OIG Enters Into $2 Million Civil Monetary Penalty Settlement With Radiology Practice


The defendants will pay $2 million to resolve allegations that they submitted false or fraudulent claims to Medicare. OIG alleged that the defendants intentionally defrauded Medicare by improperly providing diagnostic tests to Medicare beneficiaries without the required treating physicians’ orders, billing for certain tests under Current Procedural Terminology codes not supported by the medical records, and failing to satisfy certain other Medicare billing and coverage requirements.

The $2 million settlement is one of the largest ever negotiated under OIG’s CMP authority.

“OIG is committed to holding providers accountable for defrauding the Medicare program,” said Inspector General Daniel R. Levinson. “OIG will investigate and pursue enforcement actions against health practitioners who engage in a pattern of billing Medicare for services that were not ordered by the patients’ treating physicians.”

In conjunction with the $2 million settlement, West Valley entered into a 5-year Integrity Agreement.

This matter was resolved through a settlement agreement. The defendants have contested OIG’s allegations and denied any liability. No CMP judgment or finding of liability has been made against the settling parties.

The March 13 settlement resulted from an investigation conducted by OIG Special Agents Jenny Hahn and Scott Frye, who received support from the Western Integrity Center, a Program Safeguard Contractor for the Centers for Medicare & Medicaid Services. Senior Counsels Kevin R. Barry and Brian D. Bewley handled the case for OIG.

A copy of the full settlement agreement can be requested through the OIG Freedom of Information Act Office at: http://www.oig.hhs.gov/foia/submit.asp

Page 1 of 1