Part B Insider (Multispecialty) Coding Alert

PHYSICIAN NOTES: OIG Semiannual Report Reflects $43 Billion in Recoveries

Audits covered everything from hospice to supplies

The OIG has released its Semiannual Report to Congress, covering its activities between April and September of 2007. In the report, the OIG notes that its savings and recoveries over the six-month period totaled more than $43 billion.

For example, the OIG found that 64 percent of the surgical debridement services audited for service dates in 2004 did not meet Medicare requirements, resulting in $64 million in improper payments to debridement providers. Of those errors, 39 percent were billed with codes that did not accurately reflect the services provided, 29 percent had no or insufficient documentation and 1 percent were not medically necessary.

In the report, the OIG also referenced its audit of Part B mental health services performed in 2003, 47 percent of which did not meet program requirements, resulting in improper payments of $718 million. Miscoded services accounted for 26 percent of all mental health services in 2003, whereas 19 percent of services were undocumented. -Medically unnecessary services and services that violated the -incident to- rule each accounted for four percent of all mental health services,- the report indicated.

To read the OIG's entire Semi-annual Report, visit
www.oig.hhs.gov/publications/docs/semiannal/2007/SemiannualFinal2007.pdf.

In other news:

- **If you were hoping that the NPI Enumerator could help you solve your Medicare claim problems** or fix technical issues with the NPI Crosswalk, you-re out of luck. Those are two areas that the NPI Enumerator doesn't address, CMS says in a recently revised MLN Matters article (SE0751).

The Enumerator helps healthcare providers apply for their NPIs and update their information in the NPPES, but does not help you fill out the paper or electronic form.
A list of what the Enumerator can and can't do is in article at
www.cms.hhs.gov/MLNMattersArticles/downloads/SE0751.pdf.

- CMS quells chiropractors- concerns with the new MLN Matters article SE0749, -Addressing Misinformation Regarding Chiropractic Services and Medicare.- Released on Dec. 14, the article dispels seven common misconceptions about billing Medicare for selected chiropractic services.

For example, chiropractors who are non-participating in Medicare may think that they don't have to meet Medicare's documentation standards when treating Medicare patients, but the article notes, -The participating status of the provider is irrelevant to the documentation requirements.-

You can read the article in its entirety online at www.cms.hhs.gov/MLNMattersArticles/downloads/SE0749.pdf.