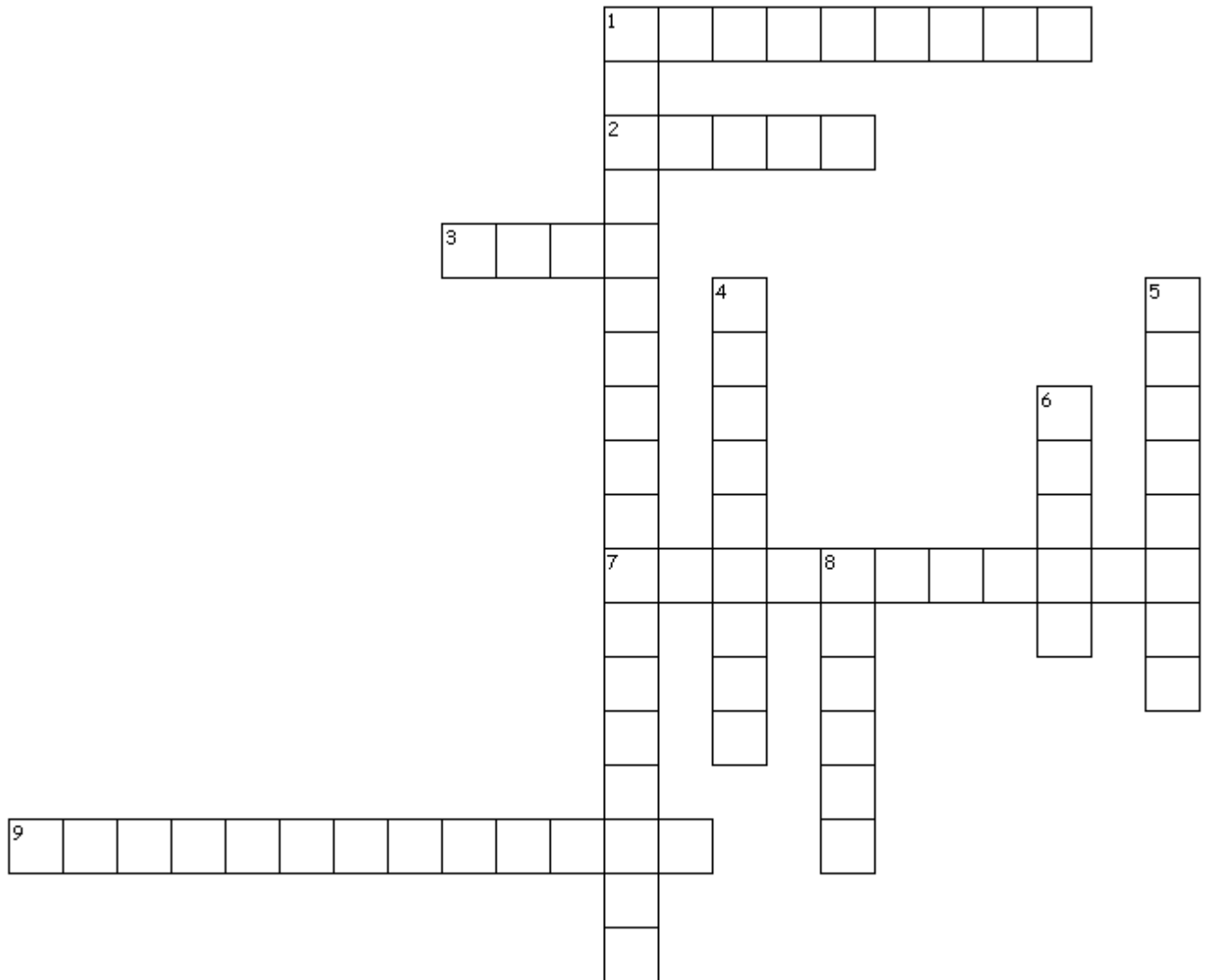


# Medicare Quarterly Compliance Newsletter



## Across

1. This type of care is required only if the patient's medical condition, safety, or health would be significantly and directly threatened if care was provided in a less intensive setting.
2. If a beneficiary is enrolled in hospice and receives a treatment related to his/her terminal diagnosis, a claim is not payable under what benefit?
3. The visits to patients in swing beds billing problem was identified through reviewing what kind of reports indicating high percentages of errors on E&M services?

7. Recovery auditors found a considerable percentage of claims that were incorrectly coded for Other Operative Room Procedures for Injuries. What did this result in?

9. Recovery auditors performed reviews to substantiate the need for inpatient admission versus what level of care for patients with diagnosis of MS-DRG 516, Other musculoskeletal system & connective tissue operating room (O.R.) procedures with complicating conditions (CC)?

**Down**

1. The Recovery Audit Finding on Syncope and Collapse affects which provider types?

4. How often is this newsletter published to help providers understand the major findings identified by various Medicare contractors and teams?

5. Providers are inappropriately billing what kind of visit codes for Evaluation and Management (E&M) services rendered in swing bed facilities instead of nursing facility visit E&M codes?

6. For billing purposes, an outpatient claim procedure may be billed on an inpatient claim if performed within how many days of the inpatient admission?

8. What is the acronym for the Program for Evaluating Payment Patterns?

A link to the product can be found at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedQtrlyComp-Newsletter-ICN908424.pdf> on the CMS website.