



# CERT Newsletter

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Affiliated Contractors (ACs) refers to Carriers, DMERCs, and FIs.

## Provider Addresses and Phone Numbers

It is important for providers to keep enrollment information current. When providers change mailing addresses, phone numbers, practice locations, "pay to" addresses, ownership information, billing agencies, authorized or delegated officials, etc., it is important to keep Medicare informed within 90 days of the change. You may contact your respective AC if you need any help completing the appropriate CMS 855 form. Correct address information will help ensure CERT documentation requests are received and allow for provider response.

Starting in March before the initial letter requesting Medical Records is sent to providers, CDC Call Center Representatives (CCRs) will be calling the provider's office explaining the need for the Medical Record, requesting the office location of the Medical Record, and emphasizing the need for a timely and complete Medical Record response.

Wherever possible, the CSR will ask the provider or their designee to send the Medical Record via fax to CDC unless the Medical Record is voluminous. Voluminous Medical Records may be

*The purpose of the CERT Newsletter is to provide an exchange of information among CMS, the CERT Review Contractor (CRC), the CERT Documentation Contractor (CDC), and Affiliated Contractors (ACs), and Providers. ACs may distribute the newsletter to their providers. The Newsletter is not intended to set CMS policy or replace CMS directives. The newsletter is published monthly by CDC. Archived copies will be available on the CERT Confidential Website in March 2005. Articles and Questions for publication may be submitted by email to [marylou@certcdc.com](mailto:marylou@certcdc.com)*

mailed directly to CDC. Following this phone request, the CSR will fax to the provider the official request for Medical Record on CMS letterhead stationery.

It is the intent of CDC that this initial phone call will reduce the non-response and the insufficient documentation rate. ACs are encouraged to continue their education of providers for timely, accurate, and complete responses to CDC MR

## CDC Publishes the Medical Record Request

### Transition Schedule

Timeline for Requesting Records	Affiliated Contractors
September 30, 2004 Contract Award	
February/March 2005	HGSA PA, Palmetto Region C, Cahaba GBA Iowa
April/May, 2005	All DMERCs
June/July, 2005	All Carriers
August/September, 2005	All FIs

## CDC Works with CRC, CMS, and ACs To Revise Medical Record Request Letters

In an effort to improve the quality of provider documentation, CERT letters requesting

documentation are being revised and refined by the CDC to be more specific. This is an attempt to assist providers to identify the most appropriate documentation needed by CRC in review of the claim. The CDC welcomes AC/provider comments and suggestions to improve the provider response to medical record/documentation requests. Suggestions and/or recommendations may be sent via email to [Marylou@certcdc.com](mailto:Marylou@certcdc.com). CDC thanks ACs, CRC, and CMS for their phone calls and email responses to date and links to their websites providing additional information to help streamline the CERT letters and make them more specific to the provider types.

Requests for documentation will be customized by Bill Type for UB92 (Part A and/or Part B) and in some cases Revenue Codes will be used to provide further documentation guidance where there are specific documents required for services. Requests for documentation will be customized by Provider Types for HCFA 1500 claims (Carrier/DMERC) and, in some cases, by specific HCPCS codes which will provide further documentation guidance where there are specific documents required for services and supplies.

For example, in the near future Part A Bill Type 81x for Hospice services (non-hospital based), providers would send in the following documents:

- Beneficiary hospice election
- Diagnostic test results/reports
- Disposition/discharge notes
- Hospital discharge summary
- Medication Administration Records
- Physician certification of terminal illness
- Physician orders
- Physician progress notes
- Plan of Treatment
- Procedure Notes
- Non-Physician Progress notes
- Letter of non coverage to beneficiary

In another example, for a Part B HCFA 1500 claim, a standard documentation request for a

Provider Type 69, Clinical Laboratory, providers would include the items listed below:

<b>Requested Documentation</b>
Diagnostic test results/reports
Authorized provider order
Pathology report

CDC anticipates completion of this project by February 2005 and inclusion in CERT Medical Record request letters in March or April 2005.  
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### **Short & Long Version of the Improper Medicare FFS Is Available**

The short and long version of the Improper Medicare FFS Payments Report for FY 2004 is now available by going to [www.cms.hhs.gov/cert](http://www.cms.hhs.gov/cert) .

### **Identification of Over-Utilized Codes Is Now Available**

The list of Over-Utilized Codes for FY 2004 is now available by going to [www.cms.hhs.gov/cert](http://www.cms.hhs.gov/cert) .