

Physician/Non-Physician Practitioner Additional Documentation Limits (As of 02/14/2011)

In response to feedback from the RACs, physicians and their associations, CMS has modified the physician/non-physician practitioner additional documentation request (ADR) limits for the RAC program.

1. The limits will be based on the servicing physician or non-physician practitioner's billing Tax Identification Number (TIN), as well as the first three positions of the ZIP code where that physician/non-physician practitioner is physically located. For example:

Physician Group ABC has TIN 123456789 and two physical locations in ZIP codes 12345 and 12356. This group would qualify as a **single entity** for additional documentation limit purposes.

Physician Group XYZ has TIN 123456780 and is physically located in 12345 as well as 21345. This group would qualify as **two** unique entities for additional documentation purposes and each location would have its own additional documentation request limit.

2. ADR limits will be based on the number of individual rendering physicians/non-physician practitioners reported under each TIN/ZIP combination in the previous calendar year.

| Group/Office Size | Maximum number of requests per 45 days |
|-------------------|--|
| 50 or more | 50 records |
| 25-49 | 40 records |
| 6-24 | 25 records |
| Less than 5 | 10 records |

Example 1: Group ABC has 65 physicians and non-physician practitioners that billed Medicare fee-for-service claims last year. The group's additional documentation request limit would be 50 additional documentation requests every 45 days.

Example 2: Group XYZ has 6 physicians and non-physician practitioners in their practice that billed Medicare fee-for-service claims last year, four are located at a clinic in ZIP 12345 and two are at a clinic in ZIP 21345. The maximum additional documentation limit would be 10 additional documentation requests every 45 days, per site.

The CMS reserves the right to give the RACs permission to exceed the cap. Permission to exceed the cap may be granted on CMS's own initiative or upon request by a RAC. Affected physicians/practices will be notified in writing.

At times it may be difficult for a RAC to accurately determine the size of a physician/practitioner group. If a request is received that does not adhere to the above guidelines, the practice should contact the RAC with documentation of the group size. If the number of full time equivalent physicians and non-physician practitioners is significantly different than the number of individual rendering physicians and non-physician practitioners appearing in the RAC's claim data, the group may petition the RAC for a modified limit. Groups may also work with the applicable RAC to establish a point of contact for the entire group, and/or a single mailing address for RAC correspondence. If additional assistance is needed please contact CMS at RAC@cms.hhs.gov.