

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-08 Medicare Program Integrity</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 557</b>	<b>Date: November 26, 2014</b>
	<b>Change Request 8948</b>

**SUBJECT: Update to CMS Publication 100-08, Chapter 3, Section 3.2.3.4 (Additional Documentation Request Required and Optional Elements)**

**I. SUMMARY OF CHANGES:** The purpose of this change request (CR) is to update Chapter 3, Section 3.2.3.4 of the Program Integrity Manual (PIM). The changes address Additional Documentation Request (ADR) reporting requirements for Medicare Administrative Contractors (MAC), Recovery Auditors, Comprehensive Error Rate Testing (CERT), and Supplemental Medical Review Contractor (SMRC). The templates are provided to show the elements, formatting, and order contractors shall use when constructing postpayment ADR letters. Contractors shall maintain the format of the letter, but have the discretion to insert case-specific information.

**EFFECTIVE DATE: December 29, 2014**

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

**IMPLEMENTATION DATE: December 29, 2014**

*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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	3/3.2.3.4/Additional Documentation Request Required and Optional Elements
N	Exhibit 46 - Unified Postpayment ADR Sample Letters
N	Exhibit 46.1 - MAC Unified Postpayment ADR Sample Letter
N	Exhibit 46.2 - DME MAC Unified Postpayment ADR Sample Letter
N	Exhibit 46.3 – Recovery Auditor Unified Postpayment ADR Sample Letter
N	Exhibit 46.4 – CERT Unified Postpayment ADR Sample Letter
N	Exhibit 46.5 – SMRC Unified Postpayment ADR Sample Letter

### **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 obliged 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:**

**Business Requirements**

**Manual Instruction**

# Attachment - Business Requirements

Pub. 100-08	Transmittal: 557	Date: November 26, 2014	Change Request: 8948
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**SUBJECT: Update to CMS Publication 100-08, Chapter 3, Section 3.2.3.4 (Additional Documentation Request Required and Optional Elements)**

**EFFECTIVE DATE: December 29, 2014**

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**IMPLEMENTATION DATE: December 29, 2014**

## I. GENERAL INFORMATION

**A. Background:** This CR change was initiated after consultations with the following contractor types: Medicare Administrative Contractors (MAC), Recovery Auditors, Comprehensive Error Rate Testing (CERT), and Supplemental Medical Review Contractor (SMRC). These contractor types provided input regarding the content and format of Additional Documentation Request (ADR) Letters to produce uniformity among the letters. This information was collected for the purpose of delivering more recognizable and understandable ADR letters to providers.

**B. Policy:** This CR updates Chapter 3, Section 3.2.3.4 of the Program Integrity Manual (PIM) to address Additional Documentation Request (ADR) reporting requirements for Medicare Administrative Contractors (MAC), Recovery Auditors, Comprehensive Error Rate Testing (CERT), and Supplemental Medical Review Contractors (SMRC). The instructions related to the ADR letters were written to increase uniformity and clarity so recipients will better recognize and understand the purpose of the ADR letter and the action items related to the communication. The templates show the format and order contractors shall use when constructing postpayment ADR letters.

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
8948.1	When requesting documentation for postpayment medical review, the MACs, CERT, SMRCs and Recovery Auditors shall use the unified postpayment ADR letter format. Contractors shall maintain the format of the letter, but have the discretion to insert case-specific information. In other words, contractors shall not change the order of the	X	X	X	X					CERT, RA, RACs, SMRC

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	sections on the letter, but should modify the text underneath each section to provide detailed information and accurately reflect the information specific to the subject of the letter. The detailed text in the Exhibit 46 templates serves only to provide an example of what types of information belong under each section heading. The templates show the format and order contractors shall use when constructing postpayment ADR letters.									
8948.2	The MACs, CERT, SMRCs and Recovery Auditors shall include the following elements in their ADRs and shall use the appropriate templates provided in Exhibit 46:	X	X	X	X					CERT, RA, RACs, SMRC
8948.3	A. Introductory Paragraph - <ul style="list-style-type: none"> <li>• CMS as the government agency making the request;</li> <li>• The program making the request (e.g. the MAC program, the SMRC program, the Recovery Audit Program, the CERT program); and</li> <li>• The regulations and/or laws that apply to the request.</li> </ul>	X	X	X	X					CERT, RA, RACs, SMRC
8948.4	B. Reason for Selection - The reason the provider or supplier was sent the ADR letter and notes about the claims under review.	X	X	X	X					CERT, RA, RACs, SMRC
8948.5	C. Action - The action(s) the provider or supplier shall take as a result of receiving the ADR letter.	X	X	X	X					CERT, RA, RACs, SMRC
8948.6	D. When -	X	X	X	X					CERT,

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	The date a provider/supplier shall reply to the ADR letter and submit the documentation to the contractor.									RA, RACs, SMRC
8948.7	E. Consequences - The consequences if the provider or supplier fails to submit the requested documentation.	X	X	X	X					CERT, RA, RACs, SMRC
8948.8	F. Instructions - Instructions and notes that will help the provider or supplier respond to the ADR letter.	X	X	X	X					CERT, RA, RACs, SMRC
8948.9	G. Submission Methods - The methods the provider or supplier can submit the requested documentation.	X	X	X	X					CERT, RA, RACs, SMRC
8948.10	H. Questions - Contractor contact information for provider inquiries related to the ADR.	X	X	X	X					CERT, RA, RACs, SMRC
8948.11	I. Attachments - If there are attachments or other supplementary information associated with the ADR, provide a listing of the attachment titles or provide the supplementary information.	X	X	X	X					CERT, RA, RACs, SMRC

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	DME MAC	CEDI

		A	B	HHH		
	None					

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements:**

*"Should" denotes a recommendation.*

<b>X-Ref Requirement Number</b>	<b>Recommendations or other supporting information:</b>
8948. 3	A. Introductory Paragraph - The first paragraph in the ADR may identify the following: • The program purpose; • Where additional information about the program and regulations can be found, for example, a website reference; and • Additional program information that may be helpful to the provider or supplier.
8948. 1	If any of the elements are lengthy, contractors have the discretion to utilize an attachment to provide the details. If a contractor does not have attachments, but has supplementary information to provide in the text of the letter, the contractor should insert the text beneath the section title “Attachments / Supplementary Information”).

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

**V. CONTACTS**

**Pre-Implementation Contact(s):** Joyce Davis, 410-786-0877 or Joyce.Davis1@cms.hhs.gov , Melanie Edwards, 410-786-4736 or melanie.edwards@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: 0**

### 3.2.3.4 – Additional Documentation Request Required and Optional Elements

*(Rev.557, Issued: 11-26-14, Effective: 12-29-14, Implementation: 12-29-14)*

This section applies to *Medicare Administrative Contractors (MAC), Recovery Auditors, Comprehensive Error Rate Testing (CERT), and Supplemental Medical Review Contractors (SMRC)*, as indicated.

- The MAC shall use discretion to ensure that the amount of medical documentation requested does not negatively impact the provider's ability to provide care.
- The Recovery Auditors shall issue *Additional Documentation Requests (ADR)* in accordance with limits established by their *Contracting Officer's Representative (COR)* for each calendar year.
- The MACs, CERT, *SMRCs*, and Recovery Auditors, shall request records related to the claim(s) being reviewed and have the discretion to collect documentation related to the beneficiary's condition before and after a service.
- The MACs, Recovery Auditors, and *SMRCs* have the discretion to issue as many reminder notices as they deem appropriate. Reminder notices can be issued via email, letter, *or phone call*.
- The CERT shall issue reminder notices in accordance with its SOW.
- *The* MACs, Recovery Auditors, and *SMRCs* shall not target their ADRs to providers based solely on the provider's electronic health record status or chosen method of submitting records.

*When requesting documentation for postpayment medical review, the MACs, CERT, SMRCs and Recovery Auditors shall use the unified postpayment ADR letter format. Contractors shall maintain the format of the letter, but have the discretion to insert case-specific information. In other words, contractors shall not change the order of the sections on the letter, but should modify the text underneath each section to provide detailed information and accurately reflect the information specific to the subject of the letter. The detailed text in the Exhibit 46 templates serves only to provide an example of what types of information belong under each section heading. The templates show the format and order contractors shall use when constructing postpayment ADR letters.*

*If any of the elements are lengthy, contractors have the discretion to utilize an attachment to provide the details. If a contractor does not have attachments, but has supplementary information to provide in the text of the letter, the contractor should insert the text beneath the section title "Attachments / Supplementary Information").*

*The MACs, CERT, SMRCs and Recovery Auditors shall include the following elements in their ADRs and shall use the appropriate templates provided in Exhibit 46:*

#### **A. Introductory Paragraph**

- *CMS as the government agency making the request;*
- *The program making the request (e.g. the MAC program, the SMRC program, the Recovery Audit Program, the CERT program); and*
- *The regulations and/or laws that apply to the request.*

*The first paragraph in the ADR may identify the following:*

- *The program purpose;*

- *Where additional information about the program and regulations can be found, for example, a website reference; and*
- *Additional program information that may be helpful to the provider or supplier.*

**B. Reason for Selection**

*The reason the provider or supplier was sent the ADR letter and notes about the claims under review.*

**C. Action**

*The action(s) the provider or supplier shall take as a result of receiving the ADR letter.*

**D. When**

*The date a provider/supplier shall reply to the ADR letter and submit the documentation to the contractor.*

**E. Consequences**

*The consequences if the provider or supplier fails to submit the requested documentation.*

**F. Instructions**

*Instructions and notes that will help the provider or supplier respond to the ADR letter.*

**G. Submission Methods**

*The methods the provider or supplier can submit the requested documentation.*

**H. Questions**

*Contractor contact information for provider inquiries related to the ADR.*

**I. Attachments / Supplementary Information**

*If there are attachments or other supplementary information associated with the ADR, provide a listing of the attachment titles or provide the supplementary information.*



# Medicare Program Integrity Manual Exhibits

**Table of Contents**  
*(Rev.557, Issued: 11-26-14)*

## **Transmittals for Exhibits**

- Exhibit 46 - Unified Postpayment ADR Sample Letters*
  - 46.1 - MAC Unified Postpayment ADR Sample Letter*
  - 46.2 - DME MAC Unified Postpayment ADR Sample Letter*
  - 46.3 – Recovery Auditor Unified Postpayment ADR Sample Letter*
  - 46.4 – CERT Unified Postpayment ADR Sample Letter*
  - 46.5 – SMRC Unified Postpayment ADR Sample Letter*

**Exhibit 46.1 - MAC Unified Postpayment ADR Sample Letter**  
(Rev.557, Issued: 11-26-14, Effective: 12-29-14, Implementation: 12-29-14)



**Date:**

**Reference ID:**

**Attention:**

**Address:**

**NPI:**

**PTAN:**

**Phone:**

**Fax:**

**Request Type & Purpose:** Notification of Post-payment Probe Review and Request for Medical Records  
**Subject:** Additional Documentation Required

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS) continually strives to reduce improper payment of Medicare claims<sup>1</sup>. As part of our effort to accomplish this goal, the Medicare Administrative Contractor (MAC) program will conduct a post-payment medical review of selected Medicare Part A claims.

**Reason for Selection**

As an A/B MAC, 'Review Contractor Name' is tasked with preventing inappropriate Medicare payments. This is accomplished through provider education, training, and the medical review of claims. 'Review Contractor Name' recently completed review of a sample of service-specific claims for HIPPS code XXXXX (1st or 2<sup>nd</sup> episode with 11 to 13 therapy visits). The calculated charge denial rate (CDR) for these claims was 100%. Refer to the enclosed Encrypted CD for the complete list of claims and denial reasons.

**Action: Additional Documentation**

Federal law requires that providers/suppliers submit medical record documentation to support claims for Medicare services upon request. Providers/suppliers are required to send supporting medical records to the MAC program. **Providing medical records of Medicare patients to the MAC program does not violate the Health Insurance Portability and Accountability Act (HIPAA).** Patient authorization is not required to respond to this request.

**Case ID:** 1212121

<b>Patient Name</b>	<b>Date of Birth</b>	<b>HIC Number</b>	<b>Date of Service</b>	<b>Rendering Provider / Supplier</b>	<b>Claim ID</b>	<b>Procedure Code</b>

**When:** mm/dd/yyyy

Please provide the requested documentation by mm/dd/yyyy. A response is still required by mm/dd/yyyy even if you are unable to locate the requested information.

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<sup>1</sup> Social Security Act Sections 1833(e), 1815(a), and 1842(p)(4)

When the review is completed, you will be notified of the results. The CMS' goal is to complete the review and deliver the results to providers/suppliers within **60** days of the receipt of all medical records needed for the review.

### **Consequences**

If the provider/supplier fails to send the requested documentation or contact CMS by mm/dd/yyyy, the provider's/supplier's Medicare contractor will initiate claims adjustments or overpayment recoupment actions for these undocumented services.

### **Instructions**

The documentation submitted for this review must be a copy of the patient's medical record for each encounter clearly identified for each requested beneficiary and the date of service. Providers/suppliers are responsible for obtaining supporting documentation from third parties (hospitals, nursing homes, suppliers, etc.).

- Refer to the 'Supporting Documentation' attachment for a list of required supporting documentation to be submitted.
- Providers/suppliers must pay the cost of providing this documentation; it cannot be billed to CMS or the MAC program.
- The CMS encourages providers/suppliers to respond quickly.
- Please do not include Powers of Attorney, Living Wills, or Correspondence.
- During this review period and at all times, in order to receive payment, providers/suppliers must continue to submit claims for all services performed on a beneficiary.

### **Submission Methods**

Providers/Suppliers may submit this documentation in any of the following ways:

Via postal mail or Encrypted CD/DVD:

1. Include a copy of the Post Pay request letter with your documents.
2. Complete the ADR Response Cover Sheet Form (enclosed) and place on top of the entire set of documents to be submitted.
  - a. An image of the coversheet may be included with the CD/DVD or may be scanned as the first image seen within your CD/DVD.
3. When submitting responses for multiple claims, please make a copy of the enclosed Part A Post Pay ADR Response Separator Sheet and insert between the responses for each Document Control Number (DCN).
4. If the CD/DVD is password protected, send an email to [John.Doe@Company.com](mailto:John.Doe@Company.com) and [Jane.Doe@Company.com](mailto:Jane.Doe@Company.com) and include the package tracking number and password.
5. Mail to the following:

*Regular Mail:*

*Company Name  
Medical Review  
Mail Code XXXX  
Post Office Box XXXXX  
City, State Zip Code*

*OR*

*Overnight Mail:*

*Company Name  
Medical Review  
Mail Code XXXX  
Street Address  
City, State Zip Code*

*Via fax to:*

- 1. XXX-XXX-XXXX*
- 2. Include a copy of the ADR letter with your documents.*
- 3. Complete the ADR Response Cover Sheet Form (enclosed) and place on top of the entire set of documents to be faxed.*
- 4. When submitting Post Pay ADR responses with multiple claims, make a copy of the enclosed Post Pay ADR Response Separator Sheet and insert between the responses for each Document Control Number (DCN).*

*Via Electronic Submission of Medical Documentation (esMD):*

- 1. Include a copy of the Post Pay request letter with your documents.*
- 2. Complete the ADR Response Cover Sheet Form (enclosed) and place on top of the entire set of documents to be sent.*
- 3. When submitting Post Pay ADR responses with multiple claims, make a copy of the enclosed Post Pay ADR Response Separator Sheet and insert between the responses for each Document Control Number (DCN).*
- 4. Convert all documents, including your cover sheets, to PDF.*
- 5. Submit your documentation to your CONNECT-compatible gateway or HIH.*
- 6. More information on esMD can be found at [www.cms.gov/esMD](http://www.cms.gov/esMD)*

## ***Questions***

*If you have any questions please contact XXXXXXXX at XXX-XXX-XXXX or via postal mail at the following:*

*Company Name*

*Street Address*

*City, State Zip Code*

*Sincerely,*

*A/B MAC Jurisdiction X Medical Review*

## ***Attachments / Supplementary Information***

- 1. Encrypted CD with a listing of claims requiring medical documentation*
- 2. Supporting Documentation Required List*
- 3. ADR Response Cover Sheet Form*
- 4. Separator Sheet Form*

**Exhibit 46.2 - DME MAC Unified Postpayment ADR Sample Letter**  
(Rev.557, Issued: 11-26-14, Effective: 12-29-14, Implementation: 12-29-14)



**Date:**

**Reference ID:**

**Attention:**

**Title:**

**Address:**

**NPI:**

**Phone:**

**Fax:**

**Request Type & Purpose:** *New Request, Post-Payment Claim Review*

**Subject:** *Additional Documentation Required - Progress Notes*

*Dear Medicare Provider/Supplier,*

*The Centers for Medicare & Medicaid Services (CMS) continually strives to reduce improper payment of Medicare claims<sup>2</sup>. As part of our effort to accomplish this goal, the Medicare Administrative Contractor (MAC) program will conduct a post-payment medical review of selected Medicare DME claims.*

**Reason for Selection**

*In the 1st quarter 20XX, "Supplier's Name" HCPCS code XXXXX claim volume was two or more standard deviations above the norm when compared to all suppliers billing HCPCS code XXXXX in Jurisdiction X. This high claim volume billed by a new supplier for a high dollar item is of concern to the DME MAC.*

*When services appear outside the norm, the DME MAC must verify whether the potential error(s) represent an unacceptable practice. The DME MAC is validating this concern by performing a post-payment review on ## randomly selected claims billed by "Supplier's Name".*

**Action: Medical Records Required**

*Federal law requires that providers/suppliers submit medical record documentation to support claims for Medicare services upon request. The Centers for Medicare & Medicaid Services DME MAC program has randomly selected one or more of your Medicare claims for review, and providers/suppliers are required to send supporting medical records when requested. **Providing medical records of Medicare patients to the MAC program does not violate the Health Insurance Portability and Accountability Act (HIPAA).** Patient*

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<sup>2</sup> Social Security Act Sections 1833 [42 USC 1320c-5 (a) (3)]

authorization is not required to respond to this request. Please refer to the Instructions Section below for a list of supporting documentation required.

Case ID: 1212121

<i>Patient Name</i>	<i>HIC Number</i>	<i>Date of Service</i>	<i>Claim ID</i>	<i>Procedure Code</i>

### **When: mm/dd/yyyy**

Please provide the requested documentation by mm/dd/yyyy. A response is still required by mm/dd/yyyy even if you are unable to locate the requested information.

### **Consequences**

If the provider/supplier fails to send the requested documentation or contact CMS by mm/dd/yyyy, the provider's/supplier's Medicare contractor will initiate claims adjustments or overpayment recoupment actions for these undocumented services.

### **Instructions**

- Submit supporting documentation from third parties (hospitals, nursing homes, suppliers etc.). Providers/suppliers are responsible for obtaining and providing the following documentation:
  - Physician's notes within 30 days of initial date: XX/XX/XXXX
  - Diagnostic Tests
- Submit the bar coded cover sheet with your submission (optional)
- Providers/suppliers must pay the cost of providing this documentation; it cannot be billed to CMS.

### **Submission Methods**

Providers/suppliers may submit this documentation in any of the following ways:

- Via postal mail to:  
Company Name  
Company Address  
City, State Zip Code
- Via fax to: XXX-XXX-XXXX
- Via Electronic Submission of Medical Documentation (esMD):  
More information on esMD can be found at [www.cms.gov/esMD](http://www.cms.gov/esMD)  
When sending records via esMD, please include a CASE ID number in your file transmission
- Via Encrypted CD: See attachment for detailed instructions.

### **Questions**

If you have any questions, please contact:

Contact Name

*Department*  
*Company Name*  
*Contact Address*  
*City, State Zip Code*  
*Office: XXX-XXX-XXXX*  
*Toll Free: XXX-XXX-XXXX*  
*Fax: XXX-XXX-XXXX*

*Company Email Address*  
*Company Website*

*Sincerely,*

*DME MAC Jurisdiction X Medical Review*

***Attachments / Supplementary Information***

- 1. Important Notices*
- 2. Cover Sheet*
- 3. Change of address information*
- 4. Appeals process*
- 5. Comparative Data*
- 6. Encrypted CD Submission Process*

**Exhibit 46.3 – Recovery Auditor Unified Postpayment ADR Sample Letter  
(Rev.557, Issued: 11-26-14, Effective: 12-29-14, Implementation: 12-29-14)**



*Region X Recovery Audit Contractor*

**Date:**

**Reference ID:**

**Attention:**

**Address:**

**NPI:**

**PTAN:**

**Phone:**

**Fax:**

**Request Type & Purpose:** *Additional Documentation Required and Request for Medical Records*

*Dear Medicare Provider/Supplier,*

*The Centers for Medicare & Medicaid Services (CMS) continually strives to reduce improper payment of Medicare claims.<sup>3</sup> The Recovery Audit Program, mandated by Congress, has been developed to assist in accomplishing this goal.*

**Reason for Selection**

*1) Complex review(s) approved by CMS:*

*The Recovery Auditor is requesting additional documentation for these claims as part of a payment review based on an issue that has been approved by CMS. Providers/suppliers will receive a Review Results Letter after a claim determination has been made on these claims. If an underpayment or overpayment is identified, these claims will be sent to your claims processor for adjustment. The issues involved are detailed in the attachment.*

*2) Complex reviews being considered by the Recovery Auditor for submission to CMS for approval:*

*As mandated by the Recovery Auditor Statement of Work (SOW), no improper payments may be recovered until CMS has approved the complex review audit concept associated with a certain claim(s). The Recovery Auditor is requesting additional documentation on these claims as part of a test claim sample. The purpose of requesting the sample of claims is to assist the Recovery Auditor and CMS in determining if the audit concept is consistent with Medicare policy. Providers/suppliers will receive a Review Results Letter after a claim determination has been made on these claims. However, these claims will not be sent to your claims processor for adjustment unless CMS has approved the complex review audit concept. If the Recovery Auditor determines that the review of these claims has resulted in an improper payment, but CMS has not approved the audit concept, the Recovery Auditor will not initiate recovery on these claims, and the*

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<sup>3</sup> Social Security Act Sections 1156 [42 USC 1320C-5(a) (3)], 1833 [42 USC 13951 (e)], 1815 [42 USC 1395g (a)]; 1842]



*Recovery Auditor will send an additional letter notifying the provider/supplier that their audit for those claims has closed.*

*Please refer to the enclosed Claims Selected for Review Spreadsheet for a list of selected claims.*

### ***Action: Additional Documentation***

*Federal law requires that providers/suppliers submit medical record documentation to support claims for Medicare services upon request. Providers/suppliers are required to send supporting medical records to the Recovery Auditor program. **Providing medical records of Medicare patients to the Recovery Auditor program does not violate the Health Insurance Portability and Accountability Act (HIPAA).** Patient authorization is not required to respond to this request.*

### ***When: mm/dd/yyyy***

*Please provide the requested documentation by mm/dd/yyyy. A response is still required by mm/dd/yyyy even if you are unable to locate the requested information.*

### ***Consequences***

*If the provider/supplier fails to send the requested documentation or contact CMS by mm/dd/yyyy, the provider's/supplier's Medicare contractor will initiate claims adjustments or overpayment recoupment actions for these undocumented services.*

### ***Instructions***

- 1. The documentation submitted for this review must be a copy. Do not submit original documentation.*
- 2. A copy of this additional documentation request letter should be affixed to the documentation. Please bundle documents for each claim separately to enable us to ensure receipt of all requested documents.*
- 3. Providers/suppliers are responsible for obtaining supporting documentation from third parties (hospitals, nursing homes, suppliers, etc).*
- 4. Refer to the 'Supporting Documentation' attachment for a list of required supporting documentation to be submitted.*
- 5. The Recovery Auditor is required to reimburse providers for the submission of Medical Records for the following claim types only: Acute Care Inpatient Prospective Payment System Hospital Claims and Long Term Care Hospital Claims.*
- 6. If you meet the Medicare definition of one of these provider types, you will be reimbursed for the cost of providing copies of the additional documentation for inpatient hospital claims only. Payment will be issued to you within 45 days of receiving the additional documentation.*
- 7. Payment will be in the amount of \$0.12 per page, plus shipping cost if mailed via USPS regular mail. The amount per page will not exceed this quantity, and the maximum payment to a provider per medical record shall not exceed \$25.00.*
- 8. Please do not include Powers of Attorney, Living Wills, Correspondence, or Prior Episodes of Care.*
- 9. Note: Requirements for submitting imaged documentation on CD or DVD can be found at [RAxxx.com](http://RAxxx.com) or by calling the Recovery Auditor X Call Center at XXX-XXX-XXXX.*

### ***Submission Methods***

*Providers/suppliers may submit this documentation in any of the following ways:*

*Via postal mail or Encrypted CD/DVD:*

1. *Include a copy of the ADR letter with your documents.*
2. *Mail to the following:*

*Regular Mail:*

*Company Name  
Medical Review  
Mail Code  
Post Office Box  
City, State Zip*

*OR*

*Overnight Mail:*

*Company Name  
Medical Review  
Mail Code  
Address  
City, State Zip*

*Via fax to:*

1. *XXX-XXX-XXXX*
2. *Include a copy of the ADR letter with your documents.*

*Via Electronic Submission of Medical Documentation (esMD):*

1. *Include a copy of the ADR letter with your documents.*
2. *Submit your documentation to your CONNECT-compatible gateway or HIH.*
3. *More information on esMD can be found at [www.cms.gov/esMD](http://www.cms.gov/esMD)*

## ***Questions***

*If you have any questions please contact:*

- *Recovery Auditor Customer Service General Inquiry*
- *XXX-XXX-XXXX*
- *Address  
City, State Zip*

*Sincerely,*

*Recovery Auditor Region X*

## ***Attachments / Supplementary Information***

1. *Claims Selected for Review Spreadsheet*

**Exhibit 46.4 – CERT Unified Postpayment ADR Sample Letter**

**(Rev.557, Issued: 11-26-14, Effective: 12-29-14, Implementation: 12-29-14)**



**Date:**

**Reference ID:**

**Attention:**

**Title:**

**Address:**

**NPI/PROVIDER #:**

**Phone:**

**Fax:**

**Request Type & Purpose:** *New Request, Post-Payment Claim Review*

**Subject:** *Additional Documentation Required*

*Dear Medicare Provider/Supplier,*

*The Centers for Medicare & Medicaid Services (CMS), through the Comprehensive Error Rate Testing (CERT) program, carries out the task of requesting, receiving, and reviewing medical records.<sup>4</sup> The CERT program reviews selected Medicare A, B and DME claims and produces annual improper payment rates. For more information regarding the CERT program, please visit [www.cms.gov/CERT](http://www.cms.gov/CERT).*

**Reason for Selection**

*The CMS' CERT program has randomly selected one or more of your Medicare claims for review.*

**Action: Medical Records Required**

*Federal law requires that providers/suppliers submit medical record documentation to support claims for Medicare services upon request. Providers/suppliers are required to send supporting medical records to the CERT program. **Providing medical records of Medicare patients to the CERT program does not violate the Health Insurance Portability and Accountability Act (HIPAA).** Patient authorization is not required to respond to this request. Providers/suppliers are responsible for obtaining and providing the documentation as identified on the attached Bar Coded Cover Sheet.*

**When: mm/dd/yyyy**

*Please provide the requested documentation by mm/dd/yyyy. A response is still required by mm/dd/yyyy even if you are unable to locate the requested information.*

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<sup>4</sup>Social Security Act Sections 1833 [42 USC §1395l(e)] and 1815 [42 USC §1395g(a)]; 42 CFR 405.980-986

## **Consequences**

*If the provider/supplier fails to send the requested documentation or contact CMS by mm/dd/yyyy, the provider's/supplier's Medicare contractor will initiate claims adjustments or overpayment recoupment actions for these undocumented services.*

## **Instructions**

- *Specific information and instructions pertaining to the sampled claim and returning requested documents are shown on the following pages of this letter.*
- *Please include the bar coded cover sheet with your submission.*
- *The CMS is not authorized to reimburse providers/suppliers for the cost of medical record duplication or mailing. If you use a photocopy service, please ensure that the service does not invoice the CERT program.*

## **Submission Methods**

*You may submit this documentation in any of the following ways:*

- *Via postal mail to:  
CERT Documentation Office  
Company Address  
City, State Zip Code*
- *Via fax to:  
XXX-XXX-XXXX*
- *Via Electronic Submission of Medical Documentation (esMD):  
More information on esMD can be found at [www.cms.gov/esMD](http://www.cms.gov/esMD)  
When sending records via esMD, please include a CID or Claim ID number and the bar coded cover sheet in your file transmission*
- *Via Encrypted CD: Must contain only images in TIFF or PDF format. Prior to sending the CD please contact the CERT Office to convey the password.*

## **Questions**

*If you have any questions, please contact:*

- *CERT Documentation Office  
Company Address  
City, State Zip Code*
- *Office: XXX-XXX-XXXX*
- *Toll Free: XXX-XXX-XXXX*
- *Fax: XXX-XXX-XXXX*

*Sincerely,*

*Contact Name  
Director, Division of Error Rate Measurement  
Provider Compliance Group*

*Office of Financial Management  
Centers for Medicare & Medicaid Services*

***Attachments / Supplementary Information***

- 1. Claim Information*
- 2. Bar Coded Cover Sheet*

**Exhibit 46.5 – SMRC Unified Postpayment ADR Sample Letter**  
**(Rev.557, Issued: 11-26-14, Effective: 12-29-14, Implementation: 12-29-14)**



**Date:**

**Reference ID:**

**Attention:**

**Title:**

**Address:**

**NPI/PROVIDER #:**

**Phone:**

**Fax:**

**Request Type & Purpose:** *New Request, Post-Payment Claim Review*

**Subject:** *Documentation Required*

*Dear Medicare Provider/Supplier,*

*The Centers for Medicare & Medicaid Services (CMS) continually strives to reduce improper payment of Medicare claims<sup>5</sup>. As part of our effort to accomplish this goal, CMS has retained “Agency Name” as the Supplemental Medical Review Contractor (SMRC) to conduct a medical record review of selected Part A and Part B claims. Additional information regarding this contract can be found at: [‘web site url’](#).*

**Reason for Selection**

*Analysis of Medicare claims data for calendar year 20XX indicated a significant increase in billing and payment for Healthcare Common Procedure Coding System (HCPCS) code XXXXX.*

*This constitutes new and material evidence that establishes good cause for reopening the claim. Providing additional documentation for each claim is authorized by CMS and is being requested.*

**Action: Medical Records Required**

*Federal law requires that providers/suppliers submit medical record documentation to support claims for Medicare services upon request. **Providing medical records of Medicare patients to the SMRC does not violate the Health Insurance Portability and Accountability Act (HIPAA).** Patient authorization is not required to respond to this request.*

**When: mm/dd/yyyy**

*Please provide the requested documentation by mm/dd/yyyy. A response is still required by mm/dd/yyyy even if you are unable to locate the requested information.*

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<sup>5</sup> Social Security Act Sections [42 USC 1320c-5(a) (3)], 1833 [42 USC 13951 (e)], and 42 CFR 405.980(b)

*When the review is completed, you will receive a review results letter after a determination has been made. The results letter will stipulate if any underpayment(s) or overpayment(s) were identified.*

### **Consequences**

*If the provider/supplier fails to send the requested documentation or contact CMS by mm/dd/yyyy, the provider's/supplier's Medicare contractor will initiate claims adjustments or overpayment recoupment actions for these undocumented services.*

### **Instructions**

- *This agency does not reimburse the cost associated with copying of medical records from any setting. When records are requested, the expense of supplying medical records is a part of the administrative costs of doing business with Medicare. Therefore, invoices from record retention centers and copying agencies are not eligible for reimbursement.*
- *Refer to the ADR Claim List for selected claims.*
- *A copy of this request letter should be affixed to the documentation submitted.*
- *All documentation should be submitted within 45 days of the date of this notice.*
- *Please refer to the enclosed "Instructions for Submitting Requested Documentation/Medical Records" for additional information on document preparation and available submission methods.*
- *Refer to the enclosed claim summary for details and information.*
- *Note:*
  - *Medicare requires that medical record entries for services provided/ordered be authenticated by the author. The method used shall be a legible handwritten or electronic signature.*
  - *Stamp signatures are not acceptable. Beneficiary identification, date of service, and provider of the service(s) should be clearly identified on the submitted documentation. Documentation submitted in response to this request shall comply with these requirements.*
  - *This may require providers to contact the hospital or other facility where services were provided to obtain signed progress notes, plan of care, discharge summary, etc.*
  - *If signature requirements are not met, the reviewer will conduct the medical review without considering the documentation with the missing or illegible signature. This could lead the reviewer to determine that medical necessity for the service(s) billed has not been substantiated.*
  - *"Agency name" recommends that providers review their documentation prior to submission and ensure that all medical record entries and orders are signed appropriately. For documentation with a missing or illegible signature, a signature log or signature attestation may be submitted additionally as part of the ADR response. For detailed guidance regarding Medicare signature requirements, refer to the Medicare Program Integrity Manual, Publication 100-08, Chapter 3 and Section 3.3.2.4.*

### **Submission Methods**

*Providers/suppliers may submit the documentation in any of the following ways:*

- *Via postal mail to:*
  - Company Name*
  - Company Address*
  - City, State Zip Code*
  - ATTN:*
- *Via fax to: XXX-XXX-XXXX*

- *Via Electronic Submission of Medical Documentation (esMD):  
More information on esMD can be found at [www.cms.gov/esMD](http://www.cms.gov/esMD)  
When sending records via esMD, please include a CID or Claim ID number and the bar coded cover sheet in your file transmission.*
- *Via Encrypted CD:  
Must contain only images in TIFF or PDF format. Prior to sending the CD please contact Customer Service, XXX-XXX-XXXX, to convey the password.*

## ***Questions***

*If you have any questions, please contact:*

*Contact Name*

*Contact Address*

*City, State Zip Code*

*Office: XXX-XXX-XXXX*

*Toll Free: XXX-XXX-XXXX*

*Fax: XXX-XXX-XXXX*

*Sincerely,*

*Supplemental Medical Review Contractor Program Manager*

## ***Attachments / Supplementary Information***

- 1. ADR Claim List*
- 2. Instructions for Submitting Requested Documentation/Medical Records*