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MEDICARE DME

CIGNA Government Services

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JAN 20,2011

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CIGNA Government Services P.O. Box 20010 Nashville, TN 37202

FAX: 615-782-4624

Bene 1-800-MEDICARE (1-800-633-4227) Provider 1-866-270-4909

We have-received your-claim for the item(s) listed below. Additional documentation is needed to assure these items are covered and coded correctly. You must provide the documentation indicated below and return ladditional documentation you deem appropriately. Please include any 30 days of the date of this letter. Failure to do so may result in partial or complete medical necessity denial of this claim. Thank you

Mealth Insurance Claim Number: Medicare Claim Number: Beneficiary Name:

OMB CONTROL NUMBER:

NO	SERVICE	PROCEDURE SERVICE DATES	SUBMITD PROVIDER CHARGE NUMBER
01	225.0Supplies	J7613K0 JAN 13,2011	137.25
02	60.0Supplies	J7626KO JAN 13,2011	385.80
03 XMR	1.0Medical Service = 429	Q0513 JAN 13,2011	33.00

Medicare carriers must routinely perform review of items provided by Medicare suppliers of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS). As the Durable Medical Equipment Medicare Administrative Contractor for Jurisdiction C, CIGNA Government Services

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Realth Insurance Claim Number: Medicare Claim, Number: Beneficiary Name:

conducts periodic review of claims to identify areas of potential error (e.g., items which may be non-covered or not coded correctly). These reviews are performed by contractual obligation to the Centers for Medicare and Medicaid Services (CMS).

This claim has been selected for review because data indicates a high claims payment error rate for HCPCS codes J7605, J7606 and J7626 in the Mebulizers policy group. Please submit copies of the following records for the above named beneficiary.

Preliminary Dispensing Order (if item s^J were dispensed prior to obtaining a detailed written order);
Detailed Written Order;
Proof of refill request;
Relevant medical records that support it is medically necessary to administer arformoterol (J760s), budesonide (J7626) or formoterol (J7606) for the management of obstructive pulmonary disease (ICD-9 diagnosis codes 491.0 - 508.7);
Any other pertinent records, including medical information related to continued use of the medication(s) and ongoing medical management of the beneficiary's pulmonary condition.
ABN on file should be submitted with other requested documentation.

Relevant medical records consist of physician notes, non-physician clinical notes, and non-physician clinical evaluations that verify that the beneficiary's condition meets coverage criteria as specified in the behalizers local coverage determination (LCD) and related policy hospital, nursing home, home health agency, etc. Evaluations used to determine coverage must have been performed and recorded prior to delivery and performed by a clinician who does not have a financial

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