WPS Medicare Part B High Dollar Audit Claim

Biller Check List

The purpose of this job aid is to provide oncology billers with a list of required documentation needed for WPS Medicare Claims Department to process a part B high-dollar audit.

Submit Following Items	Comment
❑ Resolution fax form	Form and fax numbers are provided by WPS at: http://www.wpsmedicare.com Be aware the audit number is made available before office receives audit notification. You can get it early by going to WPS website.

❑ Complete chemo orders	Include:
	• **Date of Service**
	• **Patient Name**
	• **Diagnosis**
	• **Documented Drug, Dose, Route of Administration**
	  ○ Note: for subsequent infusions, MD will need to modify the order as the patient's weight changes and dose is reduced/increased.
	• **Estimated length of treatment/frequency**
	  ○ Provide either the number of planned cycles or a timeframe (e.g. 6 months). In the case of maintenance therapy, MD must state maintenance and estimated timeframe (e.g. 6 months).
	• **Full Physician Name Signature**
	  ○ Must include first name, last name and credentials. If illegible – INCLUDE ATTESTATION STATEMENT

❑ Biopsy report, (if applicable).	In the case of NSCLC, pathology report will show evidence of histology. (e.g. non-squamous)
❑ Invoice	Prove the drug was purchased. • It is appropriate to black out price paid, etc.
❑ Chemo Flow Sheet	Flow sheet documents must include: • date administered, dosage, route • amount wasted from vial • must match physician order ○ NOTE: If protocol requires failure of a prior treatment – be sure to include documentation (progress note or infusion records)
❑ Manufacturer Package insert	Note: You can provide complete PI or at least the last page of PI showing: • Drug Name • NDC # • How Supplied (vial size) • Whether vial is single use or multi-dose

Fax Coversheet SAMPLE

FAX

To: WPS Medicare Claims Department **From:**

Fax: 618-998-5283 (Illinois, Michigan) **Pages:**

Phone: **Date:** [Pick the date]

Re: WPS Medicare Part B High-Dollar Claim **CC:**

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

Comments: Enclosed is the completed high-dollar claim development resolution form and required documentation regarding high-dollar audit. Please find the information on the following pages.

	Requested Information	Page
☐	Resolution fax form	
☐	Complete chemo orders	
☐	Biopsy report, if applicable.	
☐	Invoice	
☐	Chemo Flow sheet	
☐	Package insert	

[Pick the date]