



Collaborative Patient Care is a Provider Partnership



What's Changed?

- Added a message about health equity – see callout box on page 2
- Added a message on page 4 about Medicare Advantage plan patients

You'll find substantive content updates in dark red font.

As a physician, supplier, or other health care provider, you may need to collaborate with other providers when providing care to your Medicare patients. For example, you may:

- Write orders
- Make referrals
- Request health care services or items for your patient

It's important to understand Medicare coverage criteria and documentation requirements that apply for those services or items. This helps to ensure:

- Quality care for your patient
- Accurate and timely processing and payment of:
 - Your claims
 - The claims of other providers or suppliers who provide services or items for your patient

Note: This fact sheet is limited to information and documentation you need to support medical necessity when you partner with other providers. Other coverage and payment rules may also apply.

Background

[Title XVIII of the Social Security Act, Section 1862 \(a\)\(1\)\(A\)](#) states “No payment may be made under Part A or Part B for expenses incurred for items or services which...are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member...”

To make sure Medicare accurately processes and pays claims, various Medicare review contractors conduct claims audits (such as Medicare Administrative Contractors (MACs), Recovery Audit Contractors (RACs), and others).

Medicare audits frequently show that provider-submitted documentation doesn't provide enough information to establish medical necessity. To ensure proper claims processing and payment, you must follow documentation requirements and meet Medicare coverage criteria.

If your documentation is incomplete:

- Medicare may not pay for the services or items you ordered or requested
- Your patient may have to pay additional costs

Also, if you don't provide enough information to support medical necessity when you make referrals or write orders, the other provider or supplier may delay or deny care to your patient.

Together we can advance health equity and help eliminate health disparities for all minority and underserved groups. Find resources and more from the [CMS Office of Minority Health](#):

- [Health Equity Technical Assistance Program](#)
- [Disparities Impact Statement](#)

Share Information with Your Partners

Other providers or suppliers may need your documentation or certification supporting the medical necessity of the services or items they provide based on your referral or order.

[Section 1842\(p\)\(4\) of the Social Security Act](#) requires the cooperation of all providers of services or items to supply the necessary documentation and information. It states in part:

[i]n case of an item or service...ordered by a physician or a practitioner...but furnished by another entity, if the Secretary (or fiscal agent of the Secretary) requires the entity furnishing the item or service to provide diagnostic or other medical information in order for payment to be made to the entity, the physician or practitioner shall provide that information to the entity at the time that the item or service is ordered by the physician or practitioner.

When you collaborate with another provider, be sure you document everything needed to meet Medicare payment requirements.

- When you write orders or make referrals to another provider, be sure to include all the necessary diagnostic or other medical information to support medical necessity
- If you provide services or items based on an order or referral from another provider, be sure you get the necessary diagnostic or other medical information to support medical necessity

[The Health Insurance Portability and Accountability Act \(HIPAA\) Privacy Rule](#) allows you to disclose protected health information without patient authorization to other health care providers also covered under the HIPAA rule to carry out treatment, payment, or health care operations. You can't charge for providing requested documentation to another health care provider. It's not a HIPAA violation, provided you need to provide the information for patient treatment, payment, or health care operations.

What to Document

You need to provide thorough and accurate documentation to support medical necessity for services or items you provide or order. The documentation should:

- Give a thorough picture of what happened during the patient's visit
- Tell why services or items you ordered or gave are medically necessary

Documentation Supporting Medical Necessity must be complete, legible, and may include:

- Name of person providing the services or items
- Date of services or items
- Patient's signs, symptoms, and any conditions supporting the need for the services or items
- Details of the services or items you provided
- Where you provided services or items
- Signed orders for services or items and the clinical rationale for the orders
- Rationale for the level of care given
- Intensity, frequency, duration, and scope of services
- Legible signature of the person providing the service and the physician ordering and approving treatment plans (if signature isn't legible, include a signature log showing name in print and signature)

For Medicare Advantage (MA) plan patients, check with the MA plan for information on eligibility, coverage, and payment. Each plan can have different patient out-of-pocket costs and specific rules for getting and billing for services. You must follow the plan's terms and conditions for payment.

Resources

- [Complying with Medical Record Documentation Requirements](#) (MLN fact sheet)
- [Find your MAC's website](#)

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