

<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 786</b>	<b>Date: April 13, 2018</b>
	<b>Change Request 10529</b>

**SUBJECT: Reimbursing Providers and Health Information Handlers (HIHs) for Additional Documentation**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to provide updated instructions to the Recovery Audit Contractors (RACs) performing post payment reviews regarding the reimbursement to providers for submitting requested medical records.

**EFFECTIVE DATE: May 14, 2018**

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

**IMPLEMENTATION DATE: May 14, 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.

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
R	3/3.2/3.2.3/3.2.3.6/Reimbursing Providers and HIHs for Additional Documentation

**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:**

**Business Requirements  
Manual Instruction**



Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	for requested medical records sent via mail, fax, or CD/DVD at a rate of 15 cents per page, plus first class postage, if applicable, up to a maximum of \$15.00 per record.									
10529.4	RACs shall reimburse non-PPS institutions and practitioners for requested medical records sent via esMD at a rate of 15 cents per page, plus a \$2.00 transaction fee per case up to a maximum of \$27.00 per record.								RACs	

### 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: 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):** Joyce Davis, 410-786-0877 or Joyce.Davis1@cms.hhs.gov , Oladimeji Ibraheem, 410-786-5560 or Oladimeji.Ibraheem@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**

### 3.2.3.6 - Reimbursing Providers and HIHs for Additional Documentation

*(Rev.786, Issued: 04-13-18, Effective: 05-14-18, Implementation: 05-14-18)*

#### A. General

##### 1. Rules for MACs, SMRC, CERT, and UPICs

- The MACs, *SMRC*, CERT, and *UPICs* are not required to pay for medical documentation for either prepayment or post payment review.

##### 2. Rules for RACs

- *RACs* performing post payment review of hospital inpatient prospective payment system (PPS) and long term care facilities are required to pay the providers for *submitting requested medical records*. *RACs* shall *pay according to* the payment rate *schedule listed in section B below*.
- *RACs performing post payment review of provider types other than hospital inpatient PPS and long term care facilities are required to pay the providers for submitting requested medical records, according to the payment rate schedule listed in section B below.*
- *Providers under a Medicare reimbursement system (such as Critical Access Hospitals) receive no reimbursement for submitting medical records.*
- *RACs shall pay a maximum of \$15.00 per record, including first class postage if applicable, for requested documents submitted via mail/fax/CD/DVD.*
- *RACs shall pay a maximum of \$27.00 per record, including a transaction fee of \$2.00/case, for requested documents submitted via esMD.*
- *Payments will not be made for blank pages or documents/records that are not related to the claim being reviewed.*
- *RACs shall issue documentation submission payments on at least a monthly basis and shall issue all photocopying payments within 45 calendar days of receiving the documentation.*

*RACs* shall honor all requests from providers to issue photocopying payments to HIHs. *RACs* should gather, from the provider, all necessary information, such as, the HIH's name, phone number and bank routing number, etc.

- *Providers interested in submitting documentation via esMD can find information on the CMS esMD website at <http://www.cms.gov/esMD>.*

#### B. Payment Schedule for Requested Medical Records

	<i>Hospital Inpatient Prospective Payment System (PPS) Facilities and Long Term Care Facilities</i>	<i>Non-PPS Institutions and Practitioners</i>
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<b>Documentation sent via mail, fax, CD/DVD</b>	<ul style="list-style-type: none"> <li>- 12 cents per page</li> <li>- Plus first class postage, if applicable</li> <li>- \$15.00 maximum per record</li> </ul>	<ul style="list-style-type: none"> <li>- 15 cents per page</li> <li>- Plus first class postage, if applicable</li> <li>- \$15.00 maximum per record</li> </ul>
<b>Documentation sent via esMD</b>	<ul style="list-style-type: none"> <li>- 12 cents per page</li> <li>- Plus \$2.00 transaction fee, per record</li> <li>- \$27.00 maximum per record</li> </ul>	<ul style="list-style-type: none"> <li>- 15 cents per page</li> <li>- Plus \$2.00 transaction fee, per case</li> <li>- \$27.00 maximum per record</li> </ul>

*\*Note: Providers under a Medicare reimbursement system (such as Critical Access Hospitals) receive no reimbursement for submitting medical records. Also, payments will not be made for blank pages or documents/records that are not related to the claim being reviewed.*