



## Quarterly CERT Error Findings Report WPS Government Services Part B J8 MAC

This report provides details of Comprehensive Error Rate Testing (CERT) errors assessed January 1, 2025, through March 31, 2025, for Part B J8 MAC providers. The findings below are reported based on the type of error assessed by the CERT Contractor (e.g., insufficient documentation, incorrect coding, etc.).

### Insufficient Documentation – 74% of total errors

#### Reasons for Errors:

- Per CERT Medical Review, missing physician's certification of the physical therapy (PT) plan of care for therapy services relative to the date of service to support the billed therapeutic exercise (1 UOS), therapeutic activities (1 UOS), and neuromuscular reeducation (1 UOS); Physical Therapy plan of care for therapy services relative to the date of service. CERT received daily therapy note for Visit 4, documenting performance of therapeutic exercises for 15 minutes; Neuromuscular Reeducation for 8 minutes; Therapeutic activities for 15 minutes; Exercise flowsheet. SSA 1833 (e) (Insufficient Documentation); 42 CFR 424.24(c)(3)(ii) (Certification must be signed by physician or NPP who has knowledge of case for plan of treatment established by therapist); 42 CFR 410.61 (Plan of treatment requirements for outpatient rehabilitation services); PUB 100-02 Chapter 15 §220.1.2 (Plans of Care for Outpatient Physical Therapy, Occupational Therapy, or Speech-Language Pathology Services), §220.1.3 (Certification and Recertification of Need for Treatment and Therapy Plans of Care); PUB 100-04 Chapter 5 §10.3.5 (Identifying the Certifying Physician); PUB 100-02 Chapter 15 § 220.1 (Conditions of Coverage and Payment for Outpatient Physical Therapy, Occupational Therapy, or Speech-Language Pathology Services).
- Per CERT Medical Review, missing clinical documentation supporting medical necessity for the billed ambulatory blood pressure monitoring, worn continuously for 24 hours or longer; review with interpretation and report for the date of service. CERT received a note stating in part: "The patient did not receive Community Care Network Services on the date requested." Late documentation included an order for 24-hour BP monitoring that identifies the ordering provider; Billing/rendering physician's 24-hour BP monitoring report with dictation; 24-hour BP monitoring results with start date and end date to include BP readings and display graphs; Consent for 24-hour BP monitoring. SSA 1833(e); 42 CFR 424.5 (a)(6) (Sufficient Information); 42 CFR 410.32(a) (Ordering Diagnostic Tests); PUB 100-02 Chapter 15 § 10 (Supplementary Medical Insurance (SMI) Provisions); PUB 100-08 Chapter 3 § 3.6.2.2 (Reasonable and Necessary Criteria); PUB 100-04 Chapter 1 § 110 (Categories of Health Insurance Records to Be Retained); PUB 100-08 Chapter 12 §12.11 (Late Documentation Received by the CERT Review Contractor); CPT 2023.
- Per CERT Medical Review, missing documentation supporting performance of the Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy. CERT Received chart check with verification plan for IMRT; Status check report by physician supporting evaluation, IGRT review, and plan to continue RT; Chart of evolution of verification per fraction report ranging from late November into early December; Fraction verification for multiple dates of service within the range of dates of care which is missing Attestation or other documentation within the medical record to support the identity of the performing provider; Treatment history ranging from early to mid-December; Radiation therapy treatment reports which are missing identification of performing providers; status check note by [redacted provider], no credentials supporting evaluation, IGRT review, and plan to continue RT; status check note by [same provider as above], no credentials supporting evaluation, IGRT review, and plan to continue RT; Treatment completion summary; End of summary treatment report; Completion of treatment summary documenting a beneficiary with newly diagnosed adenocarcinoma of the prostate with a pretreatment PSA of 27ng/ml, a Gleason score of 8, with 6/12 cores positive. SSA 1833(e); 42 CFR 424.5 (a)(6) (Sufficient Information); 42 CFR 410.35 (X-ray Therapy And Other Radiation Therapy Services: Scope);



PUB 100-04 Chapter 13 §70 (Radiation Oncology – Therapeutic Radiology); PUB 100-08 Chapter 3 §§3.6.2.2 (Reasonable and Necessary Criteria), 200.3.1 (Billing for IMRT Planning and Delivery); CPT 2023.

- Per CERT Medical Review, missing clinical documentation to support the medical necessity for the billed tocilizumab infusion. CERT received RN infusion note documenting 20 mg of Actemra wasted with a total dose of 780 mg infused IV over one hour to include notation of the beneficiary to continue Actemra infusions every 4 weeks that identifies the ordering physician. The note only documents description of diagnosis code for RA. Late Documentation includes duplicates of previously submitted documentation. SSA 1833(e); 42 CFR 424.5(a)(6)(Sufficient Information); PUB 100-04 Chapter 12 §30.5 (Payment for Chemotherapy Administration and Nonchemotherapy Injections and Infusions); PUB 100-04 Chapter 17 §40 (Discarded Drugs and Biologicals); PUB 100-02 Chapter 15 §§50 (Drugs and Biologicals) and 50.3 (Incident to Requirements); PUB 100-08 Chapter 12 §12.11 (Late Documentation Received by the CERT Review Contractor)..
- Per CERT Medical Review, missing treatment log documenting the regions of the spine manually manipulated to support billed Chiropractic manipulative treatment (CMT); spinal, 3-4 regions, acute treatment. CERT received visit note documenting beneficiary sought treatment c/o continuous aching and tightness discomfort in the upper back; describes intensity as a 9 and indicated that the discomfort occurs 100% of the time; better since last visit. Note documents the levels of subluxation (left and right pelvis, L5, T3 to T6, and C5), treatment plan (goals, frequency and duration), and that “treatment rendered without incident” without listing the specific levels adjusted; Visit notes dated March through June of 2024. SSA 1833(e); 42 CFR 424.5(a)(6)(Sufficient Information); PUB 100-02 Chapter 15 §30.5 (Chiropractor’s Services), §240.1.1 (Manual Manipulation), §240.1.2. B (Documentation Requirements: Subsequent Visits), §240.1.3 (Necessity for Treatment); LCA: Billing and Coding: Chiropractic Services (A56273) revision effective 11/30/2023 to 09/30/2024
- Per CERT Medical Review, missing occupational therapy plan of care which is certified by the ordering provider to support the billed neuromuscular reeducation and therapeutic activities billed on the date of service. CERT received occupational therapy daily note for visit 31 supporting 40 minutes for neuromuscular re-education and 15 minutes of therapeutic activity. Note supports short and long term goals with plan from April through July of 2024 which is not certified by the referring provider; Daily notes for PT and SLP; SLP recertification note. Late Documentation included occupational therapy progress note (Visit 29) documenting plan of care supporting short and long term goals with 2 visits a week for 12 weeks, the plan is not certified by the referring provider; Duplicate of previously submitted documentation. SSA 1833(e); 42 CFR 424.5 (a)(6) (Sufficient Information); 42 CFR 410.61 (Plan of treatment requirements for outpatient rehabilitation services); 42 CFR 424.24 (c)(3)(ii) (Certification must be signed by physician or NPP who has knowledge of case for plan of treatment established by therapist); PUB 100-02 Chapter 15 §§§220.1.2.B (Contents of Plan), 220.3 (Documentation Requirements for Therapy Services), 220.1.3 (Certification/Recertification of need for treatment and therapy plans of care); PUB 100-04 Chapter 5 §§10.3.5 (Identifying the Certifying Physician), 20.2.C (Counting minutes for timed codes in 15 minute units); PUB 100-08 Chapter 12 §12.11 (Late Documentation Received by the CERT Review Contractor)
- Per CERT Medical Review, missing documentation supporting the results of the tests are used by the treating physician/practitioner in the treatment of the beneficiary to support the billed immunohistochemistry or immunocytochemistry, 12 UOS. CERT received order for tissue biopsy for needle aspiration of adrenal nodule; physician’s procedure note for CT guided core needle biopsy of right adrenal mass and supporting lung cancer with metastasis to liver; Guardant 360 lab test report with collection and reporting dates supporting diagnosis of lung carcinoma; Pathology report for right adrenal nodule with addendum by billing provider documenting report of immunohistochemical stains of strong positive for pan-keratin, CK7, and P40, negative for CK20, GATA-3, Hep Par-1, MOC-31, Napsin-A, NKX3.1, PAX-8, SATB2, and TTF-1; Consent for biopsy, Discharge and nursing documentation; invoice; E-signature protocol. Late documentation included Invoice dated 11/20/2024 and duplicate of previously submitted documentation. SSA 1833 (e); 42 CFR 424.5 (a)(6) (Sufficient Information); 42 CFR 410.32(a) (Physician’s orders); 42 CFR 414.510 (Lab DOS for Clinical Lab and Pathology Specimens); 42 CFR 410.32 (d)(2)(i) (Medical necessity); PUB 100-02 Chapter 15 §80.6.1 (Requirements for Ordering and Following Orders for Diagnostic Tests); PUB 100-08 Chapter 3 §3.6.2.2 (Reasonable and Necessary Criteria); PUB 100-08 Chapter 12 §12.11 (Late Documentation Received by the CERT Review Contractor); LCD: Lab: Special Histochemical Stains and Immunohistochemical Stains (L36805), revision effective 09/29/2022 – 07/13/2024; LCA:



Billing and Coding: Lab: Special Histochemical Stains and Immunohistochemical Stains (A57733), revision effective 01/27/2022 – 07/13/2024.

### **Incorrect Coding – 24% of total errors**

Reasons for Errors:

- Per CERT Medical review, the documentation supports a down code from 99233 to 99232 based on the level of medical decision making. CERT received performing provider's progress note that supports moderate complexity medical decision making for EM services provided on the Date of Service. SSA 1833(e); PUB 100-04 Chapter 12 §30.6.9.2 (Subsequent Hospital Inpatient or Observation Care Visit and Hospital Inpatient or Observation Discharge Day Management (Codes 99231 - 99239); 2023 MPFS Final Rule for 2023 EM Changes; EM Guidelines 2023; CPT 2023.
- Per CERT Medical Review, the documentation supports a down code from 99285 to 99284 based on the level of medical decision making. CERT received ED provider's note that supports Moderate complexity medical decision making for EM services provided. SSA 1833(e); PUB 100-04 Chapter 12 §30.6.11 (Emergency Department Visits (Codes 99281 - 99288)); ?PUB 100-08 Chapter 12 §12.11 (Late Documentation Received by the CERT Review Contractor); 2023 MPFS Final Rule for 2023 EM Changes; CPT 2024.
- Per CERT Medical Review, the documentation supports a change in UOS for the billed Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml from 4 units to 1 unit based on the documentation submitted. CERT received therapeutic bilateral transforaminal lumbar epidural steroid injection procedure report by the billing provider documenting 0.5 cc Omnipaque contrast injected under fluoroscopic visualization followed by injection of Dexamethasone 4 mg and 1 cc of 2% lidocaine; Nurse's note; Charge sheet that documents charge for Omnipaque 300 mg x 4. SSA 1833(e); 42 CFR 424.5(a)(6)(Sufficient information); PUB 100-02 Chapter 15 §50 (Drugs and Biologicals); PUB 100-04 Chapter 17 §10 (Payment Rules for Drugs and Biologicals); PUB 100-04 Chapter 13 §30.1.1 (Low Osmolar Contrast Media (LOCM) – Payment Criteria); PUB 100-08 Chapter 3 § 3.6.2.4 (Coding Determinations).

### **No Documentation - 2% of total errors**

Reasons for Errors:

- Per CERT Medical Review, missing the rendering/provider's new patient evaluation and management visit office for the billed date of service. CERT received a handwritten note on CMS cover sheet, "Incorrect address not ours, Lutheran Medical group has a different address, look up by provider". SSA 1833(e); 42 CFR 424.5(a)(6)(Sufficient Information); PUB 100-04 Chapter 1 §110.1 (Categories of Health Insurance Records to Be Retained); PUB 100-04 Chapter 12 §30.6.1. A (Use of CPT Codes); 2021 MPFS Final Rule for 2021 EM Changes; EM Guidelines 2021; CPT 2024.



## Resources

Social Security Administration: <https://search.ssa.gov/search?affiliate=ssa>

Code of Federal Regulations: <https://www.govinfo.gov/help/cfr>

Internet Only Manuals: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs>

MPFS Final Rule for 2021 E/M Changes <https://www.cms.gov/newsroom/fact-sheets/final-policy-payment-and-quality-provisions-changes-medicare-physician-fee-schedule-calendar-year-1>

MPFS Final Rule for 2023 E/M Changes <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2023-medicare-physician-fee-schedule-final-rule>

Local Coverage Determination (LCD) L36805: Lab: Special Histochemical Stains and Immunohistochemical Stains – revision effective 09/29/2022 – 07/13/2024 <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?LCDId=36805>

Local Coverage Article (LCA) A57733: Billing and Coding: Lab: Special Histochemical Stains and Immunohistochemical Stains – revision effective 01/27/2022 – 07/13/2024 <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57733&ver=10&stateRegion=s20&contractorNumber=265%7C1&articleStatus=all&sortBy=id&bc=5>

Local Coverage Article (LCA) A56273 - Billing and Coding: Chiropractic Services – revision effective 11/30/2023 to 09/30/2024 <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=56273>

2021 & 2023 E/M Guidelines

Current Procedural Terminology (CPT) 2023 & 2024

*Note: Review results are based on the documentation submitted and Medicare regulations in place at the time services were rendered. Medicare providers are responsible for compliance with all current applicable Medicare coverage, coding and billing regulation upon claim submission.*