Checklist: Responding to requests for medical documentation

This checklist is an aid to assist providers with responding to medical record documentation requests. The provider of services must ensure correct submission of documentation to the appropriate Medicare contractor within the specified calendar days outlined in the request and in accordance with the contractor's acceptable submission method. Please work directly with the requesting contractor to resolve any questions regarding your compliance with the request..

The following principles should be followed when submitting medical documentation.

1. Identify the requesting contractor:
   - ☐ First Coast Service Options Inc. (First Coast)
   - ☐ Comprehensive Error Rate Testing (CERT)
   - ☐ Recovery Auditor (RA, formerly RAC)

2. Identify timeframe to submit documentation:
   - ☐ First Coast -- 45 calendar days
   - ☐ CERT -- 75 calendar days
   - ☐ RA -- 45 calendar days

3. Identify acceptable submission method:
   - ☐ First Coast -- CD/DVD, fax, hardcopy, or esMD
   - ☐ CERT -- Fax, CD, or esMD
   - ☐ RA -- CD, electronic, or hardcopy

4. The documentation should include but is not limited to:
   - ☐ Specific documentation requested in the ADR letter
   - ☐ Name of beneficiary and date of service on all documentation
   - ☐ Signed and dated physician's orders, test results, and progress notes, if applicable
   - ☐ Complete and legible medical records for all dates of service on the claim under review

For evaluation and management (E/M) documentation requirements, please refer to the E/M Checklist

- [ ] To avoid providing insufficient documentation:
  - [ ] Procure any necessary documentation from third-party providers, if applicable
  - [ ] Provide legible identifiers for all who contributed to the services and medical record
  - [ ] Include all required signatures following Medicare's signature guidelines
  - [ ] Include all documentation that may support medical necessity of services billed

Disclaimer: This checklist was created as an aid to assist providers. This aid is not intended as a replacement for the documentation requirements published in national or local coverage determinations, or the Centers for Medicare & Medicaid Services' documentation guidelines. It is the responsibility of the provider of services to ensure the correct, complete, and thorough submission of documentation.

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