



Examples of Medicare Fraud

To report suspicion of fraud call your local SMP at

1-877-272-8720

- Billing for services or supplies that were not provided
- Altering claim forms to obtain a higher payment amount
- Billing twice for the same service or item
- Billing separately for services that should be included in a single service fee
- Misrepresenting the diagnosis to justify payment
- Continuing to bill for service or items no longer medically necessary
- Billing for rental equipment after date of return
- Billing “non-covered” services or items as “covered” services
- Ordering unnecessary lab tests
- Refusing to bill Medicare for covered services or items
- Using another person’s Medicare card to obtain medical care
- Soliciting, offering, or receiving a kickback, bribe, or rebate
- Completing a Certificate of Medical Necessity for a patient not seen by the health care professional
- Completing a Certificate of Medical Necessity when not authorized to do so
- Signing authorizations for medical equipment or procedures that are not medically necessary
- Ignoring co-insurance or deductible
- Billing for home health care services for patients who do not meet the requirement of “homebound” status
- Using unethical or unfair marketing strategies, such as offering beneficiaries free groceries or transportation to switch doctors, pharmacies, insurance, etc.
- Billing social activities as psychotherapy
- Billing group services as individual service for each patient in the group
- Charging for outpatient hospital services provided within 72 hours of surgery or other inpatient procedure.

