



## Special Provisions for Radiology Additional Documentation Requests

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Related Change Request (CR) Number: 11659

Related CR Release Date: October 30, 2020

Effective Date: December 1, 2020

Related CR Transmittal Number: R10412OTN

Implementation Date: December 1, 2020

### PROVIDER TYPE AFFECTED

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This MLN Matters® Article is for physicians, other providers, and suppliers submitting claims or documentation to Medicare Administrative Contractors (MACs) related to radiology services provided to Medicare beneficiaries.

### PROVIDER ACTION NEEDED

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This article discusses a pilot process enabling MACs to request pertinent documentation from the treating/ordering provider during medical review, in an effort to support the necessity and payment for radiology service(s)/item(s) billed to Medicare. Make sure that your billing staffs are aware of these changes.

### BACKGROUND

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MACs have the ability to auto-deny a claim if a benefit category, statutory exclusion, or coding issue is in question, or to send an Additional Documentation Request (ADR) to the provider selected for review, in order to review records to determine whether the claim is payable and medically necessary.

Currently, upon request for medical records, it is the responsibility of the provider selected for review to obtain supporting documentation as needed from the treating/ordering provider's office (for example, a physician order or notes that support medical necessity) or from an inpatient facility (for example, progress notes). The treating/ordering provider should submit the requested documentation. However, because the provider selected for review is the one whose payment is at risk, it is this provider who is responsible for submitting, within the established timelines, the documentation requested by the MAC. The Medicare Program Integrity Manual, [Chapter 3](#), Section 3.2.3.3, Third-Party Additional Documentation Request states:

“The treating physician, another clinician, provider, or supplier should submit the requested documentation. However, because the provider selected for review is the one whose payment is at risk, it is this provider who is ultimately responsible for submitting, within the established

timelines, the documentation requested by the MAC, Comprehensive Error Rate Testing (CERT) contractor, Recovery Auditor and/or Unified Program Integrity Contractor (UPIC).”

## ADDITIONAL INFORMATION

The official instruction, CR11659, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r10412otn.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

## DOCUMENT HISTORY

Date of Change	Description
October 30, 2020	Initial article released.

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