



Provider Name
Address 1
Address 2
City ST 00000

Date: 1/1/1900
Reference ID: CID #: 1555555
NPI/Provider #: 0000000000
Phone:
Fax:

Request Type & Purpose: First Letter
Subject: Additional Documentation Required

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS), through the Comprehensive Error Rate Testing (CERT) program, carries out the task of requesting, receiving, and reviewing medical records.¹ The CERT program reviews selected Medicare A, B and DME claims and produces annual improper payment rates. For more information regarding the CERT program, please visit www.cms.gov/CERT.

Reason for Selection

The CMS' CERT program has randomly selected one or more of your Medicare claims for review.

Action: Medical Records Required

Federal law requires that providers/suppliers submit medical record documentation to support claims for Medicare services upon request. Providers/suppliers are required to send supporting medical records to the CERT program. **Providing medical records of Medicare patients to the CERT program does not violate the Health Insurance Portability and Accountability Act (HIPAA).** Patient authorization is not required to respond to this request. Providers/suppliers are responsible for obtaining and providing the documentation as identified on the attached Bar Coded Cover Sheet. The CMS is 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 program.

When:1/1/1900

Please provide the requested documentation by 1/1/1900 . A response is still required by 1/1/1900 even if you are unable to locate the requested information.

Consequences

If the provider/supplier fails to send the requested documentation or contact CMS by 1/1/1900 , the provider's/supplier's Medicare contractor will initiate claims adjustments or overpayment recoupment actions for these undocumented services.

¹Social Security Act Sections 1833 [42 USC §1395l(e)] and 1815 [42 USC §1395g(a)]; 42 CFR 405.980-986



Instructions

- Specific information and instructions pertaining to the sampled claim and returning requested documents are shown on the following pages of this letter.
- Please include the bar coded cover sheet with your submission.

Submission Methods

You may submit this documentation in any of the following ways:

- Via postal mail to: CERT Documentation Center,
1510 East Parham Road
Henrico, VA 23228
- Via fax to: 804-261-8100
 - 1) Use the Barcoded coversheet as the only coversheet.
 - 2) Do not add your own coversheet—this slows down the receipt and identification process.
 - 3) Send a separate fax transmission for each individual claim.
- Via Electronic Submission of Medical Documentation (esMD):
 - 1) Include a CID# or Claim number and the barcoded cover sheet in your file transmission.
 - 2) Information on esMD can be found at www.cms.gov/esMD.
- Via CD:
 - 1) The images should be encrypted per HIPAA security rules.
 - 2) If encrypted, the password and CID# must be provided via email to CERTMail@admedcorp.com or via fax to 804-264-9764.
 - 3) Must contain only images in TIFF or PDF format.
- Via Email Attachment:
 - 1) The email attachment(s) should be encrypted per HIPAA security rules.
 - 2) If encrypted, the password and CID# must be provided via phone to 888-779-7477 or via fax to 804-264-9764.
 - 3) Must contain only attachments in TIFF or PDF format.

Questions

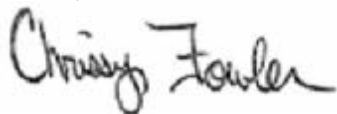
If you have any questions, please contact:

CERT Documentation Center
1510 East Parham Road
Henrico, VA 23228

Office: 443-663-2699 or Toll Free: 888-779-7477

Fax: 804-261-8100

Sincerely,



Chrissy Fowler
Director, Payment Accuracy & Reporting Group
Office of Financial Management
Centers for Medicare & Medicaid Services

Attachments / Supplementary Information

1. Claim Information
2. Bar Coded Cover Sheet



Claim Information

Due Date: 1/1/1900

Medicare Part B Provider

NPI/Provider #:	0000000000	Request Date:	1/1/1900
Patient Name:	Patient Name		
Date of Birth:	1/1/1900	Date(s) of Service:	1/1/1900 - 1/1/1900
CERT Claim ID (CID):	1555555	Patient Identifier:	
Claim Date:	1/1/1900	Claim Control Number (CCN):	CCN0000000000
Ref/Ord Provider/NPI #:	Referring Name 0000000000		
Medical Record Number:	MRN0000000000000	Patient Account #:	PCN0000000000

Diagnoses Codes

Code 1	Code 2	Code 3	Code 4	Code 5	Code 6	Code 7	Code 8	Code 9	Code 10
1	2	3	4	5	6	7	8	9	10
Code 11	Code 12	Code 13	Code 14	Code 15	Code 16	Code 17	Code 18	Code 19	Code 20
11	12	13	14	15	16	17	18	19	20
Code 21	Code 22	Code 23	Code 24	Code 25					
21	22	23	24	25					

Line Item Date	Revenue Code	Performing Provider/NPI #	Provider Specialty	Diagnosis Code	HCPCS Code	HCPCS Modifier 1	HCPCS Modifier 2	HCPCS Modifier 3	HCPCS Modifier 4
5/1/2018		0000000000		00000	00000	11	22	33	
5/2/2018		0000000000		00000	00000	11	22	33	
5/3/2018		0000000000		00000	00000	11	22	33	
5/4/2018		0000000000		00000	00000	11	22	33	
5/5/2018		0000000000		00000	00000	11	22	33	



PLACE THIS BARCODED COVER SHEET IN FRONT OF THE RECORD

**Medicare CERT Review Contractor
GS-00F-263CA CERT**



Due Date: 1/1/1900 Medicare Part B Provider
Patient Name: Patient Name
Claim Control Number: CCN0000000000
Request Date: 1/1/1900 **Date(s) of Service:** 1/1/1900 - 1/1/1900
NPI/Provider #: 0000000000 **Universe Date:** 1/1/1900
Contractor: 99999 **Contractor Type:** B
Patient Date of Birth: 1/1/1900
Letter Sequence: First Letter

Please submit documentation to support the HCPCS/services billed on this claim as shown on the page titled Claim Information.

In addition, please submit all medical records/documentation for the HCPCS/services for the period covering any portion of the preceding 6 months prior to the Date of Service (DOS) for this claim, if the services in those 6 months are associated with the same condition.

Submitted information should also include a plan of care to support chiropractic services rendered for this course of treatment.

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:

Documents that may be required

**CERT Documentation Center - Attn: CID # 1555555
1510 East Parham Road, Henrico VA 23228
FAX 804-261-8100 PH 888-779-7477 or 443-663-2699**