

New Jersey Ophthalmology Practice Settles False Claims Allegations Regarding Medically Unnecessary Diagnostic Tests for \$469K

Healthcare Law Update

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On July 29, 2024, the U.S. Attorney's Office for the District of Massachusetts [announced](#) a settlement with an ophthalmology practice with offices in New Jersey and Pennsylvania and its owner. They agreed to pay \$469,232 to resolve allegations of submitting false claims to Medicare and the Federal Employee Health Benefit (FEHB) Program for medically unnecessary transcranial doppler (TCD) tests, violating the False Claims Act.

From May 13, 2019 to February 22, 2021, the practice, under a contract with a medical diagnostics company, submitted false claims for TCD tests. The medical diagnostics company provided a technician who reviewed patient files and prepared order forms for TCD tests, which physicians signed, often including diagnoses that were not indicated to justify the necessity for the tests. The practice paid the company or an associated radiology company \$30 per test interpretation, but also billed Medicare and the FEHB Program falsely, claiming that they had interpreted the tests themselves. The claims were deemed false claims because the TCD tests were medically unnecessary, the practice billed for services not performed, and the arrangement with the medical diagnostics company violated the Anti-Kickback Statute.

The settlement also resolved claims brought under the whistleblower provisions of the False Claims Act, with the whistleblower receiving approximately \$84,460 as part of the settlement.

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