

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 464	Date: May 17, 2013
	Change Request 8267

SUBJECT: Reopening Claims with Additional Information or Denied due to Late or No Submission of Requested Information

I. SUMMARY OF CHANGES: The purpose of this CR is to clarify the fourth bullet in PIM chapter 3, section 3.2.3.9 to ensure that the contractor who initiated the prepayment edit is responsible for conducting the reopening.

EFFECTIVE DATE: June 18, 2013

IMPLEMENTATION DATE: June 18, 2013

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	3/3.2.3.9/Reopening Claims with Additional Information or Denied due to Late or No Submission of Requested Information

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

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

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 obliged 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:

**Business Requirements
Manual Instruction**

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

Attachment - Business Requirements

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SUBJECT: Reopening Claims with Additional Information or Denied due to Late or No Submission of Requested Information

EFFECTIVE DATE: June 18, 2013

IMPLEMENTATION DATE: June 18, 2013

I. GENERAL INFORMATION

A. Background: The purpose of this CR is to clarify the fourth bullet in PIM chapter 3, section 3.2.3.9 to ensure that the contractor who initiated the prepayment edit is responsible for conducting the reopening.

B. Policy: PIM Chapter 3, section 3.2.3.9.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility											
		A/B MAC			D M E M A C	F I	C A R R I E R	R H I	Shared-System Maintainers				Other
		A	B	H H H					F I S S	M C S	V M S	C W F	
8267.1	The MR department of the contractor (AC, MAC, PSC, or ZPIC) who initiated the prepayment edit shall be responsible for conducting the reopening.	X	X		X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility							
		A/B MAC			D M E M A C	F I	C A R R I E R	R H I	Other
		A	B	H H H					
	None								

IV. SUPPORTING INFORMATION

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

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Kimberly Downin, 410-786-0188 or Kimberly.Downin@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carriers:

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Section B: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS do 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.

3.2.3.9 - Reopening Claims with Additional Information or Denied due to Late or No Submission of Requested Information

(Rev. 464, Issued: 05-17-13, Effective: 06-18-13, Implementation: 06-18-13)

If the MACs and CERT receive the requested information from a provider or supplier after a denial has been issued but within a reasonable number of days (generally 15 calendar days after the denial date), they have the discretion to reopen the claim. MACs and CERT who choose to reopen shall notify the provider or supplier of their intent to reopen, make a MR determination on the lines previously denied due to failure to submit requested documentation, and do one of the following, within 60 calendar days of receiving documentation in the mailroom. Processing claims with additional information follows these general provisions:

- For claims originally selected for postpayment review, the reviewer shall issue a new letter containing the revised denial reason and the information required by PIM chapter 3 §3.6.4;
- For claims originally selected for prepayment review, the MAC shall enter the revised MR determination into the shared system, generating a new Medicare Summary Notice (MSN) and remittance advice with the new denial reason and appeals information;
- The workload, costs, and savings associated with this activity shall be allocated to the appropriate MR activity (e.g., postpayment complex);
- In cases where the MAC or ZPIC denied a claim under Remittance Advice Code N102 56900 and the denial is appealed, the appeals entity will send the claim to the contractor's MR department for reopening in accordance with CMS Pub. IOM 100-04, chapter 34, § 10.3. *The MR department of the contractor (AC, MAC, PSC, or ZPIC) who initiated the prepayment edit shall be responsible for conducting the reopening.*
- The MACs and CERT who choose not to reopen claims when documentation is received past the deadline shall retain the information (hardcopy or electronic) in a location where it can be easily accessed.

If the Recovery Auditor receives requested documentation from a supplier after a denial has been issued they shall not reopen the claim.

- If a Recovery Auditor receives documentation after the submission deadline, but before they have issued a demand letter, the Recovery Auditor shall review and consider the late documentation when making a claim determination;
- If the Recovery Auditor receives a late response to a documentation request after they have issued a demand letter, the Recovery Auditor shall retain the documentation so that it is available for review during the appeal process