

Part B Insider (Multispecialty) Coding Alert

Physician Notes: Medicare Strike Force Nails 111 People for Over \$225 Million in False Billing

Plus: HIPAA violations trigger millions in penalties for two large entities.

The Medicare Fraud Strike Force completed the biggest-ever federal health care fraud takedown on Feb. 17, charging 111 people in nine cities for schemes involving over \$225 million in fraudulent billing, an HHS news release noted. The defendants include a variety of health care professionals, from physicians to nurses to therapists.

For example, ten people in Brooklyn were charged with \$90 million in false billings for physical therapy, proctology services, and nerve conduction testing. Another 11 people were charged in Chicago for billing Medicare over \$6 million in diagnostic testing, home health, and prescription drug false claims.

"Today, more than 300 special agents from OIG, in partnership with federal and state agencies across the country, are making more than a hundred arrests on charges of health care fraud," said **Daniel R. Levinson**, HHS Inspector General, in the news release. "These unprecedented operations send a clear message -- we will not tolerate criminals lining their pockets at the expense of Medicare patients and taxpayers."

To read more about the arrests, visit www.justice.gov/opa/pr/2011/February/11-ag-202.html.