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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Raffaela Di Napoli

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