Part B Insider (Multispecialty) Coding Alert

In other news

Who said good things only come in small packages during the holidays? The Department of Justice charged a large number of Michigan residents with health care fraud after overall false billings of about $34 million put huge targets on their backs. The 20 alleged criminals ranged from physicians to psychotherapists to chiropractors and beyond, and the charges varied but included the following, among others:

- Two physicians who were charged with submitting fraudulent claims to the tune of $5.4 million for physician home services that were never provided.
- One physician and one nurse were charged for their part in an $11.5 million scheme that involved submitting fraudulent claims for a home visiting physician practice.
- Two physicians and three home health agency owners were accused of being involved in a $7 million scheme to submit fraudulent claims for medically unnecessary home health services, and paid kickbacks to patients for the use of their Medicare ID numbers.
- The owners of a billing company were charged for using the Medicare numbers of legitimate providers so they could bill Medicare for chiropractic and psychotherapy services that were never actually performed

"When medical doctors, physical therapists, and other health care providers conspire to defraud our government health care programs and undermine the public trust, they not only betray their profession, but also steal directly from the American people," said FBI Special Agent in Charge **Paul M. Abbate** in a Dec. 5 statement. "The FBI and our law enforcement partners in the Medicare Fraud Strike Force will continue our efforts on behalf of the American taxpayer to prevent health care fraud and bring these criminal perpetrators to justice."

To read more about the case, visit www.justice.gov/opa/pr/2013/December/13-crm-1283.html.