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- ◆ **University Medical Center of Southern Nevada has agreed to pay \$128,820 in a civil monetary penalty settlement that stemmed from a self-disclosure.** According to the settlement, which was obtained through the Freedom of Information Act, the HHS Office of Inspector General contends the University Medical Center of Southern Nevada paid a physician remuneration “in the form of payments for services that were not included in the personal services contract it had with” the physician from July 1, 2016, through June 30, 2020. The hospital didn’t admit liability in the settlement.
- ◆ **CMS has removed four codes from category three telehealth services, according to a technical correction published in the March 18 *Federal Register*.**^[1] The codes are 96121 (Neurobehavioral status exam by physician or other qualified health professional) and 99221-99223 (Initial hospital care). Telehealth services in category three are temporarily covered until the end of the calendar year in which the public health emergency is over.
- ◆ **According to a March report**^[2] **from the Medicare Payment Advisory Commission (MedPAC), which advises Congress, CMS should add three safeguards after the public health emergency to protect Medicare and its beneficiaries “from unnecessary spending and potential fraud related to telehealth.” CMS should “apply additional scrutiny to outlier clinicians who bill many more telehealth services per beneficiary than other clinicians or who bill for a high number of services in a week or a month, require clinicians to provide an in-person, face-to-face visit with a beneficiary before they order expensive durable medical equipment (DME) or expensive clinical laboratory tests, and prohibit ‘incident to’ billing for telehealth services provided by any clinician who can bill Medicare directly.”**

¹ Medicare Program; CY 2021 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Medicaid Promoting Interoperability Program Requirements for Eligible Professionals; Quality Payment Program; Coverage of Opioid Use Disorder Services Furnished by Opioid Treatment Programs; Medicare Enrollment of Opioid Treatment Programs; Electronic Prescribing for Controlled Substances for a Covered Part D Drug; Payment for Office/Outpatient Evaluation and Management Services; Hospital IQR Program; Establish New Code Categories; Medicare Diabetes Prevention Program (MDPP) Expanded Model Emergency Policy; Coding and Payment for Virtual Check-In Services Interim Final Rule Policy; Coding and Payment for Personal Protective Equipment (PPE) Interim Final Rule Policy; Regulatory Revisions in Response to the Public Health Emergency (PHE) for COVID-19; and Finalization of Certain Provisions From the March 31st, May 8th and September 2nd Interim Final Rules in Response to the PHE for COVID-19; Correction, 86 Fed. Reg. 14,690, (March 18, 2021), <https://bit.ly/3s4HzMj>.
² Medicare Payment Advisory Commission, *Report to the Congress: Medicare Payment Policy*, March 2021, <https://bit.ly/3c1Pchd>.

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