KESSLERTOPAZ MELTZERCHECK LLP

HEALTHCARE FRAUD

The whistleblower provisions of the federal False Claims Act have been extremely effective in recovering taxpayer dollars lost to fraud in the healthcare industry, with more than $12.1 billion since 2009.

Major types of fraud in the healthcare industry include:

Upcoding – billing federal healthcare programs for more expensive services than those actually performed by using a code with a higher reimbursement.

Unbundling – billing federal healthcare programs separately for procedures that are required to be billed together.

Inflated Cost Reports – submitting inflated annual cost reports to CMS to obtain a higher level of reimbursement for services performed on Medicare/Medicaid patients.

Billing for Medically Unnecessary Services or Services Not Rendered - billing federal healthcare programs for services that are not based on the particular medical needs of a patient.

Kickbacks for Referrals – healthcare entities commit this type of fraud when they knowingly offer or receive payment or remuneration in exchange for a federal healthcare program referral

Improper Self-Referrals – physicians commit this type of fraud when they make federal healthcare program referrals to an entity they have a financial relationship with.

Off-Label Marketing – drug and medical device companies commit this type of fraud when they market drugs or devices for uses not approved by the FDA.

Best Price Fraud – drug companies commit this fraud by misrepresenting "the best price" of their drugs to the Medicaid program.

Our whistleblower team includes attorneys who have handled healthcare fraud cases on behalf of whistleblowers, prosecuted fraud cases on behalf of the United States, and actually worked in the health care industry.

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.