Medicare Fee for Service
National Recovery Audit Program

(January 01, 2013– March 31, 2013)

Quarterly Newsletter

*Figures rounded to nearest tenth; Nationwide figures rounded based on actual collections. Figures provided in millions. All correction data current through March 31, 2013.

	OVERPAYMENTS COLLECTED	UNDERPAYMENTS RETURNED	TOTAL QUARTER CORRECTIONS	FY TO DATE CORRECTIONS
Region A: DCS (Diversified Collection Services)	$111.3	$11.4	$122.7	$299.2
Region B: CGI (CGI Federal)	$106.4	$1.20	$107.6	$229.0
Region C: Connolly	$190.6	$10.4	$201.0	$456.4
Region D: HDI (HealthData Insights)	$218.2	$8.00	$226.2	$452.1
Nationwide Totals	**$626.5**	**$31.0**	**$657.5**	**$1,436.7**

TOP ISSUE PER REGION

*Based on collected amounts through March 31, 2013

Region A:	**Cardiovascular Procedures**: (Medical Necessity) Medicare pays for inpatient hospital services that are medically necessary for the setting billed. Medical documentation for patients undergoing cardiovascular procedures needs to be complete and support all services provided in the setting billed.
Region B:	**Cardiovascular Procedures**: (Medical Necessity) Medicare pays for inpatient hospital services that are medically necessary for the setting billed. Medical documentation for patients undergoing cardiovascular procedures needs to be complete and support all services provided in the setting billed.
Region C:	**Cardiovascular Procedures**: (Medical Necessity) Medicare pays for inpatient hospital services that are medically necessary for the setting billed. Medical documentation for patients undergoing cardiovascular procedures needs to be complete and support all services provided in the setting billed.
Region D:	**Minor Surgery and other treatment billed as Inpatient**: (Medical Necessity) When beneficiaries with known diagnoses enter a hospital for a specific minor surgical procedure or other treatment that is expected to keep them in the hospital for less than 24 hours, they are considered outpatient for coverage purposes regardless of the hour they presented to the hospital, whether a bed was used, and whether they remained in the hospital after midnight.