

## Medical Review Carrier Activity Dictionary

CAFM Code	Activity Name	Definition	Tasks	Workload
21001	<b>Automated Review</b>	<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><b>Reference:</b></p> <ul style="list-style-type: none"> <li>• PIM Chapter 3, Section 5.1</li> <li>• PIM Chapter 11, Section 1.3.1</li> </ul>	<ul style="list-style-type: none"> <li>a. Develop edits</li> <li>b. Implement edits</li> <li>c. Quality Assurance edits</li> <li>d. Generate denial letters if appropriate</li> </ul>	<p><b>Workload 1</b> is the number of claims denied in whole or in part.</p> <p><b>Workload 2</b> to the extent that contractors can report claims subject to automated medical review.</p> <p><b>Workload 3</b> is the number of providers subjected to medical review, to the extent a contractor can report this.</p>
21002	<b>Routine Manual Reviews</b>	<p>Routine prepayment review requires the intervention of specially trained non-clinical MR staff.</p> <p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>• PIM Chapter 3, Section 5.1</li> <li>• PIM Chapter 11, Section 1.3.2</li> </ul>	<ul style="list-style-type: none"> <li>a. Develop edits</li> <li>b. Implement edits</li> <li>c. Claim review</li> <li>d. Make determination</li> <li>e. Generate denial letter if appropriate</li> </ul>	<p><b>Workload 1</b> is number of claims reviewed.</p> <p><b>Workload 2</b> is number claims denied in whole or in part.</p> <p><b>Workload 3</b> is the number of providers subjected to routine review, to the extent a contractor can report this.</p>

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21007	<b>Data Analysis</b>	<p>Data Analysis is the integrated and on-going 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><b>Reference:</b></p> <ul style="list-style-type: none"> <li>• PIM Chapter 2, Section 2</li> <li>• PIM Chapter 11, Section 1.4</li> </ul>	<ol style="list-style-type: none"> <li>a. Collect data</li> <li>b. Analyze data and compare</li> <li>c. Verify existence of errors</li> <li>d. Identify potential aberrance's</li> <li>e. Develop edit criteria</li> <li>f. Institute ongoing monitoring and modification of data analysis program components</li> <li>g. Develop and maintain trend reports over at least a two-year period</li> </ol>	
21100	<b>Program Safeguard Contractors (PSC) Support Services</b>	<p>Contractors must tract and record costs associated with providing medical review related support to PSC.</p> <p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>• PIM Chapter 11, Section 1.8</li> </ul>	<ol style="list-style-type: none"> <li>a. Pulling medical records</li> <li>b. Photocopying medical records</li> <li>c. Mailing medical records</li> <li>d. Medical Review reconsideration</li> </ol>	
21206	<b>Policy Reconsiderations and Revision Activities</b>	<p>Contractors are to update Local Medical Review Policy (LMRP).</p> <p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>• PIM Chapter 11, Section 1.5.2</li> </ul>	<ol style="list-style-type: none"> <li>a. Determine need</li> <li>b. Develop draft LMRP change</li> <li>c. Solicit comment</li> <li>d. Compile comments</li> <li>e. Develop final policy</li> <li>f. Distribute policy</li> <li>g. Post LMRP on Website</li> </ol>	<p><b>Workload 1</b> report the total number of policies revised.</p> <p><b>Workload 2</b> report the total number of policies that required notice and comment.</p> <p><b>Workload 3</b> report total number of polices revised due to outside request (e.g., beneficiary or provider request.).</p>

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21207	<b>MR Program Management</b>	<p>MR Program Management encompasses managerial responsibilities inherent in managing the Medical Review and Local Provider Education &amp; 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.</p> <p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>• PIM Chapter 11, Section 1.9</li> </ul>	<p>a. Develop and periodically modify Medical Review/LPET Strategy</p> <p>b. Develop and modify quality assurance activities, including special studies, Inter-Reviewer Reliability testing, Committee meetings, and periodic reports</p> <p>c. Evaluate edit effectiveness</p> <p>d. Plan, monitor, and oversee budget, including interactions with contractor budget staff and RO budget and MR program staff</p> <p>e. Manage workload, including monitoring of monthly workload reports, reallocation of staff resources, and shift in workload focus when indicated</p> <p>f. Implement Medical Review instruction from Regional and/or Central Office</p> <p>g. Educate staff on Medical Review issues, new instructions, and quality assurance findings</p>	
21208	<b>New Policy Development Activities</b>	<p>Contractors are to create Local Medical Review Policy (LMRP).</p> <p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>• PIM Chapter 11, Section 1.5.1</li> </ul>	<p>a. Determine need</p> <p>b. Develop draft LMRP change</p> <p>c. Solicit comment</p> <p>d. Compile comments</p> <p>e. Develop final policy</p> <p>f. Distribute policy</p> <p>g. Post LMRP on Website</p>	<p><b>Workload 1</b> is the number of new policies that were presented for notice and comment.</p> <p><b>Workload 2</b> is the number of policies that became effective.</p>

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				<b>Workload 3</b> is the number of Coverage Statements (National Coverage Decisions that do not require you to develop an LMRP) you published.
21220	<b>Complex Manual Probe Sample Review</b>	Report all costs associated with prepay and postpay Complex Manual Probe Sample Review.	<ul style="list-style-type: none"> <li>a. Review data</li> <li>b. Select sample</li> <li>c. Request medical records/additional information</li> <li>d. Review claim</li> <li>e. Make determination</li> <li>f. Generate denial/demand letters, if appropriate</li> </ul>	<p><b>Workload 1</b> is the number of claims reviewed.</p> <p><b>Workload 2</b> is the number of claims denied in whole or in part.</p> <p><b>Workload 3</b> is the number of providers subjected to complex review as reported by the carrier and DMERC.</p>
21221	<b>Prepay Complex Manual Review</b>	<p>Report all costs associated with Prepay Complex Manual Review.</p> <p><b>Misc. Code: 21221/01 (DMERCs Only) – Advance Determinations of Medicare Coverage (ADMC) –</b> DMERCs are to report all costs associated with performing Advance Determinations of Medicare Coverage.</p> <p>DMERCs are to report the number of ADCMC requests approved.</p> <p><b>Reference:</b></p> <ul style="list-style-type: none"> <li>● PIM Chapter 5, Section 7</li> </ul>	<ul style="list-style-type: none"> <li>a. Develop edits</li> <li>b. Implement edits</li> <li>c. Claim review</li> <li>d. Request medical records and additional documents</li> <li>e. Claim and Documentation review</li> <li>f. Make determination</li> <li>g. Generate denial letters, if appropriate</li> </ul>	<p><b>Workload 1</b> is the number of claims reviewed.</p> <p><b>Workload 2</b> is the number of claims denied in whole or in part.</p> <p><b>Workload 3</b> is the number of providers subjected to complex review as reported by the carrier and DMERC.</p>

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