

Health Care Fraud and Abuse Counseling, Investigations and Defense (United States)

Overview

The prevention of health care program fraud, waste and abuse is a top law enforcement priority. By virtue of extensive government and private sector experience, Dentons is uniquely qualified to help you minimize the fraud and abuse risks posed by your business arrangements and relationships, and successfully address and resolve government (and whistleblower) audits, investigations, subpoenas, and administrative, civil and criminal litigation.

Our large, talented and experienced team of fraud and abuse professionals furnish services to health care organizations in four principal areas:

- First, Firm lawyers assist you in ensuring that your various business arrangements, contracts, marketing initiatives and investment strategies comply with federal and state anti-kickback, physician self-referral, reassignment, fee-splitting, beneficiary inducement, gainsharing, and related laws and regulations.
- Second, on behalf of providers, suppliers and other health care organizations, Dentons' lawyers conduct internal investigations, audits and risk assessments of coverage, billing, coding, reimbursement, and documentation practices and procedures.
- Third, our lawyers defend health care organizations in connection with administrative, civil and criminal audits, investigations and litigation, including actions alleging improper coding, billing, pricing and reimbursement, as well as actions involving alleged violations of federal and state anti-kickback, physician self-referral, and related laws and regulations.
- Fourth, drawing on our expertise in the above areas, Dentons' lawyers develop tailored corporate compliance programs for health care organizations and help implement these programs by providing training and education to compliance officers, in-house counsel, management and billing, coding, reimbursement, marketing and clinical personnel.

Your Key Contacts

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