



CERT AUDITS & Medicare Claims

By Dean Mason, LO

Dean Mason, co-chair of PFA's *Government Affairs Committee*, introduces us to Medicare's Comprehensive Error Rate Testing process and gives us some tools to help navigate the quagmire. This article is available for *Continuing Education Unit (CEU)* credit.

CERT stands for "Comprehensive Error Rate Testing" and is an auditing tool that was established in 1996. Its purpose was to reduce costs associated with improperly completed and improperly paid Medicare claims. CMS has contracted with Advance Med to oversee the CERT process for Jurisdiction B DME MAC. The CERT contractor randomly requests and audits approximately 2,000–3,000 claims per year from Jurisdiction B. It just seems like it is so many more.

The medical review specialists employed by the CERT contractor review each claim and determine the following:

- Does the item/equipment fit a Medicare benefit category?
- Is the item/equipment statutorily excluded?
- Is the item/equipment medically reasonable and necessary?
- Is there documentation to support that the item/equipment was provided?
- Was the item/equipment coded and billed correctly?

This determination is made by reviewing the information contained in the claim for services.

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To take advantage of the program, thoroughly read the adjacent CEU article and then visit:

www.pedorthics.org and click on the *Continuing Education Opportunities* tab to purchase the 10-question quiz associated with this article. CEP quizzes cost \$15 for members and \$25 for non-members. The quizzes are worth 1.0 Scientific or Business CEP, depending on the content. Successful completion of the quiz will result in 1.0 CEP reported directly to ABC and BOC at the end of each quarter.

Look for additional CEP-eligible articles in future issues of the magazine; previous articles are available in the magazine archive at **www.pedorthics.org**.

If you have any questions, contact PFA, at (229) 389-3440 or e-mail: **ceu@pedorthics.org**.



"THIS CERT CLAIM IDENTIFIER TOOL HAS BEEN DESIGNED TO AID MEDICARE SUPPLIERS OBTAIN THE RESULTS OF THEIR CERT REVIEW."

Twice a month the CERT contractor sends a file to CGS that includes all the claims found to be in error. The claims are randomly assigned for audit. CGS adjusts the claims based on whether the error resulted in an overpayment or underpayment. The provider will receive a Remittance Notice for each adjustment made. CGS will also request refunds on errors that resulted in overpayments and will issue additional payments if claims are underpaid. Needless to say, the majority of claims are for overpayments.

If an error is not found after the claim is reviewed by the CERT contractor, no response will be sent to the provider. The status of any claims sent to the CERT contractor can be checked by accessing the CERT Claim Identifier Tool. The tool may be accessed on the CGS website at:

[HTTP://CGSMEDICARE.COM/MEDICARE_DYNAMIC/CID_TOOL/SEARCH.ASP](http://CGSMEDICARE.COM/MEDICARE_DYNAMIC/CID_TOOL/SEARCH.ASP)

If the provider disagrees with a CERT initiated denial, the decision may be appealed. The same

Medicare guidelines for the appeals process at CGS apply to the appeals process for CERT initiated denials.

This CERT Claim Identifier Tool has been designed to aid Medicare suppliers obtain the results of their CERT review. You may search this database by the CID number. You simply go to the tool on the CGS website and enter the barcoded number. It will return information as to whether a decision has been made on your case or not.

A redetermination (1st level appeal) may be requested if you feel a CERT error was called incorrectly. Suppliers have the same appeal rights for CERT initiated denials as they do for denials initiated through CGS. For more information about the appeals process and a request form, refer to the Appeals section of the website. If the Redetermination is denied all other levels of appeals are available. When requesting a redetermination, you must be specific about why you feel the denial was incorrect. Send

additional documentation and medical records that may be available to support the medical need for the item(s) denied.

There are many reasons why the CERT Contractor may identify an error on a claim or claim line, but the most common reason is generally related to documentation. Incomplete or missing documentation often leads to a recoupment of payments. Documentation is the bane of our existence. Documentation requirements vary with each auditor. It is very important that you adhere to the timelines established in the CERT audit request.

All requests for additional documentation from the CERT contractor should be responded to within the requested timeframe. Failure to respond in a timely manner may result in an error.

Once an error is identified by the CERT contractor—your only option is an Appeal. The CERT Coordinator may be contacted to

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assist you in understanding the reason for the error. The CERT Coordinator may also offer suggestions for next steps to correct the error through the Appeals process.

Listed below are some of the most common errors received and tips on what you can do to prevent errors.

INSUFFICIENT OR OUTDATED DOCUMENTATION AND MEDICAL RECORDS:

Submit current patient records and medical documentation that supports the item billed.

Submit patient records that support the medical necessity criteria of the LCD and Policy Article for the item billed.

Not responding to requests for documentation and medical records will result in a claim error and subsequent request for overpayment recoupment.

NON-RESPONSE FOR ADDITIONAL DOCUMENTATION:

Read the request for additional documentation carefully.

Respond quickly with the requested documentation to avoid possible recoupment actions.

INCOMPLETE OR MISSING ORDERS:

Ensure orders are legible, contain appropriate signatures, and required data elements.

Change in orders must be substantiated by documentation in patient records.

KEEP IN MIND:

Claims that have gone through the Prior Authorization process are still subject to a CERT audit.

Respond quickly with the requested documentation to avoid possible recoupment actions.

Claims that were billed in error and audited by the CERT contractor cannot be corrected by the CERT contractor.

Refund CGS for the claim billed in error.

Do not alter any documentation: this includes hi-lighting, circling, or underlining information in the documentation provided to the CERT contractor. Changes to medical records must be made by the author/originator of the record and must be:

Clearly and permanently identify any alteration or addition.

Clearly indicate the date and author of any alteration or addition.

Preserve the legibility of the original by means of a single, narrow line made through any deletion.

Documentation must be legible. If you can't read it, then chances are no one else can. Before faxing, ensure everything requested by the CERT contractor is included and that the documents are fed into your fax machine correctly so they do not get cut off. Check your transmission to make sure that all pages transmitted, if they did not, re-transmit.

"DO NOT ALTER ANY DOCUMENTATION: THIS INCLUDES HI-LIGHTING, CIRCLING, OR UNDERLINING INFORMATION IN THE DOCUMENTATION PROVIDED TO THE CERT CONTRACTOR."

If the signature and dates are not legible, make sure you include the appropriate Attestation Statement which authenticates what you are submitting.

There, everything you need to know about CERT audits. Good luck.



REFERENCES:

- 1) Source: CGS website: CERT audits - [HTTP://CGSMEDICARE.COM/MEDICARE_DYNAMIC/CID_TOOL/SEARCH.ASP](http://CGSMEDICARE.COM/MEDICARE_DYNAMIC/CID_TOOL/SEARCH.ASP)

A screenshot of a web browser displaying the CGS Medicare website. The page title is "CERT Claim Identifier Tool". The header includes the CGS logo and navigation links for Medicare Home, JB DME, JC DME, J15 Part A, J15 Part B, and J15 HHM. The main content area contains instructions for using the tool, a search form with radio buttons for "CID" and "NPI Number", and a footer with various utility and contact links. The footer also includes the address "Two Vantage Way, Nashville, TN 37228" and the copyright notice "©2016 CGS Administrators, LLC. All Rights Reserved".