



A CELERIAN GROUP COMPANY

DIAGNOSTIC IMAGING RESOURCES

*We IMPACT lives.*

Dear Clinician,

The Medicare Administrative Contractors (MACs) process claims and perform medical reviews for diagnostic imaging services provided to Medicare beneficiaries. It is your responsibility as the ordering clinician to determine and document the medical need for all healthcare services.

For any diagnostic imaging service to be covered by Medicare, the medical record must contain sufficient information about the patient's medical condition(s) to substantiate the necessity for the type and quantity of service ordered. The information should include:

- Signed radiology report.
- Signed Physician or Non-Physician Practitioner (NPP) order or intent to order radiology testing from ordering provider.
- Documentation from ordering provider supporting indication/medical necessity of the radiology testing.
- Signed attestations as necessary (and any other supporting documentation for medical necessity).

For selected claims, the MACs may request that the radiologist obtain this information from you to verify that Medicare coverage criteria has been met.

Recent audits have shown that patients' medical records frequently lack sufficient information to justify medical necessity for the imaging ordered. This results in claim denials for the radiology office and potential financial liability for your patient. As the patient's treating clinician, it is important that you understand the applicable Medicare coverage criteria related to the diagnostic imaging you are prescribing and adequately document the medical necessity for those services.

Sincerely,

CGS Administrators Jurisdiction 15 Part B Medical Review

