



What is Medicare Fraud?

Fraud occurs when an individual or organization deliberately deceives others in order to gain unauthorized benefit.

Medicare and Medicaid fraud generally involves deliberately billing for services that were not received, or billing for a service at a higher rate than is actually justified.

What is Medicare Abuse?

Medicare **abuse** occurs when providers supply services or products that are not medically necessary or that do not meet professional standards.

Examples of Fraud and Abuse

- ✓ Billing for services and supplies that were not provided
- ✓ Obtaining Medicare number for "free" services
- ✓ Billing for equipment not delivered
- ✓ "Upcoding" – improper coding to obtain a higher payment
- ✓ Unneeded or excessive x-rays and lab tests; claims for services that are not medically necessary
- ✓ Billing for excessive medical supplies
- ✓ Using another person's Medicare card to obtain medical care, supplies or equipment

North Dakota SMP Program Ph: 800-233-1737 or 701-858-3580

For more information or to locate your SMP, visit www.ndcpd.org/smp