BACKGROUND

Special Agent Jurs graduated Phi Beta Kappa from Penn State in 1994 and immediately thereafter was a Fulbright Scholar at the University of Zagreb. He served as an officer with naval intelligence for four years before leaving the Navy and joining the Naval Criminal Investigative Service as a Special Agent for approximately two years. He left NCIS in 2000 to open the Jacksonville field Office for the U.S. Department of Health and Human services, Office of Inspector General. As part of the Jacksonville Field Office, Agent Jurs has investigated a wide range of Medicare and Medicaid fraud throughout Florida and the United States, including cases involving ophthalmology and retina.

OFFICE OF INSPECTOR GENERAL

The HHS Office of Inspector General is the investigations and auditing arm of the Department of Health and Human Services, and investigates fraud, waste and abuse in the Medicare and Medicaid program, as well as those grants administered by HHS. For FY 2016, OIG reported expected recoveries of more than $5.66 billion, which consisted of $1.2 billion in audit receivable and about $4.46 billion in investigative receivables. Also during FY 2016, OIG reported 844 criminal actions against individuals or entities that engaged in crimes against HHS programs. Additionally, OIG reported 708 civil actions, which include false claims and unjust-enrichment lawsuits filed in Federal district court, Civil Monetary Penalty settlements, and administrative recoveries related to provider self-disclosure matters. OIG reported exclusions of 3,635 individuals and entities from participation in Federal health care programs.

MEDICARE, OPHTHALMOLOGY AND DATA

Medicare expenditures have been consistently increasing in the past decade, and ophthalmologists are one of the highest-paid specialties in the program. The utilization of ophthalmology services has increased proportionally to the ever-aging population it serves, and is now at over $6 billion per year.
At the same time as we have seen the utilization of ophthalmology services for this aging population increase, we have also seen a dramatic shift in retinal ophthalmology away from laser and surgical procedures towards the utilization of more injectables. While the number of procedures has increased, owing in no small part to the fact that the anti-VEGF injectables tend to require less time face-to-face with any given patient, the reimbursement/profit per procedure tends to have decreased.

The following graph demonstrates the usage of 67220 laser photocoagulation for the treatment of wet AMD for the time period of 2006 through the present:

For unscrupulous providers, the shift in treatment methodology is seen as an opportunity. As such, we have investigated retina-related schemes in Florida and elsewhere involving such issues as:

- Providing lower-cost Avastin but billing for Lucentis or Eylea
- Vial splitting on one-use drugs
- Knowingly misdiagnosing patients with wet macular degeneration in order to be able to continuously bill for unnecessary diagnostic tests and services
- Falsely diagnosing retinal tears or detachments and placing selective burns on the periphery where they will not affect central vision
- Diagnosing all diabetics as suffering from BDR, PDR and/or DME and purporting to treat them with sub-threshold laser

While there is more money per procedure to be made in some of the older laser and surgical methods, the person providing such services become increasing anomalous versus his or her peer
group. The further away the general group gets from the older methods, the greater the incongruity becomes, and those billing for most of their services via outdated methods become distinct billing outliers, i.e., one of an ever-decreasing number of people responsible for an ever-increasing percentage of the billing.