



Region D Recovery Audit Contractor (RAC)

ADDITIONAL DOCUMENTATION REQUEST

1/29/2010

Provider Name
Provider Address
Provider City, State, Zip

The Centers for Medicare & Medicaid Services (CMS) has retained HealthDataInsights, Inc., (HDI) to carry out the Recovery Audit Contractor (RAC) program in Region D. The RAC program, mandated by Congress, is aimed at identifying Medicare improper payments.

This notice is to request documentation for the claims listed on the attached Pull List. In accordance with 42 USC 1320(c) (5) (A) (3) and §1833 of the Social Security Act, you must provide documentation upon request to support claims for Medicare services. This request is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, which allows release of information without explicit patient consent for treatment, payment and health care operations.

Our analysis constitutes new and material evidence that establishes good cause for reopening as required under 42 CFR 405.980(b). The results of our analysis justified reopening, including, but not limited to, reopening pursuant to §1869(b)(1)(G) of the Social Security Act and 42 CFR 405.980(a) (1). Pursuant to applicable Medicare reopening regulations, including without limitation the Medicare Claims Processing Manual, Chapter 34, Section 10, the claims noted on the attached Audit Detail were selected for review for an underpayment or overpayment, as applicable, for the following reasons:

1. There is New and Material Evidence that was not available or known at the time of the determination or decision and may result in a different conclusion; and
2. The evidence that was considered in making the determination or decision clearly shows on its face that an Obvious Error was made at the time of the determination or decision.

New and Material Evidence and Obvious Error made at the time of the initial determination include:

- a. Improper or incorrect application of Medicare billing or coding requirements;
- b. The medical or other necessary records associated with the claim were not reviewed prior to the initial determination, a coverage or coding determination based upon the information on the claim and its attachments could not be made and there is a high probability that the records do not support the services paid or the service is not covered, and copies of medical records are therefore needed to provide support for the claim; and
- c. At the time of the initial determination, data analysis techniques, editing and/or review processes were not applied to the claim.

The Audit Detail may contain additional information supporting good cause for the reopening. In accordance with CMS regulations, HDI's data analysis techniques coupled with, but not limited to, CMS regulation, CMS rulings, CMS general instructions, periodic OIG Reports (www.oig.hhs.gov), quarterly PEPPER Reports (<http://www.pepperresources.org>), National and Local Coverage Determinations (NCD/LCD), Coding Clinic, CPT, CPT Assistant, DRG Expert, and/or National Correct Coding Initiatives Edits (NCCI) do not support the services, equipment and/or supplies as paid. The services, equipment and/or supplies would therefore not be covered, and/or a billing or coding error therefore exists.

All documentation should be submitted to the address or fax number below within 45 days of the date of this notice. Your response is required even if you are unable to locate the requested documentation.

You will be reimbursed per Federal guidelines for the cost of providing copies of the additional documentation. Payment will be issued to you within 45 days of the RAC receiving the additional documentation. Payment will be in the amount of 12 cents per page plus shipping cost if mailed via U.S. Postal Service First-Class Mail.

You may submit this documentation by postal mail, via fax or as images on CD/DVD. Documentation can sent via:

Mail: HealthDataInsights, Inc
HDI Healthcare Management Team
7501 Trinity Peak , Mail Stop 12-M
Las Vegas, NV 89128

Fax: **(702) 240-5510**

Requirements for submitting imaged documentation on CD or DVD can be found at www.racinfo.healthdatainsights.com.

A copy of the attached Pull List should be affixed to the requested additional documentation. Please bundle documents for each claim separately to enable us to confirm receipt of documents.

Please submit the following components of the medical record and/or other documentation to support payment of this claim:

Face sheet
Discharge summary
History & Physical
Emergency Room records
All nursing notes
ER nursing notes
Consultations
Physician orders
Therapy Treatment Plan and Notes

Physician progress notes
Laboratory reports
Radiology reports
Operative reports
Pathology reports
ICD-9-CM codes submitted
Physician query
UB 04 or HCFA (CMS) 1500
Medication Administration Records

Questions regarding this request should be directed to RAC Provider Service at (866) 376-2319.

Sincerely,

HealthDataInsights, Inc