



How To Respond to Medical Records Request (Audits) and Types of Audits

If your practice receives a medical record request, it's important to understand your practice is being audited. The medical record request can look like routine billing-related correspondence which can easily be overlooked, which may result in not providing the requested medical records in a timely manner.

If your practice receives a medical records request, the following steps are recommended:

- Carefully review the medical records request
- Highlight any deadlines
- Provide the payer with only the requested dates of service and the medical records associated with the date of service
- Carefully review the review findings to determine if any reported services were denied
- Highlight any dates to appeal any denied services
- Contact your association for assistance if needed

Types of CMS Contractor Audits

Common types of Medicare and Medicaid audits include:

- Targeted Probe & Educate (TPE) Program audits.
- Unified Program Integrity Contractor (UPIC) audits.
- Supplemental Medical Review Contractor (SMRC) audits.
- Comprehensive Error Rate Testing (CERT) audits.

These are Medicare's most common audits.

Targeted Probe & Educate (TPE) Program Audits

TPE audits are intended to educate Providers on specific billing issues to increase accuracy and reduce claim denials and appeals, but they can also result in penalties.

Unified Program Integrity Contractor (UPIC) Audits

UPIC's are the only program integrity contractors that monitor both the Medicare fee-for-service (FFS) and Medicaid programs.

Supplemental Medical Review Contractor (SMRC) Audits

The purpose of the SMRC is to reduce improper payments in the Medicare FFS program.

Comprehensive Error Rate Testing (CERT) Audits

The CERT audit is a post-payment audit for Medicare Part A, Part B, and DMEPOS claims that CMS uses to estimate Medicare FFS improper payments. The CERT reviewers categorize improper payment claims into categories if underpayments or overpayments are found. These categories include the following:

- Insufficient documentation supporting the claim.
- Incorrect coding.
- Lack of medical necessity (as determined by Medicare program requirements).
- No documentation.
- Other.

Recovery Audit Contractors (RAC)

The RACs conduct both complex and automated post-payment reviews.

Include this link to Medicare Fee-for-Service Compliance Programs: <https://www.cms.gov/data-research/monitoring-programs/medicare-fee-service-compliance-programs>