

Medical Review Fiscal Intermediary Activity Dictionary

CAFM Code	Activity Name	Definition	Tasks	Workload
21001	Automated Review	<p>When prepayment review is automated, decisions are made at the system level, using available electronic information, without the intervention of contractor personnel. See PIM Ch. 3 section 5.1 for further discussion of automated prepayment review.</p> <p>Reference:</p> <ul style="list-style-type: none"> • PIM Chapter 3, Section 5.1 • PIM Chapter 11, Section 1.3.1 	<ul style="list-style-type: none"> a. Develop edits b. Implement edits c. Quality Assurance edits d. Generate denial letters if appropriate 	<p>Workload 1 is the number of claims denied in whole or in part.</p> <p>Workload 2 is the number of claims subjected to automated review, to the extent that contractors can report this.</p> <p>Workload 3 is the number of providers subjected to automated medical review, to the extent a contractor can report this.</p>
21002	Routine Manual Reviews	<p>Routine prepayment review requires the intervention of specially trained non-clinical MR staff.</p> <p>Reference:</p> <ul style="list-style-type: none"> • PIM Chapter 3, Section 5.1 • PIM Chapter 11, Section 1.3.2 	<ul style="list-style-type: none"> a. Develop edits b. Implement edits c. Claim review d. Make determination e. Generate denial letter if appropriate 	<p>Workload 1 is number of claims reviewed.</p> <p>Workload 2 is number claims denied in whole or in part.</p> <p>Workload 3 is the number of providers subjected to routine review, to the extent a contractor can report this.</p>

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21007	Data Analysis	<p>Data Analysis is the integrated and ongoing comparison of claim information, claims data deviations from standard practice, and other related data to identify potential errors. This analysis can be a comparison of individual claim characteristics or in the aggregate of claims submissions.</p> <p>Reference:</p> <ul style="list-style-type: none"> • PIM Chapter 2, Section 2 • PIM Chapter 11, Section 1.4 	<ul style="list-style-type: none"> a. Collect data b. Analyze data and compare c. Verify existence of errors d. Identify potential aberrance's e. Develop edit criteria f. Institute ongoing monitoring and modification of data analysis program components g. Develop and maintain trend reports over at least a two-year period 	
21010	Third Party Liability (TPL) or Demand Bills	<p>Demand bills are bills submitted by the SNF or a RHHI at the beneficiary's request because the beneficiary disputes the provider's opinion that the bill will not be paid by Medicare and wishes the bill to be submitted for a payment determination. The demand bill is identified by the presence of a condition code 20. The SNF and RHHI must have a written request from the beneficiary to submit the bill, unless the beneficiary is deceased or incapable of signing. In this case, the beneficiary's guardian, relative, or other authorized representative may make the request.</p> <p>Reference:</p> <ul style="list-style-type: none"> • PIM Chapter 6, Section 1.1 • PIM Chapter 11, Section 1.6 	<ul style="list-style-type: none"> a. Select claims b. Claim review c. Request medical record and documentation d. Make determination e. Generate denial if appropriate 	<p>Workload 1 report the number of claims (TPL and demand bills) reviewed.</p> <p>Workload 2 report number of claims denied in whole or in part.</p> <p>Workload 3 report the number of demand bills. (PIM Ch. 11)</p>

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21100	Program Safeguard Contractors (PSC) Support Services	Contractors must track and record costs associated with providing medical review related support to PSC. Reference: <ul style="list-style-type: none"> • PIM Chapter 11, Section 1.8 	<ul style="list-style-type: none"> a. Pulling medical records b. Photocopying medical records c. Mailing medical records d. Medical Review reconsideration 	
21206	Policy Reconsideration/ Revision	Contractors are to update Local Medical Review Policy (LMRP) Reference: <ul style="list-style-type: none"> • PIM Chapter 11, Section 1.5.2 	<ul style="list-style-type: none"> a. Determine need b. Develop draft LMRP change c. Solicit comment d. Compile comments e. Develop final policy f. Distribute policy g. Post LMRP on Website 	<p>Workload 1 report the total number of policies revised.</p> <p>Workload 2 report the total number of policies that required notice and comment.</p> <p>Workload 3 report total number of policies revised due to outside request (e.g., beneficiary or provider request.)</p>
21207	MR Program Management	MR Program Management encompasses managerial responsibilities inherent in managing the Medical Review and Local Provider Education & Training Programs, including development, modification and periodic reports of MR/LPET Strategies and quality assurance activities; planning, monitoring and adjusting workload performance; budget-related monitoring and reporting; and implementation of CMS instructions.	<ul style="list-style-type: none"> a. Develop and periodically modify Medical Review/LPET Strategy b. Develop and modify quality assurance activities, including special studies, Inter-Reviewer Reliability testing, Committee meetings, and periodic reports c. Evaluate edit effectiveness d. Plan, monitor, and oversee budget, including interactions with contractor budget staff and RO budget and MR program staff e. Manage workload, including monitoring of monthly workload reports. reallocation of 	

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		<p>Reference:</p> <ul style="list-style-type: none"> • PIM Chapter 11, Section 1.9 	<p>staff resources, and shift in workload focus when indicated</p> <ul style="list-style-type: none"> f. Implement Medical Review instruction from Regional and/or Central Office g. Educate staff on Medical Review issues, new instruction, and quality assurance findings 	
21208	New Policy Development Activities	<p>Contractors are to create Local Medical Review Policy (LMRP).</p> <p>Reference:</p> <ul style="list-style-type: none"> • PIM Chapter 11, Section 1.5.1 	<ul style="list-style-type: none"> a. Determine need b. Develop draft LMRP change c. Solicit comment d. Compile comments e. Develop final policy f. Distribute policy g. Post LMRP on Website 	<p>Workload 1 is the number of new policies that were presented for notice and comment.</p> <p>Workload 2 is the number of policies that became effective.</p> <p>Workload 3 is the number of Coverage Statements (National Coverage Decisions that do not require you to develop an LMRP) you published.</p>
21220	Complex Manual Probe Sample Review	<p>Reports all costs associated with prepay and postpay Complex Manula Probe Sample Review.</p>	<ul style="list-style-type: none"> a. Review data b. Select sample c. Request medical records/additional information d. Review claim e. Make determination f. Generate denial/demand letters, if appropriate 	<p>Workload 1 is the number of claims reviewed.</p> <p>Workload 2 is the number of claims denied in whole or in part.</p> <p>Workload 3 is the number of providers subjected to complex review as reported by the carrier and DMERC.</p>

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21221	Prepay Complex Manual Review	Reports all costs associated with Prepay Complex Manual Review.	<ul style="list-style-type: none"> a. Develop edits b. Implement edits c. Claim review d. Request medical records and additional documents e. Claim and Documentation Review f. Make determination g. Generate denial letters, if appropriate 	<p>Workload 1 is the number of claims reviewed.</p> <p>Workload 2 is the number of claims denied in whole or in part.</p> <p>Workload 3 is the number of providers subjected to complex review as reported by the carrier and DMERC.</p>
21222	Postpay Complex Manual Review	All costs associated with Postpay Complex Manual Review.	<ul style="list-style-type: none"> a. Select claims b. Claim review c. Request medical records and additional documents d. Claim and Documentation review e. Make determination f. Generate overpayment demand letters, if appropriate 	<p>Workload 1 is the total number of claims reviewed on a postpayment basis.</p> <p>Workload 2 is the total number of claims denied in whole or in part.</p> <p>Workload 3 is the number of providers subjected to postpayment review as reported by contractors.</p>