

Part B Insider (Multispecialty) Coding Alert

In other news

CMS has revealed the results of the OIG's recent audits of chiropractic claims, and the outcome is dismal. The agency found that "a significant portion of the claims" were paid inappropriately, with the following among the most common errors, according to MLN Matters article SE1101:

- Technical errors such as missing signatures or dates of service in the record
- Insufficient or absent documentation that all procedures reported were performed (for instance, no documentation regarding where the manipulation occurred or whether it was relevant to the symptomatic spinal level)
- Insufficient or absent documentation that all procedures and services were medically necessary (for instance, some records were missing treatment plans, or the practitioners performed "maintenance" treatment)

CMS stresses in the article that "When further improvement cannot reasonably be expected from continuing care, the services are considered maintenance therapy, which is not medically necessary and therefore not payable under Medicare." In addition, Medicare only reimburses chiropractic treatment for patients with documented subluxations. "You must place the AT modifier [Acute treatment] on a claim when providing active/corrective treatment to treat acute or chronic subluxation," CMS adds.

To read the document in its entirety, visit www.cms.gov/MLN MattersArticles/downloads/SE1101.pdf.