



Comprehensive Error Rate Testing (CERT)

Medicare Billing and Coders

Medical Records Staff

Appeals Staff

May 2010

CMS

CENTERS for MEDICARE & MEDICAID SERVICES

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CERT Basics

CERT is contracted by CMS to audit claims paid by Medicare

- **Random sampling method used to select claims for review**
- **Requests for medical records are faxed or mailed to providers**
 - **Providers choose to receive by mail or fax**
 - **Updates to contact information to:**
 - **888-779-7477**
 - **<http://www.certcdc.com/certproviderportal/pages/>**
 - **800-338-6101**

CERT Basics Cont'd

If records sent to CERT do not support what was billed to Medicare

- **CERT contractor will request that Medicare contractor process adjustments to make corrections to billing, or deny services billed**
- **CERT findings used for data analysis and possible additional review of claims and medical records by Medicare contractor**
- **Medicare will send a letter to the provider**
 - **with some cases an additional letter with more details of correction of billing and why (addressed to Health Information Manager/Chief Financial Officer/Compliance Officer)**
 - **Details also available in claims remarks screen in FISS system**

CERT Appeal

NHIC would like to encourage you to appeal.

- **You will have five levels of appeal available to you.**
 - **Medical records that were sent to CERT Documentation Center will be sent to the appeals department.**
 - **You only need to send in the request form (CMS20027) and any additional information that will aid your appeal.**
 - **You may appeal through the MAC within 120 days of the date the adjustment was processed.**
- **Additional information available at www.MedicareNHIC.com / J14 MAC Part A/Payment Support/ Appeals**

CERT Appeal Address

Address to mail appeal request to:

**Redetermination NHIC, Corp.
Medicare Part A Appeals
P.O. Box 9202
Hingham, Massachusetts 02044**

Submitting Requested Medical Records to CERT

Fax: Preferred method

- **240-568-6222**
- **Bar code cover sheet or CID # on cover sheet**

To update provider contact information/fax/address (for CERT medical record requests):

- **CERT Documentation Center at 888-779-7477**
- **<http://www.certcdc.com/certproviderportal/pages/>**

For questions:

- **Medicare Clinical Provider Outreach and Education**
 - **Call - 800-338-6101**
 - **Email - EastClinicalEducation@Wellpoint.com**

Overnight Mail Option

**CERT Documentation Contractor
Attn. CID #: XXXXXX
Suite 9
9090 Junction Drive
Annapolis Junction, MD 20701**

Current CERT Findings for Inpatient Hospital

Services denied at inpatient level of care

- Can be rendered in an Outpatient or Observation room setting

ICD-9-CM diagnoses and procedure coding corrections resulting in change in DRG reimbursement

Procedure codes removed

- Coverage guidelines not met
 - Example – dual chamber pacemaker inserted when medical documentation only supports single chamber pacemaker
 - Article on www.medicarenhic.com March 25, 2010 – CERT Alert: Dual Chamber Pacemaker Insertion Denials

SNFs required to request records from hospitals when the MDS Lookback Period is during the inpatient hospital stay

- CMS Internet-Only Manual (IOM) Publication 100-08, Medicare Program Integrity Manual, Chapter 6 Section 6.1.3

Services denied or coding changed
Adjustments to retract or correct reimbursement

Current CERT Findings for Inpatient Rehabilitation

**Be sure to include IRF-Patient Assessment Instrument
(PAI) with documentation submitted**

**Services denied
Adjustments to retract reimbursement**

Current CERT Findings for SNF Inpatient Services

RUGS Coding corrected based on medical records and MDS submitted

Examples of Records needed to completely supported RUGS levels billed:

- For the MDS lookback periods**
 - » IV and Medication administration records**
 - » Therapy treatment logs with number of minutes**
 - » Medicare Program Integrity Manual
Publication 100-08, Chapter 6, Section 6.1.3**

Current CERT Findings for Outpatient Services

Labs and Diagnostic procedures - Missing MD order

- **Requisition forms or progress notes showing MD intent**
 - **missing or illegible MD signatures**
 - » **Signature key is needed if MD signature illegible**
 - » **by MD or Compliance Officer with typed name and MD signature**
- **Providers with electronic ordering systems**
 - **CERT is requesting one copy per provider of the protocol that describes that the system is entered by the MD with an ID and password**

Additional record requests and Adjustments to retract payment

Current CERT Findings

Outpatient cont'd

Drugs

- **Missing some of the medication administration records**
- **Billing number of units error**
- **Billing for self administrable drugs in error**

Therapy – PT, OT, Speech

- **Treatment plan missing MD signature**
- **Need treatment notes for each code and number of units billed**
- **Need documentation to support support therapy exceeding the cap and the use of the KX modifier**

Clinic visits

- **Progress notes with missing or illegible MD signature**
 - **Need signature key from MD or Compliance Officer with typed name and MD signature**

**Additional record requests
or adjustments to retract payment**

CERT Semi Annual Report

CERT “Findings” Full Report on the CMS Website at www.cms.hhs.gov

Next report due to be published November 2009

- **In search box, enter “CERT REPORTS”**
- **Click on CERT REPORTS link**
- **Click on the most current date**
 - **“Improper Medicare FFS Payments”**
- **Click on “... Long Report”**
- **Click on “date ... Report”**
- **Click on “Findings”**

Questions on CERT

Questions are welcome

- **Call Toll Free**

 - **800-338-6101**

- **Email**

 - **East Providers – EastClinicalEducation@Wellpoint.com**

www.medicarenhic.com

MEDICARE ADMINISTRATIVE CONTRACTOR JURISDICTION 14 A/B/MAC

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The logo for the Centers for Medicare & Medicaid Services (CMS), featuring the letters 'CMS' in a bold, blue, sans-serif font. A yellow diagonal line crosses the letters from the bottom-left to the top-right.

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