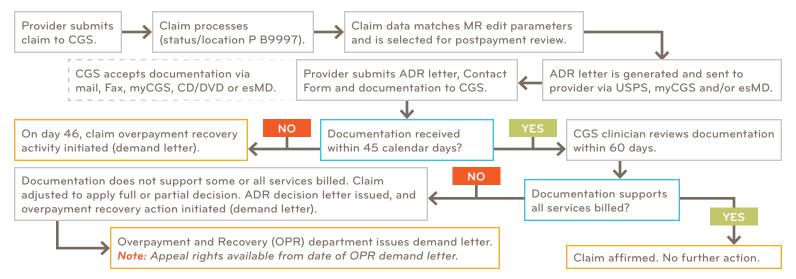
POSTPAYMENT MEDICAL REVIEW ADDITIONAL DOCUMENTATION REQUEST (MR ADR)

QUICK RESOURCE TOOL



Recommendations

- Review chart documentation prior to sending. Ensure documentation is complete and supports all services/levels of care billed. Documentation for dates before/after the claim may be necessary to support services.
- CGS recommends organizing documentation according to the MR ADR Checklist below to expedite the review process.
- Ensure CGS receives documentation within 45 calendar days (DUE DATE in ADR letter). Please allow enough time for mailing. MR ADR documentation may also be submitted via fax (1.615.660.5981), myCGS, CD/DVD, or esMD.
- If claim is denied, review the Medical Review Claim Decision letter to determine the reason for denial.
- Review denial reasons and identify action plan to prevent further denials.
- Review, assess, and implement internal processes and plans to ensure staff understands the MR ADR process.
- Call the CGS Provider Contact Center (PCC) at 1.877.299.4500 (option 1) with questions about the MR ADR process or denied claims..

ADR Process Resources

- Medical Review Additional Documentation Request (ADR)
 Process: Postpayment Review http://www.cgsmedicare.com/
 hhh/medreview/adr_process.html
- myCGS User Manual https://www.cgsmedicare.com/mycgs/mycgs_user_manual.html

HOSPICE ADR CHECKLIST - Preferred Order	
1	ADR Letter and Contact Form
2	Signed election statement a. Addendum(s) (as applicable)
3	Plan of care with physician certification/recertifications
4	Physician Face-to-Face documentation (for third and later benefit periods)
5	Physician orders
6	IDG reviews/POC updates Note: Include reviews for each 15-day period to cover the billing period. This may include reviews/updates that occurred prior to the billing period.
7	Initial assessment for billing period
8	Visit notes (nursing, social worker, chaplain, etc.)
9	Physician visit notes
10	Other relevant documentation a. Admission assessment

HOME HEALTH ADR CHECKLIST - Preferred Order		
1	ADR Letter and Contact Form	
2	Physician or allowed practitioner Face-to-Face documentation a. Actual encounter note or progress note b. Discharge summary from inpatient stay	
3	Plan of care with physician or allowed practitioner certification/recertification a. If recertification, include initial certification and plan of care	
4	Interim/verbal orders	
5	OASIS assessment	
6	Nursing visit notes	
7	Therapy visit notes, including evaluations/reevaluations	
8	Social work visit notes	
9	Aide visit notes	
10	Other relevant documentation a. Any other acute/post-acute care documentation to support home health eligibility	



