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Settlement resolves whistleblower client's allegations of systematic coding scheme to improperly increase reimbursement.

K 5G<=B ; HCBz' 8"7" : YVf i Ufm' & , z' & \$%- -- Constantine Cannon LLP is pleased to announce that its whistleblower client's claims resulted in a \$2.1 million settlement against Skyline Urology, a major medical practice in California. The whistleblower exposed an alleged systematic coding scheme to defraud Medicare and private insurers. Skyline Urology has agreed to pay \$1.85 million to the federal government and \$250,

California, habitually coded standard Evaluation and Management (E&M) "non-identifiable" and claimed additional reimbursement beyond the standard procedures. While most E&M services are bundled together with other services into a single payment for comprehensive care, services that are not a standard expectation of care are coded separately. Ignored, the whistleblower took his information to the United States and the Department of Insurance by filing a *qui tam* complaint.

"This underscores the critical role of whistleblowers in preventing healthcare fraud," said Michael S. Glickher, Of Counsel at Constantine Cannon. "Without brave individuals like our client, it would be too easy for unscrupulous companies to manipulate billing codes to claim reimbursement from taxpayers and insurers."

Michael S. Glickher, Associate at Constantine Cannon, added: "This settlement demonstrates the effectiveness of the whistleblower reward provisions in the False Claims Act and the California False Claims Act in bringing taxpayer dollars and protecting the public fisc."

The False Claims Act "FCA" is one of the government's most effective weapons in combating fraud against government funds by private companies who contract with the government. The Act empowers whistleblowers to sue companies that are defrauding the government and receive up to 30 percent of any government recovery. There is a corollary California False Claims Act that allows whistleblowers to report fraud against private insurers and receive up to 30 percent of any recovery. Insurance fraud alone costs the U.S. billions of dollars; since fraud can be difficult to detect, whistleblowers with access to inside information; well-placed whistleblowers are necessary to help the government might otherwise lack to help stop these practices.