

Part B Insider (Multispecialty) Coding Alert

Compliance: OIG Revisits Recommendation to Adjust Eye Global Surgery Fees

OIG discovered inconsistent billing for global eye surgery and believes adjustments could save CMS \$97.6 million.

When the OIG talks, not everyone listens, according to a new report.

The OIG makes hundreds of recommendations each year, advising practices and carriers to tighten up documentation, correct their modifier use, or implement other programs.

On March 16, the OIG released its "Compendium of Unimplemented Recommendations," which revealed that practices and facilities have ignored many OIG suggestions.

Case in point: In 2005, the OIG found that global surgery fees for eye surgeries "did not reflect the number of E/M Services that physicians provided to beneficiaries during the global periods because CMS had not adjusted or recently adjusted the RVUs for most of the global surgery codes," the new report notes. Specifically, out of 300 claims sampled, physicians provided fewer E/M services than were included in 201 of the global surgery fees, and provided more E/M services than were included in 39 of the global fees.

In response to those audit findings, the OIG estimated that Medicare paid \$97.6 million to practitioners for E/M services that were included in eye global surgery fees but were not provided, and recommended that CMS should adjust the estimated number of E/M services included in these services, or consider the audit findings when setting RVUs in the Medicare Physician Fee Schedule.

CMS responded that it is working with physician specialty societies and the AMA's RVS Update Committee (RUC) to correct this issue, but the Fee Schedule has not yet been updated to reflect any changes. The OIG plans to "monitor CMS's actions" to address the recommendations, the new report indicates.

To read the full list of unimplemented OIG recommendations, see the OIG Web site at <http://oig.hhs.gov/publications/docs/compendium/2011/CMPMarch2011-Final.pdf>.