



Title: CERT
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Summary: Dr. Robert Hoover, Medical Director for CGS Administrators, Jurisdiction C DME MAC discusses common errors across multiple policy groups and provides detailed information on how to avoid the errors.

>Hello and welcome to another edition of Medicare Minute. I'm Dr. Robert Hoover, medical director at CGS Administrators, the Jurisdiction C DME MAC.

>Today I'm going to talk about CERT errors. Notice I didn't say Comprehensive Error Rate Testing program because by now, most of you know that's what CERT means. It's a measure of claim submission errors in the Medicare program.

>For this edition of Medicare Minute, I'm going to divide the errors not by policy group but by the most common types of errors seen across multiple policy groups. I'm going to talk about delivery documentation, orders and medical records.

>When it comes to documentation of delivery of a DMEPOS item to a beneficiary, the most common errors are shown on your screen now:

- Either the documentation was not received or was missing required elements.
- The date of service on the claim did not match the shipping date if the items were mailed or shipped or did not match the date of delivery if the item was picked up or delivered locally.
- Delivery documentation did not include either a dated signature from the beneficiary or representative or tracking information from a shipping service to confirm delivery.
- There were multiple pages or forms of delivery documentation and no common reference number on all the pages to link the information.

>The next category of errors is physician orders. The Top 5 errors related to physician orders are:

>All of these errors are easily correctable with a good intake process. CGS has supplier documentation checklists available on the CGS Medicare dot com under the Medical Review section to help make sure you have a thorough documentation intake process.

>And finally, the top 5 reasons for CERT errors based on medical records can be seen

here.

>Suppliers need to make sure that the documentation they receive from the treating physician adequately describes the need for the item dispensed and that the LCD coverage criteria are met. In addition, you will note one of the issues relates to authentication. All documentation is required to have verification of the author and meet CMS signature requirements.

>While I've described a number of types of CERT errors, the good news is that the CGS web site has lots of resources to help you avoid them. Just go to the Medical Review page on our website and you'll find numerous links related to these topics.

>That does it for this edition of Medicare Minute. As with all of CGS' educational offerings, this is only a summary of certain policy requirements. I encourage you to read the applicable LCD and related Policy Article for a complete description of the coverage, coding and documentation requirements.

>Thank you for watching and have a nice day.

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