Additional Development Requests

Background

When a Medicare contractor cannot make a coverage or coding determination from the information that has been provided on a claim and its attachments, we may ask for additional documentation by issuing an Additional Development Request (ADR). We must request records related to the claim(s) being reviewed, and we may collect documentation related to the patient's condition before and after a service in order to get a more complete picture of the patient's clinical condition.

This job aid will assist providers with the process of ADRs that have been generated by NHIC, Corp. Please note that this process does not include requests generated by Recovery Audit Contractors (RAC), Quality Improvement Organizations (QIO), Comprehensive Error Rate Testing (CERT), and non-medicals such as National Provider Identifier (NPI) issues.

ADR Steps

1. A hardcopy ADR is sent and/or an electronic ADR is generated.
2. The Provider gathers the information to respond.
3. NHIC, Corp. makes decision based on the provider's response.

Step One

Additional Development Request is generated or sent to the provider

Providers set up for electronic ADRs:

The Fiscal Intermediary Standard System (FISS) Direct Data Entry (DDE) functions allow all providers to view ADRs online. If you are set up to submit claim attachments electronically, **you must use the online system to identify claims and view the ADRs.** When an ADR is generated, the claim will be found in status/location S B6001. You will not receive hardcopy ADRs for claims pending in this location.

75 Sgt. William Terry Drive
Hingham, MA 02044
www.medicarenhic.com
TMP-EDO-0005 V5.0 Release date: 03/25/2009
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Providers set up for hardcopy ADRs:

Providers who cannot submit electronic attachments (those who are set up for hardcopy ADRs) will see **ALL** claims requiring medical documentation in status/location S B6001. Note that the FISS DDE functions allow all providers to view ADRs online.

Step Two

The Provider gathers the information to respond to the ADR

Documentation must be as complete as possible to allow medical reviewers to determine the appropriateness of the billed services. Providers should gather all requested information and submit the medical records by the due date on the ADR.

If all information requested in the ADR is not submitted, the claim could be denied. Submitting complete documentation will help decrease the number of denials because the "documentation needed to make a determination is missing," and will help decrease the number of appeals which are a result of incomplete documentation. To determine what documentation is necessary, utilize the Local Coverage Determination/National Coverage Determination databases. Claims will be reviewed and processed based on the documentation submitted in response to an ADR.

Where to submit hardcopy ADR response

Responses are sent to one of the following addresses:

Claims Non-Medical ADR Replies NHIC, Corp.
PO Box 9201
Hingham, MA 02044

Medical Review Correspondence & Medical ADRs NHIC, Corp.
PO Box 9204
Hingham, MA 02044

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Step Three

NHIC, Corp. makes decision based on the provider's response

Documentation should be submitted as soon as possible. If no response is received within 45 days of the ADR date, the system will **deny the claim** with reason code 56900 (failure to submit requested records within the designated time frame). Providers who do not respond in a timely manner will continue to have a high denial rate, and will be candidates for increased or continued medical review.

ADR Locations

Status/location S B6001:

- Providers set up for **only hardcopy ADRs** will see **all** claims in this location
- Providers set up for electronic ADRs will see claims for services other than ambulance and therapy in this location
- Providers set up for hardcopy ADRs **will receive** a yellow ADR for claims in this location
- Providers must submit **hardcopy** documentation

Note: Providers still have on-line capability to view claims in this location

Status/location S M5XXX:

Once medical records are received in response to an ADR, the claim will move to this location to await review of the medical records.

Common ADR Denials

Reason Code 56900:

- The claim is being denied due to failure to submit the requested medical documentation within the designated time frame.
- **The problem:** Medical records not received within 45 days of the ADR
- **Prevention:**

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1. Check the online system daily for claims pending with medical records
2. Route hardcopy medical requests to responsible party that will submit the medical records to NHIC, Corp.
3. Compile the documentation
4. Submit the medical records

Reason Code 56901

- This item or service was denied because information required to make payment was incorrect (Providers may find additional information on claim page 4).
- **The problem:**
    1. Documentation was altered inappropriately
    2. Illegible documentation
- **Prevention:**
    1. Draw a single line through inaccurate information
    2. Write correct information
    3. Initial and date corrected entry
    4. Make corrections as soon as possible
    5. Medicare can not accept: using white out, blacking out with marker, writing over, scribbling out
    6. Write legibly

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Locating ADRs for Pending Claims

Before You Begin

Log into FISS DDE as you normally would and key "01" (Inquiries) in the enter menu selection field <Enter>; key "12" (Claims) in the enter menu selection field <Enter>.

Instructions

In order to view all claims that are pending for a response to an ADR, enter "S" in the status field and "B6" in the location field and press the enter key.

Note: All claims in status/locations S B6001 will be listed.

```
MAP1741          M E D I C A R E   A   O N L I N E   S Y S T E M
 SC                         CLAIM SUMMARY INQUIRY

       HIC                PROVIDER XXXXXX         S/LOC S B6     TOB
   OPERATOR ID OA01023    FROM DATE         TO DATE          DDE SORT
   MEDICAL REVIEW SELECT
       HIC             PROV/MRN   S/LOC      TOB   ADM DT FRM DT THRU DT  REC DT
 SEL  LAST NAME    FIRST INIT  TOT CHG   PROV REIMB PD DT  CAN DT REAS NPC #DAYS
    XXXXXXXXXA   XXXXXX            S B6001   132          110100 110100   111300
     TEST                C      190.97                           58654
    XXXXXXXXXA   XXXXXX            S B6001   132          110100 110100   111300
     TEST                C      190.97                           58716
    XXXXXXXXXA   XXXXXX            S B6001   132          110100 110100   111300
     TEST                C      190.97                           39725
```

Select the claim by keying an S in the select field and press the enter key.

```
MAP1741          M E D I C A R E   A   O N L I N E   S Y S T E M
 SC                         CLAIM SUMMARY INQUIRY

       HIC                PROVIDER XXXXXX         S/LOC S B6     TOB
   OPERATOR ID OA01023    FROM DATE         TO DATE          DDE SORT
   MEDICAL REVIEW SELECT
       HIC             PROV/MRN   S/LOC      TOB   ADM DT FRM DT THRU DT  REC DT
 SEL  LAST NAME    FIRST INIT  TOT CHG   PROV REIMB PD DT  CAN DT REAS NPC #DAYS
S     XXXXXXXXXA   XXXXXX          S B6001   132          110100 110100   111300
      TEST               C      190.97                           58654
```


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Key 7 in the upper right hand corner of any page or press F8 until page 7 is displayed.

```
MAP1711        M E D I C A R E   A   O N L I N E   S Y S T E M    CLAIM PAGE 07
 SC                         UB92 CLAIM INQUIRY                          SV:
 HIC XXXXXXXXXA    TOB 132  S/LOC S B6001  PROVIDER XXXXXX              UB-FORM
```

The ADR is displayed in a format very similar to the yellow hardcopy request form.

```
REPORT: 001                MEDICARE PART A 00308       PVDR NO  : XXXXXX
 DATE  : 12/10/2003   ADDITIONAL DEVELOPMENT REQUEST   BILL TYPE: 132

                    XYZ HOSPITAL
                    400 S SALINA STREET
                    SYRACUSE           NY 13203

  WE HAVE REVIEWED THIS CLAIM RECORD AND FOUND THAT ADDITIONAL DEVELOPMENT WILL
  BE NECESSARY BEFORE PROCESSING CAN BE FINALIZED. TO ASSIST YOU IN PROVIDING
  THE REQUIRED INFORMATION, WE HAVE ASSIGNED REASON CODES TO THE AFFECTED CLAIM
  RECORD (NEXT PAGE) FOR YOUR REVIEW. PLEASE REFER TO THE ACCOMPANYING LIST FOR
  EXPLANATION OF THE ASSIGNED CODES. THE INTERMEDIARY NAMED BELOW NEEDS TO
  RECEIVE THE REQUESTED INFORMATION BEFORE 01/05/2001 , ON WHICH DATE THE CLAIM
  WILL BE DENIED FOR LACK OF RESPONSE. PLEASE SEND YOUR RESPONSE TO THE
  ATTENTION OF:     XXXXXXXXXXXXXXX
                    XXXXXXXXXXXXXXX
                    XXXXXXXXXXXXXXX

 PATIENT CNTRL NBR: 1 A 2
 MEDICAL REC NO: 5001XXXXX         DCN: 200XXXXXXXX008
 HIC: XXXXXXXXXA    PATIENT NAME: TEST    CLAIM
 FROM DATE: 11/01/2000  THRU DATE: 11/01/2000  OPR/MED ANALYST:
 TOTAL CHARGES:      $190.97   ORIG REQ DT: 01/05/2001  CLM RCPT DT: 11/13/2000
```


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Press F8 to view the lower portion of the ADR, which identifies the documentation that must be submitted.

```
REASONS: 58799

 REASON CODE NARRATIVES FOR HIC/DCN: XXXXXXXXXA   203XXXXXXXXXX04

58799 ************************** MEDICAL RECORD REQUEST ***********************
      * PLEASE SUBMIT THE FOLLOWING DOCUMENTATION FOR THE PHYSICAL THERAPY AND
      * THE CLINIC SERVICES (IF BILLED) ON THE CLAIM REFERENCED ABOVE:
      *      - PHYSICIAN'S ORDER/REFERRAL FOR PHYSICAL THERAPY SERVICES
      *      - DIAGNOSIS FOR PHYSICAL THERAPY SERVICES AND DATE OF ONSET
      *      - INITIAL EVALUATION AND ALL RE-EVALUATIONS
      *      - PLAN OF TREATMENT RELATIVE TO THIS CLAIM PERIOD
      *      - PROGRESS NOTES AND ATTENDANCE RECORDS
      *      - CLINIC PROGRESS NOTES
      * IF BILLING PULMONARY REHABILITATION SERVICES MUST INCLUDE:
      *        - A SEPARATE PHYSICIAN'S EVALUATION - PERFORMED BY THE FACILITY
      *          MD/DO OR THE MD/DO OVERSEEING THE PULMONARY REHABILITATION
      *          SERVICES
      *        - DAILY PROGRESS NOTES AND ATTENDANCE RECORDS
      *        - PHYSICIAN'S SIGNED AND DATED MONTHLY PROGRESS REPORT
      *        - DOCUMENTATION TO SUPPORT ALL RELATED SERVICES BILLED (IE. PFT'
      * PLEASE REFER TO MEDICARE NEWS UPDATE 2001-10
      *
      * PLEASE ATTACH THIS INFORMATION TO THIS FORM AND RETURN IT TO THE
MEDICAL REVIEW UNIT (DEPT 424).  IF THIS INFORMATION IS NOT RECEIVED
```


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Providers also have the option of viewing the ADRs via the online reports view:

Enter 04 in the Enter Menu Selection and press the enter key

```
MAP1701
                    MAIN MENU FOR REGION A62CQIN2

                     01     INQUIRIES
                     02     CLAIMS/ATTACHMENTS
                     03     CLAIMS CORRECTION
                     04     ONLINE REPORTS VIEW


    ENTER MENU SELECTION: 04

     PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```

Enter R2 (View a Report) in the Enter Menu Selection field and press the enter key

```
MAP1705
                         ONLINE REPORTS MENU

                       R1     SUMMARY OF REPORTS
                       R2     VIEW A REPORT


          ENTER MENU SELECTION: R2

   PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
```


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On the screen below, press <Enter> to view a listing of the reports available

```
MAP1671            M E D I C A R E  A  O N L I N E  S Y S T E M
                                ONLINE REPORTS SELECTION
REPORT NO

SEL REPORT NO.   FREQUENCY   DESCRIPTION










      PLEASE ENTER DATA - OR PRESS PF3 TO EXIT
  PRESS PF3-EXIT   PF5-SCROLL BKWD   PF6-SCROLL FWD
```

Enter S in the select field for the 201 report and press the enter key

```
MAP1671            M E D I C A R E  A  O N L I N E  S Y S T E M
                                ONLINE REPORTS SELECTION
  REPORT NO

  SEL REPORT NO.   FREQUENCY   DESCRIPTION

         201       WEEKLY      PEND, PROCESS, & RETURN CLAIMS
         316       DAILY       PROV SUBMISSION DAILY ERROR
         316       WEEKLY      PROV SUBMISSION WEEKLY ERROR
         316       MONTHLY     PROV SUBMISSION MONTHLY ERROR
         702       DAILY       ACS APPEALS RECEIVED








      PROCESS COMPLETED  ---   NO MORE DATA THIS TYPE
    PLEASE MAKE A SELECTION, ENTER NEW KEY DATA, OR  PRESS PF3 TO EXIT
```


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Electronic Additional Developnment Requests

```
REPORT: 201                                  MEDICARE PART A - 00131                                         PAGE: 4
CYCLE DATE: 7/06/01                          SUMMARY OF PENDED CLAIMS                              FREQUENCY: WEEKLY
BLUE CROSS CODE: XXXX                              OUTPATIENT                                PROVIDER NUMBER: 14XXXX

                                                      RECD     ADMIT    FROM     THRU    ADJ    LAST    SUB   SUSP   TOTAL
NAME                MED REC NUMBER    HIC NUMBER      DATE     DATE     DATE     DATE    IND    TRAN    IND   TYPE   CHARGES
BENEFICIARY, IMA    00000001          111111111A    07/01/01 00/00/00 05/01/01 05/25/01         07/02/01 A    SUSP   1080.00
     PAT CONTROL NBR: 111111111
    ADS REASON CODES: 59302
CUSTOMER, IDA       00000002          222222222A    07/01/01 00/00/00 06/01/01 06/12/01         07/02/01 A    SUSP   645.00
     PAT CONTROL NBR: 222222222
    ADS REASON CODES: 59302
PATIENT, ISAIAH     00000003          333333333A    07/02/01 00/00/00 05/15/01 05/31/01         07/03/01 A    SUSP   912.00
     PAT CONTROL NBR: 333333333
    ADS REASON CODES: 59302
SAMPLE, IMA         00000004          444444444A    07/01/01 00/00/00 05/12/01 05/29/01         07/06/01 A    SUSP   30.00
     PAT CONTROL NBR: 444444444
    ADS REASON CODES: 59302
TRYING, IDA         00000005          555555555A    06/22/01 00/00/00 05/29/01 05/31/01         07/05/01 A    SUSP   8.00
     PAT CONTROL NBR: 555555555
    ADS REASON CODES: 59302
WORKER, ISAIAH      00000006          666666666A    07/03/01 00/00/00 06/15/01 06/15/01         07/06/01 A    CWFD   335.25
     PAT CONTROL NBR: 666666666
```

The header information identifies that this is the pended claims section / outpatient subsection of the report.

These claims have ADRs requested. You can tell this by looking for the additional line item stating: ADS REASON CODES: 5XXXX

All of these claims should be found in the daily electronic files for that particular week's work.

The medical review ADR reason codes can be found on claims with a range in the 5XXXX series.

This line does not have an ADR that is attached to the claim. Therefore, you would not find an electronic ADR in the daily file.

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(REV 11/3/09)