

Report on Medicare Compliance Volume 32, Number 19. May 15, 2023 In FCA Settlement Over Split/Shared Visits, Conn. Hospital, Medical Group Pay \$560,718

By Nina Youngstrom

When physician Arina Cadariu was an employee of Northeast Medical Group Inc. in Connecticut, she realized her name was allegedly being inserted as the billing provider for services performed at Bridgeport Hospital by midlevel providers. To put an end to it, Cadariu went into the electronic medical records and removed her name as the billing provider if she had “no involvement with the patient,” according to her whistleblower lawsuit, which alleges violations of the split/shared billing rules.^[1] After she fixed the charts, Cadariu assumed Northeast Medical would bill Medicare accurately, she said. Instead, its coders allegedly changed the name “in the billing provider’s box back to Dr. Cadariu.”

Now, in apparently the first False Claims Act (FCA) settlement over split/shared billing, Northeast Medical and Yale New Haven Health Services Corp., which owns Bridgeport Hospital, have paid \$560,718 to settle allegations they submitted false Medicare and Medicaid claims for evaluation and management (E/M) services billed by Northeast Medical hospitalists that should have been billed by midlevel providers at a lower payment rate between July 2014 and June 2020, the U.S. Attorney’s Office for the District of Connecticut and the Connecticut Attorney General said May 9.^[2]

With split/shared billing, Medicare pays for an E/M service provided jointly by a physician and midlevel provider (e.g., nurse practitioner and physician assistant) at an institution (e.g., hospital). The Medicare manual provision in effect at the time of the alleged violations required physicians to have face-to-face encounters with the patients to bill 100% of the Medicare Physician Fee Schedule (MPFS) for split/shared visits. Otherwise, the E/M services had to be billed by the midlevels at 85% of the MPFS.

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