

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services



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Ordering and Certifying Documentation - Maintenance Requirements

Note: This article was revised on August 19, 2015, to add a reference to MLN Matters® Article MM9112 available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/MM9112.pdf>, which clarifies the term “access to documentation” to mean that the documentation is actually provided or made available in the manner requested by CMS or a Medicare contractor. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for physicians, non-physician practitioners, Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) suppliers and Home Health Agencies (HHAs) submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), carriers, and A/B Medicare Administrative Contractors (MACs)) for services to Medicare beneficiaries.

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Provider Action Needed



STOP – Impact to You

This article, based on Change Request (CR) 7890, informs you of instructions to Medicare contractors regarding the implementation of ordering and certifying documentation and maintenance requirements found in 42 Code of Federal Regulations (CFR) 424.516(f).



CAUTION – What You Need to Know

A provider or supplier that furnishes covered ordered items of DMEPOS, clinical laboratory, imaging services, or covered ordered/certified home health services is required to:

- Maintain documentation for 7 years from the date of service, and
- Provide access to that documentation upon the request of the Centers for Medicare & Medicaid Services (CMS) or a Medicare contractor.

A physician who orders/certifies home health services and a physician or, when permitted, other eligible professional, who orders items of DMEPOS or clinical laboratory or imaging services is required to:

- Maintain the documentation for 7 years from the date of service, and
- Provide access to that documentation upon the request of CMS or a Medicare contractor.

If the provider, supplier, physician or eligible professional (as applicable) fails to maintain this documentation or to furnish this documentation upon request, the contractor may revoke the party's Medicare billing privileges under 42 CFR 424.535(a)(10).



GO – What You Need to Do

Review the description of documentation to be maintained in the Background section below. Make sure that your billing staffs are aware of these requirements for documentation.

Background

Under 42 CFR 424.516(f)(1), a provider or supplier that furnishes covered ordered items of DMEPOS, clinical laboratory, imaging services, or covered ordered/certified home health services is required to (1) maintain documentation (see next paragraph) for 7 years from the date of service, and (2) provide access to that documentation upon the request of CMS or a Medicare contractor.

The documentation to be maintained includes written and electronic documents (including the National Provider Identifier (NPI) of the physician who ordered/certified the home

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health services and the NPI of the physician or, when permitted, other eligible professional who ordered items of DMEPOS or clinical laboratory or imaging services) relating to written orders and certifications and requests for payments for items of DMEPOS and clinical laboratory, imaging, and home health services.

In addition, under 424.516(f)(2), a physician who orders/certifies home health services and the physician or, when permitted, other eligible professional, who orders items of DMEPOS or clinical laboratory or imaging services is required to maintain the documentation described in the previous paragraph for 7 years from the date of service and to provide access to that documentation pursuant to a CMS or Medicare contractor request.

If the provider, supplier, physician, or eligible professional (as applicable) fails to maintain this documentation or to furnish this documentation upon request, the contractor may revoke the party's Medicare billing privileges under 42 CFR 424.535(a)(10).

The CMS policy states that, absent a CMS directive to the contrary, the Medicare contractor will request the documentation described above if it has reason to believe that the provider, supplier, physician or eligible professional (hereinafter collectively referred to as "provider") is not maintaining the documentation in accordance with Section 424.516(f)(1) or (2).

Examples of when a request might be appropriate include, but are not limited to, the following:

- The contractor has detected an unusually high number of denied claims involving the provider, or the Fraud Prevention System has otherwise generated an alert with respect to the provider.
- The provider has been the subject of a recent Zone Program Integrity Contractor referral.
- The provider maintains an elevated surety bond amount.

If a provider fails to respond to a letter request for documentation within 30 days of the Medicare contractor's request, the contractor may revoke the provider's Medicare billing privileges and impose a 1-year re-enrollment bar.

Additional Information

You may want to review SE1311, which includes important information for physicians and non-physician practitioners who opt out of Medicare and/or elect to order and certify services to Medicare beneficiaries.

The official instruction, CR7890 issued to your carrier, FI, or A/B MAC regarding this change may be viewed <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R431PI.pdf> on the CMS website.

If you have any questions, please contact your carrier, FI, or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and->

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[Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html](#) on the CMS website.

Important information for physicians and non-physician practitioners who opt out of Medicare and/or elect to order and certify services to Medicare beneficiaries is available in MLN Matters® Article SE1311 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1311.pdf> on the CMS website.

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