

Additional Documentation Limits for Durable Medical Equipment (DME) Suppliers (as of April 4, 2013)

The Centers for Medicare & Medicaid Services (CMS) has modified the additional documentation request limits for the Recovery Auditor program in FY 2013 for suppliers. These limits will be set by CMS on a regular basis to establish a cap per supplier on the maximum number of medical records that may be requested per Recovery Auditor, per 45-day period.

Each limit will be based on a given supplier's prior calendar year Medicare claims volume within each Recovery Audit region.

- Limits will be based on the supplier's Tax Identification Number (TIN). A national supplier who has one TIN and has claims paid by all four DME MACs will have claims available for review by all Recovery Auditors.
- Limits will be set at 10% of all claims submitted for the previous full calendar year, divided into eight periods (45 days). Although the Recovery Auditors may go more than 45 days between record requests, in no case shall they make requests more frequently than every 45 days. (Please see #4 for an exception)

Note: FY 2013 limits are based on submitted claims, irrespective of paid/denied status and/or individual lines, although credit/replacement pairs shall be considered a single claim. For example:

- Supplier A billed 1,253 claims last year. The supplier's additional documentation limit would be $(1,253 * 0.1) / 8 = 15.6625$, or 16 additional documentation requests per 45 days.
- Supplier B billed 255,000 claims last year. The supplier's additional documentation limit would be $(255,000 * 0.1) / 8 = 3,187.5$. The provider's additional documentation limit would be 3,188 additional documentation requests every 45 days, if there were no cap in place (see below).
- The cap for FY 2013 will be 250 additional documentation requests per 45 days for all suppliers (Please see #4 for an exception).
- Providers billing with provider specialty codes 51, 52, 53, 55, 56 or 57 will have an additional documentation limit not to exceed 10 requests every 45 days. This limit will only be for orthotic and prosthetic items or services on the claim. The standard DME limits for these providers will apply for any other items or services.
- In addition, in FY 2013 CMS will allow the Recovery Auditors to request permission to exceed the cap. The expanded cap will not be automatic; the Recovery Auditors must request approval from CMS on a case-by-case basis

and affected suppliers will be notified prior to receiving additional requests.

NOTE: There is no minimum ADR limit for suppliers.

Questions concerning this update can be directed to RAC@cms.hhs.gov.