

**TO: ALL PROVIDERS**

**FROM: CAREFIRST OF MARYLAND INC., MEDICARE PART A**

**DATE: OCTOBER 19, 2004**

**SUBJECT: MEDICAL REVIEW DOCUMENTATION REQUIREMENTS**

Documentation is one of the most important factors for claim reimbursement for medically reviewed claims. The determination of medical necessity of the service or if the service was actually provided is dependent on the information received from the provider. An Additional Development Request (ADR) solicits medical records needed for clinical review. The ADR includes a list of information needed for review of the items billed. The medical records must support the services and level of care provided. Insufficient documentation is one of the leading causes for denials. The Medical Review department reviews a wide spectrum of claims and documentation requirements vary. Most often the omission of documentation such as test results, physician's orders/certification, report of procedures, treatment plan, or history and physical are responsible. Always use the checklist on the ADR to assure that documentation supports the services billed. Title XVIII of the Social Security Act, SSA Section 1833(e) requires services to be documented and prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

If documentation is not up to standard to support your case, then denials of service may result. In addition to knowing Medicare regulations, it is important to be familiar with the Local Coverage Determinations (LCDs) published by CareFirst of MD, Inc. The LCDs outline criteria requirements for numerous medical, surgical, and diagnostic procedures. A section labeled DOCUMENTATION REQUIREMENTS is located in all LCDs. This is an excellent resource if a policy is applicable to any service billed on your claim.

Professional staff should sign and date their documentation using their credentials. Some services billed require the skills of a therapist. If the entry is not authenticated with the credentials of a therapist, the claim will be denied for not meeting Medicare requirements.

Provider education is paramount to CareFirst of MD, Inc. to reduce the denial rate and increase awareness of proper documentation to support services submitted. If you have any questions you can contact our Provider Service line at 1-866-488-0545.

**THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1, 1999 ARE AVAILABLE FROM OUR WEBSITE AT [www.marylandmedicare.com](http://www.marylandmedicare.com)**