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| CMS Manual System | Department of Health & Human Services (DHHS) |
| Pub 100-20 One-Time Notification | Centers for Medicare & Medicaid Services (CMS) |
| Transmittal 2012 | Date: January 26, 2018 |
| | Change Request 10396 |

SUBJECT: Analysis of Reject Responses for Prior Authorization/Pre-Claim Review Requests (PA/PCR) via the Electronic Submission of Medical Documentation (esMD) System and Usage of Standardized Review Reason Codes and Statements

I. SUMMARY OF CHANGES: During the discussions of CR 10087, it was determined that there is a need of addressing ‘Reject’ scenarios raised by different review contractors.

The purpose of this CR is to analyze and develop a process for each one of the below mentioned entities:

- How to accommodate any ‘Reject’ scenario to be submitted via PA/PCR screens.
- How to handle the updated decisions for a PA/PCR request. Ex: - Some of the Medicare Administrative Contractors (MACs) have mentioned using ‘Incomplete’ (‘I’) decision for internal processes, which can be changed later.
- The impact of removing the validation of having at least one diagnostic code (primary diagnostic code) per PA / PCR requests.
- The usage and maintenance of and statements for the following
 - Pre-Pay claim reviews.
 - Post-Pay claim reviews.
 - PA/ PCR programs.

EFFECTIVE DATE: July 1, 2018

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

IMPLEMENTATION DATE: July 2, 2018

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 |
|--------------|---|
| N/A | N/A |

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically

authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

| Number | Requirement | Responsibility | | | | | | | | |
|---------|---|----------------|---|-------------|----------------------------|----------------------------------|-------------|-------------|-------------|-------|
| | | A/B MAC | | | D M E M A C | Shared- System Maintainers | | | | Other |
| | | A | B | H H H | | F I S S | M C S | V M S | C W F | |
| | A draft meeting schedule has been attached for reference. | | | | | | | | | |
| 10396.6 | The MACs and SSMs shall send their respective meeting POCs to esMDBusinessOwner@cms.hhs.gov within 5 days of the CR being issued final. | X | X | X | X | X | X | X | X | |

III. PROVIDER EDUCATION TABLE

| Number | Requirement | Responsibility | | | | |
|--------|-------------|----------------|---|-------------|----------------------------|------------------|
| | | A/B MAC | | | D M E M A C | C E D I |
| | | A | B | H H H | | |
| | None | | | | | |

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--|
| | |

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Melanie Jones, 410-786-5461 or Melanie.Jones@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to

be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

| Week Of | Monday | Tuesday | Wednesday | Thursday | Friday |
|-------------|----------------------------------|--|--|---|--------|
| Mar 05 - 09 | | | ('Analysis of Updated Decision' scenarios) | | |
| Mar 12 - 16 | Analysis of Rejection' scenarios | | | | |
| Mar 19 - 23 | Analysis of Rejection' scenarios | | ('Analysis of Updated Decision' scenarios) | | |
| Mar 26 - 30 | | | | 'Analysis of the Diagnostic Code Removal' | |
| Apr 02 - 06 | Analysis of Rejection' scenarios | Usage and maintenance of standardized review reason codes and statements | | | |
| Apr 09 - 13 | Analysis of Rejection' scenarios | | ('Analysis of Updated Decision' scenarios) | | |
| Apr 16 - 20 | | Usage and maintenance of standardized review reason codes and statements | | Analysis of the Diagnostic Code Removal' | |
| Apr 23 - 27 | | Usage and maintenance of standardized review reason codes and statements | ('Analysis of Updated Decision' scenarios) | | |
| Apr 30 - 04 | Analysis of Rejection' scenarios | | ('Analysis of Updated Decision' scenarios) | | |