

Medical Records and Documentation Verification

Patient Name:		Pt. HIC#:
Provider Name:		Date of Service:
By checking all the boxes below and providing the listed enclosures, this confirms that services are fully compliant of the Medicare Local Coverage Determination (LCD) for Lower Limb Prosthesis for the standards of Medical Record Documentation.		
1.	Medicare Requirement ¹ : Payment is provided to any provider of services if <i>"there has been furnished such information as may be necessary in order to determine the amounts due such provider."</i>	
	<p>Medical Records and Documentation Verification</p> <p>Enclosed provider Medical Records in the form of a detailed invoice list specific Medicare HCPCS codes that correspond to the services and codes included in the Detailed Written Order (DWO) from the treating physician.</p>	
2.	<p>Medicare Requirement²: <i>"It is expected that the beneficiary's medical records will reflect the need for the care provided. The beneficiary's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports."</i></p> <p><i>"The medical record is not limited to physician's office records but may include records from hospitals, nursing facilities, home health agencies, other healthcare professionals, etc. (not all-inclusive)."</i></p> <p><i>"Information contained directly in the contemporaneous medical record is the source required to justify payment except as noted elsewhere for prescriptions and CMNs."</i></p>	
	<p>Medical Records and Documentation Verification</p> <p>Enclosed provider Medical Records in the form of the patient evaluation provide details from the clinical evaluation by a certified or licensed clinical practitioner in an accredited facility that clearly establishes the medical and clinical need for the care provided. This documentation is part of the contemporaneous medical record and is the source to justify payment.</p>	
3.	<p>Medicare Requirement¹: <i>"Records from suppliers or healthcare professionals with a financial interest in the claim outcome are not considered sufficient by themselves for the purpose of determining that an item is reasonable and necessary."</i></p> <p><i>"Templates and forms, including CMS Certificates of Medical Necessity, are subject to corroboration with information in the medical record."</i></p>	
	<p>Medical Records and Documentation Verification:</p> <p>Enclosed medical records in the form of patient evaluation records and clinical documentation validate and confirm that a full evaluation was performed and documented in the medical record by a certified or licensed clinical specialist in an accredited facility. This documentation fully corroborates and conforms to the reasonable and medically necessary services as listed on the Detailed Written Order (DWO) and Certificate of Medical Necessity (CMS) by the treating physician.</p>	

Signature: _____

Date: _____

Enclosures:

Medical Record of Invoice with detailed HCPCS listed
 Rx/Certificate/Letter of Medical Necessity (Detailed Written Order)
 Medical Records Patient and Functional Level Evaluation

¹ Section 1833(e) of the Social Security Act

² Medicare Local Coverage Determination (LCD) for Lower Limb Prosthesis