

Office of the Inspector General

The Office of the Inspector General (OIG) recently released its Work Plan Mid-Year Update for Fiscal Year 2015, which summarizes new and ongoing reviews and activities that OIG plans to pursue with respect to HHS programs and operations during the current fiscal year and beyond. This edition removes items that have been completed, postponed, or canceled and includes new items that have been started since October 2014. The OIG of the HHS is the primary enforcement arm of the HHS. As stated in the FY 2015 *Work Plan Mid-Year Update* (the “Update”), the OIG was created to protect the integrity of HHS programs and operations and the well-being of federal healthcare program beneficiaries by doing the following:

- Detecting and preventing fraud, waste, and abuse;
- Identifying opportunities to improve program economy, efficiency, and effectiveness; and,
- Holding accountable those who do not meet program requirements or who violate federal healthcare laws.

In FY 2014, more than 75% of the OIG’s budget was directed at oversight of the Medicare and Medicaid Programs. Periodically, the OIG assesses the resources available and prioritizes the issues to be addressed, primarily by establishing a work plan for each FY, which is reviewed and updated at midyear.

The OIG also provides a report to Congress, generally on a semi-annual basis, on its progress to date. The *Semiannual Report to Congress* (the “Report”) for the first half of FY 2015 was released last week.

Of note, the OIG has added IMRT as part of its initiatives related to hospital billing and payments.

Specifically, the OIG will review Medicare outpatient payments for intensity-modulated radiation therapy (IMRT) to determine whether the payments were made in accordance with Federal rules and regulations.

IMRT is an advanced mode of high-precision radiotherapy that uses computer-controlled linear accelerators to deliver precise radiation doses to a malignant tumor or specific areas within the tumor. Prior OIG reviews have identified hospitals that have incorrectly billed for IMRT services. To be processed correctly and promptly, a bill must be completed accurately. (CMS’s *Medicare Claims Processing Manual*, Pub. No. 100-04, ch. 1, § 80.3.2.2.) In addition, certain services should not be billed when they are performed as part of developing an IMRT plan. (CMS’s *Medicare Claims Processing Manual*, Pub. No. 100-04, ch. 4, § 200.3.2) (OAS; W-00-15-35740; various reviews; expected issue date: FY 2016).