MPC, Inc.
January 2011

CELEBRATING 19 YEARS OF EXCELLENCE

MEDICAL PRACTICE CONSULTANTS, INC.

2011 OIG WORK PLAN

Place of Service Errors
Review of physician coding of place of service on claims for services performed in Ambulatory Surgical Centers (ACS) and hospital outpatient departments.

Ambulatory Surgical Center Payment System
Review appropriateness of the methodology for setting ASC payment rates under the revised ASC payment system.

Coding of Evaluation and Management (E/M) Services
Review to identify trends in the coding of E/M services verifying E/M codes represent the type, setting and complexity of services provided and the patient status, new or established.

Payments for E/M Services
Review the extent of potentially inappropriate payments for E/M services and the consistency of E/M medical review determinations. Providers must select the code for the service based upon the content of the service, and documentation should support the level of service reported.

E/M Services During Global Surgery Periods
Review practices related to the number of E/M services provided by physicians and reimbursed as part of the global surgery fee.

Medicare Payments for Part B Imaging Services
Review payments for Part B imaging services. Selected imaging services will be focused on the practice expense components, including the equipment utilization rate.

Billing of Portable X-Ray Suppliers
Review providers of portable X-ray services with unusual claims patterns and identify claims that are questionable.

Services Performed by Clinical Social Workers
Review services furnished by Clinical Social Workers (CSWs) to inpatients of Medicare participating hospitals or Skilled Nursing Facilities (SNFs) to determine whether the services were separately billed to Medicare Part B.

Outpatient Physical Therapy Services Provided by Independent Therapists
Review outpatient physical therapy services provided by independent therapists to determine whether they are in compliance with Medicare reimbursement regulations.

Questionable Billing for Medicare Outpatient Therapy Services
Review paid claims data for Medicare outpatient therapy services from 2009 and identify questionable billing patterns.

Appropriateness of Medicare Payments for Polysomnography
Review appropriateness of Medicare payments for sleep studies.

Medicare Payments for Sleep Testing
Review appropriateness of Medicare payments for sleep test procedures provided at sleep disorder clinics.

Excessive Payments for Diagnostic Tests
Review Medicare payments for high-cost diagnostic tests to determine whether they are medically necessary.

**When it snows, you have two choices: shovel or make snow angels.
~Author Unknown**

Laboratory Test Unbundling by Clinical Laboratories
Review the extent to which clinical laboratories have inappropriately unbundled laboratory profile or panel tests to maximize Medicare payments.

MEDICAL PRACTICE CONSULTANTS, INC.
Renee M. Brown, President
50 Penn Place
1900 NW Expressway, Suite 625
Oklahoma City, Oklahoma 73118
(405/848-8558)

Medicare Part B Payments for Glycated Hemoglobin A1C Tests
Review Medicare procedures for screening the frequency of clinical laboratory claims for glycated hemoglobin A1C tests.

Trends in Laboratory Utilization
Review trends in laboratory utilization under the Medicare program.

Lab Test Payments: Comparison of Medicare With Other Public Payers
Review the extent to which Medicare payment rates for laboratory tests vary from other public payers.

Geographic Areas With a High Density of Independent Diagnostic Testing Facilities (IDTFs)
Review services and billing patterns in geographic areas with high concentrations of IDTFs.

Independent Diagnostic Testing Facilities' Compliance With Medicare Standards
Review selected IDTFs enrolled in Medicare to determine the extend to which they comply with Medicare standards.

Medicare Providers' Compliance With Assignment Rules
Review the extent to which providers comply with assignment rules and determine whether and to what extent beneficiaries are inappropriately billed in excess of amounts allowed by Medicare requirements.

Medicare Payments for Claims Deemed Not Reasonable and Necessary
Review payments for claims in 2009 that providers note as not reasonable and necessary on claims submissions.

Medicare Billing With Modifier GY
Review appropriateness of providers' use of modifier GY on claims for services that are not covered by Medicare.

Payments for Services Ordered or Referred by Excluded Providers
Review the nature and extent of Medicare payments for services ordered or referred by excluded providers.

Payments for ESRD Beneficiaries Entitled to Medicare Under Special Provisions
Review claims for End Stage Renal Disease (ESRD) beneficiaries entitled to Medicare coverage only because of special circumstances.

Error-Prone Providers: Part A and Part B
Review claims submitted by error-prone providers.

Comprehensive Error Rate Testing (CERT) Program: FY 2010 Error Rate Oversight
The head of a federal agency with any program or activity that may be susceptible to significant improper payments is required to report to Congress the agency's estimate of improper payments.

Medicare Services Billed With Dates of Service After Beneficiary's Date of Death
Review Medicare claims with dates of service after beneficiary's date of death to assess CMS's controls to preclude or identify and recover improper payments.

Summary of Key Areas:

* Physician billing for hospice beneficiaries.
* Trends in hospice utilization.
* Incentive payments made for e-prescribing to eligible professionals.
* Place-of-service errors.
* ASC payment system.
* E/M services during global period.
* Payment for imaging services.
* Services performed by CSWs.
* Outpatient physical therapy services provided by independent therapists.
* Appropriateness of Medicare payments for polysomnography.
* Laboratory test unbundling by clinical laboratories.
* Medicare billing with the GY modifier.
* Geographic areas with a high density of IDTFs.
* Enrollment standards for IDTFs.
* Physician reassignment of benefits.
* Medicare providers' compliance with assignment rules.
* Payments for services ordered or referred by excluded providers.
* Ambulance services used to transport ESRD beneficiaries.
* Medicare payments for transforaminal epidural injections.
* CERT program error rate (2008 transportation claims error rate).
* CERT program (2008 Part A and B error rates).
* Medicare services billed with dates of service after the beneficiary's date of death.

Year's end is neither an end nor a beginning but a going on, with all the wisdom that experience can instill in us.

~Hal Borland