



[Date]

Letter ID: XXX

[Provider Name]  
[Provider Address]  
[NPI Number]

Subject: Additional Documentation Request (ADR)

Dear Medicare Provider:

The Centers for Medicare & Medicaid Services (CMS) has retained StrategicHealthSolutions, LLC (Strategic) as the Supplemental Medical Review Contractor (SMRC) to conduct medical record review of selected Part A and Part B claims. Additional information regarding this contract can be found at: <http://www.strategichs.com/>

This notice serves to request documentation for the post-payment medical review of Medicare Part B claim(s) listed in the enclosure. Strategic does not reimburse the cost associated with copying of medical records from any setting. When records are requested, the expense of supplying medical records is a part of the administrative costs of doing business with Medicare. Therefore, invoices from record retention centers and copying agencies are not eligible for reimbursement.

In accordance with 42 USC 1320(c) (5) (A) (3) and 1833 of the Social Security Act, you must provide documentation upon request to support claims for Medicare services. This request complies with the Health Insurance Portability and Accountability ACT (HIPAA) Privacy Rule, which allows release of information without explicit patient consent for treatment, payment and healthcare operations.

The term Power Mobility Devices (PMDs) includes power operated vehicles and power wheelchairs. According to Medicare guidelines, the Medicare Part B Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) benefit pays for PMDs provided to beneficiaries, based on statutory and DMEPOS specific requirements. Additionally, more specialized seating cushions, positioning devices and/or other PMD options/accessories may also be covered by Medicare, if specific coverage criteria are met.

On September 1, 2012 CMS implemented a Prior Authorization Demonstration process for PMDs for people who reside in seven states which includes CA, IL, MI, NY, NC, FL and TX. CMS believes this demonstration will lead to reductions

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in improper payments for power mobility devices, which will help ensure the sustainability of the Medicare Trust Funds and protect beneficiaries who depend upon the Medicare program.

CMS has requested that the SMRC perform post payment medical review of claims from those states not included in the Prior Authorization Demonstration for PMDs. The high incidence of improper payment of PMDs nationally constitutes new and material evidence that establishes good cause for reopening as required under 42 CFR 405.980(b). For this SMRC project the focus of the review will be on the following Healthcare Common Procedure Coding System (HCPCS) codes:

- All Power Operated Vehicles (K0800-K0805 and K0809-K0812)
- All standard power wheelchairs (K0813 thru K0829)
- All Group 2 complex rehabilitative power wheelchairs (K0835 thru K0843)
- All Group 3 complex rehabilitative power wheelchairs without power options (K0848 thru K0855)
- All pediatric and Group 4 power wheelchairs (K0887 thru K0891)
- Miscellaneous power wheelchairs (K0898)

Please submit the following supporting documentation for each claim requested in the following sequence:

- Face-to-face examination documentation
- Specialty evaluation (if applicable)
- 7-element physician order
- Detailed product description
- Home assessment
- All other necessary clinical information supporting the medical necessity of the Power Mobility Device, including all options and accessories
- Documentation supporting continued use and medical need for the item (applicable for rental items that have ongoing billing/reimbursement)
- Evidence of suppliers RESNA-certified ATP involvement (if applicable)
- Beneficiary authorization/request for payment
- Proof of delivery documentation



- Advance Determination of Medicare Coverage approval letter (if applicable)
- Advanced Beneficiary Notice (if applicable)
- Any and all other documentation to support the item billed

A copy of this request letter should be affixed to the documentation submitted.

All documentation should be submitted within 30 days of the date of this notice. Please refer to the enclosed **Instructions for Submitting Requested Documentation/Medical Records** for additional information on document preparation and available submission methods. A response is required even if you are unable to locate the requested documentation.

Failure to comply with this request could result in potential denial and recoupment of payment previously issued. You will receive a review results letter after a determination has been made. The results letter will stipulate if any overpayment(s) were identified.

Questions regarding this request should be directed to the Supplemental Medical Review Department at 888.963.5527.

Sincerely,

Brenda Shafer, RN, BSHM, CPC  
Supplemental Medical Review Contract Program Manager

Enclosures



Please refer to the enclosed **Instructions for Submitting Requested Documentation/Medical Records** for additional information on document preparation and available submission methods. Attach a copy of this ADR Claim Sample List to the front of each record. Clearly identify the corresponding sampled claim from the list by circling or marking an (x) next the Sample ID and beneficiary name.

### ADR Claim Sample List

The following claims have been selected for post-payment review of PMDs. Please send the requested documentation listed on the Additional Documentation Request for each claim.

NPI:		Provider:		Project :	
Sample ID	Beneficiary Name	Date of Birth	CCN	Claim From Date	Claim To Date

SAMPLE



## Instructions for Submitting Requested Documentation/Medical Records

How to prepare requested documents for efficiency during the record intake and medical review process:

1. Prepare documents/records in the order of the requested information listed on the enclosed ADR letter.
2. Do not staple any pages together in the record. Paper clips and rubber bands are acceptable to keep the records organized, if necessary.
3. Ensure all submitted pages are complete, legible, and include both sides of the page and edges where applicable.
4. Bundle records for each claim sample separately. Each record should be its own file regardless of the size and/or submission method including faxes.
5. Attach a copy of the ADR Claim Sample List to the front of each record. Clearly identify the corresponding sampled claim from the list by circling or marking an (x) next the Sample ID and beneficiary name.

Please choose **ONE** of the following methods of submission after following steps 1-5:

- **esMD**  
Providers now have the option to submit requested documentation via the Electronic Submission of Medical Documentation (esMD) mechanism. Please notify SHS if you intend to submit via esMD. For more information about esMD, see [www.cms.gov/esMD](http://www.cms.gov/esMD).
- **Faxing**  
Fax documents for each claim separately to enable us to ensure receipt of all requested documentation for each claim. Please include a cover sheet stating the number of pages faxed. Fax information to: 402.779.8560
- **Mail** (Paper copies or CD\*)

StrategicHealthSolutions, LLC  
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Omaha, NE 68164-3602  
**ATTN:** Supplemental Medical Review Contract

\*Imaged records can be submitted via an **encrypted** CD. Do NOT submit the password information with the CD. Provide the password in a separate mailing or call customer service. Each medical record should be saved as a separate file and identified by the Sample ID provided on the ADR Claim Sample List. Files must be in .PDF format and sent in a tamper-proof package.

**Direct questions and/or faxing issues to Customer Service at 888.963.5527**

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