

Part B Insider (Multispecialty) Coding Alert

More OIG Probes On The Way

According to its 2005 Work Plan, the **HHS Office of Inspector General** plans to investigate in the coming year:

whether Medicare improperly made payments to physicians while they were on duty at **Veterans Administration** hospitals.

whether physicians who have been excluded from Medicare have wrongly billed Medicare anyway.

the relationships between physicians who perform pathology services, such as examining cells or tissue samples, in their offices and outside pathology companies.

physicians billing for the professional and technical components of cardiography and echocardiography services. When a physician performs an interpretation separately, he/she should use the modifier -26 for professional services.

claims using the -25 modifier to bill for E/M claims on the same day as procedures. The OIG has been working on this issue since 2003.

claims using modifiers to override Correct Coding Initiative edits. The OIG has been looking into this issue since 2002.

whether claims for wound care services were medically necessary and billed properly. This report won't come out until 2006 at the earliest.

"long distance" physician services, where the doctor and patient addresses are many miles apart. The OIG wants to make sure these seriously ill patients really traveled hours to see a specialist. You won't learn the answer until 2006.

whether hospital-owned doctors' offices properly claimed to be "provider-based." Again, the OIG won't report until 2006.