| Review Topic  | Review Type | Provider Type  | Regions and States          | Date Approved | Approval Status | Description  | Affected Codes   | Additional Information   | Date of Service   |
|---|-------------|--|-----------------------------|---------------|-----------------|--|--|--|---|
|   |             |  |                             |               |                 | 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   |
| 0001 - Inpatient Hospital MS-DRG Coding Validation  | Complex     | Inpatient Hospital   | 3 - all applicable states   | 1/23/2017     | Approved        | 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  |
| mpatient riespital his site county valuation  | complex     | inputient riospita.  | 5 an applicable states      | 1/25/2017     | прриотеа        | coded and reported by the hospital on its claim, matches   | 7.11.11.5 21.65 (661 555)  | Coverage and Medicare as a Secondary Payer   | years prior to the ADR letter date.   |
|   |             |  |                             |               |                 | hoth the attending physician description and the   |  | 2 Social Security Act (SSA) Title YV/III. Health Insurance for the   | 5 1 1 6   |
|   |             |  |                             |               |                 | MS-DRG Coding requires that diagnostic and procedural<br>information and the discharge status of the beneficiary, as |  | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Exclude from review claims having a   |
| 0001 - Inpatient Hospital MS-DRG Coding Validation  | Complex     | Inpatient Hospital   | 4 - all applicable states   | 1/23/2017     | Approved        |  | All MS-DRGs (001-999)  | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | "paid claim date" which is more than 3<br>years prior to the ADR letter date. |
|   |             |  |                             |               |                 | coded and reported by the hospital on its claim, matches   |  | Coverage and Medicare as a Secondary Payer   | years prior to the ADR letter date.   |
|   |             |  |                             |               |                 | Documentation will be reviewed to determine if Cataract  | 66830, 66840, 66850, 66852, 66920,   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Exclude from review claims having a   |
| 0002 - Cataract Removal: Medical Necessity and Documentation  | Complex     | Outpatient Hospital (OP),                                    | 3 - all applicable states   | 2/12/2017     | Approved        | Surgery meets Medicare coverage criteria, meets  | 66930, 66940, 66982, 66983, 66984,   | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | "paid claim date" which is more than 3  |
| Requirements  | Complex     | Ambulatory Surgery Center (ASC)                              | 5 - all applicable states   | 2/12/2017     | Арргочеи        | applicable coding guidelines, and/or is medically  | 66987, 66988, Palmetto and WPS only-                                       | Coverage and Medicare as a Secondary Payer   | years prior to the ADR letter date  |
|   |             |  |                             |               |                 | reasonable and necessary   | 66989, 66991   | 2 Rocial Security Act (SSA) Title XVIII- Health Insurance for the  |   |
|   |             | 0: : (00)  |                             |               |                 | Documentation will be reviewed to determine if Cataract  | 66830, 66840, 66850, 66852, 66920,   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Exclude from review claims having a   |
| 0002 - Cataract Removal: Medical Necessity and Documentation<br>Requirements  | Complex     | Outpatient Hospital (OP),<br>Ambulatory Surgery Center (ASC) | 4 - all applicable states   | 2/12/2017     | Approved        | Surgery meets Medicare coverage criteria, meets  | 66930, 66940, 66982, 66983, 66984,<br>66987, 66988, Palmetto and WPS only- | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | "paid claim date" which is more than 3  |
| Requirements  |             | Allibulatory Surgery Center (ASC)                            |                             |               |                 | applicable coding guidelines, and/or is medically  | 66989. 66991   | 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  |
|   |             | Inpatient Hospital- acute care,                              |                             |               |                 | Documentation will be reviewed to determine if sacral  | 00583. 00531   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Exclude from review claims having a   |
| 0003 - Sacral Neurostimulation: Medical Necessity and Documentation   |             | Outpatient Hospital, Professional                            |                             | 4 (22 (2247   |                 | nerve stimulation for urinary or fecal incontinence meets  |  | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | "paid claim date" which is more than 3  |
| Requirements  | Complex     | Services (Physician/Non-                                     | 3 - all applicable states   | 1/23/2017     | Approved        | Medicare coverage criteria, and/or is medically  | 64561, 64581, 64590  | Coverage and Medicare as a Secondary Payer   | years prior to the ADR letter date.   |
|   |             | Physician Practitioner).                                     |                             |               |                 | reasonable and necessary   |  | 2 Recial Security Act (SSA) Title YVIII. Health Insurance for the  | , ,   |
|   |             | Inpatient Hospital- acute care,                              |                             |               |                 | 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   |
| 0003 - Sacral Neurostimulation: Medical Necessity and Documentation   | Complex     | Outpatient Hospital, Professional                            | 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  |
| Requirements  | ·           | Services (Physician/Non-                                     | * *                         |               |                 | Medicare coverage criteria, and/or is medically  |  | Coverage and Medicare as a Secondary Payer   | years prior to the ADR letter date.   |
|   |             | Physician Practitioner).                                     |                             |               |                 | The surgical management for the treatment of morbid  |  | 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   |
| 0008 - Bariatric Surgery: Medical Necessity and Documentation   |             | Outpatient Hospital; Inpatient                               |                             |               |                 | obesity is considered reasonable and necessary for   | 43770, 43644, 43645, 43845, 43846,   | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | "paid claim date" which is more than 3  |
| Requirements  | Complex     | Hospital   | 3 - all applicable states   | 1/23/2017     | Approved        | Medicare beneficiaries who have a BMI ≥ 35, have at least  | 43847, 43775   | Coverage and Medicare as a Secondary Payer   | years prior to the ADR letter date.   |
| 4   |             |  |                             |               |                 | one co-morbidity related to obesity and have been  | ,                                    | 2 Rocial Security Act (SSA). Title XVIII- Health Insurance for the   | years prior to the Abrietter date.  |
|   |             |  |                             |               |                 | 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   |
| 0008 - Bariatric Surgery: Medical Necessity and Documentation   | Complex     | Outpatient Hospital; Inpatient                               | 4 - all applicable states   | 1/23/2017     | Approved        | obesity is considered reasonable and necessary for   | 43770, 43644, 43645, 43845, 43846,   | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | "paid claim date" which is more than 3  |
| Requirements  | complex     | Hospital   | · an applicable states      | 1/25/2017     | прриотеа        | Medicare beneficiaries who have a BMI ≥ 35, have at least  | 43847, 43775   | Coverage and Medicare as a Secondary Payer   | years prior to the ADR letter date.   |
|   |             |  |                             |               |                 | and so marhidity related to obesity and have been  |  | 2 Special Security Act (SSA) Title VVIII Health Incurance for the  |   |
| 0010 - Cardiac Positron Emission Tomography Scans: Medical Necessity  |             | Outpatient Hospital; Professional                            |                             |               |                 | Documentation will be reviewed to determine if Cardiac   | 78459, 78491, 78492  | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Exclude from review claims having a   |
| and Documentation Requirements  | Complex     | Services (Physician/Non-                                     | 3 - Florida, PR and VI ONLY | 1/24/2017     | Approved        | PET Scans meet Medicare coverage criteria, meet  | A9526, A9555, A9552, A9597, A9598  | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | "paid claim date" which is more than 3  |
| and bocumentation requirements  |             | Physician Practitioner)                                      |                             |               |                 | applicable coding guidelines, and/or are medically   | A3320, A3333, A3332, A3337, A3336  | 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  |
|   |             | 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"  |
| 0011 - Inappropriate Billing of Home Visit Professional Service Evaluation  | Automated   | (Physician/Non-Physician                                     | 3 - all applicable states   | 1/29/2017     | 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  | which is less than 3 years prior to the                                       |
| and Management Codes During Inpatient   | Automateu   | Practitioner)  | 5 - all applicable states   | 1/29/2017     | Approveu        | provided in settings other than in the private residence of  | 99347, 99348, 99349, 99350   | Coverage and Medicare as a Secondary Payer   | informational letter date.  |
|   |             | Practitioner)  |                             |               |                 | a heneficiary  |  | 2. Social Security Act (SSA). Title XVIII- Health Insurance for the  |   |
| 2044  |             | Professional Services  |                             |               |                 | Home Services Billed for Hospital Inpatients - Home  | 00044 00040 00040 00044 00045  | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Claims that have a "claim paid date"  |
| 0011 - Inappropriate Billing of Home Visit Professional Service Evaluation<br>and Management Codes During Inpatient | Automated   | (Physician/Non-Physician                                     | 4 - all applicable states   | 1/29/2017     | Approved        | Services CPT Codes may not be used for billing services  | 99341, 99342, 99343, 99344, 99345,<br>99347, 99348, 99349, 99350           | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | which is less than 3 years prior to the                                       |
| and Management Codes During Inpatient   |             | Practitioner)  |                             |               |                 | provided in settings other than in the private residence of  | 99347, 99348, 99349, 99350   | Coverage and Medicare as a Secondary Payer   | informational letter date.  |
|   |             |  |                             |               |                 | Documentation will be reviewed to determine if a blood   |  | 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   |
| 0012 - Blood Glucose Monitors with Integrated Voice Synthesizer: Medical  |             | 0.4501 :: (0.455 ):  | 5 411 0145 1440             | 5 (0 (0047    |                 | glucose monitor with integrated voice synthesizer meets  | Primary Code: HCPCS code E2100- Blood                                      | Aged and Disabled, §1833(e) - Payment of Benefits  | "paid claim date" prior to May 12,  |
| Necessity and Documentation Requirements  | Complex     | DME Physician/ DME Supplier                                  | 5 - All DME MACs            | 5/8/2017      | Approved        | Medicare coverage criteria, meets applicable coding  | glucose monitor with integrated voice                                      | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  | 2023.   |
| ·   |             |  |                             |               |                 | guidelines and/or is medically reasonable and necessary  | synthesizer  | Aged and Disabled, 61834(a)(7)(C)(i), (ii) and (iii), Replacement of   | F   |
|   |             |  |                             |               |                 | This review will determine if the Ankle-Foot or Knee-Ankle   | L1900, L1902, L1904, L1906, L1907, L1910,                                  | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Claims having a "claim paid date" that  |
| 0013 - Ankle-Foot Orthoses / Knee-Ankle-Foot Orthoses: Medical  | Complex     | DME Physician/ DME Supplier                                  | 5 - All DME MACs            | 7/5/2017      | Approved        | Foot Orthosis is reasonable and necessary for the  | L1920, L1930, L1932, L1940, L1945, L1950,                                  | Aged and Disabled, §1833(e) - Payment of Benefits  | is more than 3 years prior to the ADR   |
| Necessity and Documentation Requirements  |             |  |                             |               |                 | patient's condition based on the documentation in the  | L1951, L1960, L1970, L1971, L1980, L1990,                                  | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  | date will be excluded.  |
|   |             |  |                             |               |                 | When a glucose monitor (HCPCS codes E0607, E2100,  | 12106.12108.12112.12114.12116.14350.                                       | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Dates of Service on or after May 12,  |
| 0014 - Glucose Monitor Supplies Billed With Same Dates of Service as  |             |  |                             |               |                 | E2101, or E2104) is provided, the glucose monitor  | Target codes: A4233, A4234, A4235,   | Aged and Disabled, §1833(e) - Payment of Benefits  | 2023.   |
| Glucose Monitor: Unbundling   | Automated   | DME Physician/ DME Supplier                                  | 5 - All DME MACs            | 2/1/2017      | Approved        | supplies (HCPCS codes A4233, A4234, A4235, and A4236)  | A4236; Reference codes: E0607, E2100,                                      | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  | 2023.   |
| · · · · · · · · · · · · · · · · · · ·   |             |  |                             |               |                 | are included in the allowance for the glucose monitor and  | E2101, E2104   | Agod and Disabled &1934(a)(7)(C)(i) (ii) and (iii) Penlacement of  | ·   |
|   |             |  |                             |               |                 | Continuous Passive Motion devices are not covered if   |  | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Exclude from this automated review,   |
| 0016 - Continuous Passive Motion Billed without Total Knee Replacement  | Automated   | DME Physician/ DME Supplier                                  | 5 - All DME MACs            | 2/1/2017      | Approved        | billed for more than three weeks following a qualified   | E0935  | Aged and Disabled, §1833(e) - Payment of Benefits  | claims having a paid claim date which   |
| or Total Knee Revision  | riacomacca  | Sine i nysician, Bine supplier                               | 5 7 III DIVIE IVINGS        | 2/1/201/      | прриотеа        | knee surgery or for patients who have not received a total   | 20353  | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  | is more than 3 years prior to the   |
|   |             |  |                             |               |                 | knee replacement or revision   |  | Aged and Disabled 6183/(a)/(7)/(C)(i) (ii) and (iii). Replacement of   | f Informational Letter date   |
|   |             |  |                             |               |                 | More than one spring powered device (code A4258) per 6   |  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Claims that have a "paid claim date"  |
| 0018 - Spring-Powered Devices: Excessive Units  | Automated   | DME Physician/ DME Supplier                                  | 5 - All DME MACs            | 2/1/2017      | Approved        | months is not reasonable and necessary.  | A4258  | Aged and Disabled, §1833(e) - Payment of Benefits  | which is less than 3 years prior to the                                       |
|   |             |  |                             |               |                 |  |  | 2.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Informational Letter date (automated  |
|   |             |  |                             |               |                 | A supplier (includes physician furnishing DME) may deliver   | E0100 -E8002; K0001 -K0899; L0112 -  | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Exclude from this automated review,   |
| 0019 - Durable Medical Equipment Billed while Inpatient: Unbundling   | Automated   | DME Physician/ DME Supplier                                  | 5 - All DME MACs            | 2/1/2017      | Annround        | a DMEPOS item to a patient in a hospital or nursing  | L4631; V2020 -V2786; A4206 -A9999;   | Aged and Disabled, Section 1833(e) - Payment of Benefits   | claims having a paid claim date which   |
| 10019 - Durable Medical Equipment Billed Write Inpatient: Unbundling  | Automated   | DIVIE PHYSICIAN/ DIVIE Supplier                              | 3 - All DIVIE IVIACS        | 2/1/201/      | Approved        | facility for the purpose of fitting or training the patient in   |  | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  | is more than 3 years prior to the   |
|   |             |  |                             |               |                 | the propertise of the item. This may be done up to two   | B4034 -B9999; and J and Q codes  | Aged and Disabled &1834(a)(7)(C)(i) (ii) and (iii)- Replacement of   | f Informational Letter date   |
|   |             |  |                             |               |                 | Under the Medicare PPS for inpatient psychiatric facilities  |  | 1.Social Security Act, Title XVIII- Health Insurance for the Aged  | Claims that have a "claim paid date"  |
| 0022 - Inpatient Psychiatric Admission Billed without Source of Admission   | Automated   | Inpatient Hospital, Inpatient                                | 3 - all applicable states   | 2/27/2017     | Approved        | (IPF), CMS makes an additional payment to an IPF or a  | Claims without Source of Admission Code                                    | and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage  | which is less than 3 years prior to the                                       |
| Equal to "D"  |             | Psychiatric Facility   |                             | , ,           | .,              | distinct part unit (DPU) for the first day of a beneficiary's  | D  | and Medicare as a Secondary Payer  | Review Results Letter date.   |
|   |             |  |                             |               |                 | stay to account for emergency department costs if the IDE  |  | 2 Social Security Act. Title YVIII. Health Insurance for the Aged  |   |

| Review Topic   | Review Type | Provider Type   | Regions and States        | Date Approved | Approval Status | Description   | Affected Codes  | Additional Information  | Date of Service  |
|--|-------------|---|---------------------------|---------------|-----------------|---|---|---|--|
| ·  |             | ,,  |                           |               |                 | Under the Medicare PPS for inpatient psychiatric facilities   |   | 1.Social Security Act, Title XVIII- Health Insurance for the Aged   | Claims that have a "claim paid date"   |
| 0022 - Inpatient Psychiatric Admission Billed without Source of Admission Equal to "D" | Automated   | Inpatient Hospital, Inpatient<br>Psychiatric Facility | 4 - all applicable states | 2/27/2017     | Approved        | (IPF), CMS makes an additional payment to an IPF or a distinct part unit (DPU) for the first day of a beneficiary's     | Claims without Source of Admission Code D                 | 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<br>Review Results Letter date.                                       |
|  |             |   |                           |               |                 | This review will determine if a High Frequency Chest Wall   |   | 2 Social Security Act. Title XVIII. Health Insurance for the Aged  1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Dates of Service on or after May 12,   |
| 0023 - High Frequency Chest Wall Oscillation Devices: Medical Necessity                |             | D. 15 01 / D. 15 0                                    | 5 411 5145 444 6          | 2/4/2047      |                 | Oscillation Device is reasonable and necessary for the  | 50400   | Aged and Disabled, §1833(e) - Payment of Benefits   | 2023   |
| and Documentation Requirements   | Complex     | DME Physician/ DME Supplier                           | 5 - All DME MACs          | 2/1/2017      | Approved        | patient's condition based on the documentation in the   | E0483   | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the   |  |
|  |             |   |                           |               |                 | medical record  |   | Agod and Disabled \$1934(a)(7)(C)(i) (ii) and (iii) Denlacement of  |  |
| 0024 - Spinal Orthoses: Medical Necessity and Documentation                            |             |   |                           |               |                 | This review will determine if the documentation meets   | 10622 10624 10626 10628 40270                             | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the  | Claims having a "claim paid date" that   |
| Requirements   | Complex     | DME Physician/ DME Supplier                           | 5 - All DME MACs          | 8/2/2017      | Approved        | Medicare's coverage and reasonable and necessary  | L0632, L0634, L0636, L0638, A9270,                        | Aged and Disabled, §1833(e) - Payment of Benefits   | is more than 3 years prior to the ADR  |
| Requirements   |             |   |                           |               |                 | requirements for spinal orthoses.   | 10648, 10650, 10631, 10635, 10639, 10651                  | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the   | date will be excluded.   |
|  |             |   |                           |               |                 | This review will determine if the submitted   | J2545, J7605, J7606, J7608, J7611, J7612,                 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the  | Exclude from review claims with Dates  |
| 0026 - Nebulized Drugs: Medical Necessity and Documentation                            | Complex     | DME Physician/ DME Supplier                           | 5 - All DME MACs          | 4/11/2017     | Approved        | documentation supports Medicare's coverage criteria and   | J7613, J7614, J7620, J7626, J7631, J7639,                 | Aged and Disabled, §1833(e) - Payment of Benefits   | of Service prior to May 12, 2023.  |
| Requirements   | complex     | Divie i riysiciariy Divie supplier                    | 5 All DIVIE WIACS         | 4/11/2017     | Аррготса        | reasonable and necessary requirements for nebulized   | J7644, J7669, J7677, J7682, J7686, Q0474,                 | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the   |  |
|  |             |   |                           |               |                 | drugs   | K0730. E0574. Q0513. Q0514                                | Aged and Disabled, 81834(a)(7)(C)(i), (ii) and (iii). Benjacement of 1.Social Security Act (SSA), Title XVIII- Health Insurance for the | Fuel and a former than a standard and an income  |
|  |             | Professional Services                                 |                           |               |                 | Claims for HCPCS code G0438 billed more than once in a<br>lifetime will be denied. HCPCS code G0438 (Annual             |   | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from   | Exclude from the automated review claims having a paid claim date more                                       |
| 0028 - Annual Wellness Visits: Excessive Units   | Automated   | (Physician/Non-Physician                              | 3 - all applicable states | 4/26/2017     | Approved        | wellness visit; includes a personalized prevention plan of  | G0438   | Coverage and Medicare as a Secondary Payer  | than 3 years prior to the Review   |
|  |             | Practitioner)   |                           |               |                 | service (PPS) initial visit) is a "one time" allowed  |   | 2.Social Security Act (SSA). Title XVIII- Health Insurance for the  | Results Letter   |
|  |             | Professional Services                                 |                           |               |                 | 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  |
| 0028 - Annual Wellness Visits: Excessive Units   | Automated   | (Physician/Non-Physician                              | 4 - all applicable states | 4/26/2017     | Approved        | lifetime will be denied. HCPCS code G0438 (Annual   | G0438   | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from   | claims having a paid claim date more   |
|  |             | Practitioner)   | .,                        |               |                 | wellness visit; includes a personalized prevention plan of  |   | Coverage and Medicare as a Secondary Payer  | than 3 years prior to the Review   |
|  |             |   |                           |               |                 | Service (PPS) initial visit) is a "one time" allowed.  This review will determine if an Osteogenesis Stimulator is      |   | 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"   |
| 0030 - Osteogenesis Stimulators: Medical Necessity and Documentation                   |             | D. 15 01 / D. 15 0                                    | 5 40 545 444 6            | 2/4/2047      |                 | reasonable and necessary for the patient's condition  | ,                   | Aged and Disabled, §1833(e) - Payment of Benefits   | which is less than 3 years prior to the  |
| Requirements   | Complex     | DME Physician/ DME Supplier                           | 5 - All DME MACs          | 2/1/2017      | Approved        | based on the documentation in the medical record.   | E0747, E0748, E0760                                       | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the   | ADR Letter date.   |
|  |             |   |                           |               |                 |   |   | Aged and Disabled 6183//a)//7)/(1)(i) and (iii). Replacement of   |  |
|  |             | Professional Services                                 |                           |               |                 | Both Initial Hospital Care codes (CPT codes 99221–99223)  |   | Social Security Act (SSA), Title XVIII- Health Insurance for the  | Exclude claims having a paid claim date  |
| 0037 - Hospital Services: Excessive Units  | Automated   | (Physician/Non-Physician                              | 3 - all applicable states | 3/23/2017     | Approved        | and Subsequent Hospital Care codes (CPT Codes 99231   | 99221-99223   | Aged and Disabled, Section 1833(e)- Payment of Benefits   | which is more than 3 years prior to the  |
|  |             | Practitioner)   |                           |               |                 | 99233) are "per diem" services and may be reported only   |   | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the   | Informational letter date.   |
|  |             | Danfarria and Compies                                 |                           |               |                 | Both Initial Hospital Care codes (CPT codes 99221–99223)  |   | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the   | Exclude claims having a paid claim date  |
| 2027 Hamital Comings Francisco Haita   | Automated   | Professional Services                                 | 4 -111:                   | 2/22/2017     | A               | and Subsequent Hospital Care codes (CPT Codes 99231   | 00334 00333   | Aged and Disabled, Section 1833(e)- Payment of Benefits   | which is more than 3 years prior to the  |
| 0037 - Hospital Services: Excessive Units  | Automated   | (Physician/Non-Physician<br>Practitioner)             | 4 - all applicable states | 3/23/2017     | Approved        | 99233) are "per diem" services and may be reported only   | 99221-99223   | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the   | Informational letter date.   |
|  |             | Practitioner)   |                           |               |                 | ance per day by the came physician(s) of the came   |   | Agod and Disabled Section 1962/a)/1)/A) Evolutions from   |  |
|  |             | 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                              | 3 - 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   |
|  |             | Practitioner)   |                           |               |                 | the inpatient care is being billed by the hospital as nursing   |   | Coverage and Medicare as a Secondary Payer  | years prior to the Review Results Letter   |
|  |             | 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 1 different similar seas. Incorrect country                                  | riacomacca  | Practitioner)   | i dii applicable states   | 5/25/2017     | приотеа         | 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 Review Results Letter   |
|  |             | ,   |                           |               |                 | facility care, then the nursing facility codes annly  |   | 2 Social Security Act (SSA) Title VVIII. Health Insurance for the   | (RRI ) date  |
|  |             | Professional Services                                 |                           |               |                 | Providers are only allowed to bill the CPT codes for New<br>Patient visits if the patient has not received any face-to- |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from         | Algorithm excludes from this<br>automated review, claims having a  |
| 0039 - Ophthalmology Codes for New Patient: Incorrect Coding                           | Automated   | (Physician/Non-Physician                              | 3 - all applicable states | 3/23/2017     | Approved        | face service from the physician or physician group  | 92002, 92004  | Coverage and Medicare as a Secondary Payer  | paid claim date which is more than 3   |
|  |             | Practitioner)   |                           |               |                 | practice (limited to physicians of the same specialty)  |   | 2 Social Security Act (SSA). Title YVIII- Health Insurance for the  | years prior to the Review Results Letter   |
|  |             | 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  |
|  |             | Practitioner)   |                           |               |                 | face service from the physician or physician group  |   | Coverage and Medicare as a Secondary Payer  | paid claim date which is more than 3   |
|  |             |   |                           |               |                 | Office or other outpatient visits for evaluation and  |   | 1.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"   |
| 0042 - Evaluation and Management Services for Office or Other                          | Automated   | Professional Services<br>(Physician/Non-Physician     | 3 - 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                      | Automateu   | Practitioner)   | 5 - all applicable states | 3/23/201/     | Approved        | they are admitted to a hospital setting. Billing these  | 99202-99215   | Coverage and Medicare as a Secondary Payer  | informational Letter date (automated   |
|  |             | i ractioner)  |                           |               |                 | consises incorrectly will result in an evernaument and the  |   | 2 Social Socurity Act (SSA) Title VVIII. Health Incurance for the   | rovious  |
| 0042 - Evaluation and Management Services for Office or Other                          |             | 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"   |
| Outpatient Visit Billed for Hospital Inpatients: Incorrect Coding                      | 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 Impatients. Incorrect coding                      |             | Practitioner)   |                           |               |                 | they are admitted to a hospital setting. Billing these  |   | Coverage and Medicare as a Secondary Payer  | informational Letter date (automated   |
|  |             | 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                              | 3 - 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   |
| 10043 - New Patient Visits. Incorrect Couling  | Automateu   | Practitioner)   | 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.   |
|  |             | · · · · · · · · · · · · · · · · · · ·                 |                           |               |                 | or physician group practice (same physician specialty)  |   | 2 Social Security Act (SSA) Title YVIII. Health Insurance for the   | Claimanthant have a Walaiss said to "  |
|  |             | Professional Services                                 |                           | 1             |                 | A new patient is one who has not received any   | 92002, 92004, 99202, 99203, 99204,                        | 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-   | 99205, 99341, 99342, 99344, 99345                         | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from   | which is less than 6 months prior to the   |
|  |             | Practitioner)   |                           | ĺ             |                 | face service (e.g., surgical procedure)] from the physician   | 3, 222, 222, 333 . 1, 333 .3                              | Coverage and Medicare as a Secondary Payer  2. Social Security Act (SSA). Title XVIII- Health Insurance for the                         | Review Results Letter.   |
|  |             |   |                           |               |                 | 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                               | 3 - all applicable states | 8/8/2017      | Approved        | one of the following HCPCS codes: A0425, A0426, A0427,  | A0425, A0426, A0427, A0428, A0429,                        | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from   | which is less than 3 years prior to the  |
| Januarice Transfer between skilled Harsing Facilities. Offbulldling                    | , lacomated | Suppliers   | an applicable states      | 0,0,2017      | прричес         | A0428, A0429, A0432, A0433, A0434 with modifier NN on   | A0432, A0433, A0434                                       | Coverage and Medicare as a Secondary Payer  | Review Results Letter date.  |
|  |             |   |                           |               |                 |   |   | 2 Social Socurity Act (SSA) Title VVIII Health Incurance for the  |  |
|  |             |   |                           |               |                 | Algorithm identifies all paid Ambulance Claims hilled with  |   |   | Claims that have a deire residues  |
|  |             | 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   | Ambulance Providers and Suppliers                     | 4 - all applicable states | 8/8/2017      | Approved        |   | A0425, A0426, A0427, A0428, A0429,<br>A0432, A0433, A0434 |   | Claims that have a claim paid date<br>which is less than 3 years prior to the<br>Review Results Letter date. |

| Review Topic  | Review Type | Provider Type  | Regions and States        | Date Approved | Approval Status | Description   | Affected Codes   | Additional Information   | Date of Service  |
|---|-------------|--|---------------------------|---------------|-----------------|---|--|--|--|
| 0050 - Add-on Codes Paid without Primary Code and/or Denied Primary                                 | Automated   | Professional Services<br>(Physician/Non-Physician                    | 3 - all applicable states | 1/22/2021     | Approved        | CPT has designated certain codes as "add-on procedures".<br>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  |             | Practitioners); Outpatient<br>Hospital                               |                           | -,,           |                 | another procedure and are only payable when an  | medicare/medicare-ncci-add-code-edits  | Coverage and Medicare as a Secondary Payer 2 Social Security Act (SSA). Title XVIII, Health Insurance for the                          | to the Informational Letter date   |
| 0050 - Add-on Codes Paid without Primary Code and/or Denied Primary                                 |             | Professional Services<br>(Physician/Non-Physician                    |                           | 4 /22 /2224   |                 | CPT has designated certain codes as "add-on procedures".<br>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<br>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   | 4 - 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   |                           |               |                 | Ambulance services during an Inpatient stay are included  |  | Social Security Act (SSA). Title XVIII. Health Insurance for the     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  | 3 - all applicable states | 6/20/2017     | Approved        | in the facility's PPS payment and are not separately  | A0425, A0426, A0427, A0428, A0429,<br>A0432, A0433, A0434                              | Aged and Disabled, Section 1833(e)- Payment of Benefits  | which is less than 3 years prior to the<br>Review Results Letter date.             |
|   |             |  |                           |               |                 | payable under Part B, excluding the date of admission,  | A0432, A0433, A0434  | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  |  |
| COSA. Assistance Billed during lengthings the block of the  | Automated   | Ambulance Providers  | 4 all amplicable states   | 6/20/2017     | A               | Ambulance services during an Inpatient stay are included<br>in the facility's PPS payment and are not separately          | 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"<br>which is less than 3 years prior to the    |
| 0054 - Ambulance Billed during Inpatient: Unbundling  | Automated   | Ambulance Providers  | 4 - all applicable states | 6/20/2017     | Approved        | payable under Part B, excluding the date of admission,  | A0432, A0433, A0434  | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Review Results Letter date.  |
|   |             | 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:<br>Incorrect Coding        | Automated   | (Physician/Non-Physician   | 3 - all applicable states | 8/7/2017      | Approved        | management (E/M) codes billed for services rendered to a<br>patient residing in a skilled nursing facility (SNF), with no | 99223, 99232, 99233  | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer                                | which is less than 3 years prior to the<br>Informational Letter date (automated    |
|   |             | Practitioner)  |                           |               |                 | innationt hospital facility claim for the same date of  |  | Social Security Act (SSA), Title XVIII. Health Insurance for the     Social Security Act (SSA), Title XVIII. Health Insurance for the  | reviewl  |
| 0056 - Evaluation and Management Services in Skilled Nursing Facilities:                            | Automated   | Professional Services<br>(Physician/Non-Physician                    | 4 - all applicable states | 8/7/2017      | Approved        | Claims with CPT inpatient hospital care evaluation and<br>management (E/M) codes billed for services rendered to a        | 99223, 99232, 99233  | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | Claims that have a "claim paid date"<br>which is less than 3 years prior to the    |
| Incorrect Coding  | Automateu   | Practitioner)  | 4 - all applicable states | 6///201/      | Арргочец        | patient residing in a skilled nursing facility (SNF), with no   | 35223, 35232, 35233  | 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,   | 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<br>Rehabilitation Facility (ORF), | 3 - all applicable states | 9/8/2017      | Approved        | (excluding Modifiers -KX, and -59) where the procedure is<br>not defined by a specific timeframe, the provider may not    | 92524, 92526, 92597, 92609, 97012,<br>97016, 97018, 97022, 97024, 97028,               | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer                                | claims having a paid claim date which<br>is more than 3 years prior to the         |
|   |             | Comprehensive Outpatient Outpatient Hospital, Skilled                |                           |               |                 | exceed (1) in the units hilled column per date of service   | 97161, 97162, 97163, 97164, 97165,<br>92507, 92508, 92521, 92522, 92523,               | 2 Rocial Security Act (SSA) Title YVIII- Health Insurance for the  | Review Results Letter date   |
| 0060 - Untimed Therapy: Excessive Units   | Automated   | Nursing Facility (SNF), Outpatient                                   | 4 - all applicable states | 9/8/2017      | Approved        | When reporting service units for untimed codes<br>(excluding Modifiers -KX, and -59) where the procedure is               | 92524, 92526, 92597, 92609, 97012,   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from        | Exclude from this automated review,<br>claims having a paid claim date which       |
| Sood Sittined Therapy. Excessive Sints  | Automateu   | Rehabilitation Facility (ORF),                                       | all applicable states     | 3/0/2017      | Арргочец        | not defined by a specific timeframe, the provider may not   | 97016, 97018, 97022, 97024, 97028,<br>97161, 97162, 97163, 97164, 97165                | Coverage and Medicare as a Secondary Payer   | is more than 3 years prior to the  |
|   |             | 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   | 3 - all applicable states | 9/8/2017      | Approved        | service. As such, these codes may only be reported once<br>per day, per Beneficiary, Provider and date of service.        | 99304, 99305, 99306, 99307, 99308,<br>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<br>Informational letter date.              |
|   |             | Practitioner)  |                           |               |                 | Polovant CDT codes hilled more than once per day will   |  | 1.Social Security Act, Title XVIII- Health Insurance for the Aged  |  |
| 0061 - Nursing Facility Services: Excessive Units   | Automated   | Professional Services (Physician/Non-Physician                       | 4 - all applicable states | 9/8/2017      | Approved        | The Nursing Facility Services codes represent a "per day"<br>service. As such, these codes may only be reported once      | 99304, 99305, 99306, 99307, 99308,   | and Disabled, Section 1833(e)- Payment of Benefits   | Exclude claims having a paid claim date<br>which is more than 3 years prior to the |
| Tursing running services. Excessive onto  | Automateu   | Practitioner)  | an applicable states      | 3,0,201,      | 7,650.000       | 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.   |
|   |             | Radiologists/Part B providers  |                           |               |                 | Carriers may not pay for the technical component (TC) of  | All CPT/HCPCS codes with TC/PC Indicator<br>1 and/or 3; Type of Service Indicator code |  | Exclude claims that have a claim paid  |
| 0062 - Radiology: Technical Component during Inpatient Stay   | Automated   | performing radiology services  | 3 - all applicable states | 9/8/2017      | Approved        | radiology services furnished to patients during inpatient<br>stay. Query identifies TC portion of radiology paid to       | 4 and/or 6; CPT/HCPCS modifier TC  | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer                                | date which is more than 3 years prior<br>to the review results letter date.        |
|   |             |  |                           |               |                 | entities other than the innationt facility. Findings are<br>Carriers may not pay for the technical component (TC) of      | (technical component) CPT/HCPCS All CPT/HCPCS codes with TC/PC Indicator               | 2 Social Security Act (SSA). Title XVIII. Health Insurance for the 1. Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude claims that have a claim paid  |
| 0062 - Radiology: Technical Component during Inpatient Stay   | Automated   | Radiologists/Part B providers  | 4 - all applicable states | 9/8/2017      | Approved        | radiology services furnished to patients during inpatient   | 1 and/or 3; Type of Service Indicator code   | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | date which is more than 3 years prior  |
|   |             | performing radiology services  |                           |               | ***             | stay. Query identifies TC portion of radiology paid to  | 4 and/or 6; CPT/HCPCS modifier TC<br>(technical component) CPT/HCPCS                   | Coverage and Medicare as a Secondary Payer  2 Social Security Act (SSA). Title XVIII- Health Insurance for the                         | to the review results letter date.   |
|   |             | Inpatient Hospital; Outpatient                                       |                           |               |                 | Duplicate claims or line date of service items will be denied.  |  | 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<br>"paid claim date" which is more than 3      |
| 0064 - Facility Duplicate Claims  | Automated   | Hospital; Skilled Nursing Facility<br>(SNF)                          | 3 - all applicable states | 9/8/2017      | Approved        | defiled.  | All CPT and All HCPCS  | Coverage and Medicare as a Secondary Payer   | years prior to the Review Results Letter   |
|   |             | Inpatient Hospital; Outpatient                                       |                           |               |                 | Duplicate claims or line date of service items will be  |  | 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  |
| 0064 - Facility Duplicate Claims  | Automated   | Hospital; Skilled Nursing Facility                                   | 4 - all applicable states | 9/8/2017      | Approved        | denied.   | All CPT and All HCPCS  | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | "paid claim date" which is more than 3   |
|   |             | (SNF)  |                           |               |                 |   |  | Coverage and Medicare as a Secondary Payer   | years prior to the Review Results Letter   |
| 0065 - Continuous Positive Airway Pressure Machine without an                                       |             |  |                           |               |                 | Continuous positive airway pressure machines (CPAPs)<br>billed without the diagnosis of obstructive sleep apnea           |  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, §1833(e) - Payment of Benefits                | Exclude from this automated review,<br>claims having a paid claim date which       |
| Obstructive Sleep Apnea Diagnosis   | Automated   | DME Physician/ DME Supplier  | 5 - All DME MACs          | 9/7/2017      | Approved        | (OSA) will be denied.   | E0601  | 2.Social Security Act (SSA), Title XVIII- Health Insurance for the   | is more than 3 years prior to the  |
|   |             |  |                           |               |                 | 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  |
| 0067 - Inpatient Psychiatric Facility Services: Medical Necessity and<br>Documentation Requirements | Complex     | Inpatient Hospital (IP); Inpatient<br>Psychiatric Facility (IPF)     | 3 - all applicable states | 9/8/2017      | Approved        | inpatient psychiatric facility will be reviewed to determine  | N/A  | and (4)- Conditions of and Limitations on Payment for Services   | "paid claim date" which is more than 3 years prior to the Review Results letter    |
|   |             | - 5,5stre ruemey (ii r )   |                           |               |                 | that services were medically reasonable and necessary.  Services found to be not medically reasonable and                 |  | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  | date   |
| 0067 - Inpatient Psychiatric Facility Services: Medical Necessity and                               | Complex     | Inpatient Hospital (IP); Inpatient                                   | 4 all applicable states   | 0/0/2047      | Approved        | Inpatient hospital services furnished to a patient of an<br>inpatient psychiatric facility will be reviewed to determine  | N/A  | 1.Title XVIII of the Social Security Act (SSA), Section 1814(a)(2)(A) and (4)- Conditions of and Limitations on Payment for Services   | Exclude from review claims having a<br>"paid claim date" which is more than 3      |
| Documentation Requirements  | Complex     | Psychiatric Facility (IPF)   | 4 - all applicable states | 9/8/2017      | Approved        | that services were medically reasonable and necessary.  | IV/A   | 2.Social Security Act (SSA), Title XVIII- Health Insurance for the   | years prior to the Review Results letter   |
|   |             |  |                           |               |                 | Documentation will be reviewed to determine if  | Primary Codes: E0470; E0471 Category 2   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Dates of Service on or after May 12,   |
| 0069 - Respiratory Assist Devices: Medical Necessity and Documentation<br>Requirements              | Complex     | DME Physician/ DME Supplier  | 5 - All DME MACs          | 12/12/2017    | Approved        | Respiratory Assist Devices meet coverage criteria and/or<br>are medically reasonable and necessary.                       | Codes: E0561; E0562; Category 3 Codes:<br>A7027, A7028, A7029, A7030, A7031,           | Aged and Disabled, §1833(e) - Payment of Benefits  2. Social Security Act (SSA), Title XVIII- Health Insurance for the                 | 2023   |
|   |             |  |                           |               |                 |   | A7032. A7033. A7034: Category 4 Codes:   | Aged and Disabled 61834/a)/7)(C)(i) (ii) and (iii). Replacement of   |  |
|   |             |  |                           |               |                 | Outpatient services for the same beneficiary, same or   |  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Claims having a "claim paid date" that   |
| 0072 - Outpatient Service Overlapping or During an Inpatient Stay:                                  | Automated   | Outpatient Hospital; Inpatient<br>Hospital Part B                    | 3 - all applicable states | 10/5/2017     | Approved        | different service provider, where the date(s) of service on   | Eligible codes with TOB 11x, 12x and 13x   | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | is more than 3 years prior to the  |

| Review Topic   | Review Type | Provider Type  | Regions and States        | Date Approved | Approval Status | Description  | Affected Codes   | Additional Information  | Date of Service  |
|--|-------------|--|---------------------------|---------------|-----------------|--|--|---|--|
| 0072 - Outpatient Service Overlapping or During an Inpatient Stay: Duplicate Payments  | Automated   | Outpatient Hospital; Inpatient<br>Hospital Part B  | 4 - all applicable states | 10/5/2017     | Approved        | Outpatient services for the same beneficiary, same or different service provider, where the date(s) of service on the outpatient claim falls within an inpatient admission or  | Eligible codes with TOB 11x, 12x and 13x   | 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 having a "claim paid date" that<br>is more than 3 years prior to the<br>review results letter date will be  |
| 0073 - Inpatient Rehabilitation Facility: Medical Necessity and<br>Documentation Requirements                                | Complex     | Inpatient Rehabilitation Facility;<br>Inpatient  | 3 - all applicable states | 10/4/2018     | Approved        | owarian the admission date of the innational claim are<br>Medicare only pays for services that are reasonable and<br>necessary for the setting billed. The inpatient<br>rehabilitation facility (IRF) benefit is designed to provide   | N/A  | 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, \$1862(a)(1)(A). Exclusions from Coverage and Medicare as a Secondary Payer 2. SSA. Title XVIII. Health Insurance for the Aged and Disabled                              | excluded Exclude from review claims having a<br>"paid claim date" which is more than 3<br>years prior to the ADR letter date.                                      |
| 0073 - Inpatient Rehabilitation Facility: Medical Necessity and Documentation Requirements                                   | Complex     | Inpatient Rehabilitation Facility;<br>Inpatient  | 4 - all applicable states | 10/4/2018     | Approved        | Medicare only pays for services that are reasonable and necessary for the setting billed. The inpatient rehabilitation facility (IRF) benefit is designed to provide the provide of the pr   | N/A  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer  SEA_Title XVIII- Modify Insurance for the Aged and Disabled  | Exclude from review claims having a<br>"paid claim date" which is more than 3<br>years prior to the ADR letter date.   |
| 0074 - Drugs and Biologicals in Single-Dose Vials: Incorrect Units Billed  | Complex     | Outpatient Hospital; Professional<br>Services (Physician/Non-<br>Physician Practitioner) | 3 - all applicable states | 12/21/2017    | Approved        | Claims billed with excessive or insufficient units will be reviewed to determine the actual amount administered and the correct number of billable/payable units.  | C9132, J0178, J0180, J0202, J0221, J0256,<br>J0475, J0485, J0490, J0583, J0585, J0588,<br>J0775, J0881, J0894, J0897, J1299, J130,<br>J1439, J1459, J1557, J1561, J1566, J1568,<br>C9132, J0178, J0180, J0202, J0221, J0256, | 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<br>"paid claim date" which is more than 3<br>years prior to the ADR letter date.   |
| 0074 - Drugs and Biologicals in Single-Dose Vials: Incorrect Units Billed  | Complex     | Outpatient Hospital; Professional<br>Services (Physician/Non-<br>Physician Practitioner) | 4 - all applicable states | 12/21/2017    | Approved        | Claims billed with excessive or insufficient units will be reviewed to determine the actual amount administered and the correct number of billable/payable units.  | C9132, J0178, J0180, J0202, J0221, J0256,<br>J0475, J0485, J0490, J0583, J0585, J0588,<br>J0775, J0881, J0894, J0897, J1299, J1300,<br>J1439, J1459, J1557, J1561, J1566, J1568  | 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<br>"paid claim date" which is more than 3<br>years prior to the ADR letter date.   |
| 0075 - Home Health: Medical Necessity and Documentation<br>Requirements  | Complex     | Home Health Agencies   | 5 - All HHH MACs          | 12/12/2017    | Approved        | This review will determine whether the Home Health care is reasonable and necessary, based on documentation in the medical record. Claim lines that do not meet the  | Revenue Codes: 0023X, 042X, 043X, 044X, 055X, 023X, 056X, 057X   | 1.Bocial Security Act (SSA), Title XVIII – Health Insurance for the<br>Aged and Disabled, Sections 1814(a)(2)(C) - Conditions of and<br>Limitations on payment for services<br>Social Security Act (SSA) Title XVIII – Health Insurance for the   | Exclude from review claims having a<br>"paid claim date" prior to May 12,<br>2023  |
| 0077 - Annual Wellness Visit Billed Sooner than Eleven Whole Months Following the Initial Preventive Physical Examination    | Automated   | Part B Professional Services<br>(Physician/Non-Physician<br>Practitioner)                | 3 - all applicable states | 1/9/2018      | Approved        | Claims for HCPCS Code G0439 will be recovered as overpayment as it is not payable if an Initial Preventive Physical Examination (IPPE) or an Annual Wellness Visit   | G0439, G0402   | 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 having a "claim paid date" that<br>is more than 3 years prior to the<br>Review Results letter date will be  |
| 0077 - Annual Wellness Visit Billed Sooner than Eleven Whole Months<br>Following the Initial Preventive Physical Examination | Automated   | Part B Professional Services<br>(Physician/Non-Physician<br>Practitioner)                | 4 - all applicable states | 1/9/2018      | Approved        | (AMM/) has been paid within the nast alayon (11) whole<br>Claims for HCPCS Code Gol439 will be recovered as<br>overpayment as it is not payable if an Initial Preventive<br>Physical Examination (IPPE) or an Annual Wellniess Visit<br>(AMM) has been paid within the nast aleyen (11) whole<br>(AMM) has been paid within the nast aleyen (11) whole<br>(AMM) has the parasid within the past aleyen (11) whole<br>(AMM) has the parasid within the past aleyen (11) whole<br>(AMM) has the parasid within the past aleyen (11) whole<br>(AMM) has the parasid within the past aleyen (11) whole<br>(AMM) has the parasid within the past aleyen (11) whole<br>(AMM) has the parasid within the past aleyen (11) whole<br>(AMM) has the parasid within the past aleyen (11) whole<br>(AMM) has the parasid within the past aleyen (11) whole<br>(AMM) has the parasid within the past aleyen (11) whole<br>(AMM) has the parasid within the past aleyen (11) whole<br>(AMM) has the parasid within the past aleyen (11) whole<br>(AMM) has the parasid within the past aleyen (11) whole<br>(AMM) has the parasid within the past aleyen (12) whole<br>(AMM) has the parasid within the past aleyen (13) whole<br>(AMM) has the parasid within the past aleyen (13) whole<br>(AMM) has the parasid within the past aleyen (13) whole<br>(AMM) has the parasid within the past aleyen (13) whole<br>(AMM) has the parasid within the past aleyen (13) whole<br>(AMM) has the parasid within the past aleyen (13) whole<br>(AMM) has the parasid within the past aleyen (13) whole<br>(AMM) has the parasid within the past aleyen (13) whole<br>(AMM) has the parasid within the past aleyen (13) whole<br>(AMM) has the parasid within the past aleyen (13) whole<br>(AMM) has the parasid within the past aleyen (13) whole<br>(AMM) has the parasid within the past aleyen (13) whole<br>(AMM) has the parasid within the past aleyen (13) whole<br>(AMM) has the parasid within the past aleyen (13) whole<br>(AMM) has the parasid within the past aleyen (13) whole<br>(AMM) has the parasid within the past aleyen (13) whole<br>(AMM) has the parasid within the past aleyen (13) whole<br>(A | G0439, G0402   | 2. Social Security Act (SSA). Title VIIII- 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 VIIII- Health Insurance for the Aged Section 1862(a)(1)(A): Exclusions from Coverage and Medicare as a Secondary Payer. | Claims having a "claim paid date" that<br>is more than 3 years prior to the<br>Review Results letter date will be  |
| 0081 - Negative Pressure Wound Therapy: Medical Necessity and Documentation Requirements                                     | Complex     | DME Physician/ DME Supplier  | 5 - All DME MACs          | 2/26/2018     | Approved        | This review will determine if Negative Pressure Wound Therapy is reasonable and Necessary for the patient's condition based on the documentation in the medical  | E2402, A6550, A7000  | Isocial Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §1833(e) - Payment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the  | Claims having a "claim paid date" which is more than 3 years prior to the Review Results letter date will be   |
| 0085 - Laboratory Services Rendered During an Inpatient Stay: Unbundling   | Automated   | Laboratory/Ambulance,<br>Outpatient Hospital   | 3 - all applicable states | 3/13/2018     | Approved        | Laboratory services are covered under Part A, excluding anatomic pathology services and certain clinical pathology services. If billed separately, these are considered  | 80047-87912  | 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   | Select claims that have a "claim paid<br>date" which is less than 3 years prior to<br>the Review Results Letter date.  |
| 0085 - Laboratory Services Rendered During an Inpatient Stay: Unbundling   | Automated   | Laboratory/Ambulance,<br>Outpatient Hospital   | 4 - all applicable states | 3/13/2018     | Approved        | Laboratory services are covered under Part A, excluding<br>anatomic pathology services and certain clinical pathology<br>services. If billed separately, these are considered  | 80047-87912  | 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) Secondary Payer  | Select claims that have a "claim paid<br>date" which is less than 3 years prior to<br>the Review Results Letter date.  |
| 0086 - Observation Evaluation & Management (E&M) Services Billed Same<br>Day as Inpatient Admission: Unbundling              | Automated   | Professional Services<br>(Physician/Non-Physician<br>Practitioner)                       | 3 - all applicable states | 3/14/2018     | Approved        | Hospital outpatient observation care (initial, subsequent and/or discharge management) rendered on the same date as a hospital inpatient admission by the same hospital inpatient admission by the same  | 99217, 99218, 99219, 99220, 99221,<br>99222, 99223, 99224, 99225, 99226  | 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<br>"paid claim date" which is more than 3<br>years prior to the Review Results Letter  |
| 0086 - Observation Evaluation & Management (E&M) Services Billed Same<br>Day as Inpatient Admission: Unbundling              | Automated   | Professional Services<br>(Physician/Non-Physician<br>Practitioner)                       | 4 - all applicable states | 3/14/2018     | Approved        | hospital outpatient observation care (initial, subsequent and/or discharge management) rendered on the same date as a hospital inpatient admission by the same   | 99217, 99218, 99219, 99220, 99221,<br>99222, 99223, 99224, 99225, 99226  | 2 Social Security Act (SSA). Title XVIII. Health Insurance for the LSOcial 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   | date and dates of source on and after<br>Exclude from review claims having a<br>"paid claim date" which is more than 3<br>years prior to the Review Results Letter |
| 0087 - Laboratory Services for End-Stage Renal Disease Subject to Part B<br>Consolidated Billing: Unbundling                 | Automated   | Professional Services<br>(Physician/Non-Physician<br>Practitioner)                       | 3 - all applicable states | 3/14/2018     | Approved        | The ESRD PS includes consolidated billing for limited Part<br>B services included in the ESRD facility bundled payment.<br>Certain laboratory services and limited drugs and supplies  | Labs subject to ESRD Consolidated Billing for  | Social Security Act (SSA) Ittle XVIIII 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 XVIIII Health Insurance for the   | data and datas of service on and after<br>Claims having a "claim paid date" that<br>is more than 3 years prior to the<br>Informational letter date will be         |
| 0087 - Laboratory Services for End-Stage Renal Disease Subject to Part B<br>Consolidated Billing: Unbundling                 | Automated   | Professional Services<br>(Physician/Non-Physician<br>Practitioner)                       | 4 - all applicable states | 3/14/2018     | Approved        | usual he cubicat to Both B. consolidated billion and are not.<br>The ESRD PS includes consolidated billing for limited Part<br>B services included in the ESRD facility bundled payment.<br>Certain laboratory services and limited drugs and supplies   | Labs subject to ESRD Consolidated Billing for  | Associal Security Act (SSA), Tritle XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer  | Claims having a "claim paid date" that<br>is more than 3 years prior to the<br>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 annual Park & Conscillated billion and a constitution of the Covered annual Park & Covered & Cover   | All ancillary services- https://www.cms.gov  | Coverage and Medicare as a Secondary Payer  | Claims having a "claim paid date" that<br>is more than 3 years prior to the<br>Review Results Letter date will be  |
| 0088 - Ancillary Services Billed Without an Approved Surgical Procedure  | Automated   | Ambulatory Surgery Center (ASC)  | 4 - all applicable states | 3/14/2018     | Approved        | came date of conjuga and came provider.<br>Covered annillary items and services are not payable if<br>there is no approved Ambulatory Surgical Center (ASC)<br>surgical procedure on the same claim or in history for the  | All ancillary services- https://www.cms.gov  | 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  | Claims having a "claim paid date" that<br>is more than 3 years prior to the<br>Review Results Letter date will be  |
| 0089 - Clinical Social Worker during Inpatient: Unbundling   | Automated   | Professional Services<br>(Physician/Non-Physician<br>Practitioner)                       | 3 - all applicable states | 3/14/2018     | Approved        | came date of sequine and came provider.<br>Services of Clinical Social Workers (CSW) rendered during<br>Inpatient Hospital stays are included in the facilities PPS<br>payment and are not separately payable under Part B.  | 90785 - 90899  | 2 Social Security Act (SSA). Title XVIII. Health Insurance for the LSocial 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 having a "claim paid date" that<br>is more than 3 years prior to the<br>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        | CSW providers are expected to seek reimbursement from<br>Services of Clinical Social Workers (CSW) rendered during<br>Inpatient Hospital stays are included in the facilities PPS<br>payment and are not separately payable under Part B.  | 90785 - 90899  | 2 Social Security Act (SSA), Title XVIII. Health Insurance for the LSocial 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 having a "claim paid date" that is more than 3 years prior to the Informational Letter date will be   |

| Review Topic   | Review Type | Provider Type  | Regions and States        | Date Approved | Approval Status | Description Affected Codes  | Additional Information   | Date of Service   |
|--|-------------|--|---------------------------|---------------|-----------------|---|--|---|
|  |             | Professional Services  |                           |               |                 | The technical component (TC) of lab/pathology services  | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Exclude from this automated review,   |
| 0090 - Laboratory/Pathology Technical Component for Inpatient or   | Automated   | (Physician/Non-Physician                                     | 3 - all applicable states | 4/4/2018      | Approved        | furnished to patients in an inpatient or outpatient hospital All Lab/Pathology CPT/HCPCS codes  | . 8 (-)(-)(-)(-)   | claims having a paid claim date which   |
| Outpatient Hospitals: Unbundling   |             | Practitioner); Laboratory;<br>Independent Diagnostic Testing |                           |               |                 | setting are not separately payable. TC/PC Indicator 1 or 3  | Coverage and Medicare as a Secondary Payer   | is more than 3 years prior to the   |
|  |             | Professional Services  |                           |               |                 | The technical component (TC) of lab/pathology services  | Social Security Act (SSA). Title XVIII- Health Insurance for the     Social Security Act (SSA), Title XVIII- Health Insurance for the              | Exclude from this automated review,   |
| 0090 - Laboratory/Pathology Technical Component for Inpatient or   | Automated   | (Physician/Non-Physician                                     | 4 - all applicable states | 4/4/2018      | Approved        | furnished to patients in an inpatient or outpatient hospital All Lab/Pathology CPT/HCPCS codes  | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | claims having a paid claim date which   |
| Outpatient Hospitals: Unbundling   |             | Practitioner); Laboratory;                                   |                           | , ,,====      |                 | setting are not separately payable. TC/PC Indicator 1 or 3  | Coverage and Medicare as a Secondary Payer   | is more than 3 years prior to the   |
|  |             | Independent Diagnostic Testing                               |                           |               |                 | Duplicate payments are any payments paid across more  | Social Security Act (SSA) Title XVIII. Health Insurance for the     Social Security Act, Title XVIII- Health Insurance for the Aged                | Claims that have a "claim paid date"  |
| 0091- Duplicate Payments: Professional Services  | Automated   | Part B Professional Services<br>(Physician/Non-Physician     | 3 - all applicable states | 5/8/2018      | Approved        | than one claim number for the same Beneficiary,  All CPT. HCPCS Codes   | and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage  | which is less than 3 years prior to the                                       |
| 0091- Duplicate Payments. Professional Services  | Automateu   | Practitioner)  | 5 - all applicable states | 5/0/2010      | Approved        | CPT/HCPCS code, and service date by the same provider,  | and Medicare as a Secondary Payer  | Informational Letter date (automated  |
|  |             |  |                           |               |                 | Duplicate payments are any payments paid across more  | 1.Social Security Act, Title XVIII. Health Insurance for the Aged  | Claims that have a "claim paid date"  |
|  |             | Part B Professional Services                                 |                           | 5 (0 (004.0   |                 | a to the a second   | and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage  | which is less than 3 years prior to the                                       |
| 0091- Duplicate Payments: Professional Services  | Automated   | (Physician/Non-Physician<br>Practitioner)                    | 4 - all applicable states | 5/8/2018      | Approved        | CPT/HCPCS code, and service date by the same provider,  | and Medicare as a Secondary Payer  | Informational Letter date (automated  |
|  |             | Outpatient Hospital; Ambulatory                              |                           |               |                 | in excess of a code's Medically Unlikely Edit (MHF)   | 2 Social Security Act. Title YVIII. Health Insurance for the Aged  | China having a "maid alaim data"  |
| 0092 - Percutaneous Implantation of Neurostimulator Electrode Array:   |             | Surgery Center (ASC);  |                           |               |                 | The review shall identify claims billed incorrectly as percutaneous implantation of neurostimulator electrode   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled. Section 1862(a)(1)(A)- Exclusions from                    | Claims having a "paid claim date"<br>which is less than 3 years prior to the  |
| Medical Necessity and Documentation Requirements   | Complex     | Professional Services  | 3 - all applicable states | 5/8/2018      | Approved        | arrays when the medical record demonstrates the   | Coverage and Medicare as a Secondary Payer   | ADR letter date   |
|  |             | (Physician/Non-Physician                                     |                           |               |                 | transcutaneous placement of a device  | 2 Social Security Act (SSA). Title YVIII- Health Insurance for the   |   |
| 0092 - Percutaneous Implantation of Neurostimulator Electrode Array:   |             | Outpatient Hospital; Ambulatory<br>Surgery Center (ASC);     |                           |               |                 | The review shall identify claims billed incorrectly as percutaneous implantation of neurostimulator electrode   | <ol> <li>Social Security Act (SSA), Title XVIII- Health Insurance for the<br/>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from</li> </ol> | Claims having a "paid claim date"<br>which is less than 3 years prior to the  |
| Medical Necessity and Documentation Requirements   | Complex     | Professional Services  | 4 - all applicable states | 5/8/2018      | Approved        | arrays when the medical record demonstrates the   | Coverage and Medicare as a Secondary Payer   | ADR letter date   |
|  |             | (Physician/Non-Physician                                     |                           |               |                 | transcutaneous placement of a device  | 2 Social Security Act (SSA) Title YV/III- Health Insurance for the   |   |
| 0093 - Implantable Automatic Defibrillators- Outpatient Procedure:   |             | Outpatient Hospital, ASC (TOB                                |                           |               |                 | The implantable automatic defibrillator is an electronic device designed to detect and treat life-threatening 33216, 33217, 33224, 33225, 33230,  | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Exclude from review claims having a   |
| Medical Necessity and Documentation Requirements   | Complex     | 13X and 83X), ASC (ASC facilities                            | 3 - all applicable states | 5/14/2018     | Approved        | device designed to detect and treat life-threatening tachyarrhythmias. The device consists of a pulse 33231, 33240, 33249   | Aged and Disabled, Section 1833(e)- Payment of Benefits  2. Social Security Act (SSA), Title XVIII- Health Insurance for the                       | "paid claim date" which is more than 3 years prior to the ADR letter date.    |
| ,  |             | = service type 'F')  |                           |               |                 | generator and electrodes for sensing and defibrillating   | Aged and Disabled Section 1862(a)(1)(A). Exclusions from   | years prior to the ADN letter date.   |
| 0003 Implantable Automatic Defibrillators Cutartiant Process   |             | Outpatient Hospital, ASC (TOB                                |                           |               |                 | The implantable automatic defibrillator is an electronic  | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Exclude from review claims having a   |
| 0093 - Implantable Automatic Defibrillators- Outpatient Procedure: Medical Necessity and Documentation Requirements  | Complex     | 13X and 83X), ASC (ASC facilities                            | 4 - all applicable states | 5/14/2018     | Approved        | device designed to detect and treat life-threatening 33216, 33217, 33224, 33225, 33230, tachyarrhythmias. The device consists of a pulse 33231, 33240, 33249                            | Aged and Disabled, Section 1833(e)- Payment of Benefits  | "paid claim date" which is more than 3  |
| intedical Necessity and Documentation Requirements   |             | = service type 'F')  |                           |               |                 | tachyarrhythmias. The device consists of a pulse  generator and electrodes for sensing and defibrillating   | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  | years prior to the ADR letter date.   |
|  |             |  |                           |               |                 | Group III Pressure-Reducing Support Surfaces, HCPCS   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Exclude from review claims having a   |
| 0094 - Group 3 Pressure-Reducing Support Surfaces: Medical Necessity   | Complex     | DME Physician/DME Supplier                                   | 5 - All DME MACs          | 5/11/2018     | Approved        | Code E0194, Air-Fluidized Bed is covered for the E0194  | Aged and Disabled, §1833(e) - Payment of Benefits  | "claim paid date" which is more than 3  |
| and bocumentation requirements   |             |  |                           |               |                 | treatment of Stage III and Stage IV ulcers when the   | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  | years prior to the Review Results Letter                                      |
|  |             | Hospital Inpatient (Part B) – 12X,                           |                           |               |                 | Facet joint are joints in the spine that aid stability and  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Exclude claims that have a "claim paid  |
| 0095 - Facet Joint Interventions: Medical Necessity and Documentation  | Complex     | Outpatient – 13X, Ambulatory                                 | 3 - all applicable states | 2/1/2023      | Approved        | allow the spine to bend and twist. Facet joint injections 64490-64495   | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | date" which is more than 3 years prior  |
| Requirements   |             | Surgery (ASC) – 83X or POS 24<br>with TOS F                  |                           |               |                 | are a type of interventional pain management technique  | Coverage and Medicare as a Secondary Payer   | to the ADR letter date (complex   |
|  |             | Hospital Inpatient (Part B) – 12X,                           |                           |               |                 | Facet joint are joints in the spine that aid stability and  | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Exclude claims that have a "claim paid  |
| 0095 - Facet Joint Interventions: Medical Necessity and Documentation  | Complex     | Outpatient – 13X, Ambulatory                                 | 4 - all applicable states | 2/1/2023      | Approved        | allow the spine to bend and twist. Facet joint injections 64490-64495   | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | date" which is more than 3 years prior  |
| Requirements   | ·           | Surgery (ASC) – 83X or POS 24<br>with TOS F                  |                           |               |                 | are a type of interventional pain management technique  | Coverage and Medicare as a Secondary Payer   | to the ADR letter date (complex   |
|  |             | Part B Professional Services                                 |                           |               |                 | Certain CPT codes for Part B Professional services for the 36000, 36410, 36415, 36591, 36600,   | 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  |
| 0098 - Critical Care Professional Services: Unbundling   | Automated   | (Physician/Non-Physician                                     | 3 - all applicable states | 6/18/2018     | Approved        | same Beneficiary, same Date of Service, and Same 43752, 43753, 71045, 71046, 92953,   | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | which is less than 3 years prior to the                                       |
|  |             | Practitioner)  |                           | 2, 22, 222    |                 | Provider will be recovered as overpayments as they are 93561, 93562, 93598, 94002, 94003, 94004, 94660, 94662, 94760, 94761.  | Coverage and Medicare as a Secondary Payer   | informational letter date (automated  |
|  |             | Part B Professional Services                                 |                           |               |                 | not payable when performed on the same day a physician 94004, 94660, 94662, 94760, 94761. Certain CPT codes for Part B Professional services for the 36000, 36410, 36415, 36591, 36600, | 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  |
| 0098 - Critical Care Professional Services: Unbundling   | Automated   | (Physician/Non-Physician                                     | 4 - all applicable states | 6/18/2018     | Approved        | same Beneficiary, same Date of Service, and Same 43752, 43753, 71045, 71046, 92953,   | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | which is less than 3 years prior to the                                       |
| The state of the s |             | Practitioner)  | app                       | -,, 2010      | . 44.0100       | Provider will be recovered as overpayments as they are 93561, 93562, 93598, 94002, 94003,   | Coverage and Medicare as a Secondary Payer   | informational letter date (automated  |
|  |             |  |                           |               |                 | Payment for the Skilled Nursing Facility (SNF) services,  | Social Security Act (SSA). Title YVIII. Health Insurance for the     Social Security Act (SSA), Title XVIII- Health Insurance for the              | Exclude claims having a "claim paid   |
| 0099 - Skilled Nursing Facility Consolidated Billing: Unbundling   | Automated   | Outpatient Facility  | 3 - all applicable states | 6/25/2018     | Approved        | listed in the SNF Consolidated Billing Table, Major  CPT/HCPCS codes listed in the SNF Consolidated Billing Table, Major Consolidated Billing Table, Major                              | Agod and Disabled Section 1963(a)(1)(A) Evaluations from   | date" which is more than 3 years prior  |
|  | . iutomateu |  | applicable states         | 0,23,2020     | , pp. 0100      | Category I.F and V.A., provided to beneficiaries by the I.F and V.A.  | Coverage and Medicare as a Secondary Payer   | to the informational letter (automated  |
|  |             |  |                           |               |                 | Payment for the Skilled Nursing Facility (SNF) services, CPT/UCDCS codes listed in the SNE  | Social Socurity Act (SSA). Title XVIII. Health Incurance for the     Social Security Act (SSA), Title XVIII- Health Insurance for the              | Exclude claims having a "claim paid   |
| 0099 - Skilled Nursing Facility Consolidated Billing: Unbundling   | Automated   | Outpatient Facility  | 4 - all applicable states | 6/25/2018     | Approved        | listed in the SNF Consolidated Billing Table, Major  CPT/HCPCS codes listed in the SNF  Consolidated Billing Table, Major  Consolidated Billing Table, Major Cal                        | Annal and Disabled Continue 40C3(-)(4)(A) Fundaminan forms   | date" which is more than 3 years prior  |
| Skilled Hallsing Facility consolidated billing. Oribunianing   | Automateu   | Outputient racinty   | - un applicable states    | 0/23/2016     | Approved        | Category I.F and V.A., provided to beneficiaries by the   | Coverage and Medicare as a Secondary Payer   | to the informational letter (automated  |
|  |             |  |                           |               |                 | CMS has designated certain codes as "add-on   | 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   | Automatad   | Laboratory   | 2 all applicable states   | 6/20/2018     | Annroyed        | procedures". These services are always done in 17311-17315, 81265, 81415, 81425,  | Agod and Disabled Section 1963/a\/1\/A\ Evalusions from  | which is less than 3 years prior to the                                       |
| Code: Clinical Laboratory  | Automated   | Laboratory   | 3 - all applicable states | 0/20/2018     | Approved        | conjunction with another procedure and are only payable   | Coverage and Medicare as a Secondary Payer   | Informational Letter date.  |
|  |             |  |                           |               |                 | when an appropriate primary service is also hilled Clinical CMS has designated certain codes as "add-on 17311-17315, 81265, 81415, 81425,   | 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"  |
| 0100 - Add-On Code Paid without Primary Code and/or Denied Primary   | A           | Laboratori   | A all applicate to        | 6/20/2212     | A 1             | 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  | Automated   | Laboratory   | 4 - all applicable states | 6/20/2018     | Approved        | conjunction with another procedure and are only payable 87502, 87903, 88142, 88143, 88147,  | Coverage and Medicare as a Secondary Payer   | Informational Letter date.  |
|  |             |  |                           |               |                 | when an appropriate primary service is also hilled. Clinical 88148, 88150, 88152, 88153, 88164-   | 2 Social Security Act (SSA). Title XV/III. Health Insurance for the  |   |
|  |             |  |                           | l             |                 | APC coding requires that procedural information, as coded and reported by the hospital on its claim, match  | 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<br>"paid claim date" which is more than 3 |
| 0101 - Ambulatory Payment Classification Coding Validation   | Complex     | Outpatient Hospital (Part B)                                 | 3 - all applicable states | 7/26/2018     | Approved        | both the attending physician description and the  | S, or Coverage and Medicare as a Secondary Paver   | years prior to the ADR letter date  |
|  |             |  |                           |               |                 | information contained in the heneficiany's medical record   | 2 Recial Security Act (SSA) Title XVIII- Health Insurance for the  |   |
|  |             |  |                           |               |                 | 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 both the attending physician description and the   | S, or 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     |
|  |             |  |                           |               |                 | information contained in the heneficiant's medical record   | 2 Social Security Act (SSA). Title YVIII- Health Insurance for the   | years prior to the Abrilletter date   |
|  |             |  |                           |               |                 |   |  |   |

| Review Tonic   | Review Type | Provider Type  | Regions and States        | Date Approved | Approval Status | Description   | Affected Codes   | Additional Information   | Date of Service   |
|--|-------------|--|---------------------------|---------------|-----------------|---|--|--|---|
| review ropic   | neview type | Trovider Type  | negions and states        | Date Approved | Approvar status | Documentation will be reviewed to determine if  | Primary codes- A4311, A4312, A4314,                                      | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Claims having a "claim paid date"   |
| 0103 - Urological Supplies: Medical Necessity and Documentation  | Complex     | DME Physician/DME Supplier   | 5 - All DME MACs          | 8/1/2018      | Approved        | Urological Supplies meet coverage criteria and/or are   | A4315, A4338, A4344, A4351, A4352,                                       | Aged and Disabled, §1833(e) - Payment of Benefits  | which is more than 3 years prior to the   |
| Requirements   | Complex     | DIVIE PHYSICIAIT/ DIVIE Supplier                                     | 5 - All DIVIE IVIACS      | 0/1/2010      | Арргочеи        | medically reasonable and necessary.   | A4353, A4354, A4357, A4358, A5102,                                       | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  | ADR date will be excluded.  |
|  |             |  |                           |               |                 |   | A5112  | Aged and Disabled &1834(a)(7)(C)(i) (ii) and (iii). Replacement of   |   |
| 0104 - Add-on Code Paid without Primary Code and/or Denied Primary   |             |  |                           |               |                 | CMS has designated certain codes as "add-on   |  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Claims that have a "claim paid date"  |
| Code – Ambulatory Surgical Center  | Automated   | Ambulatory Surgery Center (ASC)                                      | 3 - all applicable 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 vimbalatory surgicul center   |             |  |                           |               |                 | conjunction with another procedure and are only payable   |  | Coverage and Medicare as a Secondary Payer  2 Social Security Act (SSA). Title XVIII- Health Insurance for the                         | Review Results Letter date (automated   |
|  |             |  |                           |               |                 | CMS has designated certain codes as "add-on   |  | 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)                                      | 4 - all applicable 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  |             |  |                           | .,,           |                 | conjunction with another procedure and are only payable   | 1,41,7,7   | Coverage and Medicare as a Secondary Payer   | Review Results Letter date (automated   |
|  |             |  |                           |               |                 | Claims for Custom-Fabricated Knee Orthoses that do not  | Primary Codes- L1844, L1846  | 1.Social Security Act (SSA), Title XVIII. Health Insurance for the   | Claims that have a "claim paid date"  |
| 0107 - Custom-Fabricated Knee Orthoses: Medical Necessity and  |             |  |                           |               |                 | meet indications of coverage and/or medical necessity   | Secondary Codes- L2385, L2390, L2395,                                    | Aged and Disabled, §1833(e) - Payment of Benefits  | which is less than 3 years prior to the   |
| Documentation Requirements   | Complex     | DME Physician/ DME Supplier  | 5 - All DME MACs          | 10/1/2018     | Approved        | outlined in the references listed above will be denied.   | L2397, L2405, L2415, L2492, L2755, L2785,                                | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  | review results letter date.   |
|  |             |  |                           |               |                 |   | L2795. L2800   | Aged and Disabled 61834(a)(7)(C)(i) (ii) and (iii). Replacement of   |   |
|  |             | Professional Services  |                           |               |                 | Under the Medicare Physician Fee schedule (MPFS), some  |  | 1. 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 di                              | 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   | Review Results Letter date will be  |
|  |             | Professional Services  |                           |               |                 | Under the Medicare Physician Fee schedule (MPFS), some  |  | 1. 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 di                              | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | is more than 6 months prior to the  |
| 0108 - Facility VS North actiffly Reinibursement. Incorrect Couling  | Automateu   | Practitioner)  | 4 - all applicable states | 5/11/2016     | Approved        | when provided in facility and non-facility settings. The  | All of 1/11cl es codes with site of service di                           | Coverage and Medicare as a Secondary Payer   | Review Results Letter date will be  |
|  |             | 1 ractitionery   |                           |               |                 | rate facility or non-facility, which a physician service is   |  | 2 Rocial Security Act (SSA) Title YV/III- Health Insurance for the   | evcluded  |
| 0110 - Skilled Nursing Facility Consolidated Billing: Part B – Use of  |             | Professional Services  |                           |               |                 | When a Part B CPT/HCPCS code listed on File 2   |  | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Include Claims that have a "claim paid  |
| Modifier 26, Professional Component  | Automated   | (Physician/Non-Physician   | 3 - all applicable states | 9/20/2018     | Approved        | (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<br>the Informational Letter date.     |
| Widamer 20, Froressional component   |             | Practitioner)  |                           |               |                 | with a 26 Modifier) is billed during a paid inpatient Part A  |  | Coverage and Medicare as a Secondary Payer  2 Social Security Act (SSA). Title XVIII- Health Insurance for the                         | the informational Letter date.  |
|  |             | Professional Services  |                           |               |                 | When a Part B CPT/HCPCS code listed on File 2   |  | 1.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   | (Physician/Non-Physician   | 4 - all applicable states | 9/20/2018     | Approved        | (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  | riacomacca  | Practitioner)  | an applicable states      | 3/20/2010     | прротес         | with a 26 Modifier) is billed during a paid inpatient Part A  | ci 1711ci es codes iisted on die civis i ile 2                           | Coverage and Medicare as a Secondary Payer   | the Informational Letter date.  |
|  |             | Inpatient Hospital (Medicare   |                           |               |                 | SNE stay without modifier 26, the Part R claim will be  |  | 2 Rocial Security Act (SSA) Title YVIII. Health Insurance for the  | Claire that have a "anid alaire data"   |
| 0111 - Transthoracic Echocardiography: Medical Necessity and   |             | Part B only) (TOB 12X),  |                           |               |                 | 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"  |
| Documentation Requirements   | Complex     | Outpatient Hospital (TOB 13X),                                       | 3 - all applicable states | 9/28/2018     | Approved        | transthoracic echocardiography meets Medicare coverage criteria, meets applicable coding guidelines, and/or is    | 93303, 93306, 93307, C8921, C8923  | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer                                | which is less than 3 years prior to the<br>ADR letter date.                     |
|  |             | Skilled Nursing Facility - Inpatient<br>Inpatient Hospital (Medicare |                           |               |                 | reasonable and pecessary  |  | 2 Rocial Security Act (SSA). Title XVIII. Health Incurance for the   | ADN letter date.  |
|  |             |  |                           |               |                 | 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                                 |                           |               |                 | All DME billed after the admit date of a patient to Hospice   | CMS DMEPOS Fee Schedule,   | Social Security Act (SSA). Title XVIII. Health Insurance for the     Social Security Act (SSA), Title XVIII- Health Insurance for the  | Claims that have a "claim paid date"  |
| 0114 - Durable Medical Equipment Billed during Hospice Period:   |             |  |                           |               |                 | services and before the discharge date of a patient from  | https://www.cms.gov/Medicare/Medicar                                     | Aged and Disabled, §1833(e) - Payment of Benefits  | which is less than 3 years prior to the   |
| Unbundling   | Automated   | DME Physician/ DME Supplier  | 5 - All DME MACs          | 10/15/2018    | Approved        | Hospice services or any claims billed after the admit date  | e-Fee-for-Service-   | 2.Social Security Act (SSA). Title XVIII- Health Insurance for the   | Review Results letter date.   |
|  |             |  |                           |               |                 | of a nationt to Hosnico servicos and null discharge date  | Payment/DMEPOSFeeSched/DMEPOS-Fee  | Aged and Disabled 61834/a)/7)/C)(i) (ii) and (iii). Replacement of   |   |
| OAAE Desferies Claims with Discosef Comits Have Ourslanding  |             | Professional Claims  |                           |               |                 | Home Visits for professional services should not overlap  | 90901, 90912, 90913, 92507, 92508,                                       | 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<br>Inpatient Hospital Stay: Services Billed Not Rendered | Automated   | (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,<br>92601, 92602, 92603, 92604, 92605, | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | which is less than 3 years prior to the   |
| impatient nospital stay. Services billed Not Kendered  |             | Practitioner)  |                           |               |                 | home-related place of service that overlaps an inpatient  | 92601, 92602, 92603, 92604, 92603,                                       | Coverage and Medicare as a Secondary Payer  2 Social Security Act (SSA). Title XVIII- Health Insurance for the                         | Informational Letter date (automated  |
|  |             | Professional Claims  |                           |               |                 | Home Visits for professional services should not overlap  | 90901, 90912, 90913, 92507, 92508,                                       | 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   | (Physician/Non-Physician   | 4 - 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)  | all applicable states     | 10/17/2010    | 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  |
|  |             | . ractitionery   |                           |               |                 | hospital stay will be denied  | 92606, 92607, 92608, 92609, 92610.                                       | 2 Special Security Act (SSA) Title YV/III- Health Insurance for the  | review)   |
|  |             | Professional Services  |                           |               |                 | HCPCS Codes with a PC/TC Indicator of "1" and billed with either 26 or TC in any modifier field should be paid at |  | Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from          | Claims that have a "claim paid date"<br>which is less than 3 years prior to the |
| 0116 - Modifiers TC and 26: Incorrect Coding   | Automated   | (Physician/Non-Physician   | 3 - all applicable states | 10/9/2018     | Approved        | either the technical component or the professional  | HCPCS Codes with a PC/TC Indicator of "1"                                | Coverage and Medicare as a Secondary Payer   | Informational Letter date (automated  |
|  |             | Practitioner)  |                           |               |                 | component rate based on the modifier billed   |  | 2. Social Socurity Act (SSA). Title VVIII. Health Insurance for the  | roviow)   |
|  |             | Professional Services  |                           |               |                 | HCPCS Codes with a PC/TC Indicator of "1" and billed with   |  | 1. 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   |
| •  |             | 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   |  | 1.Social Security Act (SSA), Title XVIII. Health Insurance for the   | Exclude claims having a "claim paid   |
| 0119- Epidural Steroid Injection: Medical Necessity and Documentation  |             | Professional services, Outpatient                                    |                           |               |                 | arising from spinal nerve roots. These procedures may be  |  | A L LES LI LE SI ADERI VIAVAN E L S C  | date" which is more than 3 years prior  |
| Requirements   | Complex     | Hospital   | 3 - all applicable states | 9/12/2024     | Approved        | performed via three distinct techniques, each of which  | 62321, 62323, 64479, 64480, 64483, 64484                                 | Coverage and Medicare as a Secondary Payer   | to the Additional Documentation   |
|  |             |  |                           |               |                 | involves introducing a needle into the enidural space by a  |  | 2 Nocial Security Act (SSA) Title YV/III- Health Insurance for the   | Request Letter date, and the following  |
| 240 5 11 151 111 11 14 11 11 11  |             |  |                           |               |                 | Epidural injections are generally performed to treat pain   |  | 1.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                                    | 4 - all applicable states | 9/12/2024     | Approved        | arising from spinal nerve roots. These procedures may be  | 62321, 62323, 64479, 64480, 64483, 64484                                 | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | date" which is more than 3 years prior  |
| Requirements   | 1           | Hospital   | l                         |               |                 | performed via three distinct techniques, each of which  | 1  | Coverage and Medicare as a Secondary Payer   | to the Additional Documentation   |
|  |             | Professional Services  |                           |               |                 | When billed on the same date of service as an inpatient   |  | 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"  |
| 0123 - Technical Component of Diagnostic Procedures During Inpatient:  |             | (Physician/Non-Physician   | 2111111                   | 42/44/2040    |                 | hospital claim, the Technical Component (TC) of   | CDT C-d- D 40000 00000 /5 - 1 - 11                                       | Agod and Disabled Costion 1963(a)(1)(A) Evaluations from   | which is less than 3 years prior to the   |
| Unbundling   | Automated   | Practitioner); Independent   | 3 - all applicable states | 12/11/2018    | Approved        | diagnostics is not payable to the Part B provider. The  | CPT Code Range 10000-99999 (Excluding C                                  | Coverage and Medicare as a Secondary Payer   | informational results letter date   |
|  |             | Diagnostic Testing Facility (IDTF)                                   |                           |               |                 | technical component is performed by the facility while a  |  | 2 Rocial Security Act (SSA) Title YVIII. Health Insurance for the  | (automated review)  |
| 0133 Tachnical Component of Diagrandia Bernelline Burden in the  |             | Professional Services  |                           |               |                 | When billed on the same date of service as an inpatient   | 1  | 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<br>Practitioner): Independent               | 4 - 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   |
| Oundring   |             | 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   |
|  |             | TOTAL TESTITIE FACILITY HOTEL  | 1                         |               |                 | Terribural component is performed by the facility while a   |  | LANDERS SECURITY ACT ISSAULITIE YVIII. Health Insurance for the  | Harrowated review)  |

| Review Topic  | Review Type | Provider Type   | Regions and States        | Date Approved | Approval Status | Description  | Affected Codes                            | Additional Information   | Date of Service   |
|---|-------------|---|---------------------------|---------------|-----------------|--|---|--|---|
|   |             | 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   | 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, Speech Language<br>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 o  | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | which is less than 3 years prior to the   |
|   |             | Therapist, Speech Language  |                           | ,,            |                 | may not be made if the service is provided to a hospital   |   | Coverage and Medicare as a Secondary Payer   | informational letter date (automated  |
|   |             | Therapist in Private Practice) Outpatient Facility; Ambulatory      |                           |               |                 | Surgical endoscopy includes diagnostic endoscopy. A  |   | 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   |
| 0126 - Endoscopy Procedures: Diagnostic and Surgical Billed Same Day                                      | Automated   | Surgery Center (ASC);   | 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  |
| 0126 - Endoscopy Procedures. Diagnostic and Surgical Billed Same Day                                      | Automateu   | Professional Services   | 5 - all applicable states | 11/14/2016    | Approved        | reported with a surgical endoscopy code. If multiple   | 43376, 43330                              | Coverage and Medicare as a Secondary Payer   | years prior to the date of the Review   |
|   |             | (Physician/Non-Physician<br>Outpatient Facility; Ambulatory         |                           |               |                 | andoccopic corpices are performed the most   |   | 2 Social Socurity Act (SSA) Title VVIII Health Incurance for the   | Poculte Lottor  |
|   |             | Surgery Center (ASC);   |                           |               |                 | Surgical endoscopy includes diagnostic endoscopy. A diagnostic endoscopy HCPCS/CPT code shall not be               |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from          | Exclude from review claims having a<br>"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   | 45378, 45330                              | Coverage and Medicare as a Secondary Payer   | years prior to the date of the Review   |
|   |             | (Physician/Non-Physician  |                           |               |                 | endosconic services are performed, the most  |   | 2 Rocial Security Act (SSA). Title YVIII- Health Insurance for the   | Results Letter  |
| 0128 - Spinal Orthoses within the Reasonable Useful Lifetime: Excessive                                   |             |   |                           |               |                 | Claims for more than one spinal orthosis (identical HCPCS code) for the same beneficiary within the reasonable     |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, §1833(e) - Payment of Benefits                  | Claims that have a "paid claim date"<br>which is less than 3 years prior to the |
| Units   | Automated   | DME Physician/ DME Supplier   | 5 - All DME MACs          | 1/1/2019      | Approved        | useful lifetime will be denied.  | L0450, L0452, L0454, L0455, L0456, L0457, | 2.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Informational Letter date (automated  |
|   |             |   |                           |               |                 |  |   | Aged and Disabled, 81834(a)(7)(C)(i), (ii) and (iii), Replacement of   | f review)   |
| 0129 - Hyperbaric Oxygen Therapy for Diabetic Wounds: Medical   |             |   |                           |               |                 | For purposes of coverage under Medicare, Hyperbaric  |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Exclude from review claims having a   |
| Necessity and Documentation Requirements  | Complex     | Outpatient Hospital TOB: 13X  | 3 - all applicable states | 1/30/2019     | Approved        | Oxygen Therapy (HBOT) is a modality in which the entire<br>body is exposed to oxygen under increased atmospheric   | G0277                                     | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer                                  | "paid claim date" which is more than 3<br>years prior to ADR letter date        |
| 1   |             |   |                           |               |                 | pressure. The nations is entirely enclosed in a pressure   |   | 2 Social Security Act (SSA). Title YVIII- Health Insurance for the   | years prior to ADR letter date  |
|   |             |   |                           |               |                 | For purposes of coverage under Medicare, Hyperbaric  |   | 1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the   | Exclude from review claims having a   |
| 0129 - Hyperbaric Oxygen Therapy for Diabetic Wounds: Medical<br>Necessity and Documentation Requirements | Complex     | Outpatient Hospital TOB: 13X  | 4 - 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  2 Social Security Act (SSA). Title XVIII- Health Insurance for the                           | years prior to ADR 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<br>Practitioner)                           |                           |               |                 | billed at the same time as an open abdominal surgery, or   |   | Coverage and Medicare as a Secondary Payer   | ADR 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   | 4 - 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  | complex     | (Physician/Non-Physician  | all applicable states     | 2/13/2013     | Арргочей        | billed at the same time as an open abdominal surgery, or   | 13030, 13017                              | Coverage and Medicare as a Secondary Payer   | ADR letter date.  |
|   |             | Practitioner)   |                           |               |                 | This review will determine if the pneumatic compression  |   | 1.Social Security Act (SSA), Title XVIII. Health Insurance for the   | Exclude from review claims having a   |
| 0131 - Pneumatic Compression Device: Medical Necessity and  | Complex     | DAAF Dhomining / DAAF Committee                                     | 5 - All DMF MACs          | 1/8/2019      | A               | device is reasonable and necessary for the patient's   | FOCEO FOCE1 FOCE3 FOCEF FOCEO FOCEF       | Aged and Disabled, §1833(e) - Payment of Benefits  | "paid claim date" which is more than 3  |
| Documentation Requirements  | Complex     | DME Physician/ DME Supplier   | 5 - All DIVIE WACS        | 1/8/2019      | Approved        | condition based on the documentation in the medical  | 20030, 20031, 20032, 20033, 20000, 20003  | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  | years prior to the ADR letter date.   |
|   |             | Outpatient Hospital, Ambulatory                                     |                           |               |                 | Documentation will be reviewed to determine whether  |   | Aged and Disabled, 61834(a)(7)(C)(i), (ii) and (iii). Replacement of 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                                   |             | Surgery Center, and Professional                                    |                           | - /- /        |                 | Cryosurgery of the Prostate Gland services met Medicare  |   | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | date" which is more than 3 years prior  |
| Requirements  | Complex     | Services (Physician/Non-  | 3 - all applicable states | 2/5/2019      | Approved        | coverage criteria and were reasonable and necessary.   | 55873                                     | Coverage and Medicare as a Secondary Payer   | to the ADR letter date.   |
|   |             | Physician Practitioner)   |                           |               |                 |  |   | 2 Rocial Security Act (SSA). Title YV/III- Health Insurance for the  |   |
| 0134 - Cryosurgery of the Prostate: Medical Necessity and Documentation                                   |             | Outpatient Hospital, Ambulatory<br>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<br>date" which is more than 3 years prior   |
| Requirements  | Complex     | Services (Physician/Non-  | 4 - all applicable states | 2/5/2019      | Approved        | Cryosurgery of the Prostate Gland services met Medicare<br>coverage criteria and were reasonable and necessary.    | 55873                                     | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer                                  | to the ADR letter date.   |
| ·   |             | Physician Practitioner)   |                           |               |                 |  |   | 2 Rocial Security Act (SSA) Title XVIII. Health Insurance for the  |   |
| 0135 - Cardiac Rehabilitation: Medical Necessity and Documentation  |             |   |                           |               |                 | 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   |
| Requirements  | Complex     | Outpatient Hospital (TOB 13X)                                       | 3 - all applicable states | 3/7/2019      | Approved        | practitioner-supervised program that furnishes physician<br>prescribed exercise; cardiac risk factor modification, | 93797, 93798, G0422, G0423                | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer                                  | "paid claim date" which is more than 3<br>years prior to the ADR letter date.   |
| requirements  |             |   |                           |               |                 | including education, counseling, and behavioral  |   | 2 Rocial Security Act (SSA). Title YVIII- Health Insurance for the   | years prior to the ADK 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 Requirements                           | 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  |
| Requirements  |             |   |                           |               |                 | prescribed exercise; cardiac risk factor modification,   |   | Coverage and Medicare as a Secondary Payer   | years prior to the ADR letter date.   |
|   |             |   |                           |               |                 | Radiographs of the chest are common tests performed in   |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Exclude from review claims with Dates   |
| 0136 - Radiologic Examination of the Chest: Medical Necessity and   | Complex     | Outpatient Hospital (TOB 13X)                                       | 3 - all applicable states | 4/15/2019     | Approved        | many outpatient offices (radiology and many others),   | 71045, 71046, 71047, 71048                | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | of Service prior to May 12, 2023  |
| Documentation Requirements  |             |   |                           |               |                 | clinics, outpatient hospital departments, inpatient  |   | Coverage and Medicare as a Secondary Payer   |   |
|   |             |   |                           |               |                 | Radiographs of the chest are common tests performed in   |   | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Exclude from review claims with Dates   |
| 0136 - Radiologic Examination of the Chest: Medical Necessity and   | Complex     | Outpatient Hospital (TOB 13X)                                       | 4 - all applicable states | 4/15/2019     | Approved        | many outpatient offices (radiology and many others),   | 71045, 71046, 71047, 71048                | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | of Service prior to May 12, 2023  |
| Documentation Requirements  |             | ,   | ,,                        | , .,          |                 | clinics, outpatient hospital departments, inpatient  |   | Coverage and Medicare as a Secondary Payer   |   |
|   |             | Professional Services   |                           |               |                 | Physical therapy, Occupational therapy, and/or Speech-   |   | 2 Social Security Act (SSA) Title XVIII- Health Insurance for the 1. Social Security Act (SSA), Title XVIII- Health Insurance for the    | Exclude claims having a "claim paid   |
| 0138 - Skilled Nursing Facility Consolidated Billing for Therapies:                                       | Automated   | (Physician/Non-Physician  | 3 - all applicable states | 2/20/2019     | Approved        | Language pathology services, regardless of whether they  | Therapy CPT/HCPCS codes Included in File  | Aged and Disabled, Section 1833(e)- Payment of Benefits  | date" which is more than 3 years prior  |
| Unbundling  | · iutomatcu | Practitioner); Physical Therapist;                                  | a sppriodore states       | 2,20,2013     | прриотеа        | are furnished by (or under the supervision of) a physician   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  | to the informational letter date  |
|   |             | Occupational Therapist: Speech-<br>Professional Services            |                           |               |                 | Physical therapy, Occupational therapy, and/or Speech-   |   | Aged and Disabled Section 1862(a)(1)(A). Exclusions from 1. Social Security Act (SSA), Title XVIII- Health Insurance for the             | Exclude claims having a "claim paid   |
| 0138 - Skilled Nursing Facility Consolidated Billing for Therapies:                                       | Automated   | (Physician/Non-Physician  | 4 all applicable states   | 2/20/2010     | Approved        | Language pathology services, regardless of whether they  | Therapy CDT/UCDCS codes included in Sile  | Aged and Disabled, Section 1833(e)- Payment of Benefits  | date" which is more than 3 years prior  |
| Unbundling  | Automated   | Practitioner); Physical Therapist;                                  | 4 - all applicable states | 2/20/2019     | Approved        | are furnished by (or under the supervision of) a physician   | Therapy CPT/HCPCS codes Included in File  | 2.Social Security Act (SSA), Title XVIII- Health Insurance for the   | to the informational letter date  |
|   |             | Occupational Therapist: Speech-<br>Outpatient Hospital (OPH);       |                           |               |                 | or other health care professional, are hundled into the  |   | Aged and Disabled Section 1862/a)(1)(A). Evaluations from  | (automated review)  |
| 0139 - Vertebroplasty or Kyphoplasty: Medical Necessity and   |             | Ambulatory Surgery Center   | - " "                     | - ( :         |                 | Vertebroplasty and kyphoplasty will be reviewed for<br>medical necessity whether billed as an initial procedure, a |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from          | Claims having a "paid claim date"<br>which is less than 3 years prior to the    |
| Documentation Requirements  | Complex     | (ASC); Professional Services  | 3 - all applicable states | 2/20/2019     | Approved        | repeat procedure (beyond once in a lifetime) or if   | 22510, 22511, 22512, 22513, 22514, 22515  | Coverage and Medicare as a Secondary Payer   | ADR letter date   |
|   |             | [Physician/Non-Physician  |                           |               |                 | nerformed at more than one vertebral level. Services that  |   | 2 Social Security Act (SSA). Title YV/III- 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                         |
|---|-------------|--|---------------------------|---|-----------------|--|---|--|---|
|   |             | Outpatient Hospital (OPH);                               |                           |   |                 | Vertebroplasty and kyphoplasty will be reviewed for          |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Claims having a "paid claim date"       |
| 0139 - Vertebroplasty or Kyphoplasty: Medical Necessity and               | Complex     | Ambulatory Surgery Center                                | 4 - all applicable states | 2/20/2019                               | Approved        | medical necessity whether billed as an initial procedure, a  | 22540 22544 22542 22542 22544 22545       | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | which is less than 3 years prior to the |
| Documentation Requirements  | Complex     | (ASC); Professional Services                             | 4 - all applicable states | 2/20/2019                               | Approved        | repeat procedure (beyond once in a lifetime) or if           | 22510, 22511, 22512, 22513, 22514, 22515  | Coverage and Medicare as a Secondary Payer   | ADR letter date                         |
|   |             | [Physician/Non-Physician                                 |                           |   |                 | nerformed at more than one vertebral level. Services that    |   | 2 Rocial Security Act (SSA) Title YVIII- Health Insurance for the  |   |
|   |             |  |                           |   |                 | Pulmonary rehabilitation (PR) is a physician or              |   | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Exclude from review claims with Dates   |
| 0140 - Pulmonary Rehabilitation: Medical Necessity and Documentation      | Complex     | Outpatient Hospital (TOB 13X)                            | 3 - all applicable states | 3/27/2019                               | Approved        | nonphysician practitioner-supervised program for COPD        | 94625, 94626                              | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | of Service prior to May 12, 2023        |
| Requirements  |             |  |                           |   |                 | and certain other chronic respiratory diseases designed to   |   | Coverage and Medicare as a Secondary Payer   |   |
|   |             |  |                           |   |                 | Pulmonary rehabilitation (PR) is a physician or              |   | 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   |
| 0140 - Pulmonary Rehabilitation: Medical Necessity and Documentation      |             |  |                           |   |                 | nonphysician practitioner-supervised program for COPD        |   | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | of Service prior to May 12, 2023        |
| Requirements  | Complex     | Outpatient Hospital (TOB 13X)                            | 4 - all applicable states | 3/27/2019                               | Approved        | and certain other chronic respiratory diseases designed to   | 94625, 94626                              | Coverage and Medicare as a Secondary Payer   | of service prior to May 12, 2023        |
| nequirements  |             |  |                           |   |                 | and certain other chronic respiratory diseases designed to   |   | 2 Special Cognitive Act (SCA). Title VVIII. Health Incurance for the   |   |
|   |             |  |                           |   |                 | This review will determine if the documentation              |   | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Claims having a "claim paid date" less  |
| 0141 - Therapeutic Shoes for Persons with Diabetes: Medical Necessity     | Complex     | DME Physician/ DME Supplier                              | 5 - All DME MACs          | 4/2/2019                                | Approved        | submitted for review meets Medicare's coverage               | A5500, A5501                              | Aged and Disabled, §1833(e) - Payment of Benefits  | than 3 years prior to the ADR date will |
| and Documentation Requirements  | Complex     | DIVIE PHYSICIATI/ DIVIE Supplier                         | 5 - All DIVIE WACS        | 4/2/2019                                | Арргочец        | requirements for Diabetic Shoes.                             | A3300, A3301                              | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  | be included.                            |
|   |             |  |                           |   |                 |  |   | Ared and Disabled 61833(n). In the case of shoes described in  |   |
|   |             | Ambulatory Surgical Center                               |                           |   |                 | Services provided by a freestanding non-hospital ASC         |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Claims that have a "claim paid date"    |
| 0142 - Ambulatory Surgical Center Services Billed During a Covered Part A | Automated   | (ASC), Skilled Nursing Facility                          | 3 - all applicable states | 4/2/2019                                | Approved        | (Ambulatory Surgery Center) are included under the SNF       | Annual SNF Consolidated Billing Part A MA | Aged and Disabled, Section 1833(e)- Payment of Benefits  | which is less than 3 years prior to the |
| Skilled Nursing Facility Stay: Unbundling                                 |             | (SNF)  |                           |   |                 | Consolidated Billing Provisions. Certain services are not    |   | 2.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Informational Letter date (automated    |
|   |             |  |                           |   |                 | Services provided by a freestanding non-hospital ASC         |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Claims that have a "claim paid date"    |
| 0142 - Ambulatory Surgical Center Services Billed During a Covered Part A |             | Ambulatory Surgical Center                               |                           |   |                 | (Ambulatory Surgery Center) are included under the SNF       |   | Aged and Disabled, Section 1833(e)- Payment of Benefits  | which is less than 3 years prior to the |
| Skilled Nursing Facility Stay: Unbundling                                 | Automated   | (ASC), Skilled Nursing Facility                          | 4 - all applicable states | 4/2/2019                                | Approved        | Consolidated Billing Provisions. Certain services are not    | Annual SNF Consolidated Billing Part A MA |  |   |
| Skined Harsing Facility Stay: Stroutianing                                |             | (SNF)  |                           |   |                 | navable because they are included in SNF Consolidated        |   | 2.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Informational Letter date (automated    |
|   |             |  |                           |   |                 | Vitamin D lab assay is only reimbursable under Medicare      |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   |   |
| 0143 - Vitamin D Assay Testing: Medical Necessity and Documentation       | Complex     | Labarratara Camilana                                     | 4 -111:                   | 4/15/2019                               | A               | when it meets the indications under the applicable LCDs      | 82306, 82652                              | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | Exclude claims paid more than 3 years   |
| Requirements  | Complex     | Laboratory Services                                      | 4 - all applicable states | 4/15/2019                               | Approved        | and not as a routine screening according to 42 CFR           | 82306, 82652                              | Coverage and Medicare as a Secondary Payer   | prior to the ADR date.                  |
| ·   |             |  |                           |   |                 | 410.32(a). Claim lines that do not meet the coverage         |   | 2. Social Security Act (SSA). Title XVIII- Health Insurance for the  |   |
|   |             |  |                           |   |                 | The medical record will be reviewed to determine if the      | Primary Codes: L1810, L1812, L1820,       | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Claims having a "claim paid date" that  |
| 0144 - Prefabricated Knee Orthoses: Medical Necessity and                 | Complex     | DME Physician/ DME Supplier                              | 5 - All DME MACs          | 4/1/2019                                | Approved        | prefabricated knee orthoses meet the indications of          | L1830, L1831, L1832, L1833, L1836, L1843, | Aged and Disabled, §1833(e) - Payment of Benefits  | is more than 3 years prior to the ADR   |
| Documentation Requirements  |             |  |                           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                 | coverage and/or medical necessity requirements.              | L1845, L1850, L1851, L1852                | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  | date will be excluded.                  |
|   |             | Ambulatory Surgical Center                               |                           |   |                 |  | Secondary Codes: 12385, 12395, 12397.     | Aged and Disabled 61834(a)(7)(C)(i) (ii) and (iii). Replacement of   |   |
| 0145 - Endovenous Radiofrequency Ablation and Endovenous Laser            |             |  |                           |   |                 | Documentation will be reviewed to determine if claims fo     |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Exclude from review claims having a     |
| Treatment for Lower Extremity Varicose Veins: Medical Necessity and       | Complex     | (ASC), Professional Services<br>(Physician/Non-Physician | 3 - all applicable states | 4/2/2019                                | Approved        | Endovenous Radiofrequency Ablation (ERFA) and                | 36475, 36476, 36478, 36479, 76937         | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | "paid claim date" which is more than 3  |
| Documentation Requirements  |             | Practitioner)  |                           |   |                 | Endovenous Laser Treatment (EVLT) for Lower Extremity        |   | Coverage and Medicare as a Secondary Payer   | years prior to the ADR letter date      |
| 0145 - Endovenous Radiofrequency Ablation and Endovenous Laser            |             | Ambulatory Surgical Center                               |                           |   |                 | Documentation will be reviewed to determine if claims fo     |   | 1.Bocial Security Act (SSA). Title XVIII. Health Insurance for the   | Exclude from review claims having a     |
| Treatment for Lower Extremity Varicose Veins: Medical Necessity and       |             | (ASC), Professional Services                             |                           |   |                 | Endovenous Radiofrequency Ablation (ERFA) and                | 25475 25475 25472 25472 75227             | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | "paid claim date" which is more than 3  |
| Documentation Requirements  | Complex     | (Physician/Non-Physician                                 | 4 - all applicable states | 4/2/2019                                | Approved        | Endovenous Laser Treatment (EVLT) for Lower Extremity        | 36475, 36476, 36478, 36479, 76937         | Coverage and Medicare as a Secondary Payer   | years prior to the ADR letter date      |
| bottmentation requirements  |             | Practitioner)  |                           |   |                 | Various Veins meet Medicare coverage criteria, meets         |   | 2 Rocial Security Act (SSA). Title YVIII- Health Insurance for the   | years prior to the ribit retter date    |
|   |             | Professional Services                                    |                           |   |                 | When a more extensive CT Scan is performed on the same       |   | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Claims that have a "paid claim date"    |
| 0146 - Computed Tomography Scans: Excessive Units                         | Automated   | (Physician/Non-Physician                                 | 3 - all applicable states | 3/27/2019                               | Approved        | site as a less extensive CT Scan, the less extensive CT Scan | 70450, 70460, 70470, 70480, 70481, 70482  | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | which is less than 3 years prior to the |
| 10140 Compared Fornography Seans. Excessive Onits                         | Automateu   | Practitioner); Outpatient                                | 5 dii applicable states   | 3/21/2013                               | Арргочец        | is bundled into the more extensive CT Scan.                  | 70130,70100,70170,70100,70101,70101       | Coverage and Medicare as a Secondary Payer   | Review Results Letter Date (automated   |
|   |             | Hospital   |                           |   |                 |  |   | 2 Rocial Security Act (SSA). Title YV/III. Health Insurance for the  | review)                                 |
|   |             | Professional Services                                    |                           |   |                 | When a more extensive CT Scan is performed on the same       | :   | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Claims that have a "paid claim date"    |
| 0146 - Computed Tomography Scans: Excessive Units                         | Automated   | (Physician/Non-Physician                                 | 4 - all applicable states | 3/27/2019                               | Approved        | site as a less extensive CT Scan, the less extensive CT Scan | 70450, 70460, 70470, 70480, 70481, 70482  | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | which is less than 3 years prior to the |
|   |             | Practitioner); Outpatient<br>Hospital                    |                           |   |                 | is bundled into the more extensive CT Scan.                  |   | Coverage and Medicare as a Secondary Payer   | Review Results Letter Date (automated   |
|   |             | Professional Services                                    |                           |   |                 | When a more extensive Magnetic Resonance Imaging             |   | Social Security Act (SSA). Title XVIII. Health Insurance for the     Social Security Act (SSA), Title XVIII- Health Insurance for the  | Claims that have a "claim paid date"    |
|   |             | (Physician/Non-Physician                                 |                           |   |                 | (MRI) Procedure is performed on the same site as a less      |   | And and Disabled Continue 40C3(-V/4V/A). Fundaminant forms   | which is less than three years prior to |
| 0147 - Magnetic Resonance Imaging Procedures: Excessive Units             | Automated   | Practitioner); Outpatient                                | 3 - all applicable states | 3/29/2019                               | Approved        | extensive MRI procedure, the less extensive MRI              | 70540, 70542, 70543, 70544, 70545, 70546  | Coverage and Medicare as a Secondary Payer   | the Review Results Letter date          |
|   |             | Hospital   |                           |   |                 | procedure is hundled into the more extensive MPI             |   | 2 Magical Socurity Act (SSA) Title VVIII. Health Insurance for the   | (automated review)                      |
|   |             | Professional Services                                    |                           |   |                 | When a more extensive Magnetic Resonance Imaging             |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Claims that have a "claim paid date"    |
| 0147 - Magnetic Resonance Imaging Procedures: Excessive Units             | Automated   | (Physician/Non-Physician                                 | 4 - all applicable states | 3/29/2019                               | Approved        | (MRI) Procedure is performed on the same site as a less      | 70540, 70542, 70543, 70544, 70545, 70546  | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | which is less than three years prior to |
| 10147 Wagnetic Resonance imaging Procedures. Excessive onits              | Automateu   | Practitioner); Outpatient                                | 4 dii applicable states   | 3/23/2013                               | Арргочей        | extensive MRI procedure, the less extensive MRI              | 70340, 70342, 70343, 70344, 70343, 70340  | Coverage and Medicare as a Secondary Payer   | the Review Results Letter date          |
|   |             | Hospital   |                           |   |                 | procedure is hundled into the more extensive MPI             |   | 2 Macial Security Act (SSA) Title VVIII. Health Incurance for the  | (automated review)                      |
| 0149. Same Knop Orthogog within Deservable Useful Services                |             |  |                           | 1                                       |                 | Claims for knee orthoses with dates of service within the    |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Claims that have a "paid claim date"    |
| 0148 - Same Knee Orthoses within Reasonable Useful Lifetime: Excessive    | Automated   | DME Physician/ DME Supplier                              | 5 - All DME MACs          | 4/2/2019                                | Approved        | reasonable useful lifetime from the date of service of a     | L1810, L1812, L1820, L1830, L1831, L1832, | Aged and Disabled, §1833(e) - Payment of Benefits  | which is less than 3 years prior to the |
| Units   |             | ,                  |                           |   |                 | previously-paid identical knee orthosis (identical HCPCS     |   | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Informational Letter date (automated    |
|   |             | Professional Services                                    |                           |   |                 | CMS does not reimburse both a subsequent hospital visit      |   | And and Disabled 61924(a)(7)(C)(i) (ii) and (iii) Penlacement of<br>1.Social Security Act (SSA), Title XVIII- Health Insurance for the | Claims that have a "claim paid date"    |
| 0149 - Subsequent Hospital Visit and Discharge Day Management on the      |             | (Physician/Non-Physician                                 |                           |   |                 |  |   |  |   |
| Same Day: Unbundling  | Automated   | Practitioner); exclude non-                              | 3 - all applicable states | 4/22/2019                               | Approved        | in addition to hospital discharge day management service     | 99231 – 99233                             | Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from   | which is less than 3 years prior to the |
|   |             | physician practitioner codes 50                          |                           |   |                 | on the same day by the same physician. CPT codes 99231       |   | Coverage and Medicare as a Secondary Payer   | Informational Letter date (automated    |
|   |             | Professional Services                                    |                           |   |                 | CMS does not reimburse both a subsequent hospital visit      |   | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Claims that have a "claim paid date"    |
| 0149 - Subsequent Hospital Visit and Discharge Day Management on the      | Automated   | (Physician/Non-Physician                                 | 4 - all applicable states | 4/22/2010                               | Approved        | in addition to hospital discharge day management service     | 99231 – 99233                             | Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from   | which is less than 3 years prior to the |
| Same Day: Unbundling  | Automated   | Practitioner); exclude non-                              | 4 - all applicable states | 4/22/2019                               | Approved        | on the same day by the same physician. CPT codes 99231       | 22721 - 22722                             | Coverage and Medicare as a Secondary Payer   | Informational Letter date (automated    |
|   |             | physician practitioner codes 50                          |                           |   |                 | = 99233 will be considered overnayments and will be          |   | 2 Nocial Security Act (SSA). Title YVIII. Health Insurance for the   | review)                                 |
|   |             | Professional Services                                    |                           |   |                 | Mohs Micrographic Surgery is a two-step process in           |   | Social Security Act (SSA), Title XVIII- Health Insurance for the   | Exclude from review claims having a     |
| 0150 - Mohs Micrographic Surgery: Incorrect Coding and Incorrect Units    | Complex     | (Physician/Non-Physician                                 | 3 - all applicable states | 4/30/2019                               | Approved        | which: 1) The tumor is removed in stages, followed by        | 17312, 17314                              | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | "paid claim date" which is more than 3  |
| Billed  | Complex     | Practitioner)  | an applicable states      | .,55,2015                               | прргочен        | immediate histologic evaluation of the margins of the        |   | Coverage and Medicare as a Secondary Payer   | years prior to the ADR letter date.     |
|   |             | i ractitiOrier)  |                           |   |                 | enerimen(s) and 2) Additional excision and evaluation is     |   | 2 Social Security Act (SSA). Title Y\/III. Health Insurance for the  |   |
|   |             | Professional Services                                    |                           | İ                                       |                 | Mohs Micrographic Surgery is a two-step process in           |   | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Exclude from review claims having a     |
| 0150 - Mohs Micrographic Surgery: Incorrect Coding and Incorrect Units    | Complex     | (Physician/Non-Physician                                 | 4 - all applicable states | 4/30/2019                               | Approved        | which: 1) The tumor is removed in stages, followed by        | 17312, 17314                              | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | "paid claim date" which is more than 3  |
| Billed  |             | Practitioner)  |                           | 1                                       |                 | immediate histologic evaluation of the margins of the        |   | Coverage and Medicare as a Secondary Payer   | years prior to the ADR letter date.     |
|   | l           | ,  | 1                         | L                                       |                 | specimen(s): and 2) Additional excision and evaluation is    |   | 2 Social Security Act (SSA) Title YVIII- Health Insurance for the  | l                                       |

| Review Topic   | Review Type | Provider Type   | Regions and States        | Date Approved | Approval Status | Description  | Affected Codes                              | Additional Information   | Date of Service   |
|--|-------------|---|---------------------------|---------------|-----------------|--|---|--|---|
|  |             | Professional Services   |                           |               |                 | The Medicare Physician Fee Schedule (MPFS) is the  |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Exclude claims that have a "paid claim  |
| 0151 - Physician/Non-Physician Practitioner Coding Validation  | Complex     | (Physician/Non-Physician                                      | 3 - all applicable states | 4/24/2019     | Approved        | primary method of payment for enrolled health care   | CMS Medicare Physician Fee Schedule stat    | Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from   | date" which is more than 3 years prior  |
| ,  |             | Practitioner)   |                           | , ,           |                 | professionals. Documentation will be reviewed to   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     | Coverage and Medicare as a Secondary Payer  2 Social Security Act (SSA) Title XVIII- Health Insurance for the                            | to the ADR letter date.   |
|  |             | Professional Services   |                           |               |                 | The Medicare Physician Fee Schedule (MPFS) is the  |   | 1.Social Security Act (SSA). Title XVIII. Health Insurance for the   | Exclude claims that have a "paid claim  |
| 0151 - Physician/Non-Physician Practitioner Coding Validation  | Complex     | (Physician/Non-Physician                                      | 4 - all applicable states | 4/24/2019     | Approved        | primary method of payment for enrolled health care   | CMS Medicare Physician Fee Schedule stat    | And and Disabled Continue 40C2(-)(4)(A). Fundaminant from  | date" which is more than 3 years prior  |
| Value of the state | Complex     | Practitioner)   | an applicable states      | 1,21,2023     | приотеа         | professionals. Documentation will be reviewed to   | and medicare in your reconcurrent           | Coverage and Medicare as a Secondary Payer   | to the ADR letter date.   |
|  |             | ,   |                           |               |                 | The quantity of glucose test strips (A4253) that are   |   | 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'  |
| 0152 - Blood Glucose Test or Reagent Strips: Medical Necessity and   |             | D. 15 D. 15 D. 15 D. 15                                       |                           | 4/0/0040      |                 | covered depends upon the usual medical needs of the  | A4253                                       | Aged and Disabled, §1833(e) - Payment of Benefits  | which is less than 3 years prior to the   |
| Documentation Requirements   | Complex     | DME Physician/ DME Supplier                                   | 5 - All DME MACs          | 4/2/2019      | Approved        | diabetic patient. Documentation will be reviewed to  | A4253                                       | 2. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Additional Documentation Request.   |
|  |             |   |                           |               |                 | determine if the utilization guidelines for blood glucose  |   | Agod and Disabled 61924(a)(7)(C)(i) (ii) and (iii) Poplacement of  | Fundade france analysis alabase basis as a                                      |
|  |             |   |                           |               |                 | Ambulatory Surgical Center (ASC) coding requires that<br>procedural information, as coded and reported by the ASC      |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from          | Exclude from review claims having a<br>"paid claim date" which is more than 3   |
| 0153 - Ambulatory Surgical Center Coding Validation  | Complex     | Ambulatory Surgical Center (ASC)                              | 3 - all applicable states | 5/28/2019     | Approved        | on its claim, match both the physician description and the   | Claims with payment indicator A2; G2; J8;   | Coverage and Medicare as a Secondary Payer   | years prior to the ADR letter date.   |
|  |             |   |                           |               |                 | information contained in the honoficiany's modical record  |   | 2 Special Security Act (SSA) Title VVIII. Health Incurance for the   |   |
|  |             |   |                           |               |                 | Ambulatory Surgical Center (ASC) coding requires that  |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from          | Exclude from review claims having a<br>"paid claim date" which is more than 3   |
| 0153 - Ambulatory Surgical Center Coding Validation  | Complex     | Ambulatory Surgical Center (ASC)                              | 4 - all applicable states | 5/28/2019     | Approved        | procedural information, as coded and reported by the ASC<br>on its claim, match both the physician description and the | Claims with payment indicator A2; G2; J8;   | Coverage and Medicare as a Secondary Payer   | years prior to the ADR letter date.   |
|  |             |   |                           |               |                 | information contained in the honoficiary's modical record  |   | 2 Special Security Act (SSA) Title VVIII. Health Incurance for the   | , ,   |
| DATA Non-Francisco Ambulana Camina Advanced Life Comment and   |             | 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<br>Basic Life Support: Medical Necessity and Documentation Requirements  | Complex     | claims with provider specialty                                | 3 - 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 Coverage and Medicare as a Secondary Payer                                     | "paid claim date" which is more than 3 vears prior to the ADR letter date as    |
| basic Ene support. Wedical Necessity and bocumentation requirements  |             | code 59.  |                           |               |                 | have been met for payment.   |   | 2 Social Security Act (SSA). Title XVIII- Health Insurance for the   | well as state/date exclusions below:  |
|  |             | 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  2 Social Security Act (SSA). Title XVIII. Health Insurance for the                           | years prior to the ADR letter date as   |
|  |             |   |                           |               |                 | Claims for upper limb orthoses with dates of service   |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Claims that have a "paid claim date"  |
| 0155 - Upper Limb Orthotics within the Reasonable Useful Lifetime:   | Automated   | DME Physician/ DME Supplier                                   | 5 - All DME MACs          | 5/7/2019      | Approved        | within the reasonable useful lifetime from the date of   | L3650, L3660, L3670, L3671, L3674, L3675,   | Aged and Disabled, §1833(e) - Payment of Benefits  | which is less than 3 years prior to the   |
| Excessive Units  |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                       |                           | -, ,          |                 | service of a previously-paid identical upper limb orthosis   |   | 2.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Informational Letter date (automated  |
|  |             | Hospital Outpatient (TOB 13X);                                |                           |               |                 | Modifiers provide a way for hospitals to report and be   |   | Aged and Disabled 61834(a)(7)(C)(i) (ii) and (iii). Replacement of<br>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                                     | 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  | "claim paid date" which is more than 3  |
| Documentation Requirements   | Complex     | (Place of Service 24 with Type of                             | s an applicable states    | 0/20/2013     | Арріочец        | surgery and scheduling a room for performing the   | Tala rici es with one of the following less | Coverage and Medicare as a Secondary Payer   | years prior to the ADR date   |
|  |             | Service "F") Hospital Outpatient (TOB 13X);                   |                           |               |                 | Modifiers provide a way for hospitals to report and be   |   | 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   |
| 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 HCPCS with one of the following ICD-1  | 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 - all applicable states | 0/28/2019     | Approved        | surgery and scheduling a room for performing the   | Paid HCPCS with one of the following ICD    | Coverage and Medicare as a Secondary Payer   | years prior to the ADR date   |
|  |             | Service "F") Hospital Outpatient (Type of Bill                |                           |               |                 | On claims submitted by providers using the institutional   |   | 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"  |
|  |             | (TOB) 13x), Skilled Nursing                                   |                           |               |                 | claim format. CWF enforces consolidated billing for  |   | 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                                | 3 - all applicable states | 7/15/2019     | Approved        | outpatient therapies by recognizing as therapies all   | CPT/HCPCS codes billed with Revenue cod     | Coverage and Medicare as a Secondary Payer   | informational Letter date (automated  |
|  |             | 23x), Outpatient Rehabilitation                               |                           |               |                 | consider hilled under revenue codes 042v 042v 044v   |   | 2 Special Security Act (SSA) Title VVIII. Health Incurance for the   | roviow  |
|  |             | Hospital Outpatient (Type of Bill (TOB) 13x), Skilled Nursing |                           |               |                 | On claims submitted by providers using the institutional<br>claim format, CWF enforces consolidated billing for        |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the   | Claims that have a "claim paid date"<br>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   | CPT/HCPCS codes billed with Revenue cod     | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer                                     | informational Letter date (automated  |
|  |             | 23x). Outpatient Rehabilitation                               |                           |               |                 | convices hilled under revenue codes 042v 043v 044v   |   | 2 Social Security Act (SSA). Title XVIII. Health Insurance for the   | review  |
| 0160 - Intravenous Immune Globulin for the Treatment of Autoimmune   |             | Outpatient Hospital; Ambulatory<br>Surgical Center (ASC);     |                           |               |                 | 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   |
| Blistering Diseases: Medical Necessity and Documentation Requirements  | Complex     | Professional Services   | 3 - all applicable states | 8/20/2019     | Approved        | the use of intravenous immune globulin for the treatment<br>of Autoimmune Blistering Diseases (AMBDs) meets            | J1459, J1552(Novitas Only), J1556, J1557, J | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer                                  | date" which is more than 3 years prior<br>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 nesures letter date.  |
| 0160 - Intravenous Immune Globulin for the Treatment of Autoimmune   |             | Outpatient Hospital; Ambulatory<br>Surgical Center (ASC);     |                           |               |                 | 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   |
| Blistering Diseases: Medical Necessity and Documentation Requirements  | Complex     | Professional Services   | 4 - 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  |
| Sistering Diseases: Wedicar Necessity and Socialientation requirements   |             | (Physician/Non-Physician                                      |                           |               |                 | of Autoimmune Blistering Diseases (AMBDs) meets  |   | Coverage and Medicare as a Secondary Payer   | to the Review 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  2 Social Security Act (SSA) Title XVIII- Health Insurance for the                            | years prior to the ADR 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   | 4 - 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   | 1   | Coverage and Medicare as a Secondary Payer   | years prior to the ADR 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   |
|  |             | Practitioner)   |                           | -,-,          |                 | procedure is reported with either a modifier 50 or   |   | Coverage and Medicare as a Secondary Payer   | Review Results Letter.  |
|  |             | Drofossional Cor :  |                           |               |                 | A Bilateral Indicator of "3" in the units field  |   | 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"  |
| 0164 - Bilateral Indicator '3': Incorrect Coding   | Automated   | Professional Services<br>(Physician/Non-Physician             | 4 - 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   |
| 5104 Shaterar mulcator 5. Incorrect country  | Automateu   | Practitioner)   | - un applicable states    | 3/24/2013     | Approved        | procedure is reported with either a modifier 50 or   | Sincero. Maleator 5 codes                   | Coverage and Medicare as a Secondary Payer   | Review Results Letter.  |
|  |             | ·   |                           |               |                 | Under specific requirements, Medicare covers FDG   |   | 2 Nocial 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"  |
| 0165 - Positron Emission Tomography for Dementia and   | 6 1         | Outpatient Hospital; Professional                             | 2 -111:                   | 0/25/2242     |                 | (fluorodeoxyglucose) Positron Emission Tomography (PET)  | 79509 40552                                 | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from  | which is less than 3 years prior to the   |
| Neurodegenerative Diseases: Medical Necessity and Documentation<br>Requirements  | Complex     | Services (Physician/Non-<br>Physician Practitioner)           | 3 - all applicable states | 9/25/2019     | Approved        | scans for the differential diagnosis of fronto-temporal  | 78608, A9552                                | Coverage and Medicare as a Secondary Payer   | ADR letter date.  |
| nequirements   |             | , siciali i raccidonei)                                       |                           |               |                 | dementia (FTD) and Alzheimer's disease (AD). Medical   |   | 2 Rocial Security Act (SSA). Title YVIII. 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   |
|--|-------------|--|---------------------------|---------------|-----------------|---|---|---|---|
| 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   | Complex     |  | 4 - all applicable states | 9/23/2019     | Арргочец        | scans for the differential diagnosis of fronto-temporal   | 76006, A9332  | Coverage and Medicare as a Secondary Payer  | ADR letter date.  |
| Requirements   |             | Physician Practitioner)                                      |                           |               |                 | dementia (FTD) and Alzheimer's disease (AD) Medical   |   | 2 Rocial Security Act (SSA). Title XVIII. Health Insurance for the  |   |
| 0.67   |             |  |                           |               |                 | Claims for Ankle-Foot Orthoses or Knee-Ankle-Foot   |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the  | Claims that have a "paid claim date"  |
| 0167 - Ankle-Foot Orthoses and Knee-Ankle-Foot Orthoses within the                   | Automated   | DME Physician/ DME Supplier                                  | 5 - All DME MACs          | 9/10/2019     | Approved        | Orthoses with dates of service within the reasonable  | L1900, L1902, L1904, L1906, L1907, L1910,                                 | Aged and Disabled, §1833(e) - Payment of Benefits   | which is less than 3 years prior to the   |
| Reasonable Useful Lifetime: Excessive Units  |             |  |                           |               |                 | useful lifetime from the date of service of a previously  |   | 2.bocial Security Act (SSA), Title XVIII- Health insurance for the  | Review Results Letter.  |
|  |             |  |                           |               |                 | All diagnostic (including clinical diagnostic laborator)  |   | Aged and Disabled &1834(a)(7)(C)(i) (ii) and (iii). Replacement of  | Claims that have a "slaim paid date"  |
| 0169 - Outpatient Services within 3 Days Prior to and Including the Date of          |             |  |                           |               |                 | All diagnostic (including clinical diagnostic laboratory tests) services and related non-diagnostic services          |   | 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"<br>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  | Diagnostic codes are identified as any CPT/                               | Coverage and Medicare as a Secondary Payer  | Review Results 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   | rovious)  |
|  |             |  |                           |               |                 | 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   | Automateu   | Outpatient raciney   | 4 all applicable states   | 11/2//2013    | Арргочей        | provided to a beneficiary by the admitting hospital within  | binghostic codes are identified as any en in                              | Coverage and Medicare as a Secondary Payer  | Review Results Letter date (automated   |
|  |             | Outration Hamital (ODII)                                     |                           |               |                 | 3 days (for IPPS Hospitals) prior to or 1 day (NON IPPS   |   | 2 Social Security Act (SSA). Title YV/III- Health Insurance for the   | review)   |
| 0470 Developed Device and Applications by Mandical Managing and                      |             | 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<br>(ASC); Professional Services   | 3 - all applicable states | 11/19/2019    | Approved        | diagnostic (aka stand-alone) renal and peripheral   | 36245, 36246, 36247, 36248, 36251, 36252                                  | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from   | "paid claim date" which is more than 3  |
| Documentation Requirements   |             | (Physician/Non-physician                                     |                           |               |                 | angiography procedures meet Medicare coverage criteria,   |   | Coverage and Medicare as a Secondary Payer  | years prior to the ADR letter date.   |
|  |             | Outpatient Hospital (OPH);                                   |                           |               |                 | Documentation will be reviewed to determine if  |   | 1.Bocial 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                                   |                           |               |                 | diagnostic (aka stand-alone) renal and peripheral   | 25245 25245 25247 25242 25254 25254                                       | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from   | "naid claim date" which is more than 3  |
| Documentation Requirements   | Complex     | (ASC); Professional Services                                 | 4 - all applicable states | 11/19/2019    | Approved        | angiography procedures meet Medicare coverage criteria,   | 36245, 36246, 36247, 36248, 36251, 36252                                  | 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 XVIII- Health Insurance for the  | years prior to the ribinietter date.  |
|  |             | 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                                     | 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   |             | Practitioner); Outpatient                                    |                           | ,,            |                 | United States Food and Drug Administration (FDA)  |   | Coverage and Medicare as a Secondary Payer  | years prior to the ADR letter date.   |
|  |             | Hospital (TOB 13X) Professional Services                     |                           |               |                 | annroyed for use in reducing the need for blood   |   | 2 Rocial Security Act (SSA) Title YVIII- Health Insurance for the   |   |
| 0171 - Erythropoiesis Stimulating Agents for Cancer Patients: Medical                |             | (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                                    | 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   |             | Hospital (TOB 13X)   |                           |               |                 | United States Food and Drug Administration (FDA)  |   | 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.   |
|  |             | HOSOIIAI (TOB 15A)   |                           |               |                 | This review will determine if the Surgical Dressing is  |   | 1.Social Security Act (SSA), Title XVIII. Health Insurance for the  | Claims having a "claim paid date" that  |
| 0173 - Surgical Dressings: Medical Necessity and Documentation                       |             | DATE DI / DATE G   | 5 411 0445 4446           | 40/0/0040     |                 | reasonable and necessary for the patient's condition  | ACO40 ACO44 ACO34 ACO33 ACO33 ACO3  |   | is more than 3 years prior to the ADR   |
| Requirements   | Complex     | DME Physician/ DME Supplier                                  | 5 - All DME MACs          | 12/3/2019     | Approved        | based on the documentation in the medical record.   | A6010, A6011, A6021, A6022, A6023, A602                                   | 2.Social Security Act (SSA), Title XVIII- Health Insurance for the  | date will be excluded.  |
|  |             |  |                           |               |                 |   |   | Agod and Disabled &1934(a)(7)(C)(i) (ii) and (iii) Penlacement of   |   |
|  |             |  |                           |               |                 | Claims for cervical orthoses with dates of service within   |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the  | Claims that have a "paid claim date"  |
| 0174 - Cervical Orthoses within the Reasonable Useful Lifetime: Excessive            | Automated   | DME Physician/ DME Supplier                                  | 5 - All DME MACs          | 12/3/2019     | Approved        | the reasonable useful lifetime from the date of service of  | L0112, L0113, L0120, L0130, L0140, L0150,                                 | Aged and Disabled, §1833(e) - Payment of Benefits   | which is less than 3 years prior to the   |
| Units  |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                      |                           |               |                 | a previously-paid identical cervical orthosis (identical  |   | 2.Social Security Act (SSA), Title XVIII- Health Insurance for the  | Review Results Letter date.   |
|  |             |  |                           |               |                 | HCPCS code) for the same beneficiary, will be denied as<br>Hospital Beds must meet basic coverage criteria whether    |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the  | Claims having a "claim paid date" that  |
| 0177 - Hospital Beds: Medical Necessity and Documentation                            |             |  |                           |               |                 |   |   |   |   |
| Requirements   | Complex     | DME Physician/ DME Supplier                                  | 5 - All DME MACs          | 2/4/2020      | Approved        | at initial rental or at any point during a rental period, as<br>outlined in Local Coverage Determination for Hospital | E0250, E0251, E0260, E0261, E0255, E0256                                  | Aged and Disabled, §1833(e) - Payment of Benefits  2.Social Security Act (SSA), Title XVIII- Health Insurance for the                 | is more than 3 years prior to the ADR date will be excluded.                    |
| nequiencies  |             |  |                           |               |                 | Reds Medical documentation will be reviewed to  |   | Aged and Disabled 81834(a)(7)(C)(i) (ii) and (iii). Replacement of  | date will be excluded.  |
|  |             |  |                           |               |                 | This review will determine whether a Manual Wheelchair  |   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the  | Claims having a "claim paid date" that  |
| 0178 - Manual Wheelchairs: Medical Necessity and Documentation                       | Complex     | DME Physician/ DME Supplier                                  | 5 - All DME MACs          | 2/4/2020      | Approved        | is reasonable and necessary for the patient's condition   | K0001 K0003 K0003 K0004 K000E K0004                                       | Aged and Disabled, §1833(e) - Payment of Benefits   | is more than 3 years prior to the ADR   |
| Requirements   | Complex     | Divie Physician/ Divie Supplier                              | 5 - All DIVIE IVIACS      | 2/4/2020      | Арргочец        | based on the documentation in the medical record.   | 10001, 10002, 10003, 10004, 10003, 10006                                  | 2.Social Security Act (SSA), Title XVIII- Health Insurance for the  | date will be excluded.  |
|  |             |  |                           |               |                 |   |   | Aged and Disabled 61834/a)/7)/()(i) (ii) and (iii). Replacement of  | :   |
|  |             | 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                                     | 3 - all applicable states | 8/3/2020      | Approved        | "6" are subject to a 25% reduction of the Technical   | CPT/HCPCS Codes with a multiple procedure                                 | 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  |
|  |             | ·  |                           |               |                 | CPT/HCPCS codes with a Multiple Procedure Indicator of  |   | 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"  |
| 0182 - Reduction of Technical Component, Diagnostic Cardiovascular                   |             | Professional Services  |                           |               |                 | "6" are subject to a 25% reduction of the Technical   |   | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from   | which is less than 3 years prior to the   |
| Services   | Automated   | (Physician/Non-Physician                                     | 4 - all applicable states | 8/3/2020      | Approved        | Component (TC) when multiple procedures are billed on   | CPT/HCPCS Codes with a multiple procedure                                 | Coverage and Medicare as a Secondary Payer  | informational Letter date (automated  |
|  |             | Practitioner)  |                           |               |                 | the same date of service, for the same nations by the   |   | 2 Special Security Act (SSA). Title VVIII. Health Incurance for the   | rovious)  |
|  |             |  |                           |               |                 | 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      | Approved        | 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 all applicable states   | 0/3/2020      | Арргочец        | ground ambulance vehicle. SCT is necessary when a   | 7.6.13 1,7.6.123  | Coverage and Medicare as a Secondary Payer  | months prior to the ADR letter date   |
|  |             |  |                           |               |                 | honoficiary's condition requires ongoing care that must be  |   | 2 Special Security Act (SSA). Title VVIII. Health Incurance for the   |   |
| 0193 Chasialty Cara Transports Madical Naccessity and Danier                         |             | Ambulanca Carrier deines ""                                  |                           |               |                 | 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<br>Requirements | Complex     | Ambulance, Carrier claims with<br>provider specialty code 59 | 4 - all applicable states | 8/3/2020      | Approved        | 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   |             | provider specialty code 39                                   |                           |               |                 | ground ambulance vehicle. SCT is necessary when a   |   | Coverage and Medicare as a Secondary Payer  2 Social Security Act (SSA) Title XVIII- Health Insurance for the                         | months prior to the ADR letter date   |
|  |             | Inpatient Hospital, Outpatient                               |                           |               |                 | Documentation will be reviewed to determine if total hip  | CPT Codes- 27130, 27132, 27134, 27137,                                    | Social Security Act (SSA). Title XVIII. Health Insurance for the     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                   | C 1         | Hospital, Ambulatory Surgical                                | 2 -11 11 - 1              | 0/2/2222      |                 | 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                                | 3 - all applicable states | 8/3/2020      | Approved        |   | 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 XVIII- Health Insurance for the   |   |
|  |             | Inpatient Hospital, Outpatient                               |                           |               |                 | Documentation will be reviewed to determine if total hip  |   | 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                                | 4 - 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<br>Inpatient Hospital, Outpatient   |                           |               |                 |   | PCS Codes (FCSO ONLY) - 0SP90JZ.<br>CPT Codes- 27445, 27447, 27486, 27487 | 2 Social Security Act (SSA) Title YVIII. Health Insurance for the   |   |
| 0185 - Total Knee Arthroplasty: Medical Necessity and Documentation                  | Ì           | Hospital, Ambulatory Surgical                                |                           | İ             |                 | Documentation will be reviewed to determine if total  | PCS Codes (FCSO ONLY) - 0SPC0JZ,  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the  | Claims that have a "claim paid date"  |
| Requirements   | Complex     | Center, Professional Services                                | 3 - all applicable states | 8/3/2020      | Approved        | knee arthroplasty meets Medicare coverage   | OSPDOJZ, OSRCO69, OSRCO6A, OSRCO6Z.                                       | Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from   | which is less than 3 years prior to the   |
| nequirements   | Ì           | (Physician/Non-physician                                     |                           | İ             |                 | requirements.   | OSPOJE, OSRCO69, OSRCO6A, OSRCO6Z,<br>OSRCO7Z, OSRCOEZ, OSRCOJ9, OSRCOJA. | Coverage and Medicare as a Secondary Payer  | ADR letter date.  |
| <u> </u>   |             | 11 1145ICIGII/ INUIT-DIIVSICIGII                             |                           |               |                 | t .   | IOSHCO74, USHCOL4, USHCUJ9, USHCUJA,                                      | LA NOCIAL SOCURITY ACT ISSAULUTIO XVIII. Health Insurance for the   | 1   |

| Review Topic   | Review Type | Provider Type  | Regions and States        | Date Approved   | Approval Status | Description  | Affected Codes  | Additional Information   | Date of Service   |
|--|-------------|--|---------------------------|-----------------|-----------------|--|---|--|---|
|  | Terren Type | Inpatient Hospital, Outpatient   | nogrons and states        | - Date Approved | Approval Status | 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<br>Requirements                                    | Complex     | Hospital, Ambulatory Surgical<br>Center, Professional Services                           | 4 - all applicable states | 8/3/2020        | Approved        | knee arthroplasty meets Medicare coverage requirements.  | PCS Codes (FCSO ONLY) - OSPCOJZ,<br>OSPDOJZ, OSRCO69, OSRCO6A, OSRCO6Z,         | 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.  |
| 0187 - Nerve Conduction Studies: Excessive Units   | Complex     | (Physician/Non-physician Outpatient Hospital   | 3 - all applicable states | 9/25/2020       | Approved        | Documentation will be reviewed to determine if the use of nerve conduction studies meet coverage criteria and /or are medically reasonable and necessary.  | OSRCO72, OSRCOFZ, OSRCOJ9, OSRCOJA,<br>95905, 95907, 95908, 95909, 95910, 95911 | 2 Social Security, Act. (SSA). Title YMII. Health Insurance for the<br>LSSA, Title XVIIII-Health Insurance for the Aged and Disabled,<br>Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as<br>a Secondary Payer 2 SSA. Title XVIII. Health Insurance for the Aged and Disabled   | Exclude claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.                      |
| 0187 - Nerve Conduction Studies: Excessive Units   | Complex     | Outpatient Hospital  | 4 - all applicable states | 9/25/2020       | Approved        | Documentation will be reviewed to determine if the use of nerve conduction studies meet coverage criteria and /or are medically reasonable and necessary.  | 95905, 95907, 95908, 95909, 95910, 95911  | 1.SSA, Title XVIII- Health Insurance for the Aged and Disabled,<br>Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as<br>a Secondary Payer<br>SSA Title XVIII- Month Insurance for the Aged and Disabled  | Exclude claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.                      |
| 0189 - Continuous Glucose Monitor: Medical Necessity and Documentation Requirements                                    | Complex     | DME Physician/ DME Supplier  | 5 - All DME MACs          | 9/8/2020        | Approved        | Documentation will be reviewed to determine if a<br>therapeutic continuous glucose monitor meets coverage<br>criteria and/or is medically reasonable and necessary.  | E2103, A4239  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1833(e) - Payment of Benefits 2.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, \$1834(a)/TJ(CIII) (II) and (III). Replacement of  | Exclude from review claims with a DOS prior to November 12, 2023.   |
| 0190 - Skilled Nursing Facility with Patient-Driven Payment Model:<br>Medical Necessity and Documentation Requirements | Complex     | Skilled Nursing Facility (SNF) with TOB 21X  | 3 - all applicable states | 7/20/2022       | Approved        | Documentation will be reviewed to determine if the<br>Skilled Nursing Facility stay meets Medicare coverage<br>criteria, meets applicable coding guidelines, and/or is<br>predicable reverses the and pressessor.  | N/A   | 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 having a "claim paid date"<br>which is more than 3 years prior to the<br>ADR date will be excluded.              |
| 0190 - Skilled Nursing Facility with Patient-Driven Payment Model:<br>Medical Necessity and Documentation Requirements | Complex     | Skilled Nursing Facility (SNF) with TOB 21X  | 4 - all applicable states | 7/20/2022       | Approved        | Documentation will be reviewed to determine if the<br>Skilled Nursing Facility stay meets Medicare coverage<br>criteria, meets applicable coding guidelines, and/or is   | N/A   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer  | Claims having a "claim paid date"<br>which is more than 3 years prior to the<br>ADR date will be excluded.              |
| 0191 - Polysomnography: Medical Necessity and Documentation<br>Requirements  | Complex     | Outpatient Hospital  | 3 - all applicable states | 9/24/2020       | Approved        | Polysomnography (PSG) refers to the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep flyriched in a sleen laboratory facility that includes  | 95808, 95810, 95811   | Isocial Security Act (SSA), Title XVIII—Balant incurance for the<br>Aged and Disabled, Section 1833(e)- Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII—Balant Insurance for the<br>Aged and Disabled, Section 1833(e)- Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII—Balant Insurance for the<br>larged and Disabled, Section 1857(a)(1)(1)), Perfusions from | Exclude from review claims having a<br>"paid claim date" which is more than 3<br>years prior to the ADR Letter date.    |
| 0191 - Polysomnography: Medical Necessity and Documentation<br>Requirements  | Complex     | Outpatient Hospital  | 4 - all applicable states | 9/24/2020       | Approved        | Polysomnography (PSG) refers to the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep furnished in a sleen laboratory facility that includes  | 95808, 95810, 95811   | 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<br>"paid claim date" which is more than 3<br>years prior to the ADR Letter date.    |
| 0192 - Ventricular Assist Device: Medical Necessity and Documentation Requirements                                     | Complex     | Inpatient Hospital   | 3 - all applicable states | 9/25/2020       | Approved        | A ventricular assist device (VAD) is surgically attached to<br>one or both intact ventricles and is used to assist or<br>augment the ability of a damaged or weakened native<br>bear to pump bled improvement in the performance of  | 02HA0QZ, 02HA0RJ, 02HA0RS, 02HA0RZ, 0   | 1. Social Security Act (SSA), Title XVIII- Health Insurance for the  | Exclude from review claims with Dates of Service prior to May 12, 2023  |
| 0192 - Ventricular Assist Device: Medical Necessity and Documentation<br>Requirements                                  | Complex     | Inpatient Hospital   | 4 - all applicable states | 9/25/2020       | Approved        | A ventricular assist device (VAD) is surgically attached to one or both intact ventricles and is used to assist or augment the ability of a damaged or weakened native bear to augment and a progression of the progression of | 02HAOQZ, 02HAORJ, 02HAORS, 02HAORZ, 0   | 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 with Dates<br>of Service prior to May 12, 2023   |
| 0195 - Implantable Automatic Defibrillators- Inpatient Procedure: Medical<br>Necessity and Documentation Requirements  | Complex     | Inpatient Hospital (TOB 11X)   | 3 - all applicable states | 10/23/2020      | Approved        | The implantable automatic defibrillator is an electronic device designed to detect and treat life-threatening tachyarrhythmias. The device consists of a pulse   | OJH608Z, OJH609Z, OJH638Z, OJH639Z, OJH   | 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<br>"paid claim date" which is more than 3<br>years prior to the ADR letter date     |
| 0195 - Implantable Automatic Defibrillators- Inpatient Procedure: Medical<br>Necessity and Documentation Requirements  | Complex     | Inpatient Hospital (TOB 11X)   | 4 - all applicable states | 10/23/2020      | Approved        | The implantable automatic defibrillator is an electronic device designed to detect and treat life-threatening tachyarrhythmias. The device consists of a pulse   | OJH608Z, OJH609Z, OJH638Z, OJH639Z, OJH   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer  | Exclude from review claims having a<br>"paid claim date" which is more than 3<br>years prior to the ADR letter date     |
| 0196 - Deep Brain Stimulation- Outpatient Procedure: Medical Necessity and Documentation Requirements                  | Complex     | Outpatient Hospital; Professional<br>Services (Physician/Non-<br>Physician Practitioner) | 3 - all applicable states | 11/18/2020      | Approved        | Deep brain stimulation (DBS) is an established treatment<br>for people with movement disorders, such as essential<br>tremor, Parkinson's disease and dystonia. DBS involves  | 61885, 61886, 95970, 95971, 95984   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer  | Exclude from review claims having a<br>"paid claim date" which is more than 3<br>years prior to the ADR letter date     |
| 0196 - Deep Brain Stimulation- Outpatient Procedure: Medical Necessity and Documentation Requirements                  | Complex     | Outpatient Hospital; Professional<br>Services (Physician/Non-<br>Physician Practitioner) | 4 - all applicable states | 11/18/2020      | Approved        | Deep brain stimulation (DBS) is an established treatment<br>for people with movement disorders, such as essential<br>tremor, Parkinson's disease and dystonia. DBS involves  | 61885, 61886, 95970, 95971, 95984   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer  | Exclude from review claims having a<br>"paid claim date" which is more than 3<br>years prior to the ADR letter date     |
| 0198 - Deep Brain Stimulation-Inpatient Procedure: Medical Necessity and Documentation Requirements                    | Complex     | Inpatient Hospital   | 3 - all applicable states | 11/18/2020      | Approved        | Deep brain stimulation (DBS) is an established treatment<br>for people with movement disorders, such as essential<br>tremor, Parkinson's disease and dystonia. DBS involves  | 00H00Mz, 0H80Xzz, 0HSSXzz   | Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer  | Exclude from review claims having a<br>"paid claim date" which is more than 3<br>years prior to the ADR letter date     |
| 0198 - Deep Brain Stimulation-Inpatient Procedure: Medical Necessity and Documentation Requirements                    | Complex     | Inpatient Hospital   | 4 - all applicable states | 11/18/2020      | Approved        | Deep brain stimulation (DBS) is an established treatment<br>for people with movement disorders, such as essential<br>tremor, Parkinson's disease and dystonia. DBS involves  | 00H00MZ, 0H80XZZ, 0HSSXZZ   | Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer  | Exclude from review claims having a<br>"paid claim date" which is more than 3<br>years prior to the ADR letter date     |
| 0200 - Air Ambulance: Medical Necessity and Documentation<br>Requirements  | Complex     | Ambulance Providers  | 3 - all applicable states | 2/4/2021        | Approved        | This complex review will be examining rotatory wing<br>(helicopter) aircraft claims or fixed wing (airplane) claims<br>to determine if air ambulance transport was reasonable  | A0430, A0431, A0435, A0436  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer  | Claims that have a "claim paid date"<br>which is less than 3 years prior to the<br>ADR Letter date                      |
| 0200 - Air Ambulance: Medical Necessity and Documentation<br>Requirements  | Complex     | Ambulance Providers  | 4 - all applicable states | 2/4/2021        | Approved        | This complex review will be examining rotatory wing<br>(helicopter) aircraft claims or fixed wing (airplane) claims<br>to determine if air ambulance transport was reasonable  | A0430, A0431, A0435, A0436  | 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"<br>which is less than 3 years prior to the<br>ADR Letter date                      |
| 0201 - Hospice Continuous Home Care: Medical Necessity and Documentation Requirements                                  | Complex     | Hospice  | 5 - All HHH MACs          | 1/5/2021        | Approved        | This review will determine if hospice Continuous Home<br>Care services were reasonable and necessary to achieve<br>palliation and management of the patient's acute medical  | REV Codes: 0652<br>HCPCS Codes: G0299, G0300, G0156                             | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, § 1812(a)(4), (a)(5), and (d)- Scope of Benefits 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 ADR date will be excluded.                     |
| 0202 - Skilled Nursing Facility (SNF) Consolidated Billing for Ambulance<br>Transports: Unbundling                     | Automated   | Ambulance Providers (specialty code 59)  | 3 - all applicable states | 2/4/2021        | Approved        | Certain ambulance services are included in SNF consolidated billing and may not be billed as Part B services to the A/B MAC, when the beneficiary is in a Part   | A0426, A0427, A0428, A0429, A0434, A042   | 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"<br>which is less than 3 years prior to the<br>Informational Letter date (automated |

| Review Topic   | Review Type | Provider Type  | Regions and States        | Date Approved | Approval Status | Description Affecte   | ted Codes  | Additional Information  | Date of Service   |
|--|-------------|--|---------------------------|---------------|-----------------|---|--|---|---|
| 0202 - Skilled Nursing Facility (SNF) Consolidated Billing for Ambulance<br>Transports: Unbundling   | Automated   | Ambulance Providers (specialty code 59)  | 4 - all applicable states | 2/4/2021      | Approved        | Certain ambulance services are included in SNF  | 6, A0427, A0428, A0429, A0434, A042  | 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"<br>which is less than 3 years prior to the<br>Informational Letter date (automated     |
| 0204 - Vagus Nerve Stimulation: Medical Necessity and Documentation<br>Requirements  | Complex     | Surgery Center (ASC), Professional Services  | 3 - all applicable states | 3/11/2021     | Approved        | Vagus Nerve Stimulation (VNS) is reasonable and necessary for patients with medically refractory partial onset seizures 64568,  | 8, 95976, 95977, C1827   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1833(e)- Payment of Benefits<br>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 ADR date will be excluded.                         |
| 0204 - Vagus Nerve Stimulation: Medical Necessity and Documentation<br>Requirements  | Complex     | Outpairient Hospitari; Ambulatory Surgery Center (ASC), Professional Services                                    | 4 - all applicable states | 3/11/2021     | Approved        | Vagus Nerve Stimulation (VNS) is reasonable and necessary for patients with medically refractory partial onset seizures 64568,  | 8, 95976, 95977, C1827   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1833(e)- Payment of Benefits<br>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 ADR date will be excluded.                         |
| 0205 - Next Generation Sequencing: Medical Necessity and<br>Documentation Requirements   | Complex     | Laboratory Services  | 3 - all applicable states | 5/29/2021     | Approved        | Next Generation Sequencing (NGS) as a diagnostic laboratory test is reasonable and necessary and covered nationally, when performed in a Clinical Laboratory                  | U, 0022U, 0037U  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1833(e)- Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.                          |
| 0205 - Next Generation Sequencing: Medical Necessity and<br>Documentation Requirements   | Complex     | Laboratory Services  | 4 - all applicable states | 5/29/2021     | Approved        | Next Generation Sequencing (NGS) as a diagnostic laboratory test is reasonable and necessary and covered nationally, when performed in a Clinical Laboratory                  |  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1833(e)- Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the | Exclude claims having a "paid claim date" which is more than 3 years prior to the ADR letter date.                          |
| 0206 - Positron Emission Tomography for Initial Treatment Strategy in<br>Oncologic Conditions: Medical Necessity and Documentation<br>Requirements   | Complex     | Outpatient Hospital, Professional<br>Services (Physician/Non-<br>Physician Practitioner)                         | 3 - all applicable states | 5/29/2021     | Approved        | Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) is covered only in clinical situations in which PET results may assist in avoiding an invasive diagnostic 78608,  |  | 1.Social Security Act (SSA), Title XVIII - Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from<br>Coverage and Medicare as a Secondary Payer                     | Claims that have a "claim paid date"<br>which is less than 3 years prior to the<br>ADR letter date                          |
| 0206 - Positron Emission Tomography for Initial Treatment Strategy in<br>Oncologic Conditions: Medical Necessity and Documentation<br>Requirements   | Complex     | Outpatient Hospital, Professional<br>Services (Physician/Non-<br>Physician Practitioner)                         | 4 - all applicable states | 5/29/2021     | Approved        | Fluorodeoxyglucose (FDG) Positron Emission Tomography (PET) is covered only in clinical situations in which PET results may assist in avoiding an invasive diagnostic         |  | 1.Social Security Act (SSA), Title XVIII - Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A) - Exclusions from<br>Coverage and Medicare as a Secondary Payer                     | Claims that have a "claim paid date"<br>which is less than 3 years prior to the<br>ADR letter date                          |
| 0208 - Enteral Nutrition Therapy with Dates of Service on/after September<br>5 2021: Medical Necessity and Documentation Requirements  | Complex     | DME Physician/DME Supplier   | 5 - All DME MACs          | 12/7/2021     | Approved        | Enteral nutrition is considered reasonable and necessary for a patient with a functioning gastrointestinal tract who, due to pathology to, or non-function of, the structures |  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the       | Claims that have a "claim paid date"<br>which is less than 3 years prior to the<br>ADR letter date (complex review) and     |
| 0209 - Parenteral Nutrition Therapy with Dates of Service on/after<br>September 5, 2021: Medical Necessity and Documentation Requirements  | Complex     | DME Physician/DME Supplier   | 5 - All DME MACs          | 12/7/2021     | Approved        | This review will determine if Parenteral Nutrition is reasonable and necessary for the patient's condition based on the documentation in the medical record.                  | 4, B4168, B4172, B4176, B4178, B4180   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the       | Claims that have a "claim paid date"<br>which is less than 3 years prior to the<br>ADR letter date (complex review), and    |
| 0210 - Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea:<br>Medical Necessity and Documentation Requirements  | Complex     | Surgical Center; Professional Services (Physician/Non-   | 3 - all applicable states | 6/29/2022     | Approved        | Hypoglossal nerve stimulation (HNS) is reasonable and necessary for the treatment of moderate to severe obstructive sleep apnea (OSA) when coverage criteria are              |  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage and<br>Medicare as a Secondary Payer                              | Claims having a "paid claim date"<br>which is less than 3 years prior to the<br>ADR letter date.                            |
| 0210 - Hypoglossal Nerve Stimulation for Obstructive Sleep Apnea:<br>Medical Necessity and Documentation Requirements  | Complex     | Surgical Center; Professional Services (Physician/Non-   | 4 - all applicable states | 6/29/2022     | Approved        | Hypoglossal nerve stimulation (HNS) is reasonable and necessary for the treatment of moderate to severe obstructive sleep apnea (OSA) when coverage criteria are              | 2  | 1.Bocial Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, §1862(a)(1)(A)- Exclusions from Coverage and<br>Medicare as a Secondary Payer                              | Claims having a "paid claim date"<br>which is less than 3 years prior to the<br>ADR letter date.                            |
| 0212 - Hospice General Inpatient Care: Medical Necessity and Documentation Requirements  | Complex     | Hospice  | 5 - All HHH MACs          | 4/1/2023      | Approved        | This review will determine if Hospice General Inpatient Care (GIP) was reasonable and necessary to achieve pain control or acute or chronic symptom management which          | Code: 0656 – General Inpatient Care  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, §§1812(a)(4), (a)(5), and (d)- Scope of<br>Benefits  | Claims having a "claim paid date" that is more than 3 years prior to the ADR date will be excluded.                         |
| 0214 - Transurethral Waterjet Ablation of the Prostate for Benign<br>Prostatic Hyperplasia (BPH) with Lower Urinary Tract Symptoms (LUTS):<br>Medical Necessity and Documentation Requirements | Complex     | Surgery Center (ASC), and Professional Services  | 3 - all applicable states | 4/26/2023     | Approved        | Documentation will be reviewed to determine whether<br>Transurethral waterjet ablation services met Medicare<br>coverage criteria and were reasonable and necessary.          | ary Code: 0421T / Secondary Code: C2   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer                       | Exclude from review claims having a<br>"paid claim date" which is more than 3<br>years prior to the ADR letter date         |
| 0214 - Transurethral Waterjet Ablation of the Prostate for Benign<br>Prostatic Hyperplasia (BPH) with Lower Urinary Tract Symptoms (LUTS):<br>Medical Necessity and Documentation Requirements | Complex     | Obvision (Nos Physician<br>Outpatient Hospital, Ambulatory<br>Surgery Center (ASC), and<br>Professional Services | 4 - all applicable states | 4/26/2023     | Approved        | Documentation will be reviewed to determine whether<br>Transurethral waterjet ablation services met Medicare<br>coverage criteria and were reasonable and necessary.          | ary Code: 0421T / Secondary Code: C2   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer                       | Exclude from review claims having a<br>"paid claim date" which is more than 3<br>years prior to the ADR letter date         |
| 0215 - Canes, Crutches, and Walkers within the Reasonable Useful<br>Lifetime: Excessive Units  | Automated   | DME Physician/DME Supplier   | 5 - All DME MACs          | 4/6/2023      | Approved        | Claims for canes, crutches, and/or walkers billed within the five-year reasonable useful lifetime of a previously reimbursed item billed with an identical HCPCS for the      | D, E0105, E0110, E0111, E0112, E0113,  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Bocial Security Act (SSA), Title XVIII- Health Insurance for the       | Algorithm excludes claims that have a<br>"claim paid date" which is more than 3<br>years prior to the Review Results        |
| 0216 - Wearable Automatic External Defibrillators: Medical Necessity and Documentation Requirements  | Complex     | DME Physician/DME Supplier   | 5 - All DME MACs          | 6/6/2023      | Approved        | This review will determine if a Wearable Automatic External Defibrillator is reasonable and necessary for the patient's condition based on the documentation in the           | 6, K0607, K0608, K0609   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, §1833(e)- Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the        | Exclude from review claims having a<br>"claim paid date" which is more than 3<br>years prior to the ADR letter date, and    |
| 0217 - Muscle Flap with Breast Reconstruction or Breast Prosthesis<br>Insertion: Unbundling  | Complex     | Physician/Non-physician<br>Practitioner (NPP)  | 3 - all applicable states | 6/6/2023      | Approved        | 15734 warranted separate reimbursement given that a Referen   | et: CPT 15734<br>rence: CPT 19357, 19361, 19364,<br>7, 19368, 19369, 19340 and 19342 | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer                       | Exclude from review claims having a<br>"paid claim date" which is more than 3<br>years prior to the ADR letter date.        |
| 0217 - Muscle Flap with Breast Reconstruction or Breast Prosthesis<br>Insertion: Unbundling  | Complex     | Physician/Non-physician<br>Practitioner (NPP)  | 4 - all applicable states | 6/6/2023      | Approved        | 15734 warranted separate reimbursement given that a Referen   |  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer                       | Exclude from review claims having a<br>"paid claim date" which is more than 3<br>years prior to the ADR letter date.        |
| 0218 - Medical Supplies Billed from Consolidated Billing List During a<br>Home Health Episode: Unbundling  | Automated   | DME Physician/DME Supplier   | 5 - All DME MACs          | 6/6/2023      | Approved        | All Medical Supplies included in the Consolidated Billing List and billed during admission of a patient to Home Health services are inclusive to Home Health services.        |  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the       | Algorithm excludes claims that have a<br>"claim paid date" which is more than 3<br>years prior to the Review Results Letter |
| 0219 - Minimally-Invasive Surgical (MIS) Fusion of the Sacroiliac Joint:<br>Medical Necessity and Documentation Requirements   | Complex     | Outpatient Hospital, Ambulatory Surgery Center (ASC), and Professional Services                                  | 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          |  | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer                       | Claims having a "paid claim date"<br>which is less than 3 years prior to the<br>ADR letter date. JJ and JM are limited      |
| 0220 - Hip Orthoses within the Reasonable Useful Lifetime: Excessive Units   | Automated   | DME Physician/DME Supplier   | 5 - All DME MACs          | 9/15/2023     | Approved        |   | 3 L1681, L1686, L1690, L1630, L1640,   | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, §1833(e) - Payment of Benefits<br>2.Social Security Act (SSA), Title XVIII- Health Insurance for the       | Claims having a "claim paid date" that<br>is more than 3 years prior to the<br>informational letter date will be            |

| Review Topic  | Review Type | Provider Type  | Regions and States        | Date Approved | Approval Status | Description  | Affected Codes                                       | Additional Information  | Date of Service  |
|---|-------------|--|---------------------------|---------------|-----------------|--|--|---|--|
| 0221- Hospice Care- Extended Length of Stay: Medical Necessity and Documentation Requirements | Complex     | Hospice  | 5 - All HHH MACs          | 10/5/2023     | Approved        | This review will determine if billed Hospice Care with<br>Extended Lengths of Stay was reasonable and necessary.<br>Claims that do not meet the indications of coverage          | •#651- Routine Home Care •#652- Continuous Home Care | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, §§1812(a)(4), (a)(5), and (d)- Scope of Benefits.                                       | Claims having a "claim paid date" that is more than 3 years prior to the ADR date will be excluded.                      |
| 0222- Non-Physician Billed Without Correct Assistant at Surgery Modifier: Incorrect Coding    | Automated   | Professional Services<br>(Physician/Non-Physician<br>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         | Include only CPT code range 10021 throug             | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer | Claims that have a "claim paid date"<br>which is less than 3 years prior to the<br>Informational Letter date (automated  |
| 0222- Non-Physician Billed Without Correct Assistant at Surgery Modifier:<br>Incorrect Coding | Automated   | Professional Services<br>(Physician/Non-Physician<br>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         | Include only CPT code range 10021 throug             | 1.Social Security Act (SSA), Title XVIII- Health Insurance for the<br>Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from<br>Coverage and Medicare as a Secondary Payer | Claims that have a "claim paid date"<br>which is less than 3 years prior to the<br>Informational Letter date (automated  |
| 0223 - Drugs and Biologicals in Multi-Dose Vials: Billed with JW Modifier                     | Automated   | Outpatient Hospital, Professional<br>Services                      | 3 - all applicable states | 11/4/2024     | Approved        | The JW modifier is a Healthcare Common Procedure<br>Coding System (HCPCS) Level II modifier required to be<br>reported on a claim to report the amount of drug that is           | 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         | Claims that have a "claim paid date"<br>which is less than 3 years prior to the<br>Review Results Letter date (automated |
| 0223 - Drugs and Biologicals in Multi-Dose Vials: Billed with JW Modifier                     | Automated   | Outpatient Hospital, Professional<br>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                 | 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         | Claims that have a "claim paid date"<br>which is less than 3 years prior to the<br>Review Results Letter date (automated |
| 0224 - Transitional Care Management: Unbundling   | Automated   | Professional Services<br>(Physician/non-physician<br>practitioner) | 3 - all applicable states | 1/14/2025     | Approved        | A physician or other qualified health care professional<br>who reports Transitional Care Management CPT code<br>99495 or 99496 may not report telephone service (CPT             | 99441, 99442, 99443                                  | 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"<br>which is less than 3 years prior to the<br>Informational Letter date (automated  |
| 0224 - Transitional Care Management: Unbundling   | Automated   | Professional Services<br>(Physician/non-physician<br>practitioner) | 4 - all applicable states | 1/14/2025     | Approved        | A physician or other qualified health care professional<br>who reports Transitional Care Management CPT code<br>99495 or 99496 may not report telephone service (CPT             | 99441, 99442, 99443                                  | 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"<br>which is less than 3 years prior to the<br>Informational Letter date (automated  |
| 0225 - Transitional Care Management: Excessive Units  | Automated   | Professional Services<br>(Physician/non-physician<br>practitioner) | 3 - all applicable states | 1/13/2025     | Approved        | Medicare may cover transitional care services during the<br>30-day period that begins when a physician discharges a<br>Medicare patient from a healthcare facility and continues | 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         | Exclude from review claims having a<br>"paid claim date" which is more than 3<br>years prior to the date of the          |
| 0225 - Transitional Care Management: Excessive Units  | Automated   | Professional Services<br>(Physician/non-physician<br>practitioner) | 4 - all applicable states | 1/13/2025     | Approved        | Medicare may cover transitional care services during the<br>30-day period that begins when a physician discharges a<br>Medicare patient from a healthcare facility and continues | 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         | Exclude from review claims having a<br>"paid claim date" which is more than 3<br>years prior to the date of the          |