

Memorandum

Date: May 22, 2023

To: Powerback Business Partners

From: Powerback Rehabilitation

Re: CMS Announces Skilled Nursing Facility (SNF) 5-Claim Probe and Educate Review

On May 15, 2023 CMS posted Transmittal 12037: Skilled Nursing Facility (SNF) 5-Claim Probe and Educate Review. With this Change Request (CR) CMS directs the Medicare Administrative Contractors (MACs) to perform a 5-claim probe and educate medical review on every SNF within their jurisdictions with an effective date of June 5, 2023. The intention of this review is to lower the SNF improper payment rate. As a result, if an improper payment is identified through this process, the MAC will adjust the individual claim payment and provide education, including an explanation for the denial or adjustment of payment.

Powerback supports our customers with an on-site audit of the therapy portion of the ADR (additional documentation request) for any such request received by our business partners. Your Director of Rehab, or designee, is prepared to partner with your team to review rehabilitation portion of the ADR records to help ensure they are complete. The Powerback ADR Quality Assurance Checklist is a helpful tool in ensuring complete packet preparation.

In addition, if denials or adjustments of payment are received by our business partners, Powerback Rehabilitation's Clinical Denials Team, made up of therapists who specialize in rehabilitation medical necessity appeals, are available to provide support and facilitation during the appeals process. If you receive a denial related to therapy services, please provide us with the following information via the Powerback portal or our updated email/fax below within your contracted denials notification period:

- ADR packet and ADR decision (if applicable)
- Copy of UB-04
- Explanation of Benefits or DDE or Fiscal Intermediary Standard System (FISS) screenshots pages 1-6 and Remittance Advice (RA)
- 935 Recoupment letter/ Repayment letter
- Any other denied claim correspondence received

Upon receipt, our Clinical Denials Team will review the notification and documentation provided, requesting any additional information as needed. The Clinical Denials Team will prepare the rehabilitation portion of the appeal and provide it to the center team to finalize and submit. After the appeal is submitted, please notify Powerback of any appeal outcomes. Our Clinical Denials team is grateful for your partnership in the denials process.

To submit denial information or ask a question, please reach out to

Division	Email Address	Fax
Powerback- All Other Business Partners	clinicaldenials@powerbackrehab.com	866-788-9567
Powerback-Synergy	Synergysdenials@powerbackrehab.com	866-788-9567
Powerback-GHCC	denialsmanagementdepartment@powerbackrehab.com	866-788-9567

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12037	Date: May 15, 2023
	Change Request 13164

Transmittal 12032 issued May 10, 2023, is being rescinded and replaced by Transmittal 12037, dated May 15, 2023, to make a minor clarification (that claims will be adjusted/denied if an improper payment is identified) and remove the confidential designation. All other information remains the same.

SUBJECT: Skilled Nursing Facility (SNF) 5-Claim Probe and Educate Review

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to have the MACs perform a 5 claim probe and educate medical review on every SNF in their jurisdiction. The purpose of this widespread review is to lower the SNF improper payment rate. As always, if the MAC identifies an improper payment, the MAC will adjust the individual claim payment, as appropriate, in addition to providing education, including their explanation for denial or adjustment of payment.

EFFECTIVE DATE: June 5, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: June 5, 2023

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.