

## Eli's Rehab Report

### News Brief: OIG to Scrutinize Rehab Stays, Incident-To

According to its recently released 2003 Work Plan, the U.S. Office of Inspector General (OIG) intends to watch claims for rehabilitation stays, bone density screenings (76075-76078, 76977, 78350-78351), "incident-to" services and skilled nursing facility (SNF) consolidated billing in the coming year.

According to the Work Plan, Medicare paid more than \$4 billion to inpatient rehabilitation facilities in 2000, and OIG intends to make sure that such rehab stays were medically necessary. Because physiatrists frequently admit patients to rehab facilities and perform their follow-up assessments (99301-99313), your practice should double check all documentation to ensure that the physician clearly demonstrated medical necessity for the patient's rehab stay.

In addition, OIG will review whether physicians who treat SNF patients follow CMS' consolidated [billing guidelines](#) and whether carriers are making inappropriate payments for bone density screenings. The Work Plan also states that "questions persist about the quality and appropriateness" of incident-to billings, so practices should ensure that their incident-to claims are always billed properly.

For advice on how to help your practice avoid scrutiny in these areas, refer to our cover story, "Correctly Code Rehab Claims, Incident-To Services."

The full text of the OIG's Work Plan is available on the HHS Web site, at <http://oig.hhs.gov/publications/workplan.html>.