Dear Physician,

The Comprehensive Error Rate Testing (CERT) Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), performs medical review audits for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) provided to Medicare beneficiaries to determine the paid claims error rate for Medicare contractors and providers.

The CERT Contractor may request that your patient's supplier obtain information from you in order to verify that Medicare coverage criteria were met for the item(s) ordered by you. The supplier must submit the documentation to CERT within 45 days of the initial request letter date. Failure to respond to the CERT's request for documentation will result in an error and recoupment of the paid claim.

Medicare covers enteral nutrition under the prosthetic devices benefit as established by the Social Security Act §1861(s)(8). Please refer to the Enteral Nutrition Local Coverage Determination (LCD) (L38955) and LCD-related Policy Article (A58833) for coverage, billing, and documentation requirements. The LCD and LCD-related Policy Article are published in the CMS Medicare Coverage Database and accessible on the DME MAC websites.

Your patient's medical record must contain sufficient information about their medical condition to substantiate that the applicable Medicare coverage criteria have been met. This information must justify the type of enteral nutrient ordered by you, calories ordered, how it is administered and the frequency of feedings. Also, as for all orders written by you for DMEPOS items for your Medicare patients, you are responsible for completing a standard written order for each item. As a reminder, the medical records must support the information provided on the standard written order.

A common CERT error related to clinical record documentation for enteral nutrition is the failure to show that the patient initially met the coverage criteria. Another frequent CERT error is the failure to establish the medical need for the patient to stay on enteral nutrition ("continued medical need"). To validate this, the supplier may use the clinician's clinical record showing that the clinician made an indication of this within the preceding 12 months of the date of service being reviewed.

DMEPOS suppliers are your partners in caring for your patient. They will not receive payment from Medicare for the items that are ordered for your patient if you do not provide information from your medical record when it is requested. Furthermore, if you do not provide this information to the supplier for this audit, your patient may have to pay for the item. Finally, your cooperation is a legal requirement as outlined in the Social Security Act which is the law governing Medicare.

When a supplier requests medical records from you, please do not send the medical records directly to the DME MAC, but rather send the records directly to the supplier. Also, please remember that you may not charge the supplier or the beneficiary to provide this information. Help your DMEPOS supplier continue to provide the highest quality of service to your patient by promptly providing the information from your medical record that is requested.

Sincerely,

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