

Part B Insider (Multispecialty) Coding Alert

Brace Yourself For OIG Crackdown On Doc CPO

The **HHS Office of Inspector General** promised in its fiscal year 2004 work plan to scrutinize physician claims for home health care plan oversight, and determine whether the services were billed in accordance with Medicare regulations.

Since Jan. 1, 2001, docs have been able to [bill G0179](#)-G0182 for certification, recertification and supervision of home health and hospice. The OIG became suspicious of CPO billing when expenditures for the services jumped from \$15 million in 2000 to \$41 million in 2001, an OIG spokesperson says. That 173 percent surge is "quite an increase," the OIG rep says.

A study of claims in Puerto Rico found none of them met the Medicare requirements for CPO billing. In 27 of 30 claims, physicians failed to document the CPO-eligible services they performed with the date and length of time they required. For the other three claims, the physicians couldn't produce a patient record at all.

Now, sources close to the OIG say the investigation is focusing on auditing a random sample of 300 CPO claims from 2001 and 2002. The OIG itself doesn't comment on ongoing investigations, the spokesperson says.

Much of the increase in CPO reimbursement likely is due to the fact that the billing was "very underutilized at first," contends Burtonsville, MD attorney **Elizabeth Hogue**. Physicians just recently may have figured out how to bill for CPO, and that it is worthwhile for them to take the time to document those services.