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	Isona Nama	Claim Truce	Data of Comilar	Designs and Chates	Additional Information		Data Assessed	Approval Status
Description MS-DNG Coorng 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 constitued in the heartfeined model accent. Purplement Will adduct the DRCs	Issue Name 0001 - Inpatient Hospital MS-DRG Coding Validation	Claim Type Inpatient Hospital	Date of Service 3 years prior to the ADR Letter date	Regions and States 2 - all applicable states	Automorania Manadon 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	Issue Type Complex	Date Approved 1/23/2017	Approval status
his DMS Cooling requires that diagnostic and proceeding 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 constrained in the beneficiance modest record. Budginger, will will dist by DBGE	0001 - Inpatient Hospital MS-DRG Coding Validation	Inpatient Hospital	3 years prior to the ADR Letter date	3 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Complex	1/23/2017	Approved
Documentation will be reviewed to determine if Cataract Surgery meets Medicare coverage criteria, meets applicable coding guidelines, and/or is medically reasonable and necessary.	2 0002 - Cataract Removal: Medical Necessity and Documentation Requirements	Ambulatory Surgery Center (ASC), Outpatient Hospital	3 years prior to the ADR Letter date	2 - all applicable states; excluding WPS	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, 	Complex	2/12/2017	Approved
Documentation will be reviewed to determine if Cataract Surgery meets Medicare coverage criteria, meets applicable coding guidelines, and/or is medically reasonable and necessary.	0002 - Cataract Removal: Medical Necessity and Documentation Requirements	Outpatient Hospital	3 years prior to the ADR Letter date	3 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, 	Complex	2/12/2017	Approved
Claims for sacral nerve stimulation for urinary or fecal incontinence not deemed to be medically necessary will be denied.	0003 - Sacral Neurostimulation: Medical Necessity and Documentation Requirements	Inpatient Hospital, Outpatient Hospital, Ambulatory Surgery Center (ASC), Professional Services (Physician/Non-	3 years prior to the ADR Letter date	2 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Complex	1/23/2017	Approved
Claims for sacral nerve stimulation for urinary or fecal incontinence not deemed to be medically necessary will be denied.	0003 - Sacral Neurostimulation: Medical Necessity and Documentation Requirements	Inpatient Hospital, Outpatient Hospital, Ambulatory Surgery Center (ASC), Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the ADR Letter date	3 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Complex	1/23/2017	Approved
Documentation will be reviewed to determine if the Skilled Nursing Facility stay meets Medicare coverage criteria, meets applicable coding guidelines, and/or is medically reasonable and necessary.	0004 - Skilled Nursing Facility: Medical Necessity and Documentation Requirements	Skilled Nursing Facility (SNF)	3 years prior to the ADR Letter date	2 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations 405.980- Reopening of Initial 	Complex	5/5/2017	Approved
Documentation will be reviewed to determine if the Skilled Nursing Facility stay meets Medicare coverage criteria, meets applicable coding guidelines, and/or is medically reasonable and necessary.	0004 - Skilled Nursing Facility: Medical Necessity and Documentation Requirements	Skilled Nursing Facility (SNF)	Skilled Nursing Facility (SNF)	3 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations 405.980- Reopening of Initial 	Complex	5/5/2017	Approved
The surgical management for the treatment of moroid obesity is considered reasonable and necessary for Medicare beneficiaries who have a BMI ≥ 35, have at least one co-morbidity related to obesity and have been previously use use of the the medical treatment of photing. Chains concerning use ical	0008 - Bariatric Surgery: Medical Necessity and Documentation Requirements	Outpatient Hospital; Inpatient Hospital	3 years prior to the ADR Letter date	2 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Complex	1/23/2017	Approved
The surgical management for the treatment of moroid objecty is considered reasonable and necessary for Medicare beneficiaries who have a BMI ≥ 35, have at least one co-morbidity related to objectly and have been previously unsurgent of which has medical treatment of charity. Classic seconds a surgical	0008 - Bariatric Surgery: Medical Necessity and Documentation Requirements	Outpatient Hospital; Inpatient Hospital	3 years prior to the ADR Letter date	3 - all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Complex	1/23/2017	Approved
Documentation will be reviewed to determine if Cardiac PET Scans meet Medicare coverage criteria, meet applicable coding guidelines, and/or are medically reasonable and necessary.	0010 - Cardiac Positron Emission Tomography Scans: Medical Necessity and Documentation Requirements	Outpatient Hospital; Professional Services (Physician/Non-Physician Practitioner)	3 years prior to the ADR Letter date	3 - Florida, PR and VI ONLY	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 	Complex	1/24/2017	Approved
Home Services Billed for Hospital Inpatients - Home Services CPT Codes may not be used for billing services provided in settings other than in the private residence of a beneficiary.	0011 - Inappropriate Billing of Home Visit Professional Service Evaluation and Management Codes During Inpatient	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 - all applicable states	 Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additiona 	Automated	1/29/2017	Approved
Home Services Billed for Hospital Inpatients - Home Services CPT Codes may not be used for billing services provided in settings other than in the private residence of a beneficiary.	0011 - Inappropriate Billing of Home Visit Professional Service Evaluation and Management Codes During Inpatient	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	3 - all applicable states	 Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additiona 	Automated	1/29/2017	Approved

Description	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information		Date Approved	Approval Status
Under the Medicare PPS for inpatient psychiatric facilities (IPF), CMS makes an			Date of Service	Regions and states	1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage	issue Type	Date Approved	Approvarstatus
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		_, _ ,	
Under the medicare PPS for inpatient psychiatric idenities (IPF), CMS makes an it					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			
Reviewers sharr complete a complex medical review 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 shall complete a complex medical review to determine 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		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	-		
trainis for FICPC's tobale Goards dilleto in Firef than once in 1 a inferime will be the Hined.					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,			
Claints for heres code 60438 billed more than once in a litetime will be denied.					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
HCPCS code G0438 (Annual wellness visit; includes a personalized prevention	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 Initial Hospital Care codes (CP1 codes 99221–99223) and Subsequent					1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage			
Hospital Care codes (CPT Codes 99231 99233) are "per diem" services and may be	0037 - Hospital Services: Excessive Units	Professional Services (Physician/Non-	3 years prior to the Informational Letter date	2 - all applicable states	and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled,	Automated	3/23/2017	Approved
reported only once per day by the same physician(s) of the same specialty from the same group practice.		Physician Practitioner)			Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to			
Both Initial Hospital Care codes (CP1 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		Physician Practitioner)			Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to			
If 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)	.,	,,	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 2 CFR §405.930- Failure to			
In the inpatient care is being brided by the hospital 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	3 - all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	3/23/2017	Approved
nursing facility care, then the nursing facility codes apply. Hospital Care CPT codes	Coding	Physician Practitioner)	.,	,,	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 2 CFR §405.930- Failure to			
Providers are only allowed to bill the CP1 codes for New Patient visits in the					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
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	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
group practice (limited to physicians of the same specialty) within the previous 3	Incorrect Coding	Physician Practitioner)	.,	,,	Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and			
Providers are only allowed to bill the CPT codes for New Patient visits if the					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
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)			Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and			
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/IVI					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			
A new patient is one who has not received any professional services, le.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	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		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				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Augorithm national service and anothing anothing and anothing and anothing and anothing and anothing and anothing and anothing an	0040 Ambulance Transfer between Still 1				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 Nursing Facilities: Unbundling	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	8/8/2017	Approved
prospective payment system, some ambulance transportation provided by	racing racinges, onodituling				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
CPT has designated certain codes as "add-on procedures". These services are	0050 Add on Codes Rold without Drivery	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 Code and/or Denied Primary Code	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 Defiled Primary Code	Hospital			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
CPT has designated certain codes as "add-on procedures". These services are	0050 Add as Cades Baldwith aut 5	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			
	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
always done in conjunction with another procedure and are only payable when	Code and/or Denied Primany Code	,						
always done in conjunction with another procedure and are only payable when an appropriate primary service is also billed.	Code and/or Denied Primary Code	Hospital			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
always done in conjunction with another procedure and are only payable when an appropriate primary service is also billed. Claims for CPT/HCPCS codes that are billed with a TC and/or PC modifier in	Code and/or Denied Primary Code 0051 - Global versus Technical	Hospital			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
always done in conjunction with another procedure and are only payable when an appropriate primary service is also billed.			3 years prior to the Informational Letter date			Automated	4/26/2017	Approved

Description		Claim Type	Date of Service	Regions and States	Additional Information		Date Approved	Approval Statu
claims for CPT/HCPCS codes that are blied with a TC and/or PC modifier in	0051 - Global versus Technical		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 rype	Date Approved	Approvarstate
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 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	4/20/2017	Approved
Ambulance services during an inpatient stay are included in the facility's PPS	Neinbursenenes. Onburiding						├─── ┦	
payment and are not separately payable under Part B, excluding the date of	0054 - Ambulance Billed during Inpatient:				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2.		6 /00 /0017	
admission, date of discharge and any leave of absence days. Ambulance providers	Unbundling	Ambulance Providers	3 years prior to the Informational Letter date	2 - all applicable states		Automated	6/20/2017	Approved
Ambulance services during an inpatient stay are included in the Tacility's PPS	-				Coverage and Medicare as a Secondary Payer; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
payment and are not separately payable under Part B, excluding the date of	0054 - Ambulance Billed during Inpatient:				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2.		1 /	
admission, date of discharge and any leave of absence days. Ambulance providers	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	6/20/2017	Approved
	onbundunig				Coverage and Medicare as a Secondary Payer; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			
Claims with CP1 inpatient hospital care evaluation and management (E/M) codes billed for consistent readered to a patient residing in a skilled pursing facility (CNC)	ODEC Evoluction and Management Convises in	Professional Convises (Physician /Non			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		1 1	
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)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		1 1	
Claims with CPI inpatient SSE Ellared Valuation and management (Elivi) 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			
Stibuted to consider the state of the state		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	2 years prior to the ADD Latter 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	Complay	0/8/2017	Approved
arthroscopy procedure is billed and paid on the same shoulder for the same day	Debridement: Incorrect Coding	Services (Physician/Non-Physician	3 years prior to the ADR Letter date	2 - all applicable states	1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations,	complex	9/8/2017	Approved
Snothder arthrosofici protetures include a nimited debridement incorroctly will		Bractitioner)					ļ	
29822). Code 29822, is not separately payable when another shoulder	0057 - Arthroscopic Limited Shoulder	Surgical Center (ASC); Professional			1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage		1 !	
arthroscopy procedure is billed and paid on the same shoulder for the same day	Debridement: Incorrect Coding	Services (Physician/Non-Physician	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
for the same honoficiany at the same encounter. Services hilled incorrectly will		Butbatient Hospital, Skilled Nursing			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 -					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			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		/	
When reporting service units for untimed codes (excluding Modifiers -KX, and -		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		1	
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	- ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		-, -,	
The Nursing Facility Services codes represent a per day service. As such, these		Outpatient Pohabilitation Eacility			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-	2 years prior to the Informational Letter date	2 - all applicable states	Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(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	0001 - Nursing Facility Services. Excessive Offics	Physician Practitioner)	3 years prior to the Informational Letter date	2 - all applicable states	Medicare as a Secondary Payer; 3. 42 Code of Federal Regulations §424.5(a)(6)- Sufficient Information; 4. 42 Code of Federal	Automateu	9/8/2017	Approved
The Nursing Facility Services codes represent a "per day" service. As such, these							ļ/	
codes may only be reported once per day, per Beneficiary, Provider and date of		Professional Services (Physician/Non-			1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2. Social		1 /	
service. Relevant CPT codes billed more than once per day will result in an	0061 - Nursing Facility Services: Excessive Units	Physician Practitioner)	3 years prior to the Informational Letter date	3 - all applicable states	Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and	Automated	9/8/2017	Approved
Carriers may not pay for the technical component (IC) of radiology services		,,			Medicare as a Secondary Payer; 3. 42 Code of Federal Regulations §424.5(a)(6)- Sufficient Information; 4. 42 Code of Federal			
furnished to patients in hospital settings. Query identifies TC portion of	0062 - Radiology: Technical Component during	Radiologists/Part B providers doing			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		1 1	
radiology paid to entities other than the inpatient facility. Findings are limited to		radiology service	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
	inpatient stay	Tadiology service			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Carnels may hot pay for the technical component (TC) or radiology services	0000 Dediale au Technical Company during	De diele siste (De st. D. s seu ideas de inc.			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		1 1	
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	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 1	
claim lines billed with medities 1/ and claim lines for sense codes with 1/ /0/					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	1		
Duplicate claims or line date of service items will be denied.	0064 - Facility Duplicate Claims	Inpatient 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	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			
					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 convice items will be denied	0064 Facility Duplicate Claims	Inpatient Hospital; Outpatient Hospital;	2 years prior to the Informational Latter date					
Duplicate claims or line date of service items will be denied.	0064 - Facility Duplicate Claims				Coverage and Medicare as a Secondary Paver: 2. Social Security Act (SSA). Title XVIII- Health Insurance for the Aged and	Automated	0/9/2017	
		Skilled Nursing Facility (SNF)	s years prior to the informational setter 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 CER §405.929- Post-Payment Review: 4. 42 CER §405.930- Failure to	Automated	9/8/2017	Approved
Inpatient hospital services furnished to a patient of an inpatient psychiatric		Skilled Nursing Facility (SNF)		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	9/8/2017	Approved
Inpatient nospital services furnished to a patient of an inpatient psychiatric facility will be reviewed to determine that services were medically reasonable and	0067 - Inpatient Psychiatric Facility Services:				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 1815(a)- Payment to Providers of			
Inpatient nospital services furnismed to a patient of an inpatient psychiatric facility will be reviewed to determine that services were medically reasonable and necessary. Services found to be not medically reasonable and necessary will	Medical Necessity and Documentation	Inpatient Hospital (IP); Inpatient	3 years prior to ADR Letter date	 2 - all applicable states 2 - all applicable states 	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1815(a)- Payment to Providers of Services; 2. Title XVIII of the Social Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security	Automated Complex	9/8/2017 9/8/2017	Approved
necessary. Services found to be not medically reasonable and necessary will	Medical 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 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1815(a)- Payment to Providers of Services; 2. Title XVIII of the Social Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Act (SSA), Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as Secondary Payer; 4. Title XVIII of the Social			
necessary. Services found to be not medically reasonable and necessary will	Medical Necessity and Documentation	Inpatient Hospital (IP); Inpatient Psychiatric Facility (IPF)		2 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1815(a)- Payment to Providers of Services; 2. Title XVIII of the Social Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Act (SSA), Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as Secondary Payer; 4. Title XVIII of the Social 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1815(a)- Payment to Providers of		9/8/2017	
necessary. Services found to be not medically reasonable and necessary will reputien respirital services rurnished to a patient of an inpatient psychiatric facility will be reviewed to determine that services were medically reasonable and	Medical Necessity and Documentation Requirements 0067 - Inpatient Psychiatric Facility Services: Medical Necessity and Documentation	Inpatient Hospital (IP); Inpatient Psychiatric Facility (IPF) Inpatient Hospital (IP); Inpatient		2 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1815(a)- Payment to Providers of Services; 2. Title XVIII of the Social Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Act (SSA), Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as Secondary Payer; 4. Title XVIII of the Social 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1815(a)- Payment to Providers of Services; 2. Title XVIII of the Social Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Services; 2. Title XVIII of the Social Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Services; 2. Title XVIII of the Social Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Services; 2. Title XVIII of the Social Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Services; 2. Title XVIII of the Social Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Security Act (SSA), Section 1833(e)- Payment of Benefits; 4. Title XVIII of the Social Security Security Act (SSA), Section 1833(e)- Payment Of Benefits; 4. Title XVIII of the Social Security Security Act (SSA), Section 1835(e)- Payment Of Benefits; 5. Title XVIII of the Social Security Security Act (SSA), Section 1835(e)- Payment Of Be			
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necessary. Services found to be not medically reasonable and necessary will inpatient nospital services rurnisned to a patient or an inpatient psychiatric facility will be reviewed to determine that services were medically reasonable and necessary. Services found to be not medically reasonable and necessary will Hospital emergency department services are not payable for the same calendar	Medical Necessity and Documentation Requirements 0067 - Inpatient Psychiatric Facility Services: Medical Necessity and Documentation Requirements	Inpatient Hospital (IP); Inpatient Psychiatric Facility (IPF) Inpatient Hospital (IP); Inpatient Psychiatric Facility (IPF)	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 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1815(a)- Payment to Providers of Services; 2. Title XVIII of the Social Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Act (SSA), Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as Secondary Payer; 4. Title XVIII of the Social 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1815(a)- Payment to Providers of Services; 2. Title XVIII of the Social Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Services; 2. Title XVIII of the Social Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Services; 2. Title XVIII of the Social Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Services; 2. Title XVIII of the Social Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Services; 2. Title XVIII of the Social Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Security Act (SSA), Section 1833(e)- Payment of Benefits; 3. Title XVIII of the Social Security Security Act (SSA), Section 1833(e)- Payment of Benefits; 4. Title XVIII of the Social Security Security Act (SSA), Section 1833(e)- Payment Of Benefits; 4. Title XVIII of the Social Security Security Act (SSA), Section 1835(e)- Payment Of Benefits; 5. Title XVIII of the Social Security Security Act (SSA), Section 1835(e)- Payment Of Be	Complex	9/8/2017	Approved
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Description wedicare only pays for services that are reasonable and necessary for the setting	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information 1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage	Issue Type	Date Approved	Approval Status
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	and Medicare as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, §1802(a)(1)(A)- Ecclusions non-Coverage	Complex	10/4/2018	Approved
intensive rehabilitation therapy in a resource intensive inpatient hospital	Necessity and Documentation Requirements	Inpatient		o un 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	10/1/2010	Approved
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	,	I	
code long descriptor. The number of units billed should be assigned based on the	0074 - Drugs and Biologicals: Incorrect Units Billed	Services (Physician/Non-Physician	3 years prior to the ADR Letter date		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	,/	!	<u> </u>
Drugs and Biologicals are billed in multiples of the dosage specified in the HCPCS	0074 - Drugs and Biologicals: Incorrect Units	Outpatient Hospital; Professional			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	(,)		
code long descriptor. The number of units billed should be assigned based on the dosage increment specified in that CPT/HCPCS long descriptor, and correspond to	Billed	Services (Physician/Non-Physician Practitioner)	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 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	Approved
The Annual Wellness Visit (AWV) is not payable if an Initial Preventive Physical	0077 - Annual Wellness Visit Billed Sooner Than	Theadonci			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	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,	1		
The Annual Wellness Visit (AWV) is not payable if an Initial Preventive Physical	0077 - Annual Wellness Visit Billed Sooner Than	Professional Convisos (Deusisian Alan			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		, i i i i i i i i i i i i i i i i i i i	
Examination (IPPE) or an Annual Wellness Visit (AWV) has been paid within the	Eleven Whole Months Following the Initial	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date		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	···,,			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	I		<u> </u>
Documentation will be reviewed to determine if Cardiac Pacemakers meet	0078 - Cardiac Pacemakers: Medical Necessity	Outpatient Hospital (OP), Ambulatory			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	I I	I	
Medicare coverage criteria, meet applicable coding guidelines, and/or are medically reasonable and necessary.	and Documentation Requirements	Surgical Center (ASC)	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Complex	2/15/2018	Approved
Documentation will be reviewed to determine if Cardiac Pacemakers meet					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	ļ		
Medicare coverage criteria, meet applicable coding guidelines, and/or are	0078 - Cardiac Pacemakers: Medical Necessity	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	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,			
Lataract removal cannot be performed more than once on the same eye on the	0082 Catazant Romoval Europaine Linita	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	·		
	0083 - Cataract Removal Excessive Units - Partial Denial	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
tataractive movies and cannot be performed move than once on the same eye on the					Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	,/	/	<u> </u>
same date of service. Providers billing for more than once on the same eye on the	0083 - Cataract Removal Excessive Units -	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, 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		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	3/14/2018	Approved
that find i rein bills dann blog per of nimed i moveith un ion cre otronte same feyet on one of		(ASC) AND A Services (Physician/Non-			 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from 		ļ	<u> </u>
same date of service. Providers billing for more than one unit of cataract removal	0084 - Cataract Removal: Duplicate Payment	Physician Practitioner), 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	3/14/2018	Approved
for the same eye will be denied. This new issue indicates that findings are across	obby catalact hemoval. Duplicate Payment	Hospital, Ambulatory Surgical Center	s years prior to the mornational fetter 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	5,14,2010	Approved
Cataract removal cannot be performed more than once on the same eye on 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		, ,	
same date of service. Providers billing for more than one unit of cataract removal for the same eye will be denied. This new issue indicates that findings are across	0084 - Cataract Removal: Duplicate Payment	Physician Practitioner), Outpatient Hospital, Ambulatory Surgical Center	3 years prior to the Informational Letter date		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
Labora fory services are covered under Part A, ekcluding full and things are across		(Asc)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post Payment Review; 4. 42 CFR §405.930- Failure to		!	
services and certain clinical pathology services, therefore if billed separately	0085 - Laboratory Services Rendered During an				1. Social Security Act, Title XVIII - Health Insurance for the Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage and	1 1	, , I	
should be denied as unbundled services. Denied services will result in an	Inpatient Stay: Unbundling	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)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions,	Automated	3/13/2018	Approved
Laboratory services are covered under Part A, excluding anatomic pathology					 Social Security Act, Title XVIII - Health Insurance for the Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage and 		Į	<u> </u>
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,	/ J	-,,	
Hospitaroutpatient observation care (initial, subsequent and/or discnarge	0086 - Observation Evaluation & Management				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	,	;t	
management) rendered on the same date as a hospital inpatient admission by the same physician is not separately payable. Medicare payment for the initial	(E&M) Services Billed Same Day as Inpatient	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date		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 vicit packed substances provide medicate payment of the minute hospital vicit packed substances and the minute minute hospital vicit packed substances and the minute minute hospital vicit packed and the minute hospital vicit	Admission: Unbundling				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	,/	/	<u> </u>
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 Admission: Unbundling	Physician Practitioner)	3 years prior to the Informational Letter date		Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automated	3/14/2018	Approved
the eisko pits includes clonsolidated birling to the net part is services included in a	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		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		-,,	
The ESRU PPS includes consolidate for INSP for Infitie Part & Services Include that	0087 - Laboratory Services for End-Stage Renal	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	,	,	
the ESRD facility bundled payment. Certain laboratory services and limited drugs and supplies will be subject to Part B consolidated billing and will no longer be	Disease Subject to Part B Consolidated Billing:	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date		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
constately payable when provided for ECDD beneficiaries by providers other than	Unbundling	This can ractionely			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	I		<u> </u>
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	1 ¹		
Ambulatory Surgical Center (ASC) surgical procedure on the same claim or in history for the same date of service and same provider.	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 Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automated	3/14/2018	Approved
Covered ancillary items and services are not payable if there is no approved					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			<u> </u>
Ambulatory Surgical Center (ASC) surgical procedure on the same claim or in	0088 - Ancillary Services Billed Without an	Ambulatory Surgery Center (ASC)	3 years prior to the Informational Letter date		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,		.,	
Services of Clinical Social Workers (CSW) rendered during Inpatient Hospital stays	0090 Clinical Social Worker during Inschart	Professional Sonices (Physician /N			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	0089 - Clinical Social Worker during Inpatient: Unbundling	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 – all applicable states	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
Part B. CSW providers are expected to seek reimbursement from the facility.					Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	!		<u> </u>
Services of Clinical Social Workers (CSW) rendered during Inpatient Hospital stays	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 Part B. CSW providers are expected to seek reimbursement from the facility.	Unbundling	Physician Practitioner)	3 years prior to the Informational Letter date		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
are b. cow providers are expected to seek reimbursement from the facility.		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	ļļ	Į	1
The technical component (TC) of lab/pathology services furnished to patients in an inpatient or outpatient hospital setting are not separately payable.	0090 - Laboratory/Pathology Technical Component for Inpatient or Outpatient	Physician Practitioner); Laboratory; Independent Diagnostic Testing Facility	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	4/4/2018	Approved

Description	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information	Issue Type	Date Approved	Approval Status
	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	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
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		1 1	
Duplicate claims are any claims paid across more than one claim number for the					1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage		i i	
same Beneficiary, CPT/HCPCS code and service date by the same provider.	0091- Duplicate Claims: Professional Services	Part B Professional Services	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
Duplicate claims will be denied if billed with exact data and the contractor paid		(Physician/Non-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 1	, I	
Dupicate claims are any claims paid deroiss more than one claim number for the					1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage		(
same Beneficiary, CPT/HCPCS code and service date by the same provider.	0091- Duplicate Claims: Professional Services	Part B Professional Services	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	5/8/2018	Approved
Duplicate claims will be denied if billed with exact data and the contractor paid		(Physician/Non-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	
The review shall identify claims billed incorrectly as percutaneous implantation o	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		1	
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			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	1 1	, I	
The review shall identify claims billed incorrectly as percutaneous implantation o	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		1	
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			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,		1	
The implantable automatic delibriliator is an electronic device designed to detect	0093 - Implantable Automatic Defibrillators-	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		1	
and treat life-threatening tachyarrhythmias. The device consists of a pulse	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
generator and electrodes for sensing and defibrillating. Medical documentation	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 1	, I	
The implaintable automatic denoriliator is an electronic device designed to detect	0093 - Implantable Automatic Defibrillators-	Outpatient Hospital, Ambulatory Surgery	(1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
and treat life-threatening tachyarrhythmias. The device consists of a pulse	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	Complex	5/14/2018	Approved
generator and electrodes for sensing and defibrillating. Medical documentation will be reviewed for medical percessity to validate that implantable automatic	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			
Facet joint are joints in the spine that and stability and allow the spine to being					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		·	1
and twist. Facet joint injections are a type of interventional pain management	0095 - Facet Joint Interventions: Medical	Inpatient Hospital (Part B), Outpatient	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	1	, ,	1
technique used to diagnose or treat back pain. Intraarticular blocks may provide	Necessity and Documentation Requirements	Hospital, Outpatient Surgery	· ,··· · . · · · · · · · · · · · · · · ·		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	1 1	, I	
Certain CP r codes for Part & 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 are	e 0098 - Critical Care Professional Services:	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		1	
Tertain cry'r codes ior yant Birthessitinal services for the same Beneficiary, saffie					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Date of Service, and Same Provider will be recovered as overpayments as they are		Professional Services (Physician/Non-	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	6/18/2018	Approved
not payable when performed on the same day a physician bills for critical care.	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		-,,	
Payment for the Skilled Nursing Facility (SNF) services, instea 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	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	6/25/2018	Approved
by the outpatient facility, in a Medicare covered Part A SNF stay, are included in a	Billing: Unbundling		- , ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,		-,,	
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	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	6/25/2018	Approved
by the outpatient facility, in a Medicare covered Part A SNF stay, are included in a	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". In Ese servicés afe	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	,	- , ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,		-,,	
tons Has designated Percancoules as taba-on procedures -: indee 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	├───	I	1
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	3 – all applicable states		Automated	6/20/2018	Approved
an appropriate primary service is also billed. Clinical Laboratory providers paid	Laboratory	,	- ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,		-,,	
fare copy and second					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	├ ───	()	
hospital on its claim, match both the attending physician description and the	0101 - Ambulatory Payment Classification	Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	7/26/2018	Approved
information contained in the beneficiary's medical record. Reviewers will validat	e Coding Validation	outputient nospital	s years prior to Abit Letter date	2 an applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	complex	172072010	Approved
the ABC hy requiries that procedural information, as coded and reported by the					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	├───	I	1
hospital on its claim, match both the attending physician description and the	0101 - Ambulatory Payment Classification	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	7/26/2018	Approved
information contained in the beneficiary's medical record. Reviewers will validat	e Coding Validation		- ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		1 .,,	
the APC by region the hilled cools as add-on procedures". These services are	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		()	
always done in conjunction with another procedure and are only payable when	and/or Denied Primary Code – Ambulatory	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	7/24/2018	Approved
an appropriate primary service is also paid. ASC providers paid for Add-On	Surgical Center		- , ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		, ., .,	
UMS has designated tertain codes as "add-on procedures". These services are	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			
always done in conjunction with another procedure and are only payable when	and/or Denied Primary Code – Ambulatory	Ambulatory Surgery Center (ASC)	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	7/24/2018	Approved
an appropriate primary service is also paid. ASC providers paid for Add-On	Surgical Center	, insulatory surgery center (, ise)	s years prior to the informational 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	Hatomated	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rippiored
Physician Services wither during an victive ripspice period Shound Beipand by the will	Surgicul center				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	Professional Services (Physician/Non-	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)	s years prior to the mormational tetter date	- an applicable states	Payment of Benefits; 3. SSA, Title XVIII, §1861 (dd) of the Social Security Act, Hospice Care; Hospice Program; 4. 42 CFR	atomateu	0/14/2010	Approved
physician services bined didning an dictive rospide period should be that by the					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	├─── ┤		1
Hospice provider if services are related to the hospice beneficiary's terminal	0105 - Physician Services during Hospice Period	Professional Services (Physician/Non-	3 years prior to the Informational Lotter data	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)	3 years prior to the Informational Letter date	 an applicable states 	Payment of Benefits; 3. SSA, Title XVIII, §1861 (dd) of the Social Security Act, Hospice Care; Hospice Program; 4. 42 CFR	Automateu	0/14/2010	Approved
bnaefrine in eacaire prosidan. Heedicneaule (MPPS), so hel procedules nave					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			<u> </u>
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	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
		Physician Practitioner)	date	z – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automated	9/11/2018	Approved
settings. The rate, facility or nonfacility, which a physician service is paid under	Incorrect Coding	,,						
settings. The rate, facility or nonfacility, which a physician service is paid under though the interaction of the seneration (MIPS), some that eaure that entries		,,				├ ───-	۱ <u> </u> ۱	1
	0108 - Facility vs Non-Facility Reimbursement:	Professional Services (Physician/Non-	6 months prior to the Informational Letter	2 all applicable stati	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Autometerd	0/11/2010	Approved
thoder the indedicare physician release near (MPPS), some procedured have on the		,,	6 months prior to the Informational Letter date	3 – all applicable states		Automated	9/11/2018	Approved

Description	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information	Issue Type	Date Approved	Approval Status
Payment for the majority of skilled hursing 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 prospective payment made through the fiscal intermediary (FI) A/B Medicare	0109 - Skilled Nursing Facility (SNF) Consolidated Billing Part B (Full)	Professional Services (Physician/Non- 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	9/20/2018	Approved
	Consolidated Billing Part B (Full)	Physician Practitioner); Laboratory			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 majority of skined Nutsing Facility (SNF) services provided to	0100 Chilled Number Freiliter (CNF)	Destantional Consistent (Dissuints Allow			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			1
beneficiaries in a Medicare covered Part A stay are included in a bundled prospective payment made through the fiscal intermediary (FI) A/B Medicare	0109 - Skilled Nursing Facility (SNF) Consolidated Billing Part B (Full)	Professional Services (Physician/Non- Physician Practitioner); Laboratory	3 years prior to the Informational Letter date	3 – all applicable states		Automated	9/20/2018	Approved
When a Part B CPT/MCPC's code listed Ton File 2 (Professionar componentil) of	consolidated bining Part B (Pull)	ritysicial riactitioner), taboratory			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			i
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			1
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	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	9/20/2018	Approved
When a Part is CPT/FICPCS code instead on Fire 2 professional components of	Component	Thysician Tractitionery			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			L
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			i
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	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	9/20/2018	Approved
to reflect the professional component reduction. The overnayment is identified	Component	This claim trace clonery			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			ļ
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			1
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	Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A); (a)(7)- Exclusions from Coverage	Complex	9/28/2018	Approved
reasonable and necessary.	Requirements	Bart Boniy)			and Medicare as a Secondary Payer; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to			L
Documentation will be reviewed to determine if transthoracic echocardiography	0111 - Transthoracic Echocardiography:	only), Outpatient Hospital (Medicale Part B			1. Social Security Act, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2. Social			i
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	Part R only			and Medicare as a Secondary Payer; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to			ļ
A Monthly Capitation Payment (MCP) is a payment made to physicians for most dialysis-related physician services furnished to Medicare End Stage Renal Disease	0112 - Monthly Capitation Payment for End-	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
(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)	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	11/7/2018	Approved
	stage nenar bisease. 4 or more visits per month	Thysician Tractitionery			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			L
A Wonthly Capitation Payment (WCP) is a payment made to physicians for most dialysis-related physician services furnished to Medicare End Stage Renal Disease	0112 - Monthly Capitation Payment for End-	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
(ESRD) patients on a monthly basis. The same monthly amount is paid to the		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	11/7/2018	Approved
	stage renar bisease. 4 or more visits per month	Thysician Tractitionery			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,			ļ
Home Visits for physician services should not overlap an active inpatient Stay.	0115 - Physician Claims with Place of Service	Drefessional Convisos (Dhusisian/Non			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			1
Providers cannot bill for services that are rendered. Physician claims billed with a	Home Overlapping Inpatient Hospital Stay:	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	10/17/2018	Approved
home-related place of service that overlaps an inpatient hospital stay will be	Services Billed Not Rendered	Physicial Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			1
Home visits for physician services should not overlap an active inpatient Stay.	0115 - Physician Claims with Place of Service	Destantional Consistent (Dissuints Allow			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 Overlapping Inpatient Hospital Stay:	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	10/17/2018	Approved
home-related place of service that overlaps an inpatient hospital stay will be	Services Billed Not Rendered	Physician Practitioner)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			i
HCPCS codes with a PC/TC indicator of "1" and billed with either 26 or TC in any		Destantional Consistent (Disselation (Non-			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	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	10/9/2018	Approved
professional component rate based on the modifier billed. Overpayments occur when the applicable Modicare Physician Fee Schedule amount for Modifier TC		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
HCPCs todes with a PC/ to indicator on Erand billed with either 26 of ito in Tany					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			1
It another anthrosology proceed the is bined and paid for the same day, of the Same	0117 - Arthroscopic Limited Shoulder	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			1
shoulder, for the same beneficiary, at the same encounter, the limited	Debridement: Unbundling	(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 Tranonerar(https://procedureit.son/epiande.and para for the same day, on the same	bebridement. Onbunding	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, for the same beneficiary, at the same encounter, the limited	0117 - Arthroscopic Limited Shoulder	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			i
debridement (code 29822) is not separately payable and Current Procedural	Debridement: Unbundling	(NPP); Outpatient (Outpatient for claims	3 years prior to the Informational Letter date	3 – all applicable states		Automated	10/17/2018	Approved
Thomas and the second seco	bebridement: onbunding	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			ļ
29823) even if the extensive debridement is performed in a different area of the	0118 - Arthroscopic Extensive Shoulder	Physician Practitioner); Outpatient			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2. SSA, Title XVIII- Health			1
same shoulder. If another arthroscopy procedure is billed and paid for the same	Debridement: Unbundling	Hospital (For claims prior to	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
shoulder archivescopy procedures include extensive debridement (e.g., CFT code	Scondement: onbunding	Professional Services (Physician/Non-			42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42			L
29823) even if the extensive debridement is performed in a different area of the	0118 - Arthroscopic Extensive Shoulder	Physician Practitioner); Outpatient			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2. SSA, Title XVIII- Health			i
same shoulder. If another arthroscopy procedure is billed and paid for the same	Debridement: Unbundling	Hospital (For claims prior to	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
	Scondement: onbunding	10/01/2017 After 10/01/2017 denial of			42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42			
Epibural injections are generally performed to treat pain ansing from spinal nerve roots. These procedures may be performed via three distinct techniques, each of	0119 - Transforaminal Epidural Steroid	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			
which involves introducing a needle into the epidural space by a different route	Injection: Medical Necessity and	Physician Practitioner); Outpatient	3 years prior to ADR Letter date	2 – all applicable states		Complex	10/31/2018	Approved
Based on TPT Code descriptions, CPT Code 17000 hay only be bined once per	Documentation Requirements	Hospital			42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42			
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		1 1	1
service, and CPT Code 17003 may only be billed uniteen times 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	Automated	12/4/2018	Approved
isasearon CF1 code 17004 may only be billed once per date of service. In billed		,			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
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 17003 may only be billed once per date of service. If billed		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 excess of these limits, excess units of CPT codes 17000, 17002 and/or 17004		,,			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			L
Outpatient facility services related to a Hospice terminal diagnosis provided	0122 - Outpatient Service Related to Hospice	1			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1861(dd)(1) Hospice Care; Hospice		1 1	1
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.	Singhosis, 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 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	3 – all applicable states		Automated	11/29/2018	Approved
separately.	Sidenosis, 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 Technical Component (TC) of diagnostics is not payable to the Part B provider.	0123 - Technical Component of Diagnostic	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			i
	10123 - TECHNICAL COMPONENT OF DIAgnostic	Physician Practitioner); Independent	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	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)	3 years prior to the Informational 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	12/11/2010	

Description	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information	Issue Type	Date Approved	Approval Statu
when blied on the same date of service as an inpatient hospital claim, the		Professional Services (Physician/Non-	Batter Strifte	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 Type	Bate Approved	- approvar status
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 annlicable 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/CPT Codes with a PC/ I C 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		1	
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/CPT Codes with a PC/ ICInterator "/" 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	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 d		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		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,			
Sargical enablication includes angetastic 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		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 or 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		'	1
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	outputern rospital	s years prior to ribit cetter date		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	complex	1,00,2010	Approted
For purposes of coverage and ermedicate, hyperbaric oxygen therapy (HBOT) is f	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			1
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	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	1/30/2019	Approved
atmospheric pressure. The patient is entirely enclosed in a pressure chamber	Requirements		, set pror to non cetter date	an applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	sompiex	1,00,2015	
Pannticine took billed for costnetic purposes will not be beened medically use of		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			1
necessary. In addition, panniculectomy billed at the same time as an open	0130 - Panniculectomy: Medical Necessity and	Ambulatory Surgical Center;	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	2/13/2019	Approved
abdominal surgery, or if is incidental to another procedure, is not separately	Documentation Requirements	Professional Services (Physician/Non-	s years prior to Abit Letter date	- an applicable sidles	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/ 2013	Approved
Panniculectorily Billed for cosmetic purposes will not be deemed medically		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			1
necessary. In addition, panniculectomy billed at the same time as an open	0130 - Panniculectomy: Medical Necessity and	Ambulatory Surgical Center;	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	2/13/2019	Approved
abdominal surgery, or if is incidental to another procedure, is not separately	Documentation Requirements	Professional Services (Physician/Non-	5 years prior to ADN Letter date	5 – ali applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	complex	2/13/2015	Approved
CMS with 6t day for the lime gency department visit or an office visit exiviservice		Physician Practitioner)			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		├─── ′	1
on the same day as a comprehensive nursing facility assessment when both the	0132 - Evaluation and Management Same Day	Professional Services (Physician/Non-	2 years prior to the Informational Latter data	2 all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	2/5/2010	Approved
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	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automateu	2/5/2019	Approved
this will not pay for an entergency bepartment visit for this office Visit early service					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		·/	1
on the same day as a comprehensive nursing facility assessment when both the	0132 - Evaluation and Management Same Day	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	2/5/2019	Approved
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	5 – ali applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automateu	2/5/2019	Approveu
the came obvician at a site other than the oursing facility. The ERM convice is	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		├─── ′	
All PET Scans require the use of radiopharmaceutical diagnostic imaging agent	Paid without Tracer Codes- Independent	Independent Disgnestic Testing Facility	2 years prior to the Informational Latter data	2 all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	2/5/2010	Approved
(tracer). Claims billed without the required Tracer HCPCS codes will be recovered as overpayments.	Diagnostic Testing Facility: Non-Allowable	Independent Diagnostic Testing Facility	3 years prior to the Informational Letter date	z – ali applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automated	2/5/2019	Approved
	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		·/	1
All PET Scans require the use of radiopharmaceutical diagnostic imaging agent	Paid without Tracer Codes- Independent	Independent Disgnostic Testing Facility	2 years prior to the Informational Latter 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
(tracer). Claims billed without the required Tracer HCPCS codes will be recovered as overpayments.	Diagnostic Testing Facility: Non-Allowable	Independent Diagnostic Testing Facility	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	2/5/2019	Approved
claims for Cryosurgery of the Prostate are deemed to be medically necessary for	Sonico						<u> </u>	
the indications listed in the Centers for Medicare and Medicaid National Coverage	0134 - Cryosurgery of the Prostate: Medical	Outpatient Hospital, Ambulatory Surgery	2 years prior to ADD 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; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and 	Complay	2/5/2010	Approved
Determination Manual (Publication 100-03, Part 4, §230.9). Documentation will	Necessity and Documentation Requirements	Center, and Professional Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	2 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	2/5/2019	Approved
than with the state of the state and the state of the sta					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		'	l
the indications listed in the Centers for Medicare and Medicaid National Coverage	0134 - Cryosurgery of the Prostate: Medical	Outpatient Hospital, Ambulatory Surgery			Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and		2/5/2212	l
Determination Manual (Publication 100-03, Part 4, §230.9). Documentation will	Necessity and Documentation Requirements	Center, and Professional Services (Physician/Non-Physician Practitioner)	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	2/5/2019	Approved
cardiac renabilitation (CR) is a physician-supervised program that furnishes		(Physicially Non-Physicial Practitioner)					<u> </u>	
physician prescribed exercise; cardiac risk factor modification, including	0135 - Cardiac Rehabilitation: Medical Necessity	Outpatient Hespitel	2 years prior to ADD Latter data	2 all applicable at .	 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 	Completi	2/7/2010	A 101
education, counseling, and behavioral intervention; psychosocial assessment; and	and Documentation Requirements	Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	3/7/2019	Approved
Cutonac renabilitationt (CR) is a physician-station will be grain that furnishes in a if							└────′	1
physician prescribed exercise; cardiac risk factor modification, including	0135 - Cardiac Rehabilitation: Medical Necessity			2 all an all as his state	 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 	Constant	2/7/2010	
education, counseling, and behavioral intervention; psychosocial assessment; and	and Documentation Requirements	Outpatient Hospital	3 years prior to ADR 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	Complex	3/7/2019	Approved
Radiographs of the chest are common tests performed in many outpatient offices							├─── ′	
(radiology and many others), clinics, outpatient hospital departments, inpatient	0136 - Radiologic Examination of the Chest:		2	2 all an all as his state	 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	4/45/2040	
hospital episodes, skilled nursing facilities, homes, and other settings. They can	Medical Necessity and Documentation	Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	Loverage and Medicare as a secondary Payer, 2. Social security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Complex	4/15/2019	Approved
Radiografphs อาวุหละ chestrare common casts performed in thatiy outpatient onices	Requirements					-	└──── ′	
(radiology and many others), clinics, outpatient hospital departments, inpatient	0136 - Radiologic Examination of the Chest:				 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 			
hospital episodes, skilled nursing facilities, homes, and other settings. They can	Medical Necessity and Documentation Requirements	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Complex	4/15/2019	Approved
physical for many, speech-language pathology services, and occupational therapy	requirements	Protessional Services (Physician/Non-					├─── ′	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			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	.	0/00/10010	1.
A stay. They are also subject to the SNF "Part B" consolidated billing requirement	Billing for Therapies: Unbundling	Therapist; Occupational Therapist;	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 §405.980- Reopening of Initial Determinations, Redeterminations,	Automated	2/20/2019	Approved
forysical the fupy, speech-language pathology services, and occupational therapy	-	Professional Services (Physician/Non-				-	└──── ′	
are bundled into the SNF's global per diem payment for a resident's covered Part	0138 - Skilled Nursing Facility Consolidated	Physician Practitioner); Physical			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
A stay. They are also subject to the SNF "Part B" consolidated billing requirement	Billing for Therapies: Unbundling	Therapist; Occupational Therapist;	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	2/20/2019	Approved
Vertebroplasty and kyphoplasty will be reviewed for medical necessity whether		Speech Janguage Pathologist			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,		ļ'	I
billed as an initial procedure, a repeat procedure (beyond once in a lifetime) or if	0139 - Vertebroplasty or Kyphoplasty: Medical	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.		1	1
performed at more than one vertebral level. Services that were not medically	Necessity and Documentation Requirements	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
	,	(Physician/Non-Physician Practitioner)	1	1	Particular Items and Services; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section	1	1 '	1

Description	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information		Date Approved	Approval Statu
vertebropiasty and kyphoplasty will be reviewed for medical necessity whether		Outpatient Hospital, Ambulatory Surgery	Jaccor Schrieben	Regions and states	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e) - Payment of Benefits; 2.	issue type-	Pate Approved	Approvar Status
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)		5 un 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	rippioreu
Putmonally renabilitation is a physician-supervised program for COPD and certain		Outpatient Hospital and Professional			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
other chronic respiratory diseases designed to optimize physical and social	0140 - Pulmonary Rehabilitation: Medical	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 ADK Letter date		Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA) §§1861 (s)(2)(CC) - Medical and Other Health	complex	3/2//2015	Approved
Putmoniary Fendmintation is a physician - supervised program for COPD and certain								
other chronic respiratory diseases designed to optimize physical and social	0140 - Pulmonary Rehabilitation: Medical	Outpatient Hospital and Professional	2	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	Consulari	2/27/2010	
performance and autonomy. Medical Documentation will be reviewed to	Necessity and Documentation Requirements	Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	3 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), File XVIII-Health Insulance for the Ageu and Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA) §§1861 (s)(2)(CC) - Medical and Other Health	Complex	3/27/2019	Approved
Services próvided by a treestaliding non-mospital ASC (Ambulatory Surgery		Flactitioner)				-		4
Center) are included under the SNF Consolidated Billing Provisions. Certain	0142 - Ambulatory Surgical Center Services	Ambulatory Surgical Center (ASC),		2 all an all as his states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from 	A	4/2/2010	A
services are not payable because they are included in SNF Consolidated Billing.	Billed During a Covered Part A Skilled Nursing	Skilled Nursing Facility (SNF)	3 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,	Automated	4/2/2019	Approved
Services provided by a Freestaliding for hospitar ASC (Amblingtory surgery	Facility Stay: Unbundling							
Center) are included under the SNF Consolidated Billing Provisions. Certain	0142 - Ambulatory Surgical Center Services	Ambulatory Surgical Center (ASC),			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2.		1/2/2212	1
services are not payable because they are included in SNF Consolidated Billing.	Billed During a Covered Part A Skilled Nursing	Skilled Nursing Facility (SNF)	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; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automated	4/2/2019	Approved
Crafms for the tand EVEC nor Liower Extilemity Participed Vehics hot deemed to be	Facility Stay: Unbundling	Outpatient Hospital, Protessional					'	4
medically necessary will be denied based on the guidelines outlined in the	and Endovenous Laser Treatment for Lower	Services (Physician/Non-Physician			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
respective MAC Jurisdiction LCD(s). Services that are not medically reasonable		Practitioner), and Ambulatory Surgical	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	4/2/2019	Approved
Claims for ERFA and EVEN for Lower Extremity Varicose Veins not deemed to be	Desumentation Requirements	Contor (ASC)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
medically necessary will be denied based on the guidelines outlined in the	and Endovenous Laser Treatment for Lower	Services (Physician/Non-Physician			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
respective MAC Jurisdiction LCD(s). Services that are not medically reasonable	Extremity Varicose Veins: Medical Necessity and		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	4/2/2019	Approved
and necoccaruwill be denied	Documentation Requirements	Contor (ASC)			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
When a more extensive CT Scan is performed on the same site as a less extensive	0146 Computed Temperanhy Sean-	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	
CT Scan, the less extensive CT Scan is bundled into the more extensive CT Scan.	0146 - Computed Tomography Scans: Excessive	Physician Practitioner); 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	3/27/2019	Approved
The less extensive CT scan code(s) will be recovered as an overpayment.	Units	Hospital			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations §405.980- Reopening of Initial			
When a more extensive CT Scan is performed on the same site as a less extensive		Professional Services (Physician/Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			1
CT Scan, the less extensive CT Scan is bundled into the more extensive CT Scan.	0146 - Computed Tomography Scans: Excessive	Physician Practitioner); Outpatient	3 years prior to the Informational Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	3/27/2019	Approved
The less extensive CT scan code(s) will be recovered as an overpayment.	Units	Hospital	· ·		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations §405.980- Reopening of Initial			
when a more extensive Magnetic Resonance imaging is performed on the same		Professional Services (Physician/Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			-
site as a less extensive MRI, the less extensive MRI is bundled into the more	0147 - Magnetic Resonance Imaging	Physician Practitioner); 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	3/29/2019	Approved
extensive MRI. The less extensive MRI procedure code(s) will be recovered as an	Procedures: Excessive Units	Hospital	- ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations §405.980- Reopening of Initial		-,	
When a more extensive Magnetic Resonance Imaging is performed on the same		Professional Services (Physician/Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
site as a less extensive MRI, the less extensive MRI is bundled into the more	0147 - Magnetic Resonance Imaging	Physician Practitioner); Outpatient	3 years prior to the Informational Letter date		Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	3/29/2019	Approved
extensive MRI. The less extensive MRI procedure code(s) will be recovered as an	Procedures: Excessive Units	Hospital	s years prior to the mornational cetter date	5 un applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 Code of Federal Regulations §405.980- Reopening of Initial	/ latomated	5/25/2015	rippiorea
Per Medicaré Claims Processing Manual Chapter 12, Section 30.6.9.2 (C), CMS		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	<u> </u>	
does not reimburse both a subsequent hospital visit in addition to hospital	0149 - Subsequent Hospital Visit and Discharge	Physician Practitioner); exclude 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	4/22/2019	Approved
discharge day management service on the same day by the same physician. CPT	Day Management on the Same Day: Unbundling	physician practitioner codes 50 (NP) and	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	4/22/2015	Approved
Per Medicare Claims Processing Manual Chapter 12, Section 30.6.9.2 (C), CMs		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	0149 - Subsequent Hospital Visit and Discharge	Physician Practitioner); exclude non-	3 years prior to the Informational Letter date		Coverage and Medicare as a Secondary Paver; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	4/22/2019	Approved
discharge day management service on the same day by the same physician. CPT	Day Management on the Same Day: Unbundling	physician practitioner codes 50 (NP) and	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	4/22/2015	Approved
roodns RA220graph223 urigeby is a two-step processment friend 1 i'll he turnor is a		Q7 (DA)			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	-		4
removed in stages, followed by immediate histologic evaluation of the margins of	0150 - Mohs Micrographic Surgery: Incorrect	Professional Services (Physician/Non-	2	2 all an all as his states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Consideration	4/20/2010	A
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	Disabled, Section 1833(e) - Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	4/30/2019	Approved
morisinviceographic Surgery is a till orside theotess in which: 1) merufator sho							'	
	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		4	
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	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled Section 1932(a) Downset of Pagefity: 2. 43 CFB 540E 620, Bact Downset Payious 4.43 CFB 540E 620, Eailyse to	Complex	4/30/2019	Approved
The Medicare Physician Fee Schedule (MPFs) is the primary method of payment	-				Disabled, Section 1833(e) - Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		4	4
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	1	1	
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	Complex	4/24/2019	Approved
The Medicate Physician Fee Schedule (MPFS) is the primary method or payment	÷ · · · · ·				Disabled, Section 1833(e) - Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		ļ'	
	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			
for enrolled health care professionals. Documentation will be reviewed to determine if professional services that affecting MPFS payment meet Medicare	0151 - Physician/Non-Physician Practitioner Coding Validation	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to ADR Letter date		Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	4/24/2019	Approved
excession address and excellent to address address address					Disabled, Section 1833(e) - Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
Ambulatory Surgical Center coding requires that procedural information, as	0152 Ambulatan Surrigal Cantar Coldina				1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare	1 _		
coded and reported by the hospital on its claim, match both the attending	0153 - Ambulatory Surgical Center Coding Validation	Ambulatory Surgical Center (ASC)	3 years prior to ADR Letter date		as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3.	Complex	5/28/2019	Approved
physician description and the information contained in the beneficiary's medical	vandation				42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42	1	1	
Annordia Bory's ungrear lented to the FETUHES Charphoceand as mointed on, discore by					1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare			
coded and reported by the hospital on its claim, match both the attending	0153 - Ambulatory Surgical Center Coding	Ambulatory Surgical Center (ASC)	3 years prior to ADR Letter date	3 – all applicable states	as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3.	Complex	5/28/2019	Approved
physician description and the information contained in the beneficiary's medical	Validation				42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to Respond to Additional Documentation Request; 5. 42			
Medicare pays for non-emergency ambulance services when a beneficiary's	0154 - 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		1	1
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		1. Exclude NJ, PA, SC, DE, DC, MD, NC, WV,		Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and			
Medicare pays for hon-emergency athough the services when a beneficiary s	0154 - 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			1
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:		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		1. Exclude NJ, PA, SC, DE, DC, MD, NC, WV,		Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Somprex	5,22,2015	Approved
benefician's condition must require the ambulance transportation itself and the	Poquiromonts		and VA		1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		+	1
Modifiers provide a way for hospitals to report and be paid for expenses incurred								1
in preparing a patient for surgery and scheduling a room for performing the	0157 - Discontinued Procedure Prior to the	Outpatient Hospital; Ambulatory	2 years prior to ADP Latter date	2 - all applicable states		Complay	6/20/2010	Approved
	0157 - Discontinued Procedure Prior to the Administration of Anesthesia: Documentation Requirements	Outpatient Hospital; Ambulatory Surgical Center (ASC)	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer, 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	6/28/2019	Approved

Description	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information	Issue Type	Date Approved	Approval Statu
incommers provide a way for nospitals to report and be paid for expenses incurred in preparing a patient for surgery and scheduling a room for performing the	0157 - Discontinued Procedure Prior to the	Outpatient Hospital; Ambulatory			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
in preparing a patient for surgery and scheduling a room for performing the procedure where the service is subsequently discontinued. This instruction is	Administration of Anesthesia: Documentation	Surgical Center (ASC)	3 years prior to ADR Letter date	3 - all applicable states		Complex	6/28/2019	Approved
oncleants submitted by providers using the institutional claim format, coveral	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			
enforces consolidated billing for outpatient therapies by recognizing as therapies	0158 - Outpatient Therapy Services 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			
	Home Health: Unbundling	Facility (SNF), Outpatient Hospital,	3 years prior to the Informational Letter date	2 – all applicable states		Automated	7/15/2019	Approved
On craim's submitted by providers using the institutional claim format, CWP	none ricatan onbananig	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	_		
	0158 - Outpatient Therapy Services 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			
all services billed under revenue codes 042x, 043x, 044x. Therapy services billed	Home Health: Unbundling	Facility (SNF), Outpatient Hospital,	3 years prior to the Informational Letter date	3 – all applicable states		Automated	7/15/2019	Approved
Based on CPT Code describitons, CPT Code 92133 all dror 92134 can to perform		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			
	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		Automated	6/19/2019	Approved
tasea on concerned and the concerned and the second		· ·			Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
	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		6/10/2010	
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 Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Automated	6/19/2019	Approved
theacen adotanef reaction with be reviewed to determine therefore that fore our	0160 - Intravenous immune Glopulin for the	Outpatient Hospital: Ampulatory						
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		0/00/0010	
	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 Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	8/20/2019	Approved
Medical documentation will be reviewed to determine if the use of intravenous	0160 - Intravénous Immune Glopulin for the	Outpatient Hospital: Ampulatory						
immune globulin for the treatment of Autoimmune Blistering Diseases (AMBDs)	Treatment of Autoimmune Blistering Diseases:	Surgical Center (ASC); Professional	2 waars prior to ADD Latter date	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	Complete	8/20/2010	A
	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 Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	8/20/2019	Approved
are not modically necessary will result in an overpayment	Poquiromonts	Practitioner)						
Documentation will be reviewed to determine if correct billing, coding, and	0161 - Therapeutic, Prophylactic, and	Outpatiant Upsnitel	2 years prior to ADB 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	Complay	11/18/2019	Approved
documentation guidelines for Therapeutic, Prophylactic, and Diagnostic Infusions were met.	Diagnostic Infusions: Incorrect Coding and Documentation Requirements	Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	11/18/2019	Approved
	•				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
Documentation will be reviewed to determine if correct billing, coding, and documentation guidelines for Therapeutic, Prophylactic, and Diagnostic Infusions	0161 - Therapeutic, Prophylactic, and Diagnostic Infusions: Incorrect Coding and	Outpatient Hospital	2 years prior to ADP Latter date	3 – all applicable states		Complex	11/18/2019	Approved
were met.	Documentation Requirements	outpatient nospital	3 years prior to ADR Letter date	5 – ali applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	complex	11/10/2015	Approved
All diagnostic tests, including computed Tomography (CT) Coronary Angiography,					1. SSA, §1862(a)(1)(A), Exclusions from Coverage and Medicare as a Secondary Payer; 2. SSA 1862(a)(7), Exclusions from			
must be ordered by the physician who is treating the beneficiary for a specific	0162 - Computerized Tomography Coronary Angiography: Medical Necessity and	Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states		Complex	7/22/2019	Approved
medical problem and who uses the results in the management of the beneficiary's	Documentation Requirements	ou patient nospital	s years prior to ribit cetter date		services excluded from coverage; Routine physical checkups; 5. 42 CFR 486.100 - Condition for coverage: Compliance with	complex	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	rippioreu
An diagnostic tests, including computed romography (Cr) coronary Anglography,	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			
must be ordered by the physician who is treating the beneficiary for a specific	Angiography: Medical Necessity and	Outpatient Hospital	3 years prior to ADR Letter date	3 – 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	Complex	7/22/2019	Approved
medical problem and who uses the results in the management of the beneficiary's	Documentation Requirements		· · · · · · · · · · · · · · · · · · ·	,,	services excluded from coverage; Routine physical checkups; 5. 42 CFR 486.100 - Condition for coverage: Compliance with			
Ambiliance transports of a hospice patient, which are related to the terminal to					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2.			
	0163 - Ambulance Services Billed During	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: Unbundling				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					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 2.			
	0163 - Ambulance Services Billed During	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
hospice provider. Payment for the ambulance claim will be recouped if the above	Hospice: Unbundling				Coverage and Medicare as a Secondary Payer; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and			
A Bildtera Anducator of a statement user and a statement of users and the statement of users and the statement of the stateme		Destantional Consistent (Dhumining (Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section			
procedures does not apply. If the procedure is reported with either a modifier 50 or modifiers RT and LT, and a '2' in the units field, reimbursement is based on	0164 - Bilateral Indicator '3': Incorrect Coding	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	2 - all applicable states	1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health	Automated	9/24/2019	Approved
					Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial			
A Blive fath in Micelia ron "Is rundicates interfoscial payifie her sogos anelic rol provideral"		Professional Services (Physician /Nen			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section			
procedures does not apply. If the procedure is reported with either a modifier 50 or modifiers RT and LT, and a '2' in the units field, reimbursement is based on	0164 - Bilateral Indicator '3': Incorrect Coding	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	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
100% specific réquirements, fineacare covers Fuid (fluoroaeoxyglicoble politich)		i iii ysielain i raetitionety			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			
	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	9/25/2019	Approved
Under specific requirements, Milatizere covers FDG (nuchodeoxygoucose) postront	Provise Provision Lomography for	Practitioner)			Disabled, Section 1833(e)- Payment of Benefit; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
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			
	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	9/25/2019	Approved
When a procedure is performed, there are sometimes two claims submitted for	Difex - Denial of the Professional Component	Practitioner)			Disabled, Section 1833(e)- Payment of Benefit; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
	for Previously-Denied Facility Claims 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	1		
	Medically Unnecessary Endomyocardial	Physician Practitioner)	3 years prior to the Informational Letter date	2 – all applicable states		Automated	9/27/2019	Approved
when a procedute is BET/ HIREG, indebile suffectives two carins sub threation	Biosi-Dendi Birth Errot Asthnaritations Billed				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	+		
	for Previously-Denied Facility Claims 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			
	Medically Unnecessary Endomyocardial	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 1823(a). Payment of Pagefits: 2. 42 CEP 5405 939. Bott Payment Payious 4. 42 CEP 5405 939. Eailure to	Automated	9/27/2019	Approved
	Pioneios and Pight Heart Cathotorizations Pilled				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	_		
All desprosed including clinical desprosilies and ratio rests services with reased	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			
Autonagnostic (including cliffical anagnostil clabs ratory tests) services and renared non-diagnostic services provided to a beneficiary by the admitting hospital within			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
non-diagnostic services provided to a beneficiary by the admitting hospital within	to and Including the Date of a Hospital	Outpatient Hospital						
non-diagnostic services provided to a beneficiary by the admitting hospital within 3 days (for IPPS Hospitals) prior to or 1 day (NON IPPS Hospitals) prior to and lockweige the data of the hereficiant cardinate and including the data of the installant.	Admission: Unbundling		· · ·		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to			
non-diagnostic services provided to a beneficiary by the admitting hospital within 3 days (for IPPS Hospitals) prior to or 1 day (NON IPPS Hospitals) prior to and An ungenstan (including chancel charge costic issionatory leases services and reases	Admission: Unbundling 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 3 days (for IPPS Hospitals) prior to or 1 day (NON IPPS Hospitals) prior to and Arrangensetic (including change) insigning the admitting hospital within non-diagnostic services provided to a beneficiary by the admitting hospital within	Admission: Unbundling 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	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	Automated	11/27/2019	Approved
non-diagnostic services provided to a beneficiary by the admitting hospital within 3 days (for IPPS Hospitals) prior to or 1 day (NON IPPS Hospitals) prior to and <u>Arl valgenostic (intendenting homesficiargionatic fieldonatory (seesing services and related</u> non-diagnostic services provided to a beneficiary by the admitting hospital within 3 days (for IPPS Hospitals) prior to or 1 day (NON IPPS Hospitals) prior to and	Admission: Unbundling 0169 - Outpatient Services within 3 Days Prior to and Including the Date of a Hospital Admission: Unbundling		3 years prior to the Informational Letter date	3 – all applicable states	 Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to 	Automated	11/27/2019	Approved
non-diagnostic services provided to a beneficiary by the admitting hospital within 3 days (for IPPS Hospitals) prior to or 1 day (NON IPPS Hospitals) prior to and Arr diagnostic (intendiafly chanced integring integring the service services provided to a beneficiary by the admitting hospital within 3 days (for IPPS Hospitals) prior to or 1 day (NON IPPS Hospitals) prior to and Documentation win bit heleviewee's to determine in anglostic (at a stand service) provide the services provided to a beneficiary by the admitting hospitals) within 3 days (for IPPS Hospitals) prior to or 1 day (NON IPPS Hospitals) prior to and Documentation win bit heleviewee's to determine in anglostic (at a stand stone) real and neutrine an anglostic and provide the service meet Medicare coverage ruleria.	Admission: Unbundling 0169 - Outpatient Services within 3 Days Prior to and Including the Date of a Hospital		3 years prior to the Informational Letter date		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	11/27/2019	Approved

Description	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information	Issue Type	Date Approved	Approval Statu
Documentation will be reviewed to determine ir diagnostic (aka stand-alone)	0170 - Renal and Peripheral Angiography:	Outpatient Hospital; Ambulatory	Bate of Schrief	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	Date Approved	- approvar statu
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		,,	
Erythropoiesis 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	1 1		(
more red blood cells and are United States Food and Drug Administration (FDA)	Cancer Patients: Medical Necessity and	Physician Practitioner); Outpatient	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	12/27/2019	Approved
approved for use in reducing the need for blood transfusion in patients with	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	1 · ·		1
Erothropolesis stimulating agents (ESAS) stimulate the bone marform to make 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)	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
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	1 1	1	
Medicare pays for emergency amburance services when a beneficiary's medicar	01/5 - Emergency Ambulance Services –				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	1		1
condition at the time of transport is such that other means of transportation or	Advanced Life Support and Basic Life Support:	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
levels of service are contraindicated (i.e. would endanger the beneficiary, cause	Medical Necessity and Documentation				Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	· · ·	1	i
medical expansion the believ tambinance services when a beneficiary's rhedicar	0175 - Emergency Ambulance Services –				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	,		1
condition at the time of transport is such that other means of transportation or	Advanced Life Support and Basic Life Support: Medical Necessity and Decumentation	Ambulance Providers	3 years prior to ADR Letter date		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
levels of service are contraindicated (i.e. would endanger the beneficiary, cause	Medical Necessity and Documentation				Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	1 /	1	1
craines for network body use initian preventative physical examination (hppe); "		Destantional Consistent (Dissuints (Non-			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	1		1
may not be billed more than 12 months after the effective date of the	0176 - Annual Wellness Visits: Incorrect Coding	Professional Services (Physician/Non-	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	1/23/2020	Approved
beneficiary's first part B coverage, or more than once in a lifetime.		Physician Practitioner)			Disabled, Section 1861 (s)(2)(FF)- Medical and other health services- personalized prevention plan services; 3. Social Security	· · ·	1	i
Claims for HCPCS code G0402- Initial Preventative Physical Examination (IPPE),					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	,		
may not be billed more than 12 months after the effective date of the	0176 - Annual Wellness Visits: Incorrect Coding	Professional Services (Physician/Non-	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	1/23/2020	Approved
beneficiary's first part B coverage, or more than once in a lifetime.		Physician Practitioner)			Disabled, Section 1861 (s)(2)(FF)- Medical and other health services- personalized prevention plan services; 3. Social Security			
The focus of this issue is to target claims where a potential overpayment exists					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	1		(
when the definition of the procedure code includes imaging and the imaging was	0179 - Procedures that Include Imaging:	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	3/4/2020	Approved
billed separately and paid.	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	1		
The focus of this issue is to target claims where a potential overpayment exists					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	0179 - Procedures that Include Imaging:	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	3/4/2020	Approved
billed separately and paid.	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		-, .,	1
CPT Codes with a Multiple Procedure Indicator of 6 are subject to a 25%					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		†	
reduction of the Technical Component (TC) when multiple procedures are billed	0182 - Reduction of Technical Component	Professional Services (Physician/Non-	3 years prior to the Informational Letter date	2 – all annlicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated	8/3/2020	Approved
on the same date of service, for the same patient, by the same physician, on the	Diagnostic Cardiovascular Services	Physician Practitioner)	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,	/ latomateu	0/0/2020	rippiorea
CPT Codes with a multiple procedure indicator or 6 rare subject to 3 25%					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	<i>-</i>		
reduction of the Technical Component (TC) when multiple procedures are billed	0182 - Reduction of Technical 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	8/3/2020	Approved
on the same date of service, for the same patient, by the same physician, on the	Diagnostic Cardiovascular Services	Physician Practitioner)	s years prior to the informational fetter date	5 an applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations,	Automateu	0/3/2020	Approved
specialty care transport (SCT) is the interfacility transportation of a 2Ft/carry					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	0183 - Specialty Care Transport: Medical	Ambulance Providers	3 years prior to ADR Letter date	2 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	8/3/2020	Approved
of medically necessary supplies and services, at a level of service beyond the	Necessity and Documentation Requirements	Ambulance Providers	S years prior to ADR Letter date	z – ali applicable states	Disabled, Section 1833(e) - Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	complex	8/3/2020	Approved
speciality care transport (scir) is the interfacility transportation or a critication					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	<u> </u>		
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	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	Ambulance Providers	S years prior to ADR Letter date		Disabled, Section 1833(e) - Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	complex	8/3/2020	Approved
For purfithes For Edverage dirac of Trie accares, rocar hap a hanopiciatory (created according to the second according to the		In a still statilly as itsel. Outstatiliset Hansited			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare	،	tt	·
referred to as joint replacement, have proven to be an important medical	0184 - Total Hip Arthroplasty: Medical Necessity	Inpatient Hospital, Outpatient Hospital, Professional Services (Physician/Non-	3 years prior to ADR Letter date	2 – all applicable states		Complex	8/3/2020	Approved
advancement. Hip Arthroplasty surgery is most commonly performed for diseases	and Documentation Requirements	physician Practitioner)	S years prior to ADR Letter date	z – ali applicable states	42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)-	complex	8/3/2020	Approved
voli purfoses be coveriage of the hine initiate () 18 (for moral throp) a Styrrian, "his of oro		, ,,				└────′	├─── →	
referred to as joint replacement, have proven to be an important medical	0184 - Total Hip Arthroplasty: Medical Necessity	Inpatient Hospital, Outpatient Hospital,	2	2 all an all as black in	1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare	Constant	0/2/2020	
advancement. Hip Arthroplasty surgery is most commonly performed for diseases	and Documentation Requirements	Professional Services (Physician/Non-	3 years prior to ADR Letter date	3 – ali 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 §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)-	Complex	8/3/2020	Approved
Hor purposes of coverage under Medicare, 10tal Kneel Arthroplasty (IRA), also		physician Practitioner) Inpatient Hospital, Outpatient Hospital,				└─── ′	┌─── ┤	-
referred to as a joint replacement, has proven to be an important medical	0185 - Total Knee Arthroplasty: Medical	Ambultory Surgical Center, Professional	2 mart ADD by the	a all analla 11 a c	1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare	Commit	0/2/2022	1 Aug. 1
	Necessity and Documentation Requirements	Services (Physician/Non-physician	3 years prior to ADR Letter date	2 – all applicable states	as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)-	Complex	8/3/2020	Approved
For purposes of coverage under Medicare, Yotal Khee Arthropiasty (TKA), also of	· · · · · · · · · · · · · · · · · · ·	Inpatient Hospital, Outpatient Hospital,				└──── ′	┢─────	
referred to as a joint replacement, has proven to be an important medical	0185 - Total Knee Arthroplasty: Medical	Ambultory Surgical Center, Professional			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare		0/0/	
advancement. Knee Arthroplasty is most commonly performed for diseases which	Necessity and Documentation Requirements	Services (Physician/Non-physician	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
This review will determine it a duplex scan of the extracta fian arteries was		Prostition or)			42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)-	↓ ′	┢────┤	
reasonable and necessary for the patient's condition based on the	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	L . '	1	1
documentation in the medical record. Claims that do not meet the indications of	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
This review d/in perefinal encosity exil can fortine extracraniar arteries was	Requirements				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	↓ ′	\vdash	
reasonable and necessary for the patient's condition based on the	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	/		1
documentation in the medical record. Claims that do not meet the indications of	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
covorage and /or modical necessity will be denied	Requirements				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	ļ'	ļļ	(
Medical documentation will be reviewed to determine if the use of nerve	0187 - Nerve Conduction Studies: Excessive	1			1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare	1 '	1	1
conduction studies meets Medicare coverage criteria and is reasonable and	Units	Outpatient Hospital	3 years prior to ADR Letter date	2 – all applicable states	as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3.	Complex	9/25/2020	Approved
necessary.					42 Code of Federal Regulations (CFR) §410.32- Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests:	 '	\vdash	i
Medical documentation will be reviewed to determine if the use of nerve	0187 - Nerve Conduction Studies: Excessive				1. SSA, Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare			1
conduction studies meets Medicare coverage criteria and is reasonable and	Units	Outpatient Hospital	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	9/25/2020	Approved
necessary.	01110				42 Code of Federal Regulations (CFR) §410.32- Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests:			1
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	1 7	i T	i –
meets Medicare coverage criteria, meets applicable coding guidelines, and/or is medically reasonable and necessary.	Driven Payment Model: Medical Necessity and Documentation Requirements	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 Disabled, Section 1833(e)- Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	7/20/2022	Approved

							4 /	/
Description Is	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information	Issue Type	Date Approved	Approval Statu
	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		1 !	
		Skilled Nursing Facility (SNF)	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	7/20/2022	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		↓	
This review will determine if polysomnography is reasonable and necessary for 02	0191 - Polysomnography: Medical Necessity				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		1 !	
	and Documentation Requirements	Outpatient Hospital	3 years prior to ADR Letter date		Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Displand Section 1823(a). Downsets of Reporting 2, 40 CEP 5405, 020. Part Review 4, 42CEP 5405, 020. Follows to	Complex	9/24/2020	Approved
· ·	· · ·				Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42CFR §405.930- Failure to	_	┢─────┘	
This review will determine if polysomnography is reasonable and necessary for 02	0191 - Polysomnography: Medical Necessity				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
	and Documentation Requirements	Outpatient Hospital	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42CFR §405.930- Failure to	Complex	9/24/2020	Approved
A ventricular assist device (VAD) is surgically attached to one or both intact								4
ventricles and is used to assist or augment the ability of a damaged or weakened 02	0192 - Ventricular Assist Device: Medical	In models and I have been	2	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 Paver: 2. Social Security Act (SSA). Title XVIII, Health Insurance for the Aged and	Constant	0/25/2020	
native heart to pump blood. Improvement in the performance of the native heart N	Necessity and Documentation Requirements	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	9/25/2020	Approved
# venthouth adout center (vap) is surgically attached to over the booth made							ļļ	
ventricles and is used to assist or augment the ability of a damaged or weakened 0	0192 - Ventricular Assist Device: Medical	Innotiont Lincoltal	2 years prior to ADD 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	Complay	9/25/2020	Approved
native heart to pump blood. Improvement in the performance of the native heart N	Necessity and Documentation Requirements	Inpatient Hospital	3 years prior to ADR Letter date		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	9/25/2020	Approveu
Drug and Biological products as defined by HCPCS Level II Codes and are billed in					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		ļļ	
multiples of the dosage specified in the HCPCS code long descriptor. The number	0193 - Bioengineered Skin Substitutes:	Outpatient Hospital, Professional	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	10/1/2020	Approved
of units billed must be assigned based on the dosage increment specified in that	Excessive or Insufficient Units Billed	Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	2 – all applicable states	Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	10/1/2020	Approved
					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		└──── ┘	
Drug and Biological products as defined by HCPCS Level II Codes and are billed in multiples of the decade specified in the HCPCS code long descriptor. The number 02	0193 - Bioengineered Skin Substitutes:	Outpatient Hospital, Professional	2	2 all an all as his states		Complex	10/1/2020	
	Excessive or Insufficient Units Billed	Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date	3 – all applicable states	Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	10/1/2020	Approved
The implantable automatic definitilator is an electronic device designed to detect							ļ	<u> </u>
	0195 - Implantable Automatic Defibrillators-	In models and I have been	2	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	Constant	10/22/2020	
	Inpatient Procedure: Medical Necessity and Documentation Requirements	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	10/23/2020	Approved
The implantable for matic deturnist to san electronic device designed to detect							└──── ┘	
and treat life-threatening tachyarrhythmias. The device consists of a pulse	0195 - Implantable Automatic Defibrillators-	In mode we be an iteration	2	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	Complex	10/22/2020	
generator and electrodes for sensing and defibrillating. Medical documentation	Inpatient Procedure: Medical Necessity and	Inpatient Hospital	3 years prior to ADR Letter date		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	Complex	10/23/2020	Approved
17260 Stain Stind Jacon (1265) IS an established the Anatem for beddie With Stic	Documentation Requirements							4
movement disorders, such as essential tremor. Parkinson's disease and dystonia	0196 - Deep 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		44/40/0000	
	Procedure: Medical Necessity and	Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date		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 (URS) is an established treatment for neonle with	Documentation Requirements				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		└──── ┘	
movement disorders, such as essential tremor. Parkinson's disease and dystonia		Outpatient Hospital; Professional	2		Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex	44/40/2020	
	Procedure: Medical Necessity and Documentation Requirements	Services (Physician/Non-Physician Practitioner)	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
Destronant Staducation (Charles is an established treated about for depole within		ractioner			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		├──── /	1
	0198 - Deep Brain Stimulation- Inpatient Procedure: Medical Necessity and	Innotiont Lincoltal	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	11/18/2020	Approved
DBS involves implanting electrodes within certain areas of the brain: these	Documentation Requirements	Inpatient 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	11/18/2020	Approveu
hash prace conductation trips is an actablish and trast mont for hanna with in					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
movement disorders, such as essential tremor. Parkinson's disease and dystonia.	0198 - Deep Brain Stimulation- Inpatient Procedure: Medical 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	11/18/2020	Approved
DBS involves implanting electrodes within certain areas of the brain: these	Documentation Requirements	inpatient nospital	S years prior to ADR Letter date		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 pulpose of tris review is to ensure this ancure to verage citizen within	socumentation nequilements				1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		!	1
	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 D	Documentation Requirements		s years prior to non cetter date		Disabled, Section 1833(e) - Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	complex	2/ 1/ 2021	rippiored
(not particle of this Yeveway for each of the coverage conteractor to a					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 02	0200 - Air Ambulance: Medical Necessity and	Ambulance Providers	3 years prior to ADR Letter date		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	Ambulance Fronders	s years prior to Abit Letter date	5 all applicable states	Disabled, Section 1833(e) - Payment of Benefits; 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	complex	2/4/2021	Approved
Certain ambulance services are included in SNF consolidated billing and may not 02	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			1
		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
	Unbundling		,	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		-, ., -021	
	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		· · · · · ·	
		Ambulance Providers	3 years prior to the Informational Letter date		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
	Unbundling		,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		-, ., -0.1	, piorea
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		+	1
	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
	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 antestnesta servictes associated with Huntiple sorgical procedures or					1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			
· · · · · · · · · · · · · · · · · · ·	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
also endered a second second also a field a second	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			1
	0204 - Vagus Nerve Stimulation: 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	3/11/2021	Approved
	Necessity and Documentation 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			
Vagues 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		· · · · ·	
	0204 - Vagus Nerve Stimulation: Medical	Surgery Center (ASC), Professional	3 years prior to ADR Letter date		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	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			
		Due stitle s and						
Enrective for services periofined of for after infinite, 2018, the centers for		Practitioner)			1. SSA, Title XVIII-Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)-Exclusions from Coverage and Medicare		t	
Effective blor services periof med of bor after march 116, 2018, the cehiers for Medicare & Medicaid Services (CMS) has determined that Next Generation 02	0205 - Next Generation Sequencing: Medical Necessity and Documentation Requirements	Practitioner) Laboratory Services	3 years prior to ADR Letter date			Complex	5/29/2021	Approved

Description	Issue Name	Claim Type	Date of Service	Regions and States	Additional Information	Issue Type	Date Approved	Approval Statu
Effective for services performed on or after March 16, 2018, the Centers for					1. SSA, Title XVIII-Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)-Exclusions from Coverage and Medicare			1
Medicare & Medicaid Services (CMS) has determined that Next Generation	0205 - Next Generation Sequencing: Medical	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
Sequencing (NGS) as a diagnostic laboratory test is reasonable and necessary and	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			
Fluorodeoxygluclose (PDG) Positron Emission romography (PET) is covered only in	0206 - Positron Emission Tomography for Initial	Hospital Outpatient, Professional			1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from			í
clinical situations in which PET results may assist in avoiding an invasive	Treatment Strategy in Oncologic Conditions:	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	5/29/2021	Approved
diagnostic procedure, or in which the PET results may assist in determining the	Medical Necessity and Documentation	Practitioner)			Disabled, Section 1833(e) - Payment of Benefit; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to	complex	5/25/2021	Approved
Fittoroad lossy globase (FDG) Position Elemeston Clomog PET by (PEC) is a overed only in	0206 - Positron Emission Tomography for Initial				1. Social Security Act (SSA), Title XVIII - Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from			
clinical situations in which PET results may assist in avoiding an invasive		ospital Outpatient, 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	Consular	5/29/2021	
diagnostic procedure, or in which the PET results may assist in determining the	Medical Necessity and Documentation	Services (Physician/Non-Physician Practitioner)	3 years prior to ADR Letter date		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
Dorsan Column (Spinar form) strimulation involves surgical implantation of	Dequirements	Outpatient Hospital; Ambulatory						
neurostimulator electrodes within the dura mater (endodural) or percutaneous	0207 - Spinal Cord Stimulation: Medical	Surgical Center (ASC); Professional	3 years prior to ADR Letter date	2 – all applicable states	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		5/29/2021	Approved
insertion of electrodes in the epidural space. The implantation consists of two		Services (Physician/Non-Physician				Complex		
torsa: confirm (spinar cora) sumulanon invioves surgicar implantation for do (c)	, ,	Bucpatient Hospital; Ampulatory			Disabled, Section 1833(e)- Payment of Benefit; 3. 42 CFR §405.929 – Post-payment Review; 4. 42 CFR §405.930- Failure to			I
neurostimulator electrodes within the dura mater (endodural) or percutaneous	0207 - Spinal Cord Stimulation: Medical	Surgical Center (ASC); Professional Services (Physician/Non-Physician	3 years prior to ADR Letter date	3 – all applicable states	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from		5/29/2021	Approved
insertion of electrodes in the epidural space. The implantation consists of two					Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Complex		
Hypogidssafiretytesononation (histylsteationableanurreticessary rolanterdola)	necessity and bocamentation nequirements	Practitionars)			Disabled, Section 1833(e)- Payment of Benefit; 3. 42 CFR §405.929 – Post-payment Review; 4. 42 CFR §405.930- Failure to			
	0210 - Hypoglossal Nerve Stimulation for	Outpatient Hospital; Ambulatory	3 years prior to ADR Letter date	2 – all applicable states	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage		6/29/2022	Approved
treatment of moderate to severe obstructive sleep apnea (OSA) when coverage criteria are met. Documentation will be reviewed to determine if HNS meets	Obstructive Sleep Apnea: Medical Necessity and	Surgical Center; Professional Services			and Medicare as a Secondary Payer; 2. SSA, Title XVIII- Health Insurance for the Aged and Disabled, §1833(e)- Payment of	Complex		
	Documentation Requirements	(Physician/Non-Physician Practitioners)			Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and			
Hypogrossar herve stimulation (HNS) is reasonable and necessary for the const	0210 - Hypoglossal Nerve Stimulation for	Outpatient Hospital; Ambulatory			1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage			1
treatment of moderate to severe obstructive sleep apnea (OSA) when coverage		Surgical Center; Professional Services			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		(Physician/Non-Physician Practitioners)			Benefits; 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and			
Per the 2019 and 2020 AMA CPT manuals, do not report CPT codes 99358 and/or		Professional Services (Physician/Non-	3 years prior to the Informational Letter date		1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	1	1/26/2023	Approved
99359 during the same calendar month as CPT codes 99484, 99487, 99489,					Coverage and Medicare as a Secondary Payer; 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and	Automated		
99490, 99491, 99492, 99493, 99494,		Physician Practitioners)	- ,		Disabled, Section 1833(e)- Payment of Benefits; 3. 42 CFR §405.929- Post-Payment Review; 4. 42 CFR §405.930- Failure to		-,,	1
	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			í
Documentation will be reviewed to determine whether Transurethral waterjet		Outpatient Hospital, Ambulatory Surgery			Coverage and Medicare as a Secondary Payer			í l
ablation services met Medicare coverage criteria and were reasonable and		Center (ASC), and Professional Services	3 years prior to ADR Letter date			Complex	4/26/2023	Approved
necessary.		(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			
Physicians inpatient dialysis services furnished to ESRD, or acute dialysis patients	0213 - Inpatient Dialysis Service Codes Billed for				1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from			1
are processed using inpatient dialysis services procedure codes 90935, 90937,	Outpatients: Incorrect Coding	Professional Services (Physician/Non- Physician Practitioner)	3 years prior to the Informational Letter date	5 un applicable states	Coverage and Medicare as a Secondary Payer	Automated	4/26/2023	Approved
90945, and 90947. A/B MACs make payment based on these ESRD codes, only if					2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits		, ., ====	
the place of convice on the claim is innationt hespital (21). This is because all				1				