Part B Insider (Multispecialty) Coding Alert

Measure Your Critical Care Numbers Against Your Peers

Critical care sits atop the MACs' Targeted Probe and Educate to-do lists.

If you're worried about your critical care service claims, benchmarking is an easy way to review your numbers. A quick survey of your billing rates can help you fix coding issues and improve your bottom line, too.

TPE: Currently, critical care service claims are under Targeted Probe and Educate (TPE) medical review for Part B MACs who've published their active lists like CGS Medicare, Novitas Solutions, and Palmetto GBA.

RAC & CERT: In addition, there are three separate issues that Recovery Audit Contractors (RACs) are targeting:

1. Excessive units of the initial E/M code 99291(Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes);
2. Critical care services billed on the same day as an emergency room (ER) visit; and
3. The unbundling of critical care.

And as if that's not enough, critical care services also ranked in the top 20 on last year's Medicare FFS Supplemental Improper Payment Data Report with a 19.1 improper payment rate, accounting for $184 million in improper payments - with claims data compiled and reviewed by Comprehensive Error Rate Testing (CERT) auditors.

With the heightened scrutiny, it's vital for you to rein in unnecessary visits or make sure your documentation is bulletproof for those visits that are valid before your claims get pulled for medical review. See if your state's allowed charge rates transcended the national average of $464.00 last year:

*Data from Palmetto GBA/eGlobalTech CBR 201804: CBR201804 Average Allowed Charges per Beneficiary.xls.