



Region A Recovery Audit Contractor (RAC)

Subject: Additional Documentation Request

Date 4/15/2010

Letter Request ID: 10899

PROVIDER NAME

CONTACT PERSON

ADD1, ADD2

CITY, STATE 01234

Re: PROVIDER NAME 123456789

The Centers for Medicare & Medicaid Services (CMS) has retained DCS to carry out the Recovery Audit Contractor (RAC) program in Region A which includes all states located in the northeast region of the United States. The RAC program, mandated by Congress, is aimed at identifying Medicare improper payments.

This notice is to request documentation for the claim(s) listed in the attachment. The claim(s) requested have been selected for review as part of a validation audit for MS-DRGs 061, 062, 063, 064, 065, 066, 067, 068, and 069. These MS-DRGs have been selected due to the OIG Report Validation of DRG 14 (MS-DRGs 064, 065, 066), January 1988 which illustrates that these MS-DRGs have a high probability for coding error. Proprietary data mining techniques were utilized in the claim selection. Our data analysis reveals a billing pattern inconsistent with one or more of the following: CMS Internet-Only Manuals (IOMs), Publication 100-08; Medicare Program Integrity Manual (PIM), Chapter 6, Section 6.5.3 - DRG Validation Review; ICD-9-CM Coding Manual (for dates of service on claim); ICD-9-CM Addendums and Coding Clinics; Uniform Hospital Discharge Data Set (UHDDS) - Reporting of Inpatient Data Elements, July 31, 1985, Federal Register (Vol. 50, No. 147), Pages 31038-31040.

This documentation is being requested because MS-DRG validation requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded and reported by the hospital on its claim, matches both the attending physician's description and the information contained in the beneficiary's medical record. Reviewers will validate the principal diagnosis, secondary diagnoses, and procedures affecting or potentially affecting MS-DRGs 061, 062, 063, 064, 065, 066, 067, 068, and 069.

The results of our data analysis justified reopening your claim(s) under §1869(b) (1) (G) of the Social Security Act and 42 CFR 405.980(a) (1). These results also serve as good cause to reopen the claim(s), if required by 42 CFR 405.980(b) (2).

In accordance with 42 USC 1320(c) (5) (A) (3) and §1833 of the Social Security Act, you must provide

DCS, INC.
Medicare Recovery Audit Subcontractor - Region A
PO Box 724888
Atlanta, GA 31139

Continued on Reverse

877-677-4281§ TOLL FREE
866-340-0625 FAX
www.dcsrac.com

DCS

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 health care operations.

CMS has established a maximum number of medical records that can be requested from a provider per 45 day period. This cap is established per campus. A campus unit, which is defined by the servicing provider's/supplier's Tax Identification Number (TIN) and the first three positions of the zip code where they are physically located, may consist of one or more separate facilities/practices under a single organizational umbrella. Each limit is based on that unit's submitted Medicare claims, irrespective of paid/denied status and/or individual lines in 2008. The maximum number of medical records that may be requested from you per 45 days is **X**.

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.

You will be reimbursed for the cost of providing copies of the additional documentation.

Payment will be issued to you within 45 days of the RAC receiving the additional documentation.

Payment will be in the amount of 12 cents per page plus first class postage (if mailed).

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

You may submit this documentation by postal mail (either on paper or as images on CD/DVD) or via fax.

Documentation can be mailed to:

PRGX
Attn: Medicare Recovery Audit Subcontractor - Region A
PO Box 724888
Atlanta, GA 31139

For express/overnight delivery services only, please use our physical address:

PRGX
Attn: Medicare Recovery Audit Subcontractor - Region A
600 Galleria Pkwy
Ste 100
Atlanta, GA 30339

Documentation can be faxed to: 866-340-0625

Questions regarding this request should be directed to DCS RAC Region A Customer Service at 1-877-677-4281.

If you choose to password protect the CD/DVD please use password: th!s!smyp@\$w0rd.

Requirements for submitting imaged documentation on CD or DVD can be found at <http://www.dcsrac.com/documentation.html>

Please submit the following components of the medical record, as applicable, and/or any other documentation to support payment of this claim. The entire medical record, including, but not limited to:

- | | |
|----------------------------------|-----------------------------------|
| Face sheet | Physician Progress notes |
| Discharge summary | Laboratory reports |
| History & Physical | Radiology reports |
| Emergency Room records | Operative reports |
| All nursing notes | Pathology reports |
| ER nursing notes | ICD-9-CM codes submitted |
| Consultations | Physician query |
| Physician orders | UB 04 or HCFA (CMS) 1500 |
| Therapy Treatment Plan and Notes | Medication Administration Records |
| Wound Care Consults | Ancillary Services (Social work) |
| Nutrition Consults | |

Sincerely,

Kathryn V. Duncan, RN, MSN
Healthcare Audit Director
877-677-4281

Requested Claims

Issue: MS-DRG Validation for MS-DRGs 64, 65 and 66 Intracranial Hemorrhage or Cerebral Infarction
(At this time, medical necessity is excluded from review.)

Beneficiary Name/HIC	Beneficiary DOB	Med Rec #	Patient Ctl #	DOS From To	Claim Number	Medicare Pmt Amt	RAC Case ID
SMITH, JOE 123456789A	2/17/1900	M12345	V1234567	01/01/1900 To 01/02/1900	123456789101	\$7,000.50	PRTAIPAT01234567894AB
SMITH, JANE 123456789A	2/17/1900	M12345	V1234567	01/10/1900 To 01/15/1900	123456789101	\$7,000.50	PRTAIPAT01234567894BC
SMITH, BOB 123456789A	2/17/1900	M12345	V1234567	01/20/1900 To 01/30/1900	123456789101	\$7,000.50	PRTAIPAT01234567894CD
SMITH, HARRY 123456789A	2/17/1900	M12345	V1234567	02/20/1900 To 03/30/1900	123456789101	\$7,000.50	PRTAIPAT01234567894EF
SMITH, SUE 123456789A	2/17/1900	M12345	V1234567	04/20/1900 To 05/30/1900	123456789101	\$7,000.50	PRTAIPAT01234567894GH
SMITH, JANET 123456789A	2/17/1900	M12345	V1234567	06/20/1900 To 07/30/1900	123456789101	\$7,000.50	PRTAIPAT01234567894IJ
SMITH, LARRY 123456789A	2/17/1900	M12345	V1234567	08/20/1900 To 09/30/1900	123456789101	\$7,000.50	PRTAIPAT01234567894KL