



[Date]

Letter ID: Y1P2

[Provider Name]  
[Provider Address]  
[NPI Number]

Subject: Additional Documentation Request (ADR)

Dear Medicare Provider:

The Centers for Medicare & Medicaid Services (CMS) has retained StrategicHealthSolutions, LLC to conduct Supplemental Medical Reviews of selected Part A and Part B claims. Additional information regarding this contract can be found at: <http://www.strategichs.com/>.

This notice serves to request documentation for the post-payment medical review of Medicare Part B Evaluation and Management (E/M) claim(s) listed in the enclosure. StrategicHealthSolutions, LLC does not reimburse the cost associated with copying of medical records from any setting. When records are requested, the expense of supplying medical records is a part of the administrative costs of doing business with Medicare. Therefore, invoices from record retention centers and copying agencies are not eligible for reimbursement.

In accordance with 42 USC 1320(c) (5) (A) (3) and 1833 of the Social Security Act, you must provide documentation upon request to support claims for Medicare services. This request complies with the Health Insurance Portability and Accountability ACT (HIPAA) Privacy Rule, which allows release of information without explicit patient consent for treatment, payment and healthcare operations.

E/M services refer to visits and consultations furnished by physician and nonphysician practitioners (providers) to assess and manage beneficiary healthcare. E/M services are billed by using five-digit Current Procedural Terminology (CPT) numerical codes. CPT code 99214 is defined as Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history, a detailed examination and medical decision making of moderate complexity. CPT code 99215 is defined as Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history, a comprehensive examination, and medical decision making of high complexity.

Analysis of Medicare claims data for calendar years 2001 through 2010 indicated a significant increase in billing and payment for higher level E/M codes (CPT codes 99214 and 99215). This constitutes new and material evidence that establishes good cause for reopening as required under 42 CFR 405.980(b). StrategicHealthSolutions, LLC is

11808 Grant Street – 2<sup>nd</sup> Floor  
Omaha, NE 68164-3602  
Phone: 402.991.8130  
Fax: 402.779.8560  
[www.strategichs.com](http://www.strategichs.com)



requesting additional documentation for these claims for Supplemental Medical Review of Evaluation and Management services authorized by CMS.

Please submit the following supporting information for each claim requested in the following order:

- CMS-1500 claim form
- Medical records documentation from the treating physician or nonphysician practitioner to support the evaluation and management services for the date of service billed
- Any and all other documentation to support the level of evaluation and management service billed (i.e., review of laboratory, radiology)
- Advanced Beneficiary Notice (if applicable)

A copy of this request letter should be affixed to the documentation submitted.

All documentation should be submitted within 30 days of the date of this notice. Please refer to the enclosed **Instructions for Submitting Requested Documentation/Medical Records** for additional information on document preparation and available submission methods. A response is required even if you are unable to locate the requested documentation.

Failure to comply with this request could result in potential denial and recoupment of payment previously issued. You will receive a review results letter after a determination has been made. The results letter will stipulate if any overpayment(s) were identified.

Questions regarding this request should be directed to the Supplemental Medical Review Department at 888.963.5527.

Sincerely,

Brenda Shafer /s

Brenda Shafer, RN, BSHM, CPC  
Supplemental Medical Review Contract Program Manager

Enclosures

11808 Grant Street – 2<sup>nd</sup> Floor  
Omaha, NE 68164-3602

Fax: 402.779.8560  
[www.strategichs.com](http://www.strategichs.com)



Please refer to the enclosed **Instructions for Submitting Requested Documentation/Medical Records** for additional information on document preparation and available submission methods. Attach a copy of this ADR Claim Sample List to the front of each record. Clearly identify the corresponding sampled claim from the list by circling or marking an (x) next the Sample ID and beneficiary name.

### ADR Claim Sample List

The following claims have been selected for post-payment review of 99214 and/or 99215. Please send the requested documentation listed on the Additional Documentation Request for each claim.

NPI:		Provider:		Project:	
Sample ID	Beneficiary Name	Date of Birth	Claim Number	Claim From Date	Claim To Date
Not Applicable (N/A)	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

SAMPLE



## Instructions for Submitting Requested Documentation/Medical Records

How to prepare requested documents for efficiency during the record intake and medical review process:

1. Prepare documents/records in the order of the requested information listed on the enclosed ADR letter.
2. Do not staple any pages together in the record. Paper clips and rubber bands are acceptable to keep the records organized, if necessary.
3. Ensure all submitted pages are complete, legible, and include both sides of the page and edges where applicable.
4. Bundle records for each claim sample separately. Each record should be its own file regardless of the size and/or submission method including faxes.
5. Attach a copy of the ADR Claim Sample List to the front of each record. Clearly identify the corresponding sampled claim from the list by circling or marking an (x) next the Sample ID and beneficiary name.

Please choose **ONE** of the following methods of submission after following steps 1-5:

- **esMD**

Providers now have the option to submit requested documentation via the Electronic Submission of Medical Documentation (esMD) mechanism. Please notify Strategic if you intend to submit via esMD. For more information about esMD, see <http://www.cms.gov/esMD>.

- **Faxing**

Fax documents for each claim separately to enable us to ensure receipt of all requested documentation for each claim. Please include a cover sheet stating the number of pages faxed. Fax information to: 402.779.8560

- **Mail** (Paper copies or CD\*)

StrategicHealthSolutions, LLC  
11808 Grant Street – 2nd Floor  
Omaha, NE 68164-3602

**ATTN: Supplemental Medical Review Contract**

\*Imaged records can be submitted via an **encrypted** CD. Do NOT submit the password information with the CD. Provide the password in a separate mailing or call customer service. Each medical record should be saved as a separate file and identified by the Sample ID provided on the ADR Claim Sample List. Files must be in .PDF format and sent in a tamper-proof package.

**Direct questions and/or faxing issues to Customer Service at 888.963.5527**