

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 422	Date: May 25, 2012
	Change Request 7837

SUBJECT: Request Records Related to the Claim Being Reviewed

I. SUMMARY OF CHANGES: The purpose of this CR is to clarify that contractors shall request records related to the claim and should request documentation related to the beneficiary's condition before and after a service.

EFFECTIVE DATE: June 26, 2012

IMPLEMENTATION DATE: June 26, 2012

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	3.2.3.4/Additional Documentation Request Required and Optional Elements

III. FUNDING:

For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

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

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

Attachment - Business Requirements

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SUBJECT: Request Records Related to the Claim Being Reviewed

Effective Date: June 26, 2012

Implementation Date: June 26, 2012

I. GENERAL INFORMATION

A. Background:

When performing complex medical review, contractors shall request medical documentation. Contractors shall request records related to the claim and should request documentation related to the beneficiary's condition before and after a service. We are deleting the statement that places a 12 month restriction on the look back period for medical documentation.

B. Policy:

Contracts shall request medical documentation when performing a complex medical review of a claim.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M M A C	F I I E R	C A R I E R	R H H I S S	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
7837.1	Contractors shall request records related to the claim(s) being reviewed and have the discretion to collect documentation related to the beneficiary's condition before and after a service.	X	X	X	X	X					CERT RAC

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B M A C	D M E M A C	F I I E R	C A R R I E R	R H H I I S S	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C M W F		
	None										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below: N/A

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Debbie Skinner, debbie.skinner@cms.hhs.gov, 410-786-7480

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

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs)*, *Regional Home Health Intermediaries (RHHIs)*, and/or *Carriers*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: For *Medicare Administrative Contractors (MACs)*, include the following statement:

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.

3.2.3.4 - Additional Documentation Request Required and Optional Elements *(Rev.422, Issued: 05-25-12, Effective: 06-26-12, Implementation: 06-26-12)*

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

- The MAC shall use discretion to ensure that the amount of medical documentation requested does not negatively impact the provider's ability to provide care.
- The Recovery Auditors shall issue ADRs in accordance with limits established by their Contract Officer Technical representative (COTR) for each calendar year.
- *The MACs, CERT, and Recovery Auditors, shall request records related to the claim(s) being reviewed and have the discretion to collect documentation related to the beneficiary's condition before and after a service.*
- The MACs, Recovery Auditors, and ZPICs have the discretion to issue as many reminder notices as they deem appropriate. Reminder notices can be issued via email or letter.
- The CERT shall issue reminder notices in accordance with its SOW.
- MACs, Recovery Auditors, and ZPICs shall not target their ADRs to providers based solely on the provider's electronic health record status or chosen method of submitting records.