

Related Change Request (CR) #: 4022

MLN Matters Number: MM4022

Related CR Release Date: September 30, 2005

Related CR Transmittal #: 125

Effective Date: December 30, 2005

Implementation Date: December 30, 2005

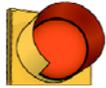
Medical Review Additional Documentation Requests (ADRs)

Note: This article was updated on February 16, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

All Medicare providers and suppliers

Provider Action Needed



STOP – Impact to You

Through the use of the Additional Documentation Request (ADR), your carrier, including Durable Medical Equipment Regional Carriers (DMERCs), or intermediary may ask you for additional documentation regarding a particular Medicare claim.



CAUTION – What You Need to Know

To get a more complete picture of a patient's clinical condition, CR4022 allows carriers, DMERCs, and intermediaries to request additional documentation about the patient's condition before and after a specific service to gain a more complete picture of the patient's clinical condition.



GO – What You Need to Do

Your staffs should be aware of ADRs and should be prepared to respond to them within 30 days.

Background

When a carrier, DMERC, or intermediary (also referred to as Medicare contractor(s)), cannot make a coverage or coding determination from the information that has been provided on a claim and its

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

attachments, they may ask for additional documentation by issuing an Additional Documentation Request (ADR). The Medicare contractor must request records related to the claim(s) being reviewed.

The Medicare contractor may collect documentation related to the patient's condition before and after a service in order to get a more complete picture of the patient's clinical condition. Your Medicare contractor will not deny other claims related to the documentation of the patient's condition before and after the claim in question unless they review and give appropriate consideration to the actual additional claims and associated documentation.

Additional Information

For more information about ADRs during prepayment or postpayment medical review, go to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R125PI.pdf> on the CMS website.

Also useful is the Medicare Program Integrity Manual, Chapter 3 (Verifying Potential Errors and Taking Corrective Actions), Section 3.4.1.2 (Additional Documentation Requests (ADR) During Prepayment or Postpayment MR), which is an attachment to CR4022.

Finally, if you have any questions, please contact your carrier/DMERC/intermediary at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.