



## **Data Fields from NHCAA's SIRIS Database for Adding New Investigation/Case/Provider Records**

(for consideration in the revamping of the OFRS form to give increased emphasis on health care fraud)

### **Add New SIRIS Record**

#### **1. Provider Information:**

Provider Type:

- Agent/Broker
- Billing Service
- Chiropractor
- Clinic/Outpatient Facility
- Dentist/Dental Practice
- Durable Medical Equipment
- False Provider
- Home Health
- Hospitals
- Lab/X-Ray/Imaging
- Medical Doctor
- Nurse
- Nursing Facility
- Ophthalmologist
- Optometrist
- Osteopath (DO)
- Other In-Patient Institution
- Other Vision
- Pharmacy/Pharmacist
- Podiatrist
- Psychiatrist (MD)
- Radiology
- Therapist/Counselor
- Transportation
- Unlicensed Provider
- Other Practitioners

Company:

Name: Last, First Middle

AKA/DBA:

Address: Street, City, State, Zip

Address Type:

Services Rendered Address

Billing Address



Telephone:

DOB:

Sex: Unknown

Male

Female

Not Applicable

Other Address(es):

*+Add An Address*

Identification Numbers:

SSN:

*+Add More*

TIN/FEIN:

*+Add More*

UPIN:

NPI:

MediCare#:

DEA#:

State License Number: State

*+Add A State License*

## 2. Case Details:

Status of Case:

Active

Inactive

Closed without Action

Closed with Action - Administrative Recovery

Closed with Action - Civil Recovery

Closed with Action - Restitution

Closed with Action - Conviction

Time Frame: dd/mm/yyyy - dd/mm/yyyy

Dollar Exposure: (whole dollars)

Case Summary: (text box)

CPT/HCPCS Code(s):

*Add More*

ICD-9/10 Code(s):

*Add More*

How was the case discovered? (for example, Hotline, Internal Referral, Data Mining (Describe Methodology) (text box)

Summary of evidence to date (text box)

Classification(s): (Check all that apply)

- Billing for Services/Supplies Not Provided
- Misrepresentations in Medical Record



- Nonexistent Provider
- Overutilization
- Performing Medically Unnecessary Procedures
- Prescription Fraud
- Self-Referral
- Services Provided by an Unlicensed Person or Entity
- Services Provided Outside Scope of Service
- Unbundling
- Upcoding
- Waiver of Co-pay or Deductible

**3. Contact:**

Name:

E-mail:

Telephone:

Company: