

Report on Medicare Compliance Volume 27, Number 27. July 30, 2018 Another Pelvic Floor Therapy Case Settles; Payment Breakdowns Are Now Included

By Nina Youngstrom

Billing pelvic floor therapy as if it were a diagnostic test has led to a fraud settlement in the latest of a series of similar cases built on data mining by the HHS Office of Inspector General's Consolidated Data Analysis Center (CDAC).

James S. Dunn, M.D., doing business as Auburn Urogynecology and Women's Health in California, agreed to pay \$419,578 in a civil monetary penalty (CMP) settlement. OIG alleged that Dunn submitted Medicare claims for services that were false or fraudulent from April 10, 2012, to Nov. 22, 2017. He billed for diagnostic electromyography (EMG) services with CPT code 51784 and diagnostic anorectal manometry (ARM) services with CPT code 91122 when therapeutic services, not diagnostic services, had been performed, according to allegations in the settlement. OIG also alleged that Dunn billed Medicare "for pelvic floor electrical stimulation that was not preceded by a four-week course of failed pelvic muscle exercise training and pelvic floor physical therapy services that were provided by an unqualified individual." He didn't admit liability in the settlement.

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