Arvind Bob Khurana, Principal Whistleblower Lawyer at the Khurana Law Firm, Discusses Medicare Upcoding and Why it is Illegal

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New York, NY -- The Medicare system in the United States loses billions of dollars each year to fraud. This costs taxpayers and recipients alike. Unfortunately, the federal government does not have enough resources to combat this problem by itself and must rely on private individuals and healthcare workers to come forward to report it. Arvind Bob Khurana, principal and founding attorney at the Khurana Law Firm, P.C., is a healthcare whistleblower lawyer in New York City who represents individuals with knowledge of fraudulent Medicare activity to come forward and file a whistleblower lawsuit.

When providers provide a service to a Medicare patient, that provider submits a claim to Medicare in order to be paid. This is usually done through electronic billing systems and uses procedural codes so Medicare knows what services were provided and how much to pay the provider.

One of the ways healthcare providers perpetrate fraud against the Medicare program is by making fraudulent

claims to collect more money for their services. One of these methods is the manipulation of medical claim coding called upcoding.

?Upcoding is when a healthcare provider bills Medicare for services under a code that allows them to collect more than the actual service they provided,? explained Mr. Khurana. ?The medical community and Medicare rely on electronic records and billing software to keep track of medical records and claims. Unfortunately, providers can manipulate these records to show a different diagnosis and services to get reimbursed at a higher rate. Medicare relies on this information from the provider to be correct and accurate. Unfortunately, this is not always the case. But Medicare doesn?t have enough resources to be able to investigate each claim for accuracy, and consequently, a great deal of fraud takes place.?

The federal False Claims Act, enacted in 1863, makes it unlawful for providers to submit a false or fraudulent claim to Medicare for reimbursement and holds them legally liable. Under the False Claims Act, a private individual or healthcare worker with knowledge of fraudulent activity can file a civil lawsuit against the perpetrator on behalf of the federal government. The act provides incentives for whistleblowers enabling them to collect a portion of the financial recovery as a reward and also protects them from any employer retaliation if they have brought suit against an employer or assisted the government in a recovery. A successful whistleblower lawsuit can hold the party perpetrating the fraud liable for triple the harm they caused to the government as well as significant penalties for each violation.

?Whistleblowers who come forward to report upcoding or other types of fraud are the true heroes combating Medicare fraud today,? continued Mr. Khurana. ?As healthcare whistleblower lawyers, it is our job to maintain their safety, anonymity, and enable them to get rewarded for their courage in coming forward. With their help, we are able to relentlessly pursue the Medicare fraud that is so prevalent today and costs our government and taxpayers untold amounts of money.?

Arvind Bob Khurana and his firm, Khurana Law Firm, P.C., is a national whistleblower law firm in New York City. To learn more, visit the website at https://medicarewhistleblowercenter.com/what-is-upcoding-and-why-is-it-illegal/

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The Khurana Law Firm, P.C. has extensive experience representing whistleblowers nationwide and in investigating and filing lawsuits under the False Claims Act.

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