Part B Insider (Multispecialty) Coding Alert

COMPLIANCE: Facet Joint Injections, Ultrasound Services on OIG's Radar Screen

Know what the OIG's watching to make sure you're billing properly.

The OIG makes recommendations to CMS throughout the year explaining where they've found that the government is losing money on health care and offering recommendations on how to stop the leaks. And when CMS doesn't follow up on those recommendations, the OIG doesn't just forget about them.

The "Compendium of Unimplemented OIG Recommendations" lists several areas where the OIG's suggestions have not yet been put into action. (See page 81 for more on the OIG report.) Following are three areas that the OIG identified as being of interest. Use this list to ensure that you are billing these services properly.

1. Facet joint injections. The OIG noted that in 2006, 63 percent of facet joint injection services that Medicare paid did not meet program requirements, resulting in $96 million in improper payments. Although CMS has tightened up its instructions on billing facet joint injections since the OIG's audit, the OIG remains concerned that MACs won't institute frequency edits noting how often facet joints should be administered.

2. Chiropractic services. During an audit of chiropractic procedures performed in 2006, the OIG found that Medicare inappropriately paid $178 million, "representing 47 percent of claims meeting our study criteria" -- this represents a significant error rate among chiropractic services. In turn, the OIG recommended that CMS enforce policies that would prevent payments for maintenance therapy.

Since then, however, the OIG continues "to recommend that CMS implement and enforce policies to prevent future payments for maintenance therapy and that CMS ensure that chiropractic claims are not paid unless documentation requirements are met."

3. Part B ultrasound services. During an audit of ultrasounds performed in 2007, the OIG found that 3.2 million claims "raised concern about whether the claims were appropriate," representing $403 million in Part B charges.

The OIG recommended that CMS monitor ultrasound claims data to detect questionable claims, and the new report indicates that the OIG continues to review these claims "to reduce Medicare's vulnerability to questionable claims for ultrasound services."

To read the complete OIG report, visit www.oig.hhs.gov/publications/docs/compendium/compendium2010.pdf.