CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-08 Medicare Program Integrity	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 484	**Date: August 21, 2013**
	Change Request 7750

Transmittal 418, dated April 20, 2012, is being rescinded and replaced by Transmittal 484 to include the manual information from CR 7330, Transmittal 396, dated November 2, 2011, which was erroneously omitted. All other information remains the same.

SUBJECT: OMB Collection Number

I. SUMMARY OF CHANGES: The purpose of this CR is to require contractors to include the OMB Paperwork Reduction Act collection number on all requests for medical documentation.

EFFECTIVE DATE: May 21, 2012
IMPLEMENTATION DATE: May 21, 2012

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	3.2.3/Requesting Additional Documentation During Prepayment and Postpayment Review

III. FUNDING:
For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs):
No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor 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

**Unless otherwise specified, the effective date is the date of service.*

Attachment - Business Requirements

Pub. 100-08	Transmittal: 484	Date: August 21, 2013	Change Request: 7750

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SUBJECT: OMB Collection Number

Effective Date: **May 21, 2012**
Implementation Date: May 21, 2012

I. GENERAL INFORMATION

Contractors shall use the OMB Collection number on all requests for medical records.

A. Background: Contractors have the authority under the Social Security Act to collect medical documentation. In the past, contractors included the OMB Paperwork Reduction Act collection number on all of their requests for documentation. Contractors are now required to once again include the OMB Paperwork reduction act collection number.

B. Policy: The OMB Paperwork reduction act collection number shall be included on all requests for medical documentation.

II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
7550.1	Contractors shall include the OMB Paperwork Reduction Act collection number 0938-0969 on all additional documentation requests or any other type of written request for additional documentation for medical review.	X	X	X	X	X					
7550.2	Contractors shall place the OMB collection number in the header, footer, or body of the document requesting additional documentation for medical review.	X	X	X	X	X					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A/B MAC	DME MAC	FI	CARRIER	RHHI	Shared-System Maintainers				OTHER
							FISS	MCS	VMS	CWF	
	None										

IV. SUPPORTING INFORMATION

Section A: For any recommendations and supporting information associated with listed requirements, use the box below:

X-Ref Requirement Number	Recommendations or other supporting information:
7550.2	Contractors should use the following language "OMB#: 0938-0969" or "OMB Control # 0938-0969."

Section B: For all other recommendations and supporting information, use this space: N/A

V. CONTACTS

Pre-Implementation Contact(s): Debbie Skinner, Debbie.skinner@cms.hhs.gov, 410-786-7480

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR) or Contractor Manager, as applicable.

VI. FUNDING

Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs)*:

No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

Section B: *For Medicare Administrative Contractors (MACs)*:
The Medicare Administrative Contractor 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.

3.2.3 - Requesting Additional Documentation During Prepayment and Postpayment Review

(Rev. 484, Issued: 08-21-13, Effective: 05-21-12, Implementation: 05-21-12)

This section applies to MACs, CERT, Recovery Auditors, and ZPICs, as indicated.

A. General

In certain circumstances, the MACs, CERT, Recovery Auditors, and ZPICs may not be able to make a determination on a claim they have chosen for review based upon the information on the claim, its attachments, or the billing history found in claims processing system (if applicable) or the Common Working File (CWF). In those instances, the reviewer shall solicit documentation from the provider or supplier by issuing an additional documentation request (ADR). MACs, CERT, Recovery Auditors, and ZPICs have the discretion to collect documentation related to the beneficiary's condition before and after a service in order to get a more complete picture of the beneficiary's clinical condition. The MAC, Recovery Auditor, and ZPIC shall not deny other claims submitted before or after the claim in question unless appropriate consideration is given to the actual additional claims and associated documentation. The CERT contractor shall solicit documentation in those circumstances in accordance with its Statement of Work (SOW).

The term "additional documentation" refers to medical documentation and other documents such as supplier/lab/ambulance notes and includes:

- Clinical evaluations, physician evaluations, consultations, progress notes, physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation is maintained by the physician and/or provider.

- Supplier/lab/ambulance notes include all documents that are submitted by suppliers, labs, and ambulance companies in support of the claim (e.g., Certificates of Medical Necessity, supplier records of a home assessment for a power wheelchair).

- Other documents include any records needed from a biller in order to conduct a review and reach a conclusion about the claim.

NOTE: Reviewers shall consider documentation in accordance with other sections of this manual.

B. Authority to Collect Medical Documentation

Contractors are authorized to collect medical documentation by the Social Security Act. Section 1833(e) states "No payment shall be made to any provider of services or other person under this part unless there has been furnished such information as may be necessary in order to determine the amounts due such provider or other person under this part for the period with respect to which the amounts are being paid or for any prior period." Section 1815(a) states "…no such payments shall be made to any provider unless it has furnished such information as the Secretary may request in order to determine the amounts due such provider under this part for the period with respect to which the amounts are being paid or any prior period."

The OMB Paperwork Reduction Act collection number is 0938-0969. This number shall be on every additional documentation request or any other type of written request for additional documentation for medical review. It can be in the header, footer or body of the document. We suggest the information read "OMB #: 0938-0969" or OMB Control #: 0938-0969."

C. PWK (Paperwork) Modifier

MAC medical review departments are only required to review unsolicited documentation when the claim suspends for a medical review edit/audit. MACs shall not send an ADR request for a claim with a PWK modifier until after review of the PWK unsolicited documentation or the waiting days have elapsed without receipt of documentation. MACs shall allow seven calendar "waiting" days (from the date of receipt) for additional the unsolicited documentation to be faxed or ten calendar "waiting" days for the unsolicited documentation to be mailed. Contractors serving island territories shall have the flexibility to adjust 'waiting days" as is necessary. CMS expects that any adjustment from the core seven/ten will be discussed with and approved by your contracting officer prior to implementation. When the documentation is received, the contractor has 60 days to make a determination on the claim. If the contractor cannot make a determination on the claim after reviewing the unsolicited documentation submitted, they shall request additional documentation using their "normal business procedures" for ADR that are outlined in Chapter 3 of the PIM. These procedures include: sending an ADR request to the provider, allowing 45 days for receipt of documentation, making a determination within 60 days of receipt the last piece of documentation.