

Part B Insider (Multispecialty) Coding Alert

In other news

Most medical practices are lucky to see \$375 million in the course of several decades--but one Texas-based physician is accused of causing that much to be fraudulently billed to Medicare and Medicaid over a five-year period.

The Dept. of Justice announced that it had arrested the physician and his office manager on Feb. 28 for their role in submitting false claims to the Medicare and Medicaid programs, the DOJ's news release notes.

The physician owned Medistat Group Associates P.A., which operated in Texas. "Medistat was an association of health care providers that primarily provided home health certifications and performed patient home visits," the release says. The physician "allegedly certified or directed the certification of more than 11,000 individual patients from more than 500 HHAs for home health services during the past five years. Between January 2006 and November 2011, Medistat certified more Medicare beneficiaries for home health services and had more purported patients than any other medical practice in the United States. These certifications allegedly resulted in more than \$350 million being fraudulently billed to Medicare and more than \$24 million being fraudulently billed to Medicaid by Medistat and HHAs."

To read more about the physician's arrest, visit www.justice.gov/opa/pr/2012/February/12-crm-260.html.