0093 - Implantable Automatic Defibrillators-	Outpatient Hospital, Ambulatory Surgery	1		1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
generator and electrodes for sensing and defibrillating. Medical documentation	Outpatient Procedure: Medical Necessity and	Center (ASC), Professional Services	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social 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	5/14/2018	Approved
villet joint ave of firs on the spine crist an stability and anow the spinet corbeirg	Documentation Requirements	(Physician/Non-Physician Practitioner)						
and twist. Facet joint injections are a type of interventional pain management	0095 - Facet Joint Interventions: Medical	Inpatient Hospital (Part B), Outpatient	2 years prior to ADR Latter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 			
technique used to diagnose or treat back pain. Intraarticular blocks may provide	Necessity and Documentation Requirements	Hospital, Outpatient Surgery	3 years prior to ADR 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			
tertain CP redats for Part B professionar services for the same beneficiary, same					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Date of Service, and Same Provider will be recovered as overpayments as they an		Professional Services (Physician/Non-	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	6/18/2018	Approved
not payable when performed on the same day a physician bills for critical care.	Unbundling	Physician Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Certain CPI codes for Part B professional services for the same Beneficiary, same					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Date of Service, and Same Provider will be recovered as overpayments as they ar	e 0098 - Critical Care Professional Services: Unbundling	Professional Services (Physician/Non- 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	Automated	6/18/2018	Approved
not payable when performed on the same day a physician bills for critical care.	4				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 Consolidated Billing Table. Major Category I.F and V.A., provided to beneficiaries	0099 - Skilled Nursing Facility Consolidated				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
by the outpatient facility, in a Medicare covered Part A SNF stay, are included in		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
					Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			

Description	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information	Issue Type	Date Approved	Approval Statu
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	Outpatient Facility	3 years prior to the Informational Letter date	3 – all applicable states		Automated	6/25/2018	Approved
by the outpatient facility, in a Medicare covered Part A SNF stay, are included in a	Billing: Unbundling		- ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,		-,,	
CMS has designated certain codes as add-on procedures. These services are	0100 - Add-On Code Paid without Primary Code				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	and/or Denied Primary Code: Clinical	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
an appropriate primary service is also billed. Clinical Laboratory providers paid	Laboratory	Laboratory	s years prior to the informational cetter date	2 an applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automateu	0/20/2010	Approved
CMS das designated Certain codes as "abd-on procedures". Inde/ se Porcied 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	0100 - Add-On Code Paid without Primary Code	Laboratory	2 years prior to the Informational Latter date	3 – all applicable states		Automated	6/20/2018	Approved
an appropriate primary service is also billed. Clinical Laboratory providers paid	and/or Denied Primary Code: Clinical Laboratory	Laboratory	3 years prior to the Informational Letter date	5 – ali applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automateu	0/20/2018	Approveu
APC coding requires that proceedbrai information, as coded and reported by the	Laboratory							
hospital on its claim, match both the attending physician description and the	0101 - Ambulatory Payment Classification	Output land land land	2 manual and a ADD Latter data	2 all analisable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 	Consular	7/26/2010	A
information contained in the beneficiary's medical record. Reviewers will validate	Coding Validation	Outpatient Hospital	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	7/26/2018	Approved
the cessing regaines that biliced analysis of fination, as coded alto reported by the								
hospital on its claim, match both the attending physician description and the	0101 - Ambulatory Payment Classification				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		7/26/2010	
information contained in the beneficiary's medical record. Reviewers will validate	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 Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	7/26/2018	Approved
this has besignated terrain codes as a adfort procedures to these services are								
always done in conjunction with another procedure and are only payable when	0104 - Add-on Code Paid without Primary Code				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
an appropriate primary service is also paid. ASC providers paid for Add-On	and/or Denied Primary Code – Ambulatory	Ambulatory Surgery Center (ASC)	3 years prior to the Informational Letter date	2 – all applicable states		Automated	7/24/2018	Approved
CRCS / CPT sedac without the required Bring recedures These services are will	Surgical Center				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
always done in conjunction with another procedure and are only payable when	0104 - Add-on Code Paid without Primary Code				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
an appropriate primary service is also paid. ASC providers paid for Add-On	and/or Denied Primary Code – Ambulatory	Ambulatory Surgery Center (ASC)	3 years prior to the Informational Letter date	3 – all applicable states		Automated	7/24/2018	Approved
	Surgical Center				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Physician Services wither during an active risspice period should be para by the will	010E Dhusiaian Canvians during Llasnica Daviada	Drefessional Capileos (Dhusisian Alan			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Hospice provider if services are related to the hospice beneficiary's terminal	0105 - Physician Services during Hospice Period:	Physician Practitioner)	3 years prior to the Informational Letter date	2 - all applicable states	Coverage and Medicare as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)-	Automated	8/14/2018	Approved
condition or if a physician is employed or paid under arrangement by the	Unbundling	Physician Practitioner)			Payment of Benefits; 3. SSA, Title XVIII, §1861 (dd) of the Social Security Act, Hospice Care; Hospice Program; 4. 42 CFR			
Physician services billed during an active hospice period should be paid by the					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Hospice provider if services are related to the hospice beneficiary's terminal	0105 - Physician Services during Hospice Period:		3 years prior to the Informational Letter date	3 - all applicable states	Coverage and Medicare as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)-	Automated	8/14/2018	Approved
condition or if a physician is employed or paid under arrangement by the	Unbundling	Physician Practitioner)			Payment of Benefits; 3. SSA, Title XVIII, §1861 (dd) of the Social Security Act, Hospice Care; Hospice Program; 4. 42 CFR			
onder the initialized provider. He schedule (WHFS), so hel procedules 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:	Professional Services (Physician/Non-	6 months prior to the Informational Letter	2 – all applicable states		Automated	9/11/2018	Approved
settings. The rate, facility or nonfacility, which a physician service is paid under	Incorrect Coding	Physician Practitioner)	date		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:	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	Incorrect Coding	Physician Practitioner)	date	5 an applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	ratomated	5/11/2010	ripproteu
Payment for the majority of Skilled Nufsing Facility (SKF) services provided to					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
beneficiaries in a Medicare covered Part A stay are included in a bundled	0109 - Skilled Nursing Facility (SNF)	Professional Services (Physician/Non-	3 years prior to the Informational Letter date	2 – all applicable states		Automated	9/20/2018	Approved
prospective payment made through the fiscal intermediary (FI) A/B Medicare	Consolidated Billing Part B (Full)	Physician Practitioner); Laboratory	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. 42 CFR §405.930- Failure to	Automateu	5/20/2010	Approved
Palyment for the majority of skilled Nursing Facility (SNF) services provided to "					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
beneficiaries in a Medicare covered Part A stay are included in a bundled	0109 - Skilled Nursing Facility (SNF)	Professional Services (Physician/Non-	2 years prior to the Informational Latter date	2 all applicable states		Automated	0/20/2018	Approved
prospective payment made through the fiscal intermediary (FI) A/B Medicare	Consolidated Billing Part B (Full)	Physician Practitioner); Laboratory	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	9/20/2018	Approved
Wheir a Partra CPT/ACACLS cobe issea Torrie 2 photessional componentil of by								
Services to be Submitted with a 26 Modifier) is billed during a paid inpatient Part	0110 - Skilled Nursing Facility Consolidated	Professional Services (Physician/Non-		2 all an all as his 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	A	0/20/2010	A
A SNF stay, without modifier 26, the Part B claim will be repriced with modifier 26	Billing: Part B – Use of Modifier 26, Professional	Physician Practitioner)	3 years prior to the Informational Letter date	2 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automated	9/20/2018	Approved
to neft a tabe professional comensent on the 2 performance monthining of	Component		<pre>set and a set a set</pre>					
Services to be Submitted with a 26 Modifier) is billed during a paid inpatient Part	0110 - Skilled Nursing Facility Consolidated	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			
A SNF stay, without modifier 26, the Part B claim will be repriced with modifier 26	Billing: Part B – Use of Modifier 26, Professional	Physician Practitioner)	3 years prior to the Informational Letter date	3 – all applicable states		Automated	9/20/2018	Approved
to reflect the professional component reduction. The overnavment is identified	Component	Inpatient Hospital (Medicare Part B			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
Documentation will be reviewed to determine if transthoracic echocardiography	0111 - Transthoracic Echocardiography:	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	Medical Necessity and Documentation	Nursing Facility - Inpatient (Medicare	3 years prior to ADR Letter date	2 – all applicable states		Complex	9/28/2018	Approved
reasonable and necessary.	Requirements	a . a . l .			and 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	0111 - Transthoracic Echocardiography:	Inpatient Hospital (Medicare Part B 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	Medical Necessity and Documentation	Nursing Facility - Inpatient (Medicare	3 years prior to ADR Letter date	3 – all applicable states		Complex	9/28/2018	Approved
reasonable and necessary.	Requirements	Port D only			and Medicare as a Secondary Payer; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to			
A Monthly Capitation Payment (MCP) is a payment made to physicians for most	0112 Monthly Constantion Developed for Ford	Desfersional Consistent (Dissistent Alexa			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 Disease: 4 or More Visits per Month	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 - all applicable states		Automated	11/7/2018	Approved
(ESRD) patients on a monthly basis. The same monthly amount is paid to the	Stage Renai Disease. 4 of More Visits per Month				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
A Monthly capitation Payment (MCP) is a payment made to physicians for most	0112 Monthly Constantion Developed for End	Desfersional Consistent (Diversion of Alexa			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-	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	11/7/2018	Approved
(ESRD) patients on a monthly basis. The same monthly amount is paid to the	Stage Renal Disease: 4 or More Visits per Month	Physician Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
The second s	0115 - Physician Claims with Place of Service				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Home visits for physician services should not overlap an active inpatient Stay.	-	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	10/17/2018	Approved
Providers cannot bill for services that are rendered. Physician claims billed with a	Home Overlapping Inpatient Hospital Stav:				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
	Home Overlapping Inpatient Hospital Stay: Services Billed Not Rendered	Physician Practitioner)						
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 Home visits for physician services should not overlap an active inpatient stay.	Services Billed Not Rendered				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
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 fone with the services should not overlap an active inpatient stay. Providers cannot bill for services that are rendered. Physician claims billed with a	Services Billed Not Rendered 0115 - Physician Claims with Place of Service	Professional Services (Physician/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	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 Home visits for physician services should not overlap an active inpatient stay.	Services Billed Not Rendered 0115 - Physician Claims with Place of Service Home Overlapping Inpatient Hospital Stay:		3 years prior to the Informational Letter date	3 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 	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 fone with the services should not overlap an active inpatient stay. Providers cannot bill for services that are rendered. Physician claims billed with a	Services Billed Not Rendered 0115 - Physician Claims with Place of Service	Professional Services (Physician/Non-	3 years prior to the Informational Letter date	3 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2 CFR §405.929- Post-Payment Review; 4 2 CFR §405.930- Failure to 	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 Home visits for physician services should not overlap an active inpatient stay. 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 desired.	Services Billed Not Rendered 0115 - Physician Claims with Place of Service Home Overlapping Inpatient Hospital Stay:	Professional Services (Physician/Non-	3 years prior to the Informational Letter date 3 years prior to the Informational Letter date		 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 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from 	Automated	10/17/2018	Approved

Description	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information	Issue Type	Date Approved	Approval Status
HCPCS Codes with a PC/TC indicator of 1 and billed with either 26 or TC in any					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
modifier field should be paid at either the technical component or the	0116 - Modifiers TC and 26: 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	10/9/2018	Approved
professional component rate based on the modifier billed. Overpayments occur	÷	Physician Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
It another arthroscopy proceed the is bine of and paid for the same day, of the same		Physician/Non- physician Practitioner			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare			
shoulder, for the same beneficiary, at the same encounter, the limited	0117 - Arthroscopic Limited Shoulder	(NPP); Outpatient (Outpatient for claims	3 years prior to the Informational 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.	Automated	10/17/2018	Approved
debridement (code 29822) is not separately payable and Current Procedural	Debridement: Unbundling	prior to 10/01/2017. After 10/01/2017,	.,		42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42		., ,	
Transinglerar (CBT) code 2022 will be depied If another arthroscopy procedure is billed and paid for the same day, on the same		Physician/Non- physician Practitioner			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare			
shoulder, for the same beneficiary, at the same encounter, the limited	0117 - Arthroscopic Limited Shoulder	(NPP); Outpatient (Outpatient for claims	3 years prior to the Informational 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.	Automated	10/17/2018	Approved
debridement (code 29822) is not separately payable and Current Procedural	Debridement: Unbundling	prior to 10/01/2017. After 10/01/2017,	- ,		42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42			
Shoulder arthroscopy procedures include extensive debridement (e.g., CP1 code		Protessional Services (Physician/Non-			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2. SSA, Title XVIII- Health			
29823) even if the extensive debridement is performed in a different area of the	0118 - Arthroscopic Extensive Shoulder	Physician Practitioner); Outpatient	3 years prior to the Informational Letter date	2 – all applicable states	Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 3.	Automated	10/16/2018	Approved
same shoulder. If another arthroscopy procedure is billed and paid for the same	Debridement: Unbundling	Hospital (For claims prior to	o years prior to the informational cetter date		42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42	, latomated	10/10/2010	rippiored
Shoundetharthroscoby procedures incrude excelsive aeorthement (e.g., cFr code		Phonessional services (Physician/Nonial of			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2. SSA, Title XVIII- Health			
29823) even if the extensive debridement is performed in a different area of the	0118 - Arthroscopic Extensive Shoulder	Physician Practitioner); Outpatient	3 years prior to the Informational Letter date	3 – all applicable states	Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 3.	Automated	10/16/2018	Approved
same shoulder. If another arthroscopy procedure is billed and paid for the same	Debridement: Unbundling	Hospital (For claims prior to	s years prior to the informational tetter date	5 an applicable states	42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42	Automateu	10/10/2010	Approved
Epibora thnjections have gene fairly berrom hear of treat pain thrising in dait spifiar nerve	0440 Terreformerical Faidurel Changled	10/01/2017 After 10/01/2017 denial of			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare			
roots. These procedures may be performed via three distinct techniques, each of	0119 - Transforaminal Epidural Steroid Injection: Medical Necessity and	Professional Services (Physician/Non-	2 years prior to ADD Latter 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	10/21/2018	Approved
which involves introducing a needle into the epidural space by a different route	Documentation Requirements	Physician Practitioner); Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	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
Based on CPT Code descriptions, CPT Code 17000 may only be billed once per	Documentation Requirements	Hospital						1
date of service; CPT Code 17003 may only be billed thirteen times per date of	0121 - Destruction of Premalignant Lesions:	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		10/1/0010	
service, and CPT Code 17004 may only be billed once per date of service. If billed	Excessive Units	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 Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automated	12/4/2018	Approved
Based on CPT Code descriptions, CPT Code 17000 may only Be Bined once Per								
date of service; CPT Code 17003 may only be billed thirteen times per date of	0121 - Destruction of Premalignant Lesions:	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			
service, and CPT Code 17004 may only be billed once per date of service. If billed	Excessive Units	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	Automated	12/4/2018	Approved
in average of those limits average units of CDT andre 17000 17002 and las 17004		,			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Outpatient facility services related to a Hospice terminal diagnosis provided	0122 - Outpatient Service Related to Hospice				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1861(dd)(1) Hospice Care; Hospice			
during a Hospice period are included in the Hospice payment and are not paid	Diagnosis: Unbundling	Part A Outpatient	3 years prior to the Informational Letter date	2 – all applicable states	Program; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions	Automated	11/29/2018	Approved
separately.	Diagnosis. Onbununing				from Coverage and Medicare as a Secondary Payer; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and			
Outpatient facility services related to a Hospice terminal diagnosis provided	0122 Outpatient Service Pelated to Hernice				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1861(dd)(1) Hospice Care; Hospice			
during a Hospice period are included in the Hospice payment and are not paid	0122 - Outpatient Service Related to Hospice Diagnosis: Unbundling	Part A Outpatient	3 years prior to the Informational Letter date	3 - all applicable states	Program; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions	Automated	11/29/2018	Approved
separately.	Diagnosis. Onbununing				from Coverage and Medicare as a Secondary Payer; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and			
When billed on the same date of service as an inpatient hospital claim, the	0122 Taskalasi Casara at af Diamantia	Professional Services (Physician/Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Technical Component (TC) of diagnostics is not payable to the Part B provider.	0123 - Technical Component of Diagnostic	Physician Practitioner); Independent	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	12/11/2018	Approved
The technical component is performed by the facility while a patient is in a	Procedures During Inpatient: Unbundling	Diagnostic Testing Facility (IDTF)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
When billed on the same date for service as an inpatient hospital channel 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			
Technical Component (TC) of diagnostics is not payable to the Part B provider.	0123 - Technical Component of Diagnostic	Physician Practitioner); Independent	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	12/11/2018	Approved
The technical component is performed by the facility while a patient is in a	Procedures During Inpatient: Unbundling	Diagnostic Testing Facility (IDTF)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
HCPCS/CP1 Codes with a PC/1C indicator "/" in the Medicare Physician Fee"					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Schedule Data Base payment may not be made if the service is provided to a	0124 - Part B Therapies during Inpatient:	Physical Therapist, Occupational	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	11/30/2018	Approved
hospital inpatient by a physical therapist, occupational therapist, or speech	Unbundling	Therapist, Speech Language Therapist			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
HCPUS/CFF Codes with a PC/ nonthicator > ndhthe wedneare Physician Feed					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Schedule Data Base payment may not be made if the service is provided to a	0124 - Part B Therapies during Inpatient:	Physical Therapist, Occupational	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	11/30/2018	Approved
hospital inpatient by a physical therapist, occupational therapist, or speech	Unbundling	Therapist, Speech Language Therapist			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
surgical endoscopy includes diagnostic endoscopy. A diagnostic endoscopy		Outpatient Facility; Ambulatory Surgery			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
	0126 - Endoscopy Procedures: Diagnostic and	Center (ASC); Professional Services	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	11/14/2018	Approved
endoscopic services are performed, the most comprehensive code describing the	Surgical Billed Same Day	(Physician/Non-Physician Practitioner)	.,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
Surgical endoscopy includes diagnostic endoscopy. A diagnostic endoscopy		Outpatient Facility; Ambulatory Surgery			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
HCPCS/CPT code shall not be reported with a surgical endoscopy code. If multiple	0126 - Endoscopy Procedures: Diagnostic and	Center (ASC); Professional Services	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	11/14/2018	Approved
endoscopic services are performed, the most comprehensive code describing the	Surgical Billed Same Day	(Physician/Non-Physician Practitioner)	- ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,		,,	
For purposes of coverage under Medicare, Hyperbaric Oxygen Therapy (HBOT) is	0129 - Hyperbaric Oxygen Therapy for Diabetic	, , , , , , , , , , , , , , , , , , ,			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
a modality in which the entire body is exposed to oxygen under increased	Wounds: Medical Necessity and Documentation	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	1/30/2019	Approved
atmospheric pressure. The patient is entirely enclosed in a pressure chamber	Requirements		, set a prior to rior cetter date		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Lompics	1, 50, 2015	, approved
For phiposes of coverage and er medicate, hyperbaric oxygen therapy (HBOT) is f					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
a modality in which the entire body is exposed to oxygen under increased	0129 - Hyperbaric Oxygen Therapy for Diabetic Wounds: Medical Necessity and Documentation	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states		Complex	1/30/2019	Approved
atmospheric pressure. The patient is entirely enclosed in a pressure chamber	Requirements	outpatient nospital	S years prior to ADR Letter date	5 an applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	complex	1/30/2013	Approved
bannthine.100% pinear.of.23 shere par poses win star per been ear mean. Thy use of	requirements	Outpatient Hospital; Inpatient Hospital;			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
necessary. In addition, panniculectomy billed at the same time as an open	0130 - Panniculectomy: Medical Necessity and	Ambulatory Surgical Center;	2 years prior to ADD 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	Complay	2/12/2010	Approval
abdominal surgery, or if is incidental to another procedure, is not separately	Documentation Requirements	Professional Services (Physician/Non-	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	2/13/2019	Approved
Panniculectomy Billed for Cosmetic purposes will not be deemed medically		Outpatient Hospital; Inpatient Hospital;						
necessary. In addition, panniculectomy billed at the same time as an open	0130 - Panniculectomy: Medical Necessity and	Ambulatory Surgical Center;			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Contral	2/42/2010	
abdominal surgery, or if is incidental to another procedure, is not separately	Documentation Requirements	Professional Services (Physician/Non-	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	2/13/2019	Approved
CMS will not pay for an emergency department visit or an office visit E&M service		Physician Practitioner)				-		
on the same day as a comprehensive nursing facility assessment when both the	0132 - Evaluation and Management Same Day	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			
E&M service and the comprehensive nursing facility assessment are performed by	as Admission to a Nursing Facility: 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	2/5/2019	Approved
thos win not pay for an emergency bepartment visit or lith office Visit E&Wiservice					Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	-		
on the same day as a comprehensive nursing facility assessment when both the	0132 - Evaluation and Management Same Day	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			
	as Admission to a Nursing Facility: Unbundling	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	Automated	2/5/2019	Approved
	and the state of t	,			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	Additional Information	Issue Type	Date Approved	Approval Statu
All PET Scans require the use of radiopharmaceutical diagnostic imaging agent	0133 - Positron Emission Tomography Scans			Storis and States	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	abbac Type	Jute Approved	- pprovidi Statu
(tracer). Claims billed without the required Tracer HCPCS codes will be recovered	Paid without Tracer Codes- Independent	Independent Diagnostic Testing Facility	3 years prior to the Informational Letter date	2 – all applicable states		Automated	2/5/2019	Approved
as overpayments.	Diagnostic Testing Facility: Non-Allowable		,,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
All PET Scans require the use of radiopharmaceutical diagnostic imaging agent	0133 - Positron Emission Tomography Scans				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
(tracer). Claims billed without the required Tracer HCPCS codes will be recovered	Paid without Tracer Codes- Independent	Independent Diagnostic Testing Facility	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	2/5/2019	Approved
as overpayments.	Diagnostic Testing Facility: Non-Allowable				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
claims for Cryosurgery of the Prostate are deemed to be medically necessary for	Sonuco	Outpatient Hospital, Ambulatory Surgery			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
the indications listed in the Centers for Medicare and Medicaid National Coverage		Center, and Professional Services	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	2/5/2019	Approved
Determination Manual (Publication 100-03, Part 4, §230.9). Documentation will	Necessity and Documentation Requirements	(Physician/Non-Physician Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
claims for Cryosurgery of the Prostate are deemed to be medically necessary for		Outpatient Hospital, Ambulatory Surgery			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
the indications listed in the Centers for Medicare and Medicaid National Coverage		Center, and Professional Services	3 years prior to ADR Letter date	3 – all applicable states		Complex	2/5/2019	Approved
Determination Manual (Publication 100-03, Part 4, §230.9). Documentation will	Necessity and Documentation Requirements	(Physician/Non-Physician Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			1
taroiaic rend bindation (tor) is a physician-supervised or Ografm that radhisnessor					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			1
physician prescribed exercise; cardiac risk factor modification, including	0135 - Cardiac Rehabilitation: Medical Necessity	9 Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states		Complex	3/7/2019	Approved
education, counseling, and behavioral intervention; psychosocial assessment; and	and Documentation Requirements				Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and			
Caronae renaphilitation (CR) is a physician-studien sed program that furnishes "					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
physician prescribed exercise; cardiac risk factor modification, including	0135 - Cardiac Rehabilitation: Medical Necessity	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states		Complex	3/7/2019	Approved
education, counseling, and behavioral intervention; psychosocial assessment; and	and Documentation Requirements		.,,		Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and		.,,	
Radiographs of the chest are common tests performed in many outpatient offices	0136 - Radiologic Examination of the Chest:				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
(radiology and many others), clinics, outpatient hospital departments, inpatient	Medical Necessity and Documentation	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	4/15/2019	Approved
hospital episodes, skilled nursing facilities, homes, and other settings. They can	Requirements				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,		, .,	,,
Radiographs of the chest are common cests performed in many outpatient offices	0136 - Radiologic Examination of the Chest:				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
(radiology and many others), clinics, outpatient hospital departments, inpatient	Medical Necessity and Documentation	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states		Complex	4/15/2019	Approved
hospital episodes, skilled nursing facilities, homes, and other settings. They can	Requirements	outputient nospital	s years prior to rior cetter date	5 un applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	complex	1, 13, 2013	rippiored
Physical therapy, speech-language pathology services, and occupational therapy		Protessional Services (Physician/Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			1
are bundled into the SNF's global per diem payment for a resident's covered Part	0138 - Skilled Nursing Facility Consolidated	Physician Practitioner); Physical	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	2/20/2019	Approved
A stay. They are also subject to the SNF "Part B" consolidated billing requirement	Billing for Therapies: Unbundling	Therapist; Occupational Therapist;	s years prior to the informational tetter date	2 an applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automateu	2/20/2015	Approved
Privsical criefupy; speetn-Safiguage patriology services, and occupational therapy		Professional services (Physician/won-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
are bundled into the SNF's global per diem payment for a resident's covered Part	0138 - Skilled Nursing Facility Consolidated	Physician Practitioner); Physical	3 years prior to the Informational Letter date	3 – all applicable states		Automated	2/20/2019	Approved
A stay. They are also subject to the SNF "Part B" consolidated billing requirement	Billing for Therapies: Unbundling	Therapist; Occupational Therapist;	s years prior to the informational tetter date	5 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automateu	2/20/2019	Approved
for tebriopiasty and kyphopiasty will be reviewed for medical necessity whether		Speech Janguage Pathologist			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefits; 2.			-
billed as an initial procedure, a repeat procedure (beyond once in a lifetime) or if	0139 - Vertebroplasty or Kyphoplasty: Medical	Outpatient Hospital, Ambulatory Surgery Center, and Professional Services	3 years prior to ADR Letter date	2 – all applicable states	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1834 - Special Payment Rules for	Complex	2/20/2019	Approved
performed at more than one vertebral level. Services that were not medically	Necessity and Documentation Requirements	(Physician/Non-Physician Practitioner)	s years prior to Abit Letter date	2 an applicable states	Particular Items and Services; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section	complex	2/20/2015	Approved
vertebroplasty and kyphoplasty will be reviewed for medical necessity whether		Outpatient Hospital, Ambulatory Surgery			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefits; 2.			
billed as an initial procedure, a repeat procedure (beyond once in a lifetime) or if	0139 - Vertebroplasty or Kyphoplasty: Medical	Center, and Professional Services	3 years prior to ADR Letter date	3 – all applicable states	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1834 - Special Payment Rules for	Complex	2/20/2019	Approved
performed at more than one vertebral level. Services that were not medically	Necessity and Documentation Requirements	(Physician/Non-Physician Practitioner)	s years prior to Abit Letter date	5 an applicable states	Particular Items and Services; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section	complex	2/20/2015	Approved
Purmonary renabilitation is all physician-supervised program for COPD and certain					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
other chronic respiratory diseases designed to optimize physical and social	0140 - Pulmonary Rehabilitation: Medical	Outpatient Hospital and 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	3/27/2019	Approved
performance and autonomy. Medical Documentation will be reviewed to	Necessity and Documentation Requirements	Practitioner)	s years prior to Abit Letter date	2 an applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA) §§1861 (s)(2)(CC) - Medical and Other Health	complex	5/2//2015	Approved
Potnroniary if endomnator rub a bilitysticiani-soperivisellor program for CCP or and certain					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
other chronic respiratory diseases designed to optimize physical and social	0140 - Pulmonary Rehabilitation: Medical	Outpatient Hospital and 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	3/27/2019	Approved
performance and autonomy. Medical Documentation will be reviewed to	Necessity and Documentation Requirements	Practitioner)	s years prior to Abit Letter date	5 an applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA) §§1861 (s)(2)(CC) - Medical and Other Health	complex	5/2//2015	Approved
services profivated by an reestabilitation of mospical ASC (Ambdia cord sorgery or	0142 Ambulatory Surgical Contor Services	Theritorici			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2.			-
Center) are included under the SNF Consolidated Billing Provisions. Certain	0142 - Ambulatory Surgical Center Services Billed During a Covered Part A Skilled Nursing	Ambulatory Surgical Center (ASC),	3 years prior to the Informational Letter date	2 – all applicable states	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1863(a)(1)(A)- Exclusions from	Automated	4/2/2019	Approved
services are not payable because they are included in SNF Consolidated Billing.	Facility Stay: Unbundling	Skilled Nursing Facility (SNF)	s years prior to the informational Letter date	2 - all applicable states	Coverage and Medicare as a Secondary Payer; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automateu	4/2/2015	Approved
Service's provided by % Freestahiding non-Indepitar ASC (Ambundatory Surgery					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2.			1
Center) are included under the SNF Consolidated Billing Provisions. Certain	0142 - Ambulatory Surgical Center Services Billed During a Covered Part A Skilled Nursing	Ambulatory Surgical Center (ASC),	3 years prior to the informational Latter date	3 – all applicable states	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1852(a)(1)(A)- Exclusions from	Automated	4/2/2019	Approved
services are not payable because they are included in SNF Consolidated Billing.	Billed During a Covered Part A Skilled Nursing Facility Stay: Unbundling	Skilled Nursing Facility (SNF)	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automateu	4/2/2013	Approved
Claims for the Abo EVEC for Lidwer Extilemity Particles Veills dot deemed to be	U145 - Endovenous Radiofrequency Ablation	Outpatient Hospital, Professional			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			1
medically necessary will be denied based on the guidelines outlined in the	and Endovenous Laser Treatment for Lower	Services (Physician/Non-Physician	3 years prior to ADR Letter date	2 – 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; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	4/2/2019	Approved
respective MAC Jurisdiction LCD(s). Services that are not medically reasonable	Extremity Varicose Veins: Medical Necessity and	d Practitioner), and Ambulatory Surgical	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	4/2/2019	Approved
Claims for ERFA and EVET for Lower Extremity Varicose Veins not deemed to be	0145 - Endovenous Radiofrequency Ablation	Gutpatient Hospital, Protessional			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			+
medically necessary will be denied based on the guidelines outlined in the	and Endovenous Laser Treatment for Lower	Services (Physician/Non-Physician	2 years prior to ADP Latter data	2 – 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; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complay	4/2/2010	Approved
respective MAC Jurisdiction LCD(s). Services that are not medically reasonable	Extremity Varicose Veins: Medical Necessity and	d Practitioner), and Ambulatory Surgical	3 years prior to ADR 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	4/2/2019	Approved
and nocossany will be denied	Documentation Pequirements	Contor (ASC)			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			1
When a more extensive CT Scan is performed on the same site as a less extensive	0146 - Computed Tomography Scans: Excessive	Professional Services (Physician/Non-	2 years arise to the lafe	2 all applies blaster	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; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	2/27/2040	A
CT Scan, the less extensive CT Scan is bundled into the more extensive CT Scan.	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	3/27/2019	Approved
The less extensive CT scan code(s) will be recovered as an overpayment.								
When a more extensive CT Scan is performed on the same site as a less extensive	0146 - Computed Tomography Scans: Excessive	Professional Services (Physician/Non-	2		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: 2. Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and		2/27/2010	
CT Scan, the less extensive CT Scan is bundled into the more extensive CT Scan. The less extensive CT scan code(s) will be recovered as an overpayment.	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 Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations §405.980- Reopening of Initial	Automated	3/27/2019	Approved
The less extensive CT scan code(s) will be recovered as an overpayment. When a more extensive Magnetic Resonance imaging is performed on the same		Hospital						1
site as a less extensive MRI, the less extensive MRI is bundled into the more	0147 - Magnetic Resonance Imaging	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	I	a /aa /aa -	I
extensive MRI. The less extensive MRI procedure code(s) will be recovered as an	Procedures: Excessive Units		3 years prior to the Informational Letter date	2 – all applicable states		Automated	3/29/2019	Approved
When a more extensive Magnetic Resonance Imaging is performed on the same		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 Resonance Imaging	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			
extensive MRI. The less extensive MRI procedure code(s) will be recovered as an	Procedures: Excessive Units	<i>/</i> ···· <i>//</i> ··· <i>/</i> ····	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
		Hospital			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations §405.980- Reopening of Initial			4

Description	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information	Issue Type	Date Approved	Approval Status
Per Medicare claims Processing Manual Chapter 12, Section 30.6.9.2 (C), CMS	0140 Subsequent Usenital Visit and Discharge	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			
does not reimburse both a subsequent hospital visit in addition to hospital discharge day management service on the same day by the same physician. CPT	0149 - Subsequent Hospital Visit and Discharge Day Management on the Same Day: Unbundling	Physician Practitioner); exclude non-	3 years prior to the Informational Letter date	2 – all applicable states		Automated	4/22/2019	Approved
Per Medicare claims Processing Manual Chapter 12, Section 30.6.9.2 (C), CMs	Day Management on the Same Day. Onbununing	97.(BA)			Disabled, Section 1833(e) - Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
does not reimburse both a subsequent hospital visit in addition to hospital	0149 - Subsequent Hospital Visit and Discharge	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			
discharge day management service on the same day by the same physician. CPT	Day Management on the Same Day: Unbundling		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	4/22/2019	Approved
Mons Micrographic Surgery is a two-step process in which: 1) The tumor is	,	07 (DA)			Disabled, Section 1833(e) - Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
removed in stages, followed by immediate histologic evaluation of the margins of	0150 - Mohs Micrographic Surgery: Incorrect	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	Coding and Incorrect Units Billed	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
Monimicrographic burgery is a two-step process in which: 1) the tumor is	···· 3 ···· ··· ··· ···	,,			Disabled, Section 1833(e) - Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
removed in stages, followed by immediate histologic evaluation of the margins of	0150 - Mohs Micrographic Surgery: Incorrect	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	Coding and Incorrect Units Billed	Physician Practitioner)	3 years prior to ADR Letter date	3 – all applicable states		Complex	4/30/2019	Approved
merviceacare physician receive wildure (MPPs) to me priniary when our for payment	-				Disabled, Section 1833(e) - Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			<u> </u>
for enrolled health care professionals. Documentation will be reviewed to	0151 - Physician/Non-Physician Practitioner	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	Coding Validation	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 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
memericate Physician Fleescheeddle (MPPS) is the primary method or payment								L
for enrolled health care professionals. Documentation will be reviewed to	0151 - Physician/Non-Physician Practitioner	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	Coding Validation	Physician Practitioner)	3 years prior to ADR Letter date	3 – all applicable states		Complex	4/24/2019	Approved
Ambulatory surgical center coding requires that procedural information, as					Disabled, Section 1833(e) - Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			<u> </u>
coded and reported by the hospital on its claim, match both the attending	0153 - Ambulatory Surgical Center Coding				1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare		5/20/2010	
physician description and the information contained in the beneficiary's medical	Validation	Ambulatory Surgical Center (ASC)	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. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42	Complex	5/28/2019	Approved
Ambula Bory Surgical Lenter coding requires that proceeding information, as								H
coded and reported by the hospital on its claim, match both the attending	0153 - Ambulatory Surgical Center Coding	Ambulaton (Surgical Contor (ASC)	2 years prior to ADD Latter data	2 all applicable states	 SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 	Complay	E /28 /2010	Approved
physician description and the information contained in the beneficiary's medical	Validation	Ambulatory Surgical Center (ASC)	3 years prior to ADR Letter date	3 – all applicable states	42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42	Complex	5/28/2019	Approved
Medicare plays for hill-elifetgeticy SRTb/ulSRCE services when a pleteficiary since by	U154 - Non-Emergency Ambulance Services-		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	Advanced Life Support and Basic Life Support:	Ambulance Providers	state/date exclusions:	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	5/22/2019	Approved
transportation are contraindicated (i.e. would endanger the beneficiary). The	Medical Necessity and Documentation	Ambulance Providers	1. Exclude NJ, PA, SC, DE, DC, MD, NC, WV,	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	3/22/2019	Approved
threafcare plays not tion-emetgency a thouance services when to beneficiary soft the	0194 - Non-Emergency Ambulance Services-		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	Advanced Life Support and Basic Life Support:	Ambulance Providers	state/date exclusions:	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	5/22/2019	Approved
transportation are contraindicated (i.e. would endanger the beneficiary). The	Medical Necessity and Documentation	Ambulance Providers	1. Exclude NJ, PA, SC, DE, DC, MD, NC, WV,	5 an applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	complex	5/22/2015	Approved
Modifiers provide a way for nospitals to report and be paid for expenses incurred	0157 - Discontinued Procedure Prior to the		and VA		1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			1
in preparing a patient for surgery and scheduling a room for performing the	Administration of Anesthesia: Documentation	Outpatient Hospital; Ambulatory	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
procedure where the service is subsequently discontinued. This instruction is	Requirements	Surgical Center (ASC)	- ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		-//	
modifiers provide a way for hospitals to report and be paid for expenses incurred	0157 - Discontinued Procedure Prior to the				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			1
in preparing a patient for surgery and scheduling a room for performing the	Administration of Anesthesia: Documentation	Outpatient Hospital; Ambulatory	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	6/28/2019	Approved
procedure where the service is subsequently discontinued. This instruction is	Requirements	Surgical Center (ASC)			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		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			
enforces consolidated billing for outpatient therapies by recognizing as therapies	0158 - Outpatient Therapy Services During	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
all services billed under revenue codes 042x, 043x, 044x. Therapy services billed	Home Health: Unbundling	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 crains submitted by providers using the institutional crainmonnal, two-	0159 Outpatient Therapy Convises During	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			
enforces consolidated billing for outpatient therapies by recognizing as therapies all services billed under revenue codes 042x, 043x, 044x. Therapy services billed	0158 - Outpatient Therapy Services During Home Health: 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	Automated	7/15/2019	Approved
saiser for the sine of the revenue codes of 2x, of 3x, of 4x. Therapy services bined to a service bined to a	nome nearth, onbunding	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			
reported at the same patient encounter. CPT codes 92133 and/or 92134 cannot be	0159 - Ophthalmic Diagnostic CPT Codes:	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			
considered in this edit, if billed together during the same patient encounter, on	Excessive Units	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	6/19/2019	Approved
these and the constructions core construction of the same particle construction of the		in picture in accidence of			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
reported at the same patient encounter. CPT code 92133 and/or 92134 calliot be	0159 - Ophthalmic Diagnostic CPT Codes:	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			
considered in this edit, if billed together during the same patient encounter, on	Excessive Units	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	Automated	6/19/2019	Approved
Medical documentation will be reviewed to determine if the use of intravenous					Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
immune globulin for the treatment of Autoimmune Blistering Diseases (AMBDs)	Treatment of Autoimmune Blistering Diseases:	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			
meets Medicare coverage criteria and is reasonable and necessary. Services that	Medical Necessity and Documentation	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	8/20/2019	Approved
Medicardocumentation will be reviewed to determine if the use of intravenous	Right - Intratenous Immune Gonulun for the	Outpatient Hospital: Ampulatory			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
immune globulin for the treatment of Autoimmune Blistering Diseases (AMBDs)	Treatment of Autoimmune Blistering Diseases:	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			
meets Medicare coverage criteria and is reasonable and necessary. Services that	Medical Necessity and Documentation	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	8/20/2019	Approved
are not medically necessary will result in an overnayment	Poquiromonto	Practitionar)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Documentation will be reviewed to determine if correct billing, coding, and	0161 - Therapeutic, Prophylactic, and				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	Diagnostic Infusions: Incorrect Coding 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	11/18/2019	Approved
were met.	Documentation Requirements				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			l
Documentation will be reviewed to determine if correct billing, coding, and	0161 - Therapeutic, Prophylactic, and	Outpatient Henrikel		2 all analisable of t	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 	Complex	11/10/2012	
documentation guidelines for Therapeutic, Prophylactic, and Diagnostic Infusions	Diagnostic Infusions: Incorrect Coding and	Outpatient Hospital	3 years prior to ADR 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	Complex	11/18/2019	Approved
were met. All diagnostic tests, including computed Tomography (CT) Coronary Angiography,	Documentation Requirements							
must be ordered by the physician who is treating the beneficiary for a specific	0162 - Computerized Tomography Coronary				1. SSA, §1862(a)(1)(A), Exclusions from Coverage and Medicare as a Secondary Payer; 2. SSA 1862(a)(7), Exclusions from		7/22/224-	
medical problem and who uses the results in the management of the beneficiary's	Angiography: Medical Necessity and	Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 3. SSA, §1833(e) – Payment of benefits; 4. 42 CFR §411.15(a)(1) – Particular services excluded from coverage; Routine physical checkups; 5. 42 CFR 486.100 - Condition for coverage: Compliance with	Complex	7/22/2019	Approved
An difig mostic tests, hictualing compared rothogtaping (Cri Corohary Angtography,	Documentation Requirements							
must be ordered by the physician who is treating the beneficiary for a specific	0162 - Computerized Tomography Coronary	Outpatiant Llocaital	2 years prior to ADD Latter date	2 all applicable stat	1. SSA, §1862(a)(1)(A), Exclusions from Coverage and Medicare as a Secondary Payer; 2. SSA 1862(a)(7), Exclusions from Coverage and Medicare as a Secondary Payer; 3. SSA, §1833(e) – Payment of benefits; 4. 42 CFR §411.15(a)(1) – Particular	Complex	7/22/2040	Approved
medical problem and who uses the results in the management of the beneficiary's	Angiography: Medical Necessity and Documentation Requirements	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	Loverage and Medicare as a Secondary Payer; 3. SSA, \$1833(e) – Payment of benefits; 4. 42 CFR \$411.15(a)(1) – Particular services excluded from coverage; Routine physical checkups; 5. 42 CFR 486.100 - Condition for coverage: Compliance with	Complex	7/22/2019	Approved
					Services excluded in onit coverage, noutine physical checkups, 5: 42 CFR 460.100 - Condition for coverage. Compliance with			4

Description	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information	Issue Type	Date Approved	Approval Statu
Amoulance transports or a nospice patient, which are related to the terminal	0162 Ambulance Consister Dilled During				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2.			
illness and occur after the effective date of election, are the responsibility of the hospice provider. Payment for the ambulance claim will be recouped if the above	0163 - Ambulance Services Billed During Hospice: Unbundling	Ambulance Providers	3 years prior to the Informational Letter date	2 – all applicable states	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Automated	7/23/2019	Approved
	Hospice. Orbunding				Coverage and Medicare as a Secondary Payer; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and			
Ambulance transports of a hospice patient, which are related to the terminal illness and occur after the effective date of election, are the responsibility of the	0163 - Ambulance Services Billed During				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2.			
hospice provider. Payment for the ambulance claim will be recouped if the above	Hospice: Unbundling	Ambulance Providers	3 years prior to the Informational Letter date	3 – all applicable states	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Automated	7/23/2019	Approved
A Bilitiera findicator of 33 indicates the usual payment adjustment for bilateral	nospice. Onbunuing				Coverage and Medicare as a Secondary Payer; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and			
procedures does not apply. If the procedure is reported with either a modifier 50		Professional Services (Physician/Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section			
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	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
A Bild tefat indicator of "3" indicates the fusual bavide in a doustment tor binateral		,,			Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial			
procedures does not apply. If the procedure is reported with either a modifier 50		Professional Services (Physician/Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section			
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	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
Under specific requirements; wearcure towars Foid (hadroae oxygliacose postinion					Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial			
Emission Tomography (PET) scans for the differential diagnosis of fronto-	Dementia and Neurodegenerative Diseases:	Outpatient Hospital; Professional			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
temporal dementia (FTD) and Alzheimer's disease (AD). Medical records will be	Medical Necessity and Documentation	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 Disabled, Section 1833(e)- Payment of Benefit; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	9/25/2019	Approved
conicersplaced requirements, willianciare covers for (nucleosing account)	0165 - Positron Emission Tomography for	Practitioner)						
Emission Tomography (PET) scans for the differential diagnosis of fronto-	Dementia and Neurodegenerative Diseases:	Outpatient Hospital; Professional			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
temporal dementia (FTD) and Alzheimer's disease (AD). Medical records will be	Medical Necessity and Documentation	Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefit; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	9/25/2019	Approved
when a procedure is performed, there are sometimes two claims submitted for	0168 - Denial of the Professional Component	Practitioner)						
the same code. The facility's claim for a procedure is submitted and the surgeon's	for Previously-Denied Facility Claims for	Professional Services (Physician/Non-	2 years prior to the informational / -ttd-t-	2 all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 	Automator	0/27/2010	Approved
claim for the procedure is also submitted. The documentation for this procedure	Medically Unnecessary Endomyocardial	Physician Practitioner)	3 years prior to the Informational Letter date	2 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automated	9/27/2019	Approved
when a procedure is PET/UCRCS, and e alle soft eatmes two causes sub-thated for	Biese - Denial Birthe Professional Componented				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	-		
the same code. The facility's claim for a procedure is submitted and the surgeon's	for Previously-Denied Facility Claims for	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	9/27/2019	Approved
claim for the procedure is also submitted. The documentation for this procedure	Medically Unnecessary Endomyocardial	Physician Practitioner)	3 years prior to the Informational Letter date	5 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automateu	9/2//2019	Approved
Ant bragmostic (including clinical braghostile laboratory tests) services and related	Dionsion and Dight Lloost Cathotoxizations Dillad				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 the Date of a Hospital	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	Admission: Unbundling	outpatient nospital	s years prior to the mornational Letter date	z – 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	Automateu	11/2//2015	Approved
includignostic (Interdating chanceficing/nostleriagionatory leses) services and renated	0169 - Outpatient Services within 3 Days Prior				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	to and Including the Date of a Hospital	Outpatient Hospital	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	11/27/2019	Approved
3 days (for IPPS Hospitals) prior to or 1 day (NON IPPS Hospitals) prior to and	Admission: Unbundling	outpatient nospital	s years prior to the informational fetter date	5 all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automateu	11/2//2015	Approved
bocumentation will be reviewed to determine in diagnostic (aka stand-atione)	0170 - Renal and Peripheral Angiography:	Outpatient Hospital; Ambulatory			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
renal and peripheral angiography procedures meet Medicare coverage criteria,	Medical Necessity and Documentation	Surgical Center (ASC); Professional	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	11/19/2019	Approved
meet applicable coding guidelines, and/or are medically reasonable and	Requirements	Services (Physician/Non-physician	- ,		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)	0170 - Renal and Peripheral Angiography:	Outpatient Hospital; Ambulatory			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
renal and peripheral angiography procedures meet Medicare coverage criteria,	Medical Necessity and Documentation	Surgical Center (ASC); Professional	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	11/19/2019	Approved
meet applicable coding guidelines, and/or are medically reasonable and	Requirements	Services (Physician/Non-physician			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Erythropolesis stimulating agents (ESAs) stimulate the bone marrow to make	0171 - Erythropoiesis Stimulating Agents for	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			
more red blood cells and are United States Food and Drug Administration (FDA)	Cancer Patients: Medical Necessity and		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	Documentation Requirements	Hospital			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
ergorifiopoliesisi sindicationg agentis (Esas) stimullate meriooned hardow rorimake the	0171 - Erythropoiesis Stimulating Agents for	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			
more red blood cells and are United States Food and Drug Administration (FDA) approved for use in reducing the need for blood transfusion in patients with	Cancer Patients: Medical Necessity and	Physician Practitioner); Outpatient	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	12/27/2019	Approved
medicarel page for entergency alignmented for blood dans usion in padents with	Documentation Requirements	Hospital			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
	0175 - Emergency Ambulance Services – Advanced Life Support and Pacie Life Support:				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
condition at the time of transport is such that other means of transportation or levels of service are contraindicated (i.e. would endanger the beneficiary, cause	Advanced Life Support and Basic Life Support: 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	1/22/2020	Approved
	Dequirements				Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and			
Medicare pays for Emergency amburance services when a beneficiary's medicar condition at the time of transport is such that other means of transportation or	0175 - Emergency Ambulance Services – Advanced Life Support and Basic Life Support:				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
levels of service are contraindicated (i.e. would endanger the beneficiary, cause	Medical Necessity and Documentation	Ambulance Providers	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	1/22/2020	Approved
Craims for HCPCs code GO4U2- Initial Preventative Physical Examination (IPPE).	Poquiromonts				Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and			
may not be billed more than 12 months after the effective date of the		Professional Services (Physician/Non-		L	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			l .
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 Displad Section 1961 (2)/2//EE). Medical and other health covider proceeding proceeding and provide a section 2.5 Social Security.	Complex	1/23/2020	Approved
Claims for HCPCS code GU4U2- initial Preventative Physical Examination (IPPE),				-	Disabled, Section 1861 (s)(2)(FF)- Medical and other health services- personalized prevention plan services; 3. Social Security	-		
may not be hilled 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		1/20/2000	
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	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 1861 (s)(2)(FF)- Medical and other health services- personalized prevention plan services; 3. Social Security	Complex	1/23/2020	Approved
				-				
The focus of this issue is to target claims where a potential overpayment exists	0179 - Procedures that Include Imaging:	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			
when the definition of the procedure code includes imaging and the imaging was billed separately and paid	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 Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automated	3/4/2020	Approved
billed separately and paid.						-		
The focus of this issue is to target claims where a potential overpayment exists	0179 - Procedures that Include Imaging:	Professional Services (Physician/Non-	2 years prior to the informational last.	2 all applies blaster	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	Automated	2/4/2020	A
when the definition of the procedure code includes imaging and the imaging was billed separately and paid.	Unbundling	Physician Practitioner)	3 years prior to the Informational Letter date	3 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automated	3/4/2020	Approved
CPT codes with a Multiple Procedure Indicator of "6" are subject to a 25%								
reduction of the Technical Component (TC) when multiple procedures are billed	0182 - Reduction of Technical Component	Professional Services (Physician/Non-	2 years prior to the informational latter in	2 all applies blacks	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 	Automated	0/2/2020	A
on the same date of service, for the same patient, by the same physician, on the	Diagnostic Cardiovascular Services	Physician Practitioner)	3 years prior to the Informational Letter date	 an applicable states 	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automated	8/3/2020	Approved
CPT codes with a multiple procedure indicator or 6 are subject to 35 25%						-		
reduction of the Technical Component (TC) when multiple procedures are billed	0182 - Reduction of Technical Component	Professional Services (Physician/Non-	2 years prior to the informational (-the 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	Automator	8/2/2020	Approved
on the same date of service, for the same patient, by the same physician, on the	Diagnostic 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; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automated	8/3/2020	Approved

Description	locus Nomo	Claim Tuna	Date of Service	Regions and States	Additional Information		Date Approved	Approval Status
speciality care transport (SCT) is the internacility transportation of a critically	Issue Name	Claim Type	Date of Service	negions and states	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	issue rype	-bate Approved	Approval Statu
injured or ill beneficiary by a ground ambulance vehicle, including the provision	0183 - Specialty Care Transport: Medical	Ambulance Providers	3 years prior to ADR Letter date	2 – all applicable states		Complex	8/3/2020	Approved
of medically necessary supplies and services, at a level of service beyond the	Necessity and Documentation Requirements	, and all the restricts	s years prior to Abit cetter date	2 un applicable states	Disabled, Section 1833(e) - Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	complex	0, 0, 2020	Approted
specialty care transport (scir) is the interfacility transportation or a critically					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		Ambulance Providers	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	8/3/2020	Approved
of medically necessary supplies and services, at a level of service beyond the	Necessity and Documentation Requirements		s years prior to Abit cetter date	5 un applicable states	Disabled, Section 1833(e) - Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	complex	0, 0, 2020	rippiored
For purposes of Coverage dirac Fine accare; Total http://thipa.http://iaiso		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	<u> </u>		
referred to as joint replacement, have proven to be an important medical	0184 - Total Hip Arthroplasty: Medical Necessity	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 disease	s and Documentation Requirements	physician Practitioner)	s years prior to Abit Letter date	2 un applicable states	42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)-	complex	0, 0, 2020	Approted
Hor purposes for coverage under Medicare, 10tar mp Arthrophasty (THA), also		Innatient Hospital Outpatient Hospital			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare			
referred to as joint replacement, have proven to be an important medical	0184 - Total Hip Arthroplasty: Medical Necessity	Professional Services (Physician/Non-	3 years prior to ADR Letter date	3 – all applicable states		Complex	8/3/2020	Approved
advancement. Hip Arthroplasty surgery is most commonly performed for disease	and Documentation Requirements	physician Practitioner)	- , ,		42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)-		-, -,	
+bripharpfoses for Euverlage of ther hire initiately, TB (Environment Anthrop Gasty (TRA)), asborr		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	<u> </u>		
referred to as a joint replacement, has proven to be an important medical	0185 - Total Knee Arthroplasty: Medical	Ambultory Surgical Center, Professional	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. Knee Arthroplasty is most commonly performed for diseases whic	h Necessity and Documentation Requirements	Services (Physician/Non-physician	- , ,		42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)-		-, -,	
+6frpturboses of coverage underivited/bare; votarchee the from a sty () KA); a so d		Repatient Hospital, Outpatient Hospital,			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare			
referred to as a joint replacement, has proven to be an important medical	0185 - Total Knee Arthroplasty: Medical	Ambultory Surgical Center, Professional	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	8/3/2020	Approved
advancement. Knee Arthroplasty is most commonly performed for diseases whic	h Necessity and Documentation Requirements	Services (Physician/Non-physician	s years prior to Abit cetter date	5 un applicable states	42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)-	complex	0, 0, 2020	rippiored
This review will determine in a duplex scan of the extractation arteries was	0186 - Duplex Scans of Extracranial Arteries:	Practitionar)			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	<u> </u>		
reasonable and necessary for the patient's condition based on the	Medical Necessity and Documentation	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
documentation in the medical record. Claims that do not meet the indications of	Requirements		, t pill to include adde		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		-, -, 2020	
This review will determine if a duplex scan of the extracranial arteries was	0186 - Duplex Scans of Extracranial Arteries:				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	Medical Necessity and Documentation	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	8/3/2020	Approved
documentation in the medical record. Claims that do not meet the indications of	Requirements	outputient nospital	s years prior to Abit cetter date	5 un 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
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	<u> </u>		
conduction studies meets Medicare coverage criteria and is reasonable and	0187 - Nerve Conduction Studies: Excessive	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.	Units	outpatient nospital	s years prior to Abit cetter date	2 un 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
					1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare	<u> </u>		
Medical documentation will be reviewed to determine if the use of nerve conduction studies meets Medicare coverage criteria and is reasonable and	0187 - Nerve Conduction Studies: Excessive	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	Units	outpatient nospital	s years prior to ADK Letter date	5 – all 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
Desumentation will be reviewed to determine if the Skilled Nursing Facility story	0100 Skilled Nursing Facility with Patient				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	<u> </u>		
Documentation will be reviewed to determine if the Skilled Nursing Facility stay meets Medicare coverage criteria, meets applicable coding guidelines, and/or is	0190 - Skilled Nursing Facility with Patient- Driven Payment Model: Medical Necessity and	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.	Documentation Requirements	Skilled Norshig Facility (SNF)	s years prior to Abit cetter date	2 un applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	complex	172072022	Approved
Documentation will be reviewed to determine if the Skilled Nursing Facility stay	0190 - Skilled Nursing Facility with Patient-				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	Driven Payment Model: Medical Necessity and	Skilled Nursing Facility (SNF)	3 years prior to ADR Letter date	3 – all applicable states		Complex	7/20/2022	Approved
medically reasonable and necessary.	Documentation Requirements		- , ,		Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and		.,,	
					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
This review will determine if polysomnography is reasonable and necessary for	0191 - Polysomnography: 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	9/24/2020	Approved
the patient's condition based on the documentation in the medical record.	and Documentation Requirements	· · · · · · · · · · · · · · · · · · ·	.,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42CFR §405.930- Failure to			
					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
This review will determine if polysomnography is reasonable and necessary for	0191 - Polysomnography: Medical Necessity	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	9/24/2020	Approved
the patient's condition based on the documentation in the medical record.	and Documentation Requirements		.,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42CFR §405.930- Failure to			
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		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	9/25/2020	Approved
native heart to pump blood. Improvement in the performance of the native hear	t Necessity and Documentation Requirements		- , ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		-,,	
A ventricular assist device (VAD) is surfically 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		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	9/25/2020	Approved
native heart to pump blood. Improvement in the performance of the native hear	t Necessity and Documentation Requirements	P	.,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Drug and Biological products as defined by HCPCS Level II Codes and are billed in		Outpatient Hospital, Professional			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
multiples of the dosage specified in the HCPCS code long descriptor. The number	0193 - Bioengineered Skin Substitutes:	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	10/1/2020	Approved
of units billed must be assigned based on the dosage increment specified in that		Practitioner)	.,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Drug and Biological products as defined by HCPCS Level II Codes and are billed in		Outpatient Hospital, Professional			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
multiples of the dosage specified in the HCPCS code long descriptor. The number	0193 - Bioengineered Skin Substitutes:	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	10/1/2020	Approved
of units billed must be assigned based on the dosage increment specified in that		Practitioner)	- , ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		, -,	
The implantable automatic delibriliator is an electronic device designed to detect	0195 - Implantable Automatic Defibrillators-				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		1	
and treat life-threatening tachyarrhythmias. The device consists of a pulse	Inpatient Procedure: Medical Necessity and	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	10/23/2020	Approved
generator and electrodes for sensing and defibrillating. Medical documentation	Documentation Requirements		, t pill to include adde		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		,, 2020	
will happain and factomatical denominators and electronic device designed to detect	t 0195 - Implantable Automatic Defibrillators-				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		<u> </u>	1
and treat life-threatening tachyarrhythmias. The device consists of a pulse	Inpatient Procedure: Medical Necessity and	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	10/23/2020	Approved
generator and electrodes for sensing and defibrillating. Medical documentation	Documentation Requirements		e years prior to risk cetter date	s 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	25mpier	10,23,2020	reproved
will be train stimulation (DBS) is an established treatment for people with the	0196 - Deen Brain Stimulation- Outpatient	Outpatient Hospital; Professional			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	<u> </u>	1	
movement disorders, such as essential tremor, Parkinson's disease and dystonia.	Procedure: 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	11/18/2020	Approved
DBS involves implanting electrodes within certain areas of the brain; these	Documentation Requirements	Practitioner)	- , cers prior to rior cetter unte	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		11, 10, 2020	, approved
oloctrodoc produce electrical impulses that regulate apportal impulses within					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		1	
Deep brain stimulation (DBS) is an established treatment for people with								
movement disorders, such as essential tremor, Parkinson's disease and dystonia.	0196 - Deep Brain Stimulation- Outpatient Procedure: Medical Necessity and	Outpatient Hospital; Professional Services (Physician/Non-Physician	3 years prior to ADR Letter date	3 – all applicable states		Complex	11/18/2020	Approved
	0196 - Deep Brain Stimulation- Outpatient Procedure: Medical Necessity and Documentation Requirements	Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	3 – all applicable states		Complex	11/18/2020	Approved

Description	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information	Issue Type	Date Approved	Approval Status
movement disorders, such as essential tremor, Parkinson's disease and dystonia.	0198 - Deep Brain Stimulation- Inpatient				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
DBS involves implanting electrodes within certain areas of the brain; these	Procedure: Medical Necessity and	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 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 prain stimulation (DBS) is an established treatment for people with	Documentation Requirements							
movement disorders, such as essential tremor, Parkinson's disease and dystonia.	0198 - Deep Brain Stimulation- Inpatient				 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 			1
DBS involves implanting electrodes within certain areas of the brain; these	Procedure: Medical Necessity and Documentation Requirements	Inpatient Hospital	3 years prior to ADR 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	Complex	11/18/2020	Approved
This purpose of this review is to ensure that regulate operage criteria for a within	Documentation Requirements				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			t
ambulance transport have been met. The air ambulance mileage rate is calculated	0200 - Air Ambulance: Medical Necessity and	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	Documentation Requirements	Anibulance Providers	s years prior to ADR Letter date	z – all 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
(Init purpose of this Yeview is to ensure Medicare coverage criteria for fait					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		Ambulance Providers	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	2/4/2021	Approved
per actual loaded (patient onboard) miles flown and is expressed in statute miles	Documentation Requirements	Andulance Providers	s years prior to Abit Letter date	5 an 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
(not nautical milec). You may furnish air Medicare ambulance transportation to a Certain ambulance services are included in SNF consolidated billing and may not	0202 - Skilled Nursing Facility (SNF)				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			<u> </u>
be billed as Part B services to the A/B MAC, when the beneficiary is in a Part A	Consolidated Billing for Ambulance Transports:	Ambulance Providers	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	2/4/2021	Approved
stay. A denial of services will result in an overpayment.	Unbundling		- ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		_, .,	
Certain ambulance services are included in SNF consolidated billing and may not	0202 - Skilled Nursing Facility (SNF)				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
be billed as Part B services to the A/B MAC, when the beneficiary is in a Part A	Consolidated Billing for Ambulance Transports:	Ambulance Providers	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	2/4/2021	Approved
stay. A denial of services will result in an overpayment.	Unbundling		· · · · · · · · · · · · · · · · · · ·		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Payment for anesthesia services associated with multiple surgical procedures or					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
multiple bilateral procedures is determined based on the base unit of the	0203 - Anesthesia Associated with Multiple	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	3/3/2021	Approved
anesthesia procedure with the highest base unit value, and time units based on	Surgeries: Incorrect Coding	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 an esthesia services associated with multiple surgical procedures or					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
multiple bilateral procedures is determined based on the base unit of the	0203 - Anesthesia Associated with Multiple	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	3/3/2021	Approved
anesthesia procedure with the highest base unit value, and time units based on	Surgeries: Incorrect Coding	Physician Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Vagust Nerve Stimulation (VNS) is reasonable and necessary for patients with		Outpatient Hospital; Ambulatory			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
medically refractory partial onset seizures	0204 - Vagus Nerve Stimulation: Medical	Surgery Center (ASC), Professional	3 years prior to ADR Letter date	2 – all applicable states		Complex	3/11/2021	Approved
for whom surgery is not recommended or for whom surgery has failed. VNS is not	Necessity and Documentation Requirements	Services (Physician/Non-Physician Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
vagos nelve scimoración (vns) is reasonable año necessiry ror patients with	0204 Vague Narus Stimulation, Madical	Current Canton (ACC) Professional			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
medically refractory partial onset seizures for whom surgery is not recommended or for whom surgery has failed. VNS is not	0204 - Vagus Nerve Stimulation: Medical Necessity and Documentation Requirements	Surgery Center (ASC), 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	3/11/2021	Approved
	Necessity and Documentation Requirements	Practitionar)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Effective for services performed on or after March 16, 2018, the Centers for	0205 - Next Generation Sequencing: Medical				1. SSA, Title XVIII-Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)-Exclusions from Coverage and Medicare			
Medicare & Medicaid Services (CMS) has determined that Next Generation Sequencing (NGS) as a diagnostic laboratory test is reasonable and necessary and		Laboratory Services	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	5/29/2021	Approved
Enective to resolve when on fear of the interview of the resolution of the recession of the	Necessity and Documentation Requirements				42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42			
Medicare & Medicaid Services (CMS) has determined that Next Generation	0205 - Next Generation Sequencing: Medical				1. SSA, Title XVIII-Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)-Exclusions from Coverage and Medicare			
Sequencing (NGS) as a diagnostic laboratory test is reasonable and necessary and		Laboratory Services	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	5/29/2021	Approved
Fluorodeoxyglucose (FDG) Positron Emissión Tomography (PET) is covered only in					42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42			
clinical situations in which PET results may assist in avoiding an invasive	Treatment Strategy in Oncologic Conditions:	Hospital Outpatient, Professional			1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from			
diagnostic procedure, or in which the PET results may assist in determining the	Medical Necessity and Documentation	Services (Physician/Non-Physician	3 years prior to ADR Letter date	2 – all applicable states		Complex	5/29/2021	Approved
entional eosygiacose or barrows in the second stranger and the second statement of the second statement of the	0206-POSITION EMISSION LOMOPRADING TOF INITIAL	Practitioner)			Disabled, Section 1833(e) - Payment of Benefit; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
clinical situations in which PET results may assist in avoiding an invasive	Treatment Strategy in Oncologic Conditions:	Hospital Outpatient, Professional			1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from			
diagnostic procedure, or in which the PET results may assist in determining the	Medical Necessity and Documentation	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 Disabled, Section 1833(e) - Payment of Benefit; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	5/29/2021	Approved
potisant Journing Sonar form Springarion proceeder Sur Picture and Alan be considered	Poquiromonto	Practitioner)						4
neurostimulator electrodes within the dura mater (endodural) or percutaneous	0207 - Spinal Cord Stimulation: Medical	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		- / /	
insertion of electrodes in the epidural space. The implantation consists of two	Necessity and Documentation Requirements	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 Disabled, Section 1833(e)- Payment of Benefit; 3. 42 CFR §405.929 – Post-payment Review; 4. 42 CFR §405.930- Failure to	Complex	5/29/2021	Approved
ttorsa: tbrufint (spinar cord) stimulation involves surgical implantation or do/c)		Outpatient Hospital: Ampulatory						
neurostimulator electrodes within the dura mater (endodural) or percutaneous	0207 - Spinal Cord Stimulation: Medical	Surgical Center (ASC); Professional		2 all an all as his as a	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Complete	F /20 /2021	
insertion of electrodes in the epidural space. The implantation consists of two	Necessity and Documentation Requirements	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 Disabled, Section 1833(e)- Payment of Benefit; 3. 42 CFR §405.929 – Post-payment Review; 4. 42 CFR §405.930- Failure to	Complex	5/29/2021	Approved
Hypogiossal nerve stimulation (HNS) is reasonable and necessary for the		Practitionore)						t
treatment of moderate to severe obstructive sleep apnea (OSA) when coverage	0210 - Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: Medical Necessity and	Outpatient Hospital; Ambulatory Surgical Center; Professional Services	3 years prior to ADR Letter date	2 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §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 	Complex	6/29/2022	Approved
criteria are met. Documentation will be reviewed to determine if HNS meets	Documentation Requirements	(Physician/Non-Physician Practitioners)	s years prior to ADK Letter date	z – all applicable states	Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and	Complex	0/29/2022	Approved
Hypoignossan nerve strifturiation (Hins) is reasonable and necessary for the	· · ·				 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage 			<u> </u>
treatment of moderate to severe obstructive sleep apnea (OSA) when coverage	0210 - Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea: Medical Necessity and	Outpatient Hospital; Ambulatory Surgical Center; Professional Services	3 years prior to ADR Letter date	3 – all applicable states	and Medicare as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, §1802(a)(1)(A)- Exclusions from Coverage	Complex	6/29/2022	Approved
criteria are met. Documentation will be reviewed to determine if HNS meets	Documentation Requirements	(Physician/Non-Physician Practitioners)	s years prior to ADN Letter date	s an applicable states	Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and	complex	0/25/2022	Approved
Madicaro covorago critoria, applicable coding guidelines, and /or are medically	socarientation requirements	(in a solid in the solid in Fracticollers)			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			<u> </u>
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,	0211 - Prolonged Service Codes: 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	1/26/2023	Approved
99359 during the same calendar month as CP1 codes 99484, 99487, 99489, 99490, 99491, 99492, 99493, 99494.	0211 - Prolonged Service Codes: Unbundling	Physician Practitioners)	s years prior to the mornational tetter date	s an applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automateu	1/20/2023	Approved
Physicians' inpatient dialysis services furnished to ESRD, or acute dialysis patients					1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
are processed using inpatient dialysis services procedure codes 90935, 90937,	0213 - Inpatient Dialysis Service Codes Billed for				Coverage and Medicare as a Secondary Payer			
90945, and 90947. A/B MACs make payment based on these ESRD codes, only if	Outpatients: Incorrect Coding	Professional Services (Physician/Non-	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	4/26/2023	Approved
the place of service on the claim is inpatient hospital (21). This is because all		Physician Practitioner)	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	3.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1883- Medicare Coverage for Ends		, ,,	
physicians' outpatient renal-related services are included in payment made under					Stage Renal Disease Patients			
	0214 - Transurethral Waterjet Ablation of the				1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			1
Documentation will be reviewed to determine whether Transurethral waterjet	Prostate for Benign Prostatic Hyperplasia (BPH)	Outpatient Hospital, Ambulatory Surgery			Coverage and Medicare as a Secondary Payer			1.
ablation services met Medicare coverage criteria and were reasonable and	with Lower Urinary Tract Symptoms (LUTS):	Center (ASC), and 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	4/26/2023	Approved
necessary.	Medical Necessity and Documentation	(Physician/Non-Physician Practitioner)			3.42 CFR §405.929- Post-Payment Review			1
	Requirements				4.42 CFR §405.930- Failure to Respond to Additional Documentation Request			

Description	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information	Issue Type	Date Approved	Approval Status
reasonable and necessary.		Outpatient Hospital, Ambulatory Surgery Center (ASC), and Professional Services (Physician /Non-Physician Practitioner)	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 3.42 CFR §405.929- Post-Payment Review 4.42 CFR §405.930- Failure to Respond to Additional Documentation Request 5.42 CFR §405.930- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)-	Complex	6/6/2023	Approved
Documentation will be reviewed to determine in CPT code 15734 warranted separate reimbursement given that a flap is considered inclusive to breast reconstruction (19357-19364, 19367-19369) or breast prosthesis (19340, 19342).	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 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 	Complex	6/6/2023	Approved