

Optometry Coding & Billing Alert

News You Can Use: OIG to Focus on Unlisted Procedures, Modifier GY

Make sure you're not 'covering' for noncovered services.

Next year you'll want to make sure you cross all your t's and dot all your i's, because the OIG has released its 2009 Work Plan. Government auditors could be scrutinizing your Medicare claims for the appropriateness of the GY modifier and unlisted procedure codes.

What the Work Plan is: The OIG Work Plan details issues that the Office of Audit Services, Office of Evaluation and Inspections, Office of Investigations, and Office of Counsel to the Inspector General will address during the fiscal year.

The Work Plan may indicate focus areas for future audits. "When the OIG targets a specific area in the Work Plan, it means that the OIG is turning its attention to that specialty," says **Andrea Somowski**, a billing consultant in Raleigh, N.C.

Unlisted Procedures Under Fire

One of the OIG's 2009 targets is to "examine provider usage of procedure codes for services not listed in the HCPCS," according to the Work Plan. "Most likely, the OIG wants to make sure that practices are only using unlisted codes when no other codes apply, and that they aren't billing unlisted codes as a cover for procedures that aren't payable by Medicare," says **Randall Karpf** of East Billing.

Modifier GY On Hot Seat

The OIG also intends to "review the appropriateness of providers' use of modifier GY (Item or service statutorily excluded, does not meet the definition of any Medicare benefit or, for non-Medicare insurers, is not a contract benefit) on claims for services that are not covered by Medicare," the report states.

By law, Medicare excludes some medical treatments, such as many screening tests, and you might want to inform patients of this fact. Although you're not required to issue a notification (Notice of Exclusions from Medicare Benefits, or NEMB) for excluded procedures, doing so is a courtesy to the patient and may help the process of collecting from the patient. In these cases, modifier GY is applicable.

However, Medicare denied over \$400 million in modifier GY claims in 2006, and the OIG wants to further research "patterns and trends for physicians' and suppliers' use of modifier GY," the report notes.

Good advice: "Always be aware of what the OIG office is looking for," says **David Gibson, OD, FAAO**, a practicing optometrist in Lubbock, Texas. "A Medicare audit can be a time consuming and painful operation.

When it comes to Medicare, the government has far more time and resources to make you miserable than you do to fight it."

More information: To read the complete 2009 Office of Inspector General Work Plan, visit the OIG Web site at www.oig.hhs.gov/publications/docs/workplan/2009/WorkPlanFY2009.pdf.