

Noridian Medicare Portal Alternative Format

Noridian Healthcare Solutions, LLC - JD
P.O. Box 6727
Fargo, ND 58108

Beneficiary Services: 1-800-MEDICARE (1-800-633-4227)
1-877-486-2048 (TDD) NOV 10, 2017
Provider Services: 1-877-320-0390 Page 1 of 3

[REDACTED] ## Re: HIC [REDACTED]
[REDACTED] CCN [REDACTED]
[REDACTED] NSC [REDACTED]

Beneficiary Name: [REDACTED]
Patient Account Number: [REDACTED]
Case ID: [REDACTED]

Dear [REDACTED]

Additional information is needed. This claim has been selected for a medical record review. These reviews are performed by Medicare Administrative Contractors (MACs) based on contractual obligation to the Medicare and Medicaid Services (CMS). CMS is the Federal agency that operates the Medicare Program. The Medical Review program is designed to prevent improper payments in the Medicare Fee For Service program and promote compliance with coverage, coding and billing rules. The goal of the MAC reviews is to correct the behavior in need of change and prevent future inappropriate billing.

The additional documentation requested below must be returned within 45 days from the date of this letter. Failure to respond within 45 days may result in partial or complete denial of this claim.

Submit a copy of this letter along with the documentation below via one of the following methods:

- * Noridian Medicare Portal <https://www.noridianmedicareportal.com>; or
- * Electronic Submission of Medical Documentation (esMD); for more information about esMD, see www.cms.gov/esMD; or
- * Fax to 1-701-277-7888; or
- * Mail to the address listed above; or
- * CD/DVD, use mailing address listed above.

Please provide a contact person and phone number in the instance

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Re: HIC [REDACTED]
CCN [REDACTED]
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Noridian Medical Review has questions on the submitted documentation.
Contact Person: _____ Phone Number: _____
**MR-400

LN	NUMB	PROC	SERVICE DATES		SUBMIT	PROVIDER
NO	SERV	CODE	FROM	TO	CHARGE	NUMBER
01	1.0	E0431RR	SEP 22,2017		86.31	[REDACTED]

Coverage criteria for Oxygen is found in the Local Coverage Determination (LCD) L33797 and related Policy Article A52514. Please submit a copy of the following records on the above named beneficiary:

- 1) Treating physician's written order including the prescribing physician's National Provider Identifier (NPI); and,
- 2) Certificate of Medical Necessity (CMN) and any revision or recertification; and,
- 3) Blood gas study results as defined by the LCD for each CMN; and,
- 4) Documentation to support the beneficiary had a face-to-face examination with the physician, PA, NP, or CNS within six months prior to the date of the written order (if applicable); and,
- 5) Patient's medical records to support:
 - a. The patient's condition meets LCD criteria; and,
 - b. The treating physician's office visit and evaluation
 - i. 30 days prior to initial certification; and,
 - ii. 90 days prior to recertification (if applicable);

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CCN [REDACTED]
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- and,
- c. Alternative treatment measures have been tried or considered; and,
 - d. The item continues to remain reasonable and necessary (if applicable); and,
 - e. The DMEPOS item continues to be used by the beneficiary
Either beneficiary medical records or supplier records are sufficient (if applicable); and,
 - 6) Proof of delivery (if applicable to Affordable Care Act); and,
 - 7) The Advance Beneficiary Notice (if applicable); and,
 - 8) Any other supporting documentation.

Medicare requires that medical record entries for services provided/ordered be authenticated by the author. The method used shall be one of the following; hand written OR electronic signature. Stamp signatures are not acceptable.
If you have a question regarding this request, please contact the Provider Services number listed at the top of this letter.
REF - 447

Visit Noridian Healthcare Solutions, LLC web site at
www.noridianmedicare.com, and select Durable Medical Equipment,
Prosthetics, Orthotics and Supplies to find Medicare information
and educational tools.

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OMB Control Number: 0938-0969
Status: 66 Operator ID: S02 MRN: 0000000