

# Part B Mass Adjustments Resulting in Overpayments

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## August 29, 2023

In May 2023, the OIG released the final report titled “Medicare Paid Millions More for Physician Services at Higher Non-facility Rates Rather Than at Lower Facility Rates While Enrollees Were Inpatients of Facilities” (A-04-21-04084).

The OIG report explains, *Medicare made overpayments totaling \$22,463,193 for 1,130,182 claim lines by paying the non-facility rate for services coded as furnished in a nursing facility or SNF setting without Part A coverage while enrollees were Part A SNF inpatients.* It also states that CMS did not have CWF (Common Working File) edits in place to detect the coding errors.

These overpayments are national and some NGS providers' claims are included in this final number.

They are informing providers to make them all aware the impacted claims are being adjusted by NGS. This impacts claims processed between July 2019 and July 2023. The adjustment will change the POS from 32 (Nursing Facility) to 31 (Skilled Nursing Facility).

Providers whose claims are adjusted will receive overpayment letters explaining the reason further.

Providers shall refund all improperly collected deductible and/or coinsurance amounts to the beneficiaries.

**Reference: [NGS Website](#)**