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A Note to Physicians and Providers from Medicare

Introducing The Comprehensive Error Rate Testing (CERT) Program

BILLING PROVIDER/PRACTICE NAME
ADDRESS
CITY, STATE XXXX-XXXX

Your group practice/provider name & address is customarily taken from the submitted Medicare Part B sampled claim.

Verify it for accuracy and whether still valid.

Dear Medicare Physician/Provider:

The Centers for Medicare & Medicaid Services (CMS), the federal Medicare agency, strives to pay claims accurately. The agency implemented a system to monitor the accuracy of payments-the Comprehensive Error Rate Testing Program (CERT). We believe the CERT program will provide CMS and taxpayers with more useful information (such as an estimate of the improper payments made by Medicare) with fewer hassles for physicians, providers and their staff.

Since the implementation of the CERT program, the CERT Contractor, located in Richmond, VA, has requested medical records, reviewed claims, and produced national, contractor specific, provider type, and benefit category specific paid claim error rates. CMS has decided to streamline the record request and receipt process by contracting with a CERT Contractor, located in Annapolis Junction, MD, to support the claims review process.

During the transition period when the CERT Contractor in Maryland assumes the responsibility for requesting medical records and documentation for the claims review process performed by the CERT Contractor in Virginia, you may receive letters from one or the other contractor requesting additional information. The CERT new request letters are improved with more specificity in terms of the information needed to conduct the review.

The reason you are receiving this letter today is because the CERT program has randomly selected one or more of your claims for review. You have a responsibility to provide documentation supporting the claims as soon as possible. Failure to produce the information will count as an error in the calculation of the CERT program error rate and will result in the computation of an overpayment. Production of this information will not violate HIPAA.

Enclosed is a letter detailing the requested information and instructions for submitting medical records and documentation to the CERT Contractor in Maryland. Thank you for cooperating with us in this important project.

Sincerely,

Jill Nicolaisen
CERT Government Task Leader
Program Integrity Group
Office of Financial Management

Page 1 Summary

- This is notification that a CMS sponsored POSTPAY exam of your Medicare Part B records was initiated. Conducted as part of the CERT program.
- Not a violation of HIPAA to send records. **NO SIGNED RELEASE NEEDED.** No patient authorization needed. Please notify and remind your staff and medical records department of this.
- **Participation in this review is not optional.** No response = no records = overpayment, and Palmetto GBA OH/WV must request a refund from your practice.



CENTERS FOR MEDICARE & MEDICAID SERVICES

RE: CERT- 1) INITIAL REQUEST FOR MEDICAL RECORDS

2) Provider #: 0000000

3) CID #: #####

4) Due Date: MM/DD/YY

Dear Doctor/Medicare Provider:

This request for medical records/documentation is sent to you under a federally mandated program to monitor and improve the accuracy of Medicare payments to physicians and other providers. This request for medical records is the result of a random selection of billing records. 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, 5) 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).

The purpose of the CERT program is to determine the national, contractor specific, service type and provider type paid claim error rates. We are requesting medical record documentation regarding the claim identified on the enclosed Medical Records/Documentation Pull List. A bar coded cover sheet is included in this packet with a control number that corresponds to the record on the Medical Records/Documentation Pull List. 6) Please submit documentation to support the HCPCS/services billed on this claim and for any chiropractic service(s) billed six months prior to the DOS for this claim. Submitted information should also include a plan of care to support services rendered for this course of treatment. **

Chiropractic Instructions

In order to expedite the receipt and processing of your medical records/documentation, please submit no later than MM/DD/YY including the bar coded cover sheet. Should you require additional time or if you are unsure about what documentation needs to be submitted to fully comply with this request, please call the CERT Documentation Office at (301) 957-2380.

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

Sincerely yours,

Douglas C. Crouch

Douglas Crouch
Program Director
CERT Documentation Contractor
Enclosures

Page 2 Key & Summary:

- 1) INITIAL = First of up to four request letters generated from the CERT Documentation Contractor (CDC).
2) Provider # = Currently, billing provider's assigned 7-character Medicare identification or billing code number listed on the submitted claim.
3) CID # = CERT Claim Identification Number. A unique and CRUCIAL six-digit number used by CERT to identify and track the sampled claim, all related correspondence and records.
4) Due Date = Supporting records or a written response to the CDC is required by the designated due date. Please respond-even if only to inform them the service was billed in error, or the records are missing, lost, destroyed, etc.
5) You, as the provider, not the CDC nor Palmetto GBA OH/WV, must take the necessary steps to obtain records from third parties.
6) **Request of additional documentation specific to chiropractic services. Page 5 of this letter lists other required chiropractic records related to the date of service billed.



Initial Chiropractic CERT Letter – page 3 of 5
**Instructions for Submitting
Requested Medical Records/Documentation**

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

(240) 568-6222

CDC FAX Number

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 (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 on the Medical Records/Documentation Pull List.
2. Place the bar coded cover sheet in front of the medical records/documentation being submitted for review. Submit multiple records with the corresponding Bar Coded Cover Sheet as separator pages.
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 (301) 957-2380.

Call CDC if problems arise while faxing.

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

1. Send the specific records listed on the Bar Coded Cover Sheet to support the services on the claim identified on the Medical Records/Documentation Pull List.
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. Submit multiple records with the corresponding Bar Coded Cover Sheet as separator pages. Mail medical record documentation to:

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

CDC Mailing Address

We are not authorized to reimburse providers/suppliers for the cost of claims/medical records duplication or mailing. If you use a photocopy service, please ensure that the service does not invoice the CERT Documentation Office.

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.

Page 3 Summary

- The above directions for faxing or mailing information to the CDC are essentially identical. Always be sure to include the **bar coded sheet** and the **CID #**.
- The CDC will not pay for in house or outsourced copying of requested records. Don't send them bills or invoices.
- To obtain the appropriate documentation, you should refer to both the **Bar Coded Sheet** (lists needed records), and the **Medical Records/Documentation Pull List** (shows the specific codes and rendering provider's #).

Medical Records/Documentation Pull List

Medicare Part B Provider
 Provider ID#: Billing Provider 0000000 Request Date: MM/DD/YY
 Patient Name: LAST, FIRST NAME Date of Birth: MM/DD/YY
 Service From/To Dates: MM/DD/YY – MM/DD/YY CERT Claim ID (CID): #####
 HICNUM: XXXXXXXXXXXX X Claim Date*: MM/DD/YY
 Claim Control Number (CCN): 00##### Performing Provider:
 Address ID: Bill Type: 0

ICD-9 Codes

Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*The **Claim Date** is NOT the date of service. It is an “entry” date. This date represents the day when processing of your submitted claim first began at Palmetto GBA OH/WV. (Please see **Service From/To Dates** above for date(s) of service.)

Line Item Date	Revenue Code	1 Performing Provider	2 Provider Specialty	3 Diagnosis Code	4 HCPCS Code	5 HCPCS Modifier 1	5 HCPCS Modifier 2	5 HCPCS Modifier 3	5 HCPCS Modifier 4
<input type="checkbox"/>	<input type="checkbox"/>	111111	35	7392	98940*	AT			

Fields are blank in letter.

* CPT code

KEY

- 1 Performing Provider = Individual/Rendering Provider (7-character provider number only)
- 2 Provider Specialty = 2-digit code only (Shows specialty associated with the individual provider number listed.)
- 3 Diagnosis Code = ICD-9-CM code
- 4 HCPCS Code = Level I CPT code (procedure or service billed)
- 5 HCPCS Modifier 1-4 = Level I CPT or Level II HCPCS - Check to see if the modifier affects the types of records you need to obtain.

Request Letter HINTS

- Only the providers’ Medicare Part B numbers will be shown. No actual names and designations are currently given. **Be careful** to obtain the correct records for the specific CCN listed above, especially **IF multiple providers from your practice performed services** for the patient during the same time frames outlined in the letter. No place of service is shown in the request letters.
- JUST the procedure codes, modifiers and ICD-9 diagnoses codes are listed. No narrative descriptions are given.
- Not a violation of HIPAA to send records. NO SIGNED RELEASE NEEDED. Please notify and remind your staff and medical records department of this.
- **Participation in this review is not optional.** No response = no records = overpayment, and Palmetto GBA OH/WV must request a refund from your practice. You would have the same appeal rights with Palmetto GBA as in any other situation; however, this could be an unnecessary, time-consuming process.
- Please bear in mind chiropractic records requests currently have instructions on both pages 2 and 5 related to the required documentation for CERT reviews. By providing all this information initially, you can reduce or avoid follow-up CDC letters.

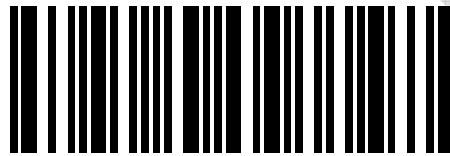
PLACE THIS SHEET IN FRONT OF THE RECORD
(NO Fax Cover Sheet Needed)

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

Medicare Part B Provider

Report Date:

Claim Control Number: 00##### Contractor Type: Part B
Provider Number: 000000 (Billing Provider) Service From/To: MM/DD/YY – MM/DD/YY
Contractor Number #: 00883 (Palmetto GBA OH/WV) CID Number: #####



BAR CODE
Unique to each CID #

* C D C # # # # # # *

CID #
Unique to each sampled claim and records

Letter Sequence:

Initial Letter

Universe Date*:

MM/DD/YY

The documents listed below may be required in support of a medical claim review. Please provide all of the pertinent medical records/documentation listed below and any additional documentation to support the above listed claim for the specified date(s) of service:

- Original care plan
- Diagnostic test results/reports, including imaging reports
- Procedure Notes
- Treatment records
- Original Initial evaluation
- Physician orders for dates of service billed
- Treatment plan

CDC sample list of requested chiropractic records.
See page 2 for additional chiropractic documentation required as part the CERT review.

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 medical record documents noted above.** The record documents 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. If unable to fax documents, please send information to the address noted below.

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

*The **Universe Date = Claim Date** (see page 4) and is **NOT** the date of service. It is an “entry” date. This date represents the day when processing of your submitted claim first began at Palmetto GBA OH/WV. (Please see **Service From/To Dates** above for date(s) of service.)