Part B Insider (Multispecialty) Coding Alert

Physician Notes: Cardiac Rehab Is Compliance Minefield, OIG Warns

Physician documentation, 'incident-to' are common pitfalls

The HHS Office of Inspector General's nationwide review of outpatient cardiac rehab claims will continue to hold you to the letter of the law when it comes to "incident-to" and physician documentation services.

In its recent audit report, "Review of the Outpatient Cardiac Rehabilitation Services - HealthSouth Sea Pines Rehabilitation Hospital - Melbourne, FL," (A-04-03-01004) the OIG sounds a familiar complaint that it could not identify the physician professional services to which the cardiac rehabilitation services were provided incident-to. The audit also blames Sea Pines for billing multiple units of service for single rehab visits.

But even tackling some of the more complex outpatient cardiac rehab compliance issues won't keep OIG off your back if documentation problems still linger. That was the case in two other reports, "Review of Outpatient Cardiac Rehabilitation Services At The Cooley Dickinson Hospital - Northampton, MA," (A-01-03-00516) and "Review of Outpatient Cardiac Rehabilitation Services At The Berkshire Medical Center" (A-01-03-00514). In those audits, both hospitals were in compliance for incident-to - an area where the OIG virtually always finds problems - but were still scolded for not fully documenting patients' eligibility or that a physician was personally seeing a patient periodically throughout the rehab program, per Medicare requirements.

To see the reports, go online to http://oig.hhs.gov/oas/oas/cms.html.

1. The Centers for Medicare & Medicaid Services announced changes for 2004 to its NCD process. Now, any requests not requiring an external technology assessment or Medicare Coverage Advisory Committee review will receive a response within six months. Requests that do need an external TA or MCAC review will receive a response within nine months. Once the draft decision is posted, it'll have a 30-day comment period, and a final decision will go up within 60 days.

2. Upcoding can cost you in the long term. Melrose, Mass., optometrist Frederick Wagner must repay the Massachusetts Medicaid program $50,000 for billing for expensive complex eye examinations when he actually carried out only routine vision care. According to the state attorney general's investigation, Wagner carried out frequent eye exams on nursing home residents, often without documenting any medical rationale.

3. CMS will adopt the National Provider Identifier as the standard unique health identifier for healthcare providers to use for healthcare claims and other transactions. A final rule setting up the NPI as a standard identifier was published in the Jan. 23 Federal Register. The rule takes effect May 23, 2005. The Health Insurance Portability and Accountability Act requires a standard unique identifier.