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Make better decisions confidently

NEWSLETTER

At A4D, we see a lot of over-reads in MRI where the radiologist alleges the patient's pathology is more severe than it actually is, but there are plenty of other ways that fraudulent providers use MRI services for their own gain.

- 1. False claims** that the medical provider owns the imaging equipment in order to charge the insurance company larger fees per MRI.
- 2. "Padding" exams**, meaning that providers add on unnecessary components to the exam such as 3D imaging, which tacks on a higher charge, but then don't actually perform the specialized imaging. Another way of doing this is to order contrasted studies when the contrast isn't medically necessary for the clinical situation.
- 3. Not actually performing the scan** but still billing for the service. (We see this in EMG fraud, too!)
- 4. Over-calling or over-reads** are a large problem in MRI fraud. Radiologists will "upgrade" the severity of pathology or even call degenerative findings (changes associated with normal aging) injuries, in order to get kickbacks when the patient has more procedures or prolonged periods of care due to the seemingly more serious diagnosis.
- 5. Finding ways to manipulate imaging data** is hard because of the nature of DICOMs and MRI scanners, but fraudulent providers find new ways to exacerbate or create the illusion of injury on MRI by starting with what they can manipulate - the patient. For example, providers have added sandbags to a patient's shoulders in a standing MRI machine to exacerbate spinal compression on the resulting images.
- 6. Not having staff on site**, such as a physician that are lawfully required to be there during certain procedures.
- 7. Ordering medically unnecessary testing** does nothing for the patient but enables financial gain for the provider. Another form of this occurs when providers add on body parts to the imaging order when those body parts aren't relevant.
- 8. Using fake prescriptions** to fool insurance companies who require them for imaging exams.
- 9. Faking machine maintenance records** so that MRI machines can continue to be used. For example, Medicare requires that imaging facilities have their equipment regularly checked and maintained by third-party services. To avoid this, scammers may falsify records or alter them so that it appears that the testing took place at an approved facility.

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Source: <https://ww2.authentic4d.com/e/756213/ing-vigilant-mri-fraud-schemes/74j162/294996283?h=3ZJwCt2vfFouzKxFNMc5bd6CQXoYv9vftnIVUv-kGfU>

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