CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2420	<b>Date: January 16, 2020</b>
	<b>Change Request 11474</b>

Transmittal 2402, dated November 27, 2019, is being rescinded and replaced by Transmittal 2420, dated, January 16, 2020, to revise the eMDR Post Pay Data Elements and Document Code Data Element attachments. Specifically, this correction will update the telephone extension, type of bill, date of service, documents requested section and the beneficiary ID fields. All other information remains the same. All other information remains the same.

SUBJECT: Implementation to Adopt the Document Codes into the Post-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System

**I. SUMMARY OF CHANGES:** CR 11003 implemented the changes required to receive and process the eMDR Registered Provider File. This file contains the latest status of the providers who have registered to receive eMDR. This was the first step required in order to exchange eMDR letters to registered Providers via the esMD system. CR 11142 implemented the changes required to generate and send the post pay eMDR Letter Package information to the Review Contractors who conduct the reviews via esMD. This CR is the last step in the process to implement the changes required to populate the appropriate/Standardized Document Codes while generating and sending the eMDR Letter Package information, by the Review Contractor to esMD.

#### **EFFECTIVE DATE: July 1, 2020**

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

 $IMPLEMENTATION\ DATE:\ April\ 6,\ 2020\ -\ Analysis,\ Design,\ Coding;\ July\ 6,\ 2020\ -\ Testing\ and\ Implementation$ 

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/revised 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		

#### 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: 2420 Date: January 16, 2020 Change Request: 11474

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SUBJECT: Implementation to Adopt the Document Codes into the Post-Pay Electronic Medical Documentation Requests (eMDR) to Participating Providers via the Electronic Submission of Medical Documentation (esMD) System

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IMPLEMENTATION DATE: April 6, 2020 - Analysis, Design, Coding; July 6, 2020 - Testing and Implementation

#### I. GENERAL INFORMATION

**A. Background:** There have been several requests from Medicare providers to the Centers for Medicare & Medicaid Services (CMS) to enable the functionality to send Additional Documentation Request (ADR) letters electronically. CMS implemented a pilot supporting the electronic version of the ADR letter known as Electronic Medical Documentation Request (eMDR) via the Electronic Submission of Medical Documentation (esMD) system. Since the eMDRs may contain Protected Health Information (PHI) data being sent to the prospective provider, a valid consent is required from the authorized individual representing the provider along with the destination details including any delegation to their associated or representing organizations such as Health Information Handlers (HIHs). The sender will have to complete the required identity proofing and always make sure to check for any registration updates before sending out each eMDR. With the implementation of this CR, automation of eMDR registration and any corresponding updates will be done with esMD support.

CMS is requiring its review contractors to support sending ADR letters (*for Medical and Non-Medical Review related*) electronically as eMDRs, from January 2020.

Any Post-Pay ADRs generated based on Appeals, either Medical or Non-Medical review related, are excluded. Any participant, for whom the Post-Pay ADRs are generated by the *Medicare as Secondary Payer (MSP) contractor*, is excluded from the scope of this CR.

The purpose of this change request is to implement the changes required to populate the appropriate/Standardized Document Codes, as the business situation deems, while generating and sending the 'ADR Letter Package' information, by the contractor, to esMD. The 'ADR Letter Package' comprises of the general information about the ADR Letter and the PDF copy of the ADR letter. The step of populating the Document Codes is essential, for the purpose of exchanging the Additional Documentation Request (ADR) letters to registered Providers via the Electronic Submission of Medical Documentation (esMD) system, in order to facilitate the systemic consumption at the Provider system end.

- Post-Pay ADRs generated based on *Appeals*, and Post-Pay ADRs generated by the *MSP* contractor, are excluded from the scope of this CR.
- Any Provider who intends to receive the ADR, and plans to respond with the supporting documents using esMD channel, has registered with esMD, either by themselves, or their HIH representative on behalf of the Provider.
- A provider (by National Provider Identifier (NPI)) registering for the first time to receive eMDR shall receive both electronically and by postal mail.
- A provider enrollment for Medicare Administrative Contractor (MAC) portals and Direct Data Entry (DDE) (Part A) are separate from eMDR enrollment and registration.
- A provider (by NPI) registering for eMDR will receive ADR letters electronically via esMD from <u>all</u> the participating contractors sending out Post Pay ADR letters.
- A provider (by NPI) registering for eMDR is applicable to receive eMDRs for all its Provider Transaction Access Numbers (PTANs).

## **Terminology:**

1. **Document Code**: Represents the document to be requested from the Provider, in a codified form. A list of Standardized Document Codes will be sent to all the contractors who intend to participate in the Post Pay eMDR initiative, on a quarterly basis. The Document Codes and the associated descriptions will be shared with the provider community by publishing the information on the CMS website.

Note: All terminology definitions stated in CR 11142, remains the same.

**B. Policy:** The Administrative Simplification provisions of Health Insurance Portability and Accountability Act (HIPAA) require the Secretary of the Department of Health and Human Services (HHS) to follow the Security standards general rules as in § 164.306(a) and § 164.306(b) in order to protect the secure exchange of PHI/PII sensitive information electronically.

#### II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Re	espo	nsi	bilit	y				
			A/B	}	D		Sha	red-		Other
		N	MAC	$\mathbb{C}$	M		Sys	tem		
					Е	M	aint	aine	ers	
		A	В	Н		F	M	V	C	
				Н	M	I	C	M	W	
				Н	A	~	S	S	F	
					C	S				
11474.1	The contractors shall add an additional column to the currently existing <i>Post Pay eMDR Letter Record</i> layout mentioned in the spreadsheet/workbook, as a place holder element, for future use.	X	X	X	X					RAC, esMD
	Workbook Name: 'eMDR_Post Pay_Data_Elements_RCs_to_esMD.xlsx'									

Number	Requirement	Re	espo	nsi	bilit	y				
	•		A/B MA(	}	D M E		Sys	red- tem		Other
		A	В	H H H	M A C	F I S S	M C S	V M S	_	
	Tab Name: 'eMDR Data Construct - Post Pay'					D				
	Notes:									
	<ul> <li>Please refer to the above mentioned workbook for the characteristics, the limitations on the number of times the element can be repeated, and the current populating rules.</li> <li>The name of the column is, Inquiry Text' (Usage - Optional) and it is intended for future use.</li> </ul>									
11474.2	The contractors shall receive, process and ingest the contents of the Document Code File (DCF) as provided in the mentioned workbook, sent via RC Client on a quarterly basis, for the purpose of populating the Document Code in <i>Post Pay eMDR Letter Record</i> .	X	X	X	X					RAC, esMD
	Workbook Name: 'DataElements_For_eMDR_Document_Codes_esMD _to_SSM-DC_and_RCs.xlsx'									
	<b>Tab Name for DCF record:</b> 'esMD to DC-RC - Docu Codes'									
	<b>Tab Name for Acknowledgement//Error Response:</b> 'Header-Trailer DC to esMD Ack'									
	Notes:									
	<ul> <li>Please refer to the above mentioned tab (DCF Record) of the workbook for the layout of the elements, the associated data characteristics, and applicable populating rules.</li> <li>The contractors are expected to process and send an Acknowledgement, back to esMD. The periodicity of sending the Document Code File (DCF) from esMD to RC is on a Quarterly basis, during the respective application release time.</li> </ul>									
	The contractors are expected to use the successfully loaded previous DCF, when a									

Number	Requirement	Re	esno	nsi	bilit	v				
			A/B MA(	3	D M E		Sha Sys	tem		Other
		A	В	H H H	M A C	_	M C S	V M S		
	<ul> <li>failure is encountered in receiving/ingesting the current DCF.</li> <li>The DCF consists of <i>Header</i>, <i>Detailed Body</i>, and <i>Trailer</i>.</li> <li>The contractors are expected to utilize the Document Code, to map them, to associate it to the corresponding ADR, as per their business needs.</li> <li>The Document Code list will be shared with the MACs/RACs by 1st week of May 2020.</li> <li>Final DCF file shall be shared with all the contractors 2 months before the go-live date.</li> </ul>									
11474.2.1	The contractors shall receive, process and ingest the contents of the Document Code File (DCF) as provided in the mentioned workbook, sent via RC Client on a quarterly basis, for the purpose of populating the Document Code in <i>Post Pay eMDR Letter Record</i> .  Tab Name for Acknowledgment//Error Response: 'Header-Trailer DC to esMD Ack'	X	X	X	X					RAC, esMD
	<ul> <li>Please note the Document codes are intended/expected to be populated in the eMDR Letter Flat File Record only and this requirement does NOT imply any changes to the actual ADR letter or the PDF copy of the ADR letter itself. This statement holds good for all the sub-parts of this requirement.</li> <li>When the first digit of the Document Code (6-digit) DOES NOT start with 7, 8 or 9, it is to be considered as a 'Regular' Document Code.</li> <li>When the first digit of the Document Code (6-digit) DOES start with 7, 8 or 9, it is to be considered as a 'Parameter' Document Code (Parameter Document Code is meant to add a further granularity to the Regular Document Code).</li> </ul>									

Number	Requirement	R	espo	nsi	hilit	V				
T (WALLOUT	q		A/B MA(	3	D M E		Sha Sys	tem		Other
		A	В	H H H	M A C	F	M C S	V	С	
	<ul> <li>A given Document Code Slot (24 bytes) can accommodate a Regular Document Code (of 6 bytes) and 3 Parameter Document Codes (of 18 bytes).</li> <li>A Regular Document Code must be present in the first slot (first 6 bytes of the 24 bytes).</li> <li>A Parameter Document Code, when populated, can be in any of the next 3 slots (next 18 bytes of 24 bytes).</li> <li>Document Codes being populated in the eMDR Letter Flat File record are anticipated to be one of the unexpired codes from DCF contents (esMD does not apply any edits to verify the validity of the Document Codes).</li> </ul>									
11474.2.2	The contractors shall process the DCF, and respond back to esMD, based on the rules stated below.  Tab Name for Acknowledgement//Error Response:  'Header-Trailer DC to esMD Ack'	X	X	X	X					RAC, esMD
	<ul> <li>Please refer to the above mentioned tab (Acknowledgement/Error) of the workbook for layout elements, situations, editing rules, and error codes, to send response back to esMD.</li> <li>Acknowledgement is expected by esMD, from each Jurisdiction/Region, which receives the DCF.</li> <li>Acknowledgement file is to indicate the outcome (success/failure) of the file processing, to esMD.</li> <li>Please inform esMD Help Desk, when the DCF could not be read/corrupted, by raising a ticket, with the details indicating the entity/name and quarter of the file.</li> <li>Acknowledgement is expected to indicate Rejection, when any of the records encounters any editing errors, during the processing of the file, to esMD.</li> </ul>									

Number	Requirement	Re	espo	nsil	bilit	<b>y</b>				
			A/B MA(		D M E	ı	Sys	red- tem aine		Other
		A	В	H H H	M A C	F I S	M C S	V M S	C W F	
	<ul> <li>In case of file/record level error(s), esMD will attempt to re-send the DCF, after the appropriate corrections are applied.</li> <li>DCF processing is considered successful, when the file is readable, all the editing rules applied, and no errors were encountered across all records.</li> </ul>									
11474.3	The contractors shall create the <i>eMDR Structured File</i> (for Post-Pay ADRs), as defined in the record layout/workbook spreadsheet, by <i>also populating</i> the <i>Document Codes</i> , as deemed necessary.	X	X	X	X					RAC, esMD
	Workbook Name: 'eMDR_Post Pay_Data_Elements_RCs_to_esMD.xlsx'									
	Tab Name: 'eMDR Data Construct - Post Pay'									
	Notes:									
	<ul> <li>The details regarding the data element set (termed as 'Required', 'Situational', and 'Optional') are defined in the requirements below.</li> <li>The applicable edit rules related to each data element is mentioned in the column 'Comments / Rules' of the workbook.</li> <li>The Usage Reg. of the element <i>Document Code</i>, under the 'Review Level' section in the layout, has been termed as 'Required', due to this change.</li> <li>The populating rules relating to the <i>Document Code</i> element has been mentioned under the 'Type/Format/Values' column of the mentioned layout/workbook spreadsheet.</li> </ul>									
11474.4	The contractors shall contact the esMD helpdesk, when they require information (Error or Delivery status) regarding any of the eMDRs submitted.	X	X	X	X					RAC, esMD

Number	Requirement	Re	espo	nsi	bilit	<b>y</b>				
	•		A/B		D		Sha	red-		Other
		N	ЛA	$\mathbb{C}$	M		-	tem		
			ъ		E			aine		
		A	В	H H	M	F I	M C		C W	
				Н	A	S	S	S	F	
					C	S		٥	•	
	<b>37</b> /									
	Notes:									
	• The information is regarding the outcome of									
	the delivery of the eMDRs, to the intended									
	Provider, by HIH.									
	The Unique Letter ID and the Date of  Solvariation and all heads to be a few areas in a serious.									
	Submission shall be the key for any inquiry.									
11474.5	The contractors shall participate during the 'User	X	X	X	X					RAC, esMD
	Acceptance Testing' (UAT) sessions, to ensure the									
	expected changes are effected, in regards to <i>Post Pay eMDR</i> activities, inclusive of populating the									
	Document Codes. (June 2020)									
11474.6	The contractors shall attend the following one hour	X	X	X	X					RAC, esMD
114/4.0	The contractors shall attend the following one-hour coordination calls, to discuss and resolve any issues	Λ	Λ	Λ	Λ					RAC, eswid
	related to testing and the specification changes.									
	. Hade 2 and have called about he calculated									
	<ul> <li>Up to 3 one-hour calls shall be scheduled between the contractors and the esMD team</li> </ul>									
	starting in April 2020.									
	Notes:									
	Tivics.									
	• TheesMD team shall schedule the calls and is									
	responsible for providing the minutes.									
	• Each contractor shall nest the minutes of the masting									
	• Each contractor shall post the minutes of the meeting for their specific issues being discussed on the call									
	(within 2 business days of the meeting in eChimp).									
11474.7	The contractors shall provide the contact names and	X	X	X	X					RAC, esMD
	email addresses for the coordination calls to CMS at 'esMDBusinessOwners@cms.hhs.gov' within three									
	(3) business days of the issuance of this CR.									
	•									
11474.8	The esMD team and the contractors shall exchange the	X	X	X	X					RAC, esMD
	test files as per the schedule included in the attached									
	document "Testing Criteria-Post-Pay eMDR with									

Number	Requirement	Re	espo	nsi	bilit					
			A/B	}	D		Sha	red-		Other
		N	MA(	$\mathbb{C}$	M		System			
					Е	M	aint	aine	ers	
		A	В	Н		F	M		_	
				Н	M	_	C	M		
				Н	A C	S	S	S	F	
	D (C 1 1 11				C	S				
	Document Codes.docx".									
11474.9	The contractors shall be aware that the term 'Date of Service' mentioned in the comment line below the CR 'Effective Date' has no functional impact to the requirements stated in this CR.	X	X	X	X					RAC, esMD

#### III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spoi	nsib	ility	
			A/B		D	С
			A/D MA(		M	E
		1	VIAC		E	ח
		_	D	TT	E	ע ז
		A	В	Н	M	1
				Н	A	
				Н	C	
	None					

#### IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

<sup>&</sup>quot;Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	

## Section B: All other recommendations and supporting information: N/A

#### V. CONTACTS

Pre-Implementation Contact(s): Melanie Jones, 410-786-5461 or Melanie.Jones@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: 4** 

CR	Change Requested	Explanation/Purpose	Date
11142	αςMΩ	Row 3 - The prefix (first 3 characters) of the [ Unique ID ] element note has been removed.	02/19/2019
	esMD	Row 4 - The piece ( inits 3 strains been made to 1 formate. [Letter Date]	02/19/2019
11142		Row 37 - The date format has been made to 1 format. [Respond By]	02/19/2019
		Row 40 - A new section 'Review Level' has be included as a required section. Under this section, two elements are added. Analysis ID (Row 41) Analysis Factor (Row 42)	
11142	RCs	Document Code (Row 43) - Has been moved from the Claim Details section to this section	02/19/2019
11142	esMD	Row 45 - For the element Case ID, a separate section has been made.	02/19/2019
	esMD	Row 54 - The elements (Procedure Code/Modifier) associated to the sampled claims has been moved from Claim Details section	02/19/2019
11142	esMD	Claims Header and Details sections are made into ONE section  Row 56 / 57 - The Dates of Service from both Claim Header and Detail has been made into ONE set as follows.	02/19/2019
11142		Date Of Service (From) Date Of Service (To)	02/19/2019
11142	RCs	The element 'Reason Code' has been removed.	02/19/2019
11112	AAD	The book of the Union Latter ID element has been instead of the	02/07/2010
11142 11142		The length of the Unique Letter ID element has been increased to 40	03/07/2019 03/07/2019
11142		Analysis Factor Limit is set to 25, per Analysis ID; Document Code limit is set to 100, per Analysis ID  Since the structured format is XML, padding with ZEROS or SPACES to fit the maximum length need not be done.	03/07/2019
11142		To be consistent across the layout, the date format of the elements 'Respond By' and 'Letter Date' has been updated as 'mm/dd/yyyy'.	03/07/2019
	esMD esMD	Row 3, Column H, Rule 1 - The upper limit has been corrected to reflect 40 Characters.  Row 40, Column G - Section <i>Usage</i> has been updated to 'Required'. [ <i>Analysis ID</i> element must be provided]	03/22/2019 03/22/2019
	esMD	Row 41, Column D - A statement has been added to provide clarity, regarding the XML record hierarchy.	03/22/2019
	esMD	Row 46, Column H - The comment statement has been removed. [Claim information is expected for both Medical and Non-Medical Review based Post Pay ADRs.]	03/22/2019
11142	Based on the general suggestions made, the 'Provider Details' section (rows 24 to 32) shall	In the following rows the Stricken out content has been modified / removed.  Row 24  Column B (ID / Section) , the content of this column has been modified as 'Provider details (Billing Provider)'	07/08/2019
	remove the reference of the word 'Billing'. This Section shall have the details of the provider to	Column (D) Section), the contents of this column has been modified as 'Provider to whom the intended eMDR is to be delivered 'Addressed To'  Row 25  Column D (associated to Data Element - First Name), the description has been modified as 'First Name of the Billing Provider'.	
	whom the eMDR is 'Addressed To'.	Row 26 Column D (associated to Data Element - Middle Name), the description has been modified as 'Middle Name of the Billing Provider'.	
		Row 34 Column D (associated to Data Element - Provider NPI), the description has been modified as 'NPI of the eMDR Registered Billing Provider'.	
11142	Based on the recent suggestions made by OIT team.	The column named 'S.No.' in the tab 'eMDR Data Construct - Post Pay' has been updated with correct sequential numbers.	07/15/2019
11474	ocMD	In Row 43 (S.No 37), the Usage Reg. associated to the data element <i>Document Code</i> has been updated to ' <i>Required</i> '	08/20/2019
	esMD	In Row 44 (S.NO 38), the data element 'Enguiry Text' has been added for future use. (Usage Reg, termed as 'Optional').	08/20/2019
	eMDR testing for the CR 11142 requires the workbook to be updated with minor changes.	In the following rows where the minor changes are made.  Row 12  Column E (Type / Format / Values) , the format the term 'numerics' has been Stricken out.  Row 13  Column E (Type / Format / Values) , the format the term 'numerics' has been Stricken out.	12/16/2019
		Row 14 Column E (Type / Format / Values) , the format the term 'numerics' has been Stricken out. Row 22	
		Column E (Type / Format / Values) , the format the term 'numerics' has been Stricken out.  Row 23  Column E (Type / Format / Values) , the format the term 'numerics' has been Stricken out.	
		Row 35 Column E (Type / Format / Values) , the format the term 'numerics' has been Stricken out.	
11142	eMDR testing for the CR 11142 requires the workbook to be updated	In the following rows where the minor changes are made.  Row 43	12/16/2019
	with minor changes.	Column H (Comments/Rules), a note has been added to esMD team, indicating the value is of 'number-looking-string' in nature.  Row 49  Column F (Type (Format (Value)), the type has been charged from 'Alpha Numoric' to (Character').	
		Column E (Type / Format / Values), the type has been changed from 'Alpha Numeric' to 'Character'.  Column H (Comments/Rules), a note has been added to esMD team, indicating that this value may contain any special character.  Row 50  Column E (Type / Format / Values), the term 'HICN' has been Stricken.	
		Row 54	
		Column E (Type / Format / Values), the term 'format: numeric' has been Stricken. Column H (Comments/Rules), the term 'numeric' has been changed to 'Alpha-Numeric'. Row 57	
		Column H (Comments/Rules), the second date validation rule has been removed.	

S. No.	ID / Section	Data Element	Description To indicate the kind/type of eMDR	Type / Format / Values Value: POST-PAY	Length	Usage Reg.	Comments / Rules Question / Poor Pay RC responses. Rules:
1		Type of eMDR			8	R	Must be populated with the value provided in column £.
			This represent the Identifier assigned by the Sender of the eMDR letter info (Non- MAC RC), to identify the eMDR letter record Uniquely, in their internal system.	Type: Character			Rules:
			MAC. R.C.J. CO IDENTITY THE ENGLISH RELEASE PECONO DIRECTORY. IN CHIEF INTERNAL SYSTEM.				Must be present and can be upto a limit of 40 characters in Length.
			Note to esMD:				Must not contain any special characters.
2		Unique Letter Id	This Identifier Value,  1. Shall be used by the esMD to track each eMDR uniquely.		40	R	
			<ol> <li>Shall be Used by esMD, as a linkage element, to create the bundle of the structured eMDR and the PDF format of the letter (received from the RCs).</li> </ol>				
				Format:		R	Rules:
3		Letter Date	Date affixed on the ADR letter	mm/dd/yyyy	10	K.	Must be valid date, in the specified format     Must not be later than the current system date
	"Respond To" Details	N/A	RC to whom the ADR response needs to be sent by the Provider			R	Section is Required.
4	(Occurs ONE time)		Name of the Organization to which the ADR Response needs to be sent by the	Type: Character		R	Rules:
-		Organization Name	Provider.  First Address Line of the RC, to which the documentation needs to be sent by the	Type: Character	60	К	Name of the Organization must be present Rules:
5		Address 1	provider		55	R	1. Address Line 1 of the Organization address must be present.
6		Address 2	Second Address Line of the RC, to which the documentation needs to be sent by the provider		55	0	
7		City	City associated with the RC address, to which the documentation needs to be sent by the provider	Type: Character	30	R	Rules:
			State associated with the RC address, to which the documentation needs to be sen by the provider	Volves: All standard 2 character value representation for US states			City of the Organization address must be present.     Rules:
8		State			2	R	State of the Organization address must be present.     Must he valid Krate value in IIK
			ZIP Code associated with the RC address, to which the documentation needs to be sent by the provider	Type: Character Formets:			Rules:
9		Zip Code		99999 999999999	9	R	ZIP Code of the Organization address must be present.     Must be valid value in US.
10		Telephone	Information to the provider to contact the RC in case of any questions.	Type: Character Format: 999999999	10	0	Rules:
-			Information to the provider to contact the RC in case of any questions.	Format: 9999999999 (10 numerics) Type: Character			Must match the type/format, when submitted.     Rules:
11		Telephone Ext		Format: 99999	5	0	Must match the type/format, when submitted.
			Fax number to respond with documentation	(5 numerics)  Type: Character			Rules:
12		Fax number	s and communities and a magnetical WEST COCCUSTRATIONS	Format: 999999999	10	0	# Must match the type/format, when submitted:
				(10 manufect)			
							Condition:  1. If the RC who is sending the eMDR is different from, the RC to whom the ADR Response
							needs to be sent by the Provider, the Sender Details section is Required .  Note:
			RC who is generating/creating the ADR information package, to be sent to the				While sending the information in this section please follow the usage mention in column 6 for each element.
	Sender Details (Occurs ONE time)	N/A	Provider, electronically.  Note: RC who is creating the ADR information package may not always be the			s	2. If the RC who is sending the eMDR is same as the RC to whom the ADR Response needs
	(C.C.S. One ame)		Note: NC who is creating the ADX information package may not always be the same RC, to whom the Provider need to Respond To.				to be sent by the Provider; the Sender Detail's information need not be populated.  Note: If information is populated in both "Respond To" and "Sender Details" sections,
							sections, against respective elements.
13		Organization Name	Name of the Organization which is sending the ADR, to the Provider.	Type: Character	60	R	Rules:
14		Address 1	First Address Line of the RC, who is sending the ADR letter, to the Provider.	Type: Character	55	0	Name of the Organization must be present.
15		Address 2	Second Address Line of the RC, who is sending the ADR letter, to the Provider.	Type: Character	55	0	
16		City	City associated with the RC address, who is sending the ADR letter, to the Provider	Type: Character	30	0	Rules:
10		CAY .	1	1			L
			State associated with the RC address, who is sending the ADR letter, to the	Volues : All standard 2 character value			City of the Organization address may be provided.  Rules:
17		State	State associated with the RC address, who is sending the ADR letter, to the Provider.	Volues: All standard 2 character value representation for US states	2	0	Rules:  1. State of the Organization address mov be provided.
17		State	Provider.  ZIP Code associated with the RC address, who is sending the ADR letter, to the	representation for US states		0	Rules:
			Provider.	representation for US states  Type: Character  Formots: 99999	2		Rules:  1. State of the Organization address may be provided.  2. Most the usual State usine in ITs, when nonvisited.
17		State Zip Code	Provider.  ZIP Code associated with the RC address, who is sending the ADR letter, to the	representation for US states  Type: Character  Formots:		0	Bullet:  1. State of the Organization address mergibe provided.  2. Adder the united State unless in IV. when noncolated fluides:
			Provider.  2P Code associated with the KC didress, who is sending the ASIR letter, to the Provider.  Provider.  Contact Trianghouse Number of the Sender of the ASIR, to tacitate in hooder analysis.	representation for US states  Type: Character Formats: 99999 999999999	2		Bullet:  1. State of the Organization address mergibe provided.  2. Adder the united State unless in IV. when noncolated fluides:
			Provider.  ZP Code associated with the RC address, who is sending the ADR letter, to the Provider.	representation for US states  Type: Character Formats: 99999 999999999	2		Nutes:  1. State of the Organization address way the provided.  2. State of the Organization address way the provided.  2. State to add tops also be the Common address of the C
18		Zip Code	Provider.  2P Code associated with the KC didress, who is sending the ASIR letter, to the Provider.  Provider.  Contact Trianghouse Number of the Sender of the ASIR, to tacitate in hooder analysis.	representation for US states  Type: Character Format: 99999 99999999  Type: Character Format: 999999999  [42 committed]	9	0	Takes of the Organization address may be provided.  2. March the organization address may be provided.  2. March the organization as in a 15. Andress constituent fluxes:  1. Most match the hypofformus, when submitted.  6. Most match the hypofformus, when submitted.
18		Zip Code	Provider.  20 Code associated with the KC address, who is sending the ACR letter, to the Provider.  Contact Templown Number of the Lender of the ACR, to testifate Provider enquiry as most darias.	representation for US states  Fige: Character Formots: 99999 9999999999 7ppe: Character	9	0	Tusted of the Departation address may be provided.  3. Most the weight States and the Life Andrew constituted.  Most match the hyperformer, when submitted.  Most match the hyperformer, when submitted.
18	Provider de Lab	Zip Code Tokythone Tokythone Ed:	Provider.  28 Code associated with the KC address, who is sending the AOR letter, to the Provider.  Contact Templome Number of the Sender of the AOR, to facilitate Provider enquiry as more darks.  Contact Templome Number enhance of the Sender of the AOR, to facilitate Provider enquiry, as need arise.	representation for US states  Fige: Character Formats: 999999999  Fige: Character Format: 999999999  Fige: Character Fryer: Character Fryer: Character	9	0	Subsect the Organization address may be provided.  3. Most the significance of the sin
19 20 21	Provider details.	Zip Code Tolephone Telephone Ext N/A First Name	Provider.  2P Code associated with the KC diddress, who is sending the ACR letter, to the Provider.  Contact Temphone Number of the Sender of the ACR, to facilitate Provider enquiry, a receil strice.  Contact Temphone Number of the Sender of the ACR, to facilitate Provider enquiry, as need strice.  Contact Temphone Number extension of the Sender of the ACR, to facilitate Provider enquiry, as need strice.  Provider to Number of Sender of the ACR, to facilitate Provider enquiry, as need strice.  Provider to Number of Sender of the ACR is "Addressed for Provider to Number to Number of Sender of the ACR is "Addressed for Provider to Number of Sender of the ACR is "Addressed for Provider to Number of Sender of Sender of the ACR is "Addressed for Provider to Number of Sender of Sen	representation for US states  Fige: Character Formats: 999999999  Fige: Character Format: 999999999  Fige: Character Fryer: Character Fryer: Character	9 10 5	0 0	Subsect the Organization address may be provided.  3. Most the significance of the sin
18	Provider details	Zip Code Telephone Telephone Ex	Provider.  2P Code associated with the RC defress, who is sending the ACR latter, to the Provider.  Contact Telephone Number of the Sender of the ACR, to furbilistic Provider conjuny is tred bins.  Contact Telephone Number of the Sender of the ACR, to furbilistic Provider conjuny, as need attree.  Contact Telephone Number and times and the Sender of the ACR, to furbilistic Provider conjuny, as need attree.  Provider to whom the Intended AMOR in Made used for Provider to whom the Intended AMOR in Made used for the ACR.	Page Character Frame Description of US States  Type: Character Frame Description  Type: Character Frame: 999999999  150 membrid  Frame: 99999999  150 membrid  Frame: 999999999  150 membrid  Frame: 9999999999  150 membrid  Frame: 99999999999  150 membrid  Frame: 999999999999999999999999999999999999	9 10 5	O O	Subsect the Organization address may be provided.  3. Most the significance of the sin
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18 19 20 22 22 23 26 25 27 27 28	Provider details.	Zip Code  Telephone Ext  NER  Prof Name  Middle Name  Last Name / Organization Name  Address 1  Address 2  City  State  Zip Code	Provider.  2P Code associated with the MC defense, who is sending the ADR latter, to the Provider.  Contact Trial prime in the ADR latter is partially associated with the Residence of the ADR, to facilitate Provider conjuny, as need arise.  General Trial prime is whether extension of the Sender of the ADR, to facilitate Provider conjuny, as need arise.  Provider to which this intended ant/Del 3 "Addressed To" First Name of the Sender of the ADR, to facilitate Provider conjuny, as need arise.  Provider to which this intended ant/Del 3 "Addressed To" First Name of the Provider and Provider  ADR between the ADR latter is getting west.  Sected Address Line of the Provider, when the ADR latter is getting west.  City associated with the Provider address, to when the ADR latter is getting sect.  2P Code associated with the Provider address, to when the ADR latter is getting sect.  Provider Transactions for the Provider address, to when the ADR latter is getting sect.  Provider Transaction Access Number (PTAD)	Type: Character  Page:	2 9 9 10 10 5 5 55 55 30 2 2	O O O O O O O O O O O O O O O O O O O	Section of the Departation advisors may be provided.  2. Most the majority known size in it is a whom constituted.  And the section of the hyperformant, when submitted.  2. Most market the hyperformant, when submitted.  2. Most market the hyperformant, when submitted.  2. Most market the hyperformant, when submitted.  3. Most market the hyperformant, when submitted.  4. Most market the hyperformant, when submitted.  5. Most or market the hyperformant, when submitted.  6. This address from most the present.  6. According to Comparization OR the last name of the individual Provider, must be present.  6. According to Comparization OR the last name of the individual Provider, must be present.  6. According to Comparization advisors must be present.  7. Most the short provisions advisors must be present.  7. Most the short of the Cognisions on advisors must be present.  7. Most the short of the Cognisions on advisors must be present.  8. According to Comparization advisors must be present.  9. Most the short of the Cognisions on advisors must be present.  9. Most the short of the Cognisions on advisors must be present.  1. According to the Cognision advisors must be present.  1. According to Comparization advisors must be present.
18 19 20 21 22 23 24 25 26 27 27 28 29 29	Provider details	Zip Code  Talisphone Ext  NIA.  First Name  Middle Name  Last Name  Last Name / Organization Name  Address 1  Address 2  City  State  Zip Code  Provider Namber / FEMI	Provider.  2P Code associated with the AC defense, who is sending the ACR letter, to the Provider.  Contact Tringshow humber of the Sender of the ACR, to Truttitus Provider conjury as need arise.  Contact Tringshow humber of the Sender of the ACR, to Truttitus Provider conjury as need arise.  Contact Tringshow humber exhausts of the Sender of the ACR, to Truttitus Provider and ACR acres of the ACR, to Truttitus Provider and ACR acres of the ACR, to Truttitus Provider and ACR acres of the ACR ac	Pyper Character  Fyper	9 10 10 5 5 5 5 5 5 5 5 5 5 2 2 9 13	O O O O O O O O O O O O O O O O O O O	Takes of the Organization address may be provided.  2. Most the match the type/format, when submitted.  2. Most match the type/format, when submitted.  2. Most match the type/format, when submitted.  2. Most match the type/format, when submitted.  3. Most match the type/format, when submitted.  4. Most match the type/format, when submitted.  5. Most match the type/format, when submitted.  6. Like of the Organization Off the last name of the ledividual Provider, must be present format.  6. For and the Organization address must be present.  7. Most be supilisticate value in U.S.  8. Most be organization address must be present, when Provider Detail Information is provided.  7. Most be supilisticate value in U.S.  8. Most be present and 10 muners digit.  7. Most be present and 10 muners digit.  7. Most be a Valid AMOR Registered InVT, associated to the corresponding Hel.
18 19 20 21 22 23 24 25 26 27 27 28 29 29	Provider details.	Zip Code  Talisphone Ext  NIA.  First Name  Middle Name  Last Name  Last Name / Organization Name  Address 1  Address 2  City  State  Zip Code  Provider Namber / FEMI	Provider.  2P Code associated with the MC defense, who is sending the ADR latter, to the Provider.  Contact Trial prime in the ADR latter is partially associated with the Residence of the ADR, to facilitate Provider conjuny, as need arise.  General Trial prime is whether extension of the Sender of the ADR, to facilitate Provider conjuny, as need arise.  Provider to which this intended ant/Del 3 "Addressed To" First Name of the Sender of the ADR, to facilitate Provider conjuny, as need arise.  Provider to which this intended ant/Del 3 "Addressed To" First Name of the Provider and Provider  ADR between the ADR latter is getting west.  Sected Address Line of the Provider, when the ADR latter is getting west.  City associated with the Provider address, to when the ADR latter is getting sect.  2P Code associated with the Provider address, to when the ADR latter is getting sect.  Provider Transactions for the Provider address, to when the ADR latter is getting sect.  Provider Transaction Access Number (PTAD)	Type: Character  Page:	9 10 10 5 5 5 5 5 5 5 5 5 5 2 2 9 13	O O O O O O O O O O O O O O O O O O O	Takes of the Organization address may be proceded.  2. Must be quite Organization and the state amountained Advance  1. Must match the hypofformat, when submitted.  1. Must match the hypofformat, when submitted.  2. Must match the hypofformat, when submitted.  3. Must match the hypofformat, when submitted.  4. Must match the hypofformat, when submitted.  4. Advanced the Organization Off the last runner of the Individual Provider, must be present.  5. Advanced the Organization Off the last runner of the Individual Provider, must be present.  6. Advanced to Organization Advance must be present.  7. Advanced to Organization advance must be present.  8. Advanced to Organization advance must be present.  8. Advanced to Organization advance must be present.  9. Advanced to Organization advanced must be present
18 19 20 21 12 12 12 12 12 12 12 12 12 12 12 12		Zip Code  Telephone Ex  Telephone Ex  N/R  First Name  Model Name  Last Name / Organization Name  Address 1  Address 2  City  State  Zip Code  Provider Namber / FTAN	Provider.  2P Code associated with the AC defense, who is sending the ACR letter, to the Provider.  Contact Tringshow humber of the Sender of the ACR, to Truttitus Provider conjury as need arise.  Contact Tringshow humber of the Sender of the ACR, to Truttitus Provider conjury as need arise.  Contact Tringshow humber exhausts of the Sender of the ACR, to Truttitus Provider and ACR acres of the ACR, to Truttitus Provider and ACR acres of the ACR, to Truttitus Provider and ACR acres of the ACR ac	Pyper Character  Fyper Character	2  9  10  5  35  25  60  2  9  13	O O O R R R R O R R	Lakes of the Organization address may be provided.  2. Must be unfat Organization and the share considered.  2. Must be unfat Organization and the share considered.  2. Must match the hypofformat, when submitted.  Address:  2. Must match the hypofformat, when submitted.  Address:  3. Must match the hypofformat, when submitted.  Address:  4. Must match the hypofformat, when submitted.  Address:  5. Amen of the Organization Off the last name of the Individual Provider, must be present.  Address:  6. First address time must be present.  Address:  7. Time of the Organization address must be increased.  Address:  7. Time of the Organization address must be present.  Address:  7. Time of the Organization address must be present.  Address:  7. Time of the Organization address must be present.  Address:  7. Time of the Organization address must be present.  Address:  7. Time of the Organization address must be present.  Address:  7. Time of the Organization address must be present.  Address:  8. Amen of the Organization address must be present.  Address:  9. Amen of the Organization address must be present.  Address:  1. Amen of the Organization address must be present.  Address:  1. Amen of the Organization address must be present.  Address:  2. Amen of the Organization address must be present.
18 19 20 20 21 22 22 23 24 25 25 27 29 29 29 29 29 29 29 29 29 29 29 29 29	Provider details.  Provider details.  Letter Octails.  (Occurs ONE Sine)	Zip Code  Telephone Ex  Telephone Ex  N/R  First Name  Model Name  Last Name / Organization Name  Address 1  Address 2  City  State  Zip Code  Provider Namber / FTAN	Provider.  2P Code associated with the RC divider, sub-los sending the ACRI latter, to the Provider.  Contact Trianghore humber of the Sender of the ACRI, to Trailitate Provider enquiry as need arise.  Contact Trianghore humber of the Sender of the ACRI, to Trailitate Provider enquiry, as need arise.  Contact Trianghore humber of the Sender of the ACRI, to Trailitate Provider and Provider enquiry, as need arise.  Provider to submore the sendered and the ACRI, to Sendered the Provider enquiry, as need arise.  Provider to Sendered the Provider ACRI Sendered the ACRI settler to getting and Late Name of the Notice of the Provider ACRI settler is getting sent.  Second Address Line of the Provider, is whom the ACRI settler is getting sent.  Second Address Line of the Provider, to whom the ACRI settler is getting sent.  City associated with the Provider address, to whom the ACRI settler is getting sent.  State associated with the Provider address, to whom the ACRI settler is getting sent.  On Provider Transaction Acrisis Number (PTAN)  NOT of the AMAIOS Registered Provider  For number of the Provider J Provider Objectivation.  Represent the of the Provider J Provider Objectivation.	Pyper Character  Pyper Character  Frommits 9999 9999999 150 number Frommits 9999 150 number Fryger Character  Pyper Character  Pyper Character  Pyper Character  Fyper Character	2  9  10  5  35  25  60  2  9  13	O O O R R R R O R R	Lakes of the Organization address may be provided.  2. Must be unfat Organization and the share considered.  2. Must be unfat Organization and the share considered.  2. Must match the hypofformat, when submitted.  Address:  2. Must match the hypofformat, when submitted.  Address:  3. Must match the hypofformat, when submitted.  Address:  4. Must match the hypofformat, when submitted.  Address:  5. Amen of the Organization Off the last name of the Individual Provider, must be present.  Address:  6. First address time must be present.  Address:  7. Time of the Organization address must be increased.  Address:  7. Time of the Organization address must be present.  Address:  7. Time of the Organization address must be present.  Address:  7. Time of the Organization address must be present.  Address:  7. Time of the Organization address must be present.  Address:  7. Time of the Organization address must be present.  Address:  7. Time of the Organization address must be present.  Address:  8. Amen of the Organization address must be present.  Address:  9. Amen of the Organization address must be present.  Address:  1. Amen of the Organization address must be present.  Address:  1. Amen of the Organization address must be present.  Address:  2. Amen of the Organization address must be present.
18 19 20 20 21 22 22 23 24 25 25 27 29 29 29 29 29 29 29 29 29 29 29 29 29	Letter Dotalls	Zip Code  Telephone Ext  MIT.  First Name  Modelle Name  Last Name / Organization Name  Address 1  Address 2  City  State  Zip Code  Provider Namber / PTAN  Provider Name  Fix	Provider  20° Code associated with the AC discharge, who is sending the ACR latter, to the Provider  Contact Temphone Number of this Sender of the ACR, to Incitize Provider corpury as need arise.  Contact Temphone Number of this Sender of the ACR, to Incitize Provider corpury as need arise.  Contact Temphone Number extension of the Sender of the ACR, to Incitize Provider corpury, as need arise.  Provider company, as need arise.  Provider company, as need arise.  Acres the Contact Temphone Number of the ACR sender of the ACR sender of the Provider Number of the Provider and the Number of the Provider ACR sender is getting sent.  Second Address Line of the Provider, to whom the ACR latter is getting sent.  Second Address Line of the Provider, to whom the ACR latter is getting sent.  Second Address Line of the Provider, to whom the ACR latter is getting sent.  Second Address Line of the Provider, to whom the ACR latter is getting sent.  Second Address Line of the Provider, to whom the ACR latter is getting sent.  Second Address Line of the Provider, to whom the ACR latter is getting sent.  Second Address Line of the Provider, to whom the ACR latter is getting sent.  Provider Transaction Acress Number (PTAIs)  Not of the ACRA Registered Provider  Fax number of the Provider / Provider Organization  Fax number of the Provider / Provider Organization	Type: Character  France: Description of US States  Type: Character  France: Description of US States  Type: Character  France: Description of US States  Type: Character	2  9  10  5  35  25  60  2  9  13	O O O O O O O O O O O O O O O O O O O	Lakes of the Organization address way the procided.  2. Must be significance as as 15. Administrated.  2. Must be significance as as 15. Administrated.  2. Must match the type/format, when submitted.  3. Must match the type/format, when submitted.  4. I cannot of the Organization Off the Last name of the Individual Provider, must be present.  5. Access to the Organization Off the Last name of the Individual Provider, must be present.  6. Access to the Organization off the Last name of the Individual Provider, must be present.  6. Access to the Organization of the subministed.  6. Access to the Organization offices must be present.  6. Access to the Organization address must be present.  7. The Order of the Organization address must be present.  8. Access to the Organization address must be present, when Provider Detail information is provided.  9. Access to the suited States value in US.  8. Must be valid States value in US.  8. Must be valid States value in US.  8. Must be valid Add the Negationed NPL associated to the corresponding NPL.  8. Access to the type/format, when submitted.
18 19 20 21 12 12 12 12 12 12 12 12 12 12 12 12	Letter Dotalls	Zip Code  Telephone Ext  MIT.  First Name  Modelle Name  Last Name / Organization Name  Address 1  Address 2  City  State  Zip Code  Provider Namber / PTAN  Provider Name  Fix	Provider.  2P Code associated with the RC divider, sub-los sending the ACRI latter, to the Provider.  Contact Trianghore humber of the Sender of the ACRI, to Trailitate Provider enquiry as need arise.  Contact Trianghore humber of the Sender of the ACRI, to Trailitate Provider enquiry, as need arise.  Contact Trianghore humber of the Sender of the ACRI, to Trailitate Provider and Provider enquiry, as need arise.  Provider to submore the sendered and the ACRI, to Sendered the Provider enquiry, as need arise.  Provider to Sendered the Provider ACRI Sendered the ACRI settler to getting and Late Name of the Notice of the Provider ACRI settler is getting sent.  Second Address Line of the Provider, is whom the ACRI settler is getting sent.  Second Address Line of the Provider, to whom the ACRI settler is getting sent.  City associated with the Provider address, to whom the ACRI settler is getting sent.  State associated with the Provider address, to whom the ACRI settler is getting sent.  On Provider Transaction Acrisis Number (PTAN)  NOT of the AMAIOS Registered Provider  For number of the Provider J Provider Objectivation.  Represent the of the Provider J Provider Objectivation.	Pyper Character  Pyper Character  Frommits 9999 9999999 150 number Frommits 9999 150 number Fryger Character  Pyper Character  Pyper Character  Pyper Character  Fyper Character	2  9  10  5  35  25  60  2  9  13	O O O O O O O O O O O O O O O O O O O	Takes of the Organization address may be provided.  2. Must be suited trans on the 15 K about an 16
18 19 19 20 22 23 24 25 27 27 29 29 30 31	Letter Dotalls	Zip Code  Tolephone Ext  Null  Froit have  Middle Name  Last Name / Organization hame  Address 1  Address 2  City  State  Zip Code  Provider Number/ PTAN  Provider NP	Provider.  20° Code associated with the AC debress, who is sending the ACR letter, to the Provider.  20° Code associated with the AC debress, who is sending the ACR letter, to the Provider.  20° Code associated with the ACR is sended of the ACR, to facilitate Provider enquiry, as need arise.  20° Code associated with the Interest of the ACR is sended to the ACR letter is getting west.  20° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting with the ACR letter is getting with the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting with the ACR letter	Type: Character  Familia: S9999  Type: Character  Type: Chara	9 10 10 5 5 15 15 15 15 15 15 15 15 15 15 15 15	O O O O O O O O O O O O O O O O O O O	Takes of the Organization address may be provided.  2. Most he winds (Vision date to 15. A second here)  2. Most in march the hypopformat, when submitted.  2. Most march the hypopformat, when submitted.  2. Most march the hypopformat, when submitted.  2. Most march the hypopformat, when submitted.  3. Most march the hypopformat, when submitted.  4. Most march the hypopformat, when submitted.  5. Most march the hypopformat, when submitted.  6. Most march the hypopformat, when submitted.  6. L. Most march the hypopformat, when submitted.  6. L. Takes of the Organization OR the fact name of the Individual Provider, must be present.  6. Andre 1. Takes deeper the Organization of the submitted of the Individual Provider, must be present.  7. L. Takes of the Organization address must be present.  7. Most be useful State value in US.  8. Most be valid State value in US.
18 19 19 20 22 23 24 25 27 27 29 29 30 31	Letter Dotalls	Zip Code  Tolephone Ext  Null  Froit have  Middle Name  Last Name / Organization hame  Address 1  Address 2  City  State  Zip Code  Provider Number/ PTAN  Provider NP	Provider.  2P Code associated with the RC divider, sub-los sending the ACRI latter, to the Provider.  Contact Trianghore humber of the Sender of the ACRI, to Trailitate Provider enquiry as need arise.  Contact Trianghore humber of the Sender of the ACRI, to Trailitate Provider enquiry, as need arise.  Contact Trianghore humber of the Sender of the ACRI, to Trailitate Provider and Provider enquiry, as need arise.  Provider to submore the sendered and the ACRI, to Sendered the Provider enquiry, as need arise.  Provider to Sendered the Provider ACRI Sendered the ACRI settler to getting and Late Name of the Notice of the Provider ACRI settler is getting sent.  Second Address Line of the Provider, is whom the ACRI settler is getting sent.  Second Address Line of the Provider, to whom the ACRI settler is getting sent.  City associated with the Provider address, to whom the ACRI settler is getting sent.  State associated with the Provider address, to whom the ACRI settler is getting sent.  On Provider Transaction Acrisis Number (PTAN)  NOT of the AMAIOS Registered Provider  For number of the Provider J Provider Objectivation.  Represent the of the Provider J Provider Objectivation.	Page Character  Page Character	9 10 10 5 5 15 15 15 15 15 15 15 15 15 15 15 15	O O O O O O O O O O O O O O O O O O O	Takes of the Organization address may be provided.  2. Most the windst Krans size in the state consistent Makes:  1. Most match the type/format, when submitted.  2. Most match the type/format, when submitted.  2. Most match the type/format, when submitted.  3. Most match the type/format, when submitted.  4. Most match the type/format, when submitted.  5. Most match the type/format, when submitted.  6. Like of the Organization Off the last name of the Individual Provider, must be present.  6. Andrew:  1. First address the most be ensent.  6. First address the most be ensent.  7. First address the most be ensent.  7. I State of the Organization address must be present.  9. Most be updaticate value in U.S.  8. Most be updaticate value in U.S.  8. Most be present and 10 moments digit:  2. Most be a Valid AMOR Registered NPL, associated to the corresponding HHI.  8. Most match the type/format, when submitted.  8. Most be the mentioned format.  9. Most be the mentioned format.  1. The Callet has the three date.  1. The Callet has the three date.  1. The Callet has the three date.  1. Most be the mentioned format.  2. Most be the mentioned format.
18 19 19 20 22 23 24 25 27 27 29 29 30 31	Letter Dotalls	Zip Code  Tolephone Ext  Null  Froit have  Middle Name  Last Name / Organization hame  Address 1  Address 2  City  State  Zip Code  Provider Number/ PTAN  Provider NP	Provider.  20° Code associated with the AC debress, who is sending the ACR letter, to the Provider.  20° Code associated with the AC debress, who is sending the ACR letter, to the Provider.  20° Code associated with the ACR is sended of the ACR, to facilitate Provider enquiry, as need arise.  20° Code associated with the Interest of the ACR is sended to the ACR letter is getting west.  20° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting with the ACR letter is getting with the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting with the ACR letter	Pyper Character  Pyper	9 10 10 5 5 15 15 15 15 15 15 15 15 15 15 15 15	O O O O O O O O O O O O O O O O O O O	Lakes of the Organization address may be provided.  2. Must be under Organization and the state amountained.  Address  1. Must match the hypofformat, when submitted.  2. Must match the hypofformat, when submitted.  Address  2. Must match the hypofformat, when submitted.  Address  2. Must match the hypofformat, when submitted.  Address  3. Must match the hypofformat, when submitted.  Address  4. Insure of the Organization Off the last name of the Individual Provider, must be present.  Address  4. First address this must be exceed.  Address  5. First address this must be exceed.  Address  5. CRUS of the Organization address must be present.  Address  6. Liness of the Organization address must be present.  Address  7. CRUS of the Organization address must be present.  Adverse  9. CRUS of the Organization address must be present.  Adverse  1. Directed of the Organization address must be present.  Adverse  1. Must be valid state value in U.S.  Adverse  1. Must be valid state value in U.S.  Adverse  1. Must be valid that val
18 19 20 21 22 23 24 25 27 27 28 29 29 29 21 11 11 11 11 11 11 11 11 11 11 11 11	Letter Dotalls	Zip Code  Telephone Ext  N/A.  First Name  Middle Name  Last Name / Organization Name  Address 1  Address 2  Cay  State  Zip Code  Provider Name/PTAN  Provider Name  Fax  N/A  Respond by	Provider.  2P Code associated with the KC device, who is sending the ACR latter, to the Provider.  Contact Temphone Number of the Sender of the ACR, to facilitate Provider enquiry, as need africe.  Contact Temphone Number of the Sender of the ACR, to facilitate Provider enquiry, as need africe.  Contact Temphone Number assessment of the Sender of the ACR, to facilitate Provider enquiry, as need africe.  Provider on whom the Immedia senders is Needer and the ACR, to facilitate Provider enquiry, as need africe.  Provider to whom the Immedia senders is Needer and the ACR, to facilitate Provider enquiry, as need africe.  Provider to whom the Immedia senders is Needer and the ACR latter is getting and.  Lat Name of the Provider ACR senders and ACR latter is getting sent.  Second Address Line of the Provider, to whom the ACR latter is getting sent.  City associated with the Provider address, to whom the ACR latter is getting sent.  2P Code associated with the Provider address, to whom the ACR latter is getting and.  Represents the Provider ACR sent the ACR latter is getting and the ACR latter is provider.  In the ACR latter is getting and the ACR latter is getting and the ACR latter is provider.  The number of the Provider ACR sent the ACR latter is getting and the ACR latter is ge	Type: Character  Type:	3  9  10  5  5  25  60  55  30  2  9  13  10  10	O O O O O O O O O O O O O O O O O O O	Lakes of the Organization address way the provided.  2. Must be required total code on the 15th when southersteed.  2. Must be required total code on the 15th when southersteed.  2. Must match the hypofformat, when solutioted.  3. Must match the hypofformat, when solutioted.  3. Must match the hypofformat, when solutioted.  4. American of the Organization Off the last name of the Individual Provider, must be present.  5. American of the Organization of the last name of the Individual Provider, must be present.  6. American of the Organization defense must be received.  7. First address this must be exceed.  6. American of the Organization defense must be present.  7. American of the Organization defense must be present.  8. American of the Organization defense must be present.  9. American of the Organization defense must be present.  9. American of the Organization defense must be present.  9. American organization org
18 19 20 21 22 23 24 25 27 27 28 28 29 29 20 30 21 11 22 22 22 22 23 24 25 26 27 27 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29	Letter Dotalls	Zip Code  Telephone Ext  N/A.  First Name  Middle Name  Last Name / Organization Name  Address 1  Address 2  Cay  State  Zip Code  Provider Name/PTAN  Provider Name  Fax  N/A  Respond by	Provider.  20° Code associated with the AC debress, who is sending the ACR letter, to the Provider.  20° Code associated with the AC debress, who is sending the ACR letter, to the Provider.  20° Code associated with the ACR is sended of the ACR, to facilitate Provider enquiry, as need arise.  20° Code associated with the Interest of the ACR is sended to the ACR letter is getting west.  20° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting with the ACR letter is getting with the ACR letter is getting west.  30° Code associated with the Provider address, to whom the ACR letter is getting with the ACR letter	Type: Character  From Characte	3  9  10  5  5  25  60  55  30  2  9  13  10  10	O O O O O O O O O O O O O O O O O O O	Autor of the Organization address may be provided.  2. Most the injustic Organization and the secondary of the Autor and the Spage of t
18 19 20 21 22 23 24 25 27 27 28 28 29 29 20 30 21 11 22 22 22 22 23 24 25 26 27 27 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29	Letter Dotalls	Zip Code  Telephone Ext  N/A.  First Name  Middle Name  Last Name / Organization Name  Address 1  Address 2  Cay  State  Zip Code  Provider Name/PTAN  Provider Name  Fax  N/A  Respond by	Provider.  2P Code associated with the KC device, who is sending the ACR latter, to the Provider.  Contact Temphone Number of the Sender of the ACR, to facilitate Provider enquiry, as need africe.  Contact Temphone Number of the Sender of the ACR, to facilitate Provider enquiry, as need africe.  Contact Temphone Number assessment of the Sender of the ACR, to facilitate Provider enquiry, as need africe.  Provider on whom the Immedia senders is Needer and the ACR, to facilitate Provider enquiry, as need africe.  Provider to whom the Immedia senders is Needer and the ACR, to facilitate Provider enquiry, as need africe.  Provider to whom the Immedia senders is Needer and the ACR latter is getting and.  Lat Name of the Provider ACR senders and ACR latter is getting sent.  Second Address Line of the Provider, to whom the ACR latter is getting sent.  City associated with the Provider address, to whom the ACR latter is getting sent.  2P Code associated with the Provider address, to whom the ACR latter is getting and.  Represents the Provider ACR sent the ACR latter is getting and the ACR latter is provider.  In the ACR latter is getting and the ACR latter is getting and the ACR latter is provider.  The number of the Provider ACR sent the ACR latter is getting and the ACR latter is ge	Pyper Character  Pyper	3  9  10  5  5  25  60  55  30  2  9  13  10  10	O O O O O O O O O O O O O O O O O O O	Autor of the Organization address may be provided.  2. Must be waited types after a to 15 % about the accountment of Autor must the be types format, when submitted.  2. Must must the types format, when submitted.  3. Must must the types format, when submitted.  4. Must must the types format, when submitted.  5. Must must the types format, when submitted.  6. Must must the types format, when submitted.  6. Must must the types format, when submitted.  6. Autor of the Organization Off the Last name of the Individual Provider, must be present.  6. Autor of the Organization Off the Last name of the Individual Provider, must be present.  6. Autor of the Organization of the submitted.  7. 1. To clind describe the must be accounted.  7. 1. To clind off the Organization address must be present.  8. Autor of the Organization address must be present.  9. Autor the validations value in 11.  8. Autor the Autor of the Organization address must be present.  9. Autor the validations value in 11.  8. Autor the Autor of the Organization address must be present.  9. Autor the validations value in 11.  8. Autor the Validation of the Organization address must be present.  9. Autor the validation value in 11.  8. Autor the Validation of the Organization address must be present.  9. Autor the validation of the Organization address must be present.  9. Autor the validation of the Organization address must be present.  9. Autor the validation of the Organization address must be present.  9. Autor the validation of the Organization address must be present.  9. Autor the validation of the Organization address must be present.  9. Autor the validation of the Organization address must be present.  9. Autor the validation of the Organization of the corresponding Vest.  9. Autor the validation of the Organization of the corresponding Vest.  9. Autor the validation of the Organization
18 19 20 21 22 22 23 34 35 25 27 28 30 30 31 31 32 22	Letter Octoils (Occurs ONE time)	Telephone Ext  Telephone Ext  Note  First Name  Model Name  Last Name / Organization Name  Address 1  Address 2  City  State  Zip Code  Provider Namber / PTAN  Provider Namber / PTAN  Provider Namber / PTAN  Provider Namber / PTAN  Address 2  Address 3  Address 4  Address 5  Address 6  Address 7  Address 7  Address 7  Address 8  Address 8  Address 8  Address 9  Address 9  Address 1  Address 1  Address 1  Address 1  Address 1  Address 1  Address 2  Address 1  Address 1  Address 2  Address 2  Address 3  Address 1  Address 1  Address 1  Address 1  Address 1  Address 1  Address 2  Address 1  Address 2  Address 1  Address 1  Address 1  Address 1  Address 1  Address 2  Address 2  Address 1  Address 1  Address 1  Address 2  Address 1  Address 2  Address 1  Address 2  Address 1  Address 2  Address 2  Address 2  Address 3  Address 3  Address 3  Address 3  Address 1  Address 2  Address 3  Address 3  Address 3  Address 3  Address 4  Address 4  Address 1  Address 1  Address 2  Address 2  Address 3  Address 3  Address 3  Address 4  Address 4  Address 4  Address 5  Address 5  Address 7  Address 7	Provider.  2P Code associated with the KC device, who is sending the ACR latter, to the Provider.  Contact Temphone Number of the Sender of the ACR, to facilitate Provider enquiry, as need africe.  Contact Temphone Number of the Sender of the ACR, to facilitate Provider enquiry, as need africe.  Contact Temphone Number assessment of the Sender of the ACR, to facilitate Provider enquiry, as need africe.  Provider on whom the Immedia senders is Needer and the ACR, to facilitate Provider enquiry, as need africe.  Provider to whom the Immedia senders is Needer and the ACR, to facilitate Provider enquiry, as need africe.  Provider to whom the Immedia senders is Needer and the ACR latter is getting and.  Lat Name of the Provider ACR senders and ACR latter is getting sent.  Second Address Line of the Provider, to whom the ACR latter is getting sent.  City associated with the Provider address, to whom the ACR latter is getting sent.  2P Code associated with the Provider address, to whom the ACR latter is getting and.  Represents the Provider ACR second Provider (PTAI)  NPT of the ACRD Registered Provider (PTAI)  Represents the ACRD Registered Provider  Fax number of the Provider (Invader Disparitation).  Represents the ACRD Registered Provider  Represents the ACRD Registered From the Provider, by the IC Children and ACRD Registered Provider.	Type: Character  From Characte	9 10 10 5 5 55 55 30 2 2 13 10 10 10 10 10 10		Autor of the Organization address may be provided.  2. Most the injustic Organization and the secondary of the Autor and the Spage of t
19 19 20 21 22 22 23 34 24 25 27 29 29 30 31 11 22 22 23 33	Letter Dotalls	Telephone Ext  Telephone Ext  Note  First Name  Model Name  Last Name / Organization Name  Address 1  Address 2  City  State  Zip Code  Provider Namber / PTAN  Provider Namber / PTAN  Provider Namber / PTAN  Provider Namber / PTAN  Address 2  Address 3  Address 4  Address 5  Address 6  Address 7  Address 7  Address 7  Address 8  Address 8  Address 8  Address 9  Address 9  Address 1  Address 1  Address 1  Address 1  Address 1  Address 1  Address 2  Address 1  Address 1  Address 2  Address 2  Address 3  Address 1  Address 1  Address 1  Address 1  Address 1  Address 1  Address 2  Address 1  Address 2  Address 1  Address 1  Address 1  Address 1  Address 1  Address 2  Address 2  Address 1  Address 1  Address 1  Address 2  Address 1  Address 2  Address 1  Address 2  Address 1  Address 2  Address 2  Address 2  Address 3  Address 3  Address 3  Address 3  Address 1  Address 2  Address 3  Address 3  Address 3  Address 3  Address 4  Address 4  Address 1  Address 1  Address 2  Address 2  Address 3  Address 3  Address 3  Address 4  Address 4  Address 4  Address 5  Address 5  Address 7  Address 7	Provider.  2P Code associated with the KC device, who is sending the ACR latter, to the Provider.  Contact Temphone Number of the Sender of the ACR, to facilitate Provider enquiry, as need africe.  Contact Temphone Number of the Sender of the ACR, to facilitate Provider enquiry, as need africe.  Contact Temphone Number assessment of the Sender of the ACR, to facilitate Provider enquiry, as need africe.  Provider on whom the Immedia senders is Needer and the ACR, to facilitate Provider enquiry, as need africe.  Provider to whom the Immedia senders is Needer and the ACR, to facilitate Provider enquiry, as need africe.  Provider to whom the Immedia senders is Needer and the ACR latter is getting and.  Lat Name of the Provider ACR senders and ACR latter is getting sent.  Second Address Line of the Provider, to whom the ACR latter is getting sent.  City associated with the Provider address, to whom the ACR latter is getting sent.  2P Code associated with the Provider address, to whom the ACR latter is getting and.  Represents the Provider ACR second Provider (PTAI)  NPT of the ACRD Registered Provider (PTAI)  Represents the ACRD Registered Provider  Fax number of the Provider (Invader Disparitation).  Represents the ACRD Registered Provider  Represents the ACRD Registered From the Provider, by the IC Children and ACRD Registered Provider.	Pyper Character  Pyper	9 10 10 5 5 55 55 30 2 2 13 10 10 10 10 10 10		Lakes of the Organization address way the proceded.  2. Must be supplied Kolons when the Like American way the proceded.  2. Must be supplied Kolons when the Like American consistent of American Control of the Spage (Format, when submitteed.  2. Must must this the Spage (Format, when submitteed.  2. Must must this the Spage (Format, when submitteed.  2. Must must the the Spage (Format, when submitteed.  2. Must must the Organization Off the East nume of the Individual Provider, must be present.  3. Must must the Organization Off the East nume of the Individual Provider, must be present.  4. Lines of the Organization Off the East nume of the Individual Provider, must be present.  5. American Control of Cont

35		System identifier assigned by the RC, to indicate a specific analysis/project.  (Example: Reference 8, Issue 8, or Project 10)  (Analysis IO, Analysis Fodos: Document Code, Case ID, Claim Details constitutes a block, and, can Report up to a limit of J00 times, for a given ADR Letter)		40	R	Bules:  1. Must be present  2. Can contain special Characters (*Vyphen*).	
36	Analysis Factor	Data attribute used by the RC, to conduct the analysis/project with, OR the basis on which the analysis legan.  (Example: Procedure Code, DRG, etc)  (Can Repost usto a limit of 25 for a siven Analysis ID)	Type: Character	30	0	Rules:  1. When populated, can contain special Characters (at least 'Dot', or, 'Hyphen'),	

December Claim  Claim to include the december to the requested.  Claim to include the december of the include that december to the requested.  Claim to include the december of the include that december of the include that include that include the include that include the include that include tha								
December Call  Decemb					Type: Character			Rules:
Between Contraction of the Section Code Sect	37		Document Code	· ·	(99999), (9999999999), (99999999999999), or	24	R	Casage for the EC.  The Control of Control o
Section Care Sequent with Name   Name   Case O	38		Enquiry Text	the Document Code level.  This field has been included as a provision for future use.	Type: Character	4000	0	For April 2020 implementation , this element need not be present/populated in the
Decident can legal on the Decident Case (Case Case Case Case Case Case Case Case		Claim Set Level		Itali indus data ililia di 4 di 1 anti Alia da 12				
Coulm Details  Response to the elements which are represented at the Comm details.  Anter: Section Could be reposted as many times an exceed  The Claim Ruferers Number in Chify's cycless  The Claim Ruferers Number in Chify's cycless in Chify Ruferers  The Claim Ruferers Number in Chify's cycless in Chify Ruferers  The Claim Ruferers Number in Chify's cycless in Chify Ruferers  The Claim Ruferers Number in Chify Ruferers  The Claim Ruferers Number in Chify Ruferers  The Ruferers Number in Chify Ruferers  The Ruferers Number in Chify Ruferers  The Ruferers Number in Ruferers		(Section Can Repeat more than once)	N/A				0	
Representative on that   No.   Representative desired and the Claim details.   Note: Section Could be special or annual transport of the Damidscare of the Claim Section Could be special or annual transport of the Section Section Could be special or annual transport of the Section Section Could be special or annual transport of the Section	39		Case ID	Case ID reference for the letter (On some of the ADR letters it is the document #)	Type: Character	35	0	
De Claim ID  Cla		(Section Can Repeat more than	N/A				R	
Case D  Case D		once)		The Claim Reference Number in CMS/RC system	Type: Character			Rules:
An America Cascater is legit, 18 Source Casca	40		Claim ID			23		Must be present     Must exist in one of following formats
Beneficiary 0 beneficiary who is receiving the Service Aperican Aperican Mode Median State Control of the Beneficiary who is receiving the Service Aperican Mode Median State Control of the State Con								14 numeric characters in leight, 15 numeric characters in leight, 16 numeric characters in leight,
Applicable National State of the Beneficiary And In Secretary Processing Test Service State of the Beneficiary And In Secretary Processing Test Service State of the Beneficiary And In Secretary Processing Test Service Proc	41		Medical Record number	The reference number of the Beneficiary in Provider system.	Type: Character Alphanumoria	25	0	Note to esMD: may contain any special character in its value.
44 Beneficiary Market Harmon Models Name of the Beneficiary which is receiving the Service 7 Page Character 25 O Beneficiary List Name Call Beneficiary who is receiving the Service 7 Page Character 6 Beneficiary List Name Call Beneficiary who is receiving the Service 7 Page Character 6 Beneficiary List Name Call Beneficiary who is receiving the Service 7 Page Character 7 Page Character 8 Page C	42		Beneficiary ID	Identifier of the Beneficiary who is receiving the Service		12	R	
As Beneficiary Lett Name  Lett Name of the Beneficiary who is recovering the Service  (a) 1  Represent the Bill Type Or Bill  Represent the Bill Type for Institutional Claims  Represent the Bill Type for Institutional Claims  Procedure Code and/or associated Montifers associated with the Claim  Procedure Code and/or associated Montifers associated with the Claim  Procedure Code and/or associated Montifers associated with the Claim  Procedure Code and/or associated Montifers associated with the Claim  Procedure Code and Operation Code and operation associated Montifers associated with the Claim  Procedure Code and Operation with an associated Montifers associated with the Claim  Procedure Code and Montifers associated Montifers associated with the Claim  Procedure Code and Montifers associated Montifers associated with the Claim  Procedure Code and Montifers associated Montifers associated with the Claim  Procedure Code and Montifers associated Montifers associated with the Claim  Procedure Code and Montifers associated Montifers associated with the Claim  Procedure Code and Montifers associated Montifers associated with the Claim  Procedure Code and Montifers associated Montifers associated with the Claim  Procedure Code and Montifers associated Montifers associated with the Claim  Procedure Code and Operation associated Montifers associated with the Claim  Procedure Code and Operation  Associated Name Code contrains the Procedure Code of Montifers with the Code of Montifers associated wit				First Name of the Beneficiary who is receiving the Service	Type: Character			
As Beneficiary task transe  Represent the Bit Type for institutional Claims  Represent the Bit Type Claims  Represent the Bit Typ				Middle Name of the Beneficiary who is receiving the Service  Last Name of the Beneficiary who is receiving the Service				Rules:
Agreement the Bill Type for institutional Claims   Type Columnitary	45		Beneficiary Last Name			60	R	
Procedure Code and/or associated Modifiers associated with the Caim  Procedure Code and/or associated Modifiers associated with the Caim  Procedure Code & Modifier(q)  Procedure Code & M				Represent the Bill Type for Institutional Claims	Type: Character			
Procedure Code and/or associated Modifiers associated with the Claim  Procedure Code & Modifier(s)  Procedure Code & Modifier(	46		Type Of Bill		Format Numeric	3	0	
	47		Procedure Code & Modfler(s)	Procedure Code and/or associated Modifiers associated with the Claim	Formats: (9999) (9999) (9999)XXXXX (9999)XXXXX (9999)XXXXXX (9999)XXXXXXX	5+8	0	Marker Can contain the Procedure code and upto a maximum of a Modifiers. solid Opportun will existen maintain the Procedure Code / Modifier values, nor, worky whether the populated value is weld.
	48		Date Of Service (From)	From Date of Service	mm/dd/yyyy	10	o	
FarmacE   Autor:	49		Date Of Service (To)	To Date of Service		10	0	

CR	Change Requested	Explanation/Purpose	Date
11474	All Post Pay RCs	In the tab (esMD to DC-RC - Docu Codes ), the cell 1 A, has been updated.	09/13/2019
		To indicate that the Post Pay RCs are exptected to receive, process, and send an acknowledgement file, back to esMD.	
EIC of 11473 and 11474	SSM - MCS	Action Status element location has been moved up in the layout, as requested.	09/13/2019
EIC of 11473 and 11474		In the tab (esMD to DC-RC - Docu Codes ), the cell 18 C, has been updated.	09/18/2019
		The Action Date field format has been changed, from MM-DD-YYYY to CCYYMMDD.  The length has been adjusted for the Starting position, and the number of Filler bytes in 19 D, and E.	
EIC of 11473 and 11474		In the tab (Header-Trailer DC to esMD Ack.), the cell 15 F, has been updated.	09/18/2019
		The statement mentioning the situational condition for the Error Code 222, has been added.	
EIC of 11473 and 11474		In the tab (Header-Trailer DC to esMD Ack.), the cell 16 F, has been updated.	09/18/2019
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
		The statement mentioning the situational condition for the Error Code 222, has been added.	/ /
EIC of 11473 and 11474	STC	In the tab (esMD to DC-RC - Docu Codes), the cell 18 F, has been updated.	10/06/2019
		A conditional statement on the <i>Action Date</i> has been added, indicating it cannot be a future date.	
EIC of 11473 and 11474	esMD	In the tab (Header-Trailer DC to esMD Ack), the cell 12F, has been updated.	10/06/2019
		The sentence in the middle paragraph has been modified to state that count should match the 'Number of error records in the file'.	
EIC of 11473 and 11474	esMD	In the tab (Header-Trailer DC to esMD Ack), the cell 1A, has been added.	10/06/2019
		A general statement has been added to indicate that the <i>Post Pay RCs</i> do need to respond back to esMD, with an	
For 11473 and 11474	SSM - MCS	Acknowledgement File.  MCS Identified that the Starting Position on the element 'File Status', in the tab named 'Header-Trailer DC to esMD Ack', was incorrect. The correction suggested is required.	12/19/2019
		In the mentioned TAB, Please consider the Column D as the apppropriate one, for your development/testing purposes.	
		Though Column E is incorrect, it is just kept, but, stricken out, for your reference purposes only.	
For 11473 and 11474	SSM - VMS	VMS Identified that the <i>Values/Formats</i> , and associated <i>Comments</i> , in the tab named ' <i>Header-Trailer DC to esMD Ack</i> ', was incorrect. The corrections suggested are required.	12/27/2019
		Row 18, Column G: The description against Error Value 513, has been corrected to say 'Action Date is missing, OR, invalid value'.	
		Row 19, Column C: The Error Value 511, has been stricken out.	
		The <i>Error Value 513</i> , has been added.	
		Row 19, Column G:	
		The description against <i>Error Value 511</i> , has been stricken out.  The description against <i>Error Value 513</i> , has been corrected to say ' <i>Action Date is missing, OR, invalid value</i> '.	
		Row 20, Column 6: The description against Furan Value F13, has been excreated to any lasting Data in missing OR, invalid value.	
		The description against <i>Error Value 513</i> , has been corrected to say 'Action Date is missing, OR, invalid value'.	

Details of the elements for the Header , Detailed body and Trailer while sending the eMDR Document Codes to Datacenter and RC, from esMD.

SSMs/RCs receiving the copy of this file, are expected to ingest and use the document codes, for the purpose of populating in the eMDR Letter Record / Flat File record.

RCs (<u>Post Pay</u>) are expected to perform the system processing of this file, and send an Acknowledgement file back, to esMD.

HEADER	1					
Description	Usage Reg. R - Required S - Situationally required	Values / Formats	Starting position		Comments	Justification / Fillers in esMD to SSM / DC flat file
Record Type Indicator	R	U'	1	1	Represents the Type of Record. (esMD to Datacenter/ RC - Header record)	
,					Indicates the Date/Time when the esMD batch cycle ran to export the Document Codes file information.	
esMD Processing Batch Cycle Date	R	CCYYMMDDHHMMSS	2	14		
Type of Transactions	R	DOCUCODE'	16	8	Represents the Type of Records populated in this file.	
Filler	R	Spaces	24	1012	To fill out the full record length in the Header Record.  The record length of the Detail Body for this file is 1035.	
				1035		

Detailed Body					Body shall have same number of Document Code records as indicated in the Trailer.	
Description	Usage Reg.	Values	Starting position	Length	Comments	Justification / Fillers in esMD to SSM / DC flat file
					Represents the Type of Record. (esMD to Datacenter/ RC - Detail record)	
Record Type Indicator	R	V'	1	1		
Record Number	R	Number	2	7	Represents the sequence number of the record, in the Document Codes file.	Right justified, zero padded
Action Status	R	A, U, M, E	9		Represents whether the said document code is just added, remains as is from the previous iteration, updated, or, expired.  Values: A - Code got Added (continue to use); U - Code remains Unchanged (continue to use); M - Code got Modified (continue to use); E - Code got Expired (discontinue the use)	
Document Code	R	Number	10	6	Standard Code representing the Document	
Document Description	R	Character	16	1000	The long description of the document which is getting requested	Left justified, space padded
Action Date	R	CCYYMMDD	1016	8	Date of Change of the current Action Status.  Note: The value for this Date cannot be a future date.	
Filler	R	Spaces	1024	12	Filler to enable possible future expansion	
		•		1035	Total length of the Detail Body record	

Trailer						
Description	Usage Reg.	Values / Formats	Starting position	Length	Comments	Justification / Fillers in esMD to SSM / DC / RC flat file
					Represents the Type of Record. (esMD to Datacenter/ RC - Trailer record)	
Record Type Indicator	R	W'	1	1		
Total Number of Records	R	Number	2	7	The number of Document Codes in the file, sent from esMD to DC / RC.	Right justified, zero padded
Filler	R	Spaces	9		To fill out the full record length in the Trailer Record.  The record length of the Detail Body for this file is 1028.	
-				1035		

Details of the elements for the Header, Detailed body and Trailer while sending the							
Acknowledgement file (for the Document Codes file) from Datacenter to esMD.							
Data Centers are expected to receive, process, and send the Acknowledgement, back to esMD.							
RCs (Post Pay) are expected to receive,							
process, and send the Acknowledgement, back to esMD.	· ·						
HEADER							
HEADER	Usage Reg. R - Required						
Description	S - Situationally required	Values / Formats	CORRECT STARTING POSITION	Starting position	Length	Comments	Justification / Fillers in SSM / DC flat file to esMD
						Represents the Type of Record. (Datacenter to esMD - Header record)	
Record Type Indicator	R	X'	1	4	1	Indicates the Date/Time when the esMD batch cycle ran to generate the Document Code file	
esMD Processing Batch Cycle Date	R	CCYYMMDDHHMMSS	2	2	14	information.  Return the value in the corresponding Acknowledgement/Error file sent to esMD	
						Date/time the Document Codes batch file was processed by the Data Center.	
DC Batch Cycle Date Type of Transactions	R R	DOCUCODE'	16 30	46 30	14 8	Type of Records in this file.	
						Values:	
File Status	R	A, R	38	37	1	A - File Accepted => (None of the records encountered any edit error(s)) R - File Rejected => (Atleast one error was encountered in any of the records in the file)	
Filler	R	SPACES	39	38	8	To fill out the full record length for this file The record length of the detail body for this file is 46.	
			46		46	Detailed Body record needs to be populated, only when the processing encounters at	
						least ONE error, across the file.  Detailed Body shall have same number of records as indicated in the Trailer record	
						element 'Number of error records in the file'.  If there are no editing errors across the file, then, the Acknowledgement File shall	
Detailed Body						contain only two records (Header and Trailer), to esMD.	
Description	Usage Reg.	Values	CORRECT STARTING POSITION	Starting position	Length	Comments	Justification / Fillers in SSM / DC flat file to esMD
					_	Represents the Type of Record. (Datacenter to esMD - Detailed Body record)	
Record Type Indicator	s	Υ'	1	4	1	This element shall be populated if there is at least 1 error to be reported.	
						Represents the actual sequence/record number as read by the process, while reading the input.	
Record Number	s	Number	2	2	7	Populate SEVEN ZEROS, when there is a mismatch in the total number of records mentioned in the Trailer and Total number of Records. (error code - 222)	
						Represents the Document Code	
			_			Populate the Document Code read in the input record.	
Document Code	S	Number	9	9	6	Populate SIX ZEROS, when the Document Code is missing or invalid. (error code - 510, 222) The First error identified in the record, is to be populated in this element	
		510, 511, 512.				510 - Document Code is missing, OR, of invalid length, 511 - Document Description is missing, 512 - Action Status is missing, OR, invalid value	
Error Code 1	S	513	15	44	3	513 - Action Date is missing, OR, invalid value  The Second error identified in the record, is to be populated in this element.	
		511,				511 - Document Description is missing, 512 - Action Status is missing, OR, invalid value	
		512, 513				513 - Action Date Status is missing, OR, invalid value  Note: If there is no Second error encountered for this given record, populate 3 SPACES.	
Error Code 2	s		18	47	3	The <i>Third error</i> identified in the record, is to be populated in this element.	
		<del>511</del> 512,				511 Decument Description is missing, 512 - Action Status is missing, OR, invalid value	
		513,				513 - Action Date is missing, OR, invalid value	
Error Code 3	s		21	20	3	Note: If there is no Third error encountered for this given record, populate 3 SPACES.  The Fourth error identified in the record, is to be populated in this element	
						513 - Action Date Status is missing, OR, invalid value	
		513				Note: If there is no Fourth error encountered for this given record, populate 3 SPACES.	
Error Code 4 Filler	S	Spaces	24 27	28 26		Filler white space	
			46		46	Total length of the record	
Trailer							
Description	Usage Reg.	Values / Formats		Starting position	Length	Comments	Justification / Fillers in SSM / DC flat file to esMD
						Represents the Type of Record. (Datacenter to esMD - Trailer record)	
Record Type Indicator  Number of records Received	R R	Z' Number	1 2	1 2	7	The number of Document Code records received by the Data Center for processing	Right justified, zero-padded
						The number of Document Code records validated by the Data Center.  If this number is equal to the number of records received, the file is accepted.	
Number of records Validated	R	Number	9	9	7	(All records successfully completed processing without encountering any errors.)	Right justified, zero padded
						The number of Document Code records for which errors are encountered in this file.  If this number is greater than ZERO, the file is rejected.	
Number of error records in the file	s	Number	16	46	7	(A given record, or, few records have encountered one or few errors)  To fill out he full record length for this file	Right justified, zero padded
Filler	R	Spaces	23	23	24 46	To fill out the full record length for this file The record length of the detail body for this file is 46.	
			40		40	1	

ID	Proposed Consolidate Doc names	#Bytes
100001	Interim verbal orders	21
	Detailed Written Order	23
	Dispensing Order	16
	Five Element Order signed and dated prior to delivery	53
	Physician Admission Orders	26
	Physician IRF admission order	29
	Physician Order for skilled services provided, including Physical/Occupational/Speech	106
100007	Therapy (PT/OT/SLP)	100
100008	Physician/clinician signatures and credentials	46
	Practitioner's written order, including the practitioner's National Provider Identifier	87
	Preliminary Dispensing Order (if item(s) was dispensed prior to obtaining a Detailed Written	99
100010	Order)	
100011	Proof of Delivery	18
	Referral for DSMT services and plan of care	43
	Requesting Physician Order	26
	Signed order or intent to order in Physician note	49
	Supplemental Orders	19
	A substantiated diagnosis	27
	Acute/post-acute care document so support home health eligibility	65
	Acute/post-acute care document so support home health enginity  Acute/post-acute care document so support hospice eligibility	61
	Addendum to record	18
	Admission initial assessment	28
	All physician signed certifications & recertification's since the initial evaluation	84
	Certificate of Terminal Illness	31
	Certifications supporting advanced/special training of personnel	64
	CMS 2728 (End stage renal disease medical evidence report; Medicare entitlement and/or	109
100024	patient registration)	10)
100025	Critical Care	14
	Documentation to support continued medical need	47
	Expected Length of Stay	23
	Home health aide care plan	26
	Home Health Plan of Care	24
	Home Health Change of therapy (COT) records and assessments	59
	Home Health Physician certifications and recertifications assessment	68
	Home Health Start of care assessment	36
	Home Health skilled nursing, home health aide, or rehabilitation therapy notes including initial	173
100033	evaluations. re-evaluations, progress notes, and actual therapy minute grids	173
100034	Any other documentation supporting the beneficiary's need for the home health services being	101
100034	provided	131
100035	Physician Certification by the Hospice Physician and the Attending Physician	76
	Physician Certification/Subsequent Recertifications Statements for billed claim dates of skilled	210
	OASIS Assessment	16
100038	Physician certification of medical necessity of admission	57
	Physician Certification or Physician Certification Statement (PCS)	66
	Physician certification/recertification that the inpatient psychiatric facility admission was	234
100070	medically necessary for either: (1) treatment which could reasonably be expected to improve	254
	the patient's condition, or (2) diagnostic study	
100041	Plan of Care or Treatment Plan	30
	POC updates	11
	PT/OT/SLP Plan of Care, including Therapy Frequency and Duration	64
100043	1 1/0 1/000 Train of Care, including Therapy Trequency and Duration	04

100044	Record must include a signed, current plan of care/treatment plan stating the type, amount,	198
	frequency and duration of the services to be furnished and indicate the diagnoses and	
	anticipated goals.	
	Short-term and long-range goals	31
	Signed and Dated Physician certification/recertification form for skilled level of care	87
	Signed election statement	25
	Signed Plan of Care	19
	Consultation notes and/or reports	33
	Nutritional Evaluation, Consultations, and Progress Note	56
	Physician consultations	23
100052	CLIA certificate	17
100053	Radiological reports, lab results, pathology reports, and other pertinent diagnostic test results to	153
	support the medical necessity of the billed services	
	Dianostic tests performed during SNF stay	41
	Lab reports/results to support medical necessity of medications.	64
	Laboratory reports pertinent to drugs administered	51
100057	Most recent total cholesterol, HDL and/or other lab results to support cardiac risk.	84
	Pathology report	41
	Results of preadmission testing and laboratory results	54
	X-ray findings and/or bone cultures	64
100061	Discharge Notes	15
100062	Discharge Summary	17
100063	Discharge Summary/s from Hospital, Skilled Nursing, Continuous Care, and or Respite Care	99
	facilities	
100064	Documentation to support evidence of follow up assessment of the patient at one week, one	230
	month and three months postoperatively. This must include discussion of the patient's	
	procedure; response, prognosis and necessary follow up	
100065	Hospice Discharge Summary	25
100066	Hospital inpatient discharge summary	36
	IRF discharge summary	22
100068	Admission records and assessment	32
100069	Admitting diagnosis along with any diagnosis of comorbid disease and the psychiatric	94
	All records that justify and support the level of care received	72
	Beneficiary body surface area (bsa) used to calculate dose given	64
	Beneficiary weight used to calculate dose given	47
100073	Beneficiary's medical records (which may include; practitioner medical records, hospital	248
	records, nursing home records, home care nursing notes, physical/occupational therapy notes)	
	that support the item(s) provided is reasonable and necessary	
	Cardiac Risk Factors Assessment	31
	cardiac/pulmonary rehab session documentation	45
100076	Clinic note for date(s) billed which summarizes the diagnosis, symptoms, functional status,	265
	focused mental status examination, treatment plan, prognosis and progress to date with the	
	signature and credentials of personnel licensed by the state to render the service	
	Complete General Inpatient Medical Records	42
	Completion within 60 hours of admission	39
	Copies of all protocols/standing order	38
	Current adjuntive treatment	64
	Describe attitudes and behavior	31
	Description of the onset of illness and the circumstances leading to admission	78
100083	Documentation of adjustment to HIPPS codes resulting from MDS corrections related to the	119
	dates of service under review.	
	Hospice Face-to-Face Encounter Attestation Statement	52
	Documentation of face-to-face encounter	39
100086	Documentation of pain level and ADL limitations	47

and orientation functions   100089   Documentation supporting the services billed are subject to a waiver/alternative payment model (APM)   100089   Documentation that supports the reasonable and necessary, other statutory and regulatory requirements defined in the National Coverage Determinations (NCD) Manual, Chapter 1, Part 4.   10009   Documentation to support National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or related Policy Article criteria   100091   Documentation to support a systemic condition, neuropathy, vascular impairment, onychogryphosis and/or onychauxis.   100092   Documentation to support a compliance with and a failed trial of symptom-appropriate behavioral therapy of sufficient length to evaluate potential efficacy and b) compliance with and has failed or been unable to tolerate a trial of at least two appropriate medications administered for four (4) -eight (8) weeks   100093   Documentation to support each of the Health Insurance Prospective Payment System HIPPS code(s) billed, including notes related to each of the assessment reference date(s) (ARD)   100095   Documentation to support ache of the Health Insurance Prospective Payment System HIPPS code(s) billed, including notes related to each of the assessment reference date(s) (ARD)   100096   Documentation to support overactive bladder syndrome (OBS) and patient is a candidate for PPNS   100097   Documentation to support were peripheral involvement.   550   100098   Documentation to support the beneficiary had a face-to-face examination with the physician, PpA, NP, or CNS within six months prior to the date of the written order   100100   Documentation to support time infout or actual time spent.   100100   Documentation to support time infout or actual time spent.   100100   Emergency Room Nursing Notes   22   100100   Emergency Room Nursing Notes   22   100100   Emergency Room Nursing Notes   23   100100   Emergency Room Nursing Notes   24   100100   Hospital history and physical reports (include medical			
100088   Documentation supporting the services billed are subject to a waiver/alternative payment model (APM)	100087		117
100089 Documentation that supports the reasonable and necessary, other statutory and regulatory requirements defined in the National Coverage Determinations (NCD) Manual, Chapter 1, Part 4.  100090 Documentation to support National Coverage Determination (NCD), Local Coverage Determination (LCD), and/or related Policy Article criteria  100091 Documentation to support a systemic condition, neuropathy, vascular impairment, onychogryphosis and/or onychauxis.  100092 Documentation to support a compliance with and a failed trial of symptom- appropriate behavioral therapy of sufficient length to evaluate potential efficacy and b) compliance with and has failed or been unable to tolerate a trial of at least two appropriate medications administered for four (4)-eight (8) weeks  100033 Documentation to support care is being provided under the care of a physician  100093 Documentation to support care is being provided under the care of a physician  100095 Documentation to support care is being provided to the assessment reference date(s) (ARD)  100095 Documentation to support care is being provided to the system through the system HIPPS code(s) billed, including notes related to each of the assessment reference date(s) (ARD)  100095 Documentation to support the support overactive bladder syndrome (OBS) and patient is a candidate for PTNS  100097 Documentation to support that the entire body was exposed to the oxygen increased atmospheric pressure and administered in a chamber  100099 Documentation to support that the entire body was exposed to the oxygen increased atmospheric pressure and administered in a chamber  100109 Documentation to support the beneficiary had a face-to-face examination with the physician, PA, NP, or CNS within six months prior to the date of the written order  100109 Documentation to support time involut or actual time spent.  22 100103 Estimation of intellectual functioning, memory functioning, and orientation  100104 Evaluation of foot structure, vascular and skin integrity  57 100105 Eurogene R	100088	Documentation supporting the services billed are subject to a waiver/alternative payment	100
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100091   Documentation to support a systemic condition, neuropathy, vascular impairment, onychogryphosis and/or onychauxis.   116	100090		139
100092   Documentation to support a) compliance with and a failed trial of symptom- appropriate behavioral therapy of sufficient length to evaluate potential efficacy and b) compliance with and has failed or been unable to tolerate a trial of at least two appropriate medications administered for four (4) -eight (8) weeks   100093   Documentation to support care is being provided under the care of a physician   77   100094   Documentation to support cach of the Health Insurance Prospective Payment System HIPPS code(s) billed, including notes related to each of the assessment reference date(s) (ARD)   100095   Documentation to support information entered on the IRF PAI   100096   Documentation to support information entered on the IRF PAI   100097   Documentation to support severe peripheral involvement.   55   100098   Documentation to support that the entire body was exposed to the oxygen increased atmospheric pressure and administered in a chamber   100099   Documentation to support that the entire body was exposed to the oxygen increased atmospheric pressure and administered in a chamber   100100   Documentation to support the beneficiary had a face-to-face examination with the physician, PA, NP, or CNS within six months prior to the date of the written order   100100   Documentation to support time in/out or actual time spent.   7.   100101   Emergency Room Nursing Notes   22   100102   Emergency Room Records   22   100102   Emergency Room Records   22   100103   Estimation of intellectual functioning, memory functioning, and orientation   7.   100104   Evaluation of foot structure, vascular and skin integrity   5.   100105   Functional Independent Measure (FIM) records   4.   100106   History and Physical reports (include medical history and current list of medications)   8.   100107   Homebound / not homebound / status   100108   Hospital traisfory and physical   100109   Hospital records that validate a qualifying stay   4.   100109   Hospital records for dates of service billed and the MDS look back pe	100091	Documentation to support a systemic condition, neuropathy, vascular impairment,	116
100093   Documentation to support care is being provided under the care of a physician   77	100092	behavioral therapy of sufficient length to evaluate potential efficacy and b) compliance with and has failed or been unable to tolerate a trial of at least two appropriate medications	313
100094   Documentation to support each of the Health Insurance Prospective Payment System HIPPS code(s) billed, including notes related to each of the assessment reference date(s) (ARD)	100093		77
100096 Documentation to support overactive bladder syndrome (OBS) and patient is a candidate for PTNS  100097 Documentation to support severe peripheral involvement.  100098 Documentation to support that the entire body was exposed to the oxygen increased atmospheric pressure and administered in a chamber  100099 Documentation to support the beneficiary had a face-to-face examination with the physician, PA, NP, or CNS within six months prior to the date of the written order  100100 Documentation to support time in/out or actual time spent.  100101 Emergency Room Nursing Notes  100102 Emergency Room Records  100103 Estimation of intellectual functioning, memory functioning, and orientation  77  100104 Evaluation of foot structure, vascular and skin integrity  100105 Functional Independent Measure (FIM) records  100106 History and Physical reports (include medical history and current list of medications)  100107 Homebound / not homebound Status  100108 Hospital history and physical  100109 Hospital records that validate a qualifying stay  100110 Hyperbaric oxygen treatment records.  100111 In hospital to hospital transfers, medical reason patient could not be treated at first or initial hospital.  100112 Include an inventory of the patient's assets in descriptive, not interpretative fashion  100113 Include records for dates of service billed and the MDS look back period. This can be up to 30 days prior to the assessment reference date(s) of the MDS(s)  100114 Individual and group psychotherapy and patient education and training  64  100115 Individual and Group Therapy Notes  100116 Individual and Group Therapy Notes  100117 Individual and group psychotherapy and patient education and training  65  100118 Initial psychiatric evaluation including  100119 Initial Psychiatric evaluation with Axis I-V Diagnosis  100120 Initial Psychiatric evaluation with Axis I-V Diagnosis  100121 IRP PAI (Patient Assessment Instrument)  100122 Istem 20 Fair Assessment Instrument)  100124 Medical and psychiatric history and physical/h		Documentation to support each of the Health Insurance Prospective Payment System HIPPS	176
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100109 Documentation to support the beneficiary had a face-to-face examination with the physician, PA, NP, or CNS within six months prior to the date of the written order  100101 Documentation to support time in/out or actual time spent.  72 100102 Emergency Room Nursing Notes 22 100103 Estimation of intellectual functioning, memory functioning, and orientation 37: 100104 Evaluation of foot structure, vascular and skin integrity 55 100105 Functional Independent Measure (FIM) records 100106 History and Physical reports (include medical history and current list of medications) 88 100107 Homebound / not homebound Status 100108 Hospital history and physical 100109 Hospital records that validate a qualifying stay 100110 Hyperbaric oxygen treatment records. 66 100111 In hospital to hospital transfers, medical reason patient could not be treated at first or initial hospital. 100112 Include an inventory of the patient's assets in descriptive, not interpretative fashion 88 100113 Include records for dates of service billed and the MDS look back period. This can be up to 30 days prior to the assessment reference date(s) of the MDS(s) 100114 Individual and group psychotherapy and patient education and training 69 100115 Individual and Group Therapy Notes 100116 Individualized Treatment Plan for Psychiatric Services with Updates 60 100117 Initial hospital inpatient care 100118 Initial psychiatric evaluation with Axis I-V Diagnosis 100120 Initial psychiatric/psychological evaluation/mental status exam 60 100121 IRF PAI (Patient Assessment Instrument) 37 100122 Itemized list of charges including base rate and cost per mile. 40 100124 Medical and psychiatric history and physical/history of why the beneficiary is in treatment.	100098		132
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100101     Emergency Room Nursing Notes     22       100102     Emergency Room Records     22       100103     Estimation of intellectual functioning, memory functioning, and orientation     73       100104     Evaluation of foot structure, vascular and skin integrity     59       100105     Functional Independent Measure (FIM) records     44       100106     History and Physical reports (include medical history and current list of medications)     88       100107     Homebound / not homebound Status     33       100108     Hospital history and physical     29       100109     Hospital records that validate a qualifying stay     44       100110     Hyperbaric oxygen treatment records.     66       100111     In hospital to hospital transfers, medical reason patient could not be treated at first or initial hospital.     117       100112     Include an inventory of the patient's assets in descriptive, not interpretative fashion     8       100113     Include records for dates of service billed and the MDS look back period. This can be up to 30 days prior to the assessment reference date(s) of the MDS(s)     155       100114     Individual and group psychotherapy and patient education and training     66       100115     Individualized Treatment Plan for Psychiatric Services with Updates     66       100116     Inditial psychiatric Evaluation including     40       1001	100100		7.4
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100124 Medical and psychiatric history and physical/history of why the beneficiary is in treatment.			
			64

100126	Medication Administration Record (MAR) and/or Infusion Flowsheet documenting the	102
100125	quantity administered	25
	Neurological Examinations	25
	Nutrition progress notes	24
	Observation orders and progress notes- each day	48
	Office visit / E&M documentation if billed on same date of service under medical review	88
	Other physician consultations related to this service	53
	Outcomes assessment	19
	Patient history and physical	28
	Patient history and physical, symptoms, diagnosis for therapy services	70
100135	Patient's height and weight	27
100136	Photographs showing visual impairment	41
100137	Please submit all documentation to support the medical necessity of services billed and the	107
	DRG code billed	
100138	Post admission assessment / post admission physician evaluation completed within the first 24	158
	hours of admission and supporting medical necessity of admission	
100139	Preadmission evaluation screening completed or updated within 48 hours of admission	83
	Pre-Admission screening	23
	Pre-Hospital documentation	26
	Prior Level of Function (PLOF)	30
	Psychiatric diagnostic evaluation or psychotherapy face-to-face encounter, including the time	135
100110	spent in the psychotherapy encounter	133
100144	Psychiatric evaluation All behavioral/psychological/psychiatric tests that have been performed	94
	Psychosocial Assessment	23
	R.N. pre-admission and screening documentation	46
	Record of mental status	23
	Records of conservative measures trialed for treatment of service provided	74
	Records of patient's condition before, during and after this billing period to support medical	142
100149	necessity & the reason the service was provided	142
100150	Records supporting skilled level of care; including, Physician clinic/progress notes, place for	150
100130	future care and complexity of services to be performed	130
100151	Rehab / PT /OT/ ST	10
	Rehabilitation records / evaluations	18 37
		45
	Respiratory treatments and O2 therapy records	
	Review of patient prior and current medical and functional conditions and comorbidites	86 52
	SNF history and physical performed by the physician.	
	Social History and Physical reports	35
100157	Social service records - including interviews with patient, family members, and others, must	210
	provide an assessment of home plans and family attitudes, and community resource contacts as	
400450	well as a social history	2.1
	Subsequent hospital inpatient care	34
	Supporting documentation / medical necessity	44
	Supporting documentation of all applicable diagnosis codes.	61
	Therapy logs that show services, dates and times for code billed	67
	Therapy Minutes Documentation	29
100163	Treatment notes for each visit detailing the patient's response to the skilled services provided	131
	(may also serve as progress notes)	
	Treatment plan and therapeutic goals for dates of the medical review.	69
	Treatment records to support prior failed conservative treatment	65
100166	Types and duration of precautions (e.g., constant observation x 24 hours due to suicidal plans,	108
	restraints).	
	Visual field measurement / documentation	56
	Drug administration records	27
100169	Ambulance trip sheets and/or air ambulance flight records	57
100170	Cataract	8

100171	Chiropractic	12
	Chronic Care Management	23
	Date/time of administration of associated chemotherapy	54
	Debridement of nails with E&M	30
	Dialysis treatment sheets	26
	Documentation to support medical necessity of medications given.	65
	Documentation to support reason not transporting to nearest facility	69
	Documentation to support type and amount of contrast given	59
	Documented pharmacologic management to include prescription and dosage	89
	adjustment/changes	
100180	Drugs & Biologicals	20
100181	ECG procedure reports	22
100182	Electrical stimulation	23
100183	Eye Exam	8
100184	G0480 Drug test def 1-7 classes	32
100185	G0483 Drug test def 22+ classes	31
	Hyperbaric Oxygen (HBO) logs/treatment record	45
100187	If the dosage for the drug under review is outside the allowed amount per the drug	216
	compendium, submit documentation to support the medical necessity of this dose variance (i.e.	
	clinical trial, article, studies, etc.)	
100188	Information for andy Clinical trial name, sponsor of the clinical trial, and sponsor-assigned	109
	protocol number	
	Intraoperative record	21
	Medication administration records from date of service that include a dose, route, and	103
	frequency given.	
	Nasal Endoscopy Same Day More than 1 Provider	45
	Operative / procedure report	53
	Paring or Cutting Procedures on the Skin	40
	Peri-operative record	21
	Prior Auth	10
	Procedure notes / reports	25
	Routine ECG 12 Leads	20
	Signed requisitions for lab services	36 117
100199	Stage of treatment for accurate dose administration calculation for the drug; (i.e. First dose or subsequent dosing)	117
100200	Vitamin D testing	17
	When modifier -JW is used to report that a portion of the drug or clearly document the amount	141
100201	administered and the amount wasted or discarded	141
100202	Physician Face-to-Face documentation	36
	Wound care progress notes	25
	Wound Care Assessment Notes	27
	Wound Care Consults	19
	Social work notes	17
	Case Management Notes	22
	Social Worker initial assessment	32
	Actual encounter note or progress note to support services billed	65
	All group psychotherapy notes including number of participants	66
	All progress reports since the initial evaluation	49
	Attendance/treatment records/dated therapy notes with the required information per LCD for	296
	this claim period, including dated therapy logs that identify each specific skilled modality	
	provided, total treatment time, total timed codes treatment minutes and total time rendering	
	untimed modalities.	
	Breakdown of hours if nurse and aide visits combined are more than two times a day	82
100214	Caregiver Notes	15

100215	Diabetic lower extremity wounds-Wagner grade classification, diagnostic testing to support	148
100216	Wagner grade and documentation of prior failed treatment	20
	Discipline notes/summary for each visit	39
100217	Documentation to support beneficiary is being treated for a covered icd-10 diagnosis code that	261
	meets 1 or more of the 15 approved medicare conditions listed in the medicare national	
100010	coverage determinations (NCD) manual section 20.29 (hyperbaric oxygen therapy).	20
	Documentation as required in LCD or NCD	39
100219	For all therapy services rendered submit attendance/treatment records for the claim period -	179
100000	must include total treatment time and identify each specific skilled modality provided	25
	Home Health Aid Visit Notes	27
	All documents needed to support Home Health services	53
	IDG reviews	11
100223	If nurse visits are daily or more, statement of endpoint when nurse visits are expected to	130
100001	decrease to less than seven days a week	25
	Initial evaluation of all therapies	37
	Non-physician progress notes	28
	Nursing progress notes	22
	Initial nursing facility visit	31
	Subsequent Nursing Facility Visit	33
	All documents needed for a Nursing Home Review	46
	Occupational Therapy Visit Notes	32
	Physical Therapy Visit Notes	28
	Physician / NPP Progress notes (signed)	39
	Physician and PPP clinic/progress notes	40
	Physician clinic/progress/consultation notes	45
	Prior antibiotic therapy, wound care and surgical interventions	63
	Progress notes and documentation of DSMT services/group sessions	74
100237	Progress reports with the required elements per the local coverage determination to support	226
	medical necessity at least once every 10 treatment days. Submit progress notes from the start of	
	therapy through present claim period.	
100238	Progress reports written by the clinician-services related to progress reports are to be furnished	136
100000	on or before every 10th treatment day	100
100239	PT/OT/SLP – Initial evaluation, plan of care, progress reports, treatment encounter notes,	129
100010	discharge summary, therapy minute logs	
	Restorative Nursing Records	27
	Skin care / Wound care treatment records	40
	Social Worker Visit Notes	25
	Team Conference Notes	21
	Therapeutic activities program for patient	42
100245	Therapy progress notes that support services included in the therapy logs that show services,	339
	dates and minutes renders for the dates logs that show services, dates and minutes renders for	
	the dates of service being billed and the lookback period of the MDS(s). Do not send copy(s)	
40004	of MDS(s); however, they must be found in the repository	4
	Treatment records	17
	Visit notes (nursing, social worker, chaplain, etc.)	52
	Wound therapy prior to HBO treatment	51
	E&M / Home Visits	17
	E&M / Prolonged Care	20
	E&M / Hospital Visits	21
	E&M / Office Visits	19
	Office Visit with Injection	27
	Diagnostic/Vasc studies	24
	Nutritional Assessment	22
	Hospital records	16
100257	Referral Order	14

400450		
	Documentation of presurgical conservative measures/treatments	61
	Recovery room record	20
	Surgical reports (if any)	70
	All ambulance records for the dates of services billed.	72
	Ambulance Run Sheet including Total Mileage documentation	57
	Medical justification for transport and/or transfer.	72
	Physician certification describing: medical necessity for ambulance.	68
	P9603 One Way Mileage	23
	Abbreviation key	16
	Beneficiary name and date of service on all documentation	57
	Coding query form	17
	Copy of ABN / NOMNC / HHABN	27
	Advance Beneficiary Notice	26
	Copy of Assignment of Benefits	30
	Demand bill- notice of non-coverage indicating request for Medicare to review	77
	Facility Denial Letter	23
	FISS Page 7 screen print/copy of ADR letter	43
	Hospital-issued notice of non-coverage (HINN) on file	53
100276	If an electronic health record is utilized, include your facility's process of how the electronic	208
	signature is created. Include an example of how the electronic signature displays once signed	
	by the physician	
	Local 911 Ambulance Dispatch Protocols	38
100278	Medicare requires a legible identifier for all services ordered and provided. CMS signature	347
	guidelines, are described in the CMS Medicare Program Integrity Manual – (Pub. IOM 100-	
	08), Chapter 3.3.2.4/Signature Requirements. Exceptions for signature requirements are also	
	listed. These guidelines apply to all documentation required for this review	
	Notice of non-coverage	22
100280	On the front page of each ADR please include the name of a contact at your facility who is	134
	available to answer questions if they arise	
100281	Patient identification, date of service, and provider of the service should be clearly identified	141
	on each page of the submitted documentation	
	Pictures where necessary	51
	Quality Improvement Organization (QIO) letter	45
	Questions related to ADR	24
	Revocation Statements	21
	Signature logs and attestation statements	41
100287	Signature logs to indicate the identity and credentials of the signers and/or printed	172
	names/credentials under hand-written signatures to support physician/NPP documentation	
	Signature policy	16
	Initial DME Information Form (DIF), and any recertification and/or revised DIFs	80
	Initial Certificate of Medical Necessity (CMN) and any recertification and/or revised CMNs	91
100291	If the beneficiary has same or similar equipment, documentation indicating the reason new	112
	equipment is necessary	
	Documentation to meet LCD and/or related Policy Article criteria for replacement equipment	90
100293	Documentation of the request for refill	39
100294	List of staff, including certifications and signature attestation	65
100295	Documentation of level of training and certification for qualified personnel	76
100296	Copy of Licenses and/or Certifications for Personnel Involved in Beneficiary Care	81
100297	Physician Certification in Sleep Medicine	41
100298	Sleep Center or Laboratory Accreditation Certification	54
	Physician Certification for PHP Services	40
100300	Physician certification statement for the specified dates of service plus two prior qualifying	102
	periods	
100301	Physician/Non-Physician Practitioner (NPP) certification of Plan of Care for Claim Period	165
	Including Justification when the Certification is Delayed More than 30 Days	
	•	

100302	RESNA Certification of Assistive Technology Professional (ATP)	62
	OASIS documentation (certifications, recertifications, follow-ups and significant change).	90
	Initial certification for Extended Care Services	48
	Initial Certification form	26
	14 day recertification for Extended Care Services	49
	Subsequent recertifications for Extended Care Services	54
	Facility Utilization Review Plan (ONLY if used in lieu of Certifications or Recertifications for	121
	Extended Care Services)	121
	Physician Recertification of Need	33
	· ·	52
	Physician coding queries within 30 days of discharge Physician query	15
	Nursing home notes	18
	Nursing Home Records	20
	Medical Clearance Notes	
	Medical Clearance Medical clearance	23 17
		27
	Chaplain initial assessment	
	PMNC's	6
	Delivery slips	68
	Signed delivery slip(s)	23
	Signed pick up slip(s)	22
	Itemized Delivery Slips	23
	Therapy treatment plan & notes (485 Form)	41
100323	Therapy Treatment Plan and Notes that demonstrate failed behavioral and/or pharmacologic	99
10000	therapies.	
	Manufacturer's Invoice containing Make, Model Number, Quantity and Cost of item provided	88
	Cost invoice for all supplies	29
	Supplier or LCMP Attestation	28
	Supplier Records	16
	Signature Attestation	21
	Supplier patient information forms	34
	Signature attestation of all personnel providing services	57
	List of all personnel billing services under your NPI. List credentialing, training, licensure,	154
	etc., of all personnel performing services under your NPI.	
	On Site Home Evaluation	23
	7-Element Order	15
	Daily Physician Reports	23
	Physician contacts and responses	32
	Documentation of procedures for emergency management of patients	64
	Copies of ECG and response by monitoring entity	47
	Summary report at the end of the monitoring episode	51
	Documentation of plan for quality control for ECG surveillance	62
	Documentation of plan to ensure uninterrupted 24/7 surveillance of patients	75
	Patient Care Instructions for a Hospice Aide / Homemaker	56
	Records of Aide Visits, Times and Dates	39
	DME Information Form (DIF)	26
	DME Documentation of continued Need and Use	43
	Interdisciplinary Team Conference notes	39
	60-day summary/case conference notes.	37
100347	Please ensure that the documentation submitted also includes medical record information from	174
	the 30 days before the date of service and the 30 days after the date of service.	
	Sleep Oximetry Study Results	28
	Refill Request	14
	Durable Medical Equipment Refill Request Documentation	54
	Polysomnography Results	23
	Physician Office Notes/Records	30

100353	Evaluation and Management/Office Notes, including Patient History prior to and after the	132
	procedure for the Date of Service Requested	
	Office notes, including all patient questionnaires.	51
	Ancillary services notes	24
	Epworth Sleepiness Scale	24
	Download of Usage Data from PAP Device	38
	All Minimum Data Sets (MDS) to support the claim period under review.	69
	MDS Record	10
	MDS (5-day, 14-day, 30-day, 60-day and 90-day	45
100361	Documentation to support each of the Health Insurance Prospective Payment System (HIPPS)	408
	code(s) billed including the Minimum Data Set (MDS) Documentation (i.e. hardcopy version	
	of each MDS related to claim period under review (e.g. 7-day, 14-day, 60-day, 90-day, and any	
	off-schedule assessments); and documentation supporting the look back period under review	
100262	based on the Assessment Reference Date (ARD)	110
	Documentation to support each of the look back periods which may fall outside the billing	110
	Documentation up to 30 days prior to the first assessment reference date;	73
	Documentation to support the dates of services billed;  Date the patient started therapy.	54 33
	Photographs (prints, not slides)	33
	Photograph and/or detailed description of service.	50
	Visual Fields Studies	21
	All Visual Field Testing	24
	Comprehensive preoperative ophthalmologic evaluation including but not limited to:	186
100370	examination/testing, best corrected Snellen visual acuity and corrected vision with glasses or	100
	contacts	
100371	Any additional documentation to support cataract removal	56
	Physician supervision and evaluation	36
	Any re-evaluations	18
	Anesthesia records (including pre- and post-anesthesia).	56
	Preoperative Evaluations Including Anesthesia Evaluation	56
	PACU notes	10
	Any other documentation a provider deems necessary to support medical necessity of services	201
100577	billed, as well as documentation specifically requested in the Additional Documentation	201
	Request (ADR) letter.	
100378	Attendance/Treatment Records for this Claim Period-Must Include Total Timed Code	138
200270	Treatment Minutes, Total Treatment Time and Identify Each	100
100379	Copy of Current State License for Treating Therapist or NPIN and/or therapy provided	174
	"incident to" physician's services, copy of performing therapist's diploma and/or license	
100380	Initial Evaluation/Re-evaluation including Plan of Care Signed by Ordering Physician or	100
	Practitioner	
100381	Initial evaluation (intake notes), including all patient questionnaires.	72
	Specific Skilled Procedures and Modalities	42
100383	Dietician Notes	15
100384	Medical records for any previously tried medical treatment for obesity, including structured	110
	dietary programs.	
100385	Medical literature that supports off label drug use	51
	Voiding Diaries	15
	SPECT/Cardiac Perfusion Studies	31
	Previous SPECT results	22
	Cardiac PET Scan Results	24
	Neuroimaging studies including, but not limited to, CT, MRI, PET	64
	Complete neurological examination, as appropriate	49
	Five Element Order or 5EO	25
100393	Notes that demonstrate documented behavioral, pharmacologic and/or surgical corrective	94
	therapy	

100304	Pharmacy records	16
	Evidence of trial test stimulation results	16 42
	Test Stimulation Results	24
	Diagnostic Studies, including visual acuity and glare tests	59
	Evaluation and biometry	23
	History and Physical Report, including ADL status prior to surgery	66
	Physician/Non-physician Practitioner Progress Notes, including preoperative ophthalmologic	90
	Physician/Non-physician Practitioner Progress Notes, including preoperative opininamologic Physician/Non-physician Practitioner Progress notes	51
	Surgical Consent Form	21
	Surgical Consent Form Surgical recommendation	24
	C	
	Prior treatments, surgical interventions, or evaluations	56
	Documentation of the product, NDC, strength Prescriber Order	43
		16
	Any additional documentation supporting necessity for the service	65
	Electrocardiogram (EKG)	23
	Stress Test	11
	Echocardiogram	14
	Documentation of P.A.R.T. if no X-ray available.	48
	Trans Thoracic Echocardiogram (TTE)	35
	Formal written report with interpretation of TTE	48
	Telemetry Tracings	18
	Electrophysiology Studies (EPS)	31
	24-Hour Holter Monitor	22
	Evaluation(s)	13
	This is not an all-inclusive list. Please submit all supporting documentation for items billed.	96
	Prior Conservative Treatment Notes	34
100420	Caregiver Availability	22
	Physician Directed Home Treatment Regimen	41
100422	Alternative Treatment Consideration	35
100423	Physician Monthly Reevaluation Notes	36
100424	Description of the Device used in the Procedure	47
100425	Documentation to support admission to the Skilled Nursing Facility and need for skilled care,	156
	i.e. hospital admission, inpatient care, and discharge records	
100426	Documentation to support the skilled nature of care during the admission	72
	A copy of each Minimum Data Set (MDS) related to the billing period being reviewed, as well	132
	as discharge and re-entry tracking forms	
100428	Records to support that all CMS and/or Plan documentation requirements were met	79
100429	Documentation for the 30 days immediately prior to the acute hospital and/or skilled care	99
	admission	
100430	The most recent Minimum Data Set (MDS) prior to the start of therapy services	77
	The most recent annual MDS prior to the initiation of therapy	61
	All documentation to support the code/ service billed	53
	Medical records supporting a recent injury or surgical procedure on the knee(s)	79
	Medical records supporting that the patient is ambulatory and has knee instability	82
	Documentation from the treating physician's examination including an objective description	168
	joint laxity (e.g., varus/valgus instability, anterior/posterior Drawer test)	
100436	Documentation supporting the diagnosis code(s) required for the item billed	75
	Documentation from the treating physician describing why the patient needs a custom	149
200107	fabricated knee orthosis instead of a prefabricated knee orthosis	. 17
100438	Orthotist or prosthetist's functional evaluation documentation supporting the need for a custom	113
100430	fabricated device	113
100430	Signature log or signature attestation for any missing or illegible signature within the medical	103
100737	record	103
100440	Preadmission Notes	18
	Any adjustments or revisions to the plan of treatment	53
100441	Any adjustments of revisions to the plan of treatment	33

100442	Treatment plan reviews	23
	Referral for echocardiography services	38
	Any other prior diagnostic evaluations and reports	50
	Complete study that contains: M mode and/or 2D measurements of LV end diastolic diameter,	228
	LV end systolic diameter, LV wall thickness, left atrial diameter, aortic valve excursion and a	
	qualitative description of the LV function	
100446	Intent to Order	15
100447	Documentation that supports the reasonable and necessary, other statutory and regulatory	190
	requirements defined in the National Coverage Determinations (NCD) Manual, Chapter 1, Part	
	4.	
	Documentation supporting comorbid condition(s) related to obesity	65
	Documentation of patient BMI	28
	Documentation supporting previous medical weight reduction treatments prior to the surgery	90
	Counseling Records	18
	Clinical Study Enrollment Authorization	39
	Full Itemization of Services	28
	Authorization of Benefits	25
	Beneficiary Election form	25
	Assignment of benefits	22
	Documentation Supporting Clinical/Facility Hours of Operation	61
	Multidisciplinary evaluation prior to the surgery	49
	Documentation to support drug wastage billed	44
	Patient identification data including legal status	50
	Radionuclide scan reports	25
	Coronary Angiography reports	28
	Documentation of the devices, implants, biological products used	64
	Any additional documentation to support payment of the claim(s) on the attached Pull List	89
	RAP (Request for Anticipated Payment).	38
100466	Please submit the entire medical record to support the requested benefit period starting from	192
	admission through discharge listed on the attached Pull List. This includes interim SNF bill	
10015	dates	
	Verification of accurate processing of the order and submission of the claim	76
	Rent/purchase option	20
	Statement of Endpoint, if nurse visits are daily or more frequently	67
	Hospice Notice of Election	26
	Hospice Certification of Terminal Illness	41
	Medical evidence supporting the initial certification of a terminal condition  Initial Evaluation	77 18
	OASIS Transfer Assessment HH	28
	Legible physician/clinician signatures and credentials for services provided. Signature logs and	28 197
1004/5	attestation statements should be submitted when physician and/or clinician signatures are	197
	illegible.	
	Sending hospital discharge summary and/or emergency records	59
	Sending physician and nursing emergency department records	58
	Receiving hospital history & physical and/or emergency report if able to support medical	127
100470	necessity of the transfer by ambulance	127
100479	Physician orders	17
	Nurses notes	12
	Initial evaluation (only have related to therapy services in list)	66
	Diagnostic testing report	25
	Documentation supporting wastage of medication if provider is billing JW modifier.	82
	Most recent Physician clinic/progress notes pertaining to diagnosis/reason the medication is	107
	being given.	
	Nurses notes related to the administration of the medication.	61
	Initial evaluation (only related to therapy services in list)	61

100488   Physician individualized overall plan of care for IRF   10489   Names, credentialing, and privileges within the facility of consulting physicians related to utilization management. (need for IRF, IPPS, and surgical services)   10490	40040=		
100489 Names, credentialing, and privileges within the facility of consulting physicians related to utilization management. (need for IRF, IPPS, and surgical services)   100491 Nurrition notes, vital signs, and medication administration records for IRF.   100492     100492 Nurses notes and treatment records for IRF   100493     100494 Physician orders for dates of service billed for IPPS   5     100495 Physician orders for dates of service billed for IPPS   5     100496 Procedure notes including those prior to claim date of service, if billed on the inpatient claim for IPPS   100496     100496 Procedure notes including those prior to claim date of services billed for outpatient therapy.   9     100497 Vial sign records, weight sheets, care plans, treatment records for SNF   7     100498 Documentation for the look back and look forward period for each MDS billed. May be prior to or after the billing period to assess if a change of therapy assessment would be necessary.   100499     100490 Physical examination upon admission (if not done within the past 30 days and/or not available from another provider) must be included in the medical record.   100501     100501 A referral source   1     100502 Initial Psychiatric Evaluation/Certification.   4     100503 Physician Recertification Requirements. Signature – The physician recertification must be signed by a physician who is treating the patient and has knowledge of the patient's response to treatment.   100504     100505 Physician recertification Requirements. Signature – The physician recertification must be signed by a physician who is treating the patient and has knowledge of the patient's response to treatment.   100504     100506 Pratient Plan   1     100507 Pratinent Plan   1     100508 Psychotherapy notes   1     100509 Progress Notes   1     100510 Progress Notes   1     100510			56
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100521 Treating physician's 7-element order for the power mobility device 6			
	100521		66
			91

100523	Face-to-face evaluation, completed prior to the 7-element order:	708
	*Documentation that supports the medical necessity for the power mobility device as	
	described in the LCD and PA; and,	
	*This evaluation should provide the condition and progression of disease over time. It	
	should clearly indicate ambulatory status why a power mobility device is needed as compared	
	to a cane, walker, or manual wheelchair, and address the medical justification for each	
	accessory billed; and,	
	*Other medical records (physical and occupational therapy notes, physician office records,	
	hospital records, home health agency records, etc.) may be submitted to supplement the	
400 = 4	information in the face-to-face evaluation	100
100524	Medical records to support tube replacement, pump feedings, calories under 750 and over	129
100525	2,000 and/or the need for special formula	62
	Documentation indicating the beneficiary had a mastectomy; and,	63 53
	Justification to support the ICD-10 code billed; and, Diagnosis codes relating to the specific coverage criteria as indicated in the LCD with medical	139
100527	records to support the diagnosis code; and,	139
100528	High utilization *Documentation from the treating physician's medical records containing the	831
100320	specific rationale justifying the additional quantities above the usual utilization guideline for	031
	that particular patient; and,*Documentation to support the beneficiary had an in-person visit	
	with the treating physician within 6 months prior to the supplies being ordered, if initial order.	
	For ongoing provision (refills) there must be documentation of an in person visit with the	
	treating physician within 6 months prior to the date of service of each refill; and,*If refills of	
	quantities of supplies that exceed the utilization guidelines are dispensed, there must be	
	documentation in the physician's records that the patient is actually testing at a frequency that	
	corroborates the quantity of supplies that have been dispensed; and,	
100529	Requires positioning of the body in ways not feasible with an ordinary bed to alleviate pain; or,	97
100530	Requires the head of the bed to be elevated more than 30 degrees most of the time due to	173
100220	congestive heart failure, chronic pulmonary disease or problems with aspiration; or,	173
100531	Requires traction equipment, which can only be attached to a hospital bed; and,	79
	Beds other than fixed height:	422
	*Requires a bed height different from a fixed height to permit transfers to chair, wheelchair	
	or standing position for a variable height hospital bed; or,	
	*Requires frequent changes in body position and/or has an immediate need for a change in	
	body position for a semi-electric hospital bed; and,	
	*Meets weight requirements for the equipment according to the LCD guidelines.	
100533	Medical records indicating:	233
	*The transplant date,	
	*The facility where the transplant was performed; and,	
	*The corresponding diagnosis code; and,	
	*Justification the item continues to be used by the beneficiary.	
	Documentation to support the functional level modifier used; and,	65
100535	Documentation of home assessment and documentation addressing any issues that may impair	217
	the use of the wheelchair within the home such as the physical layout of the home, surfaces to	
400=2	be traversed, and obstacles; and,	222
100536	The patient's medical records that support the medical necessity which should include, but not	238
	be limited to, the functional level assessment, and physical examination of the body systems	
100505	responsible for patient's ambulatory difficulties;	057
100537	Treating physician's and/or prosthetist's medical records that document the beneficiary's	256
	current functional capabilities and expected functional potential, the timeframe to reach and	
100520	maintain functional state, and the beneficiary's motivation to ambulate;	120
100538	Documentation describing the history, previous treatment regimens, and current wound	139
	management for which a NPWT pump is being billed; and,	

100539	Documentation describing the wound evaluation and treatment recorded in the beneficiary's	186
	medical record, must indicate regular evaluation and treatment of the beneficiary's wounds;	
	and,	
100540	Documentation from the treating physician describing the initial condition of the wound	171
	(including measurements) and the efforts to address all aspects of wound care; and,	
100541	If using oral antiemetic drugs J8498 and/or J8597,	157
	*Documentation to support antiemetic drugs criteria as referenced in the LCD and Policy	
100710	Article; and,	<i>-</i> - 1
	Blood gas study results as defined by the LCD for each CMN; and,	64 550
100543	Patient's medical records to support:	559
	*The patient's condition meets LCD criteria; and,  *The treating physician's office visit and evaluations; and,	
	- 30 days prior to the initial certification; and,	
	- 90 days prior to recertification	
	*Alternative treatment measures have been tried or considered; and,	
	*The item continues to remain reasonable and necessary (if applicable); and,	
	*The DMEPOS item continues to be used by the beneficiary - Either beneficiary medical	
	records or supplier records are sufficient; and,	
100544	Treating physician must sign/co-sign the face-to-face clinical evaluation prior to the sleep test	157
100011	to assess the beneficiary for obstructive sleep apnea; and,	10,
100545	Documentation of a sleep test that qualifies the beneficiary for use of PAP device per LCD	105
	criteria; and,	
100546	Documentation that supports device instruction was provided; and,	65
	Documentation of the ordering physician's in-person visit within 30 days prior to the initial	141
	certification or required recertification; and,	
100548	Documentation to support the medical justification for parenteral nutrition. Documentation	257
	may include (but is not limited to) operative reports, fecal fat test and date of the test, small	
	bowel motility study, serum albumin and date and x-ray reports; and,	
100549	Documentation to support the medical necessity of caloric intake outside the range of 20-35	107
	cal/kg/day; and	
100550	Documentation to support the medical necessity for protein order outside of the range of 0.8-	231
	1.5 gm/kg/day, dextrose concentration less than 10%, or lipid use greater than 1500 grams (150	
100==1	unit of service code B4185) per month; and,	404
	Documentation of a sleep test that qualifies the beneficiary for use of PAP device per LCD	106
	criteria; and,	0.5.1
100552	Re-evaluation documentation after 3-month trial:	251
	*Face-to-Face clinical re-evaluation by the physician on/after the 31st day of therapy; and,	
	*Objective evidence of adherence to use of the PAP device, reviewed by the treating	
100552	physician; and,	188
100555	If for an E0470 device, documentation to support that an E0601 has been tried and proven ineffective based on a therapeutic trial conducted in either a facility or in a home setting; and,	100
	ineffective based on a merapeduc trial conducted in either a facility of in a nome setting, and,	
100554	Documentation to meet LCD criteria for concurrent use of oxygen therapy with PAP therapy;	95
100554	and,	75
100555	Documentation to meet LCD criteria for beneficiaries entering Medicare; and,	76
	Face-to-face evaluation, completed prior to the physician's order; that supports the medical	643
	Home assessment indicating the power mobility device is able to access all rooms of the home;	98
	and,	
100558	Detailed product description (DPD) listing all items/options/upgrades; and,	75
	For codes K0835-K0843; K0848-K0855; K0890-K0891; K0898:	430
	*The specialty wheelchair evaluation completed by the PT/OT or a physician trained in	
	rehabilitation wheelchair evaluations (must be signed and dated by the attending physician if	
	used as part of the face-to-face evaluation); and,	
	*Documentation to support the practitioner completing the specialty evaluation has no	
	financial relationship with the supplier; and,	
<del></del>		·

	For codes K0835-K0843; K0848-K0855; K0890-K0891; K0898:	328
	*Documentation that the wheelchair is provided by a supplier that employs a RESNA-	
	certified Assistive; and,	
	*Technology Professional (ATP) who specializes in wheelchairs and who has direct, in-	
100561	person involvement in the wheelchair selection for that patient; and,  A complete facility-based, attended polysomnogram; and,	5:
	Documentation to support the treating physician has fully documented in the patient's medical	27
100302	record symptoms characteristic of sleep-associated hypoventilation, such as daytime	21.
	hypersomnolence, excessive fatigue, morning headache, cognitive dysfunction, dyspnea, etc.;	
	and,	
100563	Documentation to support the beneficiary has a clinical disorder group characterized as the	294
100000	following and also meets the LCD criteria for:	
	*Restrictive Thoracic Disorders; or,	
	*Severe COPD; or,	
	*Central Sleep Apnea or Complex Sleep Apnea; or,	
	*Hypoventilation Syndrome; and,	
100564	Documentation to support the beneficiary was re-evaluated to establish the medical necessity	581
	of continued coverage by Medicare beyond the first three months. While the patient may	
	certainly need to be evaluated at earlier intervals after this therapy is initiated, the re-evaluation	
	upon which Medicare will base a decision to continue coverage beyond this time must occur no	
	sooner than 61 days after initiating therapy by the treating physician. Medicare will not	
	continue coverage for the fourth and succeeding months of therapy until this re-evaluation has	
	been completed; and,	
100565	Documentation in the patient's medical record about the progress of relevant symptoms and	55
	patient usage of the device up to that time. Failure of the patient to be consistently using the	
	E0470 or E0471 device for an average of 4 hours per 24-hour period by the time of the re-	
	evaluation (on or after 61 days after initiation of therapy) would represent non-compliant	
	utilization for the intended purposes and expectations of benefit of this therapy. This would	
	constitute reason for Medicare to deny continued coverage as not reasonable and necessary	
100566	Documentation obtained by the supplier of a signed and dated statement completed by the	40:
100566	Documentation obtained by the supplier of a signed and dated statement completed by the treating physician no sooner than 61 days after initiating use of the device, declaring that the	40.
100566	treating physician no sooner than 61 days after initiating use of the device, declaring that the	40.
100566	treating physician no sooner than 61 days after initiating use of the device, declaring that the patient is compliantly using the device (an average of 4 hours per 24-hour period) and that the	40.
100566	treating physician no sooner than 61 days after initiating use of the device, declaring that the patient is compliantly using the device (an average of 4 hours per 24-hour period) and that the patient is benefiting from its use must be obtained by the supplier of the device for continued	40.
	treating physician no sooner than 61 days after initiating use of the device, declaring that the patient is compliantly using the device (an average of 4 hours per 24-hour period) and that the patient is benefiting from its use must be obtained by the supplier of the device for continued coverage beyond three months	
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100567	treating physician no sooner than 61 days after initiating use of the device, declaring that the patient is compliantly using the device (an average of 4 hours per 24-hour period) and that the patient is benefiting from its use must be obtained by the supplier of the device for continued coverage beyond three months  Any medical records from the place of services rendered, physician history and progress notes, diagnoses/conditions, physicals, diagnostic testing (including MRI, CT results, etc.), lab tests and any other pertinent information to document the medical necessity of the orthoses chosen. Include CPO documentation regarding evaluation, and fitting if applicable, signed and dated	38.
100567	treating physician no sooner than 61 days after initiating use of the device, declaring that the patient is compliantly using the device (an average of 4 hours per 24-hour period) and that the patient is benefiting from its use must be obtained by the supplier of the device for continued coverage beyond three months  Any medical records from the place of services rendered, physician history and progress notes, diagnoses/conditions, physicals, diagnostic testing (including MRI, CT results, etc.), lab tests and any other pertinent information to document the medical necessity of the orthoses chosen. Include CPO documentation regarding evaluation, and fitting if applicable, signed and dated legibly	38.
100567	treating physician no sooner than 61 days after initiating use of the device, declaring that the patient is compliantly using the device (an average of 4 hours per 24-hour period) and that the patient is benefiting from its use must be obtained by the supplier of the device for continued coverage beyond three months  Any medical records from the place of services rendered, physician history and progress notes, diagnoses/conditions, physicals, diagnostic testing (including MRI, CT results, etc.), lab tests and any other pertinent information to document the medical necessity of the orthoses chosen. Include CPO documentation regarding evaluation, and fitting if applicable, signed and dated legibly  Non-physician clinical assessments and progress notes from nurses, physical therapists,	38.
100567 100568 100569	treating physician no sooner than 61 days after initiating use of the device, declaring that the patient is compliantly using the device (an average of 4 hours per 24-hour period) and that the patient is benefiting from its use must be obtained by the supplier of the device for continued coverage beyond three months  Any medical records from the place of services rendered, physician history and progress notes, diagnoses/conditions, physicals, diagnostic testing (including MRI, CT results, etc.), lab tests and any other pertinent information to document the medical necessity of the orthoses chosen. Include CPO documentation regarding evaluation, and fitting if applicable, signed and dated legibly  Non-physician clinical assessments and progress notes from nurses, physical therapists, occupational therapists, and ancillary services  Copies of supplier's records for dates of direct patient contact related to the evaluation, fitting, and delivery of the orthosis	38.
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100567 100568 100569 100570	treating physician no sooner than 61 days after initiating use of the device, declaring that the patient is compliantly using the device (an average of 4 hours per 24-hour period) and that the patient is benefiting from its use must be obtained by the supplier of the device for continued coverage beyond three months  Any medical records from the place of services rendered, physician history and progress notes, diagnoses/conditions, physicals, diagnostic testing (including MRI, CT results, etc.), lab tests and any other pertinent information to document the medical necessity of the orthoses chosen. Include CPO documentation regarding evaluation, and fitting if applicable, signed and dated legibly  Non-physician clinical assessments and progress notes from nurses, physical therapists, occupational therapists, and ancillary services  Copies of supplier's records for dates of direct patient contact related to the evaluation, fitting, and delivery of the orthosis  Formal evaluation by the SLP, supporting the reasonable and necessary criteria for each related accessory	13. 12
100567 100568 100569 100570	treating physician no sooner than 61 days after initiating use of the device, declaring that the patient is compliantly using the device (an average of 4 hours per 24-hour period) and that the patient is benefiting from its use must be obtained by the supplier of the device for continued coverage beyond three months  Any medical records from the place of services rendered, physician history and progress notes, diagnoses/conditions, physicals, diagnostic testing (including MRI, CT results, etc.), lab tests and any other pertinent information to document the medical necessity of the orthoses chosen. Include CPO documentation regarding evaluation, and fitting if applicable, signed and dated legibly  Non-physician clinical assessments and progress notes from nurses, physical therapists, occupational therapists, and ancillary services  Copies of supplier's records for dates of direct patient contact related to the evaluation, fitting, and delivery of the orthosis  Formal evaluation by the SLP, supporting the reasonable and necessary criteria for each related	13. 12.
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100567 100568 100569 100570 100571	treating physician no sooner than 61 days after initiating use of the device, declaring that the patient is compliantly using the device (an average of 4 hours per 24-hour period) and that the patient is benefiting from its use must be obtained by the supplier of the device for continued coverage beyond three months  Any medical records from the place of services rendered, physician history and progress notes, diagnoses/conditions, physicals, diagnostic testing (including MRI, CT results, etc.), lab tests and any other pertinent information to document the medical necessity of the orthoses chosen. Include CPO documentation regarding evaluation, and fitting if applicable, signed and dated legibly  Non-physician clinical assessments and progress notes from nurses, physical therapists, occupational therapists, and ancillary services  Copies of supplier's records for dates of direct patient contact related to the evaluation, fitting, and delivery of the orthosis  Formal evaluation by the SLP, supporting the reasonable and necessary criteria for each related accessory  The manufacturer name and the product name/number. For multicomponent mounting systems, list each manufacturer and the product name/number  Wound evaluation(s) indicating size, location, stage, depth and amount of drainage. (Note: The	13 12 10 13
100567 100568 100569 100570 100571	treating physician no sooner than 61 days after initiating use of the device, declaring that the patient is compliantly using the device (an average of 4 hours per 24-hour period) and that the patient is benefiting from its use must be obtained by the supplier of the device for continued coverage beyond three months  Any medical records from the place of services rendered, physician history and progress notes, diagnoses/conditions, physicals, diagnostic testing (including MRI, CT results, etc.), lab tests and any other pertinent information to document the medical necessity of the orthoses chosen. Include CPO documentation regarding evaluation, and fitting if applicable, signed and dated legibly  Non-physician clinical assessments and progress notes from nurses, physical therapists, occupational therapists, and ancillary services  Copies of supplier's records for dates of direct patient contact related to the evaluation, fitting, and delivery of the orthosis  Formal evaluation by the SLP, supporting the reasonable and necessary criteria for each related accessory  The manufacturer name and the product name/number. For multicomponent mounting systems, list each manufacturer and the product name/number  Wound evaluation(s) indicating size, location, stage, depth and amount of drainage. (Note: The wound evaluation must be performed monthly)	13 12 10 13
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100567 100568 100569 100570 100571 100572	treating physician no sooner than 61 days after initiating use of the device, declaring that the patient is compliantly using the device (an average of 4 hours per 24-hour period) and that the patient is benefiting from its use must be obtained by the supplier of the device for continued coverage beyond three months  Any medical records from the place of services rendered, physician history and progress notes, diagnoses/conditions, physicals, diagnostic testing (including MRI, CT results, etc.), lab tests and any other pertinent information to document the medical necessity of the orthoses chosen. Include CPO documentation regarding evaluation, and fitting if applicable, signed and dated legibly  Non-physician clinical assessments and progress notes from nurses, physical therapists, occupational therapists, and ancillary services  Copies of supplier's records for dates of direct patient contact related to the evaluation, fitting, and delivery of the orthosis  Formal evaluation by the SLP, supporting the reasonable and necessary criteria for each related accessory  The manufacturer name and the product name/number. For multicomponent mounting systems, list each manufacturer and the product name/number  Wound evaluation(s) indicating size, location, stage, depth and amount of drainage. (Note: The wound evaluation must be performed monthly)  If codes A4649, A6261 or A6262 are billed, the claim must include a narrative description of the item (including size of the product provided), the manufacturer, the brand name or number, and information justifying the medical necessity for the item	13: 12: 10: 13: 13: 24:
100567 100568 100569 100570 100571 100572	treating physician no sooner than 61 days after initiating use of the device, declaring that the patient is compliantly using the device (an average of 4 hours per 24-hour period) and that the patient is benefiting from its use must be obtained by the supplier of the device for continued coverage beyond three months  Any medical records from the place of services rendered, physician history and progress notes, diagnoses/conditions, physicals, diagnostic testing (including MRI, CT results, etc.), lab tests and any other pertinent information to document the medical necessity of the orthoses chosen. Include CPO documentation regarding evaluation, and fitting if applicable, signed and dated legibly  Non-physician clinical assessments and progress notes from nurses, physical therapists, occupational therapists, and ancillary services  Copies of supplier's records for dates of direct patient contact related to the evaluation, fitting, and delivery of the orthosis  Formal evaluation by the SLP, supporting the reasonable and necessary criteria for each related accessory  The manufacturer name and the product name/number. For multicomponent mounting systems, list each manufacturer and the product name/number  Wound evaluation(s) indicating size, location, stage, depth and amount of drainage. (Note: The wound evaluation must be performed monthly)  If codes A4649, A6261 or A6262 are billed, the claim must include a narrative description of the item (including size of the product provided), the manufacturer, the brand name or number,	133 129 109 138 138 249

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	Documentation to support the trial period as addressed in the LCD	65
	Documentation to support the purchase as addressed in the LCD	61
	FOR GARMENTS	12
	Documentation to support LCD criteria during the trial period	61
	Documentation to support LCD criteria for a purchase.	53
100581	Treating physician's written order including the prescribing physician's National Provider	269
	Identifier (NPI); and,	
	*If the prescribing physician is the supplier, a separate order is not required, but the eitem	
	provided must be clearly noted in the patient's record.	
100582	Documentation to support in-person visit/evaluation made by the supplier that meets LCD	96
	criteria	
100583	Statement of Certifying Physician for Therapeutic Shoes signed on or after the date of the in-	106
400.70	person visit	
	Documentation from the prescribing physician	44
100585	Patient's medical records (physician medical records, hospital records, nursing home records,	370
	home care nursing notes, physical/occupational therapy notes) to support the patient is being	
	treated for one of the following conditions: neuromuscular diseases, thoracic restrictive	
	diseases, or chronic respiratory failure consequent to chronic obstructive pulmonary disease	
100507	Namina Dangantatian (i. Namina natao and administra account di income Madinatian 0	226
100586	Nursing Documentation (i.e. Nursing notes and admission assessment - Lines; Medication &	236
	IV administration records; nursing treatment sheets such as: Skin care/wound care treatment sheets. Respiratory treatments and O2 therapy records)	
100507	A * *	362
100587	Rehabilitation Documentation (i.e. Initial therapy evaluations and re-evaluations; Objective and measurable prior level of function and current level of function to support functional	302
	decline; Rehabilitation therapy notes including progress notes; Treatment records, grids or	
100500	logs; Actual therapy minutes provided; and all therapy discharge summaries)Line 214  Complete Medical Record	23
	Any other relevant documentation to support the claim as billed	63
	Physician Documentation (i.e. Physician Certifications and Re-certifications; Physician orders	
100390	line, including admission orders; Physician progress notes; Physician History and Physical-	190
	lines	
100591	Confirm that you intended to bill either modifier PA (surgery, wrong body part), PB (surgery,	159
100571	wrong patient), or PC (wrong surgery on patient) for this service	137
100592	Documentation supporting the medical necessity of NPLATE(TM)(ROMIPLOSTIM) where	192
100372	there is insufficient response to corticosteroids, immunoglobulins, or splenectomy and the	172
	administration record	
100593	The clinical indication/medical necessity for the injection	59
	The topical corticosteroid(s) given previously to patient for ocular	76
	inflammatory condition prior to current treatment	50
	Documentation showing enrollment in the touch prescribing program	65
	Touch program certificate (indicating the patient has been approved by the program to receive	102
200071	TYSABRI)	
100598	Provide the following information if this an assay approved by the food and drug	101
	administration (fda)	
100599	Provide the following information if this an assay that was developed by the laboratory	87
	Provide the following information if this a modified FDA approved assay	71
	Describe the modification or change and submit the study performed to validate the	95
	modification	
100602	Complete description of the test performed	42
	Description of the disease	26
	Meaning of a positive test result	33
	Meaning of a negative test result	33
	Statement regarding test limitations	36
	Test results	12

patients care  100609 Method(s) used  100611 Documentation that supports the clinical significance of the test performed  7.  100612 Documentation that show the cross-walked codes previously used to bill this service  8.  100612 Vull text peer reviewed articles  100613 Society guidelines  100614 Physician referral (prescription, treatment or diagnostic test)  100615 Drugs name  100616 Drugs name  100617 Drugs strength  100618 Drugs dosage  100619 Drugs dosage  100619 Drugs dosage  100620 Drugs dosage  100621 Drugs strength  100622 Drugs by Drugs dosage  100623 Drugs strength  100624 Hospital purchasing invoice showing rate per unit paid by hospital for the unlisted drug billed  100625 Any applicable invoices for services performed or supplies (e.g., fiducial markers)/devices  100626 Is the beneficiary a candidate for anticoagulation therapy with warfarin  100627 Ib number of days the patient has received warfarin, in the anticoagulation regimen for which the pharmacogenomic testing was ordered  100629 Itemized breakdown of charges and subtotals per specific revenue code range(s) including the total charges of all revenue codes billed  10063 Explanation/reason for noncoverage  10063 Explanation/reason for noncoverage  10063 Explanation/reason for noncoverage  10063 Explanation/reason for noncoverage  10063 Proof of the representative's right to sign the NNC (for the beneficiary if necessary) and the request effected for intermediary review  10063 Explanation/reason for noncoverage  10063 Drow of attorney paper or health surrogate papers  10063 Drow of attorney paper or health surrogate papers  10063 Drow of attorney paper or health surrogate papers  10063 Drow of attorney paper or health surrogate papers  10063 A Proof of the representative's right to sign the NNC (for the beneficiary if necessary) and the request checked for intermediary review  10063 Radiation oncologist review of dose-volume histograms for all targets and critical structures  100648 Radiation oncologist review of dose-volume histograms for al			
100610   Documentation that supports the clinical significance of the test performed   7.7	100608		113
1006.10   Documentation that supports the clinical significance of the test performed   7   1006.11	400 (00	1	
1006.11   Documentation that show the cross-walked codes previously used to bill this service   8   3   1006.13   Full text peer reviewed articles   3   3   1006.13   Society guidelines   11   1006.14   Physician referral (prescription, treatment or diagnostic test)   6   6   1006.15   1016.06   1016.07   1018.07   1016.07			14
100612 Full text peer reviewed articles   3   100613   Society guidelines   1   1   100614   Physician referral (prescription, treatment or diagnostic test)   6   100615   Diagnosis specific to the service(s)   3   100616   Drugs name   1   1   100617   Drugs name   1   1   100617   Drugs strength   1   1   100618   Drugs frequency   1   1   100619   Drugs drequency   1   1   1   1   1   1   1   1   1			75
1006.14   Physician referral (prescription, treatment or diagnostic test)   6.6		. •	83
1006.15   Diagnosis specific to the service(s)   30   1006.16   Drugs name   10   1006.17   Drugs strength   11   1006.18   Drugs strength   11   1006.18   Drugs strength   11   1006.18   Drugs strength   12   1006.20   Drugs frequency   12   1006.20   Drugs frequency   13   1006.21   Drugs indication   16   1006.22   Drugs indication   17   1006.21   Drugs indication   17   1006.22   Drugs indication   17   1006.25   Any applicable invoices for services performed or supplies (e.g., fiducial markers)/devices   99   1006.26   Is the beneficiary a candidate for anticoagulation therapy with warfarin   77   1006.27   The number of days the patient has received warfarin, in the anticoagulation regimen for which the pharmacogenomic testing was ordered   1006.28   Has the beneficiary been previously tested for eyp2-9 or vkorel alleles   1006.30   Signed and dated order for the provenge treatment   44   1006.31   Signed and dated order for the provenge treatment   44   1006.31   Signed and dated order for the provenge treatment   44   1006.31   Signed and dated order for the provenge treatment   44   1006.31   Signed and dated order for the provenge treatment   47   1006.32   Proof of phone calls   2   2   1006.33   Proof of the representative's right to sign the NNC (for the beneficiary if necessary) and the request checked for intermediary review   1006.37   Face sheet of the claim   1006.38   1006.39   1		1	32
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100648 Other procedures performed during the episode of care must have documentation that supports the professional and technical components as applicable by identifying the place of service, the	100047		139
the professional and technical components as applicable by identifying the place of service, the	100649		250
	100648		250
date of service, the supervising physician, and proof of work			
		date of service, the supervising physician, and proof of work	

100649	Admissions facesheet	20
	The diagnosis of neovascular (wet) macular degeneration has been firmly established	107
100030	(fluorescein angiogram)	107
100651	The patient does not have any contraindications to bevacizumab	62
	Include details about the pharmacotherapy and non-pharmacologic interventions	139
100032	(psychotherapy, ECT, etc.) Over the past 18 (eighteen) months	137
100653	Documentation of a second opinion of a psychiatrist who is not involved in the care of the	102
100000	beneficiary	
100654	Patient's compliance, and response to treatment	47
	Physicians order for wireless capsule endoscopy of the esophagus	64
	Documentation supporting indication(s) for procedure	52
	Documentation supporting contraindication to conventional endoscopy	67
	Procedure notes with results of the WCE-ESO	43
	Documentation to support credentialing	38
	Please advise us as to which OSCAR you wish to have payment made	64
	Assistant Surgeon Additional Documentation Request needed to support exceptional	127
	circumstance and establish medical necessity.	
100662	Assistant Surgeon Additional Documentation request if exceptional medical circumstances	261
	existed or the primary surgeon has an across-the board policy of never involving residents in	
	the pre-operative, operative, or postoperative care of his or her patients.	
100663	Operative reports for both surgeons	35
100664	All other records that support medical necessity for the two surgeons	69
	Documentation for surgical procedures is not required for co-surgeons where the specialties of	185
	the two surgeons are different. Please indicate the name and specialty of both physicians	
100666	This additional development request is a review of co-surgeon charges.	70
100667	Surgical notes related to the unlisted code	43
100668	Office notes related to the unlisted code	41
100669	Medication administration records related to the unlisted code	62
100670	Diagnostic testing results related to the unlisted code	55
100671	Physician orders related to the unlisted code	45
100672	Itemized statement / bill / invoice	35
100673	Any other documentation related to the unlisted code billed and claim services	78
100674	All outside hospital records that support the required World Professional Association for	322
	Transgender Health (WPATH SOC) Transgender Surgery (examples: reports from two mental	
	health professionals regarding diagnosis and appropriateness for surgery; age at diagnosis;	
	length of time on hormone replacement therapy, etc)	
100675	Copy of Medicare Card	21
100676	Documentation showing provider number you want used to bill claim (multiple provider	106
	numbers for same NPI)	
100677	Our records indicate that you have more than one number that corresponds to your national	244
	provider identifier. Please advise us as to which legacy number type you wish to have payment	
	made, if applicable, and correspondence sent for this claim.	
100678	Documents that support a fire, flood, earthquake, or other unusual event that caused extensive	135
	damage to an agency's ability to operate	
100679	Documentation of an event that produced a CMS or CGS data filing problem which was	110
	beyond the agencies control	
100680	Documentation to support an agency was newly certified and received notification after the	157
	Medicare effective date and may include the tie-in notice from CMS	
100681	Documentation to support retroactive Medicare which must include: Proof of retroactive	368
	Medicare entitlement, Certification of Terminal illness that meets the criteria set forth in the	
	Medicare Benefits policy manual chapter 9 section 20.1, and Hospice election statement that	
	meets the criteria set forth in the Medicare Benefits policy manual chapter 9 section 20.2.1	

100682 Documentation to support any other circumstance that the agency feels was beyond their	
	361
control. This may include, but is not limited to, documentation showing a prior hospice's	
submission of an untimely notice of termination/revocation or sequential billing issues which	h
required an agency to remove a timely filed NOE/Claims to allow a previous hospice to bill	
100683 Provide the following documentation in support of the hospice exception request for filing to	he 161
NOE more than 5 calendar days after the hospice admission date	
100684 WPATH criteria-specifically which criteria and how it was met	61
100685 Documentation of hormone or other medication regimen	52
100686 Any other documentation to support that the service provided was medically necessary and in	not 101
cosmetic	
100687 Documentation to support that the service provided was medically necessary	74
100688 The patient is not a candidate for subtotal liver resection	59
100689 The patient's tumor(s) is less than or equal to 5 cm in diameter	64
100690 There is no macrovascular involvement	37
100691 There is no identifiable extrahepatic spread of tumor to surrounding lymph nodes, lungs,	113
abdominal organs or bone	
100692 Documentation to clearly identify the unlisted procedure/medication	67
100693 Invoice showing amount you paid for the implantable device/DME	62
100694 Clearly marked documentation to support the patient received the items invoiced	79
100695 CMS IOM Publication number 100-2 Medicare Benefit Policy Manual, Chapter 1, Section	148
130.2 Election of RNHCI Benefits Questionnaire response required	
100696 Overlapping claim return corrected UB-04 to MAC	47
100697 Dental code 21110 - effective 11/1/16 Please provide the following documentation in support	ort 187
of this claim: 1. Office notes - for the decision to perform the surgery 2. Operative report	
100698 Cr8132 gap-fill lab codes need development for pricing information and data collection for	107
future editing.	
100699 Cr8132 gap-fill molecular lab codes 81400-81408 and 81479 need development for multiple	197
assays in 1 HCPC and some tests may not be payable by Medicare. In addition this needs to	be
manually priced	
100700 Observation greater than 48 hours	37
100701 All notes and flowsheets of each discipline billed	50
100702 An itemized medical supply list if supplies are billed	54
100703 Identify all caregivers and state whether they are your employees. If not, please provide the	200
name of the company or person you are contracted with and supply a contact name, address	
and phone number.	
100704 Ra prepayment review demonstration project MS-DRG 312 - syncope and collapse - 2 day	128
LOS or less. New York state providers only	
100705 This claim is under review by the program contractor	52
100706 Beneficiary's Address	21
100707 Beneficiary's Date of Birth	27
100708 Beneficiary's Medicare Identification Number	44
100709 Beneficiary's Name	18
100710 Beneficiary's Phone Number	26
100711 Billing Provider Identification Number (PIN)	44
100712 Correct Date of Service	23
100713 Date of Pacemaker Implantation	30
100714 Description of unlisted service	31
100715 Exact Dates of Service when date span submitted	47
100716 Investigational Device Exemption (IDE) number	45
Too I to I	44
100717 Location and Diameter of each lesion treated	
	32
100717 Location and Diameter of each lesion treated	32 17
100717 Location and Diameter of each lesion treated 100718 Mammography Certification Number	

100722	Opt Out Provider - Was this claim filed in error?	50
100723	Opt Out Provider - Were services performed for an emergency or urgent situation?	
100724	Patient Relationship to Provider (are they related?)	
	Patient's Weight	
100726	Place of Service	
	Podiatry - Class Findings	
	Podiatry - Date patient last seen by the attending physician	
100729	Procedure Code	
100730	Reason for Dosage	
	Rendering Provider Identification Number (PIN)	46 46
	Signature of Next of Kin or Executor of Estate	
	Time of Service	15
	Type of Service	15
	Surgery - Wrong Body Part	25
	Surgery - Wrong Patient	23 34
	Surgery - Wrong Surgery on Patient	
100738	Telehealth Demonstration	
	Did bene pay out of pocket?	27
	Pacemaker Insertion	19
100741	Explanation of the beneficiary's medical conditions/circumstances that make usage of a custom piece of durable medical equipment necessary.	141
100742	Explanation of how this item was uniquely constructed or modified for the beneficiary according to the description and orders of the physician. Include what makes this item different from all other pieces of durable medical equipment used for the same purpose.	260
100743	Itemization of the costs involved in the construction of this piece of customized durable medical equipment. The itemization must include a breakdown of the materials and labor.	177
100744	Warranty(s)	11
100745	Explanation of why the parts and labor billed should be considered as included in the warranty	94
100746	5601/overlap letter	19
	More documents requested, please refer to the PDF Copy of the ADR Letter	72
	Please refer to the PDF Copy of the ADR Letter for requested documents	70
150003	No Associated Document Code - Default Code for system use	57

Code	Document Parameters
700001	From initial admission to current
700002	1 year to date of service
	Date of service-on admit
700004	Admit to discharge
	From bene enrollment
700006	DOS if SNF, different for outpt therapy
	Start of therapy
700008	DOS
700009	Years to DOS
700010	Most recent to DOS
700011	DOS and 7 day look back period
	Most current
700013	Prior to admit
	DOS billed
700015	Most recent
	DOS billed/admit
	Admit/intial evaluation
	Most recent notes
	All recent
	Most recent notes info is in
	DOS billed/most recent note
	Initial eval/start of therapy
700023	
	DOS billed and look back period
	DOS billed/when given if SNF demand
	Most recent being used to support
	DOS billed/when received
	Most recent/DOS billed
	Most recent-could be years prior to DOS billed
	Most recent note with information
	For the dates of service billed on the claim
	30 days prior to the dates of services billed
	Due Date
	if applicable
	Ordering Provider NPI
	Ordering Provider Name
	Documentation as required in LCD or NCD
	Special OTHER parameter request - Refer to letter
900002	Special TIME-BASED parameter request - Refer to letter

Towns Time based Other Consider
Type: Time-based/Other Special
Request
Time-based
Other
Time-based

### July 2020 Release

# <u>Criteria Required to Generate Test Files from MACs/RACs to esMD for CR 31434 (eChimp CR 11474)</u> \*\*\*esMD UAT Starts at the start of June 2020 \*\*\*

## Testing support call schedule and expected attendees:

DPSM esMD Team would need to set up **3** calls, starting in the month of **April 2020** to collaborate on the content of the **Test Files/Test scenarios**. The goal of these calls it to ensure that the MACs/RACs discuss about any **technical questions in regard to populating the Document Codes in eMDR Post-Pay ADRs**.

April : Technical Support Calls (MACs, RACs and esMD teams)

May : UAT Preparation Call (MACs, RACs and esMD teams)

#### Note:

Sharing the Unit Test files from esMD dev environment will not be possible, since the RC Mail boxes are currently setup in UAT and PROD environments.

The Technical Support Call will be organized, by the esMD technical teams, to address any **technical clarifications** related to RC Client API specifications.

During subsequent call, esMD would wish to ensure/provide the following, regarding the Post-Pay eMDR implementation.

- a. The Providers information which would be used for testing, are all registered in NPPES system. (Test Provider NPIs in NPPES system)
- b. The same Provider information has been shared with the associated *Health Information Handlers* (HIHs) who intends to participate in UAT.
- c. esMD to provide UAT Test Plan to all the Participating Review Contractors. (MACs, and RACs)
- d. For the Post-Pay testing (document code adoption), esMD team is recommending to use the **same set of NPI's**, those were used for testing purpose eMDR Post Pay initiative in January release.

## **April 2020 Release MACs and RACs Testing Plan:**

Test Criteria – Steps - eMDR Post-Pay	When
DCF Creation and Execution:	
	1 <sup>st</sup> 2 weeks of UAT.
Step 1: esMD to send the Document Codes File (DCF) to VDCs.	(Starting June 2 <sup>th</sup> 2020)
Step 2: Receive accept / reject notifications from VDCs.	
Step 3: Receiving helpdesk ticket in case of file level errors.	
eMDR Testing:	From 2 <sup>nd</sup> week onwards,
	until the UAT ends.
Step 1: esMD to receive, process, and respond back to RC. (Ack or Error)	
Step 2: Generate the Letter Package and Send it to HIH.	
Step 3: Receiving, Processing Acknowledgement from HIH, for the delivery.	
eMDR Package delivery outcome from HIH:	
Step 1: esMD receives eMDR delivery acknowledgement from HIH after esMD	From 2 <sup>nd</sup> week onwards,
successfully sent the eMDR and ADR files to HIH.	, and the second
	until the UAT ends.
Step 2: esMD sends the success/failure delivery acknowledgement to RC's	
depending on whether esMD successfully/failed delivering to HIH.	

# **Unit/UAT Test POC details:**

1. POCs from esMD team : TOSS Testing@actionet.com; DPSM esMD@cms.hhs.gov ; esmddevgroup@religroupinc.com

POCs from MACs team
 POCs from RAC team
 RAC Teams' information needed
 RAC Teams' information needed

**Note:** Group Contact e-mail ID would be preferred, from each entity, for respective Business and Technical teams.