Part B Insider (Multispecialty) Coding Alert

In Other News...

Combating health care fraud proved may cost the government resources and money, but it also brings financial rewards.

In financial year 2009, U.S. Attorneys' offices opened 1,013 new criminal health care fraud investigations, and won ornegotiated approximately $1.63 billion in judgments and settlements, according to the Health Care Fraud and Abuse Control Program's 2009 Annual Report for 2009, which the OIG released on May 13.

Investigations by the Medicare Fraud Strike Force, which "analyzes Medicare data to identify unexplained high-billing levels in concentrated areas," caused the OIG to file charges against 209 defendants "who collectively billed the Medicare program more than $253 million" during 2009, the report noted. During the fiscal year, 77 defendants were sentencedto prison based on information discovered during Strike Force investigations.

For instance, a California physician paid $2.2 million to resolve allegations that he inappropriately allowed another practitioner to use his UPIN to bill Medicare for respiratory therapy as "incident to" as if the services were performed in his office, even though he did not provide direct supervision and the services were provided at non-covered locations.

In a separate case, six Nevada physicians paid between $54,000 and $212,575 each to settle allegations that they received kickbacks in exchange for referrals to a nurse practitioner.

To read the complete report, visit the OIG's Web site at www.oig.hhs.gov/publications/docs/hcfac/hcfacreport2009.pdf.