Part B Insider (Multispecialty) Coding Alert

Note These Additional CERT Areas of Concern

Although E/M claims ranked very high among Part B errors on the government's most recent CERT report, those weren't the only services that CMS spotlighted as being problematic. Consider these additional areas spotlighted in the "Medicare Fee-for-Service 2013 Improper Payment Report" when ensuring that you are coding properly.

Joint replacements. CMS found a 5.8 percent error rate for major joint replacements, and most of those errors were due to a lack of medical necessity for the procedure. If you perform a joint replacement and the documentation does not demonstrate that the surgery was medically necessary (for instance, the patient has no limitation of activities of daily living), then the MAC may deny the procedure.

Cardiovascular stenting. CMS found an 18.5 percent error rate for cardiovascular stent placement procedures, most of which occurred because the services were provided on an inpatient basis when they could have been performed in an outpatient setting.

Cardiac pacemakers. A startling 35.1 percent error rate was linked to cardiac pacemaker services, most of which occurred when physicians inserted a dual-chamber pacemaker even though the patient was only eligible for a single-chamber pacemaker.

Chiropractic services. Chiropractic treatments were among the most common services billed in error, logging a 51.7 percent error rate. CMS only covers manual manipulations for subluxations, but many chiropractors submitted claims that had insufficient documentation and failed to prove that medical necessity was met. Many of these claims were missing a description of the service performed, the date of service, the beneficiary's name, a signature or the treatment plan.