

Suggested for Requesting Targeted Review

This language is a suggestion. Submitters are encouraged to adapt this template to their unique practice and situation. Send examples when submitted claims do not match the patient-level data file.

On behalf of [INSERT PRACTICE NAME], we believe that CMS has inaccurately calculated the services attributed to the Routine Cataract Removal with Intraocular Lens (IOL) Implantation episode-based cost measure for our practice. When reviewing the patient-level data files, we have found multiple instances in which a single patient has four facility fee charges and four professional charges for the surgical code (eight CPT 66984 in total) attributed.

Billing records for these patients have been extensively reviewed and we have confirmed only four charges (one facility and one professional claim per eye) have been submitted to and paid by Medicare. The same situation is happening with other services like evaluation & management visits, imaging, and anesthesia.

Again, when all claims are checked, these services have not been billed as many times as reported on the patient-level detail report. We request a targeted review to correct the patient-level data file and recalculate our score on this measure accordingly.