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By Nina Youngstrom

◆ The HHS Office of Inspector General (OIG) has released its *Semiannual Report to Congress*,<sup>[1]</sup> which covers Oct. 1, 2019, through March 31, 2020. During this period, OIG published 81 audit reports and 14 evaluation reports. “Our audit work identified \$605.2 million in expected recoveries, as well as \$288.4 million in questioned costs (costs questioned by OIG because of an alleged violation, costs not supported by adequate documentation, or the expenditure of funds where the intended purpose is unnecessary or unreasonable),” OIG said.

◆ CMS has updated its answers to frequently asked questions<sup>[2]</sup> on COVID-19 Medicare fee-for-service billing. In clarifying one area of confusion, CMS said “outpatient therapy services that are furnished via telehealth, and are separately paid and not included as part of a bundled institutional payment, can be reported on institutional claims with the ‘-95’ modifier applied to the service line.” That includes hospital claims for outpatient therapy.

<sup>1</sup> OIG, *Semiannual Report to Congress: October 1, 2019–March 31, 2020*, HHS, spring 2020, <https://go.usa.gov/xwbEW>.

<sup>2</sup> CMS, “COVID-19 Frequently Asked Questions (FAQs) on Medicare Fee-for-Service (FFS) Billing,” updated June 2, 2020, <https://go.cms.gov/2W7cjzj>.

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