Policy: BCP EP 1.4 Queries Directed to CMS

Effective Date: March 14, 2001

Last Revision Date: January 13, 2022

References: N/A

Policy Statement
On occasions, it becomes necessary to direct queries to the Centers for Medicare & Medicaid Services (CMS). This policy explains how such queries are handled and by whom, to the end that answers and clarifications can be properly disseminated to all involved parties.

Scope
This policy is for all Texas Tech Health Science Center El Paso (TTUHSC EP) faculty and staff.

Policy
Periodically, questions related to documentation and/or reimbursement arise that will necessitate queries to the Medicare Administrative Contractor (MAC) or to CMS. Questions may be submitted to these agencies by the lead coder or administrator of each unit. Written answers to queries need to be shared with the other clinical areas, Medical Practice Income Plan (MPIP), and the Institutional Compliance office. This policy does not apply to those questions typically submitted by the billing areas to the carrier for billing process inquiries. This policy applies to all TTUHSC EP employees.

Frequency of Review
This policy will be reviewed on each even-numbered year by the Billing Compliance Manager, and the Billing Compliance Advisory Committee. This policy may be amended or terminated at any time, to reflect the changes in the TTUHSC EP policies or applicable laws and regulations.

Questions regarding this policy may be addressed to the Billing Compliance Manager or the Institutional Compliance Officer.