

# Section 1011

## Medical and Compliance Reviews

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# Objective

Understanding how and when to submit Section 1011 documentation in response to Medical and Compliance Review requests

# Topics

1. Program Acronyms and Definitions
2. Medical Review Requests
3. Medical Review Determinations
4. Compliance Review Requests
5. Program Resources

**Section 1011 Program  
Acronyms  
and  
Definitions**

# Program Acronyms

- ▶ **CMS** – Centers for Medicare & Medicaid Services
- ▶ **EMTALA** – Emergency Medical Treatment & Labor Act
- ▶ **Final Policy** – CMS' implementation guidance respective to Section 1011 of the Medicare Modernization Act of 2003
- ▶ **ADR** – Additional Development Request
- ▶ **PPD** – Provider Payment Determination Form

# Program Definitions

- ▶ **HCPCS Codes** – Healthcare Common procedure Coding System, which is an alpha-numeric coding system used to report medical services and supplies
- ▶ **Stabilization** – The resolution of a patient’s acute emergency condition (usually within two calendar days), even though the underlying medical condition may persist
- ▶ **UB-04 Form** – National Uniform Bill for institutional providers; formerly known as UB-92; a paper claim form

# **Medical Review Requests**

# Medical Review Purpose

- ▶ Medical Review staff examine the necessity of stabilizing treatment as it relates to EMTALA
  - Note: Section 1011 defines EMTALA-related services as those medically necessary inpatient and outpatient emergency services rendered to the point of stabilization

# Importance of Final Policy

- ▶ Section 1011 covers **EMTALA-related** services only
- ▶ The Final Policy states that providers should bill EMTALA services through patient **stabilization only** and **not** the entire patient stay
- ▶ Remember: “The primary purpose of EMTALA services is to stabilize the patient in an emergency rather than to cure the underlying illness.” (Final Policy, page 21)

# EMTALA Services

- ▶ The EMTALA obligation typically begins when the patient arrives at the hospital emergency department and requests examination or treatment for a life threatening medical condition.
- ▶ The Section 1011 obligation to pay for services ends with stabilization of the presenting emergent condition, not stabilization for all medical and/or surgical conditions.
- ▶ Typically, stabilization occurs within the first two days. Medical Records may support the need for additional days. (Do not submit Medical Records unless solicited.)

# Additional Documentation Requests

- ▶ Additional Documentation Request (ADR) letters are sent to providers when necessary
- ▶ ADR letters request medical documentation to support the services billed as well as documentation to verify patient eligibility [report via a Provider Payment Determination (PPD) form or other acceptable information collection instrument]
- ▶ Documentation may be submitted via paper copies or Compact Disc (CD), but not by fax.

# Additional Documentation Requests

## Examples

- ▶ Photocopy of detailed itemized bill and UB-04 claim form
- ▶ Patient registration form
- ▶ Emergency room (ER) records
- ▶ History and physical
- ▶ Physician's orders

# Additional Documentation Requests Examples (continued)

- Nursing notes
- Progress notes
- Discharge summary
- Operative report\*
- Case manager notes\*

\*When applicable

# Additional Documentation Requests Examples (continued)

- ▶ Social worker notes\*
- ▶ Anesthesia notes\*
- ▶ Ambulance run-sheet\*
- ▶ Transfer form\*

\*When applicable

# Missing Records

- ▶ The most common item omitted from the medical records is the detailed itemized bill with a UB-04 claim form
- ▶ Requested records must be returned in a timely manner to HMS or we will be unable to make payment for the service(s)

# Common Errors on PPD Forms

- ▶ one or more questions or sections have not been completed
- ▶ provider does not specify in Question 3 whether the Social Security number is not valid **OR** was never issued
- ▶ the facility name is omitted on Page 2
- ▶ the form is not signed, only initials are present, or only a typed name is provided
- ▶ the form is not dated

# Checklist for Success

- ✓ submit **only** the medical records requested for this patient/service in the ADR letter
- ✓ include a copy of the ADR letter from HMS Section 1011
- ✓ include all documents requested in the ADR letter plus any that will support your payment request
- ✓ include only relevant sections of the medical record that support the emergent care rendered
- ✓ include fully completed and signed PPD form
- ✓ submit requested records to HMS within **30 days** of the date listed on the ADR letter

# Medical Review Contact

- ▶ Designate a contact name and address to receive Medical Review correspondence and records to ensure proper routing of requests
- ▶ If no contact is designated, ADR letters are sent to the contact person listed on the Section 1011 enrollment application
- ▶ Once Medical Review requests are received, providers should route inquiries to the appropriate person to ensure timely processing of the requests

# **Sending Requested Records**

Responses to additional documentation requests are mailed to:

Highmark Medicare Services  
Section 1011 Medical Review  
P.O. Box 890121  
Camp Hill, PA 17089-0121

# **Shipping Documents to a Physical Address**

Responses to additional documentation requests are shipped overnight to:

Highmark Medicare Services  
Section 1011 Medical Review  
1800 Center Street  
Camp Hill, PA 17089-0121

# **Medical Review Determinations**

# Medical Review Determinations

- ▶ Medical review determinations are made within 30 calendar days of receipt of the records
- ▶ If a payment request is under review at the end of a quarter, the request is finalized based on the submitted charges
- ▶ One notification letter is sent to providers for both Medical and Compliance Review results
- ▶ Possible outcomes are:
  - ▶ Fully approved: No monies will be withheld from the payment
  - ▶ Partially approved: Some but not all services are found payable
  - ▶ Fully denied: None of the services are found to be payable

# Exclusions List

- ▶ Revenue Centers
- ▶ Diagnosis Codes
- ▶ Ambulance HCPCS codes:  
A0426  
A0428
- ▶ Link to the Revenue Center Exclusion List of diagnosis and revenue codes on the Resources page:  
<https://www.highmarkmedicareservices.com/section1011/payment/exclusions.html>

# **Compliance Review Requests**

# Compliance Reviews

- ▶ The Compliance Review staff verifies patient eligibility through the Provider Payment Determination (PPD) form (CMS-10130A) or other acceptable information collection instrument
- ▶ The PPD form can be found on the CMS website at:  
<https://www.cms.gov/CMSforms/downloads/cms10130a.pdf>
- ▶ The eligibility is either affirmed or denied:  
If affirmed, payment rests on the determination of EMTALA services  
If denied, no payment can be made under Section 1011

# Provider Payment Determination (PPD) Form

If the “Undocumented Alien” box is not checked on the PPD form, complete questions 1, 2 and 3 **and** submit **one** of the following:

- ▶ Copy of DSP-I50 or I-94 form stamped “Parole” or “Parolee”

OR

- ▶ Copy of foreign birth certificate, foreign passport, foreign voting card, expired visa, border crossing card, foreign driver’s license, “Matricula Consular” or other foreign identification

OR

- ▶ Copy of evidence and verification that a Social Security Number (SSN) is invalid or a written statement that a SSN has never been issued

# Common Reasons for Denial

- ▶ Required patient's place of birth not documented on PPD form
- ▶ PPD form incomplete – all fields not filled in
- ▶ No PPD or supporting documentation submitted
- ▶ Patient is legally in the U.S.
- ▶ Provider disclosed patient is ineligible for Section 1011

# Compliance Review Determination Notice

- ▶ Documentation for compliance reviews should be submitted within 21 days of the date of the ADR letter
- ▶ HMS staff examine documentation and make a determination
- ▶ If the Compliance Reviews results in a denial, providers will receive written notification either by letter or via their Electronic Remittance Advice (ERA)

# **Section 1011 Program Resources**

# Program Resources

## ▶ **Web site**

Additional Section 1011 Program information and forms can be found at:

<https://www.highmarkmedicareservices.com/section1011/index.html>

## ▶ **E-mail**

Use the email form on our secured website to send your inquires:

<https://www.highmarkmedicareservices.com/section1011/questions.html>

## ▶ **Call at 1-866-860-1011**

Section 1011 Customer Service Representatives are available Monday through Friday from 8 a.m. to 4:30 p.m. Eastern Time.

NOTE: 1-888-697-7290 (TTY) is available for the hearing impaired.