

Part B Insider (Multispecialty) Coding Alert

Steer Clear Of Keeping Payers In The Dark

Billers faces fraud charges for allegedly skewing the facts on claims

Fraud fighters keep cracking down on practices that use deceptive medical claims to get paid.

Billing supervisor **Susan Cousino** was charged with healthcare fraud April 29 for allegedly approving \$4.9 million in false claims. Between 1997 and 2000, Cousino, who worked for the former **MedBack** clinics of northwest Ohio, purportedly told clinic clerks to conceal from Medicare and other payers that MedBack employed chiropractors.

U.S. Attorney **Gregory White** said that claims for non-covered chiropractic services provided by staff chiropractors were routinely characterized on claims as medicine services. Clinic workers often appealed payment denials in letters to insurers that stated that MedBack did not employ chiropractors.