

## Part B Insider (Multispecialty) Coding Alert

### Physician Note: 99310: Claims Review Reveals Missing Signatures

**Plus: Check out this hospice billing guidance.**

When Part B MAC CGS Medicare began its prepayment medical review of nursing facility care code 99310, the contractor was unsure of what it would find to explain why the code had been the source of so many errors in its system. But over the last few months, the agency compiled the data it collected about the code and found out that missing signatures were a big culprit.

CGS Medicare identified the following five areas as being the biggest issues among claims for 99310:

- **Non-receipt of documentation.** When CGS asked for documentation, many practices sent nothing at all, a letter without attached documentation, or no facility notes to support the code.
- **Lack of signatures.** If CGS found missing signatures, it asked the practice for an attestation, signature log, or signed note—but in many cases, these were all missing.
- **Illegible documentation.** Another reader must be able to read your provider's documentation, but CGS found in many cases that notes were completely illegible.
- **Provider performing services wasn't the billing provider.** In facility settings, "incident to" is not permitted. Plus, in nursing facilities, split/shared visits aren't permitted. However, CGS saw instances of both of these issues.
- **Documentation did not support the level of care billed.** In some cases, providers sent CGS cloned documentation, or notes with "continue current treatment" as the medical decision-making portion of the note. These were not acceptable for this high-level code.

To read CGS's complete report, visit [www.cgsmedicare.com/kyb/pubs/news/2013/0713/cope22804.html](http://www.cgsmedicare.com/kyb/pubs/news/2013/0713/cope22804.html).