

## Additional Documentation Request



Date

RAC Point of Contact

Provider Name

Address 1

Address 2

City, State Zip

Re: Provider Name #123456789

Letter ID: XXXXXX

Issue: (see attachment)

Dear Provider Name:

The Centers for Medicare & Medicaid Services (CMS) has retained CGI Federal Inc. to carry out the Recovery Audit Contractor (RAC) program in the state of \_\_\_\_\_. The RAC program, mandated by Congress, is aimed at identifying Medicare improper payments.

This notice includes a total of xxx Additional Documentation Requests for the Issue(s) and Claim(s) listed in the attachment.

**Additional Documentation Request Limit: XXX every 45 days with a cap of 200**

**NOTE: The Additional Documentation Request Limit was based on your Tax Identification Number (TIN) and the first three characters of your Zip Code along with the number of claims submitted in 2008.**

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 healthcare operations.

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.

*The RAC is required to reimburse providers for the submission of Medical Records for the following claim types only: Acute Care Inpatient, Prospective Payment System Hospital Claims and Long Term Care Hospital Claims. If you meet the Medicare definition of one of these claim types, you will be reimbursed for the cost of providing copies of the additional documentation. Payment will be issued to you within 45 days from the RAC receiving the additional documentation. Payment will be in the amount of 12 cents per page plus first class postage for shipping (if mailed).*

OMB Control #: 0938-0969

Letter ID: XXXXXX  
Provider Name #123456789



You may submit this documentation by postal mail, via fax (216-902-3860), or as images on CD/DVD. Documentation can be mailed to:

CGI Federal Inc.  
1001 Lakeside Avenue, Suite 800  
Cleveland, OH 44114  
Attn: RACB

Requirements for submitting imaged documentation on CD or DVD can be found at [racb.cgi.com](http://racb.cgi.com) or by calling the RACB Call Center at 877-316-RACB (7222).

A copy of this additional documentation request letter should be affixed to the documentation. Please bundle documents for each claim separately to enable us to ensure receipt of all requested documents.

Questions regarding this request should be directed to the RACB Call Center at 877-316-RACB (7222).

Sincerely,

Sabrina Katsaris  
RAC Audit Manager  
CGI Federal Inc.  
Enclosure

## Additional Documentation Request Report

Good Cause for Issue: (Issue Name)

The documentation is being requested because *[description of the type and nature of the review as approved by the CMS New Issue Review board, as well as the specific justification for the additional documentaion request. If appropriate, include a statement that your analysis has established good cause for reopening. For Example:... the medical necessity of cerumen removal in ths patient. Our analyssis of your Medicare billing history, which suggests that you have consistently submitted claims for this service well in excess of that which could reasonably be expected of a family practiontioner, constitutes new and material evidence that establishes good cause for reopening as required under 42 CFR 405.980(b)].*

HIC / Patient Name	Dates of Service / Date of Birth	Medical Record #	Patient Control #	Claim Reference #
1234567890A Smith, Rose	1/6/2008 - 1/8/2008 1/6/2008	9995757565	1234567890	9995757568
1234567891A Mark, Chris	1/6/2008 - 1/8/2008 4/7/2008	9995757567	1122334455	9995757569
1234567892A Anderson, Pat	1/6/2008 - 1/8/2008 6/6/2008	9995757569	9988776655	9995757566

Please submit the following components of the medical record and/or other documentation to support payment of this claim: Entire Medical Record; Radiology Reports

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Please submit the following components of the medical record and/or other documentation to support payment of this claim: Physician Orders; Operative Reports; Pathology Reports

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Please submit the following components of the medical record and/or other documentation to support payment of this claim: Lab Reports; Radiology Reports; Emergency Room Records