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OIG: How Modifier Mistakes Affected an Ophthalmology Clinic's Billing

By Nina Youngstrom

In a new report that again points to the risk of modifier mistakes, the HHS Office of Inspector General (OIG) said an audit of 100 claims submitted in 2018 by an ophthalmology clinic in Bonita Springs, Florida, found they all “included at least 1 service that did not comply with Medicare requirements.”^[1] The audit of the clinic’s claims for intravitreal injections of Avastin, Eylea and Lucentis and for other services performed on patients the same day as the injections. Medicare pays for an intravitreal injection as part of the global surgery payment, which means evaluation and management (E/M) services provided on the same day are included in the payment for the injection, the report explained. Medicare doesn’t pay separately for injecting an anesthesia drug when billed with intravitreal injection. For the audit of the ophthalmology clinic, which wasn’t identified, the report sampled 100 beneficiary days and found 156 services were not separately payable and 70 were not reasonable and necessary. “On the basis of our sample results, we estimated that at least \$215,606 of the \$2.1 million paid to the Clinic for intravitreal injections of Avastin, Eylea, and Lucentis and for other services provided on the same day as the injections was unallowable for Medicare reimbursement,” the report said. It recommended the clinic refund the overpayments. The clinic agreed to refund some money based on certain report conclusions but will appeal others.

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