

# In case you missed it: Top Fraud, Waste & Abuse Cases in Healthcare

A historic era for healthcare fraud takedowns, by the numbers

# \$1.4B:



In June 2020, 10 people were charged in a rural hospital billing scheme targeting southern hospitals. Conspirators included hospital managers, lab owners, billers and recruiters, who billed private payers for expensive lab tests not done in-house, as stated.

# \$931M:

In January 2021, five defendants pleaded guilty to a multi-year healthcare telemarketing fraud conspiracy. It involved improper solicitation of patient information, obtaining approvals from telemedicine prescribers, and selling costly prescriptions to pharmacies in exchange for kickbacks.



# \$681M:

In July 2020, a years-long fraud scheme in Palm Beach, Florida was busted when the Justice Department found a doctor fraudulently billing tests and treatments for patients seeking drug or alcohol addiction help. Some patients were billed \$10,000 to \$20,000 for tests in a single day.



# \$400M:

In March 2019, a Florida woman was charged with setting up hundreds of sham storefronts to sell back and knee braces to senior citizens, then providing unlawful kickbacks and fraudulent DME orders through telemedicine companies for claims reimbursement.



# \$325M:

In January 2020, a Texas rheumatologist was found guilty of falsely diagnosing patients with life-long diseases and treating them with medically unnecessary and toxic medications. Some patients were as young as 13 years.



# \$109M:

In January 2021, a Florida man and woman pled guilty to a massive fraud scheme that involved selling Medicare patient data to submit false claims for durable medical equipment.

# \$150M:

In February 2020, four Detroit doctors were found guilty for participating in a Medicare fraud scheme for billing medically unnecessary services, such as administering back injections in exchange for prescriptions of over 6.6 million doses of medically unnecessary opioids.



# \$56M:

In February 2020, husband & wife telemedicine company owners had healthcare providers order unnecessary orthotics braces in exchange for bribes and kickbacks, racking up millions in false and fraudulent claims to Medicare.



# 300:

number of individuals charged with fraud in 2020, according to the Department of Justice.



# \$6B:

total fraudulent claims in 2020.



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