

Part B Insider (Multispecialty) Coding Alert

Physician Notes: Fla. Practice Must Pay \$7.3 Million for Administering False Drug Tests

If a service falls into the grey area of Medicare and is deemed medically unnecessary, it will likely not be covered—or worse, generate an audit.

A Jacksonville, Fla. group practice was recently punished under the False Claims Act for administering unnecessary quantitative drug tests. This specific kind of testing shows providers if illicit drugs are in the urine, is extremely expensive, and is used in only particular circumstances.

"When health care practitioners conduct medical tests, they must only bill for them when it is appropriate and medically necessary," said **A. Lee Bentley, III, JD**, U.S. attorney for the middle district of Florida, in an August 31, 2016, Department of Justice (DOJ) press release. "We will vigorously pursue providers that perform tests indiscriminately, regardless of need."

Unfortunately, the group should have used the more appropriate (and less expensive) qualitative drug test. The OIG discovered the improper testing from a "proactive review of claims data."

Resource: To read the complete DOJ news release, visit

<https://www.justice.gov/usao-mdfl/pr/united-states-settles-false-claims-act-allegations-against-coastal-spine-and-pain-74>.