# CMS Manual System

## Pub. 100-08 Program Integrity Manual

**Department of Health & Human Services (DHHS)**
**Centers for Medicare & Medicaid Services (CMS)**

**Transmittal 91** **Date: DECEMBER 10, 2004**

**CHANGE REQUEST 3560**

**SUBJECT: Revision of Program Integrity Manual (PIM), Section 3.11.1.4**

**I. SUMMARY OF CHANGES:** Revising the PIM to correct inconsistencies with section 3.4.1.2.

**NEW/REVISED MATERIAL - EFFECTIVE DATE*: January 1, 2005**
**IMPLEMENTATION DATE: January 3, 2005**

**MANUALIZATION/CLARIFICATION – EFFECTIVE/IMPLEMENTATION DATES: Not Applicable.**

***Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. 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:**
**(R = REVISED, N = NEW, D = DELETED)**

| R/N/D | CHAPTER/SECTION/SUBSECTION/TITLE |
|---|---|
| R | 3/11.1.4/Requesting Additional Documentation |
| | |
| | |

**III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.**

**IV. ATTACHMENTS:**

| | |
|---|---|
| X | **Business Requirements** |
| X | **Manual Instruction** |
| | **Confidential Requirements** |
| | **One-Time Notification** |
| | **Recurring Update Notification** |

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

# Attachment - Business Requirements

| Pub. 100-08 | Transmittal: 91 | Date: December 10, 2004 | Change Request 3560 |
|---|---|---|---|

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## I. GENERAL INFORMATION

**A. Background:** There are inconsistencies between PIM 3.4.1.2 and PIM 3.11.1.4 that could be confusing to the DMERC's when processing claims. PIM 3.4.1.2 states that if "no response for (additional documentation) is received within 45 days after the date of the request (or extension), the contractor must deny the service as not reasonable and necessary". PIM 3.11.1.4 states that "if documentation needed to make a medical review determination is not received within 45 days from the date of the documentation request, make a medical determination based on the available medical documentation". These inconsistencies could result in incorrect payment of Medicare funds. With consistency in the in the two sections, incorrect payments of Medicare funds could be avoided.

**B. Policy:** There would be no change in policy, just a consistent interpretation of the current policy.

**C. Provider Education:** None.

## II. BUSINESS REQUIREMENTS:

*"Shall" denotes a mandatory requirement*
*"Should" denotes an optional requirement*

| Requirement Number | Requirements | Responsibility (place an "X" in the columns that apply) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Shared System Maintainers | | | | Other |
| | | FI | RHHI | Carrier | DMERC | FISS | MCS | VMS | CWF | |
| 3560.1 | Contractors shall deny claims when, after 45 days from the date of request, no additional documentation has been submitted by the billing provider. | X | X | X | X | | | | | |

## III. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

**A. Other Instructions: N/A**

| X-Ref Requirement # | Instructions |
|---|---|
| | |

**B. Design Considerations: N/A**

| X-Ref Requirement # | Recommendation for Medicare System Requirements |
|---|---|
| | |

**C. Interfaces: N/A**

**D. Contractor Financial Reporting /Workload Impact: N/A**

**E. Dependencies: N/A**

**F. Testing Considerations: N/A**

## IV. SCHEDULE, CONTACTS, AND FUNDING

| | |
|---|---|
| **Effective Date*:** January 1, 2005<br><br>**Implementation Date:** January 3, 2005<br><br>**Pre-Implementation Contact(s):**<br>Edward Poindexter, 410-786-6574<br><br>**Post-Implementation Contact(s):**<br>Edward Poindexter, 410-786-6574 | **Medicare contractors shall implement these instructions within their current operating budgets.** |

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## 3.11.1.4 - Requesting Additional Documentation

***(Rev. 91, Issued: 12-10-04, Effective: 01-01-05, Implementation: 01-03-05)***

When requesting additional documentation for medical review purposes notify providers that the requested documentation is to be submitted to the contractor within 30 days of the request. *If no response is received within 45 days after the date of the request (or extension), the contractor must deny the service as not reasonable and necessary (except for ambulance claims where the denial may be based on §1861(s)(7) or §1862(a)(1)(A) of the Act.* Do not return the claim to the provider (RTP). If the claim is denied, deny payment or collect the overpayment. Fiscal intermediaries must reverse the claims denied on post pay review from the claims processing system so they do not appear on the Provider Statistical and Reimbursement Report.