

NGS-Critical Guidelines to Follow When Responding to Additional Development Response Letters

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When National Government Services requests specific documentation, you must send them **only** what has been requested. They are receiving several unnecessary documents from providers and handling a large volume of documentation. This in turn consumes staff time and incurs cost and burden to providers as well as Medicare. Therefore, it's highly recommended to identify, adhere to guidelines and send what's requested in ADRs for NGS to process your claim(s). Sending necessary documentation will ensure the claim(s) is processed timely.

To ensure that NGS receives and reviews documentation efficiently, review the guidance listed below. Follow these guidelines to ensure timely claim and documentation processing.

Before responding, review the ADR thoroughly and determine:

- ⇒ Who is the patient and date of service?
- ⇒ When are the medical record(s) due to NGS?
- ⇒ What's the reason for the medical record request?
- ⇒ Which medical records are required to process the claim in question?
- ⇒ How will a provider send medical records?
- ⇒ Where you will be required to send the records?

Do not submit records that are not requested. Providers are responsible for answering ADR letters with the information required to support payment of a claim(s). When sending documentation for an ADR request, **send only what's requested and the documentation for the date(s) of service.**

References: NGS and CMS References to Regulations

[What Documents are Needed?](#)

[Claim Additional Development Requests](#)

[NGS Ways to Respond to ADRs](#)

[CMS Internet-Only Manual Publication 100-08, Medicare Program Integrity Manual, Chapter 3, Section 3.2.3.2](#)