

KEY ALGORITHMS FOR 2009

- Providers billing unlikely services per CMS Medically Unlikely Edits
 - Member's address is located more than X miles from provider
 - "In-home" services during an inpatient or nursing home stay
 - Providers submitting higher proportion of high-intensity codes
 - Medicare dual-eligible members with non-crossover claims
 - Dental fraud and abuse
 - Providers with conflicts – claims vs. MDS nursing home assessments
 - Provider over-utilization (patients per day and timed billing)
 - Code pair violations (unbundling or mutually exclusive)
 - Combined results – hits across multiple algorithms
 - Psychiatric time standard
 - Services when patients were enrolled in more than one state
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For more information, contact David Nelson at david.l.nelson@thomsonreuters.com or +1 734 913 3432.



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