

## Part B Insider (Multispecialty) Coding Alert

### Compliance: OIG Rakes in \$20.4 Billion Due to Errors, Fraud in FY 2008

#### The OIG report shows that the agency is reviewing everything from injections to consulting agreements

In its semiannual report to Congress, issued on Dec. 3, the Office of the Inspector General (OIG) reported that it recovered over \$20 billion in fiscal year 2008 -- much of which reflects dollars recouped from physicians who billed improperly.

The report lists several audit and investigation highlights that allowed the OIG to recover such huge amounts of money, and many of them may surprise you.

**For example:** The OIG found that a whopping 63 percent of facet joint injection claims didn't meet the program requirements, totaling Medicare overpayments to physicians of \$96 million.

"The top errors that the OIG found in this category -- documentation errors and billing add-on codes for bilateral injections -- are unfortunately fairly common among doctors that provide these types of injections," says **Randall Karpf** with East Billing. "Rest assured that these are definitely areas that the OIG will be watching closely in the future."

#### Place of Service Errors Abound

The OIG report revealed that Medicare overpaid approximately \$1.5 million to physicians in two states over a two-year period due to incorrect place of service coding. In its review, the OIG found that 85percent of the sampled services were "coded as having been performed in physicians' offices" although they were actually performed in ASCs or outpatient hospital departments.

#### Consultant Nailed

The report also lists several criminal and civil actions that the OIG took last year. For example, a healthcare consulting firm in New Jersey paid \$2.8 million to resolve allegations that the consultants artificially inflated a hospital's cost-to-charge ratios, which triggered excessive outlier payments.

**Duplicate services:** The report notes that a review of home health payments in five states determined that the government paid \$1 million in error to Medicaid for supplies that Medicare also paid.

The government appears inclined to continue its recovery efforts. "OIG has achieved significant results in the fight against fraud, waste, and abuse in HHS programs," said Inspector General **Daniel R. Levinson** in the OIG's Dec. 3 press release.

To read the report in its entirety, go online to the OIG Web site at [www.oig.hhs.gov/publications/docs/semiannual/2008/semiannual\\_fall2008.pdf](http://www.oig.hhs.gov/publications/docs/semiannual/2008/semiannual_fall2008.pdf).