

Spring 2025 Virtual Conference

Understanding Medicare Compliance for Part B Providers

Medicare Part B Targeted Probe and Educate Process

6/4/2025

Today's Presenters

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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.



Agenda

- [Targeted Probe and Educate](#)
- [Record Preparation and Submission](#)
- [NGSConnex Secure Portal](#)
- [Common Denial Reasons](#)
- [TPE FAQs](#)
- [Resources](#)

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
 - You 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 may attempt to 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 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?

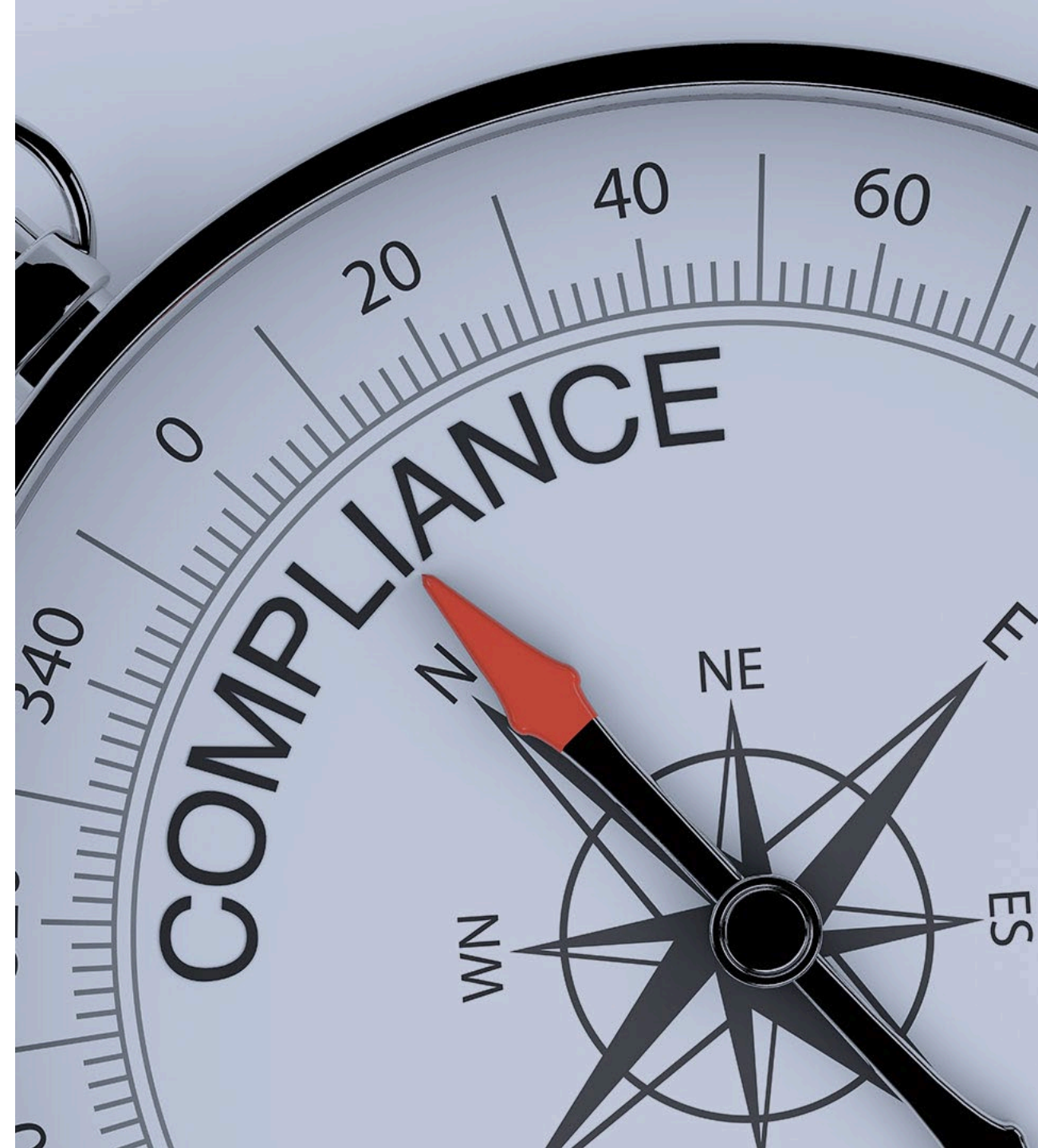
- Prepayment
 - Total dollar amount of the services billed in error as determined by MR, divided by the total dollar amount of the services originally billed for the services under review
- Postpayment
 - Total dollar amount of the services paid in error as determined by MR , divided by the total dollar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

Calculations

- MR 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
 - Fourth round of review
 - 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
- We encourage you to not wait for the results letter to submit an appeal as this may result in an untimely appeal



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
 - This is the priority address where ADRs and medical review correspondence is sent
 - This address is separate from your payment/physical address
 - [NGS YouTube Video: MAC Medical Review Best Practices: Updating Your Contact Information](#)
- Ensure that your records are sent to the correct NGS address
- Once notified of impending review, ensure that you provide a point of contact 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 the Medical Review and Case Management Team
- Reach out to Case Management 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
 - All LOB KX reviews: KXCasemanagement@ElevanceHealth.com
- No PHI

Record Preparation and Submission

Preparing Your Documentation – Do's

- Copy both sides of the documents
- Organize the documents
- Paginate
- Cover letters are at your discretion
- Return records within 45 days (suggest 30 days)
- Attach the ADR to the top
- Provide a Signature Log, if applicable
- Quality review the documents before sending

Preparing Your Documentation – Don'ts

- Bind all records together
- Highlight records
- Attach sticky notes or tabs
- Change or alter records
- Copy one page as a PDF file

Additional Suggestions

- Speak to whomever handles your mail to watch for and act quickly upon receipt of correspondence from NGS
 - NGS review results letter is sent in a pink envelope
- Designate someone at your facility/practice location to handle these requests and monitor NGSConnex for ADRs
- 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



USPS

Mail to your MAC using address as per your MACs website



FedEx/Express Mail

Follow your MACs instructions to send via express mail



NGSConnex

Secure provider portal – preferred method



Fax

Your MACs fax number

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

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[Resources](#) > [Medicare Compliance](#)

TARGETED PROBE AND EDUCATE

Targeted Probe and Educate

2024 Mental Health Enrollment Reminders

Targeted Probe and Educate Educational Videos

Medical Review: Targeted Probe and Educate Review Topics

Best Practices for a Successful Targeted Probe and Educate Review

Additional Documentation Request (ADR) Quick Reference Guide

Botulinum Toxin Best Practices

How to Proactively Address Denials

Medicare Part B Coverage and Billing Guidance for Breast Ultrasound

Medical Necessity of Vitamin D Assay Testing: Top Denials and How to Prevent Them

Medical Review: Targeted Probe and Educate Review Topics

Prevent technical denials by ensuring your medical records are legible and include a valid, legible provider signature.

- If you notice the provider signature is illegible when asked to supply medical records, please include a signature key, signature page, or a document from the provider/physician or compliance officer that affirms the signature is indeed the providers/physicians. This signature document can be submitted routinely for all requests for medical records.
- Providers should not add late signatures to the medical record, (beyond the short delay that occurs during the transcription process) but instead should make use of the signature authentication process.
[CMS IOM Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.3.2.4](#)
- If you notice the medical records are illegible, please submit a typed transcription of the medical records with the original records when responding to [ADR](#).

Jurisdiction K Part B Targeted Probe and Educate: Medical Review Topics

Reviewed 6/18/2024

Helpful Resources

[Targeted Probe and Educate Manual](#)

NGSConnex
[Log Into NGSConnex](#)

[NGSConnex User Guide](#)

USPS
National Government Services, Inc.
P.O. Box 7108
Indianapolis, IN 46207-7108

UPS/FedEx
National Government Services, Inc.
220 Virginia Ave
Indianapolis, IN 46204
ATTN: Mail & Distribution
*Add/insert the operational unit record to be scanned

Direct Fax
315-442-4231

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](#)

Helpful TPE Resources

- National Coverage Determination (NCD)
- Local Coverage Determination (LCD)
- Billing and Coding Articles
- CMS IOM Publications
 - 100-02, *Medicare Benefit Policy Manual*
 - 100-04, *Medicare Claims Processing Manual*

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 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

FAQ Eight

- How do I enroll in NGSConnex?
 - Simply go to our website and click on “NGSConnex” at the top of the screen



Resources

NGS Resources-Self Service Tools

- 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
- [Best Practices for a Successful Targeted Probe and Educate Review](#)

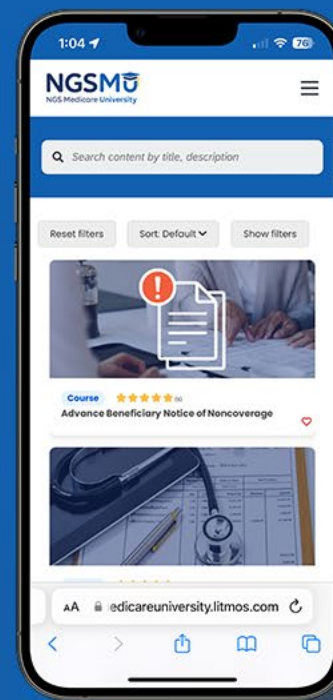
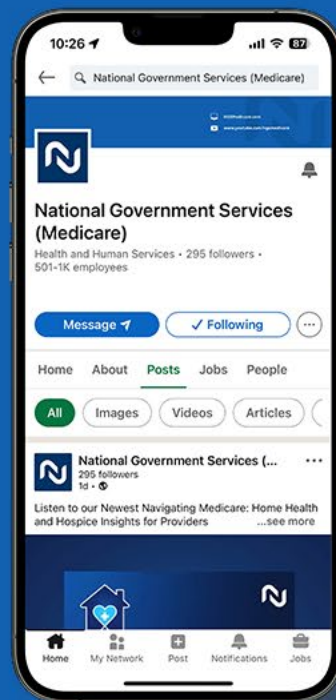
CMS Resources

- 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](#)



Questions?

Thank you!



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us on social
media



[YouTube Channel](#)
Educational Videos

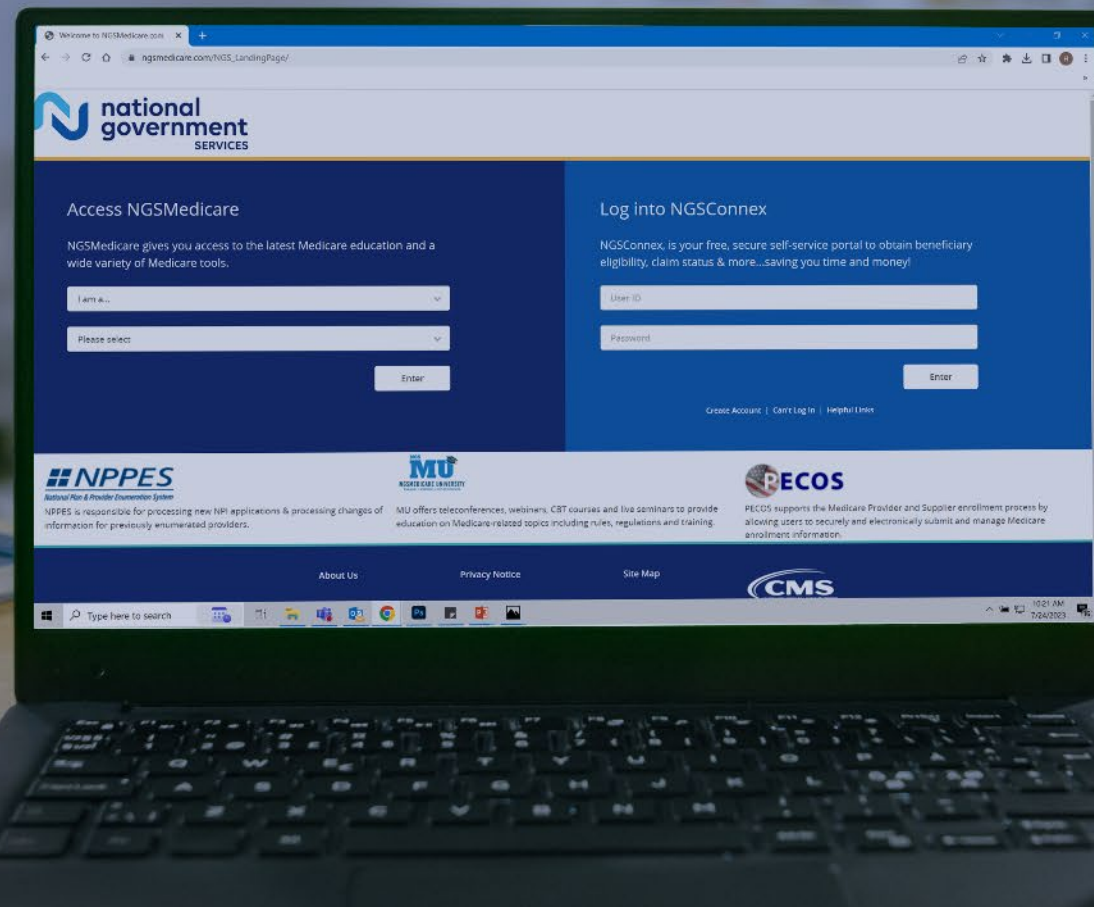


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[IVR System](#)

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



[NGSConnex](#)

Web portal for claim information



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