CMS Manual System

Pub. 100-08 Medicare Program Integrity

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 50 | **Date: SEPTEMBER 26, 2003**

CHANGE REQUEST 2866

I. SUMMARY OF CHANGES: This section has been revised to instruct DMERCS to review medical documentation as well as the beneficiary claims history when processing Advance Determination of Medicare Coverage (ADMC) requests.

NEW/REVISED MATERIAL - EFFECTIVE DATE: October 10, 2003
***IMPLEMENTATION DATE: October 10, 2003**

Disclaimer: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged.

II. SCHEDULE OF CHANGES (R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	5/ 7.4 / Instructions for Processing ADMC Requests

III. FUNDING: *Medicare contractors only:

These instructions should be implemented within your current operating budget.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Special Notification

7.4 – Instructions for Processing ADMC Requests

(Rev. 50, 09-26-03)

Once a request is received, the DMERC shall determine if there is sufficient medical documentation that supports whether the item is reasonable and necessary. In addition, a review of the beneficiary's claims' history should be conducted in order to determine whether any other reason exists to cause the claim to be denied, e.g., whether the same or similar equipment has already been provided.

Upon receipt of a request, the DMERC shall render an advance determination of Medicare coverage within 30 calendar days. DMERCs shall provide the requestor with their decision, be it affirmative or negative, in writing.

If requests are received for the wrong item(s), the request will be rejected. Rejected requests should not be counted as workload.

Requests for appropriate items received without documentation to support coverage will be denied as not meeting the medical necessity requirements Medicare has established for the item.