# Referral packet: DEBRA WHITFIELD

Draft for reviewer. Prepared September 5, 2026. Every statement below cites the numbered public record it came from.

| Subject | Findings | Public records cited | Regulations |
|---|---|---|---|
| NPI 1073891859 | 11 | 12 | 3 |

> This packet describes public records and dates. It does not assert fraud, intent or guilt. Each finding cites the numbered records at the end, and the section Rule out first lists the ordinary explanations a reviewer must eliminate before any action.

## Summary

Medicaid claims records for NPI **1073891859**, DEBRA WHITFIELD, an individual behavioral health provider in Las Vegas, NV, show four months in 2018 in which the personal service lines billed under this provider imply between 18.4 and 25.6 hands-on hours per clinician calendar day, with claims spread across three to four billing organizations in each of those months. The four flagged months account for **$492,165** in paid claims, and the detector figure for dollars at risk is **$744,791,** which supports a records request for appointment schedules, time records and rendering versus billing provider detail.

## Description

Debra Whitfield is an individual behavioral health provider in Las Vegas, Nevada, enrolled in Nevada Medicaid. Most of her Medicaid dollars come from two codes: intensive outpatient psychiatric services per diem, at **$2,361,251** paid over 36 months, and psychophysiological therapy with biofeedback, at **$839,264** paid over 33 months. In four separate months of 2018, the one hour psychotherapy and biofeedback lines billed under her identifier add up to more hands-on hours than a calendar day contains, reaching 25.6 implied hours in one day in **March 2018**. In each of those months the claims came in through three or four different billing organizations. These records do not by themselves show who actually performed the services, so the plan should obtain scheduling and time records before drawing any conclusion.

## What the records show

01 NPI **1073891859** is registered to DEBRA WHITFIELD, an individual provider in Las Vegas, NV, with taxonomy 103K00000X and Medicaid home state NV.

Records 1 (providers/NPPES)

02 Code S9480, intensive outpatient psychiatric services per diem, accounts for **$2,361,251** paid over 36 months and 68 percent of this provider's Medicaid dollars, at **$1,400** per patient-month against a typical **$946,** ranking at the 78th percentile of providers billing this code.
Records 2 (procedures billed, Medicaid)

03 Code 90876, psychophysiological therapy with biofeedback 45 minutes, accounts for **$839,264** paid over 33 months and 24 percent of this provider's Medicaid dollars, at **$493** per patient-month against a typical **$392,** ranking at the 66th percentile.
Records 3 (procedures billed, Medicaid)

04 Code 90837, psychotherapy one hour, accounts for **$156,420** paid over 26 months and 5 percent of this provider's Medicaid dollars, at **$240** per patient-month against a typical **$191,** ranking at the 69th percentile, and this code family has a history of abuse.
Records 4 (procedures billed, Medicaid)

05 Code 90901, biofeedback training, accounts for **$22,306** paid over 7 months at **$121** per patient-month against a typical **$45,** ranking at the 69th percentile.
Records 7 (procedures billed, Medicaid)

06 Codes 99214 and 99213 account for **$36,126** paid over 3 months and **$23,203** paid over 2 months, each 1 percent of this provider's Medicaid dollars.
Records 5 (procedures billed, Medicaid), 6 (procedures billed, Medicaid)

07 The provider is placed at evidence tier 2, impossible volume with concurrency, under detector D2, with dollars at risk of **$744,791,** described as the figure of the detector that set the tier and not a sum, and reasons stating more hands-on hours billed than a day holds in 4 months, peaking at 25.6 hours per day across 4 billing organizations.
Records 8 (provider risk)

08 For **January 1, 2018**, the flag IMPOSSIBLE BY LINE COUNT records implied hours per clinician calendar day of personal services of 24.4, with a lower bound of 37.3 and point estimate of 36.6, **$134,132** paid, codes 90837 and 90876, and 3 billing organizations, using rate source p50 per line.
Records 11 (flags/D2 + T-MSIS spending)

09 For **February 1, 2018**, the flag records implied hours per clinician calendar day of 23.2, with a lower bound of 35.0 and point estimate of 34.7, **$116,570** paid, codes 90837 and 90876, and 4 billing organizations.
Records 9 (flags/D2 + T-MSIS spending)

10 For **March 1, 2018**, the flag records implied hours per clinician calendar day of 25.6, with a lower bound of 37.3 and point estimate of 38.4, **$142,614** paid, codes 90837 and 90876, and 4 billing organizations.
Records 10 (flags/D2 + T-MSIS spending)

11 For **May 1, 2018**, the flag records implied hours per clinician calendar day of 18.4, with a lower bound of 27.5 and point estimate of 27.6, **$98,849** paid, codes 90837 and 90876, and 3 billing organizations.
Records 12 (flags/D2 + T-MSIS spending)

## Regulations this relates to

**42 CFR 455.23** the State Medicaid agency must suspend all Medicaid payments to a provider after determining there is a credible allegation of fraud for which an investigation is pending, unless there is good cause not to suspend or to suspend only in part; 455.23(d) requires referral to the Medicaid Fraud Control Unit.

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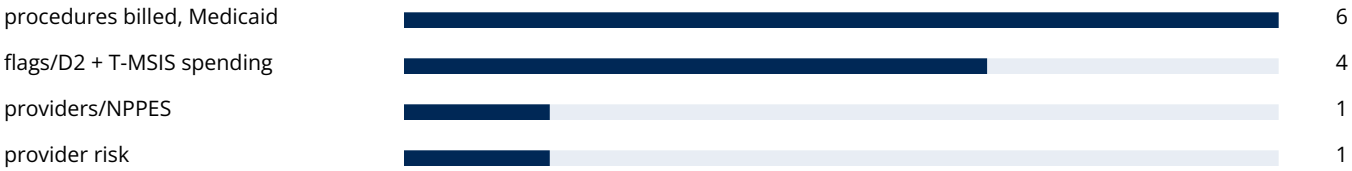
|---|---|
| **42 CFR 1003.200** | civil monetary penalties for presenting claims for items or services not provided as claimed, for services furnished by an excluded person, or that are false or fraudulent. |
| **42 CFR 455.410** | all providers must be screened under subpart E as a condition of enrollment, and states must revalidate enrollment at least every 5 years. |

## Where the records come from




## Recommended next step

Request from the provider and from each of the four billing organizations the following for January through **May 2018**: appointment schedules, sign-in sheets, session start and stop times, and treatment notes for all lines billed under codes 90837 and 90876. Request claim level detail identifying the rendering provider versus the billing provider for every line attributed to NPI **1073891859**, along with payroll or contractor records for any supervised or employed clinicians whose work may have been billed under this identifier. Request the intensive outpatient program per diem documentation supporting code S9480, including daily attendance logs, to test whether per diem days overlap with the same day one hour psychotherapy and biofeedback lines. Verify enrollment and screening status and revalidation date under **42 CFR 455.410**, which requires screening under subpart E as a condition of enrollment and revalidation at least every 5 years. If the records review supports a credible allegation of fraud, the state Medicaid agency must consider payment suspension under **42 CFR 455.23(a)** unless good cause exists not to suspend or to suspend only in part, and must refer the matter to the Medicaid Fraud Control Unit under **42 CFR 455.23(d)**. Preserve the file for possible civil monetary penalty exposure under **42 CFR 1003.200** for claims for items or services not provided as claimed.

## Procedures behind the dollars

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|---|---|---|
| **S9480** | Medicaid: Intensive outpatient psychiatric services per diem<br>78th percentile of providers on this code, $1K per patient-month against a typical $946 | $2.4M 68% |
| **90876** | Medicaid: Psychophysiological therapy with biofeedback 45 min<br>66th percentile of providers on this code, $493 per patient-month against a typical $392 | $839K 24% |
| **90837** | Medicaid: Psychotherapy, 1 hour<br>69th percentile of providers on this code, $240 per patient-month against a typical $191; code family with a history of abuse | $156K 5% |
| **99214** | Medicaid: Established patient office or other outpatient visit with moderate level of decision making, if using time, 30 minutes or more | $36K 1% |
| **99213** | Medicaid: Established patient office or other outpatient visit with low level od decision making, if using time, 20 minutes or more | $23K 1% |
| **90901** | Medicaid: Biofeedback training<br>69th percentile of providers on this code, $121 per patient-month against a typical $45 | $22K 1% |

## Rule out first

- The implied hours are derived from line counts and a median rate per line, described as rate source p50 per line, so a coding or unit reporting convention could inflate the calculated time without any service being missing.
- Services billed under an individual NPI may have been performed by supervised clinicians, students or employed staff under a supervisory billing convention, which would explain hours exceeding a single person's day.
- The presence of three to four billing organizations may reflect legitimate employment or contracting at multiple clinics, or a shared billing agent submitting under the same identifier, rather than duplicate submission.
- High per patient-month amounts and percentile ranks reflect comparison to all providers billing the same code and may be explained by a higher acuity caseload or an intensive outpatient program model.
- Claims data lag, adjustments, voids and reprocessed or appealed lines can cause the same service to appear more than once in a snapshot; reconcile against final adjudicated and post-appeal data.
- The note that the psychotherapy code family has a history of abuse is a general program observation and is not evidence about this provider.

# Public records cited

1 NPI 1073891859 DEBRA WHITFIELD (individual), LAS VEGAS, NV; taxonomy 103K00000X; Medicaid home state NV.
providers/NPPES

2 Code S9480 (Intensive outpatient psychiatric services per diem): $2,361,251 paid over 36 months, 68% of this provider's Medicaid dollars, $1,400 per patient-month, which ranks at the 78th percentile of all providers billing this code (typical $946).
procedures billed, Medicaid

3 Code 90876 (Psychophysiological therapy with biofeedback 45 min): $839,264 paid over 33 months, 24% of this provider's Medicaid dollars, $493 per patient-month, which ranks at the 66th percentile of all providers billing this code (typical $392).
procedures billed, Medicaid

4 Code 90837 (Psychotherapy, 1 hour): $156,420 paid over 26 months, 5% of this provider's Medicaid dollars, $240 per patient-month, which ranks at the 69th percentile of all providers billing this code (typical $191); this code family has a history of abuse.
procedures billed, Medicaid

5 Code 99214 (Established patient office or other outpatient visit with moderate level of decision making, if using time, 30 minutes or more): $36,126 paid over 3 months, 1% of this provider's Medicaid dollars, $317 per patient-month.
procedures billed, Medicaid

6 Code 99213 (Established patient office or other outpatient visit with low level od decision making, if using time, 20 minutes or more): $23,203 paid over 2 months, 1% of this provider's Medicaid dollars, $314 per patient-month.
procedures billed, Medicaid

7 Code 90901 (Biofeedback training): $22,306 paid over 7 months, 1% of this provider's Medicaid dollars, $121 per patient-month, which ranks at the 69th percentile of all providers billing this code (typical $45).
procedures billed, Medicaid

8 Evidence tier 2 (impossible volume with concurrency); detectors D2; dollars at risk $744,791 (figure of the detector that set the tier, not a sum); reasons: Billed more hands-on hours than a day holds in 4 month(s), peaking at 25.6 hours per day across 4 billing organizations.
provider risk

9 2018-02-01: IMPOSSIBLE BY LINE COUNT; implied hours per per clinician calendar day personal services 23.2 (lower bound 35.0, point 34.7); $116,570; codes ['90837', '90876']; 4 billing organizations; rate source p50 per line.
flags/D2 + T-MSIS spending

10 2018-03-01: IMPOSSIBLE BY LINE COUNT; implied hours per per clinician calendar day personal services 25.6 (lower bound 37.3, point 38.4); $142,614; codes ['90837', '90876']; 4 billing organizations; rate source p50 per line.
flags/D2 + T-MSIS spending

11 2018-01-01: IMPOSSIBLE BY LINE COUNT; implied hours per per clinician calendar day personal services 24.4 (lower bound 37.3, point 36.6); $134,132; codes ['90837', '90876']; 3 billing organizations; rate source p50 per line.
flags/D2 + T-MSIS spending

12 2018-05-01: IMPOSSIBLE BY LINE COUNT; implied hours per per clinician calendar day personal services 18.4 (lower bound 27.5, point 27.6); $98,849; codes ['90837', '90876']; 3 billing organizations; rate source p50 per line.
flags/D2 + T-MSIS spending