

# HEALTH CARE FRAUD

## EXAMPLES

### Patients:

1. Using someone else's coverage or insurance card
2. Forging or altering bills or receipts
3. Conspiring with providers to:
  - get kickbacks from false claims
  - have their co-pays or deductibles waived and to over-bill the insurance plan
  - alter date of service so it appears service was provided during period of coverage

### Providers:

1. Billing for services not rendered
2. "Double Billing" (duplicate charges for same service)
3. Performing medically unnecessary services | falsifying a diagnosis to justify tests
4. Misrepresentation of procedures to obtain payment for non-covered services, such as cosmetic surgery
5. "Upcoding" (e.g., podiatrist trims patient's toenails, but bills for foot surgery)
6. Unbundling (billing separately for component parts of product/service)
7. Accepting kickbacks for patient referrals
8. Billing individual therapy when it was group session
9. Having an unlicensed person perform services that only a licensed professional should render, and billing as if the professional had provided the service
10. Billing for more time than actually provided (e.g., counseling, anesthesia, etc.)
11. Medical equipment supplier delivers used bed but bills plan for cost of new bed
12. Submitting fraudulent documents through the U.S. mail (Mail Fraud)

### Who else could commit health care fraud?

- Billing Services
- Professional Criminals
- Health Plan Employees