

## Report on Medicare Compliance Volume 30, Number 10. March 15, 2021

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By Nina Youngstrom

◆ **Peninsula Regional Medical Center in Salisbury, Maryland, was overpaid \$66,647 for polysomnography (sleep study) services provided to Medicare beneficiaries** from January 1, 2017, through December 31, 2018, according to a new audit from the HHS Office of Inspector General (OIG).<sup>[1]</sup> The audit audited a stratified random sample of 100 beneficiaries who received polysomnography services, focusing on CPT codes 95810 and 95811. The findings: The hospital submitted claims for 10 beneficiaries “associated with 12 lines of service that did not comply with Medicare requirements, resulting in net overpayments of \$17,499,” OIG contended. “On the basis of our sample results, we estimated that Peninsula received overpayments of at least \$66,647 for polysomnography services provided during the audit period.” In a written response, Timothy Feist, the hospital’s vice president of ambulatory services and corporate compliance officer, said it agreed with OIG’s findings. He said human error was the main reason for the noncompliance, and the hospital has implemented corrections to its processes.

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