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Objective

Gain an understanding of the CERT Program and utilize both CERT and NGS resources to assist in submitting accurate and compliant claims to Medicare the first time

Today's Presenters

- Provider Outreach and Education Consultants
  - Jean Roberts, RN, BSN, CPC
  - Jeanine Gombos, LPN

Agenda

- [Comprehensive Error Rate Testing Program](#)

- [The CERT A/B MAC Outreach & Education Task Force](#)

- [CERT Results & 2023 Report](#)

- [Resources](#)

Comprehensive Error Rate Testing Program

What is CERT

- Measure and improve Medicare FFS program payment accuracy
  - Protect Medicare Trust Fund
  - Claims selection using stratified random sampling method
- Calculates Medicare FFS program improper payment rate
- Identifies improper payments
  - Measurement of payments not meeting Medicare requirements
    - Not "fraud rate"
  - Multiple improper payment rates computed
    - National
    - Contractor
    - Service
    - Provider Type

What is an Improper Payment?

- Payments either should not have been made or paid incorrect amount
  - Overpayment or underpayment
- Includes payment for
  - Ineligible recipient
  - Ineligible service
  - Duplicate payment
  - Services not received
  - Incorrect amount
- SSA Section 1833 prohibits Medicare payment when documentation is insufficient to support medical necessity

CERT Contractors

- CERT Review Contractor (RC): Empower AI, Inc. (formerly NCI Information Systems, Inc.)
  - Samples claims
  - Requests and receives all medical records
  - Images and quality control
  - Reviews medical records
  - Compiles the data (using the CERT SC)
  - Completed review results (overpayments and underpayments) sent to MAC for claim adjustment (recoupment or reimbursement)
- CERT Statistical Contractor (SC): The Lewin Group, Inc.
  - Designs sampling strategy
  - Calculates improper payment rates and amounts

CERT website

- CERT C3HUB
  - Comprehensive website to assist with CERT compliance
  - Facilitates coordination, collaboration, and communications between all stakeholders (Medicare providers, suppliers, and contractors)

C3HUB Home Page

C3HUB

☾ 👤 MAC LOGIN

- 🏠 Home
- ℹ️ About CERT
- ➡️ Submit Records to CERT
- ✉️ Letters and Contact Information
- 📊 Completion Status Chart
- 🔍 Claim Status Search
- 🔍 CERT Disaster Damage Administrative Relief
- ✉️ Attestation Letters
- ✉️ Sample Request Letters
- ☰ Document Request Listings
- ≡ Psychotherapy Notes
- ≡ CERT Holiday Calendar
- 📧 FAQs
- 🔗 CMS Links

Welcome to the CERT C3HUB

The CERT C3HUB web site is designed to provide Medicare providers, suppliers, and contractors with information about the Comprehensive Error Rate Testing (CERT) Program and to facilitate coordination, collaboration, and communications between all stakeholders.

This website contains the following features:

- **About CERT** — This webpage covers a brief description about the CERT program and the functions of the two CERT contractors: The Review Contractor and the Statistical Contractor.
- **Submit Records to CERT** — This webpage provides instructions to providers and suppliers on how to submit medical documentation to the CERT Review Contractor. There are five submission methods.
- **Letter and Contact Information** — This webpage notifies providers and suppliers of the schedule the CERT Review Contractor uses to mail out the initial and subsequent Additional Documentation Request (ADR) letters. The timeline includes when providers and suppliers can expect to receive a telephone call. This webpage also identifies the source of the address the CERT Review Contractor will use to mail the initial and subsequent letters. It informs providers that telephone calls will be grouped in order to reduce multiple calls to the same provider. And provides instructions on how providers that have 10 or more PTAN/OSCAR numbers can join the chain address program.
- **Completion Status Chart** — This webpage provides the completion status of the active report periods that the CERT Review Contractor is working on.
- **Claim Status Search** — This webpage provides current status of a claim under CERT review.
- **Administrative Relief for Damaged Areas From a Disaster** — This webpage provides guidance for how CERT claims processing is affected in the event of a natural disaster.
- **Attestation Letters** — This webpage provides a sample of the Disaster Attestation Letter. Providers and suppliers are required to submit this letter when the medical documentation requested to support a claim has been wholly or partially destroyed in a disaster. It also includes a sample of a Signature Attestation Letter that providers and suppliers can use when the signature is illegible/missing.
- **Sample Request Letters** — This webpage includes a sample of the initial and subsequent additional documentation request (ADR) letters that are sent to providers and suppliers. The letters are based on claim type. Both English and Spanish versions are available on this page.
- **Documentation Request Listings** — This webpage includes a sample of the types of documents that the provider and supplier should include when they receive a CERT letter requesting medical records. This page allows the provider to select a specific documentation listing based on service within each claim/billing type.
- **Psychotherapy Notes** — This webpage contains CMS special instructions for providing documentation for psychotherapy claims.
- **CERT Holiday Calendar** — This webpage provides a calendar of holidays observed by the CERT program.
- **FAQs** — This webpage contains a word document with the most frequent questions asked about the CERT program.
- **CMS Links** — This webpage has hyperlinks to various CMS topics/resources related to CERT (e.g., CERT power point, Medicare Quarterly Provider Compliance Newsletter, and information on encryption).
- **Contact Us** — This webpage has the CERT Review Contractor's mailing address, telephone and fax numbers and email address.

⚠️ Announcements

Overview of CERT Process

Random Sample Selected

CERT selects stratified random sample of Medicare FFS claims

Medical Records

Provider request letter: Must submit medical records to support all services on selected claim

Review & Decision

CERT independent medical reviewers review documentation and determine whether claim was paid properly according to Medicare coverage, coding, and billing rules

Calculate Improper Payment Rate & Report

CERT SC contractor calculates annual improper payment rates and reports to CMS

- Annual CERT Report published

CERT Method

- Selects stratified random sample by claim type of Medicare FFS claims (approx. 50,000 claim each reporting period)
  - Beginning with reporting year 2025: 37,500 claims
- Claims (paid or denied) submitted from July 1 through June 30 annually
  - Part A (Hospital IPPS)
  - Part A (excluding Hospital IPPS)
  - Part B
  - DMEPOS
- Requests medical records from billing provider
- Provider must submit medical records to support all services on selected claim

FYI: 2025 CERT Program Sample Size

- Reduced Sample Size Starting with Reporting Year 2025
  - CMS permanent reduction in sample size starting with reporting year (RY) 2025
    - Sample size will decrease from 50,000 to 37,500 claims annually
  - If the CERT Review Contractor completes the RY 2025 review but removes your claim from the sample, they'll send you a letter.
  - Your Medicare Administrative Contractor will:
    - Adjust the claim if required to reflect the correct codes and payment
    - Pay or collect if needed

Billing Provider Responsibility

- Ensure PECOS contains current address
- Billing provider holds responsibility for maintaining all documentation necessary to support the services billed
  - Must obtain necessary medical records located on/off site/with third party
- Note: Federal law requires providers to submit medical record documentation to support claims for Medicare services upon request

Address Updates

- All initial ADR letters sent to address on file with PECOS for billing provider

- Subsequent ADR letters can be sent to an alternate address
  - Must provide address update to CERT Customer Service Representative (CSR) at 1-888-779-7477
    - Updating address applies **ONLY** to CERT program

- Updating address in PECOS: MLN Matters® *MM SE1627: Timely Reporting of Provider Enrollment Information Changes*

C3HUB > Letters and Contact Information

How to Submit Address Updates

Documentation Requests

- All **FIRST** Additional Documentation Request (ADR) letters for CERT are sent to the address on file with the Provider Enrollment, Chain and Ownership System (PECOS) for the provider/supplier that billed/submitted the claim.
- All **SUBSEQUENT** ADR letters can be sent to an alternate address. This can be provided to the CERT Customer Service Representative (CSR) by calling 888-779-7477.

The above processes are based on each individual CID; providers will need to contact the CERT office as mentioned above for each sampled claim.

For information on updating addresses with PECOS, please see MLN Matters® Article SE1617 for additional information.

Chain Address Program

Providers who have at least five (5) PTAN/OSCAR numbers who would like to elect a single point of contact (POC) can participate in the "chain address" program. This program is as follows:

- Call the CERT office (888-779-7477) or your local MAC CERT Coordinator with a list of PTAN/OSCAR numbers and the designated point of contact information.
- To assure you supply the information to CERT within the 45 days, CERT will email/call the point of contact with a list of outstanding CID numbers.
  - NOTE: Due to the **FIRST** letter being sent to the provider address on file, these may be requests the point of contact has not yet received.
  - When requested, the CERT CSR will forward a copy of the letters not yet received.

Group Calls

In order to reduce provider burden, when multiple calls are due to the same phone number, the CERT RC groups the calls so that a single contact can be made with the provider (providers) associated with that phone number to discuss all outstanding requests.

*****_IMPORTANT NOTE: This change is ONLY in regards to the CERT program_

C3HUB: Sample Request Letters

Sample Request Letters

	English	Spanish
Part A Initial Letter:	English	Spanish
Part B Initial Letter:	English	Spanish
Part A Inpatient Hospital Initial Letter:	English	Spanish
DME Initial Letter:	English	Spanish
Chiropractic Services Initial Letter:	English	Spanish
ADR to Third Party Provider Letter:	English	Spanish
ADR to Billing Provider Letter:	English	Spanish

All letters are delivered in an envelope that looks like this (click for larger image):

CENTERS FOR MEDICARE AND MEDICAID SERVICES
CERT DOCUMENTATION CENTER
8701 Park Central Drive
Suite 400-A
Richmond, VA 23227
Important Dated Information Enclosed

Immediate Response Required
Medicare Record Request

If no addressee name is shown, forward to Medical Records Department.

Letter includes

- Request for medical records including due date
- Instructions and submission methods
- Contact information for questions
- Claim information = specific claims selected
- Bar coded cover sheet
  - Place in front of medical records being submitted
- View sample letter on C3HUB

Initial Request Schedule

- CERT RC issues ADR for each claim selected
  - Contact schedule
    - **Day 1**: CERT issues ADR
      - 45 days to submit documentation based on date of letter
    - **Day 21**: Telephone contact to follow-up on request and/or offer assistance
    - **Day 30**: Second letter sent – 15 days remain
    - **Day 35**: Telephone contact
    - **Day 45**: Records due - Third letter sent
    - **Day 49**: Past due - Telephone contact
    - **Day 60**: Records overdue - Forth letter sent
    - **Day 76**: Claim identified as error/non-response - subject to MAC overpayment recovery

Subsequent Documentation Request

- During review, CERT may need additional documentation and issues subsequent ADR

- Subsequent ADR schedule
  - **Day 1**: Send letter 1 and telephone contact to follow-up on request and/or offer assistance
  - **Day 10**: Send letter 2 and telephone contact to follow-up on request and/or offer assistance
  - **Day 16**: Claim back in review process

Medial Records

- Based on each individual claim Identification (CID) number
  - Ensure bar coded cover sheet returned with records
- CERT C3HUB includes printable suggested documentation request listings (subject to change) based on provider/billing type and a section about psychotherapy notes
- Ensure records support services billed
- Address any questions concerning documentation request to CERT Documentation Center Customer Service

Phone: 1-888-779-7477

Email: CertProvider@empower.ai

C3HUB: Medical Records

C3HUB

☾ 👤 MAC LOGIN

🏠 Home

ℹ️ About CERT

➡️ Submit Records to CERT

✉️ Letters and Contact Information

📊 Completion Status Chart

🔍 Claim Status Search

🔍 CERT Disaster Damage Administrative Relief

✉️ Attestation Letters

✉️ Sample Request Letters

📋 Document Request Listings

☰ Psychotherapy Notes

Document Request Listings

The following list is based on provider/billing type. When you find the appropriate type, click on it to save a document that lists the documentation that is required to support a Medicare claim.

While each list is printable, the required documents are subject to change by CMS. If you print the page, it is important to check this website periodically to confirm you have the most recent version.

REMEMBER - TO HELP YOUR RESPONSE GET ASSOCIATED WITH THE PROPER CLAIM, ALWAYS SUBMIT THE CORRESPONDING BAR CODED COVER SHEET WITH YOUR DOCUMENTATION.

DME | **PART A** | PART B

All other types of claims billed by Medicare Approved Facilities.pdf (75 KB)
CORF & ORF outpatient rehabilitation facility (types of bill 74x and 75x).pdf (15 KB)
ESRD Facility (Type of Bill 72x).pdf (12 KB)
HHA-Part A, Outpatient, Other (Type of Bills 31X, 32X, 33X, 34X, 35X, 36X, 37X, 38X, 39X).pdf (16 KB)
Hospice (Types of Bill 81x, 82x).pdf (13 KB)
Hospital-based Ambulatory Surgery Center (Type of Bill 83X).pdf (68 KB)
Inpatient Acute Care Facilities (Type of Bill 12x) (Type of Bill 11x).pdf (10 KB)
Inpatient Rehabilitation Facility (IRF).pdf (10 KB)
Psychiatric Partial Hospitalization Program (Type of Bill 76X).pdf (77 KB)
Skilled Nursing Facility (All types of bill beginning with 2).pdf (79 KB)

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C3HUB: Psychotherapy Notes

Psychotherapy Notes

Patient authorization is not required for the release of information excluded from the definition of psychotherapy notes, and the provider should release the non-psychotherapy note material to demonstrate medical necessity.

Psychotherapy Notes - This webpage contains CMS special instructions for providing documentation for psychotherapy claims.

- MLN Matters® *MM3457: Psychotherapy Notes*

Medical Record Submission Methods

- Submit within 45 calendar days of CERT request
- Include CID number and barcoded cover sheet (as only cover sheet)
- Submit via
  - U.S. Postal Mail
    CERT Documentation Center
    8701 Park Central Drive, Suite 400-A
    Richmond, VA 23227
  - Fax: 804-261-8100
    - Use barcoded cover sheet as only cover sheet
    - Send separate fax transmission for each claim

Medical Record Submission Methods, cont.

- Electronic Submission of Medical Documentation (esMD)
  - Include CID# or claim number and barcoded cover sheet in transmission
  - Refer to esMD for more information about esMD
- Compact Disk (CD)
  - MUST contain only images in TIFF (Tagged Image File Format) or PDF format
  - Ensure information is encrypted per HIPAA security rules and password protected
  - Send password via email to CERT email or via fax to 804-261-8100
- Email attachment
  - MUST contain only attachments in TIFF or PDF format
  - Ensure information is encrypted per HIPAA security rules
  - Password and CID# must be provided via phone to 888-779-7477 or via fax to 804-261-8100.

Records Destroyed in Disaster

- Disaster: Any natural or man-made catastrophe causing damages of sufficient severity and magnitude to partially or completely destroy, or delay access to, medical records and associated documentation
  - All records destroyed in disaster
    - Submit Disaster Attestation Letter
  - Some records destroyed
    - Submit records along with Disaster Attestation Letter to address destroyed documentation
- Submitting false Disaster Attestation Letter is subject to consequences > Perjury

C3HUB: Record Destruction Attestation

CERT Process for Handling a Provider's Allegation of Record Destruction

In cases where the provider is unable to provide documentation because the needed medical record is **completely** destroyed, due to disaster, the provider may submit a Disaster Attestation Letter to that effect.

In cases where the provider is unable to provide complete documentation because the needed medical record is **partially** destroyed, due to disaster, the provider should submit the portion of the medical record that was not destroyed and submit a Disaster Attestation Letter stating that the remainder of the medical record was destroyed.

For CERT purposes, a "disaster" is defined as any natural or man-made catastrophe which causes damages of sufficient severity and magnitude to partially or completely destroy, or delay access to, medical records and associated documentation.

- Natural disasters include hurricanes, tornadoes, earthquakes, volcanic eruptions, fires, mudslides, snowstorms, tsunamis.
- Man-made disasters include terrorist attacks, bombings, floods caused by man-made actions, civil disorders, or explosions.
- A disaster may be widespread and impact multiple structures, or be isolated and impact a single site only.

Submitting a false Disaster Attestation Letter is subject to penalty of perjury. Click the link below for a copy of the attestation form. Providers who need to use this form can print and fax it to the CERT Customer Service Center.

📄 CERT Disaster Attestation Letter

📄 Carta Certificada de Desastre/Catástrofe

Signature

- Medicare requires services provided/ordered/certified be authenticated by person(s) responsible for care of beneficiary in accordance with Medicare's policies
  - Treating physician's/NPP's signature on note indicates physician/NPP affirms note adequately documents care provided
  - Reviewers must view signature (and date) of treating physician/NPP on the note
    - Must be handwritten or electronic signature
    - Stamped signatures are not acceptable
- Illegible signature – use signature log
  - Typed or printed name associated with initials or illegible signature
    - Include credentials and include in medical record

Signature Attestation

- Signature Attestation Statement
  - Must be signed and dated by author of medical record entry and must contain sufficient information to identify beneficiary
  - No specific form or format
- NGS article on CERT errors relevant to signature issues
  - Signature Requirements

C3HUB: Signature Attestation

Signature Attestation Statement

On March 16, 2010, CMS issued CR#6698 that clarified Medicare Fee for Service signature requirements. CMS Signature Guidelines for Medical Review Purposes:

- https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R327PI.pdf
- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM6698.pdf
- https://www.cms.gov/Medicare/Medicare-Contracting/ContractorLearningResources/Downloads/JA6698.pdf

Click the link below for a copy of the attestation form. Providers who need to use this form can print and fax the form to the CERT Customer Service Center.

- Signature Attestation Statement
- Declaración de Atestación de Firma

While this sample statement is an acceptable format, at this time, CMS is neither requiring nor instructing providers to use a certain form or format. A general request for signature attestation shall be considered a non-standardized follow-up question from the contractors to the providers so long as the contractors do not provide identical requirements or suggestions for the form or format of the attestation. The above format has not been approved by the Office of Management and Budget (OMB) and therefore it is not mandatory. However, once OMB has assigned an OMB Paperwork Reduction Act number to this attestation process, a certain form/format will be mandatory.

C3HUB Current Claim Status Search

- Enter the seven-digit CID number to view current status
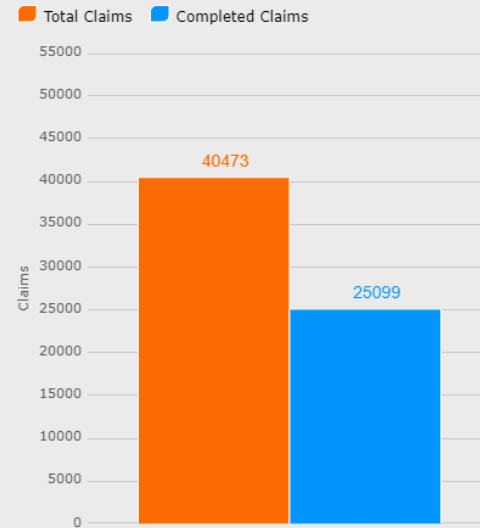
C3HUB: Completion Status (as of 9/16/2024)

Completion Status

This webpage provides the completion status of the active report periods that the CERT Review Contractor is working on.

Report Year 2026 Completion Status

■ Total Claims ■ Completed Claims

696   0

Report Year 2025 Completion Status

■ Total Claims ■ Completed Claims

40473   25099

Claims in the 2025 report year (claims submitted 7/1/23 through 6/30/24) are currently under review. Review of claims with the oldest submission date are prioritized.

Report Year 2024 Completion Status

■ Total Claims ■ Completed Claims

50006   50005
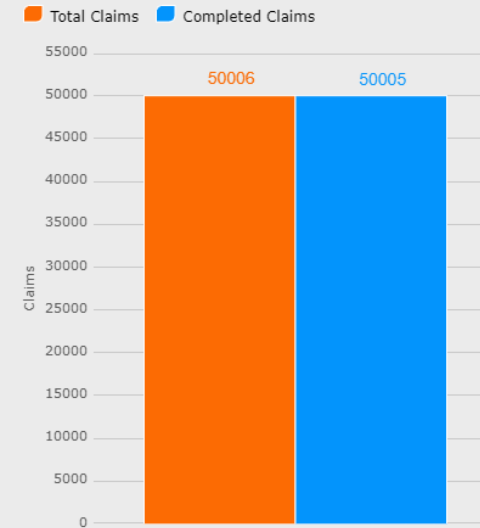
Claims in the 2024 report year (claims submitted 7/1/22 through 6/30/23) are currently under review. Review of claims with the oldest submission date are prioritized.

C3HUB > FAQs

C3HUB > CMS Links

NGS Website > CERT

Resources > Medicare Compliance

COMPREHENSIVE ERROR RATE TESTING

Comprehensive Error Rate Testing

CERT Alerts

CERT Tools

Documentation Submission Responsibilities

Comprehensive Error Rate Testing

The CERT program is designed to determine if Medicare contractors are processing and paying claims correctly.

- CERT Program Information
- CERT C3HUB provider website - On this page you will find:
  - CERT Documentation Request Listings: Printable documentation lists based on provider/billing type available (lists of required supporting documents)
  - CERT Newsletters: Pertinent information from the CERT contractor
  - Sample Letters: Sample record request letters you may receive from CERT documentation center
  - Provider Address Directory: Provider contact information that CERT has for record requests with option to update
- MLN Provider Compliance Tips

Helpful Resources

CERT Denial Finder

CERT Task Force

CMS CERT Compliance

Options for submitting medical records to CERT

Include barcode coversheet with all submissions.

Option to submit Electronic using esMD:
More information on esMD can be found at
www.cms.gov

NGS CERT Alerts

Month/Year	Topic
September 2022	Physical Therapy Services
August 2022	Comprehensive Error Rate Testing Documentation Deadline 8/22/2022
August 2022	Comprehensive Error Rate Testing Redetermination Deadline 9/27/2022
October 2021	Hospice Certification and Recertification
September 2021	Home Prothrombin Time International Normalized Ratio (PT/INR) Monitoring for Anticoagulation Management
August 2021	Psychological and Neuropsychological Testing
May 2021	Pulmonary Rehabilitation Program Services
November 2020	Patient Discharge Disposition Code
September	Debridement Services

- Informative articles on variety of CERT errors
- Refer to NGS website for full list!

Documentation Submission Responsibilities

- NGS: Documentation Submission Responsibilities
  - Provider responsibility – Submit sufficient medical records to support medical necessity of services rendered
    - MD signature requirements
  - Documentation tips
    - Legible
    - Records for all billed DOS
  - Steps for submitting medical records to CERT
  - Suggested documentation
  - Side bar includes submission methods/addresses

NGS CERT Denial Reason Finder

Resources > Tools & Calculators

CERT DENIAL REASON FINDER

CERT Denial Finder

This tool allows you to quickly identify the outcome of a CERT review. If you disagree with the CERT denial you may exercise your appeal rights by beginning with the first level of the appeal process, which is a redetermination. Note: "No" in the Claim in Error field does not always mean no error. The Status Review field must indicate "completed review" and the Claims In Error field must indicate "No", when the claim is not in error. Otherwise, the claim is still being reviewed by the CERT contractor.

To use this tool, enter the CERT claim identification (CID) number in the CERT CID Number field below and select Submit. Select the Reset button to enter information for a new CID number.

CERT CID Number: * [   ]

[Submit]   [Reset]

Need to Appeal a CERT Denial?

Log onto our secure NGSConnex online Web application and quickly file an appeal. Submitting an appeal electronically saves postage, print and mail costs and is easy to do through NGSConnex.com.

If you do not currently have NGSConnex access, learn more about on the NGSConnex page of our Web site. There are no costs associated with using the NGSConnex web application. All you need is Internet access and an email address. So sign up and start using NGSConnex.com today!

- Enter the CID number to understand why CERT denied service(s)
- CERT denials are appealable!

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The CERT A/B MAC Outreach & Education Task Force

The CERT A/B MAC Outreach & Education Task Force

CERT
A/B MAC OUTREACH & EDUCATION
Task Force for Error-Free Medicare Claims

The goal of the A/B MAC Outreach & Education Task Force is to ensure consistent communication and education to reduce the Medicare Part A and Part B error rates.

Education Resources

- Comprehensive Error Rate Testing Medical Record Requests: Respond Timely (PDF)
- Opioid Treatment Program: Learn How to Bill Medicare (PDF)
- Patient Discharge Status Codes Matter (PDF)
- Complying With Medical Record Documentation Requirements Fact Sheet (PDF)
- Complying with Documentation Requirements for Lab Services (PDF)
- Collaborative Patient Care is a Provider Partnership (PDF)
- Medicare Documentation Checklist for Chiropractic Doctors (PDF)
- Complying with Outpatient Rehabilitation Therapy Documentation Requirements (PDF)

The CERT A/B MAC Outreach & Education Task Force, cont.

Presentations

- CERT A/B MAC Outreach & Education Task Force PowerPoint (PDF) - Updated 03/20/2024

Events

- There are no events available at this time.

CERT Videos

- Provider Minute: Utilizing Your MAC
- Provider Minute: The Importance of Proper Documentation

Disclaimer: The Comprehensive Error Rate Testing (CERT) Part A and Part B (A/B) Contractor Task Force is independent from the Centers for Medicare & Medicaid Services (CMS) CERT team and CERT contractors, which are responsible for calculation of the Medicare fee-for-service improper payment rate.

🔗 Related Links

CERT C3HUB

CMS View all Fast Facts

CERT Results & 2023 Report

CERT Results

- Medical records support coverage
- Medical records do not support coverage
  - Error: Total or partial improper payment
  - Errors categorized into five major categories
    (1) No Documentation
    (2) Insufficient Documentation
    (3) Medical Necessity
    (4) Incorrect Coding
    (5) Other

2023 CERT Report

- [2023 Medicare Fee-for-Service Supplemental Improper Payment Data](#)

- [CERT Reports](#)
  - Annual Medicare Fee-for-Service Supplemental Improper Payment Data
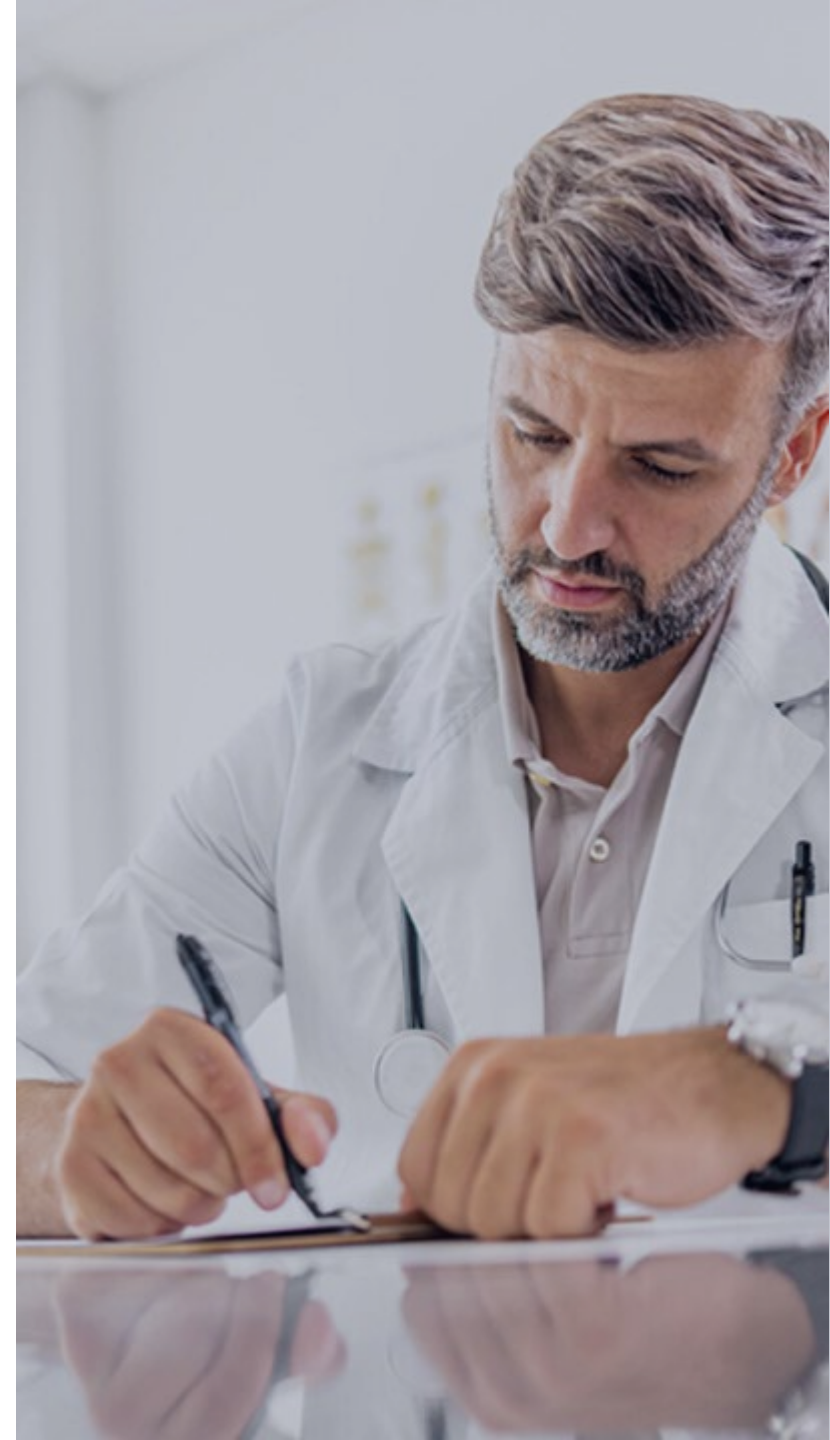
Medicare FFS FY2023

Claim Type	Improper Payment Rate	Improper Payment Amount
Overall	**7.38%**	**$31.23 B**
Part A Providers (excluding Hospital Inpatient Prospective Payment System (IPPS))	7.75%	$14.22 B
Part B Providers	10.03%	$10.99 B
Hospital IPPS	3.36%	$4.08 B
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	22.51%	$1.95 B
FY2023 improper payment rate reporting period: 7/1/2021 through 6/30/2022		

2023 Medicare FFE Improper Payment Data

Table A1: 2023 Improper Payment Rates and Projected Improper Payments by Claim Type (Dollars in Billions) (Adjusted for Impact of A/B Rebilling)

Claim Type	Claims Sampled	Claims Reviewed	Total Payments	Projected Improper Payments	Improper Payment Rate	95% Confidence Interval	Percent of Overall Improper Payments
Part A (Total)	24,599	17,259	$304.8	$18.3	6.0%	5.4% - 6.6%	58.6%
Part A (Excluding Hospital IPPS)	9,736	8,506	$183.4	$14.2	7.8%	6.8% - 8.7%	45.5%
Part A (Hospital IPPS)	14,863	8,753	$121.4	$4.1	3.4%	3.0% - 3.8%	13.1%
Part B	12,303	12,001	$109.6	$11.0	10.0%	8.6% - 11.5%	35.2%
DMEPOS	8,408	8,248	$8.7	$1.9	22.5%	20.5% - 24.5%	6.2%
Total	**45,310**	**37,508**	**$423.0**	**$31.2**	**7.4%**	**6.8% - 7.9%**	**100.0%**

2023 Medicare FFS Improper Payment Data – Billions of Dollars

Table A5: 2023 Projected Improper Payments by Type of Error and Clinical Setting (Dollars in Billions) (Adjusted for Impact of A/B Rebilling)

Error Category	DMEPOS	Home Health Agencies	Hospital Outpatient Departments	Acute Inpatient Hospitals	Physician Services (All Settings)	Skilled Nursing Facilities	Other Clinical Settings	Overall
No Documentation	$0.3	$0.0	$0.2	$0.1	$0.4	$0.0	$0.1	$1.2
Insufficient Documentation	$1.1	$0.5	$5.2	$1.4	$5.6	$3.8	$2.0	$19.6
Medical Necessity	$0.1	$0.6	$0.1	$3.5	$0.0	$0.0	$0.3	$4.7
Incorrect Coding	$0.0	$0.0	$0.5	$0.9	$1.8	$0.1	$0.3	$3.6
Other	$0.4	$0.1	$0.1	$0.0	$0.4	$0.9	$0.1	$2.1
Total	**$1.9**	**$1.3**	**$6.1**	**$6.0**	**$8.3**	**$4.8**	**$2.8**	**$31.2**

2023 CERT Improper Payment Rate Error Categories

- Percent of National Improper Payments
  - Insufficient documentation 62.8%
  - Medical necessity 15.0%
  - Incorrect coding 11.6%
  - Other 6.9%
  - No documentation 6.9%

2023 CERT Error Rate By Claim Type

Figure 3: Improper Payment Rate Error Categories by Percentage of 2023 National Improper Payments by Claim Type (Adjusted for Impact of A/B Rebilling)[5]
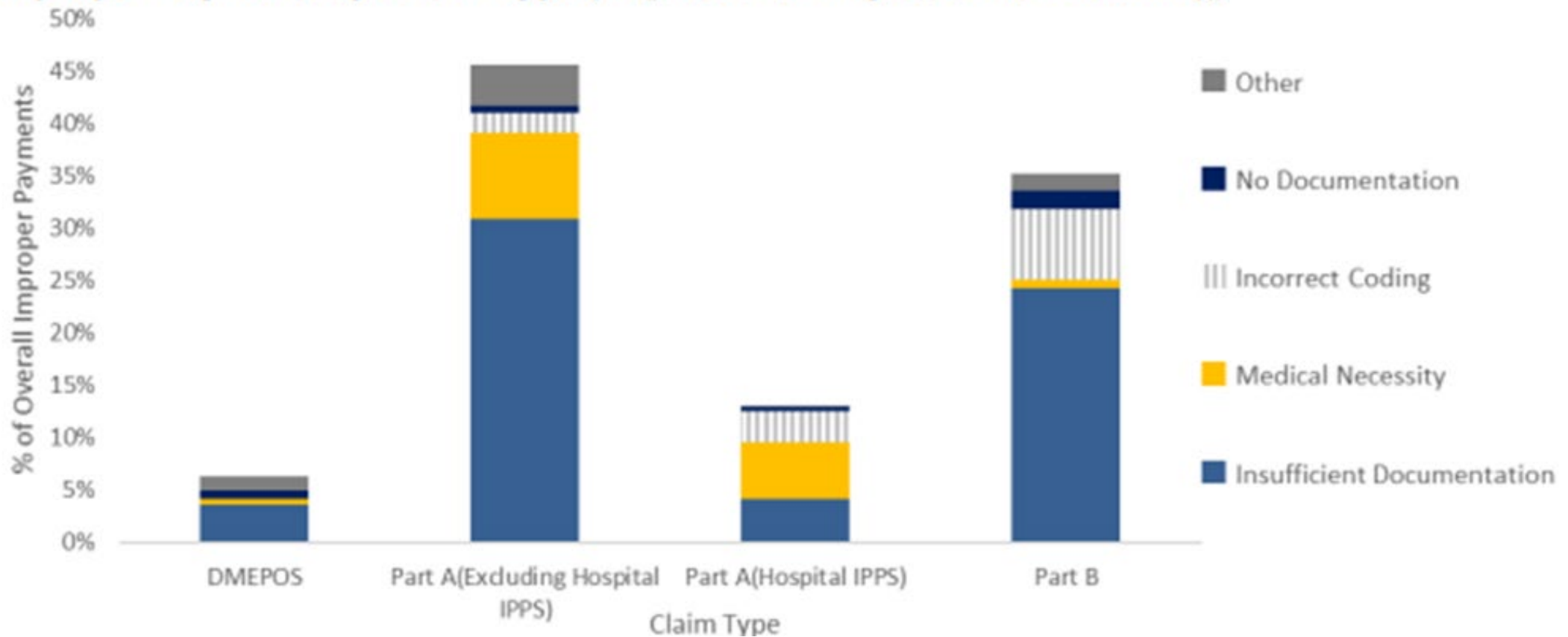
2023 CERT Error Rate By Provider Type

Figure 4: Improper Payment Rate Error Categories by Percentage of 2023 National Improper Payments and Improper Payments (in Millions) by Improper Payment Drivers

CERT Errors: SNF

Table 1: Top Root Causes for Skilled Nursing Facility

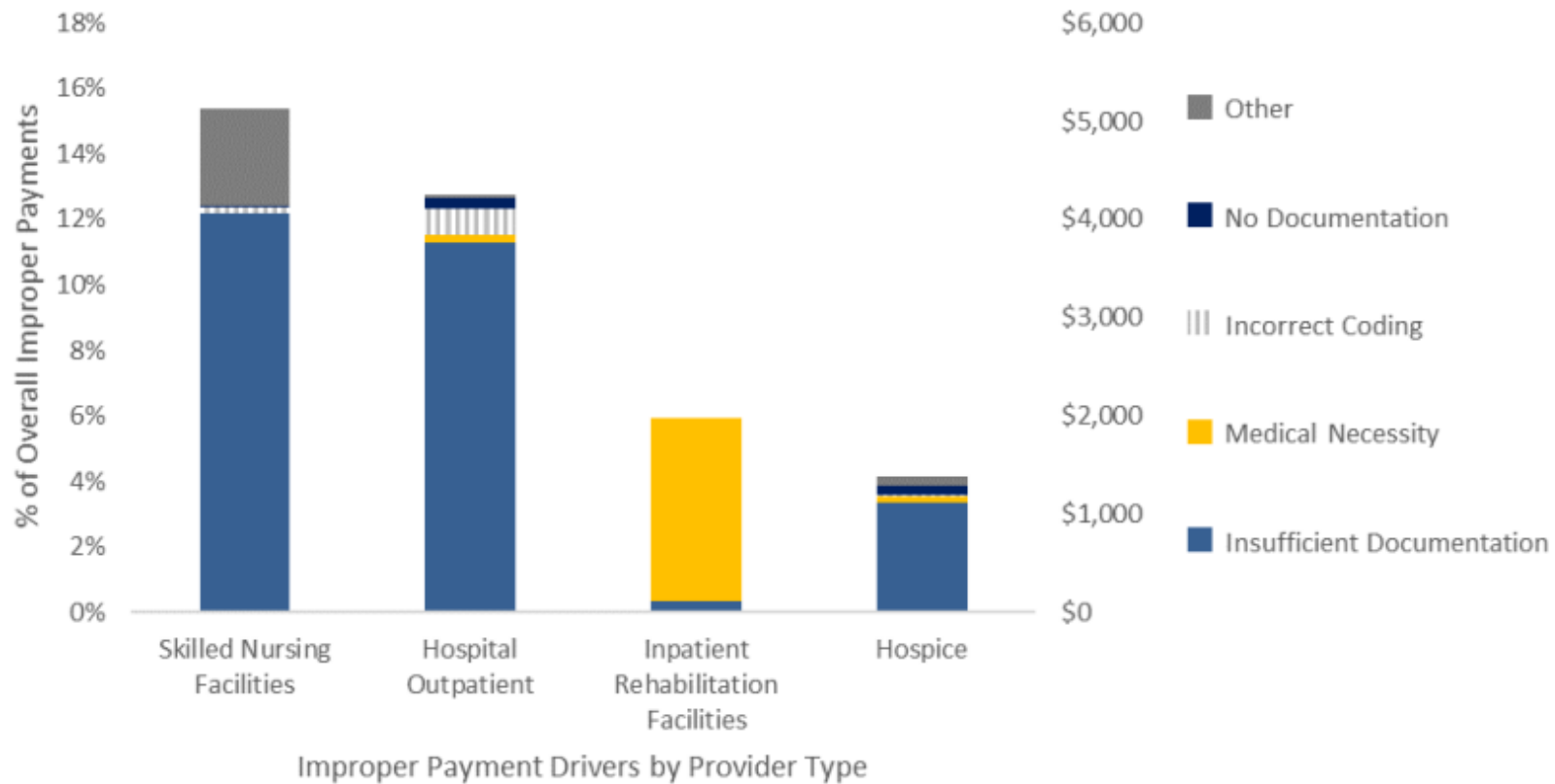| Root Cause Description	Error Category	Sample Claim Count[6]
HIPPS level changed based on documentation submitted*	Insufficient Documentation	195
Case Mix Group (CMG) component documentation - Missing	Insufficient Documentation	147
Physician's Certification/Recertification - Inadequate	Insufficient Documentation	85
Order - Missing	Insufficient Documentation	74
Nursing home records - Missing	Insufficient Documentation	62
Signature log to support a clear identity of an illegible signature - Missing	Insufficient Documentation	51
Physician's Certification/Recertification - Missing	Insufficient Documentation	39
Order - Inadequate	Insufficient Documentation	36
Physical/Occupational/Speech Therapy - Plan of care - Missing	Insufficient Documentation	26
HIPPS/RUG level in the repository does not match the RUG level billed	Other	18

Note: Root causes frequently associated with partial improper payments are identified with an asterisk.

CERT Errors: Hospital Outpatient

Table 2: Top Root Causes for Hospital Outpatient

Root Cause Description	Error Category	Sample Claim Count
Provider's intent to order (for certain services) - Missing	Insufficient Documentation	71
Order - Missing	Insufficient Documentation	59
Order - Inadequate	Insufficient Documentation	53
Documentation to support medical necessity - Missing	Insufficient Documentation	45
Documentation for the billed date of service- Missing	Insufficient Documentation	33
NCD requirement(s), other documentation required for payment - Missing	Insufficient Documentation	31
Documentation to support the laboratory completed a majority of COVID testing (during the prior calendar month) in 2 calendar days or less from when the specimen was collected – Missing*	Insufficient Documentation	26
Result of the diagnostic or laboratory test - Missing	Insufficient Documentation	20
Documentation for the associated diagnostic lab test(s) - Inadequate	Insufficient Documentation	18
Service code billed is changed to the service provided and/or ordered*	Incorrect Coding	16

Note: Root causes frequently associated with partial improper payments are identified with an asterisk.

CERT Errors: IRF

Table 3: Top Root Causes for Inpatient Rehabilitation Facilities

Root Cause Description	Error Category	Sample Claim Count
Documentation does not support medical necessity for the service or item billed	Medical Necessity	157

IPPS: Three Service Types with Highest Projected Improper Payment - 1

Table 11: Top Root Causes for Major Hip And Knee Joint Replacement Or Reattachment Of Lower Extremity (469, 470)

Root Cause Description	Error Category	Sample Claim Count
Inpatient admission not medically necessary and the invasive procedure should have been billed as an outpatient procedure	Medical Necessity	174
Discharge status incorrectly coded*	Incorrect Coding	14
Documentation to support medical necessity for the procedure – Missing*	Insufficient Documentation	11
Radiographs to support medical necessity for the billed surgical procedure(s) - Missing	Insufficient Documentation	6
Note: Root causes frequently associated with partial improper payments are identified with an asterisk.		

IPPS: Three Service Types with Highest Projected Improper Payment - 2

Table 12: Top Root Causes for Percutaneous Intracardiac Procedures (273, 274)

Root Cause Description	Error Category	Sample Claim Count
NCD requirement(s), other documentation required for payment - Missing	Insufficient Documentation	34
Discharge status incorrectly coded*	Incorrect Coding	6
NCD requirement(s), other documentation required for payment - Inadequate	Insufficient Documentation	5
Note: Root causes frequently associated with partial improper payments are identified with an asterisk.		

IPPS: Three Service Types with Highest Projected Improper Payment - 3

Table 13: Top Root Causes for Endovascular Cardiac Valve Replacement & Supplement Procedures (266, 267)

Root Cause Description	Error Category	Sample Claim Count
Preoperative surgeon's office notes - Missing	Insufficient Documentation	22
Documentation to support medical necessity for the procedure – Missing*	Insufficient Documentation	21
Discharge status incorrectly coded*	Incorrect Coding	15
Procedure not medically necessary*	Medical Necessity	5
Note: Root causes frequently associated with partial improper payments are identified with an asterisk.		

Resources

CMS Resources

- CERT C3HUB
- MLN® Educational Tool: *Medicare Provider Compliance Tips* (see next slide)
- CMS Improper Payments Measurement Programs
- CMS Comprehensive Error Rate Testing (CERT)
- Annual CERT Reports
- CMS Improper Payment Rates and Additional Data
- CMS Internet-Only Manual, 100-08, *Medicare Program Integrity Manual, Chapter 12* - The Comprehensive Error Rate Testing Program

CMS MLN Educational Tool: Medicare Provider Compliance Tips

Allergy Services	Ambulance Services	Ambulatory Surgical Centers	Annual Wellness Visits	Anticancer Drugs	Bacterial Cultures	Blood Counts	Canes & Crutches
Cataract Services	Chiropractic Services	Commodes	CORF Services	CPAP Devices	Diabetic Shoes	Diabetic Supplies	Echography & Sonography
Enteral Nutrition	Enteral Nutrition Pumps	ESRD Clinic Services	Evaluation & Management	Hip & Knee Replacements	Home Health Services	Hospice Services	Hospital Beds
Immunosuppressive Drugs	Infusion Pumps	Inpatient Rehabilitation Services	Lenses	Lipid Panels	Lower Limb Orthoses	Lower Limb Prostheses	Manual Wheelchairs
Nebulizers	Negative Pressure Wound Therapy	Ostomy Supplies	Other Lab Tests	Oxygen	Parenteral Nutrition	Patient Lifts	Physical Therapy
Pneumatic Compression Devices	Podiatry	Pressure Reducing Support Surfaces	Psychiatric Care	Respiratory Assist Devices	Sleep Studies	SNF Services	Spinal Orthoses
Surgical Dressings	TENS Units	Tracheostomy Supplies	Urinalysis	Urological Supplies	Venipuncture	Ventilators	Walkers

CMS Task Force Resources

- Provider Customer Service Program: [Comprehensive Error Rate Testing (CERT) MAC Outreach & Education Task Forces](#)
  - [The CERT DME MAC Outreach & Education Task Force](#)
  - [The CERT A/B MAC Outreach & Education Task Force](#)

CMS Task Force Resources, cont. 1

- Education Resources
  - [Comprehensive Error Rate Testing Medical Record Requests: Respond Timely (PDF)](#)
  - [Opioid Treatment Program: Learn How to Bill Medicare (PDF)](#)
  - [Patient Discharge Status Codes Matter (PDF)](#)
  - [Complying With Medical Record Documentation Requirements Fact Sheet (PDF)](#)
  - [Complying with Documentation Requirements for Lab Services (PDF)](#)
  - [Collaborative Patient Care is a Provider Partnership (PDF)](#)
  - [Medicare Documentation Checklist for Chiropractic Doctors (PDF)](#)
  - [Complying with Outpatient Rehabilitation Therapy Documentation Requirements (PDF)](#)

CMS Task Force Resources, cont. 2

- CERT YouTube videos
  - [Provider Minute: Utilizing Your MAC](#)
  - [Provider Minute: The Importance of Proper Documentation](#)
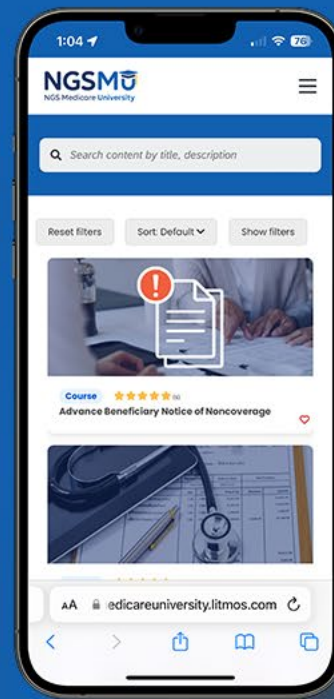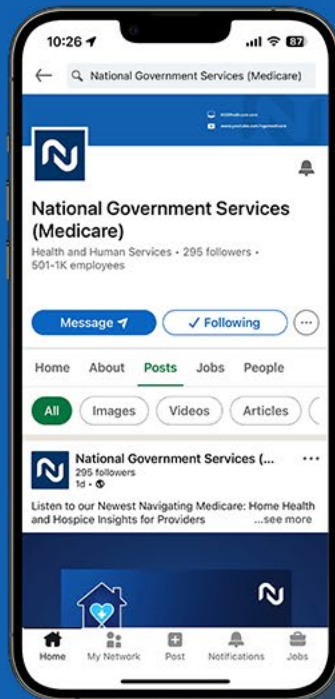- CERT [Provider Compliance Fast Facts](#)

NGS Resources

- NGS Comprehensive Error Rate Testing

- NGS CERT Denial Reason Finder

- NGS CERT Alerts

- NGS Documentation Submission Responsibilities

Questions?

Thank you!

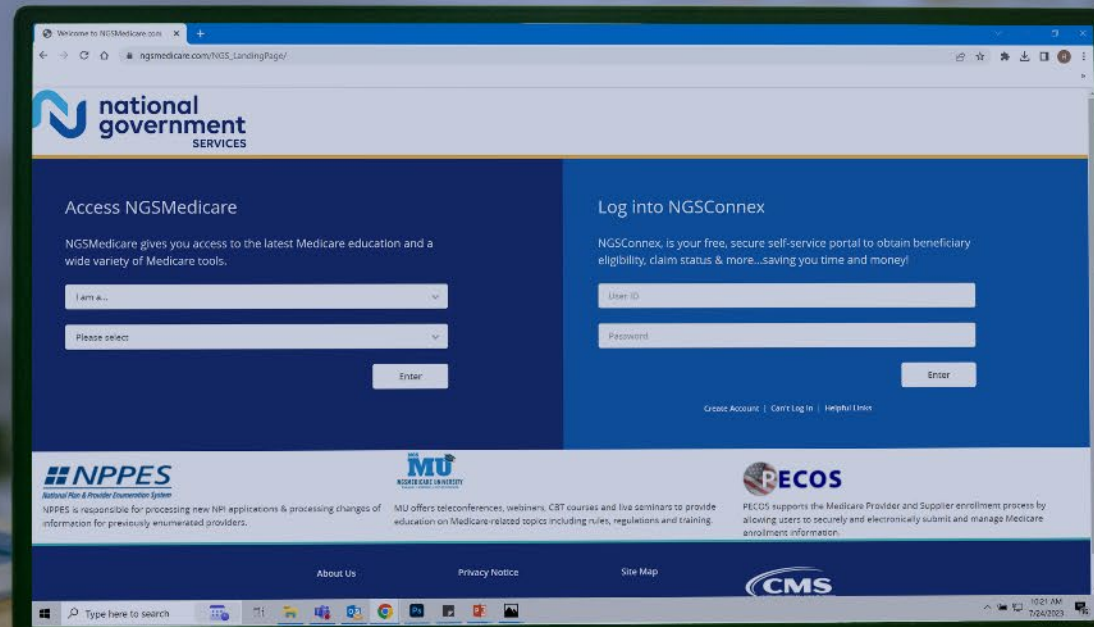# Connect with us on social media

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