

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF LOUISIANA

FELONY

INDICTMENT FOR HEALTH CARE FRAUD AND ASSET FORFEITURE

UNITED STATES OF AMERICA	*	CRIMINAL DOCKET NO.
VERSUS	*	SECTION:
ARAM KHLGATIAN a/k/a Jacob, a/k/a Alex	*	VIOLATIONS: 18 USC §1347
JACK VOIGHT, M.D.	*	18 USC §2
JO ANN GIROD	*	18 USC §982
ERNESTINE GIROD a/k/a "Tweet"	*	
ARTEM GASPARYAN	*	
JERRY HASKIN, M.D.	*	
VADIM MYSAK	*	
ANAHIT PETROSYAN	*	
DARIA LITVINOVA	*	
HEALTH PLUS CONSULTING, INC.	*	
SATURN MEDICAL GROUP, INC.	*	
NEW MILLENNIUM MEDICAL GROUP, INC.	*	

* * *

The Grand Jury charges that:

AT ALL TIMES MATERIAL AS TO ALL COUNTS HEREIN:

Medicare and Medicaid

1. Medicare was a federally funded health insurance program which paid for certain inpatient medical and home health services (Part A) and outpatient medical services (Part B) provided to the elderly and to certain disabled persons. Medicare was funded with Social

Security taxes and was administered by the United States Department of Health and Human Services (HHS) through the Centers for Medicare and Medicaid Services (CMS), an agency of HHS.

2. Pinnacle Business Solutions, Inc. (Pinnacle) received, adjudicated and paid Medicare Part B claims submitted to it by Medicare beneficiaries (patients) or Louisiana health care providers pursuant to a contract with CMS.

3. The Medicaid Program was a jointly funded cooperative venture between the federal and state governments, administered by the states, that provided health care benefits for certain groups, primarily the poor and disabled.

4. When a Medicare beneficiary was also a Medicaid recipient, after Medicare processed the health care claim, the claim was automatically transmitted to Medicaid for payment of any remaining balance.

5. Medicare and Medicaid were health care benefit programs as defined in Title 18, United States Code, Section 24(b).

Current Procedural Terminology

6. Actual services provided were billed to Medicare and Medicaid by using procedure codes defined by the Current Procedural Terminology (CPT) Manual. The CPT Manual is a uniform, universally recognized system of medical services coding, promulgated by the American Medical Association, which assigns five-digit numeric designations to individual medical procedures. The CPT Manual defines the procedural and medical requirements that must be met in order for a provider to bill for a particular medical service.

7. CPT Codes 95903 and 95904 were Nerve Conduction Velocity (NCV) tests usually ordered by Orthopaedists and Neurologists to assess nerve damage. NCV tests were customarily performed in conjunction with electromyography (EMG) tests, which tests how muscles contract and react to the stimulus provided by the nerves. An EMG test was a painful procedure that required the insertion of needles into the muscles being tested. The reason for doing the NCV and EMG tests in conjunction was to look for damage to the spinal cord, brain or nerves that were causing specified weakness, numbness or pain in muscles. Reimbursement for CPT Codes 95903 and 95904 was based on the number of leads or units measured, with six being the maximum reimbursed by Medicare for a single visit. An NCV test was focused on a particular nerve, and physicians usually do not run the test on the maximum number of units and on multiple extremities.

8. CPT codes 94010 – 94750 were non-screening pulmonary tests performed in response to a patient complaint. CPT Code 94200 was a pulmonary function test performed by a pulmonologist that was more sophisticated than a basic spirometry test (CPT Code 94010). CPT Code 94240 was a pulmonary function test that required the patient to inhale helium, nitrogen and/or other gases. This test was performed by a pulmonologist who measured the amount of nitrogen or helium that remained in the patient's lungs. The test associated with CPT Code 94750 would normally be performed by a pulmonologist and requires an extremely sophisticated piece of equipment. The patient is placed in an airtight container or enclosure, and the equipment measures the gases inside the box with every breath by the patient. This type of equipment is usually located within specialty hospitals or teaching institutions.

9. CPT Codes 93307, 93320, and 93325 were diagnostic procedures ordinarily performed by cardiologists by obtaining ultrasonic signals from the heart and arteries, with two-dimensional image and/or Doppler ultrasonic signal documentation.

COUNTS 1 THROUGH 7 - HEALTH PLUS

A. AT ALL TIMES MATERIAL HEREIN:

1. **ARAM KHLGATIAN (KHLGATIAN)** was an owner, director and/or officer of **HEALTH PLUS CONSULTING, INC. (HEALTH PLUS)** located at 2424 Williams Blvd., Suite K, Kenner, LA.

2. **HEALTH PLUS** was a California corporation authorized by the Louisiana Secretary of State to operate in Louisiana. **HEALTH PLUS** operated a health care clinic in the Eastern District of Louisiana that treated Medicaid and Medicare recipients.

3. **JACK VOIGHT (VOIGHT)** was a licensed Medical Doctor operating as a general practitioner with **HEALTH PLUS**. **VOIGHT** also operated as a physician in other health care clinics owned and operated by associates of **KHLGATIAN**.

4. In about November 2006, **HEALTH PLUS** entered into a provider agreement with Medicare and was assigned a Provider Identification Numbers (PIN) which **HEALTH PLUS** used to bill Medicare for services it claimed to have provided to qualified beneficiaries. As part of the claims submission process, **HEALTH PLUS** agreed to comply with Medicare criteria, rules, regulations and internal procedures.

5. **HEALTH PLUS** caused Medicare Part B bills to be submitted to Pinnacle using a CMS Form 1500, the recognized standard claim form in the health insurance industry. The

completed form contained the date of service, the place of service, the CPT code, the name of the facility where the services were rendered, the physician and the supplier of the service.

6. In about November 2006, **HEALTH PLUS** was assigned a PIN with Louisiana's Medicaid program. By signing the provider enrollment forms, **HEALTH PLUS** agreed that it would abide by all the policies and regulations of Louisiana's Medicaid Program and certified that the information contained on the claim forms were true, accurate and complete, to the best of their knowledge. **HEALTH PLUS** also agreed that concealment of a material fact or the submission of a false or fraudulent claim could result in prosecution under applicable federal and state laws.

7. **VOIGHT** assigned his right to bill Medicare and Medicaid for services he claimed to have rendered to **HEALTH PLUS**. In return, **VOIGHT** received payment from **HEALTH PLUS**. Medicare and Medicaid bills were determined by what was contained on a "superbill," a form ordinarily completed by a physician after medical services were provided during a given physician visit. **HEALTH PLUS**, using a PIN assigned to it by CMS, caused Medicare and Medicaid to be billed for the services **VOIGHT** claimed to have provided.

B. WAYS AND MEANS OF ACCOMPLISHING THE HEALTH CARE FRAUD:

HEALTH PLUS and **KHLGATIAN** used "marketers" to recruit eligible Medicare and Medicaid patients. **ERNESTINE "TWEET" GIROD** and **JO ANN GIROD** were marketers. The marketers were paid for their services by cash and with prescriptions for narcotics. Using a billing company, **HEALTH PLUS** and **KHLGATIAN** falsely and fraudulently billed Medicare and Medicaid for diagnostic tests that were not medically necessary. Some of the procedures were performed by individuals who were not properly trained to administer the procedures.

HEALTH PLUS often did not have the equipment that was capable of performing the procedure billed to Medicare and Medicaid.

C. HEALTH CARE FRAUD:

1. Beginning in or about July 2006, and continuing until in or about November 2009, in the Eastern District of Louisiana and elsewhere, the defendants, **ARAM KHLGATIAN a/k/a Jacob, a/k/a Alex, JACK VOIGHT, ERNESTINE “TWEET” GIROD, JO ANN GIROD** and **HEALTH PLUS CONSULTING, INC.** did knowingly and willfully execute and attempt to execute a scheme and artifice to defraud Medicare and Medicaid and to obtain, by means of false and fraudulent pretenses, representations, and promises, money owned by, and under the custody and control of Medicare and Medicaid, in connection with the delivery of and payment for health care benefits and services.

2. It was part of the scheme and artifice to defraud that approximately 817 individual Medicare and 1833 individual Medicaid beneficiaries sought services at **HEALTH PLUS** during its existence. Most of those beneficiaries were billed for receiving the same or a combination of the same battery of diagnostic tests and procedures, and many had the same diagnoses. Specifically, of about 817 Medicare beneficiaries and the 1833 Medicaid beneficiaries, **HEALTH PLUS** billed Medicare and Medicaid for approximate number of procedures as follows:

CPT Code	Description	Medicare Beneficiaries (out of 817)	Medicaid Beneficiaries (out of 1833)
93000	Routine ECG w/at least 12 leads with interpretation/report	717	1717
95903	Motor nerve conduction test, with F-wave study	687	1702

CPT Code	Description	Medicare Beneficiaries (out of 817)	Medicaid Beneficiaries (out of 1833)
95904	Nerve conduction sensory	687	1702
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family	690	1711
94200	Maximum breathing capacity	657	1454
94240	Functional residue capacity or residual volume; helium, nitrogen open circuit or other method	657	1454
94350	Determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium	657	1454
94370	Single breath airway closing volume	657	1453
94725	Membrane diffusion capacity	656	1452
94750	Pulmonary compliance study	656	1454
95934	"H" Reflex test, amplitude and latency study	626	1472
93307	Echocardiography; real time with image documentation	449	1352
93320	Doppler echocardiography pulsed and/or continuous wave	449	1333
93325	Doppler echocardiography color flow velocity mapping	449	1334

3. It was further part of the scheme and artifice to defraud that **HEALTH PLUS** routinely billed for NCV tests (CPT Codes 95903 and 95904) ordinarily performed by orthopaedists and neurologists and not general or family practitioners. Further, it was the standard of appropriate care that an NCV study was done in conjunction with the performance of electromyography (EMG) tests, a painful invasive procedure. Also, an interpretation of NCV results created by someone not properly trained in neurology or physiology has no clinical value, and would, therefore, not be reimbursable under either Medicare or Medicaid regulations.

HEALTH PLUS and **VOIGHT** never performed an EMG test on any Medicare or Medicaid patient despite performing the NCV tests on 687 Medicare patients and 1702 Medicaid patients.

4. It was further part of the scheme and artifice to defraud that after billing for multiple diagnostic and screening tests, the test results were often disregarded by **VOIGHT** and the staff at **HEALTH PLUS**. In most instances where test results and adverse diagnoses indicated a problem with the patient, corrective medical measures were not taken and were not communicated to the patient.

5. **PATIENT ChSh:** It was further part of the scheme and artifice to defraud that on about January 27, 2009, **ERNESTINE “TWEET” GIROD** solicited a Medicaid recipient, ChSh, to see a doctor for the purpose of getting prescription medications. Before **ERNESTINE “TWEET” GIROD** took ChSh to the doctor, she determined ChSh was a Medicaid recipient, as ChSh could not go to the doctor unless he/she was on Medicaid. Before ChSh saw the doctor, **ERNESTINE “TWEET” GIROD** instructed ChSh exactly what to tell the doctor, i.e., that ChSh's legs, back and head were hurting, so ChSh would get specific prescription medications. **ERNESTINE “TWEET” GIROD** drove ChSh, and others, to **HEALTH PLUS** where **VOIGHT** performed parts of a routine physical exam and an apparent EKG on ChSh. **VOIGHT** gave ChSh prescriptions for Tramadol, Valium, and Soma. The entire office visit lasted approximately 10-15 minutes. ChSh later sold some of the prescription drugs to **ERNESTINE “TWEET” GIROD**. In connection with this visit, **HEALTH PLUS** billed Medicaid approximately \$1,145 for performing the following CPT codes:

CPT Code (units)	Description of Service
99204	new patient office visit; physician usually spends 45 minutes face-to-face with

CPT Code (units)	Description of Service
	patient and/or family
95934	“H” Reflex test, amplitude and latency study
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
93325	Doppler echocardiography color flow velocity mapping
93320	Doppler echocardiography pulsed and/or continuous wave
93307	echocardiography; real time with image documentation
93000	routine ECG w/at least 12 leads with interpretation/report

Medicaid paid **HEALTH PLUS** \$769.34.

6. **PATIENT JoLe:** It was further part of the scheme and artifice to defraud that on about April 6, 2009, **JO ANN GIROD** solicited Medicare and Medicaid recipients, including Medicare recipient JoLe, to have medical services provided at **HEALTH PLUS**. **JO ANN GIROD** transported JoLe and others to **HEALTH PLUS**. **KHLGATIAN** paid **JO ANN GIROD** cash in return for providing the Medicare and Medicaid patients to **HEALTH PLUS**. **JO ANN GIROD** instructed JoLe to complain that he/she was suffering from pain in specific areas of JoLe’s body so that **VOIGHT** would prescribe certain narcotic medications. After the patients left **HEALTH PLUS**, **JO ANN GIROD** split the money she received from **KHLGATIAN** with the patients. In connection with this visit, **HEALTH PLUS** billed Medicare and Medicaid approximately \$2,080 for performing the following CPT codes:

CPT Code (units)	Description of Service
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
95934	“H” Reflex test, amplitude and latency study

CPT Code (units)	Description of Service
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
93325	Doppler echocardiography color flow velocity mapping
93320	Doppler echocardiography pulsed and/or continuous wave
93307	echocardiography; real time with image documentation
93000	routine ECG w/at least 12 leads with interpretation/report
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94725	membrane diffusion capacity
94750	pulmonary compliance study

HEALTH PLUS was paid about \$1,053.04 by Medicare and \$176.65 by Medicaid.

7. It was further part of the scheme and artifice to defraud that on about April 7, 2009, **JO ANN GIROD** solicited Medicaid and Medicare recipients to have medical services provided at **HEALTH PLUS**. TaLe, who had ridden with **JO ANN GIROD** to **HEALTH PLUS** the previous day, April 6, approached **KHLGATIAN** to discuss transporting patients to **HEALTH PLUS** for payment. **KHLGATIAN** explained to TaLe how to fill out patient information forms to qualify for narcotics and that **VOIGHT** would give the patients what prescriptions they wanted. When the patients presented at **HEALTH PLUS**, **KHLGATIAN** paid **JO ANN GIROD** cash in return for providing the Medicare and Medicaid patients to **HEALTH PLUS**. After **JO ANN GIROD** returned TaLe and others to their home following the

visit at **HEALTH PLUS**, **JO ANN GIROD** split the money she received from **KHLGATIAN** with the patients. Thereafter, TaLe began bringing patients to **HEALTH PLUS** for which she was paid by **KHLGATIAN**.

8. **PATIENT ChBe:** It was further part of the scheme and artifice to defraud that on about June 2, 2009, Medicare and Medicaid recipient ChBe was driven to **HEALTH PLUS** by **JO ANN GIROD**. ChBe saw **VOIGHT** with complaints of knee pain and chest congestion from a cold. **VOIGHT** performed some kind of cardiac test and a nerve test on ChBe's legs, which produced small shocks. ChBe also received some sort of breathing test requiring the patient to blow into a machine. ChBe was never informed of the results of any of these tests and was given prescriptions at the front desk for Soma, Valium, Vicodin, and cough syrup.

9. It was further part of the scheme and artifice to defraud that **HEALTH PLUS** billed Medicare for a visit by ChBe to **VOIGHT** on June 8, 2009. However, ChBe did not go to **HEALTH PLUS** or see **VOIGHT** on June 8, 2009. **HEALTH PLUS** billed Medicare and Medicaid approximately \$2,080 for performing the following CPT codes on June 2 and June 8, 2009:

CPT Code (units)	Description of Service
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94725	membrane diffusion capacity
94750	pulmonary compliance study

CPT Code (units)	Description of Service
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
93000	routine ECG w/at least 12 leads with interpretation/report
93306	echocardiography, transthoracic with Doppler, Complete
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
95934	"H" Reflex test, amplitude and latency study

HEALTH PLUS was paid about \$1,161.04 by Medicare and \$62.08 by Medicaid.

10. **PATIENT LiDu:** It was further part of the scheme and artifice to defraud that on about July 30, 2009, Medicaid recipient LiDu went to **HEALTH PLUS** to see **VOIGHT** with a complaint of neck and back pain from a car accident two years earlier. **VOIGHT** spent approximately 10 minutes with the patient and performed a brief exam. **VOIGHT** explained that he wanted LiDu to undergo an EKG, a breathing and a nerve test. **HEALTH PLUS** billed Medicaid approximately \$2,100 for performing the following CPT Codes.

CPT Code (units)	Description of Service
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94725	membrane diffusion capacity
94750	pulmonary compliance study
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
93000	routine ECG w/at least 12 leads with interpretation/report

CPT Code (units)	Description of Service
93307	echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
95934	“H” Reflex test, amplitude and latency study
93325	Doppler echocardiography color flow velocity mapping
93320	Doppler echocardiography pulsed and/or continuous wave

HEALTH PLUS was paid about \$1,336.83 by Medicaid.

11. **PATIENT MeDu:** It was further part of the scheme and artifice to defraud that on about July 30, 2009, Medicaid recipient MeDu went to **HEALTH PLUS** with complaints of lower back pain, headaches and problems sleeping. **VOIGHT** performed about a 10-minute exam that consisted of listening to the chest with a stethoscope, checking reflexes, standing up, bending over from side to side, and touching the patient’s back. **VOIGHT** explained to MeDu that he wanted to run some tests. Some type of breathing, nerve, and heart tests were performed on the patient. The patient was given prescriptions for Vicodin, Soma and Xanbar. **HEALTH PLUS** billed Medicaid approximately \$1,579 for performing the following CPT codes:

CPT Code (units)	Description of Service
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94725	membrane diffusion capacity

CPT Code (units)	Description of Service
94750	pulmonary compliance study
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
93000	routine ECG w/at least 12 leads with interpretation/report
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
95934	"H" Reflex test, amplitude and latency study

HEALTH PLUS was paid about \$995.94 by Medicaid.

12. **PATIENT AIBI:** It was further part of the scheme and artifice to defraud that on or about October 23, 2009, Medicare and Medicaid recipient AIBI went to **HEALTH PLUS** for sinus congestion and to get sleep medication. AIBI detailed to **VOIGHT** his/her extensive medical history and ongoing treatment at another health care institution. **VOIGHT** performed about a 5-minute exam during which he sounded AIBI's chest with a stethoscope, looked in AIBI's mouth and throat, and explained that AIBI's congestion had cleared up. **VOIGHT** next had his staff run some sort of EKG, ultrasound, and nerve test on AIBI. AIBI picked up prescriptions for Soma, Xanax and Nasonex at the front counter. **HEALTH PLUS** billed Medicare and Medicaid approximately \$2,080 for performing the following CPT codes:

CPT Code (units)	Description of Service
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
93000	routine ECG w/at least 12 leads with interpretation/report
93306	echocardiography, transthoracic with Doppler, Complete
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study

CPT Code (units)	Description of Service
95934	“H” Reflex test, amplitude and latency study
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94725	membrane diffusion capacity
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94750	pulmonary compliance study

HEALTH PLUS was paid about \$1,161.03 by Medicare and \$66.37 by Medicaid.

13. **PATIENT YvRa:** It was further part of the scheme and artifice to defraud that on or about September 24, 2009, Medicare and Medicaid recipient YvRa went to **HEALTH PLUS** and saw **VOIGHT**. YvRa explained to **VOIGHT** that he/she had back pain but was seeing another physician for that problem. **VOIGHT** ordered breathing and heart tests and something was done on YvRa’s hand. **HEALTH PLUS** billed Medicare and Medicaid approximately \$2,080 for performing the following CPT codes:

CPT Code (units)	Description of Service
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
93000	routine ECG w/at least 12 leads with interpretation/report
93306	echocardiography, transthoracic with Doppler, Complete
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
95934	“H” Reflex test, amplitude and latency study
94200	maximum breathing capacity

CPT Code (units)	Description of Service
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94725	membrane diffusion capacity
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94750	pulmonary compliance study

HEALTH PLUS was paid about \$1,161.04 by Medicare and \$66.37 by Medicaid.

14. It was further part of the scheme and artifice to defraud that between on or about July 2006, and December 2009, **KHLGATIAN** falsely completed documentation that he provided to billing companies in order to bill for services he claimed were provided by **VOIGHT** at **HEALTH PLUS**.

15. It was further part of the scheme and artifice to defraud that **HEALTH PLUS** submitted fraudulent bills to Medicare totaling approximately \$1,936,247; **HEALTH PLUS** was paid approximately \$1,025,282.77.

16. It was further part of the scheme and artifice to defraud that **HEALTH PLUS** submitted fraudulent bills to Medicaid totaling approximately \$3,804,481; **HEALTH PLUS** was paid approximately \$619,527.

D. EXECUTIONS OF THE SCHEME TO DEFRAUD:

HEALTH PLUS, KHLGATIAN, VOIGHT, ERNESTINE “TWEET” GIROD and JO ANN GIROD, fraudulently created and caused to be created, and caused to be transmitted to Medicare and Medicaid, false billings for the medical services they falsely claimed were provided to the below listed patients on the indicated dates of service:

Count	Defendants	Date of Service	Patient
1	KHLGATIAN, VOIGHT, ERNESTINE “TWEET” GIROD, HEALTH PLUS	January 27, 2009	ChSh
2	KHLGATIAN, VOIGHT, JO ANN GIROD, HEALTH PLUS	April 6, 2009	JoLe
3	KHLGATIAN, VOIGHT, JO ANN GIROD, HEALTH PLUS	June 2, 2009	ChBe
4	KHLGATIAN, VOIGHT, HEALTH PLUS	June 8, 2009	ChBe
5	KHLGATIAN, VOIGHT, HEALTH PLUS	July 30, 2009	LiDu
6	KHLGATIAN, VOIGHT, HEALTH PLUS	July 30, 2009	MeDu
7	KHLGATIAN, VOIGHT, HEALTH PLUS	October 23, 2009	AlBl
8	KHLGATIAN, VOIGHT, HEALTH PLUS	September 24, 2009	YvRa

All in violation of Title 18, United States Code, Sections 1347 and 2.

COUNTS 9 THROUGH 17 - SATURN

A. AT ALL TIMES MATERIAL HEREIN:

1. **ARTEM GASPARYAN (GASPARYAN)** was an owner, President, director and/or officer of **SATURN MEDICAL GROUP, INC. (SATURN)** located at 3901 Houma Blvd., Suite 108, Metairie, LA.

2. **SATURN** was a Louisiana corporation authorized to operate a health care clinic in the Eastern District of Louisiana.

3. **JERRY HASKIN (HASKIN)** was a licensed Medical Doctor operating as a general practitioner with **SATURN**. **HASKIN** also operated as a physician in other health care clinics owned and operated by associates of **GASPARYAN**.

4. **VADIM MYSAK (MYSAK)** and **DARIA LITVINOVA (LITVINOVA)** were

technicians at **SATURN**.

5. On about April 7, 2009, **SATURN** entered into a provider agreement with Medicare and was assigned a Provider Identification Number (PIN) which **SATURN** used to bill Medicare for services it claimed to have provided to qualified beneficiaries. As part of the claims submission process, **SATURN** agreed to comply with Medicare criteria, rules, regulations and internal procedures.

6. **SATURN** caused Medicare Part B bills to be submitted to Pinnacle using a CMS Form 1500, the recognized standard claim form in the health insurance industry. The completed form contained the date of service, the place of service, the CPT code, the name of the facility where the services were rendered, the physician and the supplier of the service.

7. **SATURN** was assigned a PIN with Louisiana's Medicaid program. By signing the provider enrollment forms, **SATURN** agreed that it would abide by all the policies and regulations of Louisiana's Medicaid Program and certified that the information contained on the claim forms were true, accurate and complete, to the best of their knowledge. **SATURN** also agreed that concealment of a material fact or the submission of a false or fraudulent claim could result in prosecution under applicable federal and state laws.

8. **HASKIN** assigned his rights to bill Medicare and Medicaid for services they claimed to have rendered to **SATURN**. Medicare and Medicaid bills were determined by what was contained on a "superbill," a form ordinarily completed by a physician after medical services were provided at a given physician visit. **SATURN**, using a PIN assigned to it by CMS, caused Medicare and Medicaid to be billed for the service provided by **HASKIN**. In return for his services at **SATURN**, **HASKIN** received payment from **SATURN**.

B. WAYS AND MEANS OF ACCOMPLISHING THE HEALTH CARE FRAUD:

SATURN and **GASPARYAN** used “marketers” to recruit eligible Medicare and Medicaid patients. The marketers were paid for their services by cash and with prescriptions for narcotics. Using a billing company, **SATURN** and **GASPARYAN** falsely and fraudulently billed Medicare and Medicaid for diagnostic tests that were not medically necessary. Some of the procedures were performed by individuals who were not properly trained to administer the procedures. **SATURN** often did not have the equipment that was capable of performing the procedures billed to Medicare and Medicaid.

C. HEALTH CARE FRAUD

1. Beginning on or about April 2, 2009, and continuing until on or about October 21, 2009, in the Eastern District of Louisiana and elsewhere, the defendants, **ARTEM GASPARYAN**, **JERRY HASKIN**, **VADIM MYSAK**, **DARIA LITVINOVA**, and **SATURN** did knowingly and willfully execute and attempt to execute a scheme and artifice to defraud Medicare and Medicaid and to obtain, by means of false and fraudulent pretenses, representations, and promises, money owned by, and under the custody and control of Medicare and Medicaid, in connection with the delivery of and payment for health care benefits and services.

2. It was part of the scheme and artifice to defraud that approximately 283 individual Medicare and 713 individual Medicaid beneficiaries sought services at **SATURN** during its existence. Most of those beneficiaries were billed for receiving the same or a combination of the same battery of diagnostic tests and procedures, and many had the same diagnoses. Specifically, of about 283 Medicare beneficiaries and 713 Medicaid beneficiaries, **SATURN** billed Medicare and Medicaid for the approximately number of procedures as follows:

CPT Code	Description	Medicare Beneficiaries (out of 283)	Medicaid Beneficiaries (out of 713)
93000	Routine ECG w/at least 12 leads with interpretation/report	282	708
95903	Motor nerve conduction test, with F-wave study	280	705
95904	Nerve conduction sensory	280	705
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family	281	703
94200	Maximum breathing capacity	278	701
94240	Functional residue capacity or residual volume; helium, nitrogen open circuit or other method	278	701
94350	Determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time	278	701
94370	Single breath airway closing volume	278	701
94725	Membrane diffusion capacity	93	231
94750	Pulmonary compliance study	93	231
95934	“H” Reflex test, amplitude and latency study	270	670

3. It was further part of the scheme and artifice to defraud that **SATURN** routinely billed for NCV tests (CPT Codes 95903 and 95904) ordinarily performed by orthopaedists and neurologists and not general or family practitioners. Further, it was the standard of appropriate care that an NCV study was done in conjunction with the performance of electromyography (EMG) tests, a painful invasive procedure. Also, an interpretation of NCV results created by someone not properly trained in neurology or physiology has no clinical value, and would, therefore, not be reimbursable under either Medicare or Medicaid regulations. **SATURN** and **HASKIN** never performed an EMG test on any Medicare patient despite performing the NCV tests on 280 Medicare patients or the 705 Medicaid patients.

4. It was further part of the scheme and artifice to defraud that after billing for multiple diagnostic and screening tests, the test results were often disregarded by **HASKIN** and the staff at **SATURN**. In most instances, where test results indicated a problem with the patient, corrective medical measures were not taken and were not communicated to the patient.

5. **PATIENT JoLe:** It was further part of the scheme and artifice to defraud that on or about April 9, 2009, a marketer brought JoLe to **SATURN** to receive medical services.

GASPARYAN paid the marketer cash in return for bringing JoLe to **SATURN**. After JoLe was seen by **HASKIN**, **SATURN** billed Medicare and Medicaid about \$2,416 for performing the following CPT codes:

CPT Code (units)	Description of Service
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
93000	routine ECG w/at least 12 leads with interpretation/report
93306	echocardiography, transthoracic with Doppler, Complete
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
95934	“H” Reflex test, amplitude and latency study
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94720	carbon monoxide diffusing capacity (e.g., single breath, steady state)
94070	bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g. antigens, cold air, methacholine)

SATURN was paid about \$1,441.06 by Medicare and \$72.61 by Medicaid.

6. **PATIENT ChBe:** It was further part of the scheme and artifice to defraud that on or about September 28, 2009, when ChBe returned to Health Plus for a visit, he/she was told by staff that his/her paperwork was faxed to **HASKIN'S** office on Houma Blvd. and that the ChBe needed to go to **SATURN** at that location. When ChBe arrived at **SATURN**, he/she saw **HASKIN** and complained of knee pain from a fall. **HASKIN** checked ChBe's breathing and other vitals and had heart and nerve tests performed by **MYSAK**. ChBe was not informed of any results of these tests.

7. It was further part of the scheme and artifice to defraud that **SATURN** billed Medicare and Medicaid for a visit by ChBe to **HASKIN** on October 8, 2009. Specifically, **SATURN** billed Medicare and Medicaid for performing CPT Codes 95903 and 95904, 6 units each, on ChBe on that date. However, ChBe did not go to **SATURN** or see **HASKIN** on October 8, 2009.

8. **SATURN** billed Medicare and Medicaid approximately \$2,746 for performing the following CPT codes on September 28, 2009, and October 8, 2009:

CPT Code (units)	Description of Service
94070	bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g. antigens, cold air, methacholine)
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94720	carbon monoxide diffusing capacity (eg., single breath, steady state)
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study

CPT Code (units)	Description of Service
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
95934	“H” Reflex test, amplitude and latency study
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
93306	echocardiography, transthoracic with Doppler, Complete
93000	routine ECG w/at least 12 leads with interpretation/report

SATURN was paid about \$1,669.20 by Medicare.

9. **PATIENT MeDu:** It was further part of the scheme and artifice to defraud that on or about August 20, 2009, Medicaid recipient MeDu went to **HEALTH PLUS** for a follow-up appointment with Voight. MeDu was redirected to **SATURN** where **MYSAK** checked the patient’s vital signs. **HASKIN** then conducted a limited physical examination. Although the patient made no complaints about breathing problems or chest pains, **HASKIN** and **MYSAK** indicated that the patient needed to undergo tests, which **MYSAK** administered. The patient was given prescriptions for Vicodin, Xanax and Soma. **SATURN** billed Medicaid approximately \$1,863 for performing the following CPT codes:

CPT Code (units)	Description of Service
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
95934	“H” Reflex test, amplitude and latency study
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method

CPT Code (units)	Description of Service
94370	single breath airway closing volume
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94720	carbon monoxide diffusing capacity (eg., single breath, steady state)
94070	bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g. antigens, cold air, methacholine)
93000	routine ECG w/at least 12 leads with interpretation/report
93307	echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography
93320	Doppler echocardiography pulsed and/or continuous wave
93325	Doppler echocardiography color flow velocity mapping

SATURN was paid about \$1,028.75 by Medicaid.

10. **PATIENT AIBI:** It was further part of the scheme and artifice to defraud that Medicare and Medicaid recipient AIBI received an unsolicited phone call from someone in **SATURN**'s office indicating that AIBI had an appointment. Upon arriving at **SATURN** on or about November 23, 2009, AIBI saw **HASKIN**. **HASKIN** asked AIBI about her medical history and conducted a breast exam. No other tests or procedures were performed on AIBI during the visit. AIBI left with prescriptions for Loracet, Xanax and Soma.

11. It was further part of the scheme and artifice to defraud that **SATURN** billed Medicare and Medicaid for a visit by AIBI to **HASKIN** on November 30, 2009. Specifically, **SATURN** billed Medicare and Medicaid for performing CPT Codes 95903 and 95904, 6 units each, on AIBI on that date. However, AIBI did not go to **SATURN** or see **HASKIN** on November 30, 2009.

12. **SATURN** billed Medicare and Medicaid approximately \$2,746 for performing the following CPT codes on November 23, and November 30, 2009:

CPT Code (units)	Description of Service
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
95934	“H” Reflex test, amplitude and latency study
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94720	carbon monoxide diffusing capacity (eg., single breath, steady state)
94070	bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g. antigens, cold air, methacholine)
93000	routine ECG w/at least 12 leads with interpretation/report
93306	echocardiography, transthoracic with Doppler, Complete
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study

SATURN was paid about \$1,669.20 by Medicare and \$95.52 by Medicaid.

13. **PATIENT BaCh:** It was further part of the scheme and artifice to defraud that on or about May 8, 2009, Medicare and Medicaid recipient BaCh was referred from Health Plus to **SATURN** to see **HASKIN**. BaCh spent about fifteen minutes with **HASKIN** and received no tests. A foreign man provided BaCh with prescriptions. **SATURN** billed Medicare and Medicaid \$1,995 for performing the following CPT codes:

CPT Code (units)	Description of Service
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94725	membrane diffusion capacity
94750	pulmonary compliance study
93000	routine ECG w/at least 12 leads with interpretation/report
93306	echocardiography, transthoracic with Doppler, Complete

SATURN was paid about \$1,102.97 by Medicare and \$66.37 by Medicaid.

14. **PATIENT YvRa:** It was further part of the scheme and artifice to defraud that on or about November 9, 2009, YvRa was driven to **SATURN** by an unindicted co-conspirator 1 for a physician visit. YvRa saw **HASKIN** who told YvRa that he/she needed nerve and heart tests. **LITVINOVA** performed diagnostic tests on YvRa and explained that all patients at **SATURN** had the tests performed. **GASPARYAN** administered tests to YvRa involving electrical current. Before leaving **SATURN**, YvRa again saw **HASKIN**. **HASKIN** gave YvRa no results of her tests but did provide prescriptions for Xanax, Vicodin and Soma. Co-conspirator 1 drove YvRa to a pharmacy where YvRa filled the prescriptions provided by **HASKIN**. Thereafter, co-conspirator 1 forced YvRa to give him/her a portion of her narcotic medication.

15. It was further part of the scheme and artifice to defraud that **SATURN** billed Medicare and Medicaid for a visit by YvRa to **HASKIN** on November 13, 2009. Specifically, **SATURN** billed Medicare and Medicaid for performing CPT Codes 95903 and 95904, 6 units each, on YvRa on that date. However, YvRa did not go to **SATURN** or see **HASKIN** on November 13, 2009.

16. **SATURN** billed Medicare and Medicaid approximately \$3,446 for performing the following CPT codes on November 9, and November 13, 2009:

CPT Code (units)	Description of Service
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
95934	“H” Reflex test, amplitude and latency study
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94720	carbon monoxide diffusing capacity (eg., single breath, steady state)
94070	bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g. antigens, cold air, methacholine)
93000	routine ECG w/at least 12 leads with interpretation/report
93306	echocardiography, transthoracic with Doppler, Complete
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
93886	transcranial Doppler Study

CPT Code (units)	Description of Service
93880	duplex scan of extracranial

SATURN was paid about \$1,987.16 by Medicare and \$95.52 by Medicaid.

17. It was further part of the scheme and artifice to defraud that between April and October 2009, **GASPARYAN** falsely completed documentation that he faxed to billing companies in order to bill for services he claimed were provided by **HASKIN** and **MYSAK** at **SATURN**.

18. It was further part of the scheme and artifice to defraud that **SATURN** submitted fraudulent bills to Medicare totaling approximately \$667,739; **SATURN** was paid approximately \$448,097.

19. It was further part of the scheme and artifice to defraud that **SATURN** submitted fraudulent bills to Medicaid totaling approximately \$1,917,287; **SATURN** was paid approximately \$781,402.

D. EXECUTIONS OF THE SCHEME TO DEFRAUD:

SATURN, GASPARYAN, HASKIN, MYSAK, and LITVINOVA fraudulently created and caused to be created, and transmitted and caused to be transmitted to Medicare and Medicaid, false billing for medical services they falsely claimed were provided to the below listed patients on the indicated dates of service:

Count	Defendants	Date of Service	Patient
9	GASPARYAN, HASKIN, SATURN	April 9, 2009	JoLe
10	GASPARYAN, HASKIN, MYSAK, SATURN	September 28, 2009	ChBe
11	GASPARYAN, HASKIN, MYSAK, SATURN	October 8, 2009	ChBe
12	GASPARYAN, HASKIN, MYSAK, SATURN	August 20, 2009	MeDu

Count	Defendants	Date of Service	Patient
13	GASPARYAN, HASKIN, SATURN	November 23, 2009	AlBl
14	GASPARYAN, HASKIN, SATURN	November 30, 2009	AlBl
15	GASPARYAN, HASKIN, SATURN	May 8, 2009	BaCh
16	GASPARYAN, HASKIN, LITVINOVA, SATURN	November 9, 2009	YvRa
17	GASPARYAN, HASKIN, SATURN	November 13, 2009	YvRa

All in violation of Title 18, United States Code, Sections 1347 and 2.

COUNTS 18 THROUGH 31 - NEW MILLENNIUM

A. AT ALL TIMES MATERIAL HEREIN:

1. **VADIM MYSAK (MYSAK)** was an owner, director and/or officer of **NEW MILLENNIUM MEDICAL GROUP, INC. (NEW MILLENNIUM)**.
2. **NEW MILLENNIUM** was a Louisiana business corporation, incorporated in approximately June 2009, and authorized by the Louisiana Secretary of State to operate in Louisiana. **NEW MILLENNIUM** operated a health care clinic in the Eastern District of Louisiana. **NEW MILLENNIUM** patients were either Medicaid or Medicare recipients.
3. **ANAHIT PETROSYAN** was a manager and technician at **NEW MILLENNIUM**.
4. **JERRY HASKIN (HASKIN)** was a licensed Medical Doctor operating as a general practitioner with **NEW MILLENNIUM**. **HASKIN** also operated as a physician in other health care clinics owned and operated by associates of **MYSAK**.
5. In or about September 2009, **NEW MILLENNIUM** entered into a provider agreement with Medicare and was assigned a Provider Identification Numbers (PIN) which **NEW MILLENNIUM** used to bill Medicare for services it claimed to have provided to qualified

beneficiaries. As part of the claims submission process, **NEW MILLENNIUM** agreed to comply with Medicare criteria, rules, regulations and internal procedures.

6. **NEW MILLENNIUM** caused Medicare Part B bills to be submitted to Pinnacle using a CMS Form 1500, the recognized standard claim form in the health insurance industry. The completed form contained the date of service, the place of service, the CPT code, the name of the facility where the services were rendered, the physician and the supplier of the service.

7. In or about September 2009, **NEW MILLENNIUM** was assigned a PIN with Louisiana's Medicaid program. By signing the provider enrollment forms, **NEW MILLENNIUM** agreed that it would abide by all the policies and regulations of Louisiana's Medicaid Program and certified that the information contained on the claim forms were true, accurate and complete, to the best of their knowledge. **NEW MILLENNIUM** also agreed that concealment of a material fact or the submission of a false or fraudulent claim could result in prosecution under applicable federal and state laws.

8. **HASKIN** assigned his right to bill Medicare and Medicaid for services he claimed to have rendered for **NEW MILLENNIUM**. In return, **HASKIN** received payment from **NEW MILLENNIUM**. Medicare and Medicaid bills were determined by what was contained on a "superbill," a form ordinarily completed by a physician after medical services were provided during a given physician visit. **NEW MILLENNIUM**, using a PIN assigned to them by CMS, caused Medicare and Medicaid to be billed for the services **HASKIN** claimed to have provided.

B. WAYS AND MEANS OF ACCOMPLISHING THE HEALTH CARE FRAUD:

NEW MILLENNIUM, **MYSAK** and **PETROSYAN** used "marketers" to recruit eligible Medicare and Medicaid patients. The marketers were paid for their services by cash and with

prescriptions for narcotics. Using a billing company, **NEW MILLENNIUM**, **MYSAK**, and **PETROSYAN** falsely and fraudulently billed Medicare and Medicaid for diagnostic tests that were not medically necessary. Some of the procedures were performed by individuals who were not properly trained to administer the procedures. **NEW MILLENNIUM** often did not have the equipment that was capable of performing the procedure billed to Medicare and Medicaid.

C. HEALTH CARE FRAUD:

1. Beginning in or about November 2009, and continuing through in or about December 2010, in the Eastern District of Louisiana and elsewhere, the defendants, **NEW MILLENNIUM**, **VADIM MYSAK**, **JERRY HASKIN** and **ANAHIT PETROSYAN** did knowingly and willfully execute and attempt to execute a scheme and artifice to defraud Medicare and Medicaid and to obtain, by means of false and fraudulent pretenses, representations, and promises, money owned by, and under the custody and control of Medicare and Medicaid, in connection with the delivery of and payment for health care benefits and services.

2. It was part of the scheme and artifice to defraud that about 234 individual Medicare beneficiaries and 940 individual Medicaid beneficiaries sought services at **NEW MILLENNIUM** during its existence. Most of those beneficiaries were billed for receiving the same or a combination of the same battery of diagnostic tests and procedures, and many had the same diagnoses. Specifically, of the 234 Medicare beneficiaries and 940 Medicaid beneficiaries, **NEW MILLENNIUM** billed Medicare and Medicaid for the approximate number of procedures, as follows:

CPT Code	Description	Medicare Beneficiaries (out of 234)	Medicaid Beneficiaries (out of 940)
95903	Motor nerve conduction test, with F-wave study	210	936
95904	Nerve conduction sensory	210	936
99204	New patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family	211	933
94240	Functional residue capacity or residual volume; helium, nitrogen open circuit or other method	205	931
94350	Determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium	205	931
94370	Single breath airway closing volume	205	931
95900	Motor Nerve Conduction Test	198	905
95934	H-Reflex Test	205	932
94070	Evaluation of Wheezing	205	931
94720	Monoxide Diffusing Capacity	205	931
94200	Lung Function Test	205	931
93000	Electrocardiogram, Complete	210	935
93306	Echocardiography, transthoracic with Doppler, Complete	204	574
93880	Duplex scan of extracranial	184	495
93886	Transcranial Doppler Study	184	495

3. It was further part of the scheme and artifice to defraud that **NEW MILLENNIUM** routinely billed for NCV tests (CPT Codes 95903 and 95904) ordinarily performed by orthopaedists and neurologists and not general or family practitioners. Further, it was the standard of appropriate care that an NCV study was done in conjunction with the performance of electromyography (EMG) tests, a painful invasive procedure. Also, an interpretation of NCV results created by someone not properly trained in neurology or physiology has no clinical value, and would, therefore, not be

reimbursable under either Medicare or Medicaid regulations. **NEW MILLENNIUM** and **HASKIN** never performed an EMG test on any Medicare patient despite performing the NCV tests on 234 Medicare patients and 940 Medicaid patients.

4. **PATIENT ChBe:** It was further part of the scheme and artifice to defraud that on or about January 18, 2010, Medicare and Medicaid recipient ChBe went to **NEW MILLENNIUM**. **HASKIN** and his staff performed some of the same diagnostic tests, including the nerve, pulmonary and heart tests, that had been performed at Health Plus and Saturn. **HASKIN** gave ChBe a prescription for Xanax.

5. It was further part of the scheme and artifice to defraud that **NEW MILLENNIUM** billed Medicare and Medicaid for a visit by ChBe to **HASKIN** on January 25, 2010. Specifically, **NEW MILLENNIUM** billed Medicare and Medicaid for performing CPT Codes 95903 and 95904, 6 units each, on ChBe on that date. However, ChBe did not go to **NEW MILLENNIUM** or see **HASKIN** on January 25, 2010.

6. **NEW MILLENNIUM** billed Medicare and Medicaid approximately \$3,816 for performing the following CPT codes on January 18, 2010, and January 25, 2010:

CPT Code (units)	Description of Service
94070	bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g. antigens, cold air, methacholine)
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94720	carbon monoxide diffusing capacity (eg., single breath, steady state)

CPT Code (units)	Description of Service
95900	motor nerve conduction test
95904 (6)	nerve conduction sensory
95903 (4)	motor nerve conduction test, with F-wave study
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
95934	“H” Reflex test, amplitude and latency study
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
93886	transcranial Doppler Study
93880	duplex scan of extracranial
93306	echocardiography, transthoracic with Doppler, Complete
93000	electrocardiogram, Complete
76770	echo exam abdomen back wall
76700	echo exam of abdomen

NEW MILLENNIUM was paid about \$2,079.52 by Medicare and \$107.70 by Medicaid.

7. **PATIENT LiDu:** It was further part of the scheme and artifice to defraud that on or about March 15, 2010, Medicaid recipient LiDu went to see Voight and was told by **MYSAK** that LiDu would have to go to another clinic, **NEW MILLENNIUM**, to see **HASKIN**. During LiDu’s visit with **HASKIN**, LiDu had most of the same diagnostic tests performed as when she visited Voight at Health Plus. **HASKIN** gave LiDu prescriptions for Xanax and Soma.

8. It was further part of the scheme and artifice to defraud that **NEW MILLENNIUM** billed Medicaid for a visit by LiDu to **HASKIN** on March 22, 2010. Specifically, **NEW MILLENNIUM** billed Medicaid for performing CPT Codes 95903 (4 units), 95904(6 units), and

95900(2 units) on LiDu on that date. However, LiDu did not go to **NEW MILLENNIUM** or see **HASKIN** on March 22, 2010.

9. **NEW MILLENNIUM** billed Medicare and Medicaid approximately \$2,968 for performing the following CPT codes on March 15, 2010, and March 22, 2010:

CPT Code (units)	Description of Service
94070	bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g. antigens, cold air, methacholine)
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94720	carbon monoxide diffusing capacity (eg., single breath, steady state)
95900 (2)	motor nerve conduction test
95900 (2)	motor nerve conduction test
95904 (6)	nerve conduction sensory
95903 (4)	motor nerve conduction test, with F-wave study
95904 (6)	nerve conduction sensory
95903 (4)	motor nerve conduction test, with F-wave study
95934	“H” Reflex test, amplitude and latency study
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
93307	echocardiography, real time
93000	electrocardiogram, Complete
93325	Doppler color flow velocity
93320	Doppler echocardiography

10. It was further part of the scheme and artifice to defraud that when LiDu called **NEW**

MILLENNIUM on three occasions, LiDu was told that there were no test results available relating to the diagnostic tests **HASKIN** performed. **NEW MILLENNIUM** was paid about \$1,844.31 by Medicaid.

11. **PATIENT KyDa:** It was further part of the scheme and artifice to defraud that on or about January 28, 2010, Medicaid recipient KyDa went to see **HASKIN** at **NEW MILLENNIUM**. During the visit, KyDa was administered a test that involved breathing into a tube. KyDa never breathed in any gases, or used a mask or other apparatus in connection with the testing.

12. It was further part of the scheme and artifice to defraud that **NEW MILLENNIUM** billed Medicaid for a visit by KyDa to **HASKIN** on February 4, 2010. Specifically, **NEW MILLENNIUM** billed Medicaid for performing CPT Codes 95903 (6 units) and 95904(6 units) on KyDa on that date. However, KyDa did not go to **NEW MILLENNIUM** or see **HASKIN** on February 4, 2010.

13. **NEW MILLENNIUM** billed Medicaid approximately \$2,928 for performing the following CPT codes on January 28, 2010, and February 4, 2010:

CPT Code (units)	Description of Service
94070	bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g. antigens, cold air, methacholine)
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94720	carbon monoxide diffusing capacity (eg., single breath, steady state)
95900 (2)	motor nerve conduction test

CPT Code (units)	Description of Service
95904 (6)	nerve conduction sensory
95903 (4)	motor nerve conduction test, with F-wave study
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
95934	“H” Reflex test, amplitude and latency study
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
93307	echocardiography, real time
93000	electrocardiogram, Complete
93325	Doppler color flow velocity
93320	Doppler echocardiography

NEW MILLENNIUM was paid about \$1,394.95 by Medicaid.

14. **PATIENT MyLe:** It was further part of the scheme and artifice to defraud that on about January 15, 2010, Medicaid recipient MyLe went to see **HASKIN** at **NEW MILLENNIUM** with complaints of leg and back pain. During the visit, MyLe was administered some form of breathing, nerve and cardiac tests. **HASKIN** gave MyLe prescriptions for Xanax, Soma and Vicodin.

15. It was further part of the scheme and artifice to defraud that **NEW MILLENNIUM** billed Medicaid for a visit by MyLe to **HASKIN** on January 22, 2010. Specifically, **NEW MILLENNIUM** billed Medicaid for performing CPT Codes 95903 (6 units) and 95904(6 units) on MyLe on that date. However, MyLe did not go to **NEW MILLENNIUM** or see **HASKIN** on January 22, 2010.

16. **NEW MILLENNIUM** billed Medicaid approximately \$3,988 for performing the following CPT codes on January 15, 2010, and January 22, 2010:

CPT Code (units)	Description of Service
94070	bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g. antigens, cold air, methacholine)
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94720	carbon monoxide diffusing capacity (eg., single breath, steady state)
95900 (2)	motor nerve conduction test
95904 (6)	nerve conduction sensory
95903 (4)	motor nerve conduction test, with F-wave study
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
95934	“H” Reflex test, amplitude and latency study
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
93880	duplex scan of extracranial
93886	transcranial Doppler study
93307	echocardiography, real time
76700	echo exam of abdomen
76770	echo exam abdomen back wall
93000	electrocardiogram, Complete
93325	Doppler color flow velocity
93320	Doppler echocardiography

NEW MILLENNIUM was paid about \$1,954.33 by Medicaid.

17. **PATIENT KiCa:** It was further part of the scheme and artifice to defraud that on or about February 3, 2010, Medicaid recipient KiCa went to see **HASKIN** at **NEW MILLENNIUM**.

During the visit, KiCa was administered some form of diagnostic tests.

18. It was further part of the scheme and artifice to defraud that **NEW MILLENNIUM** billed Medicaid for a visit by KiCa to **HASKIN** on February 10, 2010. Specifically, **NEW MILLENNIUM** billed Medicaid for performing CPT Codes 95903 (6 units) and 95904(6 units) on KiCa on that date. However, KiCa did not go to **NEW MILLENNIUM** or see **HASKIN** on February 10, 2010.

19. **NEW MILLENNIUM** billed Medicaid approximately \$2,228 for performing the following CPT codes on February 3, 2010, and February 10, 2010:

CPT Code (units)	Description of Service
94070	bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g. antigens, cold air, methacholine)
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94720	carbon monoxide diffusing capacity (eg., single breath, steady state)
95900 (2)	motor nerve conduction test
95904 (6)	nerve conduction sensory
95903 (4)	motor nerve conduction test, with F-wave study
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
95934	“H” Reflex test, amplitude and latency study
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
93307	echocardiography, real time

CPT Code (units)	Description of Service
93000	electrocardiogram, Complete
93325	Doppler color flow velocity
93320	Doppler echocardiography

NEW MILLENNIUM was paid about \$1,094.95 by Medicaid.

20. **PATIENT YvRa:** It was further part of the scheme and artifice to defraud that on about January 8, 2010, Medicare and Medicaid recipient YvRa went to **NEW MILLENNIUM** and saw **HASKIN**. **NEW MILLENNIUM** and **HASKIN** billed for essentially the same battery of tests that Saturn and **HASKIN** performed during YvRa's visit in November of 2009.

21. It was further part of the scheme and artifice to defraud that **NEW MILLENNIUM** billed Medicare and Medicaid for a visit by YvRa to **HASKIN** on January 15, 2010. Specifically, **NEW MILLENNIUM** billed Medicare and Medicaid for performing CPT Codes 95903 (6 units) and 95904(6 units) on YvRa on that date. However, YvRa did not go to **NEW MILLENNIUM** or see **HASKIN** on January 15, 2010.

22. **NEW MILLENNIUM** billed Medicare and Medicaid approximately \$3,446 for performing the following CPT codes on January 3, and January 15, 2010:

CPT Code (units)	Description of Service
94070	bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g. antigens, cold air, methacholine)
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium

CPT Code (units)	Description of Service
94720	carbon monoxide diffusing capacity (eg., single breath, steady state)
95900 (2)	motor nerve conduction test
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
95904 (6)	nerve conduction sensory
95903 (6)	motor nerve conduction test, with F-wave study
95934	“H” Reflex test, amplitude and latency study
99204	new patient office visit; physician usually spends 45 minutes face-to-face with patient and/or family
93000	electrocardiogram, Complete
93306	echocardiography, transthoracic with Doppler, Complete
93886	transcranial Doppler Study
93880	duplex scan of extracranial

NEW MILLENNIUM was paid about \$1,880.94 by Medicare and \$202.07 by Medicaid.

23. **PATIENT YvRa:** It was further part of the scheme and artifice to defraud that on about September 8, 2010, Medicare and Medicaid recipient YvRa returned to **NEW MILLENNIUM** and saw **HASKIN**. **NEW MILLENNIUM** and **MYSAK** billed Medicare and Medicaid for essentially the same battery of diagnostic tests that were billed in connection with YvRa’s visit to **NEW MILLENNIUM** in January of 2010.

24. It was further part of the scheme and artifice to defraud that **NEW MILLENNIUM** billed Medicare and Medicaid for a visit by YvRa to **HASKIN** on September 15, 2010. Specifically, **NEW MILLENNIUM** billed Medicare and Medicaid for performing CPT Codes 95903, 95904 and 95900 on YvRa on that date. However, YvRa did not go to **NEW MILLENNIUM** or see **HASKIN** on September 15, 2010.

25. **NEW MILLENNIUM** billed Medicare and Medicaid approximately \$3,271 for performing the following CPT codes on September 8, and September 15, 2010:

CPT Code (units)	Description of Service
94070	bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g. antigens, cold air, methacholine)
94200	maximum breathing capacity
94240	functional residue capacity or residual volume; helium, nitrogen open circuit or other method
94370	single breath airway closing volume
94350	determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium
94720	carbon monoxide diffusing capacity (eg., single breath, steady state)
95900 (2)	motor nerve conduction test
95904 (6)	nerve conduction sensory
95903 (4)	motor nerve conduction test, with F-wave study
95900 (2)	motor nerve conduction test
95904 (6)	nerve conduction sensory
95903 (4)	motor nerve conduction test, with F-wave study
95934	"H" Reflex test, amplitude and latency study
95934	"H" Reflex test, amplitude and latency study
99214	office visit comprehensive
93000	electrocardiogram, complete
93886	transcranial Doppler Study
93875	extracranial study
93880	duplex scan of extracranial

NEW MILLENNIUM was paid about \$1,851 by Medicare and \$42.35 by Medicaid.

26. It was further part of the scheme and artifice to defraud that between about November 2009, and December 2010, **MYSAK** and **PETROSYAN** falsely completed superbills for services

they claimed were provided by **HASKIN** at **NEW MILLENNIUM**. The superbills were given to a billing company for processing.

27. It was further part of the scheme and artifice to defraud that **NEW MILLENNIUM** submitted bills to Medicare totaling approximately \$810,592; **NEW MILLENNIUM** was paid approximately \$455,542.55.

28. It was further part of the scheme and artifice to defraud that **NEW MILLENNIUM** submitted bills to Medicaid totaling approximately \$3,268,854; **NEW MILLENNIUM** was paid \$1,315,588.30.

D EXECUTIONS OF THE SCHEME TO DEFRAUD:

NEW MILLENNIUM, MYSAK, HASKIN and **PETROSYAN** fraudulently created and caused to be created, and transmitted and caused to be transmitted to Medicare and Medicaid, false billings for the medical services they falsely claimed were provided to the below listed patients on the indicated dates of service:

Count	Defendants	Date of Service	Patient
18	MYSAK, PETROSYAN, HASKIN, NEW MILLENNIUM	January 18, 2010	ChBe
19	MYSAK, PETROSYAN, HASKIN, NEW MILLENNIUM	January 25, 2010	ChBe
20	MYSAK, PETROSYAN, HASKIN, NEW MILLENNIUM	March 15, 2010	LiDu
21	MYSAK, PETROSYAN, HASKIN, NEW MILLENNIUM	March 22, 2010	LiDu
22	MYSAK, PETROSYAN, HASKIN, NEW MILLENNIUM	January 28, 2010	KyDa
23	MYSAK, PETROSYAN, HASKIN, NEW MILLENNIUM	February 4, 2010	KyDa

Count	Defendants	Date of Service	Patient
24	MYSAK, PETROSYAN, HASKIN, NEW MILLENNIUM	January 15, 2010	MyLe
25	MYSAK, PETROSYAN, HASKIN, NEW MILLENNIUM	January 22, 2010	MyLe
26	MYSAK, PETROSYAN, HASKIN, NEW MILLENNIUM	February 3, 2010	KiCa
27	MYSAK, PETROSYAN, HASKIN, NEW MILLENNIUM	February 10, 2010	KiCa
28	MYSAK, PETROSYAN, HASKIN, NEW MILLENNIUM	January 8, 2010	YvRa
29	MYSAK, PETROSYAN, HASKIN, NEW MILLENNIUM	January 15, 2010	YvRa
30	MYSAK, PETROSYAN, HASKIN, NEW MILLENNIUM	September 8, 2010	YvRa
31	MYSAK, PETROSYAN, HASKIN, NEW MILLENNIUM	September 15, 2010	YvRa

All in violation of Title 18, United States Code, Sections 1347 and 2.

NOTICE OF FORFEITURE

1. The allegations contained in Counts 1 through 31 are hereby incorporated as though fully set forth herein for the purpose of charging criminal forfeiture to the United States of America pursuant to Title 18, United States Code, Section 982(a)(7).

2. As a result of the offenses alleged in Counts 1 through 31, the defendants. **ARAM KHLGATIAN, a/k/a Jacob, a/k/a, a/k/a Alex, JACK VOIGHT, M.D., JO ANN GIROD, ERNESTINE GIROD, a/k/a Tweet, ARTEM GASPARYAN, JERRY HASKIN, M.D., VADIM MYSAK, DARIA LITVINOVA, ANAHIT PETROSYAN, HEALTH PLUS CONSULTING, INC., SATURN MEDICAL GROUP, INC. and NEW MILLENNIUM MEDICAL GROUP,**

INC., shall forfeit to the United States, pursuant to Title 18, United States Code, Section 982(a)(7), any and all property, real and personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense and all property traceable to such property as a result of the violations of Title 18, United States Code, Section 1347, which is a Federal Health Care offense within the meaning of Title 18, United States Code, Section 24, including but not limited to:

- a. Property currently recorded in the names of Karen Jerry Kasabyan and Rafael Khlgatian and described as follows: A certain piece or portion of ground, together with all the buildings and improvements thereon, and all of the rights, ways, privileges, servitudes appurtenances and advantages thereunto belonging or in anywise appertaining situated in the Parish of Jefferson, State of Louisiana, in that part thereof known as Pontchartrain Shores Subdivision, designated as Lot 5 of Square 5, which square is bounded by Clearview Parkway, Folse Drive, the Lake Pontchartrain Protection Levee Right-Of-Way, and Lake Drive Subdivision (side), and which lot commences 300 feet from the corner of Clearview Parkway and Folse Drive, and measures thence 70 feet front on Folse Drive, same in the rear, by a depth of 116.40 feet on the sideline closest to Clearview parkway, and a depth on the opposite sideline of 116.20 feet, per survey of Mandle Surveying, Inc., dated May 13, 1998. The improvements thereon bear Municipal Number: 4525 Folse Drive, Metairie, Louisiana.
- b. Property currently recorded in the names of Anahit Petrosyan and Jerry K. Kasabyan and described as follows: That portion of ground, together with all the buildings and improvements thereon, and all of the rights, ways, privileges, servitudes, appurtenances and advantages thereunto belonging or in anywise appertaining, situated in the Parish of Jefferson, State of Louisiana, in that part thereof known as Pontchartrain Shores Subdivision according to a plat of subdivision thereof made by J.L. Fontcuberta, Surveyor, dated October 30, 1956, a copy of which is

registered in the office of conveyances, Clerk of Court for the Parish of Jefferson, and is more fully described as follows: Lot No. 1 of Square No. 18 bounded by Folse Drive, Guidry Street, Alphonse Drive and Clearlake Vista Drive. Said lot forms the corner of Folse Drive and Clearlake Drive and measures thence 59.36 feet front on Folse Drive, same width in the rear, by a depth between equal and parallel lines of 110 feet. According to a print of survey made by Surveys, Inc., Surveyors, dated 3/28/66, recertified correct on 1/15/70. All in accordance with survey by Gilbert, Kelly and Couturie, dated April, 2006. The improvements thereon bear Municipal Number: 4726 Folse Drive, Metairie, Louisiana.

- c. Any and all funds on deposit in Regions Bank
Account Number: 0140197212, in the name of Vadim Mysak;
- d. Any and all funds on deposit in Capital One Bank
Account Number: 2077176066, in the name of Vadim Mysak;
- e. Any and all funds on deposit in Capital One Bank
Account Number: 2045532588, in the name of Aram Khlgatian;
- f. Any and all funds on deposit in Capital One Bank
Account Number: 2079517901, in the name of Anahit Petrosyan;
- g. Any and all funds on deposit in Capital One Bank
Account Number: 2045529641, in the name of Dr. Jack Voight;

- h. Any and all funds on deposit in Capital One Bank
Account Number: 2077943032, in the name of Artem
Gasparyan;
- i. Any and all funds on deposit in Capital One Bank
Account Number: 2081811523, in the name of
Metairie Med-Tech, Inc.;
- j. Any and all funds on deposit in Capital One Bank
Account Number: 2081697194, in the name of
Metairie Health Center, Inc.;
- k. Any and all funds on deposit in Capital One Bank
Account Number: 2081777104, in the name of New
Millennium Medical Group, Inc.
- l. \$4,645,339.62.00 in United States Currency and all
interest and proceeds traceable thereto.
- m. The government specifically provides notice of its
intent to seek a personal money judgment against the
defendant in the amount of the fraudulently-obtained
proceeds.

3. If any of the above-described forfeited property, as a result of any act or omission of
the defendants:

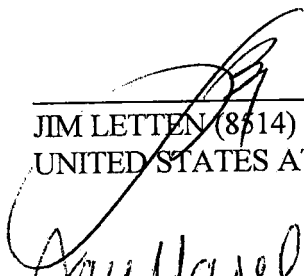
- a. cannot be located upon the exercise of due diligence;
- b. has been transferred, sold to, or deposited with, a third person;
- c. has been placed beyond the jurisdiction of the Court;
- d. has been substantially diminished in value; or
- e. has been commingled with other property which cannot be subdivided
without difficulty;

it is the intent of the United States, pursuant to Title 18, United States Code, Section 982(b) to seek forfeiture of any other property of said defendants up to the value of the above forfeitable property.

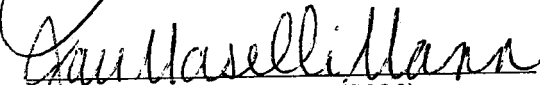
All in violation of Title 18, United States Code, Section 982(a)(7).

A TRUE BILL:

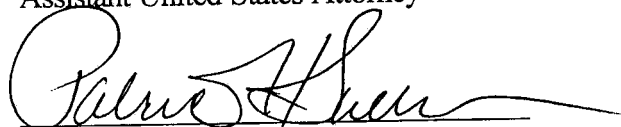
FOREPERSON




JIM LETTEN (8514)
UNITED STATES ATTORNEY



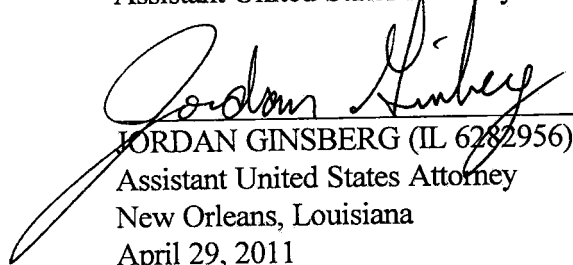
JAN MASELLI MANN (9020)
Chief, Criminal Division
Assistant United States Attorney



PATRICE HARRIS SULLIVAN (14987)
Assistant United States Attorney



G. DALL KAMMER (26948)
Assistant United States Attorney



JORDAN GINSBERG (IL 6282956)
Assistant United States Attorney
New Orleans, Louisiana
April 29, 2011