Company Comp	Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
The part	·		, ,		i i		MS-DRG Coding requires that diagnostic and procedural		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
The content is not all the content is a part of the content is a part	0001 - Innatient Hospital MS-DRG Coding Validation	Complex	Innatient Hospital	3 - all annlicable states	1/23/2017	Annroved	information and the discharge status of the beneficiary, as	All MS-DRGs (001-999)	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Part	11 Inpatient nospitaritis bita county variation	complex	inpution riospital	3 all applicable states	1/25/2017	Арргочса		All W3 DNG3 (001 333)	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date.
Part							both the attending physician description and the			
Company Comp										
	0001 - Inpatient Hospital MS-DRG Coding Validation	Complex	Inpatient Hospital	4 - all applicable states	1/23/2017	Approved		All MS-DRGs (001-999)		'
							coded and reported by the hospital on its claim, matches			years prior to the ADR letter date.
March Control Appeals Appeal							Documentation will be reviewed to determine if Cataract	66830, 66840, 66850, 66852, 66920,		Exclude from review claims having a
Part	0002 - Cataract Removal: Medical Necessity and Documentation		Outpatient Hospital (OP),		2/42/2047			66930, 66940, 66982, 66983, 66984,	, , , , , , , , , , , , , , , , , , , ,	•
## Approximation of the control and section of t	Requirements	Complex	Ambulatory Surgery Center (ASC)	3 - all applicable states	2/12/2017	Approved		66987, 66988, Palmetto only- 66989,		1 '
							reasonable and necessary	66991	2 Social Security Act (SSA). Title YV/III- Health Insurance for the	· ·
Seal Process of Seal Process o							Documentation will be reviewed to determine if Cataract		, , , , , , , , , , , , , , , , , , , ,	•
20 Series frequently and contractions of the contraction of the contra		Complex		4 - all applicable states	2/12/2017	Approved				•
All Search Memorated and Memor	Requirements		Ambulatory Surgery Center (ASC)				applicable coding guidelines, and/or is medically	66987, 66988, Palmetto only- 66989,		years prior to the ADR letter date
22. South and interest and inte			Inpatient Hospital- acute care.				Documentation will be reviewed to determine if sacral	66991		Exclude from review claims having a
Accordance (Author) Approach (Author) Accordance (Author) Accordan	0003 - Sacral Neurostimulation: Medical Necessity and Documentation									•
Description of the properties	Requirements	Complex		3 - all applicable states	1/23/2017	Approved		64561, 64581, 64590		1
200 Surface frequency and process process of the control of the			Physician Practitioner).				reasonable and necessary			years prior to the ribin letter date
Securements (Composition) Securements (Compo							Documentation will be reviewed to determine if sacral		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
Heaterweits the severe infly was added to mendally the common of the common of most and the common of the common of most and the common of the common of most and the common of the common of the common of most and the common of the common of most and the common of the common of most and the common of the commo		Complex		4 - all applicable states	1/23/2017	Approved	nerve stimulation for urinary or fecal incontinence meets	64561, 64581, 64590	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Deposite sugary Model affectively in productive and	Requirements	·					Medicare coverage criteria, and/or is medically			years prior to the ADR letter date
Approach for five five five five five five five five			Physician Practitioner).				The surgical management for the treatment of markid			Evaluda from ravious plaims having a
Neglation (Septiment) (Septime	0008 - Bariatric Surgery: Medical Necessity and Documentation		Outpatient Hospital: Inpatient					43770, 43644, 43645, 43845, 43846,		_
Description of the property of		Complex		3 - all applicable states	1/23/2017	Approved				1
Approach of the properties of	.,						one co-morbidity related to obesity and have been			years prior to the Abit letter date.
Medicare sensetification who we alth 35, Nove lasted 1807, 2975 Output Particular insisted Transporting Hilling of Home Visa Professional Service Full Institute of Medicare Service Full Institute of Service Full Institute of Medicare Service Full Institute of							The surgical management for the treatment of morbid		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
Medicare beneficially without howe a Biol 2, 5, howe a least 4847, 4375 Approved Company Series Medical Recessibly Company Series Medical Recessibly Projections of the Company Series Medical Recessibly Projections of the Company Series Medical Recessibly Projections of the Company Series Medical Recessibly Projections Service (Phystical Plubs - Phystical Plubs - Physt		Complex		4 - all annlicable states	1/23/2017	Annroved	obesity is considered reasonable and necessary for		Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Due Lording Proteins from the	Requirements	complex	Hospital	T un applicable states	1/25/2017	прриотеа	Medicare beneficiaries who have a BMI ≥ 35, have at least	43847, 43775		years prior to the ADR letter date.
2002- Certain Political Provisional Transportation Compression Processional Programment (active During							one co marhidity related to obecity and have been			5 1 1 6
services (Physical-philosphilo	0010 - Cardiac Positron Emission Tomography Scans: Medical Necessity		Outpatient Hospital; Professional					78/150 78/101 78/102		
Physical Psychiatric Admission Billing of Horm Visit Professional Service Pollution and Management Cades During impatters Automated Professional Service Pollution Automated Professional Service P		Complex	' '	3 - Florida, PR and VI ONLY	1/24/2017	Approved				
Advantage of Name Visit Professional Service Evaluation and Management Codes During propriets Advantage of Name Visit Professional Service Evaluation and Management Codes During propriets Advantage of Name Visit Professional Service Evaluation and Management Codes During propriets Advantage of Name Visit Professional Service Evaluation and Professio	and bootimentation requirements		Physician Practitioner)				applicable couling guidelines, and/or are medically	7.552.5,7.5555,7.5552,7.5557,7.5550		years prior to the ADK letter date
Dist Inappropriate Billing of Home Visit Professional Service Evaluation Automated Distriction - Physician Professional Service Evaluation Automated Distriction - Physician Professional Service Evaluation Distriction - Physician Professional Service E			Professional Services				Home Services Billed for Hospital Inpatients - Home		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
not Management Code During Injections 4 2011 - Inappropriate Billing of Home VSR Professional Service Evaluation Automated Professional Service During Injection Automated Professional Service During Injection Automated Professional Service During Injection Professional Service Professional Service Professional Service Professional Service Automated Professional Service Profession	0011 - Inappropriate Billing of Home Visit Professional Service Evaluation	Automated		2 all applicable states	1/20/2017	Approved	Services CPT Codes may not be used for billing services	99341, 99342, 99343, 99344, 99345,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	
Automated Professional Services Evaluation Automated Professional Services (Physician Physician Page) and Management Codes During Inpatient Psychiatric Admission Billed without Source of Admi	and Management Codes During Inpatient	Automateu	, , , ,	3 all applicable states	1/25/2017	Арргочса	provided in settings other than in the private residence of	99347, 99348, 99349, 99350		informational letter date.
Motionated Management Codes may not be used for billing ervices profiled in settings of them than the private extendence of profiled in settings of them than the private extendence of profiled in settings of them than the private extendence of profiled in settings of them than the private extendence of profiled in settings of them than the private extendence of profiled in settings of them than the private extendence of profiled in settings of them than the private extendence of profiled in settings of them than the private extendence of profiled in settings of them than the private extendence of profiled in settings of them than the private extendence of profiled in settings of the profiled i			Tracticioner)				a heneficiary			
Automated	2011 Inapprentiate Billing of Home Vicit Professional Carries Evaluation		Professional Services					00341 00343 00343 00344 00345		
Automated Psychiatric Admission Billed without Source of Admission Cognitive Psychiatric Admission Billed without Source of Admission Code Billed Bil		Automated	(Physician/Non-Physician	4 - all applicable states	1/29/2017	Approved				
Automated physical repatient Psychiatric Admission Billed without Source of Admission Progression Psychiatric Admission Billed without Source of Admission Code Source Psychiatric Admission Billed without Source of Admission Code Source Psychiatric Admission Billed without Source of Admission Code Source Psychiatric Admission Billed without Source of Admission Code Source Psychiatric Admission Billed without Source of Admission Code Source Psychiatric Admission Billed without Source of Admission Code Source Psychiatric Admission Billed without Source of Admission Code Source Psychiatric Admission Billed without Source of Admission Code Source Psychiatric Admission Billed without Source of Admission Code Source Psychiatric Admission Billed without Source of Admission Code Source Psychiatric Admission Billed without Source of Admission Code Source Psychiatric A	and Wanagement codes burning impatient		Practitioner)				provided in settings other than in the private residence of	33347, 33348, 33343, 33336		informational letter date.
majester Psychiatric Admission Billed without Source of Admission Digital Services of Psychiatric Facility ### Automated Digital Services With Season Services Of Psychiatric Facility ### Automated Digital Services Services With Season Services Of Psychiatric Facility ### Automated Digital Services Services With Season Services Of Psychiatric Facility ### Automated Digital Services Services With Season Services Of Psychiatric Facility ### Automated Digital Services Services With Season Services Of Psychiatric Facility ### Automated Digital Services Services With Season Services Of Psychiatric Facility ### Automated Digital Services Services With Season Services Of Psychiatric Facility ### Automated Digital Services Services With Season Services Of Psychiatric Facility Services							Under the Medicare PPS for inpatient psychiatric facilities			Claims that have a "claim paid date"
distinct part unit (PPU) for the first day of a beneficiary's Automated Psychiatric Facility Automated Automated Physician/Non-Physician Automated Physician/Non-Physician Automated Automated Physician/Non-Physician Automated Physician/Non-Physician Automated Automated Automated Physician/Non-Physician Automated Automated Automated Physician/Non-Physician Professional Services Automated Automated Automated Automated Physician/Non-Physician Professional Services Automated Physician/Non-Physician Professional Services Automated Automated Automated Automated Automated Automated Automated Automated Physician/Non-Physician Professional Services Automated Physician/Non-Physician Professional Services Automated Automated Physician/Non-Physician Professional Services Physician/Non-Physician Professional Services Physician	0022 - Inpatient Psychiatric Admission Billed without Source of Admission	Automated	Inpatient Hospital, Inpatient	2 all applicable states	2/27/2017	Approved		Claims without Source of Admission Code		
Particular of Portion	Equal to "D"	Automateu	Psychiatric Facility	3 - all applicable states	2/2//201/	Approved	distinct part unit (DPU) for the first day of a beneficiary's	D	and Medicare as a Secondary Payer	Review Results Letter date.
nogatient registrate Admission Billed without Source of Admission of Core grade of the Circulation of Disabled, Section 182(a)(1)(a). Exclusions from Coverage and Molisabled, Section 182(a)(1)(a). Exclusions from Coverage and Medicare as Secondary Payer Approved with the defined, KPCF Code God38 (Annual wellness visits: Excessive Units Approved with the defined, KPCF Code God38 (Annual wellness visits: Excessive Units Approved with the defined, KPCF Code God38 (Annual wellness visits: Excessive Units Approved with the defined, KPCF Code God38 (Annual wellness visits: Excessive Units Approved with the defined, KPCF Code God38 (Annual wellness visits: Excessive Units does not consider prevention plan of secondary Payer than once in a lifetime will be defined, KPCF Code God38 (Annual wellness visits: Excessive Units does not consider prevention plan of secondary Payer than once in a lifetime will be defined, KPCF Code God38 (Annual wellness visits: Excessive Units does not consider prevention plan of secondary Payer than once in a lifetime will be defined, KPCF Code God38 (Annual wellness visits: Excessive Units does not consider prevention plan of the secondary Payer than once in a lifetime will be define							stay to account for emergency department costs if the IPE			
Approved distinct part unit (DPU) for the first any of a beneficiary of a professional Services (Physician/Non-Physician Professional Services) Automated Professional Services	2022 Innationt Develoption Admiretian Billad without Course of Admiretian		Innationt Hospital Innationt					Claims without Source of Admission Code		
Professional Services (Physician/Non-Physician Practitioner) Automated (Physician/Non-Physician		Automated		4 - all applicable states	2/27/2017	Approved		ciains without source of Admission code		
Automated Physician/Non-Physician Practitioner) Automated Professional Services (Physician/Non-Physician Practitioner) Automated Professional Services (Physician/Non-Physician Practitioner) Automated Professional Services (Physician/Non-Physician Practitioner) Automated Professional Services Automated Professional Services (Physician/Non-Physician Practitioner) Automated Professional Services (Physician/Non-Physician	Equal to D		r sychiatric racinty				distinct part unit (DPU) for the first day of a beneficiary's		and Medicare as a Secondary Payer	Review Results Letter date.
Automated Practitioner) Automated Professional Services (Physician/Non-Physician Practitioner) Autom			Desfersional Compies				Claims for HCPCS code G0438 billed more than once in a		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from the automated review
Automated (Physician/Non-Physician Practitioner) Automated (Physician/Son-Physician Practitione	0000 Annual Mallana Visitas Funcacius Unita	A		2 -111:	4/26/2017	A		50420	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	
Automated Professional Services (Physician/Non-Physician practitioner) Automated Professional Service	0028 - Allitual Wellitess Visits. Excessive Offics	Automateu		5 - all applicable states	4/20/2017	Approved	wellness visit; includes a personalized prevention plan of	00436	Coverage and Medicare as a Secondary Payer	than 3 years prior to the Review
Automated Physician/Non-Physician Practitioner) Automated Professional Services Automated Physician/Non-Physician Practitioner) Automated Professional Services Automa			Fractitioner)				convice (DDS) initial vicit) is a "one time" allowed			Poculte Lottor
wellness visits; includes a personalized prevention plan of reactitioner) Automated Practitioner) Automated Professional Services Excessive Units Professional Services (Per codes 9921–99223) Automated Professional Services (Per codes 9921–99223) Approved Pro			Professional Services							
Professional Services Automated (Physician/Non-Physician practitioner) Automated (Physician/No	0028 - Annual Wellness Visits: Excessive Units	Automated	(Physician/Non-Physician	4 - all applicable states	4/26/2017	Approved		G0438		
Professional Services Automated Professional Services Approved Substitute Profe			Practitioner)							than 3 years prior to the Review
Automated (Physician/Non-Physician Practitioner) Automated (Physician/Non-Physician Practitione			Drafassianal Car :							Exclude claims having a paid claim date
Automated (Practitioner) Automated (Practitioner) Automated (Physician/Non-Physician Practitioner) Automated (Physician/Non-Physician Practitio	0037 Hamital Caminas Francisco Haita	A		2 -111:1	2/22/2017	A		00224 00222		
Automated Professional Services Automated Onservices: Excessive Units Automated Onservices: Excessive Units of School (School	0057 - nospital services: Excessive UNITS	Automated		5 - all applicable states	3/23/201/	Approved		33771-33773		, ,
Automated (Physician/Non-Physician practices) Approved and Subsequent Hospital Care codes (CPT Codes 99231 pg221-9923) Aged and Disabled, Section 1833(e)- Payment of Benefits practices (Physician/Non-Physician practices) Aged and Disabled, Section 1833(e)- Payment of Benefits practices (Physician/Non-Physician practices) Aged and Disabled, Section 1833(e)- Payment of Benefits practices and practice			rractitioner)				ance per day by the same physician(s) of the same		Aged and Disabled Section 1862/a)/1)/A) - Evolusions from	
Automated (Physician/Non-Physician Practitioner) Approved (Physician/Non-Physician Practitioner) App			Professional Services					1		
Practitioner) Practi	0037 - Hospital Services: Excessive Units	Automated		4 - all applicable states	3/23/2017	Approved		99221-99223		
Professional Services (Physician/Non-Physician Practitioner) Automated Professional Services (Physician/Non-Physician Practitioner) Automated Professional Services (Physician/Non-Physician Practitioner) Automated Professional Services (Physician/Non-Physician Practitioner) Approved If the inpatient care is being billed by the hospital as inpatient care codes apply. If the inpatient care is being billed by the hospital as nursing Professional Services (Physician/Non-Physician Practitioner) Approved If the inpatient care is being billed by the hospital as nursing Professional Services (Physician/Non-Physician Practitioner) Professional Services (Physician/Non-Physician Practitioner) Professional Services (Physician/Non-Physician Practitioner) Practitioner) Professional Services (Physician/Non-Physician Practitioner) Professional Services (Ph							99233) are "per diem" services and may be reported only	1		Informational letter date.
2038 - Visits to Patients in Swing Beds: Incorrect Coding Practitioner) Automated (Physician/Non-Physician Practitioner) Automated (Physician/Non-Physician Practitioner) 3 - all applicable states (Physician/Non-Physician Practitioner) 3 - all applicable states (Physician/Non-Physician Size (Physician) Size (Physician/Non-Physician Size (Physician) Size (Physic							If the innatient care is being hilled by the hospital as			Exclude from review claims having a
Adminated (Frighten) Adminated (Frighten) Adminated (Frighten) Approved the inpatient care is being billed by the hospital as nursing beas. Incorrect couling (Frighten) Approved the inpatient care is being billed by the hospital as nursing beas. Incorrect couling (Frighten) Approved the inpatient care is being billed by the hospital as nursing beas. Incorrect couling (Frighten) Approved the inpatient care is being billed by the hospital as nursing beas. Incorrect couling (Frighten) Approved the inpatient care is being billed by the hospital as nursing beas. Incorrect couling (Frighten) Approved (Fri					2/22/					
	0038 - Visits to Patients in Swing Beds: Incorrect Coding	Automated		3 - all applicable states	3/23/2017	Approved		99221-99223, 99231-99233, 99238-99239		·
			Practitioner)							

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
	,,,,	Professional Services				If the inpatient care is being billed by the hospital as		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0038 - Visits to Patients in Swing Beds: Incorrect Coding	Automated	(Physician/Non-Physician	4 - all applicable states	3/23/2017	Approved	inpatient hospital care, the hospital care codes apply. If	99221-99223, 99231-99233, 99238-99239	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	paid claim date which is more than 3
visits to rations in swing boas. Incorrect country	Automateu	Practitioner)	all applicable states	3/23/2017	Аррготса	the inpatient care is being billed by the hospital as nursing	33221 33223, 33231 33233, 33230 33233	Coverage and Medicare as a Secondary Payer	years prior to the Informational Results
		- ractionery				facility care then the nursing facility codes annly		2 Social Security Act (SSA) Title YVIII. Health Insurance for the	Letter (IRI) date
		Professional Services				Providers are only allowed to bill the CPT codes for New		1. Social Security Act (SSA), Title XVIII- Health Insurance for the	Algorithm excludes from this
0039 - Ophthalmology Codes for New Patient: Incorrect Coding	Automated	(Physician/Non-Physician	3 - all applicable states	3/23/2017	Approved	Patient visits if the patient has not received any face-to-	92002, 92004	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	automated review, claims having a
		Practitioner)				face service from the physician or physician group		Coverage and Medicare as a Secondary Payer 2 Social Security Act (SSA). Title XVIII- Health Insurance for the	paid claim date which is more than 3
		Professional Services				Providers are only allowed to bill the CPT codes for New		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Algorithm excludes from this
0039 - Ophthalmology Codes for New Patient: Incorrect Coding	Automated	(Physician/Non-Physician	4 - all applicable states	3/23/2017	Approved	Patient visits if the patient has not received any face-to-	92002, 92004	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	automated review, claims having a
obss opinionogy codes for new rations meaned coding	riacomacca	Practitioner)	i un applicable states	5/25/2017	приотеа	face service from the physician or physician group	32002, 3200 .	Coverage and Medicare as a Secondary Payer	paid claim date which is more than 3
		,				Office or other outpetient visits for avaluation and		2 Social Security Act (SSA). Title VVIII. Health Insurance for the	Claims that have a "slaim paid date"
0042 - Evaluation and Management Services for Office or Other		Professional Services				Office or other outpatient visits for evaluation and management services cannot be billed for patients while		1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Claims that have a "claim paid date" less than 6 months prior to the
Outpatient Visit Billed for Hospital Inpatients: Incorrect Coding	Automated	(Physician/Non-Physician	3 - all applicable states	3/23/2017	Approved	they are admitted to a hospital setting. Billing these	99202-99215	Coverage and Medicare as a Secondary Payer	informational Letter date (automated
, , , , , , , , , , , , , , , , , , ,		Practitioner)				services incorrectly will result in an overnayment and the		2 Social Security Act (SSA) Title YV/III- Health Insurance for the	review)
		Professional Services				Office or other outpatient visits for evaluation and		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0042 - Evaluation and Management Services for Office or Other	Automated	(Physician/Non-Physician	4 - all applicable states	3/23/2017	Approved	management services cannot be billed for patients while	99202-99215	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	less than 6 months prior to the
Outpatient Visit Billed for Hospital Inpatients: Incorrect Coding		Practitioner)	,,	., .,		they are admitted to a hospital setting. Billing these		Coverage and Medicare as a Secondary Payer	informational Letter date (automated
		,				A new patient is one who has not received any		2 Social Security Act (SSA). Title XVIII- Health Insurance for the 1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
		Professional Services				professional services, [e.g., E/M service or other face-to-	92002, 92004, 99202, 99203, 99204,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 6 months prior to the
0043 - New Patient Visits: Incorrect Coding	Automated	(Physician/Non-Physician	3 - all applicable states	3/23/2017	Approved	face service (e.g., surgical procedure)] from the physician	99205, 99341, 99342, 99344, 99345	Coverage and Medicare as a Secondary Payer	Review Results Letter.
		Practitioner)				or physician group practice (same physician specialty)	, , , , , , , , , , , , , , , , , , , ,	2 Social Security Act (SSA). Title YVIII- Health Insurance for the	neview results Letter.
		Professional Services				A new patient is one who has not received any		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0043 - New Patient Visits: Incorrect Coding	Automated	(Physician/Non-Physician	4 - all applicable states	3/23/2017	Approved	professional services, [e.g., E/M service or other face-to-	92002, 92004, 99202, 99203, 99204,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 6 months prior to the
		Practitioner)		5, 25, 252		face service (e.g., surgical procedure)] from the physician	99205, 99341, 99342, 99344, 99345	Coverage and Medicare as a Secondary Payer	Review Results Letter.
		,				or physician group practice (same physician specialty)		2 Social Security Act (SSA) Title YVIII. Health Insurance for the	Claire that have a plain and data
		Ambulance Providers and				Algorithm identifies all paid Ambulance Claims billed with	A0425, A0426, A0427, A0428, A0429,	1. Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a claim paid date
0049 - Ambulance Transfer between Skilled Nursing Facilities: Unbundling	Automated	Suppliers	3 - all applicable states	8/8/2017	Approved	one of the following HCPCS codes: A0426, A0427, A0428, A0429, with modifier NN on the same line, for SNF claims.	A0432, A0433, A0434	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	which is less than 3 years prior to the informational letter date.
		Suppliers				Under the prespective payment system, some ambulance	7.6.152,7.6.155,7.6.15.1	2 Social Security Act (SSA). Title XVIII. Health Insurance for the	illiorillational letter date.
						Algorithm identifies all paid Ambulance Claims billed with		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a claim paid date
0049 - Ambulance Transfer between Skilled Nursing Facilities: Unbundling	Automated	Ambulance Providers and	4 - all applicable states	8/8/2017	Approved	one of the following HCPCS codes: A0426, A0427, A0428,	A0425, A0426, A0427, A0428, A0429,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
20043 Ambalance Hansler between skilled Natsing Facilities. Onbanding	Automateu	Suppliers	all applicable states	0/0/2017	Аррготса	A0429, with modifier NN on the same line, for SNF claims.	A0432, A0433, A0434	Coverage and Medicare as a Secondary Payer	informational letter date.
		Professional Services				Under the presenting payment system, some ambulance		2 Social Socurity Act (SSA) Title VVIII Health Incurance for the	Fuelude eleisse black besse e Weleiss e eid
0050 - Add-on Codes Paid without Primary Code and/or Denied Primary		(Physician/Non-Physician				CPT has designated certain codes as "add-on procedures". These services are always done in conjunction with	Add-on Codes: https://www.cms.gov/ncci-	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Exclude claims that have a "claim paid date" which is more than 3 years prior
Code	Automated	Practitioners); Outpatient	3 - all applicable states	1/22/2021	Approved	another procedure and are only payable when an	medicare/medicare-ncci-add-code-edits	Coverage and Medicare as a Secondary Payer	to the Informational Letter date
		Hospital				appropriate primary consider is also hilled. Add on codes	,	2 Social Socurity Act (SSA) Title VVIII. Health Incurance for the	(automated review)
		Professional Services				CPT has designated certain codes as "add-on procedures".		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims that have a "claim paid
0050 - Add-on Codes Paid without Primary Code and/or Denied Primary	Automated	(Physician/Non-Physician	4 - all applicable states	1/22/2021	Approved	These services are always done in conjunction with	Add-on Codes: https://www.cms.gov/ncci-	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	date" which is more than 3 years prior
Code	riacomacca	Practitioners); Outpatient	. un applicable states	1/22/2021	прриотеа	another procedure and are only payable when an	medicare/medicare-ncci-add-code-edits	Coverage and Medicare as a Secondary Payer	to the Informational Letter date
		Hospital				annronriate primary service is also hilled. Add-on codes		2 Social Security Act (SSA) Title YVIII. Health Insurance for the	(automated review)
						Ambulance services during an Inpatient stay are included	A0425, A0426, A0427, A0428, A0429,	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Claims that have a "claim paid date" which is less than 3 years prior to the
0054 - Ambulance Billed during Inpatient: Unbundling	Automated	Ambulance Providers	3 - all applicable states	6/20/2017	Approved	in the facility's PPS payment and are not separately payable under Part B, excluding the date of admission,	A0432, A0433, A0434	Social Security Act (SSA), Title XVIII- Health Insurance for the	Informational Letter date (automated
						date of discharge and any leave of absence days	, ,	Aged and Disabled Section 1862(a)(1)(A). Exclusions from	review)
						Ambulance services during an Inpatient stay are included		1. Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0054 - Ambulance Billed during Inpatient: Unbundling	Automated	Ambulance Providers	4 - all applicable states	6/20/2017	Approved	in the facility's PPS payment and are not separately	A0425, A0426, A0427, A0428, A0429,	Aged and Disabled, Section 1833(e)- Payment of Benefits	which is less than 3 years prior to the
oos i vansaanee sinea aaring inpatienti onsananing	riacomacca	7 ambalance i Toviacis	i un applicable states	0/20/2017	приотеа	payable under Part B, excluding the date of admission,	A0432, A0433, A0434	2. Social Security Act (SSA), Title XVIII- Health Insurance for the	Informational Letter date (automated
						date of discharge and any leave of absence days		Aged and Disabled Section 1862/a)/1)/(A)- Evolusions from	roviow)
0056 - Evaluation and Management Services in Skilled Nursing Facilities:		Professional Services				Claims with CPT inpatient hospital care evaluation and management (E/M) codes billed for services rendered to a		1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Claims that have a "claim paid date" which is less than 3 years prior to the
Incorrect Coding	Automated	(Physician/Non-Physician	3 - all applicable states	8/7/2017	Approved	patient residing in a skilled nursing facility (SNF), with no	99223, 99232, 99233	Coverage and Medicare as a Secondary Payer	Informational Letter date (automated
		Practitioner)				innations begainst facility claim for the same date of		2 Social Socurity Act (SSA). Title VVIII. Health Insurance for the	roviow)
		Professional Services				Claims with CPT inpatient hospital care evaluation and		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0056 - Evaluation and Management Services in Skilled Nursing Facilities:	Automated	(Physician/Non-Physician	4 - all applicable states	8/7/2017	Approved	management (E/M) codes billed for services rendered to a	99223, 99232, 99233	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Incorrect Coding		Practitioner)		-,,,===:		patient residing in a skilled nursing facility (SNF), with no		Coverage and Medicare as a Secondary Payer	Informational Letter date (automated
		Outpatient Hospital, Skilled				When reporting service units for untimed codes	92507, 92508, 92521, 92522, 92523,	Social Socurity Act (SSA). Title YVIII. Health Insurance for the Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from this automated review,
		Nursing Facility (SNF), Outpatient				(excluding Modifiers -KX, and -59) where the procedure is	92524, 92526, 92597, 92609, 97012,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	claims having a paid claim date which
0060 - Untimed Therapy: Excessive Units	Automated	Rehabilitation Facility (ORF),	3 - all applicable states	9/8/2017	Approved	not defined by a specific timeframe, the provider may not		Coverage and Medicare as a Secondary Payer	is more than 3 years prior to the
		Comprehensive Outpatient				exceed (1) in the units hilled column per date of service	97161, 97162, 97163, 97164, 97165,	2 Social Security Act (SSA). Title XVIII- Health Insurance for the	Informational Letter date
		Outpatient Hospital, Skilled				When reporting service units for untimed codes	92507, 92508, 92521, 92522, 92523,	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from this automated review,
0060 - Untimed Therapy: Excessive Units	Automated	Nursing Facility (SNF), Outpatient	4 - all applicable states	9/8/2017	Approved	(excluding Modifiers -KX, and -59) where the procedure is	92524, 92526, 92597, 92609, 97012,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	claims having a paid claim date which
		Rehabilitation Facility (ORF),		-/-/	: (F) (F) (F) (F)	not defined by a specific timeframe, the provider may not	97016, 97018, 97022, 97024, 97028,	Coverage and Medicare as a Secondary Payer	is more than 3 years prior to the
		Comprehensive Outpatient				evened (1) in the units hilled column ner date of service	97161, 97162, 97163, 97164, 97165.	2 Social Security Act (SSA) Title XVIII. Health Insurance for the	Informational Letter date
		Professional Services				The Nursing Facility Services codes represent a "per day"	99304, 99305, 99306, 99307, 99308,	1. Social Security Act, Title XVIII- Health Insurance for the Aged	Exclude claims having a paid claim date
0061 - Nursing Facility Services: Excessive Units	Automated	(Physician/Non-Physician	3 - all applicable states	9/8/2017	Approved	service. As such, these codes may only be reported once per day, per Beneficiary, Provider and date of service.	99309, 99310	and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act, Title XVIII- Health Insurance for the Aged	which is more than 3 years prior to the Informational letter date.
		Practitioner)				Relevant CPT codes hilled more than once per day will		2.Social Security Act, Title XVIII- Health Insurance for the Aged	informational letter date.
		Professional Services				The Nursing Facility Services codes represent a "per day"		1.Social Security Act, Title XVIII- Health Insurance for the Aged	Exclude claims having a paid claim date
0061 - Nursing Facility Services: Excessive Units	Automated	(Physician/Non-Physician	4 - all applicable states	9/8/2017	Approved	service. As such, these codes may only be reported once	99304, 99305, 99306, 99307, 99308,	and Disabled, Section 1833(e)- Payment of Benefits	which is more than 3 years prior to the
10002 Training Lability Screeces, Excessive Office	, sucomateu	Practitioner)	. a. applicable states	3/0/2017	Арріочец	per day, per Beneficiary, Provider and date of service.	99309, 99310	2.Social Security Act, Title XVIII- Health Insurance for the Aged	Informational letter date.
	l					Relevant CPT codes hilled more than once per day will	1	and Disabled Section 1862(a)(1)(A) - Exclusions from Coverage	

Part	Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
Append A		- 1		.0			Carriers may not pay for the technical component (TC) of	All CPT/HCPCS codes with TC/PC Indicator	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims that have a claim paid
Martin M	0062 Padialogy: Tachnical Component during Innations Stay	Automated	Radiologists/Part B providers	2 all applicable states	0/9/2017	Approved				
Part	10002 Radiology. Technical component during impatient stay	Automateu	performing radiology services	3 all applicable states	3/0/2017	Арргочеи	stay. Query identifies TC portion of radiology paid to			to the review results letter date.
March Marc								(technical component) CPT/HCPCS		
Manual Control of Manual Con			Radiologists/Part B providers							
Mathematical Math	0062 - Radiology: Technical Component during Inpatient Stay	Automated		4 - all applicable states	9/8/2017	Approved	=		0	
March Marc			perioriting radiology services							to the review results letter date.
May			Innationt Hospital: Outpationt							Exclude from review claims having a
March Marc	0064 - Facility Dunlicate Claims	Automated		3 - all annlicable states	9/8/2017	Annroved	denied.	All CPT and All HCPCS	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
March Marc			(SNF)		-,-,				Coverage and Medicare as a Secondary Payer	years prior to the Review Results Letter
March Marc			, ,				Duplicate claims or line date of service items will be		1 Social Security Act (SSA) Title VVIII. Health Incurance for the	Evolude from review claims having a
Part					- 1- 1					_
Approximate	0064 - Facility Duplicate Claims	Automated		4 - all applicable states	9/8/2017	Approved	defiled.	All CPT and All HCPCS		F
March Marc			(SNF)						2 Social Security Act (SSA) Title YVIII- Health Insurance for the	date
Page										
Approximate trades framework below from the second of the		Complex		3 - all applicable states	9/8/2017	Approved		N/A		
	Documentation Requirements		Psychiatric Facility (IPF)				that services were medically reasonable and necessary.		2.Social Security Act (SSA), Title XVIII- Health Insurance for the	years prior to the Review Results letter
							Inpatient hospital services furnished to a patient of an		1.Title XVIII of the Social Security Act (SSA), Section 1814(a)(2)(A)	Exclude from review claims having a
Page	0067 - Inpatient Psychiatric Facility Services: Medical Necessity and	Compley	Inpatient Hospital (IP); Inpatient	4 all applicable states	0/9/2017	Approved		NI/A		
All products of the production	Documentation Requirements	Complex	Psychiatric Facility (IPF)	4 - ali applicable states	9/0/2017	Approved		N/A		years prior to the Review Results letter
Description in the property and the property and the property of the control of the property of the control of the property of										date
The specimen is a specimen of the specimen of	0072 Outpatient Service Overlanning or During an Innationt Stay:		Outpatient Hernital: Innationt							
1907 Objective Service Developing or During an imported Story Department Service Developing or During an imported Story Developing or During and Story Developing or During a		Automated		3 - all applicable states	10/5/2017	Approved		Eligible codes with TOB 11x, 12x and 13x		
Companies for each Developing or Buring an Impaction Strate Developing or Buring an Impact of Strate Strategy and Developing or Buring and Devel	bupileate rayments		nospitari art b							informational letter date will be
Augusted Power in Supplication Flower in Supplication (Participation Company) Augusted Power in Supplication (Participation Company) Auguste										Claims having a "claim paid date" that
The process of the first within a signature deprison to the control of the service of the service of the control of the service of the control of the service of the servic	0072 - Outpatient Service Overlapping or During an Inpatient Stay:	Automated		4 - all annlicable states	10/5/2017	Annroved		Fligible codes with TOR 11x 12x and 13x		
Agroved the final factors for factors and a popular for severe that are examinated and popular for severe that are are also and popular for severe that are also and	Duplicate Payments	riacomacca	Hospital Part B	i un applicable states	10/3/201/	прричен	the outpatient claim falls within an inpatient admission or	Englishe codes with 105 11x, 12x and 15x	Coverage and Medicare as a Secondary Payer	informational letter date will be
DO2 - Impaired Rebalitation (author because year) Impaired Rebalitation (author because without the proposed of the catter glisted. The proposed of the catter glisted. The proposed of the pr							Averlan the admission date of the innation claim are			excluded Evaluate from review stains having a
December the Approved problems for Registron R	0073 - Inpatient Rehabilitation Facility: Medical Necessity and		Inpatient Rehabilitation Facility:							_
2027 - Ameni Welhes Work Dileg Sover Han Description Fragerical Physical Review Physical Revie	Documentation Requirements	Complex	'	3 - all applicable states	10/4/2018	Approved		N/A		
DOZI - Impatriors Rehabilitation Facility (migrater Rehabilitation Facility) and paged and motivate (migrater report protections) and protection for the strong bloody in the str			,				intensive rehabilitation therapy in a resource intensive		2 SSA. Title XVIII. Health Incurance for the Aged and Disabled	years prior to the Abitietter date.
Page of the provided							Medicare only pays for services that are reasonable and		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
Approach The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning to elegate the proaches The production following logs: learning following logs:		Complex		4 - all applicable states	10/4/2018	Approved		N/A		
272 Annual Wellness Visit Billed Soorer than Eleven Whole Months Following the Intalize Fewerine Physical Examination Automated A	Documentation Requirements		Inpatient				rehabilitation facility (IRF) benefit is designed to provide		Medicare as a Secondary Payer	years prior to the ADR letter date.
272 Annual Wellness Visit Billed Soorer than Eleven Whole Months Following the Intalize Fewerine Physical Examination Automated A							Claims billed with excessive or insufficient units will be	C9132, J0178, J0180, J0202, J0221, J0256,	1. Social Security Act (SSA). Title XVIII- Health Insurance for the	Exclude from review claims having a
and the correct number of bilable/payable units. OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Biolited OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals: Incorrect Units Billed OZA-Drugs and Biologicals in Single-Dose Vals Biologicals in Single-Dose	2074 David and Districtly in City of David Violet Instrument Units Dilled	Committee	1 1	2 -111:1	42/24/2047	A				
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DOTA - Drugs and Biologicals in Single- Doze Vials: Incorrect Units Billed Complex Everice (Physicalin/Nor- Physician Practitioner) DOTA - Annual Wolfness Visit Billed Sooner than Eleven Whole Months Following the Initial Preventive Physical Examination Automated Physician Practitioner) Automated Automated Physician Practitionery Automated Physician Practitionery Automated Automated Automated Automated Automated Automated Automated DOS - Laboratory Services Rendered During an Inpatient Stay: Unbundling Automated Automated Automated Automated Physician Rendered During an Inpatient Stay: Unbundling Automated Automated Physician Rendered During an Inpatient Stay: Unbundling Automated Physician Rendered During an Inpati			Physician Practitioner)					J1459, J1557, J1561, J1566, J1568, J1569,		
Some projects in Single-Use virals: incorrect united projects in Single-Use virals: incorrect united projects in P			Outpatient Hospital; Professional							
DOT? - Annual Wellness Visit Billed Somer than Eleven Whole Months Following the Initial Preventive Physical Examination Physical Examination Preventive Physical Examination Physical Examination Preventive Physical Examination Physical Examination Preventive Physical Examination Preventive Physical Examination Preventive Physical Examination Preventive Physical Examination Preventive Physical Examination Physical Examination Preventive Physical Examination Preventive Physical Examination Physical Examination Preventive Physical Examination Physical Examination Preventive Physical Examination Preventive Physical Examination Physical Exami	0074 - Drugs and Biologicals in Single-Dose Vials: Incorrect Units Billed	Complex		4 - all applicable states	12/21/2017	Approved				
2077 - Annual Wellness Visit Billed Somer than Eleven Whole Months Pactationer of Physical Examination (Physical Examination (Physic			Physician Practitioner)				and the correct number of billable/payable units.			years prior to the ADR letter date.
Automated (Physician/Non-Physician partitioner) Automated (Physician/Non-Physician pa			Part B Professional Services				Claims for HCPCS Code G0439 will be recovered as			Claims having a "claim paid date" that
Physical Examination (PPE) or a Annual Wellness Visit Billed Somer than Eleven Whole Months Automated (Physician/Non-Physician Approved (Physi		Automated		3 - all applicable states	1/9/2018	Approved	overpayment as it is not payable if an Initial Preventive	G0439, G0402	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	is more than 3 years prior to the
Automated processional Services (Physican/Non-Physician Practitioner) Automated (Physican/Non-Physician Processional Services (Physican) Non-Physician Processional Services (Physican) Non-Physician Processional Services (Physican) Non-Physician Proces	Following the Initial Preventive Physical Examination				-/-/		Physical Examination (IPPE) or an Annual Wellness Visit	,,		Review Results letter date will be
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Automated Laboratory Services Rendered During an Inpatient Stay: Unbundling Outpatient Hospital Outpatient Hospital Observation Exemption (Coverage and Medicare as a Secondary Paseur of the Normal Coverage and Medicare as a Secondary Paseur of the	·		Practitioner)				(AMA) has been paid within the past clover (11) whole		2 Social Socurity Act (SSA) Title VVIII. Health Incurance for the	oveludad
Outpatient Hospital Outpatient Stay: Unbunding Outpatient Hospital Ou										· ·
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Automated Laboratory Services Rendered During an Inpatient Stay: Unbundling Courted Hospital Automated Laboratory/Ambulance, Outpatient Hospital Laboratory/Ambulance, Outpatient Hospital Outpati			Outpatient Hospital				services. If billed separately, these are considered		Coverage and Medicare as a Secondary Payer	the Review Results Letter date.
Automated Laboratory Services Rendered During an Inpatient Stay: Unbundling Courted Hospital Automated Laboratory/Ambulance, Outpatient Hospital Laboratory/Ambulance, Outpatient Hospital Outpati							Laboratory services are covered under Part A, excluding		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Select claims that have a "claim paid
Services. If billed separately, these are considered submydied sensition of the Name of the Name of the Name of the Services of Services o	0095 Laboratory Services Rendered During an Innation' Start Unbrindling	Automated	Laboratory/Ambulance,	4 all applicable states	2/12/2019	Approved		90047 97012		date" which is less than 3 years prior to
by as Inpatient Admission: Unbundling Automated Day as Inpatient Admission: Unbundling Day as Inpatient Admission: Unbundli	10000 - Laboratory Services Rendered During an inpatient Stay: Unbunding	Automated	Outpatient Hospital	+ - an applicable states	3/13/2010	Approved		00047-07312	Coverage and Medicare as a Secondary Payer	
Day as Inpatient Admission: Unbundling Automated Auto							unhundled services			5.1.6
Day as Inpatient Admission: Unbundling Automated Professional Services Day as Inpatient Admission: Unbundling Automated Professional Services Day as Inpatient Admission: Unbundling Automated Professional Services Day as Inpatient Admission: Unbundling Automated Automated Automated Automated Professional Services Professional Services Professional Services Day as Inpatient Admission: Unbundling Automated	0086 - Observation Evaluation & Management (F&M) Society Billod Samo							99217 99218 99219 99220 99221		_
Practitioner) Professional Services Day as Inpatient Admission: Unbundling ONR - Laboratory Services for End-Stage Renal Disease Subject to Part B Consolidated Billing: Unbundling Professional Services Automated Professional Services (Physician/Non-Physician parameter) Automated Automated Automated Automated Professional Services (Physician/Non-Physician parameter) Automated Automated Automated Automated Automated Aut		Automated		3 - all applicable states	3/14/2018	Approved				
Ooke - Observation Evaluation & Management (E&M) Services Billed Same Day as Inpatient Admission: Unbundling Professional Services (Physician/Non-Physician Practitioner) Automated Ookervation Evaluation & Management (E&M) Services Billed Same Day as Inpatient Admission: Unbundling Professional Services (Physician/Non-Physician Practitioner) Automated Ookervation Evaluation & Management (E&M) Services Billed Same Day as Inpatient Admission: Unbundling Professional Services (Physician/Non-Physician Practitioner) Automated Ookervation Evaluation & Management (E&M) Services Billed Same Day as Inpatient Admission: Unbundling Professional Services (Physician/Non-Physician Practitioner) Automated Ookervation Evaluation & Management (E&M) Services Billed Same Professional Services (Physician/Non-Physician Practitioner) Automated Ookervation Evaluation & Management (E&M) Services Billed Same Professional Services (Physician/Non-Physician Practitioner) Automated Ookervation Evaluation & Management (E&M) Services Billed Same Professional Services (Physician/Non-Physician Practitioner) Automated Ookervation Evaluation & Approved Ooker Professional Services (Physician/Non-Physician Practitioner) Automated Ookervation Evaluation & Approved Ooker Professional Services (Initial, subsequent and/or discharge management) rendered on the same date as a hospital inpatient admission by the same date as a hospital inpatient admission by the same date as a hospital inpatient admission by the same of Post Description of Coverage and Medicare as a Secondary Payer (Claims having a "Galaim paid date" which is more than 3 of Post Description of Coverage and Medicare as a Secondary Payer (Claims having a "Galaim paid date" which is more than 3 of Post Description of Coverage and Medicare as a Secondary Payer (Claims having a "Galaim paid date" which is more than 3 of Post Description of Coverage and Medicare as a Secondary Payer (Claims having a "Galaim paid date" which is more than 3 of Post Description of Coverage and Medicare as			Practitioner)				physician is not separately payable. Modicare payment for			
0086 - Observation Evaluation & Management (E&M) Services Billed Same Day as Inpatient Admission: Unbundling 4 - all applicable states Approved Practitioner) Approved Appro			Professional Services				Hospital outpatient observation care (initial, subsequent			
Day as Inpatient Admission: Unbundling Practitioner) date as a hospital inpatient admission by the same obsticiants not separate by auxilia. Medicare an aumonate for obsticiants not separate by auxilia. Medicare an aumonate for obsticiants not separate by auxilia. Medicare an aumonate for obsticiants not separate by auxilia. Medicare an aumonate for obsticiants not separate by auxilia. Medicare an aumonate for obsticiants not separate by auxilia. Medicare an aumonate for obsticiants not separate by auxilia. Medicare an aumonate for obsticiants not separate by auxilia. Medicare an aumonate for obsticiants not separate by auxilia. Medicare an aumonate for obsticiants not separate by auxilia. Medicare an aumonate for obsticiants not separate by auxilia. Medicare an aumonate for obsticiants not separate by auxilia. Medicare an aumonate for obsticiants not separate by auxilia. Medicare an aumonate for obsticiants not separate by auxilia. Medicare an aumonate for obsticiants not separate by auxilia. Medicare an aumonate for obsticiants not separate by auxilia. Medicare an aumonate for obsticiants not separate by auxilia. Medicare an aumonate for obsticiants not separate for obsticiants not	0086 - Observation Evaluation & Management (E&M) Services Billed Same	Automated		4 - all applicable states	3/14/2018	Approved				
On the control of the	Day as Inpatient Admission: Unbundling				5, 2 ., 2020		date as a hospital inpatient admission by the same	99222, 99223, 99224, 99225, 99226	Coverage and Medicare as a Secondary Payer	years prior to the Informational Letter
0087 - Laboratory Services for End-Stage Renal Disease Subject to Part B Automated Approved Coverage and Medicare as a Secondary Payer Informational letter date will be			,				nhysician is not senarately navable. Medicare navment for		2 Social Security Act (SSA) Title XVIII. Health Insurance for the	date and dates of service on and after
Consolidated Billing: Unbundling Curtain laboratory services and limited drugs and supplies Coverage and Medicare as a Secondary Payer Informational letter date will be	0087 - Laboratory Services for End-Stage Renal Disease Subject to Part R									
	Consolidated Billing: Unbundling	Automated		3 - all applicable states	3/14/2018	Approved		Labs subject to ESRD Consolidated Billing f		
			Practitioner)							excluded

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description Affected Codes	Additional Information	Date of Service
		Professional Services				The ESRD PPS includes consolidated billing for limited Part	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date" that
0087 - Laboratory Services for End-Stage Renal Disease Subject to Part B Consolidated Billing: Unbundling	Automated	(Physician/Non-Physician Practitioner)	4 - all applicable states	3/14/2018	Approved	B services included in the ESRD facility bundled payment. Certain laboratory services and limited drugs and supplies will be subject to Dar B consolidated billing and are not	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	is more than 3 years prior to the Informational letter date will be
0088 - Ancillary Services Billed Without an Approved Surgical Procedure	Automated	Ambulatory Surgery Center (ASC)	3 - all applicable states	3/14/2018	Approved	Covered ancillary items and services are not payable if there is no approved Ambulatory Surgical Center (ASC) surgical procedure on the same claim or in history for the same claim or family approved to the same claim or in history for the same claim or in history	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	Claims having a "claim paid date" that is more than 3 years prior to the Informational letter date will be excluded
0088 - Ancillary Services Billed Without an Approved Surgical Procedure	Automated	Ambulatory Surgery Center (ASC)	4 - all applicable states	3/14/2018	Approved	Covered ancillary items and services are not payable if there is no approved Ambulatory Surgical Center (ASC) surgical procedure on the same claim or in history for the came date of continuous and came provides.	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. Medith Insurance for the	Claims having a "claim paid date" that is more than 3 years prior to the Informational letter date will be
0089 - Clinical Social Worker during Inpatient: Unbundling	Automated	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	3/14/2018	Approved	Services of Clinical Social Workers (CSW) rendered during Inpatient Hospital stays are included in the facilities PPS payment and are not separately payable under Part B.	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	Claims having a "claim paid date" that is more than 3 years prior to the Informational Letter date will be
0089 - Clinical Social Worker during Inpatient: Unbundling	Automated	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	3/14/2018	Approved	Services of Clinical Social Workers (CSW) rendered during Inpatient Hospital stays are included in the facilities PPS payment and are not separately payable under Part B.	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	Claims having a "claim paid date" that is more than 3 years prior to the Informational Letter date will be
0090 - Laboratory/Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbundling	Automated	Professional Services (Physician/Non-Physician Practitioner); Laboratory; Independent Diagnostic Testing	3 - all applicable states	4/4/2018	Approved	The technical component (TC) of lab/pathology services furnished to patients in an inpatient or outpatient hospital setting are not separately payable. All Lab/Pathology CPT/HCPCS codes with TC/PC Indicator 1 or 3	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	Exclude from this automated review, claims having a paid claim date which is more than 3 years prior to the
0090 - Laboratory/Pathology Technical Component for Inpatient or Outpatient Hospitals: Unbundling	Automated	Professional Services (Physician/Non-Physician Practitioner); Laboratory; Independent Diagnostic Testing	4 - all applicable states	4/4/2018	Approved	The technical component (TC) of lab/pathology services furnished to patients in an inpatient or outpatient hospital setting are not separately payable. All Lab/Pathology CPT/HCPCS codes with TC/PC Indicator 1 or 3	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1867a)(1)(A). Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA). Title XVIII. Health Insurance for the	Exclude from this automated review, claims having a paid claim date which is more than 3 years prior to the
0091- Duplicate Payments: Professional Services	Automated	Part B Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	5/8/2018	Approved	Duplicate payments are any payments paid across more than one claim number for the same Beneficiary, CPT/HCPCS code, and service date by the same provider, in across of a code's Madically Hollighy Edit (MALE).	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 Social Security Act, Title XVIII- Health Insurance for the Aged.	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated
0091- Duplicate Payments: Professional Services	Automated	Part B Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	5/8/2018	Approved	Duplicate payments are any payments paid across more than one claim number for the same Beneficiary, CPT/HCPCS code, and service date by the same provider, in payments of a code's Modically Hollichy Edit MALE).	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 Social Security Act, Title XVIII- Mealth Insurance for the Aged.	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated
0092 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital; Ambulatory Surgery Center (ASC); Professional Services (Physician/Non-Physician Outpatient Hospital; Ambulatory	3 - all applicable states	5/8/2018	Approved	The review shall identify claims billed incorrectly as percutaneous implantation of neurostimulator electrode arrays when the medical record demonstrates the transcutaneous placement of a device.	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	Claims having a "paid claim date" which is less than 3 years prior to the ADR letter date
0092 - Percutaneous Implantation of Neurostimulator Electrode Array: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital; Ambulatory Surgery Center (ASC); Professional Services (Physician/Non-Physician	4 - all applicable states	5/8/2018	Approved	The review shall identify claims billed incorrectly as percutaneous implantation of neurostimulator electrode arrays when the medical record demonstrates the transcutaneous placement of a device.	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	Claims having a "paid claim date" which is less than 3 years prior to the ADR letter date
0093 - Implantable Automatic Defibrillators - Outpatient Procedure: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital, ASC (TOB 13X and 83X), ASC (ASC facilities = service type 'F')	3 - all applicable states	5/14/2018	Approved	The implantable automatic defibrillator is an electronic device designed to detect and treat life-threatening tachyarrhythmias. The device consists of a pulse specialty and electrodes for special and defibrillating.	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled Section 1867(a)(1)(A), Exclusions from	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0093 - Implantable Automatic Defibrillators- Outpatient Procedure: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital, ASC (TOB 13X and 83X), ASC (ASC facilities = service type 'F')	4 - all applicable states	5/14/2018	Approved	The implantable automatic defibrillator is an electronic device designed to detect and treat life-threatening tachyarrhythmias. The device consists of a pulse speciator and electrodes for special and defibrillating.	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled Section 1867(a)(1)(A), Exclusions from	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0095 - Facet Joint Interventions: Medical Necessity and Documentation Requirements	Complex	Hospital Inpatient (Part B) – 12X, Outpatient – 13X, Ambulatory Surgery (ASC) – 83X or POS 24 with TOS F	3 - all applicable states	2/1/2023	Approved	Facet joint are joints in the spine that aid stability and allow the spine to bend and twist. Facet joint injections are a type of interventional pain management technique and to dispance or treat back pain. Interactional blocks	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, Modify Insurance for the	Exclude claims that have a "claim paid date" which is more than 3 years prior to the ADR letter date (complex explant)
0095 - Facet Joint Interventions: Medical Necessity and Documentation Requirements	Complex	Hospital Inpatient (Part B) – 12X, Outpatient – 13X, Ambulatory Surgery (ASC) – 83X or POS 24 with TOS F	4 - all applicable states	2/1/2023	Approved	Facet joint are joints in the spine that aid stability and allow the spine to bend and twist. Facet joint injections are a type of interventional pain management technique	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, Modify Insurance for the	Exclude claims that have a "claim paid date" which is more than 3 years prior to the ADR letter date (complex exclusive).
0098 - Critical Care Professional Services: Unbundling	Automated	Part B Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	6/18/2018	Approved	Certain CPT codes for Part B Professional services for the same Beneficiary, same Date of Service, and Same Provider will be recovered as overpayments as they are not payable when performed on the same day a physician 34004, 34650, 94562, 94760, 94761.	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	Claims that have a claim paid date which is less than 3 years prior to the informational letter date (automated review)
0098 - Critical Care Professional Services: Unbundling	Automated	Part B Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	6/18/2018	Approved	Certain CPT codes for Part B Professional services for the same Beneficiary, same Date of Service, and Same Provider will be recovered as overpayments as they are not naviable when performed on the same day a physician 34000, 3451, 3452, 34758, 34002, 94003, 3401, 34610, 34660, 34662, 34760, 34761.	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	Claims that have a claim paid date which is less than 3 years prior to the informational letter date (automated
0099 - Skilled Nursing Facility Consolidated Billing: Unbundling	Automated	Outpatient Facility	3 - all applicable states	6/25/2018	Approved	Payment for the Skilled Nursing Facility (SNF) services, listed in the SNF Consolidated Billing Table, Major Category I.F and V.A., provided to beneficiaries by the outstation facility. In a Medicare covered Bart & SNE stav.	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	Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter (automated review)
0099 - Skilled Nursing Facility Consolidated Billing: Unbundling	Automated	Outpatient Facility	4 - all applicable states	6/25/2018	Approved	Payment for the Skilled Nursing Facility (SNF) services, listed in the SNF Consolidated Billing Table, Major Category I.F and V.A., provided to beneficiaries by the outstatient facility, in a Medicare covered Bart & SNF, stay.	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	Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter (automated rayiow).

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
Tenen Topic	neview type	Trovider Type	negions and states	Васе пррготеа	7.pprovar status	CMS has designated certain codes as "add-on	America codes	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0100 - Add-On Code Paid without Primary Code and/or Denied Primary Code: Clinical Laboratory	Automated	Laboratory	3 - all applicable states	6/20/2018	Approved	procedures". These services are always done in conjunction with another procedure and are only payable	17311-17315, 81265, 81415, 81425, 81535	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	which is less than 3 years prior to the Informational Letter date.
						when an appropriate primary service is also hilled. Clinical		2.Social Security Act (SSA). Title XVIII- Health Insurance for the	illioillatiollal Letter date.
						CMS has designated certain codes as "add-on	17311-17315, 81265, 81415, 81425,	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0100 - Add-On Code Paid without Primary Code and/or Denied Primary	Automated	Laboratory	4 - all applicable states	6/20/2018	Approved	procedures". These services are always done in	81535, 82951, 86825, 87186, 87188,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Code: Clinical Laboratory						conjunction with another procedure and are only payable	87502, 87903, 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164-	Coverage and Medicare as a Secondary Payer 2 Social Security Act (SSA). Title XVIII- Health Insurance for the	Informational Letter date.
						APC coding requires that procedural information, as	00140. 00130. 00132. 00133. 00184-	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0101 - Ambulatory Payment Classification Coding Validation	Complex	Outpatient Hospital (Part B)	3 - all applicable states	7/26/2018	Approved	coded and reported by the hospital on its claim, match	Claims with status indicators (SI) = J1, S, or	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Ambulatory rayment classification coding variation	Complex	outpatient nospital (Fart b)	an applicable states	7/20/2010	Арргочей	both the attending physician description and the	ciams with states melectors (si) 51, 5, 6.	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
						APC coding requires that procedural information, as		1.Social Security Act (SSA), Title XVIII. Health Insurance for the	Exclude from review claims having a
0101 - Ambulatory Payment Classification Coding Validation	Complex	Outpatient Hospital (Part B)	4 - all applicable states	7/26/2018	Approved	coded and reported by the hospital on its claim, match	Claims with status indicators (SI) = J1, S, or	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
7 Tanibalatory Cayment classification country validation	complex	outputient nospital (Fart 5)	an applicable states	7,20,2010	Approved	both the attending physician description and the		Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
						information contained in the beneficiary's medical record CMS has designated certain codes as "add-on		2 Social Security Act (SSA). Title XVIII- Health Insurance for the 1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0104 - Add-on Code Paid without Primary Code and/or Denied Primary	Automated	Ambulatory Surgery Center (ASC)	3 - all annlicable states	7/24/2018	Approved	procedures". These services are always done in	Add-on Codes: https://www.cms.gov/ncci-	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Code – Ambulatory Surgical Center	Automateu	Ambulatory surgery center (ASC)	o all applicable states	7/24/2010	Арргочеа	conjunction with another procedure and are only payable	rida on codes. https://www.ems.gov/neer	Coverage and Medicare as a Secondary Payer	informational letter date (automated
						CMS has designated certain codes as "add-on		2 Social Security Act (SSA). Title XVIII- Health Insurance for the 1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0104 - Add-on Code Paid without Primary Code and/or Denied Primary						procedures". These services are always done in		Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Code – Ambulatory Surgical Center	Automated	Ambulatory Surgery Center (ASC)	4 - all applicable states	7/24/2018	Approved	conjunction with another procedure and are only payable	Add-on Codes: https://www.cms.gov/ncci-	Coverage and Medicare as a Secondary Payer	informational letter date (automated
						when an appropriate primary service is also paid. ASC		2 Social Security Act (SSA) Title XVIII. Health Insurance for the	review)
		Professional Services				Under the Medicare Physician Fee schedule (MPFS), some		Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date" that
0108 - Facility vs Non-Facility Reimbursement: Incorrect Coding	Automated	(Physician/Non-Physician	3 - all applicable states	9/11/2018	Approved	procedures have separate rates for physicians' services	All CPT/HCPCS codes with site-of-service d	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	is more than 6 months prior to the
		Practitioner)				when provided in facility and non-facility settings. The		Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA). Title XVIII- Health Insurance for the	informational letter date will be
		Professional Services				Under the Medicare Physician Fee schedule (MPFS), some		Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date" that
0108 - Facility vs Non-Facility Reimbursement: Incorrect Coding	Automated	(Physician/Non-Physician	4 - all applicable states	9/11/2018	Approved	procedures have separate rates for physicians' services	All CPT/HCPCS codes with site-of-service d	Agod and Disabled Section 1962/a\/1\/A\ Evalusions from	is more than 6 months prior to the
oloo radiity to non radiity tembaraciient medirect edamg	ratomatea	Practitioner)	T un applicable states	3/11/2010	присчен	when provided in facility and non-facility settings. The	7 in cir 1,7 nei es codes man site en service d	Coverage and Medicare as a Secondary Payer	informational letter date will be
		2 () 10)				When a Part B CPT/HCPCS code listed on File 2		Social Security Act (SSA). Title YVIII- Health Insurance for the Social Security Act (SSA), Title XVIII- Health Insurance for the	Include Claims that have a "claim paid
0110 - Skilled Nursing Facility Consolidated Billing: Part B – Use of	Automated	Professional Services		0/20/2040		(Professional Components of Services to be Submitted	CPT/HCPCS codes listed on the CMS File 2	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	date" which is less than 3 years prior to
Modifier 26, Professional Component	Automated	(Physician/Non-Physician Practitioner)	3 - all applicable states	9/20/2018	Approved	with a 26 Modifier) is billed during a paid inpatient Part A	CPT/HCPC3 codes listed off the Civis File 2	Coverage and Medicare as a Secondary Payer	the Informational Letter date.
						SNE ctay without modifier 26 the Part P claim will be		2 Social Socurity Act (22) Title VIIII Health Incurance for the	
0110 - Skilled Nursing Facility Consolidated Billing: Part B – Use of		Professional Services				When a Part B CPT/HCPCS code listed on File 2 (Professional Components of Services to be Submitted		1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Include Claims that have a "claim paid date" which is less than 3 years prior to
Modifier 26, Professional Component	Automated	(Physician/Non-Physician	4 - all applicable states	9/20/2018	Approved	with a 26 Modifier) is billed during a paid inpatient Part A	CPT/HCPCS codes listed on the CMS File 2	Coverage and Medicare as a Secondary Payer	the Informational Letter date.
		Practitioner)				SNE stay, without modifier 26, the Part R claim will be		2 Social Security Act (SSA) Title XVIII- Health Insurance for the	
		Inpatient Hospital (Medicare				Documentation will be reviewed to determine if		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "paid claim date"
0111 - Transthoracic Echocardiography: Medical Necessity and Documentation Requirements	Complex	Part B only) (TOB 12X), Outpatient Hospital (TOB 13X),	3 - all applicable states	9/28/2018	Approved	transthoracic echocardiography meets Medicare coverage	93303, 93306, 93307, C8921, C8923	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Documentation Requirements		Skilled Nursing Facility - Inpatient				criteria, meets applicable coding guidelines, and/or is		Coverage and Medicare as a Secondary Payer 2 Social Security Act (SSA) Title XVIII- Health Insurance for the	ADR letter date.
		Inpatient Hospital (Medicare				Documentation will be reviewed to determine if		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "paid claim date"
0111 - Transthoracic Echocardiography: Medical Necessity and	Complex	Part B only) (TOB 12X),	4 - all applicable states	9/28/2018	Approved	transthoracic echocardiography meets Medicare coverage	93303, 93306, 93307, C8921, C8923	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Documentation Requirements		Outpatient Hospital (TOB 13X),	,,	., .,		criteria, meets applicable coding guidelines, and/or is	, , ,	Coverage and Medicare as a Secondary Payer	ADR letter date.
		Skilled Nursing Facility - Inpatient				Home Visits for professional services should not overlap	90901, 90912, 90913, 92507, 92508,	2 Social Security Act (SSA). Title YVIII. Health Insurance for the 1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0115 - Professional Claims with Place of Service Home Overlapping	Automated	Professional Claims (Physician/Non-Physician	3 - all applicable states	10/17/2018	Approved	an active Inpatient Stay. Professional claims billed with a	92521, 92522, 92523, 92524, 92526,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Inpatient Hospital Stay: Services Billed Not Rendered	Automateu	Practitioner)	5 - all applicable states	10/17/2016	Approved		92601, 92602, 92603, 92604, 92605,	Coverage and Medicare as a Secondary Payer	Informational Letter date (automated
		Tractitionery				hosnital stay will be denied	92606, 92607, 92608, 92609, 92610, 90901, 90912, 90913, 92507, 92508,	2 Social Security Act (SSA). Title YVIII. Health Insurance for the	review)
0115 - Professional Claims with Place of Service Home Overlapping		Professional Claims				Home Visits for professional services should not overlap an active Inpatient Stay. Professional claims billed with a	92521, 92522, 92523, 92524, 92526,	1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Claims that have a "claim paid date" which is less than 3 years prior to the
Inpatient Hospital Stay: Services Billed Not Rendered	Automated	(Physician/Non-Physician	4 - all applicable states	10/17/2018	Approved	home-related place of service that overlaps an inpatient	92601, 92602, 92603, 92604, 92605,	Coverage and Medicare as a Secondary Payer	Informational Letter date (automated
		Practitioner)				hasnital stay will be denied	92606, 92607, 92608, 92609, 92610.	2 Social Socurity Act (SSA) Title VVIII. Health Incurance for the	rovious
		Professional Services				HCPCS Codes with a PC/TC Indicator of "1" and billed with		Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0116 - Modifiers TC and 26: Incorrect Coding	Automated	(Physician/Non-Physician	3 - all applicable states	10/9/2018	Approved	either 26 or TC in any modifier field should be paid at	HCPCS Codes with a PC/TC Indicator of "1"	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
		Practitioner)				either the technical component or the professional		Coverage and Medicare as a Secondary Payer	Informational Letter date (automated
		Professional Services				HCPCS Codes with a PC/TC Indicator of "1" and billed with		Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0116 - Modifiers TC and 26: Incorrect Coding	Automated	(Physician/Non-Physician	4 - all applicable states	10/9/2018	Approved	either 26 or TC in any modifier field should be paid at	HCPCS Codes with a PC/TC Indicator of "1"	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
, and the second		Practitioner)		, ,		either the technical component or the professional		Coverage and Medicare as a Secondary Payer	Informational Letter date (automated
						Epidural injections are generally performed to treat pain		Social Security Act (SSA). Title XVIII- Health Insurance for the Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims having a "claim paid
0119- Epidural Steroid Injection: Medical Necessity and Documentation	Complex	Professional services, Outpatient	3 - all applicable states	9/12/2024	Approved	arising from spinal nerve roots. These procedures may be	62321 62323 64470 64490 64492 6449	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	date" which is more than 3 years prior
Requirements	Complex	Hospital	5 - an applicable states	9/12/2024	Approved	performed via three distinct techniques, each of which	02321, 02323, 04473, 04400, 04403, 0440	Coverage and Medicare as a Secondary Payer	to the Additional Documentation
						involves introducing a needle into the enidural snace by a		2 Social Security Act (SSA) Title YV/III- Health Insurance for the	Request Letter date, and the following
0119- Epidural Steroid Injection: Medical Necessity and Documentation		Professional services, Outpatient				Epidural injections are generally performed to treat pain arising from spinal nerve roots. These procedures may be		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims having a "claim paid date" which is more than 3 years prior
Requirements	Complex	Hospital	4 - all applicable states	9/12/2024	Approved	performed via three distinct techniques, each of which	62321, 62323, 64479, 64480, 64483, 64484	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	to the Additional Documentation
·						involves introducing a needle into the enidural snace by a		2 Social Security Act (SSA) Title XVIII. Health Insurance for the	Request Letter date, and the following
0123 Tashaisal Component of Diagrantis December 2		Professional Services				When billed on the same date of service as an inpatient		1. Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0123 - Technical Component of Diagnostic Procedures During Inpatient: Unbundling	Automated	(Physician/Non-Physician Practitioner): Independent	3 - all applicable states	12/11/2018	Approved	hospital claim, the Technical Component (TC) of	CPT Code Range 10000-99999 (Excluding C	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Onbunding		Diagnostic Testing Facility (IDTF)				diagnostics is not payable to the Part B provider. The		Coverage and Medicare as a Secondary Payer	informational results letter date
			•					The state of the s	

0123 - Technical Component of Diagnostic Procedures During Inpatient:	teview Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
		Professional Services				When billed on the same date of service as an inpatient		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
Inhundling	Automated	(Physician/Non-Physician	4 - all applicable states	12/11/2018	Approved	hospital claim, the Technical Component (TC) of	CPT Code Range 10000-99999 (Excluding Cl	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
znounumg		Practitioner); Independent		,,		diagnostics is not payable to the Part B provider. The		Coverage and Medicare as a Secondary Payer	informational results letter date
		Diagnostic Testing Facility (IDTF) Professional Services (Physical				technical component is performed by the facility while a		2 Social Security Act (SSA) Title YVIII- Health Insurance for the	(automated review)
		Therapist, Occupational				HCPCS/CPT Codes with a PC/TC Indicator "7" in the		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date"
0124 - Part B Therapies during Inpatient: Unbundling	Automated	Therapist, Speech Language	3 - all applicable states	11/30/2018	Approved	Medicare Physician Fee Schedule Data Base. Payment	HCPCS/CPT Codes with a PC/TC Indicator of	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
		Therapist in Private Practice)				may not be made if the service is provided to a hospital		Coverage and Medicare as a Secondary Payer 2 Social Security Act (SSA). Title XVIII. Health Insurance for the	informational letter date (automated
		Professional Services (Physical				HCPCS/CPT Codes with a PC/TC Indicator "7" in the		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date"
0124 - Part B Therapies during Inpatient: Unbundling	Automated	Therapist, Occupational	4 - all applicable states	11/30/2018	Approved	Medicare Physician Fee Schedule Data Base. Payment	HCPCS/CPT Codes with a PC/TC Indicator of	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
7124 - Part & Therapies during inpatient. Oribunuling	Automateu	Therapist, Speech Language	4 - all applicable states	11/30/2018	Арргочеи	may not be made if the service is provided to a hospital	inci es/ei i eddes with a re/re indicator of	Coverage and Medicare as a Secondary Payer	informational letter date (automated
		Therapist in Private Practice) Outpatient Facility; Ambulatory				innationt by a physical thoranist occupational thoranist		2 Social Socurity Act (SSA) Title VVIII. Health Incurance for the	rovious
		Surgery Center (ASC):				Surgical endoscopy includes diagnostic endoscopy. A		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0126 - Endoscopy Procedures: Diagnostic and Surgical Billed Same Day	Automated	Professional Services	3 - all applicable states	11/14/2018	Approved	diagnostic endoscopy HCPCS/CPT code shall not be	45378, 45330	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
		(Physician/Non-Physician				reported with a surgical endoscopy code. If multiple		Coverage and Medicare as a Secondary Payer	years prior to the date of the
		Outpatient Facility; Ambulatory				Surgical endoscopy includes diagnostic endoscopy. A		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0126 Forderson December Discounting and Constant Billed Const	Automated	Surgery Center (ASC);	4 -111:1-1 -+-4	11/14/2018	A	diagnostic endoscopy HCPCS/CPT code shall not be	45378, 45330	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
0126 - Endoscopy Procedures: Diagnostic and Surgical Billed Same Day	Automated	Professional Services	4 - all applicable states	11/14/2018	Approved	reported with a surgical endoscopy code. If multiple	45576, 45550	Coverage and Medicare as a Secondary Payer	years prior to the date of the
		(Physician/Non-Physician				andosconic services are nerformed, the most		2 Social Security Act (SSA) Title XVIII. Health Insurance for the	Informational Letter
2422 11 1 2 2 7 6 2 1 1 1 1 1 1 1						For purposes of coverage under Medicare, Hyperbaric		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0129 - Hyperbaric Oxygen Therapy for Diabetic Wounds: Medical	Complex	Outpatient Hospital TOB: 13X	3 - all applicable states	1/30/2019	Approved	Oxygen Therapy (HBOT) is a modality in which the entire	G0277	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Necessity and Documentation Requirements						body is exposed to oxygen under increased atmospheric		Coverage and Medicare as a Secondary Payer	years prior to ADR letter date
						For purposes of coverage under Medicare, Hyperbaric		Social Security Act (SSA). Title XVIII- Health Insurance for the Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0129 - Hyperbaric Oxygen Therapy for Diabetic Wounds: Medical						Oxygen Therapy (HBOT) is a modality in which the entire		Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Necessity and Documentation Requirements	Complex	Outpatient Hospital TOB: 13X	4 - all applicable states	1/30/2019	Approved	body is exposed to oxygen under increased atmospheric	G0277	Coverage and Medicare as a Secondary Payer	years prior to ADR letter date
, ,						pressure. The nationt is entirely enclosed in a pressure		2 Social Security Act (SSA). Title XVIII. Health Insurance for the	years prior to ribin letter date
		Ambulatory Surgical Center;				Panniculectomy billed for cosmetic purposes will not be		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0130 - Panniculectomy: Medical Necessity and Documentation	Complex	Professional Services	3 - all applicable states	2/13/2019	Approved	deemed medically necessary. In addition, panniculectomy	15830, 15847	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Requirements		(Physician/Non-Physician		, , ,		billed at the same time as an open abdominal surgery, or	,	Coverage and Medicare as a Secondary Payer	ADR letter date.
		Practitioner) Ambulatory Surgical Center;				if is incidental to another procedure is not separately		2 Social Security Act (SSA) Title XVIII. Health Insurance for the	Claires that have a "alaire said data"
0130 - Panniculectomy: Medical Necessity and Documentation		Professional Services				Panniculectomy billed for cosmetic purposes will not be		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
Requirements	Complex	(Physician/Non-Physician	4 - all applicable states	2/13/2019	Approved	deemed medically necessary. In addition, panniculectomy billed at the same time as an open abdominal surgery, or	15830, 15847	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	which is less than 3 years prior to the ADR letter date.
		Practitioner)				if is incidental to another procedure, is not congretely		2 Social Socurity Act (SSA) Title YVIII. Health Incurance for the	ADN letter date.
		Outpatient Hospital, Ambulatory				Documentation will be reviewed to determine whether		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims having a "paid claim
0134 - Cryosurgery of the Prostate: Medical Necessity and Documentation	Complex	Surgery Center, and Professional	3 - all applicable states	2/5/2019	Approved	Cryosurgery of the Prostate Gland services met Medicare	55873	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	date" which is more than 3 years prior
Requirements	complex	Services (Physician/Non-	coverage criteria and were reasonable and necessary.		Coverage and Medicare as a Secondary Payer	to the ADR letter date.			
		Physician Practitioner) Outpatient Hospital, Ambulatory				December 1 and 1 be an invested to determine whether		2 Social Security Act (SSA) Title VVIII- Health Insurance for the	Fundamental de la companya de la com
0134 - Cryosurgery of the Prostate: Medical Necessity and Documentation		Surgery Center, and Professional				Documentation will be reviewed to determine whether		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims having a "paid claim
Requirements	Complex	Services (Physician/Non-	4 - all applicable states	2/5/2019	Approved	Cryosurgery of the Prostate Gland services met Medicare coverage criteria and were reasonable and necessary.	55873	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	date" which is more than 3 years prior to the ADR letter date.
requirements		Physician Practitioner)				coverage criteria and were reasonable and necessary.		2 Social Security Act (SSA) Title XVIII- Health Insurance for the	to the ADR letter date.
						Cardiac rehabilitation (CR) is a physician or non-physician		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0135 - Cardiac Rehabilitation: Medical Necessity and Documentation	Complex	Outpatient Hospital (TOB 13X)	3 - all applicable states	3/7/2019	Approved	practitioner-supervised program that furnishes physician	93797, 93798, G0422, G0423	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Requirements	complex	Suspending Hospital (100 15%)	o an applicable states	5/1/2015	прриотеа	prescribed exercise; cardiac risk factor modification,	33737, 33730, 00 122, 00 123	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date.
						including education, counseling, and hehavioral		2 Social Security Act (SSA) Title XVIII- Health Insurance for the	
						Cardiac rehabilitation (CR) is a physician or non-physician		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
1135 - Cardiac Rehabilitation: Medical Necessity and Documentation	Complex	Outpatient Hospital (TOB 13X)	4 - all applicable states	3/7/2019	Approved	practitioner-supervised program that furnishes physician	93797, 93798, G0422, G0423	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
0135 - Cardiac Rehabilitation: Medical Necessity and Documentation									
0135 - Cardiac Rehabilitation: Medical Necessity and Documentation Requirements						prescribed exercise; cardiac risk factor modification,		Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date.
The state of the s						including education, counseling, and behavioral Radiographs of the chest are common tests performed in		Coverage and medicare as a secondary Payer Social Security Act (SSA). Title XVIII. Health Insurance for the 1.Social Security Act (SSA), Title XVIII- Health Insurance for the	years prior to the ADR letter date. Exclude from review claims with Dates
Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and	Complex	Outnatient Hospital (TOR 13X)	3 - all annlicable states	4/15/2019	Approved	including education, counseling, and hehavioral	71045 71046 71047 71048	2 Social Security Act (SSA) Title XVIII. Health Insurance for the	· ·
Requirements	Complex	Outpatient Hospital (TOB 13X)	3 - all applicable states	4/15/2019	Approved	Radiographs of the chest are common tests performed in	71045, 71046, 71047, 71048	2 Social Security Act (SSA). Title XVIIIs Health Insurance for the 1. Social Security Act (SSA), Title XVIIIs Health Insurance for the	Exclude from review claims with Dates
Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and	Complex	Outpatient Hospital (TOB 13X)	3 - all applicable states	4/15/2019	Approved	including aducation, counseling, and behavioral Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital opicodes, civilled outsign facilities, hopper, and	71045, 71046, 71047, 71048	2 Social Security Act (SSA). Title XVIII. Health Insurance for the 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 186(3)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA). Title XVIII. Health Insurance for the	Exclude from review claims with Dates of Service prior to May 12, 2023
Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital (TOB 13X)	3 - all applicable states	4/15/2019	Approved	including advestion counciling and behavioral Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient becomist action of the chest are common tests performed in		2. Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII. Health Insurance for the 1. Social Security Act (SSA), Title XVIII. Health Insurance for the	Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude from review claims with Dates
Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and	Complex	Outpatient Hospital (TOB 13X) Outpatient Hospital (TOB 13X)	3 - all applicable states 4 - all applicable states	4/15/2019 4/15/2019	Approved Approved	Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital engineers, experienced of the chest are common tests performed in many outpatient offices (radiology and many others),	71045, 71046, 71047, 71048	2. Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Exclude from review claims with Dates of Service prior to May 12, 2023
Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements	·					including advestion counciling and behavioral Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient becomist action of the chest are common tests performed in		2. Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII. Health Insurance for the 1. Social Security Act (SSA), Title XVIII. Health Insurance for the	Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude from review claims with Dates
Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and	·					including aducation councelling and behavioral Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital opicades chilled nuclear facilities began and Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital departments, inpatient hospital departments, inpatient		2. Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA). Title XVIIII. 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	Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude from review claims with Dates of Service prior to May 12, 2023
Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and	Complex	Outpatient Hospital (TOB 13X)	4 - all applicable states	4/15/2019	Approved	Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital opicodes chilled nursion facilities homes and Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital opicodes chilled nursion facilities homes and Physical therapy, Occupational therapy, and/or Speech-	71045, 71046, 71047, 71048	2. Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude from review claims with Dates
Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements	·	Outpatient Hospital (TOB 13X) Professional Services (Physician/Non-Physician Practitioner); Physical Therapist;				including aducation councelling and behavioral Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital opicades chilled nuclear facilities began and Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital departments, inpatient hospital departments, inpatient		2. Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A). Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A). Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A). Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA). Title XVIII. Health Insurance for the 1. Social Security Act (SSA). Title XVIII. Health Insurance for the	Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude claims having a "claim paid
Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0138 - Skilled Nursing Facility Consolidated Billing for Therapies:	Complex	Outpatient Hospital (TOB 13X) Professional Services (Physician/Non-Physician Practitioner); Physical Therapist; Occupational Therapist; Speech-	4 - all applicable states	4/15/2019	Approved	actuations adveation, counseling and behavioral Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital colorodes chilled nucrious facilities, homose, and Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital opicodes chilled nucrious facilities homose, and hybrical therapy, Occupational therapy, and/or Speech- Language pathology services, regardless of whether they are furnished by (or under the supervision of) a physician or other health care professional, are hundled into the	71045, 71046, 71047, 71048	2. Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 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 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 2. Social Security Act (SSA), Title XVIIII. Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII. Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter date (automated review).
Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling	Complex	Outpatient Hospital (TOB 13X) Professional Services (Physician/Non-Physician Practitioner); Physical Therapist; Occupational Therapist; Soeech- Professional Services	4 - all applicable states	4/15/2019	Approved	Including aducation, counseling and babasicaral Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital objects of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient clinics, outpatient hospital departments, inpatient hospital tenders, inpatient hospital tenders, inpatient hospital tenders, inpatient hospital tenders, country of the coun	71045, 71046, 71047, 71048	2. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII. Health Insurance for the 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(a)- Payment of Benefits 1. Social Security Act (SSA), Title XVIII. Health Insurance for the 1. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits 2. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits 2. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A). Exclusions from 1. Social Security Act (SSA), Title XVIIII. Health Insurance for the	Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter date (automated residual) Exclude claims having a "claim paid
Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling 0138 - Skilled Nursing Facility Consolidated Billing for Therapies:	Complex	Outpatient Hospital (TOB 13X) Professional Services (Physician/Non-Physician Practitioner); Physical Therapist; Occupational Therapist; Soeech- Professional Services (Physician/Non-Physician	4 - all applicable states	4/15/2019	Approved	including aducation, councelling and behavioral Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital aducation shall departments, inpatient hospital aducation shall be a supported by the first performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital departments, inpatient hospital departments, inpatient hospital departments, inpatient hospital departments, or and Physical therapy, Occupational therapy, and/or Speech-language pathology services, regardless of whether they are furnished by (or under the supervision of) a physician or other health case professional are hundled into the Physical therapy, Occupational therapy, and/or Speech-language pathology services, regardless of whether they	71045, 71046, 71047, 71048	2. Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A). Exclusions from Coverage and Medicare as a Secondary Payer 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 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 1. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1833(e). Payment of Benefits 2. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1833(e). Payment of Benefits	Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter date (automated review). Exclude claims having a "claim paid date" which is more than 3 years prior
Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling	Complex	Outpatient Hospital (TOB 13X) Professional Services (Physician/Non-Physician Practitioner); Physicial Therapist; Occupational Therapist: Sneech- Professional Services (Physician/Non-Physician Practitioner); Physical Therapist;	4 - all applicable states 3 - all applicable states	4/15/2019 2/20/2019	Approved Approved	actuation adveation, counsaling and babasional Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital outpatient business facilities, basses, and Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital objected of the properties of the	71045, 71046, 71047, 71048 Therapy CPT/HCPCS codes Included in File	2 Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 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 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 1. Social Security. Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 1. Social Security Act (SSA), Title XVIIII Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter date (automated residual) Exclude claims having a "claim paid
Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling 0138 - Skilled Nursing Facility Consolidated Billing for Therapies:	Complex	Outpatient Hospital (TOB 13X) Professional Services (Physician/Non-Physician Practitioner); Physical Therapist; Occupational Therapist; Soeech- Professional Services (Physician/Non-Physician	4 - all applicable states 3 - all applicable states	4/15/2019 2/20/2019	Approved Approved	Including advastion - councelling and behavioral Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital objects of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital objects of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital objects of the chest of the c	71045, 71046, 71047, 71048 Therapy CPT/HCPCS codes Included in File	2. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 7. Social Security Act (SSA), Title XVIII. Health Insurance for the 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 7. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1883(a)- Payment of Benefits 2. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1833(a)- Payment of Benefits 2. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A). Exclusions from 1. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII. Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII. Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII. Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII. Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII. Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII. Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII. Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII. Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security	Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter date (Jautomated review). Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter date (Jautomated review).
Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling 0138 - Skilled Nursing Facility Consolidated Billing for Therapies:	Complex Automated Automated	Outpatient Hospital (TOB 13X) Professional Services (Physician/Non-Physician Practitioner); Physical Therapist; Occupational Therapist; Speech- Professional Services (Physician/Non-Physician Practitioner); Physical Therapist; Occupational Therapist; Speech-	4 - all applicable states 3 - all applicable states 4 - all applicable states	4/15/2019 2/20/2019 2/20/2019	Approved Approved	actuation adveation, counsaling and babasional Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital departments, inpatient hospital colored cellidid nursion facilities, hospital hospital produced cellidid nursion facilities, hospital departments, inpatient many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital departments, and/or Speech-Language pathology services, regardless of whether they are furnished by (or under the supervision of) a physician crubsch patient care offices in the physicial therapy, Occupational therapy, and/or Speech-Language pathology services, regardless of whether they are furnished by (or under the supervision of) a physician or other health care organical are hundled into the Vertebroplasty and kyphoplasty will be reviewed for	71045, 71046, 71047, 71048 Therapy CPT/HCPCS codes Included in File Therapy CPT/HCPCS codes Included in File	2. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 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 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 1. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 1. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled Saction 1835(a)- Title XVIII. Health Insurance for the Aged and Disabled Saction 1857(a) Title XVIII. Health Insurance for the Aged and Disabled Saction 1857(a) Title XVIII. Health Insurance for the Aged Saction 1857(a) Title XVIII. Health Insurance for the Aged Saction 1857(a) Title XVIII. Health Insurance for the Aged Saction 1857(a) Title XVIII. Health Insurance for the Aged Saction 1857(a) Title XVIII. Health Insurance for the Aged Saction 1857(a) Title XVIII. Health Insurance for the Aged Saction 1857(a) Title XVIII. Health Insurance for the Aged Saction 1857(a) Title XVIII. Health Insurance for the Aged Saction 1857(a) Title XVIII. Health Insurance for the Aged Saction 1857(a) Title XVIII.	Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter date (automated review) Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter date (automated review) Claims having a "paid claim date"
Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling 0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling	Complex	Outpatient Hospital (TOB 13X) Professional Services (Physician/Non-Physician Practitioner); Physical Therapist; Occupational Therapist: Speech- Professional Services (Physician/Non-Physician Practitioner); Physical Therapist; Occupational Therapist: Speech- Outpatient Hospital (OPH),	4 - all applicable states 3 - all applicable states	4/15/2019 2/20/2019	Approved Approved	including aducation, counseling and behavioral Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital order and respectively. A second of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient clinics, outpatient hospital departments, inpatient hospital departments, inpatie	71045, 71046, 71047, 71048 Therapy CPT/HCPCS codes Included in File Therapy CPT/HCPCS codes Included in File	2. Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII- Health Insurance for the 1. Social Security Act (SSA), Title XVIII. Health Insurance for the 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 1. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 1. Social Security Act (SSA), Title XVIIII Health Insurance for the Aged and Disabled, Section 1852(a)(1)(A)- Exclusions from 1. Social Security Act (SSA), Title XVIIII Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from 1. Social Security Act (SSA), Title XVIIII Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter date (automatad review). Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter date (automatad review). Claims having a "gaid claim date" which is less than 3 years prior to the informational letter date (automatad review).
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Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling 0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling 0139 - Vertebroplasty or Kyphoplasty: Medical Necessity and Documentation Requirements	Complex Automated Automated	Outpatient Hospital (TOB 13X) Professional Services (Physician/Non-Physician Practitioner); Physical Therapist; Occupational Therapist; Speech- Professional Services (Physician/Non-Physician Practitioner); Physical Therapist; Occupational Therapist; Speech- Outpatient Hospital (OPH), Ambulatory Surgery Center (ASC), and Professional Services (Physician/Non-Physician Outpatient Hospital (OPH),	4 - all applicable states 3 - all applicable states 4 - all applicable states	4/15/2019 2/20/2019 2/20/2019	Approved Approved	Including aducation - counseling and behavioral Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital original repairs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient offices (radiology and many others), clinics, outpatient obspital departments, inpatient hospital obspital departments, and/or Speech-Language pathology services, regardless of whether they are furnished by (or under the supervision of) a physician or other health case nordescional are hundled into the Physical therapy, Occupational therapy, and/or Speech-Language pathology services, regardless of whether they are furnished by (or under the supervision of) a physician or other health case nordescional are hundled into the Vertebroplasty and kyphoplasty will be reviewed for medical necessity whether billed as an initial procedure, a repeat procedure (beyond once in a lifetime) or if nearformed at more than one wardshral laval.	71045, 71046, 71047, 71048 Therapy CPT/HCPCS codes Included in File- Therapy CPT/HCPCS codes Included in File- 22510, 22511, 22512, 22513, 22514, 22515	2. Social Security Act (SSA), Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 3. 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. 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 1833(e)- Payment of Benefits 2. 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 1833(e)- Payment of Benefits 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1852(a)(1)(A)- Exclusions from 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 XVIIII- Health Insurance for the Aged and Disabled, Section 1816(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 3. Social Security Act (SSA), Title XVIII- Health Insurance for the Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section Aged And Disabled, S	Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter date fautomated review) Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter date fautomated review) Claims having a "paid claim date" which is less than 3 years prior to the ADR letter date Claims having a "paid claim date"
Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0136 - Radiologic Examination of the Chest: Medical Necessity and Documentation Requirements 0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling 0138 - Skilled Nursing Facility Consolidated Billing for Therapies: Unbundling	Complex Automated Automated	Outpatient Hospital (TOB 13X) Professional Services (Physician/Non-Physician Practitioner); Physicial Therapist; Occupational Therapist: Sneech- Professional Services (Physician/Non-Physician Practitioner); Physicial Therapist; Occupational Therapist: Sneech- Outpatient Hospital (OPH), Ambulatory Surgery Center (ASC), and Professional Services (Physician/Non-Physician	4 - all applicable states 3 - all applicable states 4 - all applicable states	4/15/2019 2/20/2019 2/20/2019	Approved Approved	actuation adveation, counsaling and behavioral Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital colorodes, chilled nursion facilities, hospics, and Radiographs of the chest are common tests performed in many outpatient offices (radiology and many others), clinics, outpatient hospital departments, inpatient hospital objective theory of the colorodes, chilled hospital objective theory physical therapy, Occupational therapy, and/or Speech- Language pathology services, regardless of whether they are furnished by (or under the supervision of) a physician or other health care ordersional are hundled into the Physical therapy, Occupational therapy, and/or Speech- Language pathology services, regardless of whether they are furnished by (or under the supervision of) a physician or other health care ordersional are hundled into the Vertebroplasty and kyphoplasty will be reviewed for medical necessity whether billed as an initial procedure, a repeat procedure (beyond once in a lifetime) or if engardermed at moore than one worthers! level	71045, 71046, 71047, 71048 Therapy CPT/HCPCS codes Included in File- Therapy CPT/HCPCS codes Included in File- 22510, 22511, 22512, 22513, 22514, 22515	2 Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 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 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 1. Social Security Act (SSA), Title XVIII Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 1. Social Security Act (SSA), Title XVIIII Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII 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 XVIIII 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 XVIIII Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude from review claims with Dates of Service prior to May 12, 2023 Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter date (automated review) Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter date (automated review) Exclude claims having a "claim paid date" which is more than 3 years prior to the informational letter date (automated review) Claims having a "paid claim date" which is less than 3 years prior to the ADR letter date

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
0140 - Pulmonary Rehabilitation: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital (TOB 13X)	3 - all applicable states	3/27/2019	Approved	Pulmonary rehabilitation (PR) is a physician or nonphysician practitioner-supervised program for COPD and certain other chronic respiratory diseases designed to	94625, 94626	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	Exclude from review claims with Dates of Service prior to May 12, 2023
0140 - Pulmonary Rehabilitation: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital (TOB 13X)	4 - all applicable states	3/27/2019	Approved	Pulmonary rehabilitation (PR) is a physician or nonphysician practitioner-supervised program for COPD and certain other chronic respiratory diseases designed to	94625, 94626	2 Social Security Act (SSA). Title XVIII. Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A): Exclusions from Coverage and Medicare as a Secondary Payer.	Exclude from review claims with Dates of Service prior to May 12, 2023
0142 - Ambulatory Surgical Center Services Billed During a Covered Part A Skilled Nursing Facility Stay: Unbundling	Automated	Ambulatory Surgical Center (ASC), Skilled Nursing Facility (SNF)	3 - all applicable states	4/2/2019	Approved	Services provided by a freestanding non-hospital ASC (Ambulatory Surgery Center) are included under the SNF Consolidated Billing Provisions. Certain services are not available because they are included in SNF Consolidated.	Annual SNF Consolidated Billing Part A MA	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 XVIIII Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 2. Social Security Act (SSA), Title XVIIII Health Insurance for the Aged and Disabled, Section 1857(a)(1)(1)). Explaining from	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated
0142 - Ambulatory Surgical Center Services Billed During a Covered Part A Skilled Nursing Facility Stay: Unbundling	Automated	Ambulatory Surgical Center (ASC), Skilled Nursing Facility (SNF)	4 - all applicable states	4/2/2019	Approved	Services provided by a freestanding non-hospital ASC (Ambulatory Surgery Center) are included under the SNF Consolidated Billing Provisions. Certain services are not payable because they are included in SNF Consolidated	Annual SNF Consolidated Billing Part A MA	Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1857(a)/1/A/A, Exclusions from	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated review)
0143 - Vitamin D Assay Testing: Medical Necessity and Documentation Requirements	Complex	Laboratory Services	4 - all applicable states	4/15/2019	Approved	avaishe because they are included in SNE Consolidated Vitamin Diad assay is only reimbursable under Medicare when it meets the indications under the applicable LCDs and not as a routine screening according to 42 CFR 410.32(a). Claim lines that do not meet the coverage	82306, 82652	Aged and Nicabled Section, 1867(4)/11/A). Exclusions from 1. Social Security Act (SSA), Title XVIIII - 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	Exclude claims paid more than 3 years prior to the ADR date.
0145 - Endovenous Radiofrequency Ablation and Endovenous Laser Treatment for Lower Extremity Varicose Veins: Medical Necessity and Documentation Requirements	Complex	Ambulatory Surgical Center (ASC), Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	4/2/2019	Approved	Documentation will be reviewed to determine if claims for Endovenous Radiofrequency Ablation (ERFA) and Endovenous Laser Treatment (EVLT) for Lower Extremity Various Vains ment Medicare coverage criteria, meets	36475, 36476, 36478, 36479, 76937	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	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date
0145 - Endovenous Radiofrequency Ablation and Endovenous Laser Treatment for Lower Extremity Varicose Veins: Medical Necessity and Documentation Requirements	Complex	Ambulatory Surgical Center (ASC), Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	4/2/2019	Approved	Documentation will be reviewed to determine if claims for Endovenous Radiofrequency Ablation (ERFA) and Endovenous Laser Treatment (EVLT) for Lower Extremity Various Vains meet Medicare coverage criteria, meets	7 36475, 36476, 36478, 36479, 76937	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	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date
0146 - Computed Tomography Scans: Excessive Units	Automated	Professional Services (Physician/Non-Physician Practitioner); Outpatient Hospital	3 - all applicable states	3/27/2019	Approved	When a more extensive CT Scan is performed on the same site as a less extensive CT Scan, the less extensive CT Scan is bundled into the more extensive CT Scan.	2 70450, 70460, 70470, 70480, 70481, 70482	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 Page.	Claims that have a "paid claim date" which is less than 3 years prior to the Review Results Letter Date (automated review)
0146 - Computed Tomography Scans: Excessive Units	Automated	Professional Services (Physician/Non-Physician Practitioner); Outpatient Hospital	4 - all applicable states	3/27/2019	Approved	When a more extensive CT Scan is performed on the same site as a less extensive CT Scan, the less extensive CT Scan is bundled into the more extensive CT Scan.	2 70450, 70460, 70470, 70480, 70481, 70482	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 Page. Social Security Act (SSA), Title XVIII, Bayer	Claims that have a "paid claim date" which is less than 3 years prior to the Review Results Letter Date (automated review)
0147 - Magnetic Resonance Imaging Procedures: Excessive Units	Automated	Professional Services (Physician/Non-Physician Practitioner); Outpatient Hospital	3 - all applicable states	3/29/2019	Approved	When a more extensive Magnetic Resonance Imaging (MRI) Procedure is performed on the same site as a less extensive MRI procedure, the less extensive MRI procedure is bundled into the more extensive MRI	70540, 70542, 70543, 70544, 70545, 70546	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 Social Security Act (SSA). Title XVIII- Health Insurance for the	Claims that have a "claim paid date" which is less than three years prior to the Review Results Letter date
0147 - Magnetic Resonance Imaging Procedures: Excessive Units	Automated	Professional Services (Physician/Non-Physician Practitioner); Outpatient Hospital	4 - all applicable states	3/29/2019	Approved	When a more extensive Magnetic Resonance Imaging (MRI) Procedure is performed on the same site as a less extensive MRI procedure, the less extensive MRI procedure is bundled into the more extensive MRI	70540, 70542, 70543, 70544, 70545, 70546	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	Claims that have a "claim paid date" which is less than three years prior to the Review Results Letter date (automated raview)
0149 - Subsequent Hospital Visit and Discharge Day Management on the Same Day: Unbundling	Automated	Professional Services (Physician/Non-Physician Practitioner); exclude non- physician practitioner codes 50	3 - all applicable states	4/22/2019	Approved	CMS does not reimburse both a subsequent hospital visit in addition to hospital discharge day management service on the same day by the same physician. CPT codes 99231 99232 will be considered overnayments and will be	99231 – 99233	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	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated review)
0149 - Subsequent Hospital Visit and Discharge Day Management on the Same Day: Unbundling	Automated	Professional Services (Physician/Non-Physician Practitioner); exclude non- physician practitioner codes 50	4 - all applicable states	4/22/2019	Approved	CMS does not reimburse both a subsequent hospital visit in addition to hospital discharge day management service on the same day by the same physician. CPT codes 99231 99232 will be considered overnayments and will be	99231 – 99233	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	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated review)
0150 - Mohs Micrographic Surgery: Incorrect Coding and Incorrect Units Billed	Complex	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	4/30/2019	Approved	Mohs Micrographic Surgery is a two-step process in which: 1) The tumor is removed in stages, followed by immediate histologic evaluation of the margins of the processor (2) and 2) Additional precision and evaluation is	17312, 17314	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, Mealth Insurance for the	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0150 - Mohs Micrographic Surgery: Incorrect Coding and Incorrect Units Billed	Complex	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	4/30/2019	Approved	Mohs Micrographic Surgery is a two-step process in which: 1) The tumor is removed in stages, followed by immediate histologic evaluation of the margins of the processor(s) and 2) Additional precision and evaluation is	17312, 17314	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, Modify Insurance for the	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0151 - Physician/Non-Physician Practitioner Coding Validation	Complex	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	4/24/2019	Approved	The Medicare Physician Fee Schedule (MPFS) is the primary method of payment for enrolled health care professionals. Documentation will be reviewed to determine if professional services that affecting MPFS	CMS Medicare Physician Fee Schedule stat	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 Social Security Act (SSA) Title XVIII- Health Insurance for the	Exclude claims that have a "paid claim date" which is more than 3 years prior to the ADR letter date.
0151 - Physician/Non-Physician Practitioner Coding Validation	Complex	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	4/24/2019	Approved	The Medicare Physician Fee Schedule (MPFS) is the primary method of payment for enrolled health care professionals. Documentation will be reviewed to datarmine if professional sonices that affecting MPES	CMS Medicare Physician Fee Schedule stat	1. Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims that have a "paid claim date" which is more than 3 years prior to the ADR letter date.
0153 - Ambulatory Surgical Center Coding Validation	Complex	Ambulatory Surgical Center (ASC)	3 - all applicable states	5/28/2019	Approved	Ambulatory Surgical Center (ASC) coding requires that procedural information, as coded and reported by the ASC on its claim, match both the physician description and the information, contained in the heneficiary's medical record.	Claims with payment indicator A2; G2; J8; I	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) THE XVIII- Health Insurance for the	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0153 - Ambulatory Surgical Center Coding Validation	Complex	Ambulatory Surgical Center (ASC)	4 - all applicable states	5/28/2019	Approved	Ambulatory Surgical Center (ASC) coding requires that procedural information, as coded and reported by the ASC on its claim, match both the physician description and the	Claims with payment indicator A2; G2; J8; I	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	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description Affected Codes	Additional Information	Date of Service
never ropic	neview Type		negions and states	Bate ripproved	ripproval status	Medical documentation for ambulance services will be	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0154 - Non-Emergency Ambulance Services- Advanced Life Support and	Committee	Ambulance Providers, Carrier	2 -111:1	E /22 /2010	A	reviewed to determine the Medicare defined conditions A0426, A0428, A0425	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Basic Life Support: Medical Necessity and Documentation Requirements	Complex	claims with provider specialty	3 - all applicable states	5/22/2019	Approved	have been met for payment.	Coverage and Medicare as a Secondary Payer	years prior to ADR Letter date as well
		code 59.					2 Social Security Act (SSA). Title XV/III. Health Insurance for the	as state/date exclusions
		Ambulance Providers, Carrier				Medical documentation for ambulance services will be	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0154 - Non-Emergency Ambulance Services- Advanced Life Support and	Complex	claims with provider specialty	4 - all applicable states	5/22/2019	Approved	reviewed to determine the Medicare defined conditions A0426, A0428, A0425	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Basic Life Support: Medical Necessity and Documentation Requirements	·	code 59.				have been met for payment.	Coverage and Medicare as a Secondary Payer	years prior to ADR Letter date as well
		Hospital Outpatient (TOB 13X);				Markitian and idea of the control of	2 Social Security Act (SSA) Title YVIII. Health Insurance for the	as state/date exclusions:
0157 - Discontinued Procedure Prior to the Administration of Anesthesia:		Ambulatory Surgery Center				Modifiers provide a way for hospitals to report and be	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
Documentation Requirements	Complex	(Place of Service 24 with Type of	3 - all applicable states	6/28/2019	Approved	paid for expenses incurred in preparing a patient for Paid HCPCS with one of the following ICD-:	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	"claim paid date" which is more than 3 years prior to the ADR date
Bodanientation negatients		Service "F")				surgery and scheduling a room for performing the	2 Copied Copyrity Act (CCA). Title VVIII. Health Incurance for the	years prior to the ADR date
		Hospital Outpatient (TOB 13X);				Modifiers provide a way for hospitals to report and be	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0157 - Discontinued Procedure Prior to the Administration of Anesthesia:	Complex	Ambulatory Surgery Center	4 - all applicable states	6/28/2019	Approved	paid for expenses incurred in preparing a patient for Paid HCDCS with one of the following ICD-	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"claim paid date" which is more than 3
Documentation Requirements	Complex	(Place of Service 24 with Type of	4 - ali applicable states	0/20/2019	Approveu	surgery and scheduling a room for performing the	Coverage and Medicare as a Secondary Payer	years prior to the ADR date
		Service "F") Hospital Outpatient (Type of Bill				procedure where the service is subsequently	2 Social Security Act (SSA). Title YVIII. Health Insurance for the	
		(TOB) 13x). Skilled Nursing				On claims submitted by providers using the institutional	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0158 - Outpatient Therapy Services During Home Health: Unbundling	Automated	Facility (SNF) Outpatient (TOB	3 - all applicable states	7/15/2019	Approved	claim format, CWF enforces consolidated billing for CPT/HCPCS codes billed with Revenue cod	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
		23x) Outpatient Rehabilitation				outpatient therapies by recognizing as therapies all	Coverage and Medicare as a Secondary Payer	informational Letter date (automated
		Hospital Outpatient (Type of Bill				On claims submitted by providers using the institutional	1.Social Security Act (SSA). Title Will. Health Insurance for the	Claims that have a "claim paid date"
0150 Outsetient Theorem Continue During Heave Health, Habrardian	A	(TOB) 13x), Skilled Nursing	4 -111:1	7/45/2040	A	claim format, CWF enforces consolidated billing for CPT/HCPCS codes billed with Revenue cod	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
0158 - Outpatient Therapy Services During Home Health: Unbundling	Automated	Facility (SNF) Outpatient (TOB	4 - all applicable states	7/15/2019	Approved	outpatient therapies by recognizing as therapies all	Coverage and Medicare as a Secondary Payer	informational Letter date (automated
		23x). Outpatient Rehabilitation				services hilled under revenue codes 042x 043x 044x	2 Social Security Act (SSA). Title XV/III. Health Insurance for the	review)
		Outpatient Hospital; Ambulatory				Medical documentation will be reviewed to determine if	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims having a "paid claim
0160 - Intravenous Immune Globulin for the Treatment of Autoimmune	Complex	Surgical Center (ASC);	3 - all applicable states	8/20/2019	Approved	the use of intravenous immune globulin for the treatment J1459, J1552(Novitas Only), J1556, J1557, J	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	date" which is more than 3 years prior
Blistering Diseases: Medical Necessity and Documentation Requirements		Professional Services (Physician/Non-Physician				of Autoimmune Blistering Diseases (AMBDs) meets	Coverage and Medicare as a Secondary Payer	to the Review Results letter date.
		Outpatient Hospital; Ambulatory				Medicare coverage criteria and is reasonable and Medical documentation will be reviewed to determine if	2 Social Security Act (SSA). Title YVIII. Health Insurance for the 1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims having a "paid claim
0160 - Intravenous Immune Globulin for the Treatment of Autoimmune		Surgical Center (ASC);				the use of introvenous immune alphulin for the treatment	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	date" which is more than 3 years prior
Blistering Diseases: Medical Necessity and Documentation Requirements	Complex	Professional Services	4 - all applicable states	8/20/2019	Approved	of Autoimmune Blistering Diseases (AMBDs) meets	Coverage and Medicare as a Secondary Payer	to the Review Results letter date.
,		(Physician/Non-Physician				Medicare coverage criteria and is reasonable and	2 Social Security Act (SSA). Title YVIII- Health Insurance for the	to the neview results letter date.
						Documentation will be reviewed to determine if correct	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0161 - Therapeutic, Prophylactic, and Diagnostic Infusions: Incorrect	Complex	Outpatient Hospital	3 - all applicable states	11/18/2019	Approved	billing, coding, and documentation guidelines for 96365, 96366	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Coding and Documentation Requirements				,,		Therapeutic, Prophylactic, and Diagnostic Infusions were	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date.
						mot	Social Socurity Act (SSA). Title XVIII. Health Insurance for the Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0161 - Therapeutic, Prophylactic, and Diagnostic Infusions: Incorrect						Documentation will be reviewed to determine if correct billing, coding, and documentation guidelines for	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Coding and Documentation Requirements	Complex	Outpatient Hospital	4 - all applicable states	11/18/2019	Approved	billing, coding, and documentation guidelines for 96365, 96366 Therapeutic, Prophylactic, and Diagnostic Infusions were	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date.
						mot	2 Social Socurity Act (SSA). Title XVIII. Health Incurance for the	years prior to the ADN letter date.
		Professional Services				A Bilateral Indicator of "3" indicates the usual payment	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0164 - Bilateral Indicator '3': Incorrect Coding	Automated	(Physician/Non-Physician	3 - all applicable states	9/24/2019	Approved	adjustment for bilateral procedures does not apply. If the Bilateral Indicator '3' codes	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
0104 Bilateral maleator 5. Incorrect country	Automateu	Practitioner)	5 all applicable states	3/24/2013	Арргочец	procedure is reported with either a modifier 50 or	Coverage and Medicare as a Secondary Payer	Review Results Letter.
		r ractitioner)				modifiers RT and LT and a '2' in the units field	2 Social Security Act (SSA). Title YV/III- Health Insurance for the	
		Professional Services				A Bilateral Indicator of "3" indicates the usual payment	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0164 - Bilateral Indicator '3': Incorrect Coding	Automated	(Physician/Non-Physician	4 - all applicable states	9/24/2019	Approved	adjustment for bilateral procedures does not apply. If the	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
		Practitioner)				procedure is reported with either a modifier 50 or	Coverage and Medicare as a Secondary Payer 2 Social Security Act (SSA). Title XVIII- Health Insurance for the	Review Results Letter.
0165 - Positron Emission Tomography for Dementia and		Outpatient Hospital; Professional				Under specific requirements, Medicare covers FDG	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
Neurodegenerative Diseases: Medical Necessity and Documentation	Complex	Services (Physician/Non-	3 - all applicable states	9/25/2019	Approved	(fluorodeoxyglucose) Positron Emission Tomography (PET) 78608, A9552	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Requirements	complex	Physician Practitioner)	5 all applicable states	3/23/2013	Арргочец	scans for the differential diagnosis of fronto-temporal	Coverage and Medicare as a Secondary Payer	ADR letter date.
requirements		Thysician Fractioner)				dementia (FTD) and Alzheimer's disease (AD) Medical	2 Social Security Act (SSA). Title YV/III. Health Insurance for the	
0165 - Positron Emission Tomography for Dementia and		Outpatient Hospital; Professional				Under specific requirements, Medicare covers FDG	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
Neurodegenerative Diseases: Medical Necessity and Documentation	Complex	Services (Physician/Non-	4 - all applicable states	9/25/2019	Approved	(fluorodeoxyglucose) Positron Emission Tomography (PET) 78608, A9552	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Requirements		Physician Practitioner)				scans for the differential diagnosis of fronto-temporal	Coverage and Medicare as a Secondary Payer	ADR letter date.
						All diagnostic (including clinical diagnostic laboratory	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0169 - Outpatient Services within 3 Days Prior to and Including the Date of				44 (27 (2040		tests) services and related non-diagnostic services Diagnostic codes are identified as any CPT,		which is less than 3 years prior to the
a Hospital Admission: Unbundling	Automated	Outpatient Facility	3 - all applicable states	11/27/2019	Approved	provided to a beneficiary by the admitting hospital within	Coverage and Medicare as a Secondary Payer	Informational Letter date (automated
						2 days (for IDDS Hospitals) prior to or 1 day (NON IDDS	2 Social Socurity Act (SSA) Title VVIII. Health Incurance for the	rovioud
						All diagnostic (including clinical diagnostic laboratory	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0169 - Outpatient Services within 3 Days Prior to and Including the Date of	Automated	Outpatient Facility	4 - all applicable states	11/27/2019	Approved	tests) services and related non-diagnostic services Diagnostic codes are identified as any CPT,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
a Hospital Admission: Unbundling		1 '				provided to a beneficiary by the admitting hospital within	Coverage and Medicare as a Secondary Payer	Informational Letter date (automated
		Outpatient Hospital (OPH);				3 days (for IPPS Hospitals) prior to or 1 day (NON IPPS Documentation will be reviewed to determine if	2 Social Security Act (SSA). Title XVIII- Health Insurance for the 1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0170 - Renal and Peripheral Angiography: Medical Necessity and		Ambulatory Surgical Center	L				Aged and Disabled Section 1862/a1/11/A1. Evolutions from	"paid claim date" which is more than 3
Documentation Requirements	Complex	(ASC); Professional Services	3 - all applicable states	11/19/2019	Approved	angiography procedures meet Medicare coverage criteria,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date.
		(Physician/Non-physician	<u> </u>			meet annicable coding guidelines, and/or are medically	2 Social Security Act (SSA). Title XVIII- Health Insurance for the	years prior to the ADN letter date.
		Outpatient Hospital (OPH);				Documentation will be reviewed to determine if	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0170 - Renal and Peripheral Angiography: Medical Necessity and	Complex	Ambulatory Surgical Center	4 - all applicable states	11/19/2019	Approved	diagnostic (aka stand-alone) renal and peripheral 36245, 36246, 36247, 36248, 36251, 3625	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Documentation Requirements	Complex	(ASC); Professional Services	. an applicable states	11, 13, 2013	, pproveu	angiography procedures meet Medicare coverage criteria,	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date.
		(Physician/Non-physician				meet applicable coding guidelines, and/or are medically	2 Social Security Act (SSA). Title YVIII. Health Insurance for the	
0171 - Erythropoiesis Stimulating Agents for Cancer Patients: Medical		Professional Services (Physician/Non-Physician				Erythropoiesis stimulating agents (ESAs) stimulate the	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
Necessity and Documentation Requirements	Complex	Practitioner); Outpatient	3 - all applicable states	12/27/2019	Approved	bone marrow to make more red blood cells and are J0881, J0885, and Q5106 that were billed v	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
necessity and Documentation Requirements		Hospital (TOB 13X)	Ì			United States Food and Drug Administration (FDA)	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date.
	1	HIGSDIGHTIOD TOVI	1			Lapproved for use in reducing the need for plood	LA SOCIAL SECURITY ACT ISSAU LITTLE YVIIII. Health Insurance for the	

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
		Professional Services				Erythropoiesis stimulating agents (ESAs) stimulate the		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0171 - Erythropoiesis Stimulating Agents for Cancer Patients: Medical	Complex	(Physician/Non-Physician	4 - all applicable states	12/27/2019	Approved	bone marrow to make more red blood cells and are	J0881, J0885, and Q5106 that were billed v	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Necessity and Documentation Requirements	complex	Practitioner); Outpatient	an applicable states	12/2//2013	приотеа	United States Food and Drug Administration (FDA)	Joseph Joseph and Agree and Mere pinear	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date.
		Hospital (TOB 13X)				CPT/HCPCS codes with a Multiple Procedure Indicator of		Social Security Act (SSA). Title YVIII- Health Insurance for the Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0182 - Reduction of Technical Component, Diagnostic Cardiovascular		Professional Services		- /- /		"6" are subject to a 25% reduction of the Technical		And and Disabled Continue 40C2/-V/AVA Freebriens from	which is less than 3 years prior to the
Services	Automated	(Physician/Non-Physician	3 - all applicable states	8/3/2020	Approved	Component (TC) when multiple procedures are billed on	CPT/HCPCS Codes with a multiple procedu	Coverage and Medicare as a Secondary Payer	informational Letter date (automated
		Practitioner)				the same date of service for the same nations by the		2 Social Security Act (SSA). Title YV/III- Health Insurance for the	review)
		Professional Services				CPT/HCPCS codes with a Multiple Procedure Indicator of		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0182 - Reduction of Technical Component, Diagnostic Cardiovascular	Automated	(Physician/Non-Physician	4 - all applicable states	8/3/2020	Approved	"6" are subject to a 25% reduction of the Technical	CPT/HCPCS Codes with a multiple procedu	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Services		Practitioner)				Component (TC) when multiple procedures are billed on		Coverage and Medicare as a Secondary Payer	informational Letter date (automated
						Specialty care transport (SCT) is the interfacility		1.Social Security Act (SSA). Title XVIII. Health Insurance for the	Exclude from review claims having a
0183 - Specialty Care Transport: Medical Necessity and Documentation	Complex	Ambulance, Carrier claims with	3 - all applicable states	8/3/2020	A	transportation of a critically injured or ill beneficiary by a	A0434, A0425	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 6
Requirements	Complex	provider specialty code 59	5 - ali applicable states	6/3/2020	Approved	ground ambulance vehicle. SCT is necessary when a	A0434, A0423	Coverage and Medicare as a Secondary Payer	months prior to the ADR letter date
						honoficiary's condition requires ongoing care that must be		2 Social Socurity Act (SSA) Title YVIII Health Incurance for the	
0183 - Specialty Care Transport: Medical Necessity and Documentation		Ambulance, Carrier claims with				Specialty care transport (SCT) is the interfacility transportation of a critically injured or ill beneficiary by a		1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Exclude from review claims having a "paid claim date" which is more than 6
Requirements	Complex	provider specialty code 59	4 - all applicable states	8/3/2020	Approved	ground ambulance vehicle. SCT is necessary when a	A0434, A0425	Coverage and Medicare as a Secondary Payer	months prior to the ADR letter date
nequirements		provider specialty code 33				honoficiany's condition requires engaing care that must be		2 Social Socurity Act (SSA). Title YV/III. Health Incurance for the	months prior to the ADK letter date
		Inpatient Hospital, Outpatient				Documentation will be reviewed to determine if total hip	CPT Codes- 27130, 27132, 27134, 27137,	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0184 - Total Hip Arthroplasty: Medical Necessity and Documentation	Complex	Hospital, Ambulatory Surgical	3 - all applicable states	8/3/2020	Approved	arthroplasty meets Medicare coverage requirements.	27138 (FCSO, NGS, Novitas, Palmetto,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Requirements		Center, Professional Services		.,,,			Noridian)	Coverage and Medicare as a Secondary Payer	ADR letter date.
		(Physician/Non-physician Inpatient Hospital, Outpatient				Documentation will be reviewed to determine if total hip	PCS Codes (FCSO ONLY) - 0SP90JZ. CPT Codes- 27130, 27132, 27134, 27137,	2 Social Security Act (SSA). Title XVIII- Health Insurance for the 1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0184 - Total Hip Arthroplasty: Medical Necessity and Documentation		Hospital, Ambulatory Surgical		- /- /		arthroplasty meets Medicare coverage requirements.	27138 (FCSO, NGS, Novitas, Palmetto,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Requirements	Complex	Center, Professional Services	4 - all applicable states	8/3/2020	Approved	artinoplasty meets medicare coverage requirements.	Noridian)	Coverage and Medicare as a Secondary Payer	ADR letter date.
·		(Physician/Non-physician					PCS Codes (FCSO ONLY) - 0SP90JZ.	2 Social Security Act (SSA) Title XV/III. Health Insurance for the	
0405 T. IV. A. I. A. I. IV. IV. IV. IV. IV. IV. IV. IV. IV.		Inpatient Hospital, Outpatient				Documentation will be reviewed to determine if total	CPT Codes- 27445, 27447, 27486, 27487	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0185 - Total Knee Arthroplasty: Medical Necessity and Documentation	Complex	Hospital, Ambulatory Surgical Center, Professional Services	3 - all applicable states	8/3/2020	Approved	knee arthroplasty meets Medicare coverage	PCS Codes (FCSO ONLY) - 0SPC0JZ, 0SPD0JZ, 0SRC069, 0SRC06A, 0SRC06Z,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Requirements		(Physician/Non-physician				requirements.	OSRCO7Z, OSRCOEZ, OSRCOJA, OSRCOJA,	Coverage and Medicare as a Secondary Payer 2 Social Security Act (SSA). Title XVIII- Health Insurance for the	ADR letter date.
		Inpatient Hospital, Outpatient				Documentation will be reviewed to determine if total	CPT Codes- 27445, 27447, 27486, 27487	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0185 - Total Knee Arthroplasty: Medical Necessity and Documentation	Complex	Hospital, Ambulatory Surgical	4 - all applicable states	8/3/2020	Approved	knee arthroplasty meets Medicare coverage	PCS Codes (FCSO ONLY) - 0SPC0JZ,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Requirements	Complex	Center, Professional Services	4 - ali applicable states	6/3/2020	Approved	requirements.	OSPDOJZ, OSRCO69, OSRCO6A, OSRCO6Z,	Coverage and Medicare as a Secondary Payer	ADR letter date.
		(Physician/Non-physician					OSRCO7Z, OSRCOEZ, OSRCOJ9, OSRCOJA.	2 Social Security Act (SSA) Title YVIII- Health Insurance for the	
						Documentation will be reviewed to determine if the use		1.SSA, Title XVIII- Health Insurance for the Aged and Disabled,	Exclude claims having a "paid claim
0187 - Nerve Conduction Studies: Excessive Units	Complex	Outpatient Hospital	3 - all applicable states	9/25/2020	Approved	of nerve conduction studies meet coverage criteria and	95905, 95907, 95908, 95909, 95910, 95913	Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as	date" which is more than 3 years prior to the ADR letter date.
						/or are medically reasonable and necessary.		a Secondary Payer 2 SSA Title XVIII. Health Insurance for the Aged and Disabled	to the ADR letter date.
						Documentation will be reviewed to determine if the use		1.SSA, Title XVIII- Health Insurance for the Aged and Disabled,	Exclude claims having a "paid claim
0187 - Nerve Conduction Studies: Excessive Units	Complex	Outpatient Hospital	4 - all applicable states	9/25/2020	Approved	of nerve conduction studies meet coverage criteria and	95905, 95907, 95908, 95909, 95910, 95913	Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as	date" which is more than 3 years prior
otor Herve conduction studies. Excessive office	complex	outputient nospital	an applicable states	3/23/2020	приотеа	/or are medically reasonable and necessary.		a Secondary Payer	to the ADR letter date.
						Documentation will be reviewed to determine if the		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date"
0190 - Skilled Nursing Facility with Patient-Driven Payment Model:		Skilled Nursing Facility (SNF) with				Skilled Nursing Facility stay meets Medicare coverage		Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is more than 3 years prior to the
Medical Necessity and Documentation Requirements	Complex	TOB 21X	3 - all applicable states	7/20/2022	Approved	criteria, meets applicable coding guidelines, and/or is	N/A	Coverage and Medicare as a Secondary Payer	ADR date will be excluded.
						medically reasonable and necessary		2 Social Security Act (SSA). Title YV/III- Health Insurance for the	
		SI 11 I A				Documentation will be reviewed to determine if the		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date"
0190 - Skilled Nursing Facility with Patient-Driven Payment Model:	Complex	Skilled Nursing Facility (SNF) with TOB 21X	4 - all applicable states	7/20/2022	Approved	Skilled Nursing Facility stay meets Medicare coverage	N/A	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is more than 3 years prior to the
Medical Necessity and Documentation Requirements		10B 21X				criteria, meets applicable coding guidelines, and/or is		Coverage and Medicare as a Secondary Payer	ADR date will be excluded.
						This review will determine if polysomnography is		2 Social Security Act (SSA). Title YVIII- Health Insurance for the 1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0191 - Polysomnography: Medical Necessity and Documentation	Complex	Outpatient Hospital	3 - all applicable states	9/24/2020	Approved	reasonable and necessary for the patient's condition	95808, 95810, 95811	Aged and Disabled, Section 1833(e)- Payment of Benefits	"paid claim date" which is more than 3
Requirements	Complex	Outpatient Hospital	3 - all applicable states	3/24/2020	Approved	based on the documentation in the medical record.	33808, 33810, 33811	2.Social Security Act (SSA), Title XVIII- Health Insurance for the	years prior to the ADR letter date.
	-					This assistantial determines of		Aged and Disabled Section 1862/a)/11/A). Evalusions from	Control from and the control of the
0191 - Polysomnography: Medical Necessity and Documentation						This review will determine if polysomnography is reasonable and necessary for the patient's condition		1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Exclude from review claims having a "paid claim date" which is more than 3
Requirements	Complex	Outpatient Hospital	4 - all applicable states	9/24/2020	Approved	based on the documentation in the medical record.	95808, 95810, 95811	2.Social Security Act (SSA), Title XVIII- Health Insurance for the	vears prior to the ADR letter date.
						based on the documentation in the medical record.		Aged and Disabled Section 1862(a)(1)(A)- Exclusions from	years prior to the ADN letter date.
						A ventricular assist device (VAD) is surgically attached to		1. Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims with Dates
0192 - Ventricular Assist Device: Medical Necessity and Documentation	Complex	Inpatient Hospital	3 - all applicable states	9/25/2020	Approved	one or both intact ventricles and is used to assist or	02HA0QZ, 02HA0RJ, 02HA0RS, 02HA0RZ, 0	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	of Service prior to May 12, 2023
Requirements				-, -,	FF. 2.22	augment the ability of a damaged or weakened native	1	Coverage and Medicare as a Secondary Payer	1
						A ventricular assist device (VAD) is surgically attached to		Social Security Act (SSA). Title XVIII. Health Insurance for the Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims with Dates
0192 - Ventricular Assist Device: Medical Necessity and Documentation						one or both intact ventricles and is used to assist or		Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	of Service prior to May 12, 2023
Requirements	Complex	Inpatient Hospital	4 - all applicable states	9/25/2020	Approved	augment the ability of a damaged or weakened native	UZHAUQZ, UZHAURJ, UZHAURS, UZHAORZ, O	Coverage and Medicare as a Secondary Payer	2. 22. Nee prior to May 12, 2023
						heart to numn blood. Improvement in the performance of		2 Social Security Act (SSA) Title YVIII- Health Insurance for the	
						The implantable automatic defibrillator is an electronic		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0195 - Implantable Automatic Defibrillators- Inpatient Procedure: Medical	Complex	Inpatient Hospital (TOB 11X)	3 - all applicable states	10/23/2020	Approved	device designed to detect and treat life-threatening	0JH608Z, 0JH609Z, 0JH638Z, 0JH639Z, 0JH	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Necessity and Documentation Requirements	1					tachyarrhythmias. The device consists of a pulse		Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
						The implantable automatic defibrillator is an electronic		2 Social Security Act (SSA). Title XVIII- Health Insurance for the 1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0195 - Implantable Automatic Defibrillators- Inpatient Procedure: Medical	Complex	Innationt Hospital (TOD 144)	4 all applicable states	10/22/2020	Approved	device designed to detect and treat life-threatening	0JH608Z, 0JH609Z, 0JH638Z, 0JH639Z, 0JH	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Necessity and Documentation Requirements	Complex	Inpatient Hospital (TOB 11X)	4 - all applicable states	10/23/2020	Approved	tachyarrhythmias. The device consists of a pulse	03110002, 03H0392, 03H0382, 03H0392, 03H	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
								2 Social Socurity Act (SSA) Title VVIII. Health Insurance for the	

Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
Review Topic	Review Type		Regions and States	Date Approved	Approval Status	Deep brain stimulation (DBS) is an established treatment	Affected Codes	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0196 - Deep Brain Stimulation- Outpatient Procedure: Medical Necessity	Complex	Outpatient Hospital; Professional Services (Physician/Non-	3 - all applicable states	11/18/2020	Approved	for people with movement disorders, such as essential	61885, 61886, 95970, 95971, 95972, 95983	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
and Documentation Requirements	Complex	Physician Practitioner)	5 - all applicable states	11/16/2020	Approved	tremor, Parkinson's disease and dystonia. DBS involves	01005, 01000, 95970, 95971, 95972, 95905	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
						Deep brain stimulation (DBS) is an established treatment		2 Social Security Act (SSA) Title YVIIII. Health Insurance for the	Fuelude from antism plates begins a
0196 - Deep Brain Stimulation- Outpatient Procedure: Medical Necessity		Outpatient Hospital; Professional				for people with movement disorders, such as essential		1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Exclude from review claims having a "paid claim date" which is more than 3
and Documentation Requirements	Complex	Services (Physician/Non-	4 - all applicable states	11/18/2020	Approved	tremor, Parkinson's disease and dystonia. DBS involves	61885, 61886, 95970, 95971, 95972, 95983	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
•		Physician Practitioner)				implanting electrodes within certain areas of the brain-		2 Social Security Act (SSA) Title YV/III. Health Insurance for the	, ·
0198 - Deep Brain Stimulation- Inpatient Procedure: Medical Necessity						Deep brain stimulation (DBS) is an established treatment		1. Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
and Documentation Requirements	Complex	Inpatient Hospital	3 - all applicable states	11/18/2020	Approved	for people with movement disorders, such as essential tremor, Parkinson's disease and dystonia. DBS involves	00H03MZ, 00H04MZ, 00H60MZ, 00H63MZ	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	"paid claim date" which is more than 3 years prior to the ADR letter date
						implanting electrodes within cortain areas of the brain-		2. Social Security Act (SSA). Title XVIII. Health Incurance for the	years prior to the ADK letter date
						Deep brain stimulation (DBS) is an established treatment		1. Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0198 - Deep Brain Stimulation- Inpatient Procedure: Medical Necessity	Complex	Inpatient Hospital	4 - all applicable states	11/18/2020	Approved	for people with movement disorders, such as essential	00H03MZ, 00H04MZ, 00H60MZ, 00H63MZ	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
and Documentation Requirements						tremor, Parkinson's disease and dystonia. DBS involves		Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA). Title XVIII- Health Insurance for the	years prior to the ADR letter date
						This complex review will be examining rotatory wing		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0200 - Air Ambulance: Medical Necessity and Documentation	Complex	Ambulance Providers	3 - all applicable states	2/4/2021	Approved	(helicopter) aircraft claims to determine if air ambulance	A0431, A0436	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Requirements				_, ,,		transport was reasonable and medically necessary as well		Coverage and Medicare as a Secondary Payer	ADR Letter date
						This complex review will be examining rotatory wing		2 Social Security Act (SSA). Title XVIII- Health Insurance for the 1. Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
0200 - Air Ambulance: Medical Necessity and Documentation	Complex	Ambulance Providers	4 - all applicable states	2/4/2021	Approved	(helicopter) aircraft claims to determine if air ambulance	A0431, A0436	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	which is less than 3 years prior to the
Requirements	Complex	Allibulance Providers	4 - all applicable states	2/4/2021	Approved	transport was reasonable and medically necessary as well	A0431, A0430	Coverage and Medicare as a Secondary Payer	ADR Letter date
						as whether documentation requirements have been met		2 Social Security Act (SSA) Title YVIII- Health Insurance for the	Clairea that have a "elaire raid data"
0202 - Skilled Nursing Facility (SNF) Consolidated Billing for Ambulance		Ambulance Providers (specialty				Certain ambulance services are included in SNF consolidated billing and may not be billed as Part B		1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Claims that have a "claim paid date" which is less than 3 years prior to the
Transports: Unbundling	Automated	code 59)	3 - all applicable states	2/4/2021	Approved	services to the A/B MAC, when the beneficiary is in a Part	A0426, A0427, A0428, A0429, A0434, A042	Coverage and Medicare as a Secondary Payer	Informational Letter date (automated
						Δ stav		2 Social Security Act (SSA) Title XVIII. Health Insurance for the	review)
0202 - Skilled Nursing Facility (SNF) Consolidated Billing for Ambulance		Ambulance Providers (specialty				Certain ambulance services are included in SNF		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims that have a "claim paid date"
Transports: Unbundling	Automated	Ambulance Providers (specialty code 59)	4 - all applicable states	2/4/2021	Approved	consolidated billing and may not be billed as Part B	A0426, A0427, A0428, A0429, A0434, A042		which is less than 3 years prior to the
Transports. Oribunding		code 33)				services to the A/B MAC, when the beneficiary is in a Part		Coverage and Medicare as a Secondary Payer 2 Social Security Act (SSA) Title XVIII- Health Insurance for the	Informational Letter date (automated
		Outpatient Hospital; Ambulatory				Vagus Nerve Stimulation (VNS) is reasonable and		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date" that
0204 - Vagus Nerve Stimulation: Medical Necessity and Documentation	Complex	Surgery Center (ASC), Professional Services	3 - all applicable states	3/11/2021	Approved	necessary for patients with medically refractory partial	64568, 95976, 95977, C1827	Aged and Disabled, Section 1833(e)- Payment of Benefits	is more than 3 years prior to the ADR
Requirements		(Physician/Non-Physician				onset seizures		2.Social Security Act (SSA), Title XVIII- Health Insurance for the	date will be excluded.
		Outpatient Hospital; Ambulatory				Vagus Nerve Stimulation (VNS) is reasonable and		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "claim paid date" that
0204 - Vagus Nerve Stimulation: Medical Necessity and Documentation	Complex	Surgery Center (ASC),	4 - all applicable states	3/11/2021	Approved	necessary for patients with medically refractory partial	64568, 95976, 95977, C1827	Aged and Disabled, Section 1833(e)- Payment of Benefits	is more than 3 years prior to the ADR
Requirements		Professional Services (Physician / Non-Physician		5,,		onset seizures	, , , , , , , , , , , , , , , , , , , ,	2.Social Security Act (SSA), Title XVIII- Health Insurance for the	date will be excluded.
		(Physician/Non-Physician				Next Generation Sequencing (NGS) as a diagnostic		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude claims having a "paid claim
0205 - Next Generation Sequencing: Medical Necessity and	Complex	Laboratory Services	3 - all applicable states	5/29/2021	Approved	laboratory test is reasonable and necessary and covered	0111U, 0022U, 0037U	Aged and Disabled, Section 1833(e)- Payment of Benefits	date" which is more than 3 years prior
Documentation Requirements	Complex	Laboratory Services	5 - all applicable states	5/29/2021	Approved	nationally, when performed in a Clinical Laboratory	01110,00220,00370	2.Social Security Act (SSA), Title XVIII- Health Insurance for the	to the ADR letter date.
						Improvement Amendments (CLIA)-certified laboratory		Aged and Disabled Section 1867(a)(1)(A). Exclusions from	Fundamental de la companya de la com
0205 - Next Generation Sequencing: Medical Necessity and				- / /		Next Generation Sequencing (NGS) as a diagnostic laboratory test is reasonable and necessary and covered		Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits	Exclude claims having a "paid claim date" which is more than 3 years prior
Documentation Requirements	Complex	Laboratory Services	4 - all applicable states	5/29/2021	Approved	nationally, when performed in a Clinical Laboratory	0111U, 0022U, 0037U	2.Social Security Act (SSA), Title XVIII- Health Insurance for the	to the ADR letter date.
						Improvement Amendments (CLIA)-certified laboratory		Aged and Disabled Section 1867(a)(1)(A) - Exclusions from	
0206 - Positron Emission Tomography for Initial Treatment Strategy in		Outpatient Hospital, Professional				Fluorodeoxyglucose (FDG) Positron Emission Tomography		1.Social Security Act (SSA), Title XVIII - Health Insurance for the	Claims that have a "claim paid date"
Oncologic Conditions: Medical Necessity and Documentation	Complex	Services (Physician/Non-	3 - all applicable states	5/29/2021	Approved	(PET) is covered only in clinical situations in which PET results may assist in avoiding an invasive diagnostic	78608, 78811, 78812, 78813, 78814, 78815	Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from Coverage and Medicare as a Secondary Payer	which is less than 3 years prior to the ADR letter date
Requirements		Physician Practitioner)				procedure or in which the PFT results may assist in		2 Social Security Act (SSA) Title XVIII - Health Insurance for the	
0206 - Positron Emission Tomography for Initial Treatment Strategy in		Outpatient Hospital, Professional				Fluorodeoxyglucose (FDG) Positron Emission Tomography		1.Social Security Act (SSA), Title XVIII - Health Insurance for the	Claims that have a "claim paid date"
Oncologic Conditions: Medical Necessity and Documentation	Complex	Services (Physician/Non-	4 - all applicable states	5/29/2021	Approved	(PET) is covered only in clinical situations in which PET	78608, 78811, 78812, 78813, 78814, 78815	Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from	which is less than 3 years prior to the ADR letter date
Requirements		Physician Practitioner)				results may assist in avoiding an invasive diagnostic		Coverage and Medicare as a Secondary Payer	ADR letter date
		Outpatient Hospital; Ambulatory				Hypoglossal nerve stimulation (HNS) is reasonable and		1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "paid claim date"
0210 - Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea:	Complex	Surgical Center; Professional	3 - all applicable states	6/29/2022	Approved	necessary for the treatment of moderate to severe	64582	Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage and	
Medical Necessity and Documentation Requirements	· ·	Services (Physician/Non- Physician Practitioners)		1	1	obstructive sleep apnea (OSA) when coverage criteria are	1	Medicare as a Secondary Payer	ADR letter date and DOS on or after
		Outpatient Hospital; Ambulatory				Hypoglossal nerve stimulation (HNS) is reasonable and		SSA Title XVIII. Health Insurance for the Aged and Disabled Social Security Act (SSA), Title XVIII- Health Insurance for the	Claims having a "paid claim date"
0210 - Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea:	Complex	Surgical Center; Professional	4 - all applicable states	6/29/2022	Approved	necessary for the treatment of moderate to severe	64582	Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage and	
Medical Necessity and Documentation Requirements	Complex	Services (Physician/Non-	. an applicable states	0/23/2022	Арріочей	obstructive sleep apnea (OSA) when coverage criteria are		Medicare as a Secondary Payer	ADR letter date and DOS on or after
0214 - Transurethral Waterjet Ablation of the Prostate for Benign		Physician Practitioners) Outpatient Hospital, Ambulatory				met. Documentation will be reviewed to determine if HNS Documentation will be reviewed to determine whether		2 SSA_Title_YVIII_ Health Insurance for the Aged and Disabled 1. Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
Prostatic Hyperplasia (BPH) with Lower Urinary Tract Symptoms (LUTS):	6	Surgery Center (ASC), and	2 -1111	4/25/2022		Transurethral waterjet ablation services met Medicare	Driman Code 0431T / Secretary C. 1 CS	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Medical Necessity and Documentation Requirements	Complex	Professional Services	3 - all applicable states	4/26/2023	Approved	coverage criteria and were reasonable and necessary.	Primary Code: 0421T / Secondary Code: C2	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
, ,		(Physician/Non-Physician				,		2 Social Security Act (SSA) Title YV/III. Health Insurance for the	ř '
0214 - Transurethral Waterjet Ablation of the Prostate for Benign Prostatic Hyperplasia (BPH) with Lower Urinary Tract Symptoms (LUTS):		Outpatient Hospital, Ambulatory Surgery Center (ASC), and				Documentation will be reviewed to determine whether		1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	Exclude from review claims having a "paid claim date" which is more than 3
Medical Necessity and Documentation Requirements	Complex	Professional Services	4 - all applicable states	4/26/2023	Approved	Transurethral waterjet ablation services met Medicare coverage criteria and were reasonable and necessary.	Primary Code: 0421T / Secondary Code: C2	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date
medical recessity and pocumentation requirements		(Physician/Non-Physician						2 Social Security Act (SSA) Title XVIII- Health Insurance for the	, ·
0347 Mussle Florusith December 1997		Dhusisian (Non-ul	1	1		Documentation will be reviewed to determine if CPT code	Target: CPT 15734	1.Social Security Act (SSA), Title XVIII- Health Insurance for the	Exclude from review claims having a
0217 - Muscle Flap with Breast Reconstruction or Breast Prosthesis	Complex	Physician/Non-physician	3 - all applicable states	6/6/2023	Approved	15734 warranted separate reimbursement given that a	Reference: CPT 19357, 19361, 19364,	Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from	"paid claim date" which is more than 3
Insertion: Unbundling		Practitioner (NPP)		1		flap is considered inclusive to breast reconstruction	19367, 19368, 19369, 19340 and 19342	Coverage and Medicare as a Secondary Payer	years prior to the ADR letter date.
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Review Topic	Review Type	Provider Type	Regions and States	Date Approved	Approval Status	Description	Affected Codes	Additional Information	Date of Service
0217 - Muscle Flap with Breast Reconstruction or Breast Prosthesis Insertion: Unbundling	Complex	Physician/Non-physician Practitioner (NPP)	4 - all applicable states	6/6/2023	Approved	Documentation will be reviewed to determine if CPT code 15734 warranted separate reimbursement given that a flap is considered inclusive to breast reconstruction (1935-19364, 1936-19369) or breast prosthesis (19340)	Target: CPT 15734 Reference: CPT 19357, 19361, 19364, 19367, 19368, 19369, 19340 and 19342	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 Social Security Act (SSA). Title XVIII- Health Insurance for the	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.
0219 - Minimally-Invasive Surgical (MIS) Fusion of the Sacroiliac Joint: Medical Necessity and Documentation Requirements	Complex	Outpatient Hospital, Ambulatory Surgery Center (ASC), and Professional Services (Physician/Non-Physician	3 - all applicable states	6/6/2023	Approved	Documentation will be reviewed to determine whether minimally invasive surgical fusion of the sacroiliac joint met Medicare coverage criteria and was reasonable and pages 2017.	27279	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	Claims having a "paid claim date" which is less than 3 years prior to the ADR letter date. JJ and JM are limited to DOS on/after 7/17/2022
0222- Non-Physician Billed Without Correct Assistant at Surgery Modifier: Incorrect Coding	Automated	Professional Services (Physician/Non-Physician Practitioner)	3 - all applicable states	6/24/2024	Approved	Assistant at surgery services by non-physician providers (PA, NP, or CNS), are reimbursed at 85 percent of 16 percent (i.e., 13.6 percent) of the Medicare Physician Fee Schodule Data Bases amount. Medifing "AC" is used for	Include only CPT code range 10021 through	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. Title XVIII- Modify Insurance for the Aged.	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated
0222- Non-Physician Billed Without Correct Assistant at Surgery Modifier: Incorrect Coding	Automated	Professional Services (Physician/Non-Physician Practitioner)	4 - all applicable states	6/24/2024	Approved	Assistant at surgery services by non-physician providers (PA, NP, or CNS), are reimbursed at 85 percent of 16 percent (i.e., 13.6 percent) of the Medicare Physician Fee Schadule Data Base amount Modifier "AC" is used for	Include only CPT code range 10021 through	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. Title XVIII- Health Insurance for the Aged.	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated rayiow)
0223 - Drugs and Biologicals in Multi-Dose Vials: Billed with JW Modifier	Automated	Outpatient Hospital, Professional Services	3 - all applicable states	11/4/2024	Approved	The JW modifier is a Healthcare Common Procedure Coding System (HCPCS) Level II modifier required to be reported on a claim to report the amount of drug that is discarded and alignible for payment under the CMS	J0702, J9034, J9036, J9056, J9058, J9059, J	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	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated rayiow)
0223 - Drugs and Biologicals in Multi-Dose Vials: Billed with JW Modifier	Automated	Outpatient Hospital, Professional Services	4 - all applicable states	11/4/2024	Approved	The JW modifier is a Healthcare Common Procedure Coding System (HCPCS) Level II modifier required to be reported on a claim to report the amount of drug that is discarded and alignly for payment under the CMS	J0702, J9034, J9036, J9056, J9058, J9059, J	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 Page. Social Security Act (SSA). Title XVIII- Health Insurance for the	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated rayiow)
0224 - Transitional Care Management: Unbundling	Automated	Professional Services (Physician/non-physician practitioner)	3 - all applicable states	1/14/2025	Approved	A physician or other qualified health care professional who reports Transitional Care Management CPT code 99495 or 99496 may not report telephone service (CPT code 99441-99443) during the time period covered by the	99441, 99442, 99443	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.	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated rayiow) with dates of service on or
0224 - Transitional Care Management: Unbundling	Automated	Professional Services (Physician/non-physician practitioner)	4 - all applicable states	1/14/2025	Approved	A physician or other qualified health care professional who reports Transitional Care Management CPT code 99495 or 99496 may not report telephone service (CPT code 99441-99443) during the time period covered by the	99441, 99442, 99443	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 Page.	Claims that have a "claim paid date" which is less than 3 years prior to the Informational Letter date (automated rayiow) with dates of service on or
0225 - Transitional Care Management: Excessive Units	Automated	Professional Services (Physician/non-physician practitioner)	3 - all applicable states	1/13/2025	Approved	Medicare may cover transitional care services during the 30-day period that begins when a physician discharges a Medicare patient from a healthcare facility and continues for the next 10 days. Only one of the Transitional Care.	99495, 99496	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 Common Coverage and Cov	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the date of the
0225 - Transitional Care Management: Excessive Units	Automated	Professional Services (Physician/non-physician practitioner)	4 - all applicable states	1/13/2025	Approved	Medicare may cover transitional care services during the 30-day period that begins when a physician discharges a Medicare patient from a healthcare facility and continues for the next 19 days. Only one of the Transitional Care	99495, 99496	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 Social Security Act (SSA). Title XVIII- Health Insurance for the	Exclude from review claims having a "paid claim date" which is more than 3 years prior to the date of the