

Part B Insider (Multispecialty) Coding Alert

COMPLIANCE: OIG Recovered \$21 Billion in 2009, With Plans to Stay 'Aggressive' Going Forward

OIG keeps ophthalmology services, chiropractic, and ultrasound on its radar screen, along with other Medicare procedures.

If you've ever wondered whether the OIG collects on its audits, the agency's new report answers that question to the tune of \$20.97 billion.

In its Semiannual Report to Congress, released on Dec. 3, the OIG reported that during fiscal year 2009, the OIG recorded savings and expected recoveries of \$20.97 billion, \$492 million of which was recovered as a result of audits.

"We continue to make significant progress in our fight against fraud, waste, and abuse in HHS programs, particularly Medicaid and Medicare," said Inspector General **Daniel R. Levinson** in a Dec. 3 news release. "But the results we've achieved are due primarily to the hard work of our professional staff and effective collaboration with our government partners. We will remain aggressive in our mission to protect the integrity of these vital programs."

Consider These Examples

Following is a sampling of a few of the OIG's recoveries as outlined in the report:

- **Eye services:** Medicare paid \$97.6 million for E/M services that were included in eye global surgery fees but not provided during the global surgical periods. "We recommend that CMS consider adjusting the estimated number of E/M services to better reflect the number of E/M services actually being provided to beneficiaries or using the financial results of the audit, in conjunction with other information, during the annual update of the physician fee schedule," the OIG noted.

- **Chiropractic procedures:** The OIG discovered that Medicare inappropriately paid \$178 million for chiropractic services that were later determined to be maintenance therapy, miscoded, or undocumented.

"These claims represent 47 percent of chiropractic claims associated with beneficiaries receiving more than 12 chiropractic services within a year from the same chiropractor," the OIG report indicated. As a result, the OIG urged CMS to strengthen its safeguards to prevent future maintenance therapy payments for chiropractic services.

- **Ultrasound:** In 2007, Medicare Part B paid over \$2 billion in ultrasound services, 16 percent of which was concentrated in 20 "high-use counties," according to the OIG report.

The OIG recommended that CMS monitor ultrasound claims carefully going forward "to detect questionable claims and review them prior to payment."

With all of the OIG's recommendations in the report, should your practice be concerned about future scrutiny?

"Indeed, the OIG, and the federal government in general, are continuing to step up their efforts to prevent and detect fraud and abuse associated with federal health care programs," says **Mark C. Rogers, Esq.** with The Rogers Law Firm in Braintree, Mass.

"Certainly, a medical practice which is knowingly not in compliance with all applicable federal statutes and regulations should view the OIG's Semiannual Report as a wake-up call to take all necessary steps to become compliant," Rogers says. "However, the OIG's Report should be viewed by all medical practices as an opportunity to review their existing



policies and procedures to ensure adherence to applicable statutes and regulations. Medical practices should review those portions of the Report which pertain to their services."

To read the complete OIG Semiannual Report to Congress, go online to www.oig.hhs.gov/publications/docs/semiannual/2009/semiannual_fall2009.pdf.