



## Medicare Utilization Review Version

### AGENDA

#### **Module 1: Medicare Program, Contractors, and Resources**

- Overview of Medicare Part A, B, C, and D
- Medicare contractors, including the Medicare Administrative Contractors (MACs), Recovery Audit Contractors (RACs), and Quality Improvement Organizations (QIOs)
- Web-based Resources and Key Sources of Medicare Authority

#### **Module 2: Medical Necessity Rules and Policies**

- Medicare Coverage Center, including Local Coverage Determinations (LCDs), National Coverage Determinations (NCDs), and Coverage with Evidence Development (CED)
- Coverage of services related to clinical trials, registries, and studies
- Medicare Advantage plan coverage determinations, including prior authorization
- Prior authorization for specified outpatient procedures and services

#### **Module 3: Coverage of Observation**

- Coverage of observation services
- Coding and billing of observation
- Payment for observation including at Prospective Payment System (PPS) hospitals and Critical Access Hospitals (CAHs)

#### **Module 4: Medicare Outpatient Notices**

- The Medicare Outpatient Observation Notice (MOON)
- Advanced Beneficiary Notice (ABN) for non-covered observation

#### **Module 5: Inpatient Orders and Certification**

- Inpatient order requirements
- Inpatient certification requirements, including 96-hour CAH certification

#### **Module 6: Inpatient Admission Guidelines**

- Inpatient-only procedures
- The Two-Midnight Benchmark
- Admission on a case-by-case basis
- Livanta Guidance, including clinical examples

**Module 7: Inpatient Utilization Review (UR) and Billing Requirements**

- UR determinations
- Condition code 44 and self-denials
- Medicare Change of Status Notice (MCSN)
- Inpatient Part B payment and billing with condition code W2

**Module 8: Medicare Inpatient Notices**

- Important Message from Medicare (IM)
- Detailed Notice of Discharge (DN)
- Hospital Issued Notice of Non-Coverage (HINN) for non-covered inpatient services

**Module 9: Overview of Inpatient Payment Systems and Patient Liability**

- Basics of the Inpatient Prospective Payment System (IPPS)
- Three-day payment window and pre-admission services
- Medicare-severity diagnosis related groups (MS-DRGs)
- Payment for transfers and post-acute care transfers
- Inpatient deductible, coinsurance, and lifetime reserve days (LRDs)

**Module 10: Outpatient Payment Systems and Patient Liability**

- Basics of the Outpatient Prospective Payment System (OPPS)
- Encounter-based Comprehensive Ambulatory Payment Classifications (C-APCs)
- Patient coinsurance under Part B