

Part B Insider (Multispecialty) Coding Alert

Medicare Errors: No Physician Order for These Services, No Part B Payment

One MAC shows exactly which errors it found during a recent review.

If your physician is simply too busy to sign orders for lab or radiology reports, he won't be busy counting his Medicare reimbursement, because MACs aren't required to pay you for services that are missing documentation.

A recent CERT report from Highmark Medicare Services, a Part B payer in five states, shows that the majority of errors that the MAC found in the "insufficient documentation" category were related to the lack of a valid physician's signature in the documentation, or that a radiology report/diagnostic test performed had no valid physician order or identification of the provider who rendered the service. Without an order or a physician's signature, the MAC can ask you to send back the reimbursement that you received for the service.

In addition, Highmark also found a lack of medical necessity in scores of chiropractic services that were billed to Medicare but were found to be for maintenance therapy, which Part B does not cover. Incorrect coding errors were found among E/M codes, in particular those with documentation that did not substantiate the level of care billed based on the key components.

Keep in mind: If a CERT contractor asks you for your records, you should submit not only your documentation, but also all applicable physician's orders and signatures. "If the documentation is illegible, please provide transcription with your original notes when you send them to the CERT contractor," Highmark says in its CERT results notification.

To read the rest of the CERT results, visit www.highmarkmedicareservices.com/cert/errors/2011/b-certjan-mar.html.