

LABORATORY BLOOD BANK

Source:	New York State Department of Health- Medicaid; PROVIDERS NOT ALLOWED TO ORDERS SERVICES FOR MEDICAID RECIPIENTS
Issue:	Downloaded from: http://www.health.state.ny.us/nysdoh/medicaid/medicaid.htm
Organization:	LABORATORY
Provider #:	0000000
Provider Type:	LABORATORIES
Provider Cat.:	CLINICAL LABORATORY/BLOOD BANK
Action:	Providers Not Allowed to Order Services for Medicaid Recipients.
Licensing State:	NY
Reporting State:	NY
Authority:	New York State Department of Health
Run Date:	12/11/2001
Note 1:	New York State Department of Health; 433 River Street, 4th Floor, Troy, NY 12180; Phone: (518) 474-8357, Fax: (518) 402-0866; website: http://www.health.state.ny.us/nysdoh/medicaid/medicaid.htm
Note 2:	PLEASE NOTE: The Run Date is set to correspond to the date the information was downloaded from the website.
Note 3:	<p>PROVIDER FRAUD: A small number of Medicaid providers engage in fraudulent activities. The Office of Medicaid Management reviews provider billing and other activities and investigates charges of fraudulent behavior in order to take appropriate actions. EXAMPLES OF PROVIDER FRAUD: Medicaid provider fraud has many forms and we need the cooperation of diligent providers and Medicaid recipients to uncover this type of activity. One way for a recipient of medical services to assist us in identifying fraud is to keep a record of the following: When a professional service is used; Where the service takes place; Who takes care of you; What services are provided during the visit; and What additional services were ordered by the provider. If a recipient suspects that a provider has billed Medicaid for more services than were actually provided, that would be fraud. Some examples of provider fraud include: Billing for services that were not provided, e.g., a chest x-ray that was not taken. Duplicate billing which occurs when a provider bills Medicaid and also bills private insurance and/or the recipient. Requiring the recipient to return to the office for more visits when another appointment is not necessary. Taking unnecessary x-rays, blood work, etc. Upcoding, e.g., providing a simple office visit and billing for a comprehensive visit. Having an unlicensed person perform services that only a licensed</p>

	professional should render, and bills as if the professional provided the service. Billing for more time than actually provided, i.e., counseling, anesthesia, etc. Billing for an office visit when there was none, or adding additional family members' names to bills. Accepting payment from another provider, including sharing in the reimbursement paid by the Medicaid program, as a result of referring a patient to the other provider.
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