

Part B Insider (Multispecialty) Coding Alert

Physician Note: CMS Identifies the 4 Biggest Errors Among Therapy Claims

Plus: CMS finds 'significant' portion of chiropractic claims paid inappropriately.

When it comes to Medicare's Comprehensive Error Rate Testing (CERT) reports, the agency tells it like it is --and CMS found four major errors among outpatient rehabilitation therapy service claims.

According to the new fact sheet entitled, "Comprehensive Error Rate Testing (CERT) -- Outpatient Rehabilitation Therapy Services," the main issues found among these claims are the following:

- Missing/incomplete plan of care/treatment plan
- Missing physician/non-physician practitioner (NPP) signature and dates
- Missing modality time
- Missing certification and recertification

Tip: When you report a CPT® code for therapy services, double-check to determine whether CPT® classifies it as a time-based code or not. Many therapy modalities are billed in 15-minute increments, and "the last unit may be counted as a full unit of service if at least eight minutes of additional service has been furnished," CMS says in the document.

You should also document the total treatment time, as well as the time spent administering services represented by the untimed codes.

To read the complete fact sheet, visit

www.cms.gov/MLNProducts/downloads/Outpatient_Rehabilitation_Fact_Sheet_ICN905365.pdf.