

Dear Ordering/Referring Physician:

Are you in compliance with the CMS rules for referring providers? The Part A/B Medicare Administrative Contractors (MACs) process claims and perform medical review for services provided to Medicare beneficiaries. Correct processing of these claims relies on you as the providing, ordering and/or referring physician to document the medical need for all services rendered.

For any service to be covered by Medicare, the patient's medical record must contain sufficient documentation to support the need. This should include the patient's diagnosis and other pertinent information, such as duration of the patient's condition, clinical course (worsening or improvement), prognosis, nature and extent of functional limitation, other therapeutic interventions and results, past experience with related items, and any other information which establishes the need for the requested service. For selected claims, the Part A/B MAC may request that the billing provider, including offices providing lab, radiology or referred services, obtain this information from you so that the A/B MAC can verify that Medicare coverage criteria have been met.

Your cooperation is a legal requirement as outlined in the Social Security Act, the law governing Medicare. Section 1842(p)(4) of the Act mandates that:

*In case of an item or service...ordered by a physician or a practitioner...but furnished by another entity, if the Secretary (or fiscal agent of the Secretary) requires the entity furnishing the item or service to provide diagnostic and or other medical information in order for payment to be made to the entity, the physician or practitioner shall provide that information to the entity at the time that the item or service is ordered by the physician or practitioner.*

The Health Insurance Portability and Accountability Act (HIPPA) Privacy Rule permits disclosure of protected health information without beneficiary authorization to carry out treatment, payment or health care operations. The A/B MACs perform health care operation as agents of the Centers for Medicare & Medicaid Services (CMS). Providing the requested documentation is in keeping with the HIPPA Privacy Rule. You cannot charge the provider/supplier or the beneficiary to provide this information.

These billing providers have partnered in caring for your patient. They will not receive payment from Medicare for the services that are ordered or referred if you do not provide information from your medical records when it is requested. Further, not providing this information may result in your patients having to pay for the services themselves. Promptly providing the needed information from your medical records when asked to do so will ensure continuation of excellent service/care for your patient and your colleagues.

Sincerely and with thanks,

Medicare Medical Directors.

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