



RE: CERT - REQUEST FOR ADDITIONAL DOCUMENTATION

NPI/Provider #: TestBillingNPI

CID #: 1112549

Due Date: TestDueDate

TestAttnname
TestProviderName
TestAddress1
TestAddress2
TestCity, TestState TestZipCode
Fax: TestFaxnum

Dear Doctor/Medicare Provider:

A request for medical records/documentation was previously sent to you under a federally mandated program to monitor and improve the **accuracy of Medicare payments** to physicians and other providers. The CERT Documentation Contractor received the requested documentation to support the claim for CID #1112549 and we thank you for your response. However, additional information is needed to complete the review on this claim.

Your response is required even if records for the sampled beneficiary dates of service cannot be provided. In accordance with 42 U.S.C. 1320C-5 (a) (3) and § 1833 of the Social Security Act, as a Medicare provider, you must provide documentation and medical records to the CERT contractor upon request to support claims for Medicare services. It is your responsibility to obtain additional supporting documentation from a third party (hospital, nursing home, etc.), as necessary. Providing medical records of Medicare patients to the Comprehensive Error Rate Testing (CERT) contractor is within the scope of compliance with the Health Insurance Portability and Accountability Act (HIPAA).

This request for medical records is the result of an initial review of the documentation submitted and the following identifying items are further required or missing:

In order to expedite the receipt and processing of your medical records/documentation, please submit them no later than **TestDueDate**, including the bar coded cover sheet. If you have questions regarding this request for additional information, please call the CERT Documentation Office at (888) 779-7477 or (301) 957-2380

Thank you for your cooperation and prompt attention in this matter.

Sincerely yours,

/s/
Douglas Crouch
Program Director
CERT Documentation Contractor
Enclosures

PLACE THIS BAR CODED COVER SHEET IN FRONT OF THE RECORD

**Medicare CERT Documentation Contractor
CMS 500-99-0019/0002 PSC CERT**

Due Date: TestDueDate

Medicare Part A Provider
Request Date: TestRequestDate

Claim Control Number:	TestCCn	Contractor Type:	Part A
NPI/Provider Number:	TestBillingNPI	Date(s) of Service:	TestFromDate - TestToDate
Contractor Number #:	TestContractorID	CID Number:	1112549
Patient Name:	TestBeneficiaryLastName, TestBeneficiaryname	Date of Birth:	TestBeneficiaryDOB



Letter Sequence: Request for Additional Documentation
Universe Date: TestUniverseDate

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:

Please copy both sides of each page and please DO NOT cut off page edges when copying. Please send the original copy of this bar coded cover sheet with a copy of the medical record documents noted above. The record documents must be with the original cover sheet in order to ensure proper validation of receipt by the CERT Documentation Office. Please fax documentation to **:(240) 568-6222** If unable to fax documents, please send information to the address noted below.

PATIENT AUTHORIZATION NOT REQUIRED TO RESPOND TO THIS REQUEST

Providing medical records of Medicare patients to the Comprehensive Error Rate Testing (CERT) contractor is within the scope of compliance with the Health Insurance Portability and Accountability Act (HIPAA).

**CERT Documentation Office - Attn: CID # 1112549, 9090 Junction Drive, Suite 9, Annapolis Junction, MD 20701
FAX (240) 568-6222 PH (888)779-7477 or (301) 957-2380**

NOTE: Beginning in the Spring of 2011, CERT will begin accepting documentation from providers sent via the Electronic Submission of Medical Documentation (esMD) mechanism. For more information about esMD, see www.cms.gov/esMD.