



## Comprehensive Error Rate Testing (CERT): Part A Checklist

Use this checklist when your claim is selected for review by the CERT contractor. You will have 45 calendar days to submit the requested information from the date of the original request for medical records. After 75 days from the initial request, the money will be recouped from the paid claim if documentation is not received by the CERT contractor.

Please submit the documentation using the fax number, mailing address or other options listed on the CERT Request letter which includes a Barcoded Cover Sheet. The Barcoded Cover Sheet should be placed on top of the documentation when submitted. The documentation should include, but is not limited to:

	<b>UB-04 form. Submit billing corrections if needed</b>
	<b>Physician's orders for all services billed. If the physician's order contains tests that are not described by the current procedural terminology (CPT) publication, the individual components of the tests should be documented. Include any Standard Operating Procedures that apply.</b>
	<b>For all orders, provide sufficient information to identify and contact the ordering physician or non-physician practitioner.</b>
	<b>History and physical.</b>
	<b>Documentation to support that every service billed was ordered, performed and was medically necessary.</b>
	<b>Progress notes.</b>
	<b>Laboratory reports.</b>
	<b>X-ray reports</b>
	<b>Reports of any other diagnostic study.</b>

If applicable please submit:

	<b>For partial hospitalization, submit physician's certification for services rendered and all other documentation as indicated in the Local Coverage Determination (LCD) or National Coverage Determination (NCD).</b>
	<b>For ambulance services, submit physician's certification or documentation supporting efforts to obtain certification, ambulance trip sheet, emergency room records, and discharge summaries that support the medical necessity for services billed.</b>
	<b>For blepharoplasty, submit copies of visual fields reports and results, both taped and untaped, with physician interpretation. Submit before and after photographs if appropriate.</b>
	<b>Nursing notes, including medication administration records.</b>
	<b>Itemized supply or medication lists for all items billed for these dates of service.</b>
	<b>Documentation required in an LCD or NCD.</b>
	<b>Third party information.</b>
	<b>Operative report and anesthesia records.</b>

	<b>For outpatient therapy, submit physician/non-physician practitioner order or referral for services, initial therapy evaluation and subsequent re-evaluations, therapy treatment plan and treatment plan reviews, physician/non-physician practitioner certifications and re-certifications, therapy progress/treatment notes and logs with minutes documented for each CPT/HCPCS code billed and all documentation that supports medical necessity.</b>
	<b>For partial hospitalization, submit physician's certification for services rendered.</b>

Revised 08162017