

Part B Insider (Multispecialty) Coding Alert

Physician Notes: CMS: Submit Requested Documentation Within 45 Days, or Face Denials

Plus: CMS releases 2015 therapy cap amounts.

If your payer is performing a pre-payment audit of your claims, the MAC will typically ask you for additional documentation. In the past, some MACs would say you had 30 days to submit the documentation, while other insurers might not have given you a timeframe at all. CMS has cleared the air on this topic, confirming that you have 45 days to respond to an Additional Documentation Request (ADR), CMS says in MLN Matters article MM8583, issued on Nov. 14 and effective on April 1, 2015. On the 46th day after the MAC requests the documentation, your claim will be denied if you haven't sent the requested materials.

Unfortunately, if you're in a bind and unable to meet the 45 day threshold, CMS does not appear likely to give you more time. "The reviewer should not grant extensions to providers who need more time to comply with the request," CMS says in Transmittal 554, also issued Nov. 14. "Reviewers shall deny claims for which the requested documentation was not received by day 46."

To read the MLN Matters article on this topic, visit www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8583.pdf. For the transmittal, visit www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R554PI.pdf.