

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2083	Date: May 4, 2018
	Change Request 10525

SUBJECT: Implementation of Changes to the Pre-Payment Additional Documentation Request (ADR) Letters for Medical Review

I. SUMMARY OF CHANGES: The purpose of this CR is to implement those changes to the existing format of the Pre-Payment Additional Documentation Request (ADR) letter for medical review.

EFFECTIVE DATE: October 1, 2018

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: October 1, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 2083	Date: May 4, 2018	Change Request: 10525
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SUBJECT: Implementation of Changes to the Pre-Payment Additional Documentation Request (ADR) Letters for Medical Review

EFFECTIVE DATE: October 1, 2018

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IMPLEMENTATION DATE: October 1, 2018

I. GENERAL INFORMATION

A. Background: During the analysis working sessions conducted for CR 9936, Analysis and Design Working Sessions for the Development of a Pre-Payment Common Additional Documentation Request (ADR) Letter, some changes to the Pre-Payment ADR letters to maintain consistency across review contractors were proposed and approved by each of the Shared Systems Maintainers (SSMs) and Medicare Administrative Contractors (MACs).

The purpose of this CR is to implement those changes to the existing format of the Pre-Payment ADR letter for medical review.

B. Policy: The Administrative Simplification provisions of Health Insurance Portability and Accountability Act (HIPAA) require the Secretary of the Department of Health and Human Services (HHS) to adopt standard electronic transactions and code sets for administrative health care transactions. The Secretary may also modify these standards periodically.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared-System Maintainers				Other	
		A	B	H H H		F M V C	I C M W	S S S F			
10525.1	The Fiscal Intermediary Shared System (FISS) and the A/B MACs Part A shall include the following fields/information in their Pre-Payment ADR letters for medical review: <ul style="list-style-type: none"> • Change the title of the 'letter type' as 'Additional Documentation Request;' • 'Jurisdiction'; • 'Due Date' - The date by which the response shall be submitted by the provider; • Format for the 'Due Date' shall be 'MM-DD-YYYY;' • 'Respond to Address/Fax/esMD' - All modes through which a provider can respond shall be 	X		X		X				esMD	

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared-System Maintainers				Other
		A	B		H H H	M A C	F I S S	M C S	
	<p>in separate bullet points. This information shall be mentioned only once per letter;</p> <ul style="list-style-type: none"> 'Additional FISS Comments' - Additional lines requested by FISS (please see the comment in the workbook); and 'Medical Record Number' or 'Patient Account Number' shall be present on the letter (only in case the number is provided on the submitted claim). <p><i>Notes:</i></p> <ul style="list-style-type: none"> <i>During the working sessions (scheduled for CR9936), FISS indicated that the above elements are not currently in the ADR letter and shall need some development effort to add the same.</i> <i>The attached workbook "Letter Element_Part A_FISS.xlsx" has the complete list of the data elements that were discussed. If any of these data elements are not in the existing format, then they shall be included.</i> 								
10525.2	<p>The Multi-Carrier System (MCS) and the A/B MACs Part B shall include the following fields/information in their Pre-Payment ADR letters for medical review:</p> <ul style="list-style-type: none"> The body of the letter shall start with a heading stating, "Additional Documentation Request;" 'Due Date' - The date by which the response shall be submitted by the provider; Format for the 'Due Date' shall be 'MM-DD-YYYY'; 'Respond to Address/FAX/esMD' - All modes through which a provider can respond shall be in separate bullet points. This information shall be mentioned only once per letter; 'Add on Message Expansion' - Signature requirements. <p><i>Notes:</i></p> <ul style="list-style-type: none"> <i>During the working sessions (scheduled for CR 9936), MCS indicated that the above elements</i> 		X				X		esMD

Number	Requirement	Responsibility							
		A/B MAC		D M E M A C	Shared- System Maintainers				Other
		A	B		H H H	F I S S	M C S	V M S	
	<p><i>are not currently in the ADR letter and shall need some development effort to add the same.</i></p> <ul style="list-style-type: none"> <i>The attached workbook "Letter Element_Part B_MCS.xlsx" has the complete list of the data elements that were discussed. If any of these data elements are not in the existing format, then they shall be included.</i> <i>An example for the calculating the due date is as follows:</i> <ul style="list-style-type: none"> <i>If an ADR letter is dated '01/01/2018' then the due date shall be '02/14/2018'.</i> 								
10525.3	<p>The ViPs Medicare Systems (VMS) and the Durable Medical Equipment (DME) MACs shall include the following fields/information in their Pre-Payment Common ADR letter for medical review:</p> <ul style="list-style-type: none"> The body of the letter shall start with a heading stating "Additional Documentation Request;" 'Due Date' - The date by which the response shall be submitted to the provider; Format for the 'Due Date' shall be 'MM-DD-YYYY;' 'Respond to Address/FAX/esMD' - All modes through which a provider can respond shall be in separate bullet points. This information shall be mentioned only once per letter; and 'Medical Record Number' or 'Patient Account Number' shall be present on the letter (only in case the number is provided on the submitted claim). <p><i>Notes:</i></p> <ul style="list-style-type: none"> During the working sessions (scheduled for CR 9936), VMS and the DME MACs indicated that the above elements are not currently on the ADR letter and shall need some development effort to add the same. The attached workbook "Letter Element_DMEGDIT.xlsx" has the complete list of the data elements that are not in the existing format, then they shall be included. 				X			X	esMD

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Melanie Jones, 410-786-5461 or Melanie.Jones@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 3

Elements	Effort Required to add to the Pre-Pay ADR for medical review. (Y / N)		Comments from FISS	
Report Number	N		Currently on ADR	
		to be discussed in the 3 pm call on October 30th	Letter number is really an internal control number with no advantage to the providers. Is this really necessary? In FISS the letter number generated will duplicate the reason code that is already included on the ADR elements list.	
Letter Number	Y	Based on the discussion on 30th this element is not required.		
Provider Number	N		Currently on ADR	
NPI (Provider / Supplier) / PTAN	N		Currently on ADR	
Medical Record number or Patient Account number	Y	To be included in the letter if this number is present in the submitted claim else leave it blank.		
Date of the Letter	N		Currently on ADR	
Due Date	N	This information be mentioned only once per letter. Format of the 'Due Date' shall be 'MM-DD-YYYY'.	Currently on ADR	
Letter Type	N	Please change this to 'Additional Documentation Request'	The title is currently Additional Development Request.	
Request Type	N		Currently on ADR	
Bill Type	N		Currently on ADR	
Case Id	N		Currently on ADR	
Jurisdiction	Y		FISS will need to make coding changes to include the jurisdiction.	
Sender name	N		Currently on ADR	
Sender Address	N		Currently on ADR	
Supplier / Provider Name	N		Currently on ADR	
Supplier / Provider Address	N		Currently on ADR	
Health Insurance Claim number / MBI	N		Currently on ADR	
Beneficiary Name	N		Currently on ADR	
DCN	N		Currently on ADR	
Dates of Services	N		Currently on ADR	
Charges	N		Currently on ADR	
Reason Code	N		Currently on ADR	
Reason for Selection	N	This data element has been removed from the list after the EIC.	User controlled in freeform area	Cost impact.
Respond to Address / FAX / esMD / Documents Requested	Y	All modes through which a provider can respond shall be in separate paragraphs. This information be mentioned only once per letter.	Same as sender name/address. Do not currently have FAX number. Could be added to MAP189A. esMD is controlled by PARMESMD.	
	N		User controlled in freeform area	
OMB - Number	N		User controlled in freeform area, as discussed in EIC with FISS this was to be made optional as some MACs currently include others do not.	
Additional FISS Comments			Currently the ADR narrative is limited to 75 lines with an additional 5 lines available through one of the online parms but the info in those 5 lines would apply to all ADRs. With the addition of the reason for selection to the ADR it may be necessary for FISS to add additional lines to the existing freeform area.	

Elements	Effort Required to add to the Pre-Pay ADR for medical review. (Y / N)	CMS Comments
Letter number / Letter Id		
Provider Number		
NPI (Provider / Supplier) / PTAN		
Medical Record Number or Patient Account Number or Patient Control Number	N	To be included in the letter if this number is present in the submitted claim else leave it blank.
Date of the Letter		
Due Date	Y	This information be mentioned only once per letter. Format of the 'Due Date' shall be 'MM-DD-YYYY'.
Case Id		This information be mentioned only once per letter.
Jurisdiction		
Sender name		
Sender Address		
Supplier / Provider Name		
Supplier / Provider Address		
Health Insurance Claim number / MBI		
Medicare Claim Number / CCN		This can be the tracking letter number in future.
Beneficiary Name		
Dates of Services		
Charges		
Procedure code		
Reason for Selection	Y	This information be mentioned only once per letter. This data element has been removed from the list after the EIC.
Documents Requested		
Respond to Address / Fax /esMD	Y	All modes through which a provider can respond shall be in separate paragraphs. This information shall be mentioned only once per letter.
OMB - Number		
Signature Requirements		This information shall be mentioned only once per letter.

Elements	Effort Required to add to the Pre-Pay ADR for medical review. (Y / N)	CMS comments	MCS Comments	PSSB NS Comments
Letter Number and ID	N			MCS hard coded-no comment
Provider Number	N			MCS hard coded-no comment
NPI (Provider / Supplier) / PTAN	N			MCS hard coded-no comment
Medical Record number or Patient Account number	N	To be included in the letter if this number is present in the submitted claim else leave it blank.		
Date of the Letter	N			MCS hard coded-no comment
Due Date	Y	This information be mentioned only once per letter. Format of the 'Due Date' shall be 'MM-DD-YYYY'.	Our understanding is CMS wants a computed date as discussed in the last analysis call rather than a number of days to respond as is currently done. Based on that assumption, MCS system changes are required.	MCS hard coded-agree MCS changes needed
Case Id / Document Number	N	This information be mentioned only once per letter.		MCS hard coded-no comment
Jurisdiction	N			MAC-controlled local non-base and print shop
Sender name	N			MAC-controlled local non-base and print shop
Sender Address	N			MAC-controlled local non-base and print shop
Supplier / Provider Name	N			MCS hard coded-no comment
Supplier / Provider Address	N			MCS hard coded-no comment
Health Insurance Claim number / MBI	N			MCS hard coded-no comment
ICN	N			MCS hard coded-no comment
Account Number	N			MCS hard coded-no comment
Beneficiary Name	N			MCS hard coded-no comment
Dates of Services	N			MAC-controlled using MCS base functionality (letter inserts)
Charges	N			MAC-controlled using MCS base functionality (letter inserts)
Procedure code	N			MAC-controlled using MCS base functionality (letter inserts)
Reason for Selection	Y	This information be mentioned only once per letter. This data element has been removed from the list after the EIC.	Changes are potentially required to support including the information only once.	MAC-controlled using MCS base functionality (free-form text on NARR file)
Documents Requested	N			MAC-controlled using MCS base functionality (free-form text on NARR file)
Respond to Address / Fax / esMD	Y	All modes through which a provider can respond shall be in separate paragraphs. This information be mentioned only once per letter.	Changes are required to allow for more than one add-on message or an expansion of the existing add-on message.	MAC-controlled using MCS base functionality (free-form text on NARR file)
OMB - Number	N			MAC-controlled using MCS base functionality (free-form text on NARR file)
Signature Requirements	Y	This information shall be mentioned only once per letter.	Changes are required to allow for more than one add-on message or an expansion of the existing add-on message.	MAC-controlled using MCS base functionality (free-form text on NARR file)