Let’s Talk Appeals

Effective May 1, 2019, CMS has expanded the appeals demonstration activities to the Part A East (PAE) Qualified Independent Contractor (QIC) jurisdiction. Under the demonstration, selected provider/suppliers have the opportunity to participate in a recorded telephone discussion that will be included and considered as part of the appeals case file, prior to the QIC’s (C2C Innovative Solutions, Inc.) reconsideration decision.

The Telephone Discussion Demonstration will yield the following benefits:

- Provides an opportunity for the provider community to verbally discuss the case with a decision maker before a QIC decision is made;
- Informs the provider what documents are present in the QIC case file and what documents are needed and are critical to the outcome of a case;
- Provides the opportunity to fax or transmit through other secured media additional documentation that supports a favorable appeals decision to the QIC decision maker prior to the reconsideration decision being made; and
- Assists and educates providers on CMS policies and requirements

Tips on Avoiding Unfavorable Appeal

- Ensure provider signature is recorded on the order(s)
- Include complete and signed Advanced Beneficiary Notice (ABN), when applicable
- Obtain all records to support medical necessity
- Report complete and valid diagnosis codes
- Submit diagnostic reports
C2C Innovative Solutions, Inc. reports monthly data illustrating the outcome and decision rationale of reconsiderations for providers who participate in the telephone discussion. These are the error trends observed for the month of June that resulted in unfavorable appeal decisions.

### Pericutaenous Vertebroplasty

- Percutaneous vertebral augmentation (PVA) is a minimally invasive procedure for the treatment of compression fractures of the vertebral body. The procedure includes the creation of a cavity which results in fracture reduction along with an attempt to restore vertebral body height and alignment. Using imaging guidance x-rays, incisions are made and a probe is placed into the vertebral space in the location of the fracture. The collapsed vertebral body is drilled and a device which displaces, removes, or compacts the compressed area of the vertebrae is used to create a cavity prior to injection of the bone filler (polymethylmethacrylate) (PMMA).

- Percutaneous vertebroplasty and percutaneous vertebral augmentation (PVA or Kyphoplasty) procedures will be considered medically reasonable and necessary for the following indications:
  - Painful, debilitating, osteoporotic vertebral collapse/compression fractures, defined as those that have not responded to non-surgical medical management (e.g. narcotic and/or non-narcotic medication, physical therapy modalities) with and without methods of immobility (e.g. rest, bracing).
  - Osteolytic vertebral metastasis or myeloma with severe back pain related to a destruction of the vertebral body, not involving the major part of the cortical bone.

- All patients presenting with vertebral compression fractures (VCF) should be referred for evaluation of bone mineral density and osteoporosis education for subsequent treatment as indicated and instructed to take part in an osteoporosis prevention/treatment program.

### Identified Errors from QIC Telephone Discussion

- Medical resonance imaging (MRI) report referenced in the documentation, did not support the coverage criteria
- Physician did not address the retropulsed fragment noted in the impression on the MRI
- MRI report revealed a retropulsed fragment, which is considered a limitation and contraindication according to the coverage criteria
- Documentation available for review does not support the kyphoplasty met the coverage criteria
- Documentation did not include physical therapy treatments that were tried and failed
- Documentation available for review does not support the vertebroplasty and related services billed
- Documentation was not sufficient to determine if the beneficiary failed conservative management that included specific physical therapy modalities, rest, or bracing
Vestibular tests are tests of function to determine if there is something wrong with the vestibular portion of the inner ear.

Studies have documented that vestibular tests are more accurate than clinical examination in identifying inner ear disorders. Hearing pathway tests can also be used for the same purpose and are frequently combined with vestibular tests.

Diagnostic otologic evaluation services are performed to detect presence or absence of a hearing deficit and to identify the factors responsible for the deficit. The assessment of a deficit involves both physical and physiological measurements for appropriate diagnosis and referral.

Accurate assessment of hearing (audiometry) is vital to the diagnostic evaluation of patients with suspected otologic disorders for the determination of the underlying process, as well as in the planning of rehabilitation of hearing loss.

Claim was billed with diagnosis code R27.9 (unspecified lack of coordination):

◊ Diagnosis code R27.9 does not support medical necessity for procedure codes according to LCD and LCA

Appellant requested the addition of diagnosis code R41.841 (cognitive communication deficit) to the claim:

◊ Diagnosis code R41.841 does not support medical necessity for procedure codes according to LCD and LCA

Documentation does not include:

◊ Physician’s order/referral
◊ History and physical examination
◊ Physician’s office/progress note

Speech-language pathology initial evaluation indicates the beneficiary did not have hearing deficits

Evidence does not contain documentation related to the audiological testing services

Insufficient evidence to support procedure codes 92550 and 92557 were medically reasonable and necessary and were rendered as billed
Resources

Percutaneous Vertebroplasty

- Local Coverage Determination (LCD): Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (L35130)
- Local Coverage Article: Billing and Coding: Percutaneous Vertebral Augmentation (PVA) for Vertebral Compression Fracture (VCF) (A57752)

Audiological Testing Services

- Local Coverage Determination (LCD): Vestibular and Audiologic Function Studies (L35007)
- Local Coverage Article: Billing and Coding: Vestibular and Audiologic Function Studies (A57434)

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- Decision Trees and Calculators
- Interactive Voice Response (IVR)

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