

Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: OIG Opened 1,750 New Health Care Fraud Investigations During 2008

Plus: OIG investigation finds that eye surgeons collected \$97.6 million for E/Ms that they didn't actually provide.

If you thought the recovery audit contractor (RAC) program would mean that the OIG was getting less aggressive, think again.

According to May 6 testimony by **Inspector General Daniel R. Levinson** before the Senate Special Committee on Aging, the OIG is continuing to step up its enforcement actions.

Of the \$2 trillion that the U.S. spends on health care each year, at least three percent (or over \$60 billion annually) is lost to fraud, Levinson estimated.

To that end, the OIG launched 1,750 new health care fraud investigations during financial year 2008, and identified vulnerabilities that put Medicare at risk of fraud and abuse.

The OIG has noted discrepancies in payment for services related to advanced imaging, pain management, and mental health services, among others, Levinson noted.

To read the entire OIG testimony and get a sneak peek at areas that the OIG may be targeting, visit www.oig.hhs.gov/testimony/docs/2009/05062009_testimony_aging.pdf.