

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)

JUL 25, 2022

Provider Services:

1-877-320-0390

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[REDACTED]
[REDACTED]
[REDACTED]

Re: [REDACTED]
[REDACTED]
NSC [REDACTED]
NPI [REDACTED]

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

Dear [REDACTED]

ADDITIONAL DOCUMENTATION REQUEST

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 by 09-08-2022. Failure to respond within 45 days may result in partial or complete denial of this claim. Authorization for the release of this information is included in the Federal Law regulations reference 42 CFR 411.24(a), 424.5(a)(6) and 44 USC 3101.

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

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Re: [REDACTED]

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* 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
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		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Coverage criteria Knee Orthoses are found in Local Coverage Determination (LCD) L33318 and related Policy Article A52465. Please submit a copy of the following records on the above named beneficiary:

- 1) Treating practitioner's written order
 - 2) Beneficiary's medical records (which may include; practitioner medical records, hospital records, nursing home records, home care nursing notes, physical/occupational therapy notes) that support the item(s) provided is/are reasonable and necessary
 - 3) Documentation to support National Coverage Determination (NCD), Local Coverage Determination (LCD), Policy Article, and/or Standard Documentation Requirement Article (A55426) requirements
 - 4) Documentation to support bypassing condition of payment prior authorization for emergent need (if applicable)
 - 5) Any other supporting documentation
- Medicare requires that medical record entries for services

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Re: [REDACTED]
[REDACTED]

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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 - 409

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: S08 MRN: 0000000