

A View From the MAC

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WPS Medicare
A CMS Medicare Contractor



Disclaimer

The information presented and responses to the questions posed are not intended to serve as coding or legal advice. Many variables affect coding decisions and any response to the limited information provided in a question is intended only to provide general information that might be considered in resolving coding issues. All coding must be considered on a case-by-case basis and must be supported by appropriate documentation in the medical record. The CPT codes that are utilized in coding claims are produced and copyrighted by the American Medical Association (AMA). Specific questions regarding the use of CPT codes may be directed to the AMA.

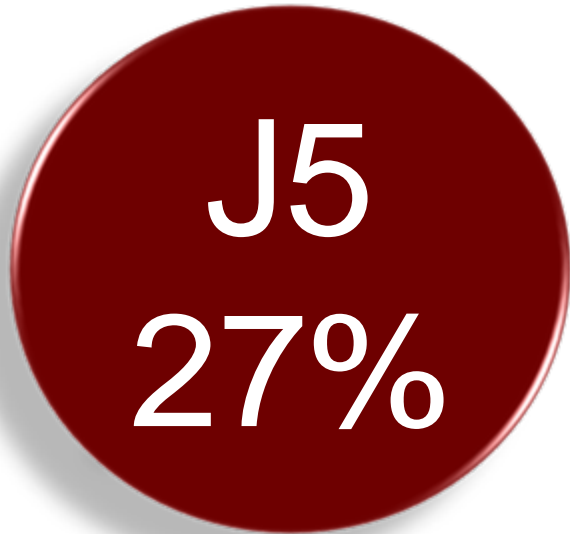
Probe and Educate: Probe 1 Results

Probe 1

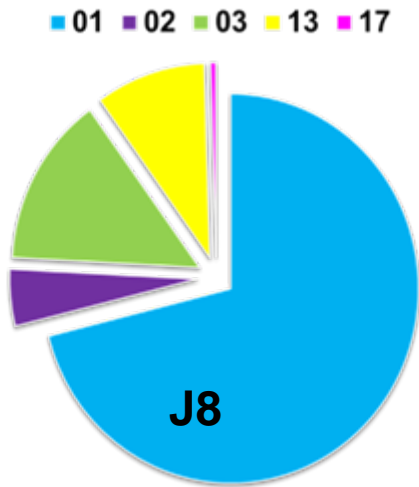
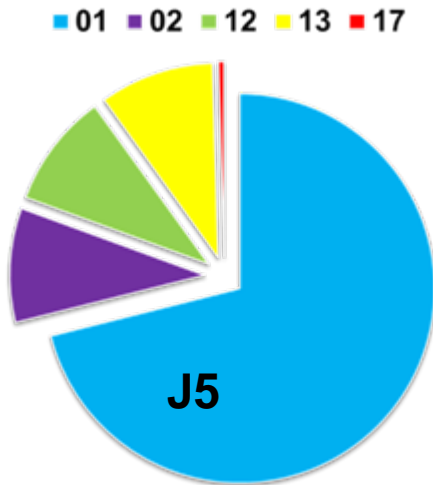
	J5	J8
Part A Hospital Provider Count	800*	300*
# of Providers Sampled	412	151
# of Claims Reviewed	3,625	1,328

- Approximate number

Overall Denial Rate



Denials by Type



5PC01 Documentation does not support services medically reasonable/necessary

5PC02 Insufficient documentation

5PC12 Order missing

5PC13 Order unsigned

5PC15 Certification not present

5PC17 No documentation of 2-midnight expectation

Probe 2 Estimated Timeline

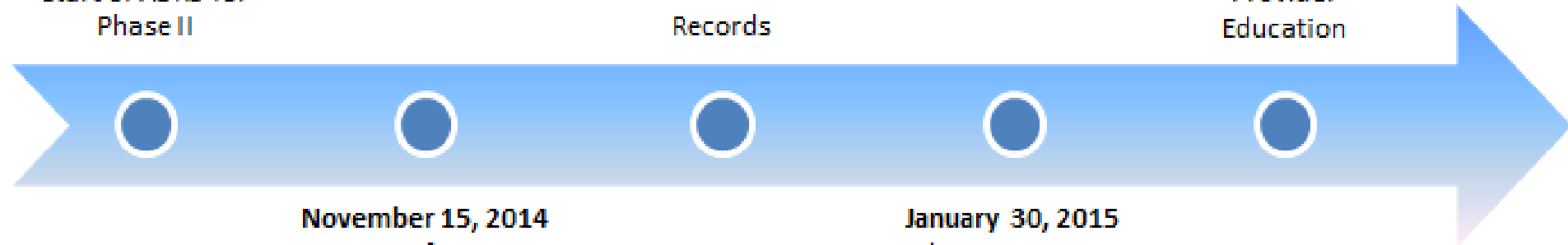
August 2014
Start of ADRs for
Phase II

December 30, 2014
Deadline for
Providers to Send
Records

March 31, 2015
Last day for
Provider
Education

November 15, 2014
Last Day for MACs
to send Phase II
ADRs

January 30, 2015
Phase II Reviews
Complete



Probe 2

	J5	J8
Part A Hospital Provider Count	736	253
% of Claims Completed	32%	35%
Top Denial Code	5PC01	5PC01



New in Probe 2

- 5PC11 - Procedure not reasonable and necessary

Tips

- Verify your procedures for inclusion on the inpatient-only list
- Include the signed admission order
- Compare physician notes to orders
- Document changes in expected patient care

MAC Participation at ALJ



Background

- November 2012 OIG report
 - Small group of providers generating large portion of the appeals
 - Less strict interpretation at ALJ level
 - Overall fully favorable rate 56%
 - Fully favorable rate varied widely between ALJs

Transmittal 543

- Establish a process for assessing notices
- Assign a physician to participate or take party status at ALJ hearings
- Coordinate with other contractors

WPS Medicare Team

Designated CMDs

Dr. Robert Kettler – J5

Dr. Hilary Bingol – J8

ALJ Coordinators

Lyn Miller-Bright

Shawn Cook

Supporting CMDs

Dr. Noel

Dr. Awodele

Participation

- MACs may be participants or parties
- WPS Medicare preference is participant
 - May provide
 - Position paper
 - Testimony only
 - ★ • Combination of both

Case Selection

Specific
Issue

Dollar
amount at
risk

Experience
with ALJ

Timing

2013 Data

Participated in approximately 10% of cases

Jurisdiction	Number of Hearings
J5 Part A	166
J5 Part B	19
J8 Part A	71
J8 Part B	1
TOTAL	257

Results



Part A Hospital Overturns

