HOSPITAL, PHYSICIAN AND PROVIDER FRAUD

False Claims Act cases have been successfully brought against healthcare providers for practices such as:

Billing for Services Not Rendered occurs when a healthcare provider bills a government healthcare program for a service or procedure that was not performed at all.

Duplicative Billing refers to the unlawful practice of billing a government healthcare program multiple times for the same service.

Billing for Services that Lack Medical Necessity occurs when a provider submits claims to federal healthcare programs for services that are not based on the particular medical needs of a patient and are unnecessary.

Upcoding is a type of fraud in which a healthcare provider knowingly bills a government healthcare program for a higher value billing code than is justified for a particular service, in order to receive greater reimbursement.

Unbundling refers to the unlawful practice of billing government healthcare programs, in order to obtain undue reimbursement, for multiple procedures that are required, by coverage rules, to be bundled under a single code.

Billing for an Improper Place of Service is a type of healthcare fraud by which a provider seeks higher amounts of reimbursement by knowingly listing an incorrect "place of service" on a CMS claim form because the correct place of service would result in lower (although proper) payment.

Inflated Cost Reports describes a type of fraud involving the submission of annual cost reports to CMS where the costs are fraudulently inflated in obtain a higher level of reimbursement for services performed on Medicare/Medicaid patients.

Unlawful Kickback Arrangements are a type of fraud marked by the knowing offer or receipt of payment or remuneration in exchange for federal healthcare program referrals or recommendations.

If you would like to speak to one of our attorneys about a potential whistleblower matter, please email us at wbinfo@ktmc.com or call us at (610) 667-7706.   All case evaluations are confidential and free.