

## Part B Insider (Multispecialty) Coding Alert

### CLAIMS ACCURACY: Healthcare Practitioners Threw Away \$259 Million Last Year

#### ASCs boast low error rates, general practices show the highest

If the latest CERT report is any indication, you could have made a lot more money last year.

According to the Comprehensive Error Rate Testing (CERT) results that **CMS** released last week, Medicare carriers discovered more than \$259 million in undercoding billing errors, which means that medical practices shorted themselves that much last year.

For example, the report highlights a practice that billed 40 units of J1756 (Iron sucrose, 1 mg). CMS discovered, however, that the practice actually injected 200 mg, which would have allowed it to have billed 200 units. That practice shorted itself over \$200.

The only non-E/M CPT codes on the list of the top 20 -underpayment coding errors- were 20610 (major joint aspiration/injection) and 92012 (eye exam), which puzzled some practices.

**Potential rationale:** Some practitioners may have performed joint injections bilaterally, but only billed them unilaterally, suggests **Leslie Follebout, CPC-ORTHO**, coding department supervisor at **Peninsula Orthopaedic Associates** in Salisbury, Md. Or the physician may not have indicated the injection on the charge document or encounter form, even though he performed and documented it, she says.

**General practices are error-prone:** Error rates among the different provider types showed that general practices had an alarming 27 percent error rate, with ob-gyns close behind at 24 percent.

The lowest error rates were found in claims from ASCs, CRNAs, interventional radiologists, mass immunizers and public health agencies.

-I think the error rate is lower in ASCs because we have less to worry about than most clinics do,- says **Christopher Felthouser, CPC, CPC-H, ACS-OH, ACS-OR**, a coding consultant in Seattle. -Most of what we do are surgical procedures, and we do not deal with E/M coding at all, which makes a huge difference.-

**Avoid this \$1,000 mistake:** The CERT report offers examples of claims that contained errors. For example, one Part B payer reimbursed a physical therapist \$1,120, but the claim reviewer couldn't find documentation of the physician's order, therapy evaluation or plan of care, causing the reviewer to count the entire payment as an error.