

Part B Insider (Multispecialty) Coding Alert

MEDICARE ERRORS: Insufficient Documentation Cost Practices \$1.3 Billion in 2007

Total error rate topped \$10.2 billion

Can't get your physician to document thoroughly? The latest CERT report results might whip him into shape very quickly.

According to the most recent Comprehensive Error Rate Testing (CERT) results, Medicare requested \$9.3 billion in reimbursement back from practices that lacked complete documentation, and your practice may have been one of them.

The new CERT results, which reported data from claims submitted to Medicare between Oct. 1, 2006, and Sept. 30, 2007, were released May 16.

The new report didn't include only bad news, however. Despite an improper-payment tally of \$10.2 billion (including both overpayments and nearly \$1 billion in underpayments), the error rate dropped to just 3.4 percent, a small fraction of the whopping 14 percent error rate that CMS found in 1996.

Missing Date Causes \$324 Refund

CMS counted more than \$785 million in errors for practices that were missing documentation, and \$1.3 billion in insufficient documentation errors. This number is alarming, but the figure becomes even worse when you hear just what types of errors CMS discovered.

-The fact that the error rate has dropped is great news,- says **Jay Neal**, a consultant in Atlanta. -But an error rate of over \$10 billion is still high.-

For example: One Medicare carrier paid a practice \$324 for a retinal lesion destruction, but when the payer asked the physician for the records, it found that the date of service was missing. After the reviewer requested the records several times, the CERT contractor -counted the entire payment as an error,- the report said.

Neurosurgeons, OTs Lead in Errors

Occupational therapists logged an astounding 21.2 percent error rate, and neurosurgeons weren't far behind with an error rate of 15.3 percent.

One possible reason for the high neurosurgery error rate could be the high number of codes involved in one neurosurgical procedure, says **Danae M. Merrill, CPC-E/M**, of **Merrill Medical Management**. -A -simple- laminectomy with fusion, for example, has an average of seven codes. There is also the issue of bundling, from a CPT and/or Correct Coding Initiative (CCI) perspective, which then needs modifier consideration,- she says.