CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-08 Medicare Program Integrity	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 500	**Date: December 27, 2013**
	Change Request 8547

SUBJECT: Third-party Additional Documentation Request CERT Update

I. SUMMARY OF CHANGES: The Program Integrity Manual (PIM) provides instructions to CMS' program integrity contractors. As a result of GAO 13-522, CMS plans to make some changes to the PIM to make contractor requirements more uniform. This CR adds instructions to the PIM that have been in the CERT Manual since July 11, 2008. These instructions have been available to the MACs through the Claims Status Website since July 11, 2008. Therefore this addition to the PIM does not constitute new instructions, only increased transparency for the contractors as recommended by GAO 13-522 dated July 23, 2013.

EFFECTIVE DATE: July 11, 2008
IMPLEMENTATION DATE: January 28, 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.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	Chapter 3/ 3.2.3.3/ Third-party Additional Documentation Request

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

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

Attachment - Business Requirements

Pub. 100-08	Transmittal: 500	Date: December 27, 2012	Change Request: 8547

SUBJECT: Third-party Additional Documentation Request CERT Update

EFFECTIVE DATE: July 11, 2008
IMPLEMENTATION DATE: January 28, 2014

I. GENERAL INFORMATION

A. Background: The purpose of this change request (CR) is to add CERT information to the PIM to improve medical review transparency.

The Government Accountability Office issued GAO 13-522 on July 23, 2013 titled "Increasing Consistency of Contractor Requirements May Improve Administrative Efficiency". This report states that postpayment review contractors- Medicare Administrative Contractors (MAC), Zone Program Integrity Contractors (ZPIC), Recovery Auditors and Comprehensive Error Rate Testing Contractors (CERT) differ in requirements for claims reviews. GAO stated that the following recommendations may improve efficiency and decrease the burden on providers:

1. Examine all postpayment review requirements for contractors to determine those that could be made more consistent without negative effects on program integrity;

2. Communicate publicly CMS' findings and its time frame for taking further action; and

3. Reduce differences in postpayment review requirements where it can be done without impeding the efficiency of its efforts to reduce improper payments.

The Program Integrity Manual (PIM) provides instructions to CMS' program integrity contractors. As a result of GAO 13-522, CMS plans to make some changes to the PIM to make contractor requirements more uniform. This CR adds instructions to the PIM that have been in the CERT Manual since July 11, 2008. These instructions have been available to the MACs through the Claims Status Website since July 11, 2008. Therefore this addition to the PIM does not constitute new instructions, only increased transparency for the contractors as recommended by GAO 13-522 dated July 23, 2013.

B. Policy: This CR requires that the CERT reviewer shall request medical record documentation from the referring provider as submitted/identified by National Provider Identifier/Unique Physician Identification Number on the claim when such information is not sent in by the billing supplier/provider initially and after a request for additional documentation fails to produce medical documentation necessary to support the service billed and supported by the Local and National Coverage Determinations.

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	HHH	MAC	FISS	MCS	VMS	CWF	
8547.1	The CERT reviewer shall request medical record documentation from the referring provider as submitted/identified by National Provider Identifier/Unique Physician Identification Number on the claim when such information is not sent in by the billing supplier/provider initially and after a request for additional documentation fails to produce medical documentation necessary to support the service billed and supported by the Local and National Coverage Determinations.	X	X		X					CERT, ZPICs

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): Pamela Villanyi, 410-786-1522 or pamela.villanyi@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

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 dos 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.

3.2.3.3 Third-party Additional Documentation Request

(Rev.500, Issued: 12-27-13, Effective; 07-11-08, Implementation: 01-28-14)

This section applies to MACs, Recovery Auditors, CERT and ZPICs, as indicated.

Unless otherwise specified, the MAC, Recovery Auditor and ZPIC shall request information from the billing provider/supplier. The treating physician, another clinician, provider, or supplier should submit the requested documentation. However, because the provider selected for review is the one whose payment is at risk, it is this provider who is ultimately responsible for submitting, within the established timelines, the documentation requested by the MAC, CERT, Recovery Auditor and ZPIC.

The CERT reviewer shall request medical record documentation from the referring provider as submitted/identified by National Provider Identifier/Unique Physician Identification Number on the claim when such information is not sent in by the billing supplier/provider initially and after a request for additional documentation fails to produce medical documentation necessary to support the service billed and supported by the Local and National Coverage Determinations.

The MAC, ZPIC and Recovery Auditor have the discretion to send a separate ADR to third-party entities involved in the beneficiary's care. They shall not solicit documentation from a third party unless they first or simultaneously solicit the same information from the billing provider or supplier. The following requirements also apply:

- The MACs, ZPICs and Recovery Auditors shall notify the third party and the billing provider or supplier that they have 30 calendar days to respond for a prepayment review or 45 calendar days for a postpayment review for MACs and Recovery Auditors and 30 calendar days for ZPICs.
- For prepayment review, the MACs and ZPICs shall pend the claim for 45 calendar days. This 45 day time period may run concurrently as the 45 days that the billing provider or supplier has to respond to the ADR letter;
- The MACs and ZPICs have the discretion to issue as many reminder notices as they deem appropriate to the third party via email, letter or phone call prior to the 30th or 45th calendar day , as discussed above;
- When information is requested from both the billing provider or supplier and a third party and a response is received from one or both that fails to support the medical necessity of the service, the MACs and ZPICs shall deny the claim, in full or in part, using the appropriate denial code. Contractors shall count these denials as complex review.
- Contractors shall include language in the denial notice reminding providers that beneficiaries cannot be held liable for these denials unless they received proper liability notification before services were rendered, as detailed in CMS Pub.100-04, Medicare Claims Processing Manual, chapter 30.
- Refer to§3.2.3.7 for ADR to ordering providers for lab services.