

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Transmittal 10412, dated October 30, 2020, is being rescinded and replaced by Transmittal 10579, dated, March 19, 2021 to add business requirements 11659.4.1, 11659.4.2 and 11659.4.3, related to reporting expectations,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/revise 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.

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			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									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
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

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
---	---

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**

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