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. 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

<table>
<thead>
<tr>
<th>NPI/Provider #:</th>
<th>00000000000</th>
<th>Request Date:</th>
<th>1/1/1900</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Name:</strong></td>
<td>Patient Name</td>
<td><strong>Date of Birth:</strong></td>
<td>1/1/1900</td>
</tr>
<tr>
<td><strong>CERT Claim ID (CID):</strong></td>
<td>1555555</td>
<td><strong>Date(s) of Service:</strong></td>
<td>1/1/1900 - 1/1/1900</td>
</tr>
<tr>
<td><strong>Claim Date:</strong></td>
<td>1/1/1900</td>
<td><strong>Claim Control Number (CCN):</strong></td>
<td>CCN0000000000</td>
</tr>
<tr>
<td><strong>Ref/Ord Provider/NPI #:</strong></td>
<td>Referring Name 0000000000</td>
<td><strong>Patient Identifier:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Record Number:</strong></td>
<td>MRN0000000000000</td>
<td><strong>Patient Account #:</strong></td>
<td>PCN0000000000</td>
</tr>
</tbody>
</table>

### Diagnoses Codes

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>22</td>
<td>23</td>
<td>24</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Line Item Information

<table>
<thead>
<tr>
<th>Line Item Date</th>
<th>Revenue Code</th>
<th>Performing Provider/NPI #</th>
<th>Provider Specialty</th>
<th>Diagnosis Code</th>
<th>HCP Code</th>
<th>HCP Modifier 1</th>
<th>HCP Modifier 2</th>
<th>HCP Modifier 3</th>
<th>HCP Modifier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/1/2018</td>
<td>00000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
</tr>
<tr>
<td>5/2/2018</td>
<td>00000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
</tr>
<tr>
<td>5/3/2018</td>
<td>00000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
</tr>
<tr>
<td>5/4/2018</td>
<td>00000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
</tr>
<tr>
<td>5/5/2018</td>
<td>00000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
<td>0000000000000000000000</td>
</tr>
</tbody>
</table>
Providers and suppliers are required to maintain documentation supporting the submission of Medicare claims and to submit this documentation upon request. The documents listed in the following chart may be needed to support Medicare payment of the claim with the date(s) of service specified above. Please provide all of the pertinent medical records/documentation and any additional documentation needed to support this claim. If any pertinent documentation is missing, incomplete, or requires explanation, please include this information in the comments section.

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