



UNITED STATES DISTRICT COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA,

Plaintiff,

v.

NEDA MEHRABANI,
aka "Neda Mehrabani Ladjevardi,"

Defendant.

CR No. 2:23-cr-00294-JFW

I N F O R M A T I O N

[18 U.S.C. § 1347: Health Care
Fraud; 18 U.S.C. § 982: Criminal
Forfeiture]

The United States Attorney charges:

[18 U.S.C. § 1347]

A. INTRODUCTORY ALLEGATIONS

At times relevant to this Information:

1. Defendant NEDA MEHRABANI, also known as "Neda Mehrabani Ladjevardi," was a resident of Tarzana, California. Defendant MEHRABANI was a chiropractor and acupuncturist licensed in the State of California and owned Health Clinic of Southern California, Inc. ("HCSC"), located at 5530 Corbin Avenue, Tarzana, California.

The Medicare Program

2. The Medicare Program ("Medicare") was a federal health care benefit program, affecting commerce, that provided benefits to

1 individuals who were 65 years and older or had certain qualifying
2 disabilities. The U.S. Department of Health and Human Services,
3 Centers for Medicare and Medicaid Services ("CMS") administered
4 Medicare.

5 3. Medicare was a "health care benefit program" as defined by
6 Title 18, United States Code, Section 24(b).

7 4. Individuals who qualified for Medicare benefits were
8 referred to as Medicare "beneficiaries." Each beneficiary was given
9 a unique health insurance claim number.

10 5. Health care providers who provided medical services that
11 were reimbursed by Medicare were referred to as "providers."

12 6. A health care provider with a Medicare provider number
13 could submit claims to Medicare to obtain reimbursement for services
14 rendered to Medicare beneficiaries.

15 7. To participate in Medicare, providers, including
16 chiropractors, were required to submit an application in which the
17 provider agreed: (a) to comply with all Medicare-related laws and
18 regulations; and (b) not submit claims to Medicare knowing they were
19 false or fraudulent or with deliberate ignorance or reckless
20 disregard of their truth or falsity. If Medicare approved the
21 provider's application, Medicare assigned the provider a Medicare
22 "provider number" which was used for submitting, processing, and
23 paying claims to Medicare for services rendered to beneficiaries.

24 8. Defendant MEHRABANI was enrolled as a Medicare provider and
25 certified she would abide by Medicare rules and regulations and only
26 submit truthful and accurate claims for medically necessary services,
27 certifications on which Medicare relied in processing and paying
28 claims submitted by defendant MEHRABANI.

1 9. Medicare was composed of several parts, including Medicare
2 Part B, which covered physician services. CMS contracted with
3 regional contractors to process and pay Medicare claims. Noridian
4 Health Care Solutions, LLC ("Noridian") was the contractor that
5 processed all Medicare Part B claims in the Central District of
6 California.

7 10. To bill Medicare for services rendered, a provider was
8 required to submit a claim form to Medicare, usually in electronic
9 form, in which the provider certified:

10 a. that the contents of the form were true, accurate, and
11 complete;

12 b. that the form was prepared in compliance with the laws
13 and regulations governing Medicare; and

14 c. that the services being billed were medically
15 necessary.

16 11. Medicare-covered chiropractic therapy was limited to
17 therapy classified as "active therapy" that improved clinical
18 function in beneficiaries' conditions, including performing manual
19 manipulation of a beneficiary's spine to correct a subluxation.

20 12. Medicare generally reimbursed providers for chiropractic
21 services and procedures only if the services and procedures were
22 medically necessary to the health of the beneficiary and were
23 actually provided by the chiropractor to the beneficiary.

24 "CPT" Codes

25 13. When a service was rendered by a provider to a beneficiary,
26 the provider submitted claims and described the services it had
27 provided using billing codes known as current procedural terminology
28 ("CPT") codes that identified the services provided.

1 14. CMS reimbursed three CPT codes for chiropractic therapy
2 that required manual manipulation of a beneficiary's spine, namely,
3 CPT codes 98940 (Chiropractic Manipulative Treatment, spinal 1-2
4 regions), 98941 (Chiropractic Manipulative Treatment, spinal 3-4
5 regions), and 98942 (Chiropractic Manipulative Treatment, spinal 5
6 regions).

7 B. THE SCHEME TO DEFRAUD

8 15. Beginning no later than in or around June 2018, and
9 continuing through at least in or around June 2022, in Los Angeles
10 County, within the Central District of California, and elsewhere,
11 defendant MEHRABANI, together with others known and unknown to the
12 United States Attorney, knowingly, willfully, and with the intent to
13 defraud, executed a scheme and artifice: (1) to defraud a health
14 care benefit program, namely, Medicare, as to material matters; and
15 (2) to obtain money from Medicare by means of materially false and
16 fraudulent pretenses, representations, and promises, and the
17 concealment of material facts, both in connection with the delivery
18 of and payment for health care benefits, items, and services.

19 16. The fraudulent scheme operated, in substance, in the
20 following manner:

21 a. Defendant MEHRABANI provided certain chiropractic
22 services, as well as massage and acupuncture therapy, to
23 beneficiaries at HCSC.

24 b. Irrespective of the service provided, or whether any
25 services were, in fact, provided, defendant MEHRABANI submitted and
26 caused to be submitted false and fraudulent claims to Medicare for
27 chiropractic services, utilizing CPT code 98942 (Chiropractic
28 Manipulative Treatment, spinal 5 regions), purportedly provided to

1 beneficiaries, when, in fact, as defendant MEHRABANI then well knew,
2 the services had not been provided as represented and were not
3 medically necessary.

4 c. As a result of the false and fraudulent claims
5 defendant MEHRABANI submitted and caused to be submitted, Medicare
6 made payments to bank accounts controlled by defendant MEHRABANI.

7 17. Between in or around June 2018 and in or around June 2022,
8 defendant MEHRABANI submitted and caused to be submitted to Medicare
9 approximately \$3,332,365.00 in false and fraudulent claims for
10 reimbursement for CPT code 98942 and received approximately
11 \$2,465,771.61 in payments on those claims.

12 C. EXECUTION OF THE FRAUDULENT SCHEME

13 18. On or about October 1, 2020, within the Central District of
14 California, and elsewhere, defendant MEHRABANI, together with others
15 known and unknown to the United States Attorney, knowingly and
16 willfully executed the fraudulent scheme described above by
17 submitting and causing to be submitted to Medicare a false and
18 fraudulent claim, namely, number 551120275443500, in the amount of
19 \$60.00 for CPT code 98942 services purportedly provided to
20 beneficiary R.S.

FORFEITURE ALLEGATION

[18 U.S.C. § 982]

1. Pursuant to Rule 32.2(a), Fed. R. Crim. P., notice is hereby given that the United States will seek forfeiture as part of any sentence, pursuant to Title 18, United States Code, Section 982(a)(7), in the event of the conviction of defendant NEDA MEHRABANI, also known as "Neda Mehrabani Ladjevardi," of the offense set forth in this Information.

2. Defendant MEHRABANI, if so convicted, shall forfeit to the United States of America the following:

(a) All right, title, and interest in any and all property, real or personal, that constitutes or is derived, directly or indirectly, from the gross proceeds traceable to the commission of the offense of conviction; and

(b) To the extent such property is not available for forfeiture, a sum of money equal to the total value of the property described in subparagraph (a).

3. Pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b), defendant MEHRABANI, if so convicted, shall forfeit substitute property, up to the total value of the property described in the preceding paragraph if, as a result of any act or omission of said defendant, the property described in the preceding paragraph, or any portion thereof (a) cannot be located upon the exercise of due diligence; (b) has been transferred, sold to or deposited with a third party; (c) has been placed beyond the jurisdiction of the Court; (d) has been substantially diminished in value; or (e) has

//

1 been commingled with other property that cannot be divided without
2 difficulty.

3
4 E. MARTIN ESTRADA
United States Attorney

5
6 
7 MACK E. JENKINS
8 Assistant United States Attorney
Chief, Criminal Division

9 RANEE A. KATZENSTEIN
10 Assistant United States Attorney
Chief, Major Frauds Section

11 GLENN S. LEON
12 Chief, Fraud Section
U.S. Department of Justice

13 ALEXANDRA MICHAEL
14 Trial Attorney, Fraud Section
U.S. Department of Justice
15
16
17
18
19
20
21
22
23
24
25
26
27
28