

## Report on Medicare Compliance Volume 28, Number 24. July 01, 2019 News Briefs: July 1, 2019

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◆ **Anne Arundel Medical Center (AAMC) in Annapolis, Maryland, agreed to pay \$3.154 million to settle false claims allegations that it billed for medically unnecessary services,** the U.S. Attorney's Office for the District of Maryland said June 28. AAMC opened its Anticoagulation Clinic in 2007 to monitor outpatients who are on anticoagulation therapy using prothrombin time international normalized ration (PT-INR) tests. PT-INR tests measure the time it takes for a patient's blood to clot and are billed with CPT code 85610. If test results indicate the patient's coumadin needs adjustment or his or her medical condition changed, providers also could bill for an evaluation and management (E/M) service. The U.S. attorney's office alleged that AAMC billed Medicare, TRICARE and the Federal Employees Health Benefits Program for E/M services that weren't medically necessary when it was also paid for the blood tests from Jan. 1, 2010, to Dec. 31, 2013. The billing rules changed in 2014. CMS bundled PT-INR tests with E/M services when E/M services were provided during the same visit under the Outpatient Prospective Payment System regulation, with a new CPT code of G0463. But AAMC allegedly billed Medicare for both the bundled code G0463 and CPT 85610, even though the PT-INR tests were included in G0463 claims, from Jan. 1, 2014 to Dec. 31, 2017, the U.S. attorney's office said. AAMC did not admit liability in the settlement. Visit <http://bit.ly/2Jb96GJ>.

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