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*National Government Services*
*2023 Fall Virtual Conference*

*Understanding Medicare Compliance for Part B Providers*

# Medicare Part B Targeted Probe and Educate Process

11/7/2023

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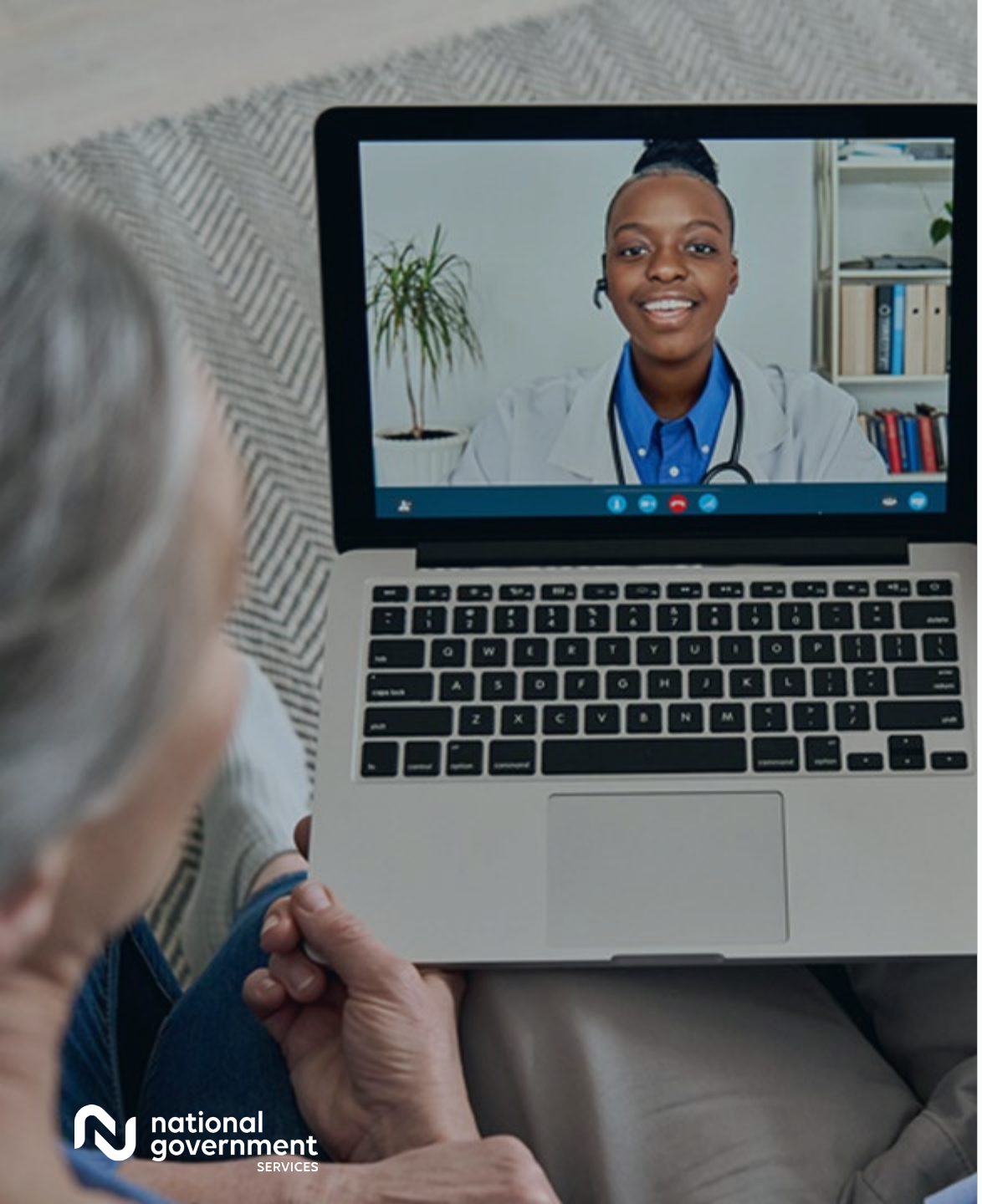


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## Objective

To gain an understanding of the targeted probe and educate review processes including documentation timeframes, record requests and helpful ideas to assist with record preparation.

# Today's Presenters

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- Provider Outreach and Education Consultant
  - Gail Toussaint
  - Lori Langevin

# Agenda

- Targeted Probe and Educate
- Record Preparation and Submission
- NGSConnex Secure Portal
- Common Denial Reasons
- TPE FAQs
- Resources

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# Targeted Probe and Educate

# Medical Review TPE History

- TPE process became effective 10/1/2017
  - All lines of business
- TPE History
  - Demonstration projects for inpatient services and home health
  - Proven successful in lowering providers payment error rates
  - The TPE model changed some of the process but does not affect policy and procedures

# Targeted Probe and Educate Process

| Round 1 Initial Probe | Round 2 | Round 3 | CMS Referral for Corrective Action |
|---|---|---|---|
| Provider notification | ADRs: 45-56 days after education | ADRs: 45-56 days after education | Extrapolation |
| ADR request | Validation | Validation | Referral to UPIC or RAC |
| Validation | Calculation | Calculation | 100% prepayment review |
| Calculation | Review results letter | Review results letter | List not all-inclusive |
| Review results letter | One-on-one education | Referral (if applicable) | |
| One-on-one education | | One-on-one education | |

# Initial TPE Probe (Round 1)

- During the initial probe providers can expect
  - Provider Notice of Review – includes
    - ✓ Reason for review
    - ✓ Prepayment TPE: Do not send any documentation in response to this notification
      - Prepayment facility/office will be notified via ADR letter on each claim selected for review
    - ✓ Post Payment TPE: Send documentation for each claim listed in letter
    - ✓ Nonresponders may be referred to the RAC or UPIC
    - ✓ The clinical team reviews documentation within 30 days (prepayment) or 60 days (post payment) of receipt
    - ✓ NGS Case Management will make contact for one-on-one education upon completion of review
  - Automated reviews and prior authorizations are not part of the TPE program

# Documentation Request

- Probe
  - ADR identifying provider claims
    - ✓ Provider notification letter will advise how many claims will be requested
  - Provider has 45 days (based on ADR date) to respond with medical records
    - ✓ This includes mail time and MAC processing time to a medical review location
    - ✓ Highly recommend sending documentation within 35–-40 days
      - An internal best practice
    - ✓ Failure to respond to ADR counts as an error and impacts overall payment error rate

# Additional Rounds of Review

- If the provider continues to have a high payment error rate above 15%
  - Round 1 – Initial probe
  - Round 2
  - Round 3
- Additional rounds of review will include
  - Detailed review results letter
  - One-on-one education with NGS Case Management after each round of review
  - ADR approximately 45–56 days after the education is complete
    - ✓ ADR for DOS beginning on/after 45 days

# How Is the PER Calculated?

- Prepayment
  - Total dollar amount of the services billed in error as determined by MR case management, divided by the total dollar amount of the services originally billed for the services under review
- Postpayment
  - Total dollar amount of the services paid in error as determined by MR case management, divided by the total dollar amount of services paid that are subject to an MR/case management documentation request

# Calculations

- Case Management will calculate the PER based on determination made during medical review
  - Nonresponses are included in the calculation
- PER will not be adjusted based on the outcome of the appeals process
  - Additional documentation is often received at the time of appeal that was not available at the initial medical review level
  - This is not a change from current medical review process

# CMS Referral

- After three rounds of review and continued noncompliance (demonstrated by high denial rates) CMS may instruct the MAC to take additional action which may include
  - Extrapolation
  - Referral to UPIC
  - Referral to the Recovery Audit Contractor
  - 100% prepay review

# Detailed Provider Results Letter

- Detailed results letter at the conclusion of each round will include
  - Outline the TPE process
  - Reason for denials including the Medicare regulations
  - Denial rates (PER)
  - Release or retention from medical review
    - ✓ PER of less than 15% is required to be released from additional rounds of review
  - One-on-one education information
- Read the letter in its entirety for important information regarding additional rounds of review and the appeals process

# TPE Education

- TPE education via one-on-one session
  - Request education via email within two weeks from the date on your result letter
  - Recommended attendees
    - ✓ Representatives from clinical, billing, finance areas, and any additional staff you believe would benefit from attending
  - Recommended pre-education session preparation
    - ✓ Be informed of denial reasons and research full denial rationales
    - ✓ Ensure all participants have access to the results letter and spreadsheet with claim details

# Provider Action: Contact Information

- To ensure receipt of MR letters and ADRs you can change your Medical Review correspondence address in PECOS
  - Medical Review correspondence is sent to either the “Pay To” or the “Practice Location” address
  - NGS YouTube video
- Ensure that your records are sent to the correct NGS address
- Once notified of impending review, ensure that you provide a POC to NGS
  - Include contact name, email address, and fax/telephone number

# Provider Action: Contact Information

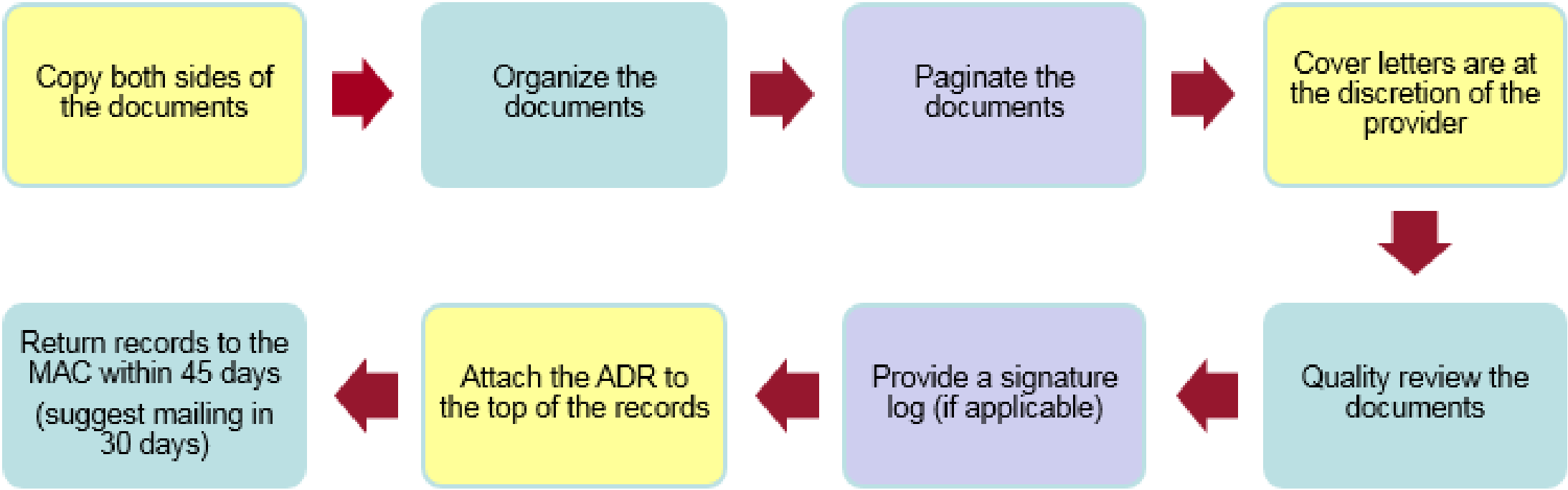
- Ensure you have updated contact information
  - Subject line: “Contact Information for _ Case Number and your provider (PTAN) number”
  - In the body of the email (addresses on next slide)
    - ✓ Name of contact person
    - ✓ Phone number
    - ✓ Fax number
    - ✓ Email address
- Do not send PHI

# Provider Action: Contact Information

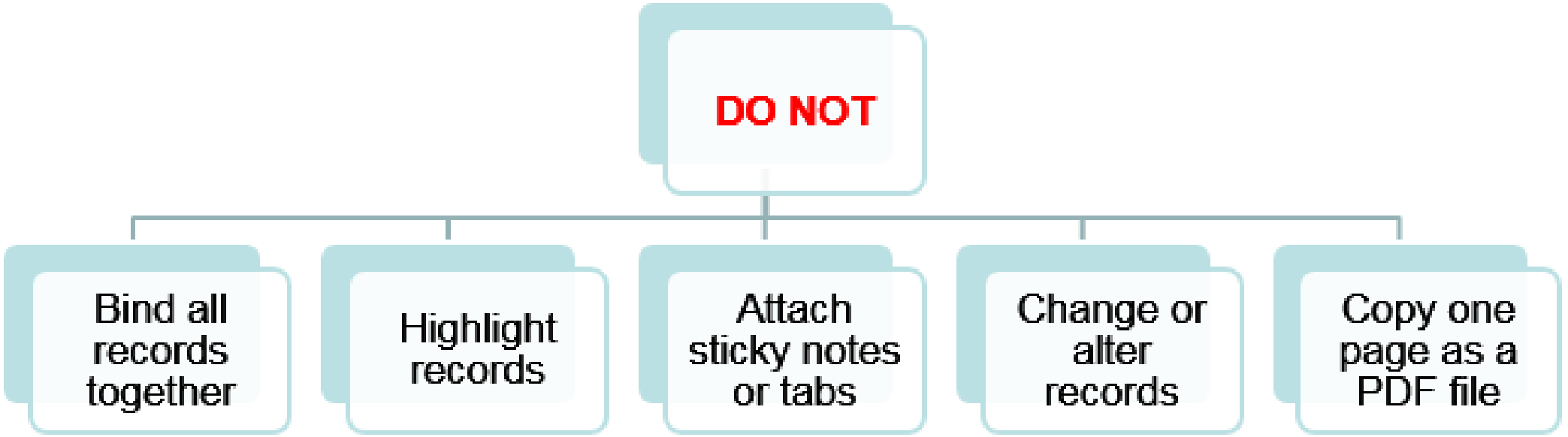
- Send your POC information to Medical Review and reach out to NGS Case Management staff at any point during the TPE process
  - J6 Part A: J6ACasemanagement@ElevanceHealth.com
  - JK: Part A: JKACasemanagement@ElevanceHealth.com
  - J6 Part B: J6BCasemanagement@ElevanceHealth.com
  - JK Part B: JKBCasemanagement@ElevanceHealth.com
- No PHI

# Record Preparation and Submission

# Preparing Your Documentation



# Preparing Your Documentation



# Helpful Tips

- Speak to whomever handles your mail to watch for and act quickly upon receipt of correspondence from NGS (contains notification letter)
  - NGS review results letter is sent in a pink envelope
- Designate someone at your facility/practice location to handle these requests
- If you do not see ADRs within one month of the notification letter, use the email address in the letter to contact us
  - ADRs might be going to a different address

# Helpful Tips

- Follow directions in notification letter to provide point of contact for future TPE correspondence
  - Name
  - Email address
  - Fax/phone number
- Ask a clinician to check the records to ensure correct documentation is submitted
- Results letter provides an email address to correspond with to set up your individualized education session

# Ensure Timely Response To ADR

- Responding to an ADR
  - Avoid claim processing delays
    - ✓ Respond in complete/timely manner
      - NGS ADR Response Timeline Calculator
        - NGSMedicare.com > Resources > Tools & Calculators > ADR Response Timeline
    - ✓ Send each response separately and attach a copy of corresponding ADR
    - ✓ Include all records necessary to support the services for the dates requested
  - Failure to respond to ADR counts as an error and impacts overall payment error rate

# How to Submit Medical Records to Your MAC

**USPS: Mail to your MAC using address as per your MAC's web site**

**FedEx: Follow your MAC's instructions to send via express mail**

**NGSConnex secure portal is the preferred method**

**Your MAC's FAX #**

**Be sure to check with your MAC for submission methods/specific addresses, etc.**

# NGSConnex Secure Portal

# NGSConnex

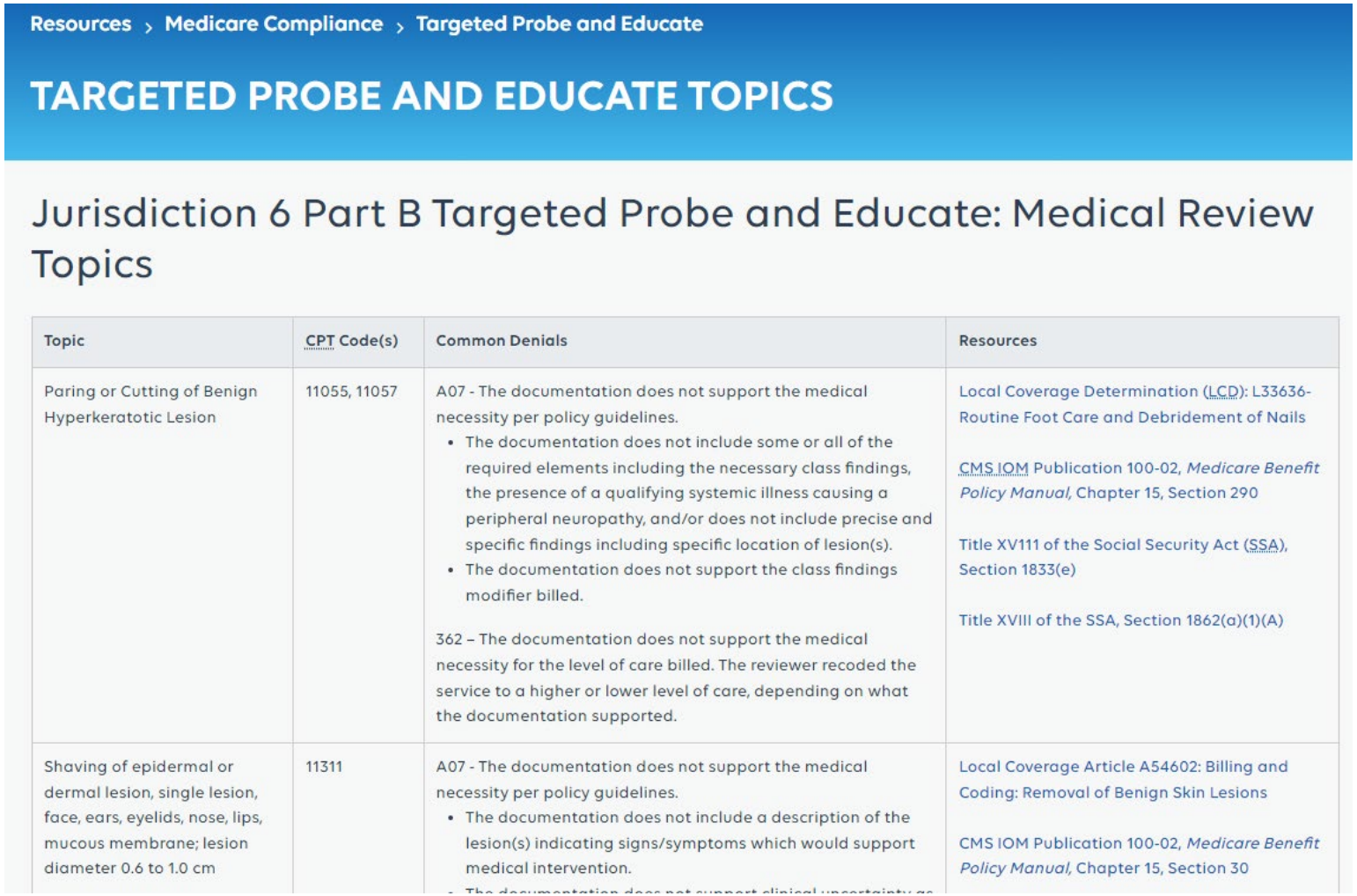
- Use the Medical Review Additional Documentation Requests Portal
  - View ADR letter content to help ensure you submit required documentation
  - Respond to medical review ADRs
  - Submit supporting documentation electronically
  - Obtain detailed status information on MR ADR
    - ✓ Regardless of who from your provider organization responded or how it was responded to (i.e., electronically, by mail, etc.)

# NGSConnex

- View detailed ADR status information
  - Date documentation was received
  - Date the reviewer started to review your documentation
  - Date the reviewer completed the review of your documentation
  - Reviewer decision
  - Appeals outcome
- Not yet registered for NGSConnex?
  - Visit NGSConnex and click ‘New User’ to register today
- Registration instructions are available on NGSConnex page and video tutorials are available on our YouTube channel

# Common Denial Reasons

# Our Website



Resources › Medicare Compliance › Targeted Probe and Educate

## TARGETED PROBE AND EDUCATE TOPICS

### Jurisdiction 6 Part B Targeted Probe and Educate: Medical Review Topics

| Topic | CPT Code(s) | Common Denials | Resources |
|---|---|---|---|
| Paring or Cutting of Benign Hyperkeratotic Lesion | 11055, 11057 | A07 - The documentation does not support the medical necessity per policy guidelines.<br>• The documentation does not include some or all of the required elements including the necessary class findings, the presence of a qualifying systemic illness causing a peripheral neuropathy, and/or does not include precise and specific findings including specific location of lesion(s).<br>• The documentation does not support the class findings modifier billed.<br><br>362 – The documentation does not support the medical necessity for the level of care billed. The reviewer recoded the service to a higher or lower level of care, depending on what the documentation supported. | Local Coverage Determination (LCD): L33636-Routine Foot Care and Debridement of Nails<br><br>CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 290<br><br>Title XV111 of the Social Security Act (SSA), Section 1833(e)<br><br>Title XVIII of the SSA, Section 1862(a)(1)(A) |
| Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm | 11311 | A07 - The documentation does not support the medical necessity per policy guidelines.<br>• The documentation does not include a description of the lesion(s) indicating signs/symptoms which would support medical intervention. | Local Coverage Article A54602: Billing and Coding: Removal of Benign Skin Lesions<br><br>CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 15, Section 30 |

# Common Denial – A07

- Documentation does not support the medical necessity per policy guidelines
  - Some or all required elements missing
  - Missing indication to support medical necessity of service
  - Missing historical information
  - Frequent cloned documentation
  - Coding not supported by documentation
  - Late signature/signature guidelines not followed

# Common Denial – B65

- Services not furnished directly to the patient and/or not documented
  - Documentation does not support the rendering provider of service is the billing provider as indicated on claim
  - Incident-to requirements not met
  - Unable to determine medical necessity due to the documentation received not from billing provider

# Common Denial – A65

- Information requested from the provider was insufficient/incomplete
  - Documentation was for
    - ✓ Incorrect patient
    - ✓ Date of service
    - ✓ Did not include the procedure report

# Common Denial – 362

- Documentation does not support medical necessity for level of care billed
  - Reviewer recoded service depending on supporting documentation

# Common Denial – 692

- Non-response to ADR
  - Will negatively impact error rate
  - May result in additional TPE reviews

# Be Proactive!

- Ensure records are legible
  - If illegible, submit a typed transcription with the original records
- Ensure they include a valid, legible signature
  - Include a signature key/signature page
  - Document from provider/compliance officer affirming the signature
    - ✓ Can be submitted routinely for all medical record requests
- CMS IOM Publication 100-08, *Medicare Program Integrity Manual*, Chapter 3, Section 3.3.2.4

# Corrective Actions

- NCD
- LCD
- Billing and Coding Article
- CMS IOM Publications
  - 100-02, *Medicare Benefit Policy Manual*
  - 100-04, *Medicare Claims Processing Manual*
- Social Security Act
- Not an all-inclusive list of resources

# TPE FAQs

# FAQ One

- If I appeal a TPE finding and it is overturned, does this impact my denial rate?
  - Note: NGS typically receives documentation for appeal that was not received during TPE
  - Payment error rates are not adjusted based on the outcomes of the appeals process
  - Appeal results would be taken into consideration in subsequent TPE rounds
  - If referred to CMS, CMS takes appeal results into consideration when determining need for additional action

# FAQ Two

- Are previous review results used to determine who will be included in the TPE process?
  - Providers are selected for TPE based on data analysis
  - CMS encourages MACs to use all available sources of data, such as billing and utilization patterns

# FAQ Three

- What happens if there are errors found in the claims that are reviewed?
  - Provider will be sent a letter detailing the results of the review and offer a one-on-one education session
  - MACs may educate providers throughout the TPE review process, when easily curable errors are identified

# FAQ Four

- What can providers expect during a one-on-one education session?
  - During a one-on-one education session (usually held via teleconference), NGS Case Management will educate on review findings focusing on the denials identified during the review process
  - The provider will have the opportunity to ask questions regarding their claims as well as policies that apply to the service reviewed

# FAQ Five

- Is education furnished each round provider specific or general education given to all providers?
  - Educational sessions are specific to each provider and developed based on the review findings from the current round of review

# FAQ Six

- If an additional round of review is required, when will it start?
  - Claims with dates of service no earlier than 45 days after the date education was provided for previous round
    - ✓ Allows providers time to make changes based on education received
  - If one-on-one education is refused or not scheduled by provider, subsequent review round will occur on claims with dates of service no earlier than 45 days from date of receipt on the review results letter

# FAQ Seven

- Can providers be included in multiple TPE probes at the same time?
  - Yes, if a provider has multiple PTANs/NPIs, each NPI could be subject to TPE review
  - Additionally, if a provider submits claims to Medicare for more than one service, each service may be subject to a separate probe

# Resources

# NGS Resources

- NGSConnex User Guide
  - Education > Manuals and Guides > NGSConnex User Guide
  - Medical Review Portal in NGSConnex
  - How can I Use NGSConnex to respond to Medical Review additional documentation requests?
- YouTube Video: Targeted Probe and Educate (TPE) Medical Review Strategy
- Part B YouTube Video Part B Medical Review Focus: Updating your Contacts to Prepare for Success

# NGS Resources

- NGS Medical Review TPE
  - NGS Website
  - Resources > Medicare Compliance> Targeted Probe and Educate
    - ✓ TPE Manual
    - ✓ How to Find and Respond to TPE ADR
  - Education> News> Targeted Probe and Educate Letters – An Informational Overview (Published 7/29/2022)
  - Targeted Probe and Educate Review Topics
- Medical Review FAQs
  - NGS Website> Education> Help and FAQs> Medical Review

# CMS Resources

- CMS Website
  - Targeted Probe and Educate (TPE)
  - Targeted Probe & Educate Flow Chart
  - CR 10249: Targeted Probe and Educate
    - ✓ Effective 10/1/2017
- CMS YouTube Videos
  - Targeted Probe and Educate – 2019 CMS National Provider Compliance Conference
  - Targeted Probe and Educate
  - Provider Minute: The Importance of Proper Documentation

# Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.

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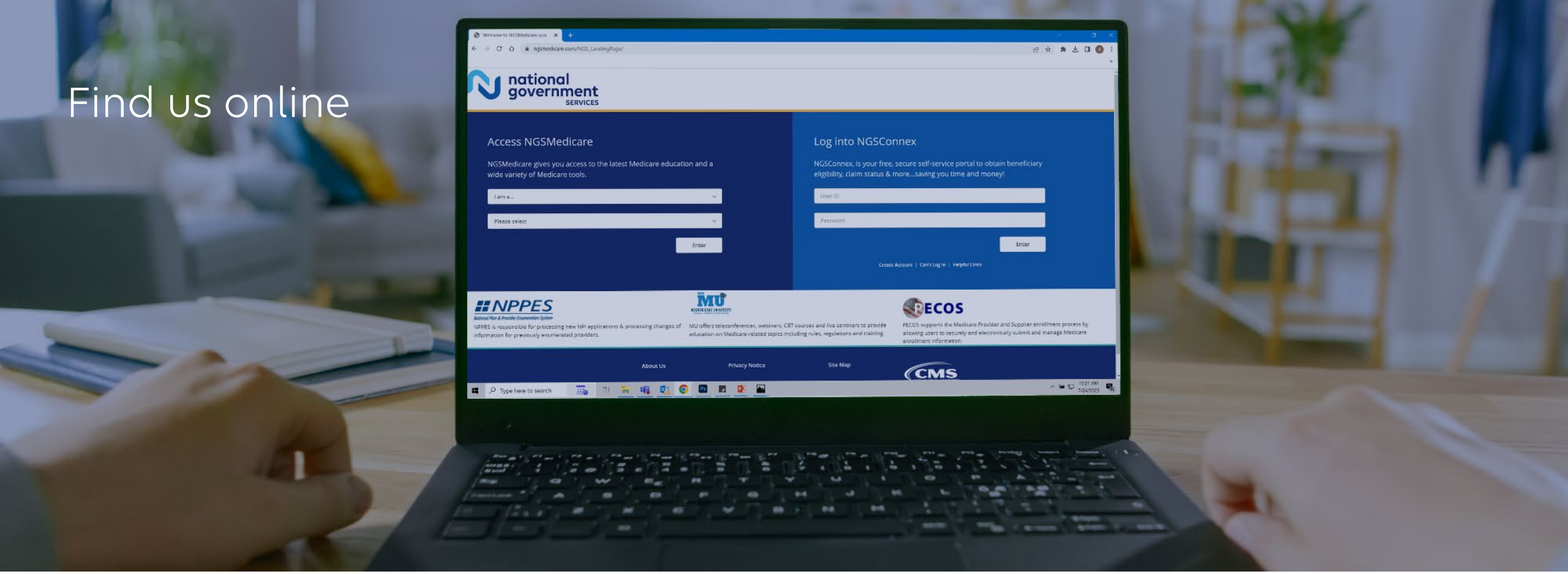


[www.NGSMedicare.com](http://www.NGSMedicare.com)
Online resources, event calendar, LCD/NCD, and tools

## IVR System
The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries

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Web portal for claim information

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