



Collaborative Patient Care Is a Provider Partnership



What's Changed?

Note: No substantive content updates.

As a physician, supplier, or other health care provider, you may work with other providers when caring for your Medicare patients. You might:

- Write orders for services or items
- Make referrals to other specialists or providers
- Request health care services or items for your patients

Understand Medicare coverage criteria and documentation requirements to make sure of:

- Proper care for your patient
- Correct and prompt 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 focuses on the information and documentation you need to support medical necessity when you partner with other providers. Other coverage and payment rules may also apply.

Background

Section 1862(a)(1)(A) of the [Social Security Act](#) says, “No payment may be made under Medicare Part A or Part B for any expenses incurred for items or services which...are not reasonable and necessary...”

To make sure Medicare correctly processes and pays claims, various Medicare review contractors conduct claims audits, including Medicare Administrative Contractors (MACs), Recovery Audit Contractors, and others. Find your [MAC’s website](#).

Medicare audits often show that provider- or supplier-submitted documentation doesn’t provide enough information to establish medical necessity. For 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, requested, or performed
- Your patient may have to pay added costs

Also, if you don’t provide enough information to support medical necessity when you make referrals or write orders, it may result in delayed or denied care to your patient from the other provider or supplier.

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.

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

In the 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 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.

Document all information needed to meet Medicare payment requirements when collaborating with other providers or suppliers.

When you write orders or make referrals:

- Document completely
- Share with the receiving provider
- Keep copies

When you provide services from orders or referrals:

- Document your services
- Keep the original order or referral
- Maintain all related records

[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 for 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 if you need to provide the information for patient treatment, payment, or health care operations.

What to Document

Document everything thoroughly and correctly to prove medical necessity for all services and items you provide or order. Your documentation must paint a complete picture of what happened during the patient's visit and clearly explain why each service or item is medically necessary for that specific patient. Follow all policy and coverage requirements to make sure proper justification and payment.

Documentation supporting medical necessity 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, or clear intent to order, for services or items and the clinical rationale
- Rationale for the level of care provided
- Intensity, frequency, duration, and scope of services
- Legible signature of the person providing the service and the provider ordering and approving treatment plans

Resources

[Complying with Medical Record Documentation Requirements](#)



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