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Part B Insider (Multispecialty) Coding Alert

Compliance: OIG Launches Review of IMRT, Laboratory Claims

Latest Work Plan update reveals new audit areas.

The OIG is expected to release its 2016 Work Plan in just four months, but that doesn't mean the agency can't add issues to the 2015 version that's already in use.

On May 28, the OIG released an update to the 2015 Work Plan, adding issues for review and closing other cases. Following you'll find a few of the highlights important to Part B providers.

Focus on IMRT accuracy

The OIG's latest focus area involves intensity-modulated radiation therapy (IMRT) claims "to determine whether payments were made in accordance with Federal rules and regulations," the agency says in the Work Plan. "Prior OIG reviews have identified hospitals that have incorrectly billed for IMRT services. To be processed correctly and promptly, a bill must be completed accurately," the agency says.

Common issue: One of the main issues that payers see with IMRT is that practices are still reporting 77418 (Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session) for this service. However, this code was deleted effective Jan. 1.

For office-based IMRT services, you should now be billing this service with G6015. The descriptor for G6015 is identical to that of the deleted code 77418. Keep in mind, however, that G6015 is only payable under the Medicare Physician Fee Schedulebut not under the Outpatient Prospective Payment System.

Therefore, if you perform IMRT in the hospital setting, you'll report 77385 (Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple), according to the American College of Radiology's Complex 2015 Changes to Radiation Oncology Coding document.

Button Up Lab Claims

The OIG also added an item to this year's Work Plan in which the agency vows to analyze Medicare payments for clinical diagnostic laboratory tests, particularly those marked as being among the highest Medicare lab expenditures last year. "Previous OIG work has found that Medicare pays more than other insurers for certain high-volume and high-expenditure laboratory tests," the Work Plan says.

Because the Protecting Access to Medicare Act of 2014 will require Medicare to set new payment rates for lab tests starting in 2017, the OIG will be annually analyzing and monitoring Medicare payments for lab tests. This analysis could lay the groundwork for the new values that will hit in two years.

Previous issues: Although the OIG's latest report doesn't indicate how it will conduct these reviews, it might be a good idea to look back at previous OIG audits, which have shown vulnerabilities in moderate and high-complexity lab settings, including the fact that many of them failed to have written protocols for provider-performed microscopy tests or to follow manufacturers' instructions for waived tests. Previous OIG studies also found that some moderate- or high-complexity labs may have conducted tests outside their listed testing specialties and, as such, may not have had appropriate oversight for those tests.

ACOs Should Be Sharing EHRs

Practitioners who operate in affordable care organizations (ACOs) should be sharing health information via electronic

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health records (EHRs) to ensure that they're meeting care coordination goals, the Work Plan notes. Over the next year, the OIG will be reviewing how ACOs use their EHRs to meet this goal.

"We will also assess providers' use of EHRs to identify best practices and possible challenges in their progression toward interoperability the extent that information systems can exchange data and have the ability to interpret those shared data," the Work Plan says.

Resource: To read the complete updated 2015 OIG Work Plan, visit http://oig.hhs.gov/reports-and-publications/archives/workplan/2015/WP-Update-2015.pdf.

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