CMS Manual System	Department of Health & Human Services (DHHS)					
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)					
Transmittal 10579	Date: March 19, 2021					
	Change Request 11659					

Transmittal 10412, dated October 30, 2020, is being rescinded and replaced by Transmittal 10579, dated, March 19, 2021 to add business requirements 11659.4.1, 11659.4.2 and 11659.4.3, related to reporting expectations, submission and template updates. All other information remains the same.

SUBJECT: Special Provisions for Radiology Additional Documentation Requests

I. SUMMARY OF CHANGES: This change request (CR) pilots a process that will enable Medicare Administrative Contractors (MACs) to receive pertinent documentation from the treating/ordering provider during medical review, in an effort to support the necessity and payment for radiology service(s)/item(s) billed to Medicare.

EFFECTIVE DATE: December 1, 2020

*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: December 1, 2020

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated) R=REVISED, N=NEW, D=DELETED-*Only One Per Row*.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE	
N/A	N/A	

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20 | Transmittal: 10579 | Date: March 19, 2021 | Change Request: 11659

Transmittal 10412, dated October 30, 2020, is being rescinded and replaced by Transmittal 10579, dated, March 19, 2021 to add business requirements 11659.4.1, 11659.4.2 and 11659.4.3, related to reporting expectations, submission and template updates. All other information remains the same.

SUBJECT: Special Provisions for Radiology Additional Documentation Requests

EFFECTIVE DATE: December 1, 2020

*Unless otherwise specified, the effective date is the date of service.

IMPLEMENTATION DATE: December 1, 2020

I. GENERAL INFORMATION

A. Background: The MAC has the ability to auto-deny a claim if a benefit category, statutory exclusion, or coding issue is in question, or to send an Additional Documentation Request (ADR) to the provider selected for review, in order to review records to determine whether the claim is payable and medically necessary.

Currently, upon request for medical records, it is the responsibility of the provider selected for review to obtain supporting documentation as needed from the treating/ordering practitioner's office (ex: physician order, notes to support medical necessity) or from an inpatient facility (ex: progress note). The treating/ordering practitioner should submit the requested documentation. However, because the provider selected for review is the one whose payment is at risk, it is this provider who is ultimately responsible for submitting, within the established timelines, the documentation requested by the MAC. The Medicare Program Integrity Manual, Chapter 3, Section 3.2.3.3, "Third-Party Additional Documentation Request" states:

The treating physician, another clinician, provider, or supplier should submit the requested documentation. However, because the provider selected for review is the one whose payment is at risk, it is this provider who is ultimately responsible for submitting, within the established timelines, the documentation requested by the MAC, CERT, Recovery Auditor and UPIC.

There are instances in which radiology service providers selected for review are unable to acquire supporting documentation, possibly retained by the treating/ordering practitioner. CMS is piloting an approach that will enable MACs to receive pertinent documentation from the treating/ordering practitioner during medical review, in an effort to support the necessity and payment for radiology service(s)/item(s) billed to Medicare.

The purpose of this One Time Notification (OTN) is to (i) require MACs to conduct third-party additional documentation requests (ADRs) for radiology service claims, when necessary, from the treating/ordering practitioner (physician's office or inpatient facility), and (ii) identify data to be reported by the MACs for assessment of the pilot.

B. Policy: NA

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

A/B MAC Maintainers Maintainers	Number	Requirement	Responsibility												
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11659.1. The contractor shall determine if codes for radiology services are subject to review in their jurisdicton. 11659.1.1 MACs shall not solicit documentation from a third party unless they first or simultaneously solicit the same information from the billing provider or supplier. 11659.2 The contractor shall, when conducting medical review for radiology services, and electing to send the ADR to the radiology services provider first, determine if the documentation provided in response to the ADR is sufficient for payment of the claim. 11659.2.1 If the documentation supplied by the radiology service provider is insufficient, the contractor shall send an ADR to the ordering provider, which shall include sufficient information to identify the claim in question. Additional ADR requests to the ordering provider may also extend the MR timeline for review. 11659.2.2 The contractor shall, if documentation is requested from the ordering provider and no response is received, or documentation is received and continues to be insufficient, continue to deny payment. 11659.3 The contractor shall, when conducting medical review for radiology services, and electing to send the ADR simultaneously to the radiology service provider and ordering provider, determine if the documentation provided in response to the ADR is sufficient for payment of the claim. 11659.3.1 The contractor shall continue to deny payment if no response is received or if documentation received continues to be insufficient. 11659.4 The contractor shall submit reporting information described in attachment A to the BFL at the same as				_		M			-	_					
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described in attachment A to the	11037.4.1		Λ	Λ											
TPE_Reporting@cms.hhs.gov inbox on or before the															
20th of each month.															
11659.4.2 CMS recognizes that contractors may not always have X X	11659.4.2	CMS recognizes that contractors may not always have	X	X											
data to report. Therefore, Contractors shall track		data to report. Therefore, Contractors shall track													

Number	Requirement	Responsibility																																						
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		A	В	H H H		F I S S	M C S	V M S	C W F																															
	months that lack any data and report to CMS via email to TPE_Reporting@cms.hhs.gov on or before the 20th of the month.																																							
11659.4.3	MACs shall receive a technical direction updating the attachment A reporting template, as needed, as the result of workgroup discussions.	X	X																																					
11659.5	The contractor shall describe any necessary workload changes in detail, including the rationale for these changes, to their Contracting Officer Representative and Medical Review Business Function lead.	X	X																																					
11659.6	The contractor shall adjust its medical review strategy and medical review workloads as necessary to accommodate this change request.	X	X																																					

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				,
		MAC N			D M E	C E D
		A	В	H H H	M A C	Ι
11659.7	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X	X			

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Nabil Ladipo, 410-786-8034 or nabil.ladipo@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 1

Special Provisions for Radiology Additional Documentation Requests Reporting Template

							# of	medical
			# of claims (per probe) where the	# of claims (per probe) where th	e # of claims (per probe) where the	# of claims (per probe) where	medical	review
			rendering provider indicated that	ADR is sent to the rendering	MAC received additional	the MAC did not receive	review	conducte
MAC Name &		# of ADRs sent to a unique rendering provider	additional information is needed	provider and ordering	information from the ordering	additional information from the	conducte	d post-
Jurisdiction	Provider #	(per probe) for review of radiology services	from the ordering practitioner	practitioner simultaneously	practitioner	ordering provider	d pre-pay	pay

of