CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 179	Date: DECEMBER 15, 2006
	Change Request 5252

#### Subject: Revised Medical Review Timeliness and Reopening Requirements for Medical Review

I. SUMMARY OF CHANGES: Changes MR timeliness requirement to say that the MR department has 60 days to review a claim, make a decision, and either enter the decision into the claims processing system (prepay review) OR mail notification of decision to the provider (postpay review). Also instructs on MR reopening of claims denied due to no response to ADR request when forwarded by appeals.

#### New / Revised Material Effective Date: November 29, 2006 Implementation Date: On or before January 16, 2007

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	Chapter / Section / Subsection / Title
R	Ch. 3/3.6.2/Location of Postpayment Review
R	Ch. 3/3.4.1.4/Handling Late Documentation
R	Ch. 3/3.4.1.3/Completing Complex Reviews
R	Ch. 3/3.4.1.2/Additional Documentation Requests (ADR) During Prepayment of Postpayment Review
N	Ch. 3/3.4.1.5/Re-openings of claims Denied Due to Failure to Submit Necessary Medical Documentation (remittance advice code N102 or 56900)
R	Ch. 3/Table of contents

#### III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2007 operating budgets.

#### IV. ATTACHMENTS:

#### Business Requirements Manual Instruction

\*Unless otherwise specified, the effective date is the date of service.

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managed health care legal and regulatory issues coding systems reimbursement methodologies coding for medical necessity and common health insurance plans Each chapter contains exercises to illustrate content and reinforce learning Numerous opportunities are provided throughout the book for manual completion of CMS 1500 claims A CD ROM at the back of the book allows for electronic data entry of CMS 1500 claim form information End of chapter review questions in objective format e q multiple choice test learners on their understanding of book content Appendices I and II provide case studies that are also included on the Student Practice CD ROM Additional appendices provide instruction in dental claims processing and completion of the UB 92 claim used for inpatient and outpatient hospital claims The accompanying workbook provides application based assignments for each chapter additional content review multiple choice questions and additional case studies for practice in completing CMS 1500 claims This edition of the book contains the most up to date information regarding health insurance claims processing and coding and reimbursement issues Caring ,2002 *IPMA-HR News* .2005 Strategic Plan and Budget Request Colorado. Department of Labor and Employment, 2005 Student Workbook to Accompany Insurance Handbook for the Medical Office Marilyn Fordney, 2003-11 Realistic hands on exercises prepare students to work effectively in the managed care environment with all types of insurance claims Self study review questions and complete competency based tests are presented Easily removable sample practice forms are provided as well as case study information and practice exercises Available separately Current Law Index ,1998 Medicare, Part A Intermediary Manual, Medicare Explained Wolters Kluwer Editorial Staff, 2020-03-13 Medicare Explained has been prepared for Medicare beneficiaries and others who need a relatively thorough explanation of the Medicare program with particular emphasis on services covered in institutional settings and services provided by physicians and suppliers Published annually Medicare Explained includes changes made during 2019 by law and regulation amendments and updates to program manuals issued by the Centers for Medicare and Medicaid Services CMS Medicare Explained includes Analysis of legislative regulatory and agency guidance issuance on available benefits Medicare coverage and exclusions The administration of the Medicare program Medicare payment rules under Parts A B C and D Details on the process for submitting beneficiary claims as well as the appeals process The 2020 Edition has been updated to include Updated discussions of health care reform impact on reimbursement systems for 2019 Discussion of quality of care initiatives Updated discussion of hospital and physician reimbursement and outpatient services Previous Edition Medicare Explained 2019 Edition ISBN 9781543806649 Master Medicare Guide Wolters Kluwer Law & Business, 2015-02-25 The 2015 Master Medicare Guide is packed with timely and useful information to help you stay on top of one of the most complex programs administered by the federal government The 2015 Edition includes Over 500 explanation summaries for all aspects of the Medicare program coverage eligibility reimbursement fraud and abuse and administration Highlights of the Protecting Access to Medicare Act of 2014 P L 113 93 and the Improving Medicare Post Acute Care Transformation Act of 2014 P L 113

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