Medicare Fee-For Service Recovery Audit Contractors (RAC) to Begin Audit Activity

On October 31, 2016, the Centers for Medicare & Medicaid Services (CMS) announced that they had awarded the next round of Medicare Fee-for Service Recovery Audit Contractor (RACs) contracts as follows:

Region 1 – Performant Recovery, Inc.
Region 2 – Cotiviti, LLC (formerly Connolly)
Region 3 – Cotiviti, LLC (formerly Connolly)
Region 4 – HMS Federal Solutions
Region 5 – Performant Recovery, Inc.

Below is a map that shows a breakdown of the Recovery Auditors and respective Regions.
**Medicare Fee-For Service Recovery Audit Contractors (RAC) to Begin Audit Activity** *(continued)*

**UPDATED INFORMATION:** As of the beginning of March, both Performant Recovery (Regions 1 & 5) and Cotiviti (Regions 2 & 3) have posted on their websites that they have received approval from CMS to begin audit activity.

HMS Federal Solutions (Region 4) has not released information yet on when they will begin their audit activity.

An overview of the statement of work (SOW) established for the Part A/B Medicare Fee-for-Service Recovery Medicare Audit Program for Regions 1-4 & Region 5 are as follows:

**The RACs in Regions 1-4** will perform post payment reviews to identify Medicare claims that contain improper payments (overpayments or underpayments), which were made under Part A or Part B of Title XVIII of the Social Security Act. This includes review of all Medicare claim and provider types (excluding Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) and Home Health/Hospice).

**The RAC for Region 5** will be dedicated to perform post payment reviews to identify Medicare DMEPOS and Home Health/Hospice claims.

Reviews for **all Regions** will include all applicable claim types and a review of claims/providers that have a high propensity for error based on the Comprehensive Error Rate Testing (CERT) program and other CMS analysis.

**What should be done if one of these requests is received?**

- In the event your facility should receive one of these requests (or any other ADR, denial, etc.), please contact TMC’s Denial Prevention and Management Department at: denialmgmt@therapymgmt.com.

- We are committed to partnering with our customers throughout the appeals process and are available for any questions.

**New for 2017: PT & OT Evaluation codes:**

On January 1, 2017 the single evaluation CPT codes that physical and occupational therapists have historically used were replaced by a new tiered set of codes. Each discipline now has 3 evaluation codes and a single reevaluation code. These codes are tiered by level of complexity as follows:

- **3 New PT Evaluation Codes – Replaces 97001**
  - 97161
  - 97162
  - 97163

- **1 New PT Re-Evaluation Code – Replaces 97002**
  - 97164

- **3 New OT Evaluation Codes – Replaces 97003**
  - 97165
  - 97166
  - 97167

- **1 New OT Re-Evaluation Code – Replaces 97004**
  - 97168
New for 2017: PT & OT Evaluation codes: (continued)

These codes outline specific elements that are required to bill each individual complexity code. TMC’s proprietary JBS Software Solutions enables safeguards to ensure that billing is consistent with the requirements of the new codes. These safeguards include verification of qualifying elements for each evaluation level of contributing factors: History, Assessment and Body Evaluation, Performance Deficits and Clinical Complexity involved.

These elements are mapped to specific documentation requirements to ensure that CPT codes are billed correctly to ensure claim integrity.

April Update to the 2017 Medicare Physicians’ Fee Schedule – OT & PT Evaluation Codes Included

CMS informed the MACs about changes to the database to include updates to new Physical and Occupational therapy evaluation CPT codes: (OT) codes: 97165, 97166 and 97167 and (PT) codes: 97161, 97162, and 97163.

MACs were instructed not to search files to either retract payment for claims already paid or to retroactively pay claims already processed. However CMS did state that MACs may adjust claims that the provider brings to their attention. If the provider wants to resubmit and in the comment/note/memo section, the provider must include increased fee schedule adjustment for evaluation and resend each one. (Part B evaluations are paid according to the fee schedule)

If you have any questions, a link to the MLN Matters article is provided here.

Be Diligent with your PBJ Data

An article that posted on Mcknights last week noted that CMS officials are urging skilled nursing providers to submit their next round of payroll based journaling data well ahead of the May 15th deadline in order to catch errors for the fiscal quarter lasting from January 1 to March 31, 2017.

Do not wait until the deadline to see if there are “errors and issues”. Be sure to leave time for corrections if needed.
“We can choose to be affected by the world or we can choose to affect the world.”

- Heidi Wills
**Excellence in Action**

**Horsing Around in Therapy**

A success story as told by Paul Rice, Rehab Director, in Centralia, MO

A patient was in therapy for a few weeks and not progressing well, partly due to a lack of interest and poor mood. He rode horses with his family on weekends and was starting to have difficulty mounting his horse, having to climb into the back of the truck to mount from his usual right side. Using this information, we started using horses as motivation in order to progress towards his goals of balance and strength.

We started working on lateral weight shifts that eventually turned to single limb stance, necessary for lifting his right leg up to the stirrup. Strength training for the hip flexors was incorporated to help with elevating the leg high enough as well. Glute work was included also to provide the proper hip extension necessary to lift his body weight up and

I brought my grandfather's saddle from home and placed it on a large stability ball for seated balance training. His interest and participation in therapy instantly improved, and so did his mood. His son reported back that he sits on the horse really well now and has a much easier time mounting the saddle with his right side.

As a side note, the saddle became quite a hit for the staff too. Several people came into our gym to test their balance. It ended up being a lot of fun, and we were able to achieve really positive outcomes in the process.

“His son reported back that he sits on the horse really well now and has a much easier time mounting the saddle with his right side.”

“It matters not who you love, where you love, why you love, when you love or how you love, it matters only that you love.”

- John Lennon
What’s Happening at TMC?

February Contributions

Contribution Total: $12,353.53

Many of our teams actively participate in fundraising events to help raise money for Together Making Changes. They do an amazing job sharing their fundraising efforts, and we want to make sure they know how their contributions are making a big difference! Here is a recap of their efforts for the month of February!

<table>
<thead>
<tr>
<th>Fundraising Total:</th>
<th>TMC Store Profit:</th>
<th>Team Member Payroll Deductions:</th>
<th>Year to Date Total:</th>
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<tbody>
<tr>
<td>$6,604.09</td>
<td>$119.00</td>
<td>$5,630.44 (93%)</td>
<td>$22,629.44</td>
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</tbody>
</table>

Top 3 Facility Contributions!

- Springfield, MO $622.38
- Birch Tree, MO $317.45
- Osage City, KS $286.00

Our teams can track their time and talent hours through our website!

326 hours of time and talent were donated in February!

For more information please contact Business Development:

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