

Discussion Period Review Determination Review Results Modified



Date

RAC Point of Contact

Provider Name

Address 1

Address 2

City, State Zip

Re: Provider Name #123456789

Letter ID: XXXXXX

Issue: (Issue Name)

Dear Medicare Provider,

The Centers for Medicare & Medicaid Services (CMS) has retained CGI Federal to carry out the Recovery Audit Contracting (RAC) program in the State of _____. The RAC program is mandated by Congress aimed at identifying Medicare improper payments.

This letter is to notify you that, based on discussions held with you and review of the additional documentation and billing rationale you have submitted, CGI Federal has determined that the original overpayment determinations will be modified as shown in the attached report. Your Medicare claims processor (Fiscal Intermediary, Carrier, or Medicare Administrative Contractor) will be notified accordingly.

Completion of the modification requires a two step process by the claims processor:

- 1) The previous adjustment will be completely reversed. This will appear on a Remittance Advice.
- 2) The corrected adjustment will be processed. This will appear on a separate Remittance Advice.

A Demand Letter for the corrected adjustment will be sent to you by CGI after the claims processor has posted the new adjustment. No further action on your part is required until the Demand Letter is received.

Thank you for your cooperation. If you have any questions regarding this letter, please direct your inquiry to customer service at 877-316-RACB (7222).

Letter ID: XXXXXX
Provider Name #123456789



Sincerely,

Auditor Name
877-316-RACB (7222)
Enclosure

Review Results Modification Report

Name	Claim #	Audit #	Subscriber ID	Admit/Discharge Date	Old DRG	New DRG	Disp Code(s)
Doe, Jane	9999888877	123456	888887777	01/20/2007 – 01/31/2007	468	477	DI, PR
Original Diag Codes:	87342, 81121, 8020 9181, 7809		New Diag Codes:	81121, 87342, 8020 3501,			
Original Proc Codes:	7931, 7901, 8659		New Proc Codes:	7901, 8659, 1199			

Comments:

Per our physician's review, the documentation in the medical record does not support the assignment of 873.42 – WOUND, OPEN, FOREHEAD W/O CMPL, as the principal diagnosis. Per our physician's review, the documentation in the medical record does not support coding 79.31 – OPEN RED-INT FIX HUMERUS