

CMS Manual System

Pub 100-08 Medicare Program Integrity

Transmittal 179

Department of Health & Human
Services (DHHS)

Centers for Medicare &
Medicaid Services (CMS)

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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Table of Contents Medicare Program Integrity Manual Home Centers For 3

1. Understanding the eBook Medicare Program Integrity Manual Home Centers For 3
 - The Rise of Digital Reading Medicare Program Integrity Manual Home Centers For 3
 - Advantages of eBooks Over Traditional Books
2. Identifying Medicare Program Integrity Manual Home Centers For 3
 - Exploring Different Genres
 - Considering Fiction vs. Non-Fiction
 - Determining Your Reading Goals
3. Choosing the Right eBook Platform
 - Popular eBook Platforms
 - Features to Look for in an Medicare Program Integrity Manual Home Centers For 3
 - User-Friendly Interface
4. Exploring eBook Recommendations from Medicare Program Integrity Manual Home Centers For 3
 - Personalized Recommendations
 - Medicare Program Integrity Manual Home Centers For 3 User Reviews and Ratings
 - Medicare Program Integrity Manual Home Centers For 3 and Bestseller Lists

5. Accessing Medicare Program Integrity Manual Home Centers For 3 Free and Paid eBooks
 - Medicare Program Integrity Manual Home Centers For 3 Public Domain eBooks
 - Medicare Program Integrity Manual Home Centers For 3 eBook Subscription Services
 - Medicare Program Integrity Manual Home Centers For 3 Budget-Friendly Options
6. Navigating Medicare Program Integrity Manual Home Centers For 3 eBook Formats
 - ePub, PDF, MOBI, and More
 - Medicare Program Integrity Manual Home Centers For 3 Compatibility with Devices
 - Medicare Program Integrity Manual Home Centers For 3 Enhanced eBook Features
7. Enhancing Your Reading Experience
 - Adjustable Fonts and Text Sizes of Medicare Program Integrity Manual Home Centers For 3
 - Highlighting and Note-Taking Medicare Program Integrity Manual Home Centers For 3
 - Interactive Elements Medicare Program Integrity Manual Home Centers For 3
8. Staying Engaged with Medicare Program Integrity Manual Home Centers For 3
 - Joining Online Reading Communities
 - Participating in Virtual Book Clubs
 - Following Authors and Publishers Medicare Program Integrity Manual Home Centers For 3
9. Balancing eBooks and Physical Books Medicare Program Integrity Manual Home Centers For 3
 - Benefits of a Digital Library
 - Creating a Diverse Reading Collection Medicare Program Integrity Manual Home Centers For 3
10. Overcoming Reading Challenges
 - Dealing with Digital Eye Strain
 - Minimizing Distractions
 - Managing Screen Time
11. Cultivating a Reading Routine Medicare Program Integrity Manual Home Centers For 3
 - Setting Reading Goals Medicare Program Integrity Manual Home Centers For 3
 - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Medicare Program Integrity Manual Home Centers For 3
 - Fact-Checking eBook Content of Medicare Program Integrity Manual Home Centers For 3
 - Distinguishing Credible Sources
13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
- Exploring Educational eBooks

14. Embracing eBook Trends

- Integration of Multimedia Elements
- Interactive and Gamified eBooks

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