Medicare Targeting Infusion Fraud in South Florida

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Medicare officials have launched a 2-year demonstration project aimed at preventing infusion fraud schemes in South Florida, where medical fraud has been on the rise.

Under the project, the Centers for Medicare and Medicaid Services is requiring infusion providers operating in several South Florida counties to reapply to be qualified Medicare infusion therapy providers.

Those who fail to reapply within 30 days will have their Medicare billing privileges revoked.

There have been 47 indictments against individuals and entities alleged to have collectively billed Medicare over $345 million in fraudulent charges.

The infusion fraud project is similar to other fraud prevention efforts recently launched by CMS. The agency is currently conducting demonstrations to root out fraudulent billing by durable medical equipment suppliers in South Florida and Southern California and among home health agencies in greater Los Angeles and Houston.

South Florida has already been the site of a string of prosecutions this year for fraud involving durable medical equipment and infusion therapy. Since March, the Department of Justice and the assistant U.S. attorneys from the Southern District of Florida have filed 47 indictments against individuals and entities alleged to have collectively billed Medicare more than $345 million in fraudulent charges.


The fraudulent billing submitted to Medicare can come in a number of forms.

For example, in some cases the billing is done on behalf of fictional clinics or fictional patients.

In other cases, patients may be infused with saline or another substance instead of the drug that is being billed to Medicare.