Insurance and Healthcare Fraud Litigation

Katten's Insurance and Healthcare Fraud Litigation group is a unique practice that works with major health, workers' compensation, and property and casualty insurers nationwide in developing investigation, claims handling and litigation strategies to detect, prevent and deter insurance fraud and to recover money obtained through fraud.

Investigation, claims handling and litigation strategies

Our attorneys employ analytics and other methods to identify and investigate fraud. We advise clients on proactive steps to detect fraud and mitigate exposure through the design of effective claims handling practices. When appropriate, we aggressively pursue litigation strategies to shut down fraudulent activity, recover payments obtained by fraud and deter future fraudulent conduct.

Multiple jurisdictions

Our national platform provides us with deep and nuanced knowledge of the unique claims and litigation environments of key jurisdictions throughout the country. We help our clients navigate these jurisdictions, addressing each with risk management and litigation strategies fully attuned to business objectives. We have successfully litigated more than 100 RICO, fraud and *qui tam* actions in federal and state courts across the country and have established controlling legal principles on several issues that are of pressing interest to our clients.

Broad experience

Our team includes several former federal prosecutors and others with extensive experience handling matters involving:

- Corporate practice of medicine, kickbacks and self-referral under federal and state laws; billings for services that were not performed or medically necessary; and the manipulation of billing codes to misrepresent services and inflate charges
- Patterns and practices of those who engage in insurance and healthcare fraud

Key Contacts



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- Numerous areas of medicine, such as acupuncture, chiropractic, physical therapy, orthopedics, neurology, pain management, surgery, psychiatry, psychology and dentistry
- Various forms of diagnostic testing, such as imaging studies, neuropsychological testing, electrodiagnostics, range of motion and muscle strength tests, pulmonology tests, sleep studies, and laboratory diagnostics
- Durable medical equipment, orthotics and pharmaceuticals

Our Experience

- Represent property and casualty insurer in *qui tam* action under the California Insurance Frauds Prevention Act against physician and related entity. Alleges billing for evaluation and management services that were either not performed or not medically necessary, and upcoding of the billing codes to inflate charges.
- Represent health insurer in fraud action in Florida alleging ambulatory surgery centers and others fraudulently billed professional and facility fees for manipulations under anesthesia because centers were engaged in patient brokering, kickbacks for patient referrals and the use of improper billing codes
- Represent health insurer in arbitration, alleging a New Jersey ambulatory surgery center and others fraudulently billed professional and facility fees for manipulations under anesthesia because the center was not exempt from state licensure requirements and was paying unlawful kickbacks for patient referrals.
- Represent worker's compensation insurer in RICO and fraud action in Texas against physician and compounding pharmacy. Alleges billing for medically unnecessary pain management injections and topical compounds pursuant to unlawful kickbacks.
- Represent property and casualty insurer in RICO and fraud action in Oregon against chiropractors, acupuncturist, clinics and others. Alleges services were medically unnecessary or not performed.
- Represent property and casualty insurer in RICO and fraud action in Michigan against a physician and professional corporations. Alleges billing for electrodiagnostic tests that were medically unnecessary or not performed.
- Represent property and casualty insurer in RICO and fraud action in Michigan against physician and professional corporation. Alleges medically unnecessary pain management injections and upcoding and unbundling of billing codes to inflate charges.

- Represent property and casualty insurer in fraud action in Florida against clinics and referral service. Alleges clinics violated self-referral, kickback and patient brokering laws.
- Represent property and casualty insurer in RICO and fraud action in Florida against physicians, ambulatory surgery center and others. Alleges the physicians billed for medically unnecessary discography and percutaneous disc decompression procedures, and used false billing codes to inflate the charges for their services.
- Represent property and casualty insurer in fraud and RICO action in New York against compounding pharmacy, its owners and prescribing physician for medically unnecessary topical compound creams prescribed pursuant to unlawful kickbacks.
- Represent property and casualty insurer in *qui tam* action under the Illinois Insurance Claims Frauds Prevention Act against physicians, chiropractors, clinics, surgery centers and owners. Alleges medically unnecessary pain management injections and electrodiagnostic testing.
- Represent property and casualty insurer in fraud action in Maryland against clinics, chiropractors, physicians and others. Alleges services were medically unnecessary or not performed.
- Represent property and casualty insurer in *qui tam* action under the California Insurance Frauds Prevention Act against imaging provider, officers and owners involving billing for services not rendered.
- Represent property and casualty insurer in *qui tam* action under the California Insurance Frauds Prevention Act against physician, surgery center and biller. Involves pain management injections and evaluation and management services that were medically unnecessary or not performed, and the use of unbundling and upcoding of billing codes to inflate charges.
- Represent property and casualty insurer in *qui tam* action under the California Insurance Frauds Prevention Act against chiropractors and imaging providers. Alleges false claims for x-rays and MRIs performed pursuant to unlawful kickbacks.
- Represent property and casualty insurer in fraud and RICO action in New York against compounding pharmacy, its owners, prescribing physicians and a series of shell companies for medically unnecessary topical compound creams prescribed pursuant to unlawful kickbacks.
- Represent property and casualty insurer in fraud action in US District Court for the Eastern District of Pennsylvania against chiropractors and clinics. Alleges services were medically unnecessary or not performed.

- Represent property and casualty insurer in fraud and RICO action in New York against compounding pharmacy, its owners and prescribing physician for medically unnecessary topical compound creams prescribed pursuant to illegal kickbacks.
- Represent health insurer in fraud and RICO action in Texas. Alleges layperson-owned entities in Texas fraudulently billed for facility fees, entered into unlawful kickback arrangements for patient referrals and used false billing codes.
- Represent property and casualty insurer in fraud action in Minnesota against chiropractor and his clinics. Alleges unlawful kickbacks and services that either were not performed or not medically necessary.

Recognitions

Recognized or listed in the following:

- *Best Law Firms*
  - Insurance Law
    - Chicago, 2013–2027
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- *Chambers USA*
  - Litigation: White–Collar Crime and Government Investigations
    - Illinois, 2007–2026
    - Texas, 2022–2026
  - Litigation: White-Collar Crime & Government Investigations: Highly Regarded
    - New York, 2021–2026