

CERT Contractor Finding

It appears that the CERT contractor is no longer publishing the National Annual Report on their medical review findings since their website has not been updated since May 2008. The question is now being asked "Where can we find that information?" Presently the only way that information is available is through the individual MAC websites. You may or may not be aware that the information found on each MAC's website varies considerably, so you are dependent on what your MAC feels is important enough to share. However, there are a few MACs which publish the CERT findings for their region on their website. As it appears that most of the denials are based on the same type of errors we are covering some of the most common denial reasons in this article.

The three categories for denials are a) Insufficient documentation; b) Services coded incorrectly and c) Medically unnecessary service or treatment.

Some of the reasons cited by the contractor are:

Insufficient Documentation:

- Missing the time for each of these modalities (therapeutic exercises and manual therapy) billed for DOS.
- No order submitted from treating physician and no physician certified plan of care submitted for physical therapy services billed.
- Insufficient documentation submitted for review to support occupational therapy services for billed date of service. Missing Occupational Therapy Evaluation with Plan of care and treatment notes with minutes or units of therapy provided.
- Missing MD certification by the MD for medical necessity and the physician's medical records to support the medical necessity of continuing physical therapy past the Medicare Therapy Cap.
- No order submitted from treating physician and no physician certified plan of care submitted for physical therapy services billed.
- Billed OT modalities of whirlpool and manual therapy on same date of OT evaluation. Received the evaluation, however; the evaluation does not support the modalities billed were performed. OT evaluation is partially illegible making the reading difficult.
- Missing legible identification of the person who signed Physician's Certification of the Plan of Care, and missing Initial Assessment of the patient to include short and long term goals to support medical necessity of billed Therapeutic Exercises service on date of service.
- Received a copy of the physician order and Initial evaluation/plan of care. There is a progress note, however, the treatment timed therapy record lacks patients name and providers signature. The time in therapy is not documented.
- No order submitted from treating physician and no physician certified plan of care submitted for physical therapy services billed.

- Insufficient documentation submitted for review to support occupational therapy services for billed date of service. Missing Occupational Therapy Evaluation with Plan of care and treatment notes with minutes or units of therapy provided.
- Missing legible identification of the person who signed Physician's Certification of the Plan of Care, and missing Initial Assessment of the patient to include short and long term goals to support medical necessity of billed Therapeutic Exercises service on date of service.
- Insufficient documentation submitted for review to support physical therapy services for billed date of service. Missing physician orders or certification for wound care. Submitted documentation includes general order for physical therapy services for upper and lower strength training for prior therapy and telephone orders for wound care that are not authenticated by the physician.
- Received a copy of the physician order and Initial evaluation/plan of care. There is a progress note, however, the treatment timed therapy record lacks patients name and providers signature. The time in therapy is not documented.

Services Coded Incorrectly:

- Documentation notes "see clinic flow/exercise sheet for treatment specifics." There is no treatment record to support 3 units of billed service.
- Billed is CPT 97110, therapeutic exercises per 15 minutes, (6) units for DOS. Units of service incorrectly coded. Physical therapy notes submitted support 70 minutes of time for therapeutic exercises. Documentation supports (5) units of service for CPT 97110 therapeutic exercises.

Medically Unnecessary Service or Treatment:

- Therapy documented appears to be maintenance and the time period for this claim exceeds the most recent MD order for 3 weeks with therapy billed on this claim done after 3 weeks prescribed by the referring MD; for these reasons physical therapy is not reasonable and necessary.

So how could these denials been avoided?

We'll tell you in the next edition of "Medicare News and Rules for Therapists"

Disclaimer:

Encompass Consulting & Education, LLC has produced this article as an informational reference for the readers of our E-Zine. The information contained in this article is current as of the time of publication.

Medicare regulations are constantly changing and it is the responsibility of the provider to remain abreast of the Medicare program requirements. Any regulations, policies and/or guidelines cited are subject to change at any time. Current Medicare regulations can be found on the CMS website at www.cms.hhs.gov

As always, the provider should be aware of other regulations that might supersede the Medicare payment guidelines such as the State Practice Act and the State Administrative Code. In any scenario, the practitioner must go with the most stringent requirement in order to be compliant.

CPT codes only © 2010 American Medical Association. All rights reserved