1849 – ADR Letter

Use the ADR letter to forward Medicare requests for additional development to the provider who can best resolve the reported Medicare issue. ADR letters are available to clients who have contracted for the Medicare Direct Entry (MDE) add-on option. ADR letters are available to these customers for Medicare claims sent via Direct Entry and standard methods.

The letters can only be created automatically through using an auto module set up. Each letter consists of a cover page followed by the Medicare ADR exactly as it appears on the Medicare FSS (All highlighted text is customized at *Reports, Report Setup, ADR Cover Letter*):

Medicare Medical Review
Additional Development Request (ADR)
Return Information

(Long text from the Cover Letter setup)
Within 10 days, complete this form, attach any requested documents, and fax the package to the contact named below.

First Reason Code:	70154
Provider Number:	160123
Beneficiary Name:	VINCENT LUCAS
MEDICARE ID:	1234567890A
DCN:	098098765454321
Dates of Service:	01/12/CCYY - 01/22/CCYY
Date Sent:	<Today's Date>

Name and contact information of person sending this ADR:
Jane Manager **918 555 3450 ex 456** Fax: **918 555 0000**

Mail to:

Regular Mail:	Priority Mail:
PO BOX 9173	**400 EAST NEWARK AVENUE**
TULSA, OK 74135-9173	**TULSA, OK 74135**

FI Address:
BC/BS of Texas
123 MAIN ST
AUSTIN TX 98756
Attn: **<ADR Coordinator>**

(Short Text from the Cover letter Setup)

Page Break

REPORT: 001 MEDICARE PART A 00011 PVDR NO : xxxxxx
DATE : 09/02/2004 ADDITIONAL DEVELOPMENT REQUEST BILL TYPE: 131

ANYNAME HEALTH CENTER
1400 MAIN ST

ANYTOWN IA 52001 0000

WE HAVE REVIEWED THIS CLAIM RECORD AND FOUND THAT ADDITIONAL DEVELOPMENT WILL BE NECESSARY BEFORE PROCESSING CAN BE FINALIZED. TO ASSIST YOU IN PROVIDING THE REQUIRED INFORMATION, WE HAVE ASSIGNED REASON CODES TO THE AFFECTED CLAIM RECORD (SEE BELOW) FOR YOUR REVIEW. PLEASE REFER TO THE ACCOMPANYING LIST FOR EXPLANATION OF THE ASSIGNED CODES. WE MUST RECEIVE THE REQUESTED INFORMATION BEFORE THE DUE DATE LISTED BELOW,OR THE CLAIM WILL BE DENIED LACK OF RESPONSE. SEND YOUR RESPONSE TO THE ATTENTION OF:

FISCAL INTERMEDIARY NAME
400 E COURT AVE

TULSA OK 74012 1234

PATIENT CNTRL NBR: DUE DATE: 10/10/2004
MEDICAL REC NO: DCN: 1234567890
MEDICARE ID: 1234567890A PATIENT NAME: JAMES SMITH
FROM DATE: 08/06/2004 THRU DATE: 08/06/2004 OPR/MED ANALYST:
TOTAL CHARGES: $151.00 ORIG REQ DT: 08/26/2004 CLM RCPT DT: 08/25/2004
PRESS PF3-EXIT PF5-SCROLL BKWD PF6-SCROLL FWD PF8-NEXT PF9-UPDT

Page break, next ADR Letter