CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-08 Medicare Program Integrity	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 13890	**Date: July 30, 2026**
	Change Request 14539

SUBJECT: Revisions to Chapter 12 (The Comprehensive Error Rate Testing (CERT) Program) and Exhibit 46 in the Exhibits Chapter of Publication (Pub.) 100-08 (Medicare Program Integrity Manual)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to revise sub-section 12.4.1.E (Claims with Multiple Versions), section 2.5 (Handling Overpayments and Underpayments Resulting from the CERT Findings), section 12.10.1 (Fraud Investigations), section 12.10.2 (No Response to Additional Documentation Request (ADR)), and section 12.10.3 (Insufficient Response to ADRs) in Chapter 12 (The Comprehensive Error Rate Testing (CERT) Program) of Pub 100-08. This CR also revises sub-exhibit 46.4 (CERT Unified Post-payment ADR Sample Letter) in the Exhibits Chapter of Pub. 100-08.

EFFECTIVE DATE: August 28, 2026
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: August 28, 2026

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	12/12.4/12.4.1/Providing Sample Information to the CERT Review Contractor
R	12/12.5/Handling Overpayments and Underpayments Resulting from the CERT Findings
R	12/12.10/12.10.1/No Response to ADR
R	12/12.10/12.10.2/Insufficient Response to ADRs
R	Exhibits/ 46/ 46.4/ CERT Unified Post-payment ADR Sample Letter

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The MAC is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers

anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-08	Transmittal: 13890	Date: July 30, 2026	Change Request: 14539

SUBJECT: Revisions to Chapter 12 (The Comprehensive Error Rate Testing (CERT) Program) and Exhibit 46 in the Exhibits Chapter of Publication (Pub.) 100-08 (Medicare Program Integrity Manual)

EFFECTIVE DATE: 30 days from issuance
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: 30 days from issuance

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to revise sub-section 12.4.1.E (Claims with Multiple Versions), section 2.5 (Handling Overpayments and Underpayments Resulting from the CERT Findings), section 12.10.1 (Fraud Investigations), section 12.10.2 (No Response to Additional Documentation Request (ADR)), and section 12.10.3 (Insufficient Response to ADRs) in Chapter 12 (The Comprehensive Error Rate Testing (CERT) Program) of Pub 100-08. This CR also revises sub-exhibit 46.4 (CERT Unified Post-payment ADR Sample Letter) in the Exhibits Chapter of Pub. 100-08.

II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to revise sub-section 12.4.1.E (Claims with Multiple Versions), section 2.5 (Handling Overpayments and Underpayments Resulting from the CERT Findings), section 12.10.1 (Fraud Investigations), section 12.10.2 (No Response to Additional Documentation Request (ADR)), and section 12.10.3 (Insufficient Response to ADRs) in Chapter 12 (The Comprehensive Error Rate Testing (CERT) Program) of Pub 100-08. This CR also revises sub-exhibit 46.4 (CERT Unified Post-payment ADR Sample Letter) in the Exhibits Chapter of Pub. 100-08. The key revisions include:

- Add clarifying language to explain how the CERT program reviews claims with multiple versions.
- Remove the option allowing the MAC to collect an overpayment within 10 business days of the deadline for entering final feedback for error code 99 claims.
- Add language clarifying that, regardless of which option the MAC selects for handling error code 99 claims, the MAC must complete feedback at least 30 days prior to the deadline for submitting late documentation.
- Remove all language regarding potential fraud investigations as it no longer applies to the CERT process for improper payment review and reporting.
- Revise the CERT Documentation Center address, email address and fax number of the CERT Unified Post-payment ADR Sample Letter.

B. Policy: This CR does not involve any legislative or regulatory policy.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14539.1	The contractor shall be aware of revisions made to Chapter 12 of Pub. 100-08, applicable to this CR.	X	X	X	X					CERT
14539.2	The contractor shall be aware that if the adjusted/replacement claim is not included in the resolution file, the CERT review contractor will review and make a determination on the original claim as contained in the resolution file per Section 12.4.1.E in Chapter 12 of Pub. 100-08.	X	X	X	X					CERT
14539.3	The contractor shall be aware that reference to section 12.3.3.C has been revised to Section 12.4.3.C. within Section 12.5 of Chapter 12 of Pub. 100-08.	X	X	X	X					CERT
14539.4	The contractor shall be aware that Section 12.10.1 (Potential Fraud Investigations) was deleted in Chapter 12 of Pub. 100-08.	X	X	X	X					CERT
14539.5	The contractor shall be aware that Section 12.10.2 (No Response to ADR) was renumbered to	X	X	X	X					CERT

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Section 12.10.1 in Chapter 12 of Pub. 100-08.									
14539.5.1	The contractor shall be aware that regardless of which option the MAC selects for handling error code 99 claims, the MAC must complete feedback at least 30 days prior to the deadline to submit late documentation posted on the C3HUB per Section 12.10.1 (No Response to ADR) in Chapter 12 of Pub. 100-08.	X	X	X	X					CERT
14539.6	The contractor shall be aware that Section 12.10.3 (Insufficient Response to ADRs) was renumbered to Section 12.10.2 in Chapter 12 of Pub. 100-08.	X	X	X	X					CERT
14539.7	The contractor shall be aware of the revisions made to Exhibit 46 of the Exhibits Chapter of Pub. 100-08, applicable to this CR.	X	X	X	X					
14539.8	The contractor shall be aware of the CERT Documentation Center address	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	change in Exhibit 46.4 in the Exhibits Chapter of Pub. 100-08.									
14539.9	The contractor shall be aware of the CERT fax number change in Exhibit 46.4 in the Exhibits Chapter of Pub. 100-08.	X	X	X	X					
14539.10	The contractor shall be aware of the CERT email address change in Exhibit 46.4 in the Exhibits Chapter of Pub. 100-08.	X	X	X	X					

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The MAC is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare Program Integrity Manual

Chapter 12 – The Comprehensive Error Rate Testing Program

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Transmittals for Chapter 12

12.4.1 – Providing Sample Information to the CERT Review Contractor

(Rev.: 13890; Issued: 07-30-26; Effective: 08-28-26; Implementation: 08-28-26)

All data exchanged between the CMS Data Center (CMSDC) and the MAC virtual datacenters shall be in an electronic format via NDM CONNECT: DIRECT.

The MAC virtual data centers shall submit a daily file containing information on claims entered during the day, in the formats specified in instructions available to a MAC CERT Point of Contact. MAC virtual data center responses to requests from the CERT program for claim information, shall follow the same instructions.

A. Sampling Universe File

The sampling universe file is the universe of claims from which the sample is selected. The CERT statistical contractor creates the sampling universe file using the IDR, which contains an extract of all valid claims that have entered the claims processing system. Each claim in the sampling universe file is reported only once.

Claim adjustment records are excluded from the sampling universe file to ensure that only one record per claim is available for sampling. This prevents the CERT statistical contractor from selecting the same claim more than once in the sample.

B. Claims Universe File

The shared systems will create a mechanism for the MAC virtual data centers to be able to create the claims universe file, which will be transmitted daily to the CMSDC. The data centers shall ensure that the claims universe file contains all claims that have entered the shared claims processing system.

Canceled claims are included in the claims universe file because the decision to cancel the claim has not been made by the time the claims universe file is submitted. The data centers ensure that each claim included in the universe file is unique.

C. Sampled Claims Transaction File

The shared systems shall create a mechanism for the data centers to receive a sampled claims transaction file from the CMSDC daily. This file will include claims that were sampled by the CERT program.

D. Sampled Claims Resolution File and Claims History Replica File

The shared systems shall create a mechanism for the data centers to match the sampled claims transaction file against the shared system claims history file to create a sampled claims resolution file and a claims history replica file. The claims history replica file is comprised of the claims history data file in the shared system format. These files shall be transmitted at the same time to CMSDC. The resolution file is input to the CERT claim resolution process, and the claims history replica file is added to the Claims History Replica database.

The MAC data center shall furnish resolution information for all finalized claims included in the transaction file within five days of receipt of a request from the CERT review contractor. MACs receiving daily transaction files shall respond with resolution files (daily for Part A and DME, weekly for Part B). Resolution information on claims that have not finalized by the initial request shall be included at the first opportunity immediately after the claim has finalized.

The MAC data center shall provide the sampled claims resolution file(s) and the claims history replica file(s) for each iteration of the claim when the claim number changes within the shared system because of adjustments, replicates, or other actions taken by the MAC. The sampled claims transaction file will always contain the claim control number of the original claim.

E. Claims with Multiple Versions

In many cases, after a provider submits a claim, a contractor or shared system or provider will submit an "adjustment claim," "split claim," or a "replicate claim." An initial claim can have multiple adjustments or iterations made to it. When the sampled claim has been adjusted or otherwise has multiple versions linked to the sampled claim in the MAC claim processing system, the resolution file contains a separate record for each version of the claim. The CERT review contractor shall review the most current version of the claim that finalized before the date of the transaction file. The CERT review contractor shall not review any version of the claim that finalized after the date of the transaction file. The CERT review contractor shall use the claim adjudication date in the resolution record to determine when the claim finalized. *If the adjusted/replacement claim is not included in the resolution file, the CERT review contractor reviews the original claim as contained in the resolution file and makes a determination based on the original claim regardless of the claim being cancelled and/or adjusted.*

F. No Resolution Claims

If a claim identified on the transaction file is not found on the shared system claims history file, no record should be created for that claim. These are called no-resolution claims. Each MAC shall take all necessary steps to minimize the number of no- resolution claims it submits to the CERT review contractor each year. The MAC may obtain a list of no-resolution claims for a given time period on either the Status Summary of Sample Claims page or the All Sampled Claims page of the C3HUB. If the MAC receives a request for a claim for which the shared system is not able to produce a resolution file, the MAC shall research the claim to determine why a resolution record was not produced.

When the MAC identifies a no-resolution claim where the Health Insurance Claim Number (HICN) on the finalized claim is different from the HICN on the transaction request, the MAC shall notify the CERT review contractor of the correct HICN. The MAC shall not enter an acceptable no-resolution reason code for claims that finalized with a HICN different from the HICN on the transaction request.

No-resolution claims with acceptable no-resolution reasons, which are entered by the CERT Point of Contact, will not be included in the no-resolution rate. Should the MAC discover that one or more no-resolution claims has an acceptable reason, the MAC shall enter the appropriate acceptable no-resolution reason code on the C3HUB.

The MAC shall keep documentation on file that supports the acceptable no-resolution reason. The MAC shall make this documentation available to CMS or the Office of Inspector General upon request.

G. Provider Address File

In addition to the claim resolution file, each MAC data center shall transmit the provider address file containing the names, known addresses, and telephone numbers of all the billing, attending, ordering/referring, and performing/rendering providers for all the claims on the resolution file.

Each unique provider and address combination shall be included only once on each provider

address file.

12.5 – Handling Overpayments and Underpayments Resulting from the CERT Findings

(Rev. 13890; Issued: 07-30-26; Effective: 08-28-26; Implementation: 08-28-26)

This section applies to Medicare Administrative Contractors (MACs) and Comprehensive Error Rate Testing (CERT) as indicated.

The instructions in this section apply only to overpayments and underpayments that result from CERT findings. The MAC shall continue to handle overpayments and underpayments resulting from non-CERT findings as instructed in other CMS manuals.

The CERT review contractor notifies the MAC when an underpayment or an overpayment is identified via the C3HUB. The MAC shall adjust the claim to reflect the corrected code and payment amount and make the appropriate payment or collection. The MAC shall pay or collect the full amount in error as defined by the CERT-identified underpayment or overpayment. When the CERT reviewed claim was canceled on or after the transaction file date, the MAC shall not pay or collect the amount in error, as the claim has already been canceled (see 12.*4*.3.C). If shared systems logic limits the payment correction amount to a sum less than the full amount in error, the MAC shall pay the system allowed amount and educate the provider about future billing amounts.

The MAC shall use the normal claim adjustment procedures published in Pub 100-04 Claims Processing Manual. The MAC shall use the bill type XXH (“CMS”) to indicate the adjustment was due to a CERT review.

For more information about the reason for the payment adjustment, contact the CERT MAC feedback coordinator.

The MACs may temporarily suspend reason codes that prevent the adjustment of a CERT-initiated denial claim that will not process due to the age of the claim. The suspension shall only last long enough for the claim to be adjusted. Example: reason code 36200 was not in effect when the initial claim processed. The CERT review contractor has now reviewed the claim and determined that it should be adjusted. The claim will not process because this edit cannot be overridden.

The MAC shall provide the CERT program with the status and actual amounts of overpayment collections and underpayment payments. An overpayment is considered collected when the overpayment amount has been fully or partially collected, through provider overpayment check, offset or other payment arrangement. An overpayment is also considered collected if the MAC has failed to recoup the overpayment amount from the provider in a specified time and has referred the debt to treasury or another entity. The overpayment is not considered collected when the claim is adjusted or when only the accounts receivable is set up. Similarly, an underpayment payment is reported only when the payment is made. The MAC shall adjust zero-dollar errors to reflect a change in the reason for error. No actual collection or payment is made, and $0 shall be reported as the payment adjustment.

A list of CERT identified overpayments and underpayments are provided to the MAC via the C3HUB. The list is updated each time the C3HUB is refreshed. The MAC shall report CERT identified overpayment and underpayment collection information using the CERT payment adjustment section of the C3HUB. A multiple collection feature is available on the C3HUB for cases where the collection is received in installments.

In accordance with the CERT Review Schedule (available on the C3HUB), the MAC shall report the required payment adjustment information for all CERT identified overpayments and underpayments that have been collected or paid for the current report period unless otherwise directed. The deadline for completing payment adjustment information is listed on the C3HUB under calendar of events which can be accessed from the main MAC central page. In general, the MAC should access the payment adjustment section of the C3HUB to report collection or payment information throughout the year and enter information on an ongoing basis.

12.10.1 – *No Response to ADR*

(Rev. 13890; Issued: 07-30-26; Effective: 08-28-26; Implementation: 08-28-26)

If documentation is not received within 60 days of the first ADR, the claim is a no documentation error with error code 99. Error code 99 claims are posted to the C3HUB on the 61st day from the date the first ADR was sent and will appear in the next MAC feedback posting.

For claims with error code 99, the MACs may proceed at their discretion by doing one of the following:

i. *Contact those providers who have failed to submit medical records and encourage them to submit the requested records to the CERT review contractor for review. The MACs should not complete feedback while they are working with the provider to obtain documentation and/or the CERT review contractor is reviewing the claim;*

ii. *Complete MAC feedback in accordance with section 12.4.3 of this chapter and collect the overpayment immediately in accordance with section 12.5 of this chapter; or*

Regardless of the option selected above, the MAC must complete feedback at least 30 days prior to the deadline to submit late documentation posted on the C3HUB.

The MAC shall not contact any provider or supplier selected for CERT review until 30 days after the first CERT ADR has been reported on the C3HUB. The MAC may contact the third party and encourage them to send the needed medical record documentation to the CERT review contractor. When contacting providers or suppliers, the MAC shall remind them to include the cover sheet included with the CERT request or the CERT claim identification number at the top of the medical record. The MAC can download a cover sheet from the C3HUB if needed.

12.10.2 – *Insufficient Response to ADRs*

(Rev. 13890; Issued: 07-30-26; Effective: 08-28-26; Implementation: 08-28-26)

If the documentation submitted is inadequate to support payment for the service/item billed, or if the CERT review contractor could not conclude that the billed service/item was provided, was provided at the level billed, and/or was medically necessary, the claim is an insufficient documentation error with error code 21 assigned.

Error code 21 claims will be posted under the MAC feedback section of the C3HUB. MACs should reach out to the provider or supplier to submit the requested documentation to the CERT review contractor.

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Exhibits

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Exhibit 46.4 – CERT Unified Post-payment ADR Sample Letter

(Rev. 13890; Issued: 07-30-26; Effective: 08-28-26; Implementation: 08-28-26)

Provider Name
Address 1
Address 2
City ST 00000

Date:
Reference ID: CID#
NPI/ Provider #:
Phone:
Fax:

Request Type & Purpose: New Request, Post-Payment Claim Review
Subject: Additional Documentation Required

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS), through the Comprehensive Error Rate Testing (CERT) program, carries out the task of requesting, receiving, and reviewing medical records[1]. The CERT program reviews selected Medicare A, B and DME claims and produces annual improper payment rates. For more information regarding the CERT program, please visit www.cms.gov/CERT.

Reason for Selection

The CMS' CERT program has randomly selected one or more of your Medicare claims for review.

Action: Medical Records Required

Federal law requires that providers/suppliers submit medical record documentation to support claims for Medicare services upon request. Providers/suppliers are required to send supporting medical records to the CERT program. Providing medical records of Medicare patients to the CERT program does not violate the Health Insurance Portability and Accountability Act (HIPAA). Patient authorization is not required to respond to this request. Providers/suppliers are responsible for obtaining and providing the documentation as identified on the attached Cover Sheet. The CMS is not authorized to reimburse providers/suppliers for the cost of medical record duplication or mailing. If you use a photocopy service, please ensure that the service does not invoice the CERT program.

When: mm/dd/yyyy

Please provide the requested documentation by mm/dd/yyyy. A response is still required by mm/dd/yyyy even if you are unable to locate the requested information.

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1 Social Security Act Sections 1833 [42 USC §1395l(e)] and 1815 [42 USC §1395g(a)]; 42 CFR 405.980-986

Consequences

If the provider/supplier fails to send the requested documentation or contact CMS by mm/dd/yyyy, the *billing* provider's/supplier's Medicare contractor will initiate claims adjustments or overpayment recoupment actions for these undocumented services.

Instructions

- Specific information and instructions pertaining to the sampled claim and returning requested documents are shown on the following pages of this letter.
- Please include the cover sheet with your submission

Submission Methods

You may submit this documentation in any of the following ways:

- Via postal mail to:
  CERT Documentation Center
  8701 Park Central Drive, Suite 400-A
  Richmond, VA *23227*

- Via Fax: 804-261-8100
  1. Use the coversheet as the only coversheet.
  2. Do not add your own coversheet—this slows down the receipt and identification process
  3. Send a separate fax transmission for each individual claim.

- Via Electronic Submission of Medical Documentation (esMD):
  1. Include a CID# or Claim number and the cover sheet in your file transmission.
  2. Information on esMD can be found at www.cms.gov/esMD.
  3. *For questions about esMD please contact: esMDBusinessOwners@cms.hhs.gov.*

- Via CD:
  1. The images should be encrypted per HIPAA security rules.
  2. If encrypted, the password and CID# must be provided via email to CERTMail@*empower.ai* or via fax to 804-*261-8100*.
  3. Must contain only images in TIFF or PDF format

- Via Email Attachment *to CERTMail@empower.ai*:
  1. The email attachment(s) should be encrypted per HIPAA security rules.
  2. If encrypted, the password and CID# must be provided via phone to 888-779-7477 or via fax to 804-*261-8100*.
  3. Must contain only attachments in TIFF or PDF format.

Questions

If you have any questions, please contact:

CERT Documentation Center
8701 Park Central Drive, Suite 400-A
Richmond, VA *23227*

Email questions to: CERTProvider@empower.ai

Toll Free: 888-779-7477
Fax: 804-261-8100

Sincerely,
Contact Name
Director, Payment Accuracy & Reporting Group
Office of Financial Management
Centers for Medicare & Medicaid Services

Attachments / Supplementary Information

1. Claim Information
2. Bar Coded Cover Sheet