



DRG LETTER

CENTERS FOR MEDICARE & MEDICAID SERVICES

RE: CERT - REQUEST FOR ADDITIONAL DOCUMENTATION

NPI/Provider #: TestBillingNPI

CID #: 811170

Due Date: 1/3/2009

TestAttnname

TestProviderName

TestAddress1

TestAddress2

TestCity, TestState TestZipCode

Fax: TestFaxnum

Dear Doctor/Medicare Provider:

A request for medical records/documentation was previously sent to you on 11/27/08 under a federally mandated program to monitor and improve the **accuracy of Medicare payments** to physicians and other providers. The CERT Documentation Contractor received the requested documentation to support the claim for CID #811170 and we thank you for your response. However, additional information is needed to complete the review on this claim.

***Your response is required** even if records for the sampled beneficiary dates of service cannot be provided. In accordance with 42 U.S.C. 1320C-5 (a) (3) and 1833 of the Social Security Act, as a Medicare provider, you must provide documentation and medical records to the CERT contractor upon request to support claims for Medicare services. It is your responsibility to obtain additional supporting documentation from a third party (hospital, nursing home, etc.), as necessary. Providing medical records of Medicare patients to the Comprehensive Error Rate Testing (CERT) contractor is within the scope of compliance with the Health Insurance Portability and Accountability Act (HIPAA).*

This request for medical records is the result of an initial review of the documentation submitted and the following identifying items are further required or missing:

TestComments

When returning the additional documentation, please check off the items on the bar coded cover sheet as these are the **specified document (s)** needed for the identified claim.

In order to expedite the receipt and processing of your medical records/documentation, please submit them no later than **1/3/2009**, including the bar coded cover sheet. If you have questions regarding this request for additional information, please call the CERT Documentation Office at (888) 779-7477 or (301) 957-2380

Thank you for your cooperation and prompt attention in this matter.

Sincerely yours,

/s/
Douglas Crouch
Program Director
CERT Documentation Contractor
Enclosures



Instructions for Submitting Requested Medical Records/Documentation

The preferred method for receipt of medical records/documentation is via FAX to:

(240) 568-6222

Your cooperation in FAXING the specified documents as soon as possible is greatly appreciated. Should you require additional time to fill this request for medical records/documentation, please call the CDC Documentation Office at (888) 779-7477 or (301) 957-2380 to get an extension to the due date.

Please adhere to the following directions when faxing:

1. Send the **specific documents listed on the Bar Coded Cover Sheet** to support the services of each claim identified .
2. Place the bar coded cover sheet in front of the medical records/documentation being submitted for review. When submitting multiple records, place the corresponding bar-coded cover sheet in front of each record.
3. Please make sure all pages are complete, legible, and include both sides and page edges where applicable.

If unable to FAX document, please contact CERT Documentation Office at (888) 779-7477 or (301) 957-2380.

Please adhere to the following directions if you are mailing the requested records:

1. Send the specific records listed on the Bar Coded Cover Sheet to support the services on the claim identified .
2. Photocopy each record. Please make sure all copies are complete and legible; include both sides of each page, including page edges.
3. Place the bar coded cover sheet in front of the medical records/documentation being submitted for review. When submitting multiple records, place the corresponding bar-coded cover sheet in front of each record. Mail medical record documentation to:

CERT Documentation Office
Attn CID #: 811170
9090 Junction Drive, Suite 9
Annapolis Junction, MD 20701

Due to the volume of pages contained in some medical records, you may also submit the requested records electronically on a CD. This CD must contain all images in TIFF or PDF format and may only contain image files.

We are 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 Contractor.

If the requested information is not received within this time period, CERT CDC will assume the services on the claim were not rendered. Your local Medicare contractor will pursue overpayment recoupment for these undocumented services.

PLACE THIS SHEET IN FRONT OF THE RECORD

**Medicare CERT Documentation Contractor
CMS 500-99-0019/0002 PSC CERT**

Medicare Part A Provider

Report Date:

12/19/08

Claim Control Number: TestCCn

NPI/Provider Number: TestBillingNPI

Contractor Number #: 00308

Patient Name: TestBeneficiaryLastName, TestBeneficiaryname

Patient Number: TestPAN

Patient Date of Birth: 09/17/32

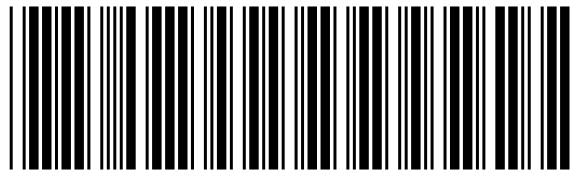
Contractor Type: Part A

Service From/To: 08/07/08 - 08/07/08

HIC Number: TestHicnum

CID Number: 811170

Medical Record Number: TestMRN



* C D C 8 1 1 1 7 0 *

Letter Sequence: Request for Additional Documentation

Universe Date: 08/22/08

PLEASE SEND THE FULL INPATIENT MEDICAL RECORD FOR THE SPECIFIED DATE OF SERVICE.

Please copy both sides of each page and please DO NOT cut off page edges when copying. Please send the original copy of this bar coded cover sheet with a copy of the entire medical record. The **entire medical record** must be with the original cover sheet in order to ensure proper validation of receipt by the CERT Documentation Office. Please fax documentation to :(240) 568-6222 or you may submit the requested records electronically on a CD. This CD must contain all images in TIFF or PDF format and may only contain image files. If you chose to mail the requested medical record, please mail to the address noted below.

PATIENT AUTHORIZATION NOT REQUIRED TO RESPOND TO THIS REQUEST

Providing medical records of Medicare patients to the Comprehensive Error Rate Testing (CERT) contractor is within the scope of compliance with the Health Insurance Portability and Accountability Act (HIPAA).

**CERT Documentation Office
Attn: CID # 811170
9090 Junction Drive, Suite 9
Annapolis Junction, MD 20701**