| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100001 | Interim verbal orders | | |
| 100002 | Physician/Non Physician (NPP) Admission Orders | | |
| 100003 | Proof of Delivery | | |
| 100004 | Referral for Diabetes Self-Management Training (DSMT) services and plan of care | | |
| 100005 | Acute/post-acute care document to support home health eligibility | | |
| 100006 | Acute/post-acute care document to support hospice eligibility | | |
| 100007 | Addendum to record | | |
| 100008 | Initial admission assessment or reassessment | | |
| 100010 | CMS 2728 (End stage renal disease medical evidence report; Medicare entitlement and/or beneficiary registration) | | |
| 100011 | Documentation to support continued medical need | | |
| 100012 | Expected length of stay | | |
| 100013 | Home health aide care plan | | |
| 100014 | Home Health Plan of Care | | |
| 100015 | Home Health start of care assessment | | |
| 100016 | Home Health skilled nursing, home health aide, and rehabilitation therapy notes including initial evaluations, re-evaluations, progress notes, and actual therapy minute grids | | |
| 100017 | Documentation that supports the beneficiary's need for the level and frequency of home health or hospice services provided, including any changes during the period under review. | | |
| 100018 | Physician Certification/Recertification or Physician Certification/Recertification Statement (PCS) for all dates of service under review including period preceding dates of service and any justification for any delayed certifications | Modified | Apr 2025 |
| 100019 | Physician certification/recertification that the inpatient psychiatric facility admission was medically necessary for either: (1) treatment which could reasonably be expected to improve the beneficiary's condition, or (2) diagnostic study | | |
| 100020 | Signed and dated initial and subsequent plan of care/amendment including, short and long term goals with any updates to the plan of care | Modified | Apr 2025 |
| 100021 | Signed election statement | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100022 | Physician consultations | | |
| 100023 | CLIA certificate | | |
| 100024 | Diagnostic tests, radiological reports, lab results, pathology reports, and other pertinent test results and interpretations | | |
| 100025 | Results of preadmission testing and laboratory results | | |
| 100026 | X-ray findings and/or bone cultures | | |
| 100027 | Discharge summary from Hospital, Skilled Nursing, Continuous Care, and/or Respite Care facilities | | |
| 100028 | Documentation to support evidence of follow up assessment of the beneficiary at one week, one month and three months postoperatively. This must include discussion of the beneficiary's procedure; response, prognosis and necessary follow up | | |
| 100029 | Admitting diagnosis along with any diagnosis of comorbid disease and the psychiatric diagnosis if applicable | | |
| 100030 | All records that justify and support the level of care received | | |
| 100031 | Beneficiary body surface area (BSA) used to calculate dose given | | |
| 100032 | Beneficiary's medical records (which may include; practitioner medical records, hospital records, nursing home records, home care nursing notes, physical/occupational therapy notes) that support the item(s) provided is/are reasonable and necessary | | |
| 100033 | Cardiac Risk Factors Assessment | | |
| 100034 | Cardiac and/or pulmonary rehab session documentation and/or Cardiopulmonary exercise testing | | |
| 100035 | Current adjunctive treatment | | |
| 100036 | Description of the onset of illness and the circumstances leading to admission | | |
| 100037 | Documentation of Face-to-Face Encounter and signed Attestation | | |
| 100038 | Documentation of complaints, pain level and activities of daily living (ADL) limitations | Modified | Apr 2025 |
| 100039 | Documentation supporting the attitudes and behaviors with estimation of intellectual functioning, memory functioning, and orientation. | | |
| 100040 | Documentation supporting the services billed are subject to a waiver/alternative payment model (APM) | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100041 | Documentation to support National Coverage Determination (NCD), Local Coverage Determination (LCD), Policy Article, and/or Standard Documentation Requirement Article (A55426) requirements | | |
| 100042 | Documentation to support a systemic condition, neuropathy, vascular impairment, onychogryphosis and/or onychauxis. | | |
| 100043 | Documentation to support a) compliance with and a failed trial of symptom- appropriate behavioral therapy of sufficient length to evaluate potential efficacy and b) compliance with and has failed or been unable to tolerate a trial of at least two appropriate medications administered for four to eight weeks | | |
| 100044 | Documentation to support care is being provided under the care of a physician | | |
| 100045 | Documentation to support each of the Health Insurance Prospective Payment System (HIPPS) code(s) billed, including but not limited to any of the following related to each of the assessment reference date(s) (ARD); admission assessments/evaluations, orders, nurse notes, progress notes, history and physical(s), medication records, treatment records, acute hospital records. | | |
| 100046 | Documentation to support information entered on the IRF PAI | | |
| 100047 | Documentation to support overactive bladder syndrome (OBS) and beneficiary is a candidate for PTNS | | |
| 100048 | Documentation to support severe peripheral involvement. | | |
| 100049 | Documentation to support that the entire body was exposed to the oxygen increased atmospheric pressure and administered in a chamber | | |
| 100050 | Documentation to support time in/out or actual time spent. | | |
| 100051 | Emergency Room records | | |
| 100053 | Evaluation of foot structure, vascular and skin integrity | | |
| 100054 | Functional Independent Measure (FIM) records | | |
| 100055 | History and Physical reports (include medical history and current list of medications) | | |
| 100056 | Documentation to support homebound status | | |
| 100057 | Hospital records that validate a qualifying stay | | |
| 100058 | Hyperbaric Oxygen (HBO) Therapy logs/treatment record | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100059 | In hospital to hospital transfers, medical reason beneficiary could not be treated at first or initial hospital | | |
| 100060 | Include an inventory of the beneficiary's assets in descriptive, not interpretative fashion | | |
| 100061 | Include records for dates of service billed and the MDS look back period. This can be up to 30 days prior to the assessment reference date(s) of the MDS(s) | | |
| 100062 | Individual and group psychotherapy and beneficiary education and training | | |
| 100063 | Individualized treatment plan for psychiatric services with updates | | |
| 100064 | Initial hospital inpatient care | | |
| 100065 | Initial psychiatric/psychological evaluation/mental status exam | | |
| 100066 | IRF PAI (Patient Assessment Instrument) | | |
| 100067 | Listing of most current beneficiary medications | | |
| 100068 | Medical documentation detailing prior course of treatment, including all interventions and/or evaluations | | |
| 100069 | Medication Administration Record (MAR) and/or Infusion Flowsheet documenting the quantity administered include a dose, route, and frequency given and/or Medication invoice or evidence of free drug program if applicable | | |
| 100070 | Complete neurological examinations and/or including cognitive scales and/or documentation of unified Parkinson's disease rating scale (or equivalent) and/ or documentation of clinical tremor rating scale (or equivalent) | | |
| 100071 | Office visit/E&M documentation if billed on same date of service under medical review | | |
| 100072 | Outcomes assessment | | |
| 100073 | Photographs showing visual impairment | | |
| 100074 | Documentation to support the medical necessity of service and DRG billed | | |
| 100075 | Post admission assessment/post admission physician evaluation completed within the first 24 hours of admission and supporting medical necessity of admission | | |
| 100076 | Preadmission screening/notes | | |
| 100077 | Pre-Hospital documentation | | |
| 100078 | Prior Level of Function (PLOF) | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100079 | Psychiatric diagnostic evaluation or psychotherapy face-to-face encounter, including the time spent in the psychotherapy encounter | | |
| 100080 | Psychiatric evaluation and all behavioral/psychological/psychiatric tests that have been performed | | |
| 100081 | Psychosocial Assessment | | |
| 100082 | Record of mental status | | |
| 100083 | Records of conservative measures trialed for treatment of service provided | | |
| 100084 | Respiratory treatments and oxygen therapy records | | |
| 100085 | Review of beneficiary prior and current medical and functional conditions and comorbidities | | |
| 100086 | Social service records - including interviews with beneficiary, family members, and others, must provide an assessment of home plans and family attitudes, and community resource contacts as well as a social history | | |
| 100087 | Subsequent hospital inpatient care | | |
| 100088 | Therapy logs that show services, dates and times for code billed | | |
| 100089 | Treatment plan | | |
| 100090 | Types and duration of precautions (e.g., constant observation x 24 hours due to suicidal plans, restraints). | | |
| 100091 | Visual field measurement/documentation | | |
| 100092 | Date/time of administration of associated chemotherapy | | |
| 100093 | Debridement of nails with E&M | | |
| 100094 | Dialysis treatment sheets | | |
| 100095 | Documentation to support reason not transporting to nearest facility | | |
| 100096 | Documentation to support type and amount of contrast given | | |
| 100097 | Documented pharmacologic management to include prescription and dosage adjustment/changes | | |
| 100098 | If the dosage for the drug under review is outside the allowed amount per the drug compendium, submit documentation to support the medical necessity of this dose variance (i.e. clinical trial, article, studies, etc.) | | |
| 100099 | Information for any clinical trial name, enrollment documentation, sponsor of the clinical trial, and sponsor-assigned protocol number | | |
| 100100 | Documentation to support nasal endoscopy on the same day with more than one provider | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100101 | Operative/procedure report | | |
| 100102 | Paring or cutting procedures on the skin | | |
| 100103 | Signed requisitions for lab services | | |
| 100104 | Stage of treatment for accurate dose administration calculation for the drug; (i.e. First dose or subsequent dosing) | | |
| 100105 | Wound care assessment and supporting documentation | | |
| 100106 | Social Worker initial assessment | | |
| 100107 | All group psychotherapy notes including number of participants | | |
| 100108 | Breakdown of hours if nurse and aide visits combined are more than two times a day | | |
| 100109 | Caregiver Notes | | |
| 100110 | Diabetic lower extremity wounds-Wagner grade classification, diagnostic testing to support Wagner grade and documentation of prior failed treatment | | |
| 100111 | For all therapy services rendered submit attendance/treatment records for the claim period - must include total treatment time and identify each specific skilled modality provided | | |
| 100112 | All documents needed to support Home Health services including physician's order or referrals | Modified | Apr 2025 |
| 100113 | Interdisciplinary Group (IDG) Reviews for dates of service under review and the benefit period preceding dates of service under review | Modified | Apr 2025 |
| 100114 | If nurse visits are daily or more, statement of endpoint when nurse visits are expected to decrease to less than seven days a week | | |
| 100115 | Initial nursing facility visit | | |
| 100116 | Subsequent Nursing Facility Visit(s) | | |
| 100117 | All documents needed for a Nursing Home Review | | |
| 100118 | Progress reports written by the clinician-services related to progress reports are to be furnished on or before every 10th treatment day | | |
| 100119 | Physical Therapy (PT)/Occupational Therapy (OT)/Speech Language Pathology (SLP) – Initial evaluation/re-evaluation, plans of care, progress reports, treatment encounter notes, therapy minute logs, and discharge summary | | |
| 100120 | Therapeutic activities program for beneficiary | | |
| 100121 | Office visit with injection | | |
| 100122 | Diagnostic/Vascular studies | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100123 | Nutritional evaluation, consultations, and progress notes | | |
| 100124 | Documentation of presurgical conservative measures/treatments | | |
| 100125 | Ambulance records for the billed date of service including run sheets, Physician Certification Statements (PCS), Physician Medical Necessity Certification (PMNC) Statements, procedures and supplies used, base rate and cost per mile and any other documentation to warrant transport | | |
| 100126 | Medical justification for transport and/or transfer. | | |
| 100127 | P9603 One Way Mileage | | |
| 100128 | All medical record documentation must have at least two identifiers to include, at a minimum, the beneficiary name and date of service. | | |
| 100129 | Coding query form | | |
| 100130 | Advance Beneficiary Notice of Non-Coverage (ABN)/Notice of Medicare Non-Coverage (NOMNC) | | |
| 100131 | Advance Beneficiary Notice | | |
| 100132 | Assignment of Benefits | | |
| 100133 | Demand bill- notice of non-coverage indicating request for Medicare to review | | |
| 100134 | Facility Denial Letter | | |
| 100135 | FISS Page 7 screen print/copy of ADR letter | | |
| 100136 | Hospital-issued notice of non-coverage (HINN) on file | | |
| 100137 | If an electronic health record is utilized, include your facility's process of how the electronic signature is created. Include an example of how the electronic signature displays once signed by the physician | | |
| 100138 | Local 911 Ambulance Dispatch Protocols | | |
| 100139 | Notice of non-coverage | | |
| 100140 | On the front page of each ADR please include the name of a contact at your facility who is available to answer questions if they arise | | |
| 100141 | Beneficiary identification, date of service, and provider of the service should be clearly identified on each page of the submitted documentation | | |
| 100142 | Pictures where necessary | | |
| 100143 | Quality Improvement Organization (QIO) letter | | |
| 100144 | Questions related to ADR | | |
| 100145 | Revocation Statements | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100146 | Signature log or signature attestation for any missing or illegible signatures within the medical record (all personnel providing services) | | |
| 100147 | Initial DME Information Form (DIF), and any recertification and/or revised DIFs | | |
| 100148 | Initial Certificate of Medical Necessity (CMN) and any recertification and/or revised CMNs | | |
| 100149 | If the beneficiary has same or similar equipment, documentation indicating the reason new equipment is necessary | | |
| 100150 | Documentation of the request for refill | | |
| 100151 | Physician, Technician, Sleep Center and/or Laboratory Accreditation Certification in Sleep Medicine | | |
| 100152 | Physician/Non-Physician Practitioner (NPP) certification of Plan of Care for Claim Period Including Justification when the Certification is Delayed More than 30 Days | | |
| 100153 | RESNA Certification of Assistive Technology Professional (ATP) | | |
| 100154 | OASIS documentation (certifications, recertifications, follow-ups and significant change). | | |
| 100155 | Facility Utilization Review Plan (ONLY if used in lieu of Certifications or Recertifications for Extended Care Services) | | |
| 100156 | Physician/Nonphysician (NPP) coding queries | | |
| 100157 | Medical clearance | | |
| 100158 | Chaplain initial assessment | | |
| 100160 | Therapy treatment plan and notes that demonstrate failed behavioral and/or pharmacologic therapies | | |
| 100161 | Manufacturer’s invoice containing make, model number, quantity and cost of item provided | | |
| 100162 | Cost invoice for all supplies | | |
| 100163 | Supplier or Licensed/Certified Medical Professional (LCMP) Attestation | | |
| 100164 | Supplier beneficiary information forms | | |
| 100165 | List of all personnel billing services under your NPI. List credentialing, training, licensure, etc., of all personnel performing services under your NPI. | | |
| 100166 | On Site Home Evaluation | | |
| 100167 | Documentation of procedures for emergency management of beneficiaries | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100168 | Electrocardiogram (ECG) and response by monitoring entity | | |
| 100169 | Summary report at the end of the monitoring episode | | |
| 100170 | Documentation of plan for quality control for electrocardiogram (ECG) surveillance | | |
| 100171 | Documentation of plan to ensure uninterrupted 24/7 surveillance of beneficiaries | | |
| 100172 | Beneficiary Care Instructions for a Hospice Aide/Homemaker | | |
| 100173 | Records of nursing, aide, home maker visits to support times and dates billed | | |
| 100174 | DME Information Form (DIF) | | |
| 100175 | DME Documentation of continued Need and Use | | |
| 100176 | Plan of Care/Updates and Interdisciplinary Team/Group (IDG/IDT) notes with full list of participants and clear distinction of professional disciplines to cover all days in this billing period, which may include the latest update prior to this billing period | | |
| 100177 | Sleep Oximetry Study Results | | |
| 100178 | Polysomnography Results | | |
| 100179 | Epworth Sleepiness Scale | | |
| 100180 | Download of Usage Data from PAP Device | | |
| 100181 | Documentation to support each of the Health Insurance Prospective Payment System (HIPPS) code(s) billed including the Minimum Data Set (MDS) Documentation i.e. hardcopy version of each MDS related to claim period under review (all 5-day assessments); and documentation supporting the look back period under review based on the Assessment Reference Date (ARD) | | |
| 100182 | Documentation to support each of the look back periods which may fall outside the billing period under review | | |
| 100183 | Documentation up to 30 days prior to the first assessment reference date | | |
| 100184 | Date the beneficiary started therapy | | |
| 100185 | Photograph and/or detailed description of service | | |
| 100186 | Eye exams showing deterioration of visual acuity, lesion progression and/or lesion growth not only the OPT treatment notes | | |
| 100187 | All Visual Field Testing | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100188 | Comprehensive preoperative ophthalmologic evaluation including but not limited to: examination/testing, best corrected Snellen visual acuity and corrected vision with glasses or contacts | | |
| 100189 | Documentation to support cataract removal | | |
| 100190 | Physician supervision and evaluation | | |
| 100191 | Anesthesia records (including pre- and post-anesthesia). | | |
| 100192 | Preoperative evaluations including anesthesia evaluation | | |
| 100193 | Current State License for Treating Therapist or NPIN and/or therapy provided “incident to” physician’s services, copy of performing therapist’s diploma and/or license | | |
| 100194 | Initial evaluation/re-evaluation signed by ordering physician or practitioner | | |
| 100195 | Initial evaluation (intake notes), including all beneficiary questionnaires | | |
| 100196 | Specific Skilled Procedures and Modalities | | |
| 100197 | Medical records for any previously tried medical treatment for obesity, including structured dietary programs. | | |
| 100198 | Medical literature that supports off label drug use | | |
| 100199 | Urinary and Fecal Incontinence Diaries, Voiding Diaries and/or Urodynamic Studies | | |
| 100200 | SPECT/Cardiac Perfusion Studies | | |
| 100201 | Previous SPECT results | | |
| 100202 | PET Scan reports and results | | |
| 100203 | Imaging studies including, but not limited to, CT, MRI, PET | | |
| 100204 | Complete neurological examination | | |
| 100205 | Evidence of trial test stimulation results | | |
| 100206 | Test Stimulation Results | | |
| 100207 | Diagnostic Studies, including visual acuity and glare tests | | |
| 100208 | Evaluation and biometry | | |
| 100209 | Practitioner, nurse, and ancillary progress notes | | |
| 100210 | Signed Consent Form | | |
| 100211 | Surgical recommendation | | |
| 100212 | Documentation of the product, NDC, strength | | |
| 100213 | Electrocardiogram (EKG) report | | |
| 100214 | Stress Test report | | |
| 100215 | Echocardiogram report | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100216 | Documentation of pain, comprehensive evaluation of pain source, asymmetry/misalignment, range of motion (ROM), tissue/tone (PART) if no x-ray available | | |
| 100217 | Trans Thoracic Echocardiogram (TTE) report | | |
| 100218 | Telemetry Tracings | | |
| 100219 | Electrophysiology Studies (EPS) | | |
| 100220 | 24-Hour Holter Monitor | | |
| 100221 | Physician Directed Home Treatment Regimen | | |
| 100222 | Alternative Treatment Consideration | | |
| 100223 | Description of the Device used in the Procedure | | |
| 100224 | Documentation to support the skilled nature of care during the admission | | |
| 100225 | Documentation for the 30 days immediately prior to the acute hospital and/or skilled care admission | | |
| 100226 | The most recent Minimum Data Set (MDS) prior to the start of therapy services | | |
| 100228 | Documentation supporting the diagnosis code(s) required for the item(s) billed | | |
| 100229 | Orthotist or prosthetist's functional evaluation documentation supporting the need for a custom fabricated device | | |
| 100230 | Preadmission Notes | | |
| 100231 | Referral for echocardiography services | | |
| 100232 | Complete study that contains: M mode and/or 2D measurements of LV end diastolic diameter, LV end systolic diameter, LV wall thickness, left atrial diameter, aortic valve excursion and a qualitative description of the LV function | | |
| 100233 | Documentation supporting comorbid condition(s) related to obesity | | |
| 100234 | Documentation of beneficiary BMI | | |
| 100235 | Documentation supporting previous medical weight reduction treatments prior to the surgery | | |
| 100236 | Counseling Records | | |
| 100237 | Documentation to support that the beneficiary is enrolled in an approved prospective clinical study | | |
| 100238 | Full Itemization of Services | | |
| 100239 | Authorization of Benefits | | |
| 100240 | Beneficiary Election form | | |
| 100242 | Documentation Supporting Clinical/Facility Hours of Operation | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100243 | Multidisciplinary evaluation prior to the surgery | | |
| 100245 | Beneficiary identification data including legal status | | |
| 100246 | Documentation of the devices, implants, biological products used | | |
| 100247 | RAP (Request for Anticipated Payment) | | |
| 100248 | Rent/purchase option | | |
| 100249 | Statement of Endpoint, if nurse visits are daily or more frequently | | |
| 100250 | Hospice Notice of Election and addendum | | |
| 100251 | Hospice Certification of Terminal Illness (Initial, subsequent to cover billed dates of service and for the benefit period preceding dates of service under review), from Certifying Physician and Attending Physician (if applicable) including written and oral/verbal certification (if applicable) and Physician's narrative | Modified | Apr 2025 |
| 100252 | Physician/Non Physician (NPP) order or evidence of intent to order | | |
| 100253 | Documentation supporting wastage of medication | | |
| 100254 | Names, credentialing, and privileges within the facility of consulting physicians related to utilization management. (need for IRF, IPPS, and surgical services) | | |
| 100255 | Vital sign records, weight sheets, care plans, treatment records | | |
| 100256 | Documentation for the look back and look forward period for each MDS billed. May be prior to or after the billing period to assess if a change of therapy assessment would be necessary. | | |
| 100257 | Referral Documentation | | |
| 100258 | The beneficiary’s response to the therapeutic interventions provided by the PHP | | |
| 100259 | Treatment goals for coordination of services to facilitate discharge from the PHP/CMHC. | | |
| 100260 | Behavior monitoring flow sheets | | |
| 100261 | Treatment team, person-centered active treatment plan, and coordination of services | | |
| 100262 | Any other supporting/pertinent documentation | | |
| 100263 | Written documentation on the costs of the item to include design fabrication, assembly and materials and labor of those performing the customization | | |
| 100264 | Written documentation to support necessary use of custom design fabrication, assembly and materials | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100265 | If for an E0470 device, documentation to support that an E0601 has been tried and proven ineffective based on a therapeutic trial conducted in either a facility or in a home setting | | |
| 100266 | Documentation to meet LCD criteria for beneficiaries entering Medicare | | |
| 100267 | Home assessment indicating the power mobility device is able to access all rooms of the home | | |
| 100268 | A complete facility-based, attended polysomnogram | | |
| 100269 | Any medical records from the place of services rendered, physician history and progress notes, diagnoses/conditions, physicals, diagnostic testing (including MRI, CT results, etc.), lab tests and any other pertinent information to document the medical necessity of the orthoses chosen. Include CPO documentation regarding evaluation, and fitting if applicable, signed and dated legibly | | |
| 100270 | If codes A4649, A6261 or A6262 are billed, the claim must include a narrative description of the item (including size of the product provided), the manufacturer, the brand name or number, and information justifying the medical necessity for the item | | |
| 100271 | Statement of Certifying Physician for Therapeutic Shoes | | |
| 100272 | Documentation from the prescribing/ordering physician | | |
| 100273 | Nursing Documentation (i.e. Nursing notes and admission assessment - Lines; Medication & IV administration records; nursing treatment sheets such as: Skin care/wound care treatment sheets. Respiratory treatments and oxygen therapy records) | | |
| 100274 | Confirm that intention to bill either modifier PA (surgery, wrong body part), PB (surgery, wrong beneficiary), or PC (wrong surgery on beneficiary) for this service | | |
| 100275 | Documentation supporting the medical necessity of NPLATE(TM)(ROMIPLOSTIM) where there is insufficient response to corticosteroids, immunoglobulins, or splenectomy and the administration record | | |
| 100276 | The clinical indication/medical necessity for the injection including the number and location of injections as well as dosages and medications used | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100277 | The topical corticosteroid(s) given previously to beneficiary for ocular inflammatory condition prior to current treatment | | |
| 100278 | Documentation showing enrollment in the touch prescribing program | | |
| 100279 | Touch program certificate (indicating the beneficiary has been approved by the program to receive TYSABRI) | | |
| 100280 | Documentation to support the assay was approved by the Food and Drug Administration (FDA) | | |
| 100281 | Documentation to support the assay was developed by the laboratory | | |
| 100282 | Provide the following information if this is a modified FDA approved assay | | |
| 100283 | Describe the modification or change and submit the study performed to validate the modification | | |
| 100284 | Complete description of the test performed | | |
| 100285 | Description of the disease | | |
| 100286 | Meaning of a positive test result | | |
| 100287 | Meaning of a negative test result | | |
| 100288 | Statement regarding test limitations | | |
| 100290 | Interpretive statement, which specifically explains the test results and how it will be used in the beneficiary's care | | |
| 100291 | Method(s) used | | |
| 100292 | Documentation that supports the clinical significance of the test performed | | |
| 100293 | Documentation that show the cross-walked codes previously used to bill this service | | |
| 100294 | Full text peer reviewed articles | | |
| 100295 | Society guidelines | | |
| 100296 | Physician referral (prescription, treatment or diagnostic test) | | |
| 100298 | Detailed billing sheet for all charges associated with this visit, identifying the items, ICD-10 and/or PCS codes billed | | |
| 100299 | Hospital purchasing invoice showing rate per unit paid by hospital for the unlisted drug billed | | |
| 100300 | Any applicable invoices for services performed or supplies (e.g., fiducial markers)/devices | | |
| 100301 | Documentation supporting beneficiary is a candidate for anticoagulation therapy | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100302 | The number of days the beneficiary has received warfarin, in the anticoagulation regimen for which the pharmacogenomic testing was ordered | | |
| 100303 | Documentation supporting previous tests results for CYP2C9 or VKORC1 alleles | | |
| 100304 | Itemized breakdown of charges and subtotals per specific revenue code range(s) including the total charges of all revenue codes billed | | |
| 100305 | Explanation/reason for noncoverage | | |
| 100306 | Proof of phone calls | | |
| 100307 | Certified mail pertinent to the NCC | | |
| 100308 | Proof of the representative's right to sign the NNC (for the beneficiary if necessary) and the request checked for intermediary review | | |
| 100309 | Power of attorney paper or health surrogate papers | | |
| 100310 | Face sheet(s) | | |
| 100312 | Blood level for plasma cotinine and/or arterial carboxyhemoglobin | | |
| 100313 | Documentation indicating use of smoking or nicotine products | | |
| 100314 | Documentation to support therapeutic program adherence | | |
| 100315 | A statement by the treating physician documenting the special need for performing IMRT on the beneficiary in question, rather than performing conventional or three-dimensional treatment planning and delivery. The physician must address the other organs at risk and/or adjacent critical structures | | |
| 100316 | Review (signed and dated) by the radiation oncologist of the CT or MRI based images of the target and all critical structures with representative isodose distributions that characterize the three-dimensional dose | | |
| 100317 | Radiation oncologist review of dose-volume histograms for all targets and critical structures | | |
| 100318 | Description of the number and location of each treatment step/rotation or portal to accomplish the treatment plan | | |
| 100319 | Documentation of dosimetric verification of treatment setup and delivery, signed by both the radiation oncologist and the medical physicist | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100320 | Other procedures performed during the episode of care must have documentation that supports the professional and technical components as applicable by identifying the place of service, the date of service, the supervising physician, and proof of work | | |
| 100321 | Admissions face sheet | | |
| 100322 | The diagnosis of neovascular (wet) macular degeneration has been firmly established (fluorescein angiogram) | | |
| 100323 | Documentation of a second opinion of a psychiatrist who is not involved in the care of the beneficiary | | |
| 100324 | Beneficiary's compliance, and response to treatment | | |
| 100325 | Documentation supporting contraindication to conventional endoscopy | | |
| 100326 | Please advise us as to which OSCAR you wish to have payment made | | |
| 100327 | Assistant Surgeon Additional Documentation Request needed to support exceptional circumstance and establish medical necessity. | | |
| 100328 | All other records that support medical necessity for the two surgeons | | |
| 100329 | Documentation for surgical procedures is not required for co-surgeons where the specialties of the two surgeons are different. Please indicate the name and specialty of both physicians | | |
| 100330 | This additional development request is a review of co-surgeon charges. | | |
| 100331 | Diagnostic testing results related to the unlisted code | | |
| 100332 | Itemized statement/bill/invoice | | |
| 100333 | Any other documentation related to the unlisted code billed and claim services | | |
| 100335 | Medicare Card | | |
| 100336 | Documentation showing provider number you want used to bill claim (multiple provider numbers for same NPI) | | |
| 100337 | Our records indicate that more than one number exists that corresponds to your national provider identifier (NPI). Please advise which legacy number type you wish to have payment made, and correspondence sent for this claim. | | |
| 100338 | Documentation that support a fire, flood, earthquake, or other unusual event that caused extensive damage to an agency’s ability to operate | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100339 | Documentation of an event that produced a CMS or CGS data filing problem which was beyond the agencies control | | |
| 100340 | Documentation to support an agency was newly certified and received notification after the Medicare effective date and may include the tie-in notice from CMS | | |
| 100341 | Documentation to support retroactive Medicare which must include: Proof of retroactive Medicare entitlement, Certification of Terminal illness that meets the criteria set forth in the Medicare Benefits policy manual chapter 9 section 20.1, and Hospice election statement that meets the criteria set forth in the Medicare Benefits policy manual chapter 9 section 20.2.1 | | |
| 100342 | Documentation to support any other circumstance that the agency feels was beyond their control. This may include, but is not limited to, documentation showing a prior hospice's submission of an untimely notice of termination/revocation or sequential billing issues which required an agency to remove a timely filed NOE/Claims to allow a previous hospice to bill | | |
| 100343 | Documentation in support of the hospice exception request for filing the NOE more than 5 calendar days after the hospice admission date | | |
| 100344 | WPATH criteria-specifically which criteria and how it was met | | |
| 100345 | Documentation of hormone or other medication regimen | | |
| 100346 | Documentation to support that the service provided was medically necessary and not cosmetic | | |
| 100347 | Documentation to clearly identify the unlisted procedure/medication | | |
| 100348 | Invoice showing amount you paid for the implantable device/DME | | |
| 100349 | Clearly marked documentation to support the beneficiary received the items invoiced | | |
| 100350 | Observation greater than 48 hours | | |
| 100351 | An itemized medical supply list if supplies are billed | | |
| 100352 | Identify all caregivers and state whether they are your employees. If not, please provide the name of the company or person you are contracted with and supply a contact name, address and phone number. | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100353 | Ra prepayment review demonstration project MS-DRG 312 - syncope and collapse - 2-day LOS or less. New York state providers only | | |
| 100354 | Explanation of the beneficiary's medical conditions/circumstances that make usage of a custom piece of durable medical equipment necessary. | | |
| 100355 | Explanation of how this item was uniquely constructed or modified for the beneficiary according to the description and orders of the physician. Include what makes this item different from all other pieces of durable medical equipment used for the same purpose. | | |
| 100356 | Itemization of the costs involved in the construction of this piece of customized durable medical equipment. The itemization must include a breakdown of the materials and labor. | | |
| 100357 | Warranty(s) | | |
| 100358 | Explanation of why the parts and labor billed should be considered as included in the warranty | | |
| 100359 | 5601/overlap letter | | |
| 100360 | List of all personnel billing services under your NPI. List credentialing, training, licensure, etc., of all personnel. | | |
| 100361 | Wound care notes | | |
| 100362 | Travel Log | | |
| 100363 | Signature and credentials of all personnel providing services. Include a signature log or signature attestation for any missing or illegible signatures within the medical record. | | |
| 100364 | List of all non-standard abbreviations or acronyms used, including definitions | | |
| 100365 | Signed pick up slips | | |
| 100366 | Documentation from treating practitioner and/or supplier for servicing, repair, or replacement of DMEPOS | | |
| 100367 | Clinical information supplied to the lab by the ordering physician, including diagnosis codes and narratives | | |
| 100368 | Itemized statement of all billed charges (including charge code descriptions) | | |
| 100369 | Documentation of therapeutic activities | | |
| 100370 | Diagnostic/other tests and results | | |
| 100371 | Multi-discipline treatment plan | | |
| 100372 | Billing Forms, all that apply | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100373 | All behavioral/psychological/psychiatric tests that have been performed. | | |
| 100374 | Transfer sheet | | |
| 100376 | Discharge summary from acute care | | |
| 100377 | Hospice Plan of Care (initial and updates) covering all specified dates of service plus two qualifying periods | | |
| 100378 | Hospital documentation (during qualifying period) | | |
| 100379 | Discharge orders | | |
| 100381 | Transfer, Discharge, and/or revocation documentation | | |
| 100382 | Hospice initial and comprehensive assessment, and updated assessments covering all specified dates of service | | |
| 100383 | Chaplain Records | | |
| 100385 | Policies and Procedures for Management and Disposal of Controlled Drugs | | |
| 100386 | Documentation that demonstrates the medical necessity of the chiropractic treatment | | |
| 100387 | Treating practitioner's written order | | |
| 100388 | Total number of beneficiaries transported by ambulance together | | |
| 100389 | Time of day for each operative session for this beneficiary on this date | | |
| 100390 | Imaging reports prior to the visits or treatments | | |
| 100391 | Latest hemoglobin and hematocrit levels prior to the administration of medication(s) | | |
| 100392 | Legible fluorescein angiography or OCT reports including photographs and descriptions of the lesion(s) | | |
| 100393 | Documentation to support National Coverage Determination (NCD), Local Coverage Determination (LCD) and/or Policy Article | | |
| 100394 | Election of Religious Nonmedical Health Care Institution (RNHCI) Benefits Questionnaire response as described in CMS IOM Publication number 100-2 Medicare Benefit Policy Manual, Chapter 1, Section 130.2 | | |
| 100395 | Copy of Prior Authorization decision letter which includes assigned UTN | | |
| 100396 | Documentation to support virtual service(s) provided: Telehealth, E-Visit(s), Virtual Check-In | | |
| 100397 | Standard Written Order (SWO) | | |
| 100398 | Written Order Prior to Delivery (WOPD) | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100399 | Documentation to support caregiver availability to assist the beneficiary with ADLs, per LCD for the DMEPOS item billed | | |
| 100400 | Any other documentation supporting the hospice terminal illness and related conditions, and the six-month terminal illness prognosis | | |
| 100401 | Documentation that supports lymphedema being unresponsive to other clinical treatment over the course of a required four-week trial | | |
| 100402 | Medical record documentation that describes in detail the underlying medical condition, treatment interventions, and effectiveness of the treatment | | |
| 100403 | Medical record documentation that justifies the use of a pump | | |
| 100404 | Medical record documentation that adequately describes the medical condition requiring the special nutrient formula | | |
| 100405 | Documentation that provides sufficient information to verify the item provided was a product that has received coding verification review from the PDAC and is listed in the Product Classification List on the PDAC web site | | |
| 100406 | Medical record documentation of knee exam with objective description of joint laxity (e.g., Varus/valgus instability, Lachman test, anterior/posterior Drawer test) | | |
| 100407 | Documentation that supports a certified orthotist or specialized trained individual performed custom fitting of the item and describes the custom fitting that was performed to fit the item to the individual beneficiary | | |
| 100408 | Medical record documentation that describes and supports other treatment(s)/medication(s) was tried and failed or was considered and ruled out | | |
| 100409 | Copy of the beneficiary's testing log or treating practitioner's record, which adequately documents the frequency at which the beneficiary is actually testing blood sugar. | | |
| 100410 | Documentation from the treating practitioner that certifies that the beneficiary has a severe impairment requiring the use of the special monitoring system. | | |
| 100411 | Documentation that support the concurrent presence of at least one of the signs/symptoms/lab findings listed in LCD criteria and at least two urine culture results that confirm a UTI | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100412 | Medical record documentation that supports the specific reason the treating practitioner ordered a frequency/quantity that exceeds utilization guidelines | | |
| 100413 | Supplier documentation for custom molded shoes/inserts with information regarding taking impressions, making casts, or obtaining CAD-CAM images of the beneficiary's feet that will be used in creating positive models of the feet. | | |
| 100414 | Supplier's documentation that verifies that the beneficiary has appropriate footwear into which the inserts can be placed, if separate inserts were dispensed independently of diabetic shoes. | | |
| 100415 | Documentation of the supplier in-person evaluation, prior to or at the time of selection of items, that includes exam and measurements of the feet with description of the abnormalities needed to be accommodated by the shoes/inserts/modifications | | |
| 100416 | Documentation supporting the reason and diagnosis associated with all previous stem cell treatments and outcome | | |
| 100417 | Documentation to support the code(s) and modifier(s) billed | | |
| 100418 | Mini mental status exam (MMSE) or similar test score | | |
| 100419 | Ocular Photodynamic Therapy (OPT) treatment notes, including initial and subsequent treatments | | |
| 100420 | Detailed Product Description (DPD) | | |
| 100421 | Supplier's record documentation showing the reason for item(s) being replaced | | |
| 100422 | Supplier documentation of in-person visit and evaluation and measurements prior to selection of item(s) | | |
| 100423 | Supplier documentation of objective assessment at the time of in-person delivery | | |
| 100424 | Reason and results for Duplex Study | | |
| 100425 | Reason and result for the Nerve Conduction Study | | |
| 100426 | Pre, post, or intra-operative diagnostic studies | | |
| 100427 | Medical documentation detailing prior course of treatment, but not limited to, frequency and number of past injections, non-surgical/non-injection care involved, duration and effectiveness of treatment | | |
| 100428 | CEAP Classification and VCSS score including the date(s) of exam and diagnostic evaluation, as appropriate | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100429 | Documentation regarding prior interventions provided and the effectiveness of treatments | | |
| 100430 | Documentation that provides detailed medical information, including but not limited to objective description of the patient's signs/symptoms, relevant history, medical condition, mobility, functional, and mental status before and after the ambulance trip, as well as other on-scene information, assessment/exam, treatment/specific monitoring, patient's response to interventions, change in patient's condition, and any other special circumstances | | |
| 100431 | Documentation that shows the name and total calculated dosage (mg) of the photodynamic therapy drug administered, the patient's body surface area on which the dose of the drug is based, and the amount of drug wasted | | |
| 100432 | Documentation that supports special program involved | | |
| 100433 | Initial Hyperbaric Oxygen Therapy (HBOT) evaluation/consultation | | |
| 100434 | Pharmacy Record | | |
| 100435 | Proof of attempts if the required physician certification statement could not be obtained | | |
| 100436 | Biopsy results must be included | | |
| 100437 | Any other documentation prior to the course of treatment such as but not limited to intraaortic balloon pump (IABP) therapy and/or left ventricular ejection fraction (LVEF) | | |
| 100438 | Manufacturer's serial/lot/batch or other unit identification number of the skin substitute material | | |
| 100439 | Medical documentation indicating that the beneficiary is mobile in the home | | |
| 100440 | For initial supply of drugs, documentation to support the drugs were furnished on or after the date of discharge from the hospital following a covered organ transplant | | |
| 100441 | Medical record documentation that supports the drugs were prescribed following one of the covered transplants outlined in applicable Medicare National and/or Local Coverage Determination (NCD or LCD) | | |
| 100442 | Documentation that supports non-healing | | |
| 100443 | Documentation that supports greater than half of the total care provided was nursing care, delivered by an RN/LPN/LVN | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100444 | New York Heart Association (NYHA) Classification of heart failure | | |
| 100445 | Documentation of skin substitute utilized, how the product was supplied and wastage | | |
| 100446 | Medical record that supports beneficiary had in-person visit with the treating practitioner to evaluate diabetes control and/or adherence to the CGM regimen and diabetes plan | | |
| 100447 | Organ Procurement and Transplantation Network (OPTN) heart transplant waitlist documentation | | |
| 100448 | Forms containing Beneficiary/Authorized representative signature | | |
| 100449 | Cardiac imaging and/or Cardiac catheterization report | | |
| 100450 | Medical record documentation to support beneficiary having two or more chronic conditions (expected to last at least 12 months) with significant risk of death, functional decline, exacerbation, or decompensation | | |
| 100451 | Annual Wellness Visit (AWV), Initial Preventive Physical Exam (IPPE) or comprehensive Evaluation and Management (E/M) performed prior to billing CCM services for a beneficiary new to Chronic Care Management (CCM) or for beneficiaries not seen by the billing provider within the last 12 months | | |
| 100452 | Verbal consent or a written consent signed by beneficiary or caregiver and must include the following; description of the Chronic Care Management (CCM) services, ability to revoke/right to stop CCM services, responsibility for cost sharing and if verbal consent obtained for CCM, documentation to support narrative discussion and prior permission acceptance | | |
| 100453 | Comprehensive care plan with measurable goals was established, implemented, revised, or significantly monitored and a copy was provided to the beneficiary and/or caregiver | | |
| 100454 | Medical record documentation to support time spent on services for the CPT level of code billed | | |
| 100455 | Documentation to support availability of services 24-hours-a-day, 7-days-a-week | | |
| 100456 | The medical necessity for the use of in vitro testing if used, including the measurement (in mm) of reaction sizes of both wheal and erythema response | | |
| 100457 | Clinical indication(s) and management that necessitate the need for a PET study | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100458 | Documentation to support bypassing condition of payment prior authorization for emergent need | | |
| 100459 | Acute/post-acute care document to support IRF/SNF eligibility | | |
| 100460 | Documentation to support the staging of the tumor | | |
| 100461 | Documented to support the reason for the defibrillator | | |
| 100462 | Documentation to include maximum urinary flow rate (Qmax), International Prostate Symptom Score (IPPS), and Transrectal Ultrasound (TRUS) | | |
| 100463 | Documentation including results to support drug-induced sleep endoscopy (DISE) procedure was performed | Modified | Apr 2025 |
| 100464 | If face-to-face visit conducted via telecommunication technology, documentation also supports the visit was completed using acceptable audio/visual equipment permitting two-way, real-time interactive communication between the beneficiary and the physician or other allowed practitioner | | |
| 100465 | CMS Health Insurance Claim Form | | |
| 100466 | Hospice Election Statement and addendum | | |
| 100467 | CT Coronary Angiography report | | |
| 100468 | Documentation to support the virtual service was provided using audio/video, real time communication technology for CPT codes 99201-99205 and 99211-99215 | | |
| 100469 | For audio-only CPT codes 99441-99443, documentation to support the services provided on the DOS under review is not related to any E/M service(s) provided within the previous 7 days and/or within the next 24 hours, including, but not limited to, visit notes, progress notes, if applicable | | |
| 100470 | Names, licenses and NPI's for the medical directors, physicians, and advanced practice providers active during the review period | | |
| 100471 | All Physician Orders, including medications, level of care changes such as General Inpatient (GIP), Continuous Homecare (CHC), Routine Homecare (RHC), Respite care, and any DME | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 100472 | All documentation to support the medical necessity of the services billed, such as but not limited to: Hospital discharge summaries, any recent History & Physical Exams, Consultations, and all skilled nursing, home health, or other facility notes, Pathology reports and other diagnostic imaging or tests, Records from the referring physician, Medication administration record (MAR), weights and measurements, and treatment administration record (TAR) for the period under review, if available | | |
| 100473 | If the beneficiary qualified for a waiver of the qualifying hospital stay (QHS) due to Accountable Care Organization (ACO), documentation of the ACO physician evaluation and approval for admission to the SNF within three days of admission | | |
| 100474 | Physician's order with signature and date, evaluation and approval for admission to the SNF within three days of admission | | |
| 100475 | Documentation to support the necessity of medications administered | | |
| 100476 | Minimum Data Set (MDS) submission validation report and UB04/CMS-1450 form | | |
| 150001 | More documents requested, please refer to the PDF copy of the ADR Letter | | |
| 150002 | Please refer to the PDF copy of the ADR Letter for requested documents | | |
| 150003 | Documents requested are yet to be assigned a code, please refer to the PDF copy of the letter | | |
| 700001 | From initial admission to current | | |
| 700002 | 1 year to date of service | | |
| 700003 | Date of service-on admit | | |
| 700004 | Admit to discharge | | |
| 700005 | From bene enrollment | | |
| 700006 | DOS if SNF, different for outpatient therapy | | |
| 700007 | Start of therapy | | |
| 700008 | DOS | | |
| 700009 | Years to DOS | | |
| 700010 | Most recent to DOS | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 700011 | DOS and 7 day look back period | | |
| 700013 | Prior to admit | | |
| 700015 | Most recent | | |
| 700016 | DOS billed/admit | | |
| 700017 | Admit/initial evaluation | | |
| 700018 | Most recent notes | | |
| 700019 | All recent | | |
| 700020 | Most recent notes containing information | | |
| 700022 | Initial evaluation/start of therapy | | |
| 700023 | Admit | | |
| 700024 | DOS billed and look back period | | |
| 700025 | DOS billed/when given if SNF demand | | |
| 700026 | Most recent being used to support | | |
| 700027 | DOS billed/when received | | |
| 700029 | Most recent-could be years prior to DOS billed | | |
| 700030 | Most recent note with information | | |
| 700031 | For the dates of service billed on the claim | | |
| 700032 | 30 days prior to the dates of services billed | | |
| 700033 | Due Date | | |
| 700034 | within the required time-frame | | |
| 700035 | as outlined in the NCD, LCD and/or LCA | | |
| 800001 | if applicable | | |
| 800002 | Ordering Provider NPI | | |
| 800003 | Ordering Provider Name | | |
| 800005 | PHP Services | | |
| 800006 | Extended Care Services | | |
| 800007 | Unlisted Code | | |
| 800008 | Provenge treatment | | |
| 800009 | IPPS | | |
| 800010 | For both surgeons | | |
| 800011 | Home Health Aid | | |
| 800012 | PACU | | |
| 800013 | Consultant | | |
| 800014 | Including preoperative ophthalmologic | | |
| 800015 | General Inpatient (GIP), Respite and/or CHC documentation | | |
| 800016 | Units of service billed | | |
| 800017 | Including but not limited to serial hemoglobin and hematocrit levels, serum iron, transferrin saturation, ferritin, or bone marrow storage | | |

| Document Code | Document Description | Action | Release |
|---|---|---|---|
| 900001 | Special OTHER parameter request - Refer to letter | | |
| 900002 | Special TIME-BASED parameter request - Refer to letter | | |