

# Hot Topics

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## **Manual Medical Review of Therapy Cap Claims Above \$3,700**

*Extracted from CMS Therapy Cap Webpage Update February 09,2016*

*The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), signed into law on April 16, 2015, extended the therapy cap exception process through December 31, 2017 and modified the requirement for manual medical review for services over the \$3,700 therapy thresholds. MACRA eliminated the requirement for manual medical review of all claims exceeding the thresholds and instead allows a targeted review process. MACRA also prohibits the use of Recovery Auditors to conduct the reviews.*

*CMS has tasked Strategic Health Solutions as the Supplemental Medical Review Contractor (SMRC) with performing this medical review on a post-payment basis. The SMRC will be selecting claims for review based on:*

- *Providers with a high percentage of patients receiving therapy beyond the threshold as compared to their peers during the first year of MACRA.*
- *Therapy provided in skilled nursing facilities (SNFs), therapists in private practice, and outpatient physical therapy or speech-language pathology providers (OPTs) or other rehabilitation providers.*

## **CGS introduces "Edit Lookup Tool"**

*When a SNF receives a 277 Claim Acknowledgement report, you can now look up edit codes. The 277CA Edit Lookup Tool allows Trading Partners, billing services, providers, and clearinghouses to view easy-to-understand descriptions associated with the edit code(s) returned on the 277CA – Claim Acknowledgement for 5010A1 claims. The tool allows you to enter the edit codes and will return the possible explanations for the cause of the edit.*

## **DCBS Implementation of New Eligibility System February 29, 2016**

*The New Medicaid eligibility system ("Release 5") to replace the Kentucky Automated Management Eligibility System (KAMES) . Implementation will be effective on February 29, 2016.*