Referral packet: MATIAS CLINICAL LABORATORY INC

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 1962546176	11	11	4

> 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

Public records show NPI **1962546176**, MATIAS CLINICAL LABORATORY INC, an organization laboratory in Baldwin Park, CA with a Medicaid home state of Missouri, was placed on the Medicare revocation list on **August 31, 2018** under 424.535(A)(4), 424.535(A)(3) and 424.535(A)(2), with a re-enrollment bar running to **November 22, 2034**, and appears on the California Medi-Cal Suspended and Ineligible Provider List with the same action date. Medicaid records show **$3,846,471** paid across 44 service months from **September 2018** through **April 2022**, after that action date, which warrants a records request to confirm enrollment status, screening history and the basis for the later payments.

Description

This referral candidate is a clinical laboratory organization in Baldwin Park, California that bills Medicaid with Missouri listed as its home state. Records show it was revoked from Medicare on **August 31, 2018** on three grounds, including false or misleading information and felonies, with a bar on re-enrolling until **November 22, 2034**, and it also appears on the California Medi-Cal Suspended and Ineligible Provider List with the same date. Medicaid records show payments continued after that date, totaling **$3,846,471** over 44 service months from **September 2018** through **April 2022**, compared with **$312,286** in the twelve months before. Its largest paid code is the high throughput COVID-19 test U0003 at **$729,801** over 24 months, priced at **$120** per patient-month against a typical **$75,** which is the 88th percentile among providers billing that code. A second nucleic acid detection code, 87798, accounts for **$672,654** over 49 months at **$64** per patient-month against a typical **$33**.

What the records show

01 NPI **1962546176** is registered to MATIAS CLINICAL LABORATORY INC, an organization in Baldwin Park, CA, with taxonomy 291U00000X and a Medicaid home state of MO.
Records 1 (providers/NPPES)

02 The provider was revoked on 2018-08-31 under 424.535(A)(4) False Or Misleading Information, 424.535(A)(3) Felonies and 424.535(A)(2) Provider Or Supplier Conduct (Exclusion), with a re-enrollment bar to 2034-11-22.
Records 9 (Revocation Extract)

03 After the Medicare revocation action of 2018-08-31, Medicaid paid **$3,846,471** across 44 service months from 2018-09 to 2022-04, compared with **$312,286** in the 12 months before.
Records 10 (flags/D3 + T-MSIS spending)

04 After the California state exclusion action of 2018-08-31, tied to the California Medi-Cal Suspended and Ineligible Provider List, Medicaid paid **$3,846,471** across 44 service months from 2018-09 to 2022-04.
Records 11 (flags/D3 + T-MSIS spending)

05 The record is classified as evidence tier 1, documented action then payment, with detector D3 and dollars at risk of **$3,846,471,** described as the figure of the detector that set the tier and not a sum.
Records 8 (provider risk)

06 Code U0003, the high throughput SARS-CoV-2 nucleic acid detection test, was paid **$729,801** over 24 months, 18 percent of this provider's Medicaid dollars, at **$120** per patient-month, ranking at the 88th percentile of all providers billing this code against a typical **$75**.
Records 2 (procedures billed, Medicaid)

07 Code 87798, detection test by nucleic acid for organism, amplified probe technique, was paid **$672,654** over 49 months, 17 percent of this provider's Medicaid dollars, at **$64** per patient-month, ranking at the 75th percentile against a typical **$33**.
Records 3 (procedures billed, Medicaid)

08 Code 87502, detection test by nucleic acid for multiple types influenza virus, was paid **$348,859** over 49 months, 9 percent of this provider's Medicaid dollars, at **$55** per patient-month, ranking at the 31st percentile against a typical **$71**.
Records 4 (procedures billed, Medicaid)

09 Code 87631, respiratory virus panel with 3 to 5 targets, was paid **$279,418** over 31 months, 7 percent of this provider's Medicaid dollars, at **$52** per patient-month, ranking at the 33rd percentile against a typical **$74**.
Records 5 (procedures billed, Medicaid)

10 Code 87634, respiratory syncytial virus nucleic acid detection, was paid **$258,473** over 48 months, 7 percent of this provider's Medicaid dollars, at **$41** per patient-month, ranking at the 39th percentile against a typical **$48**.
Records 6 (procedures billed, Medicaid)

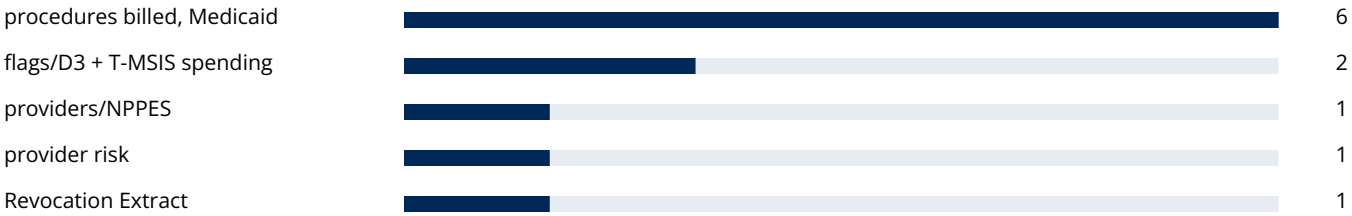
11 Code G0483, definitive drug testing, was paid **$206,715** over 25 months, 5 percent of this provider's Medicaid dollars, at **$118** per patient-month, ranking at the 38th percentile against a typical **$146**.
Records 7 (procedures billed, Medicaid)

Regulations this relates to

42 CFR 455.416(c)

	the State Medicaid agency must deny or terminate the enrollment of any provider that is terminated on or after January 1, 2011 under Medicare or under the Medicaid program or CHIP of any other State and is included in the termination database under 455.417.
42 CFR 455.436	states must confirm identity and determine exclusion status through routine checks of the Social Security Death Master File, NPPES, the LEIE and the EPLS (now SAM), upon enrollment and reenrollment and, for the LEIE and EPLS, no less frequently than monthly.
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.
42 CFR 424.535(a)	Medicare revocation grounds; the basis of the Medicare action cited in the evidence (for example (a)(2) exclusion, (a)(3) felony, (a)(4) false or misleading information, (a)(5) not operational at the practice location, (a)(8) abuse of billing privileges).

Where the records come from



Recommended next step

Request the full Medicaid enrollment file for NPI **1962546176**, including the application, all revalidation and screening records, and any documentation of appeal, reinstatement or reversal of the Medicare revocation dated 2018-08-31 and of the California Medi-Cal Suspended and Ineligible listing. Confirm whether the provider appears in the termination database and whether denial or termination of enrollment was required under **42 CFR 455.416(c)**, and pull the monthly exclusion and NPPES screening logs required by **42 CFR 455.436** for the period **September 2018** through **April 2022** to establish when the state first matched this provider. Obtain the claim level detail behind the **$3,846,471** paid across the 44 service months, with attention to the U0003 and 87798 lines and to whether claims were billed directly or through another billing entity, ordering provider or managed care plan. If the review supports a credible allegation of fraud, evaluate a full or partial payment suspension under **42 CFR 455.23(a)** and make the referral to the Medicaid Fraud Control Unit required by **42 CFR 455.23(d)**, and document the specific **42 CFR 424.535(a)** grounds cited in the Medicare action.

Procedures behind the dollars

U0003 Medicaid: Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, making use of high throughput technologies as described by cms-2020-01-r

$730K 18%

88th percentile of providers on this code, $120 per patient-month against a typical $75

87798	Medicaid: Detection test by nucleic acid for organism, amplified probe technique 75th percentile of providers on this code, $64 per patient-month against a typical $33	$673K 17%
87502	Medicaid: Detection test by nucleic acid for multiple types influenza virus 31st percentile of providers on this code, $55 per patient-month against a typical $71	$349K 9%
87631	Medicaid: Detection test by nucleic acid for multiple types of respiratory virus, multiple types or subtypes, 3-5 targets 33rd percentile of providers on this code, $52 per patient-month against a typical $74	$279K 7%
87634	Medicaid: Detection test by nucleic acid for respiratory syncytial virus, amplified probe technique 39th percentile of providers on this code, $41 per patient-month against a typical $48	$258K 7%
G0483	Medicaid: Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms 38th percentile of providers on this code, $118 per patient-month against a typical $146	$207K 5%

Rule out first

- The Medicare revocation may have been appealed, stayed or reversed, or the provider may have been reinstated, and the extract may not reflect the current status.
- Payments after the action date can reflect claims for dates of service before the action, timely filing lags, adjustments, voids or recoupments already applied, so the paid amount may not equal net dollars retained.
- The dollars at risk figure of $3,846,471 is described as the figure of the detector that set the tier and not a sum, so it should not be treated as a computed overpayment.
- T-MSIS and exclusion list data carry reporting lag, and the California list citation references a July 2026 file, so effective dates and match logic must be verified against source records before conclusions are drawn.
- The provider is a laboratory organization whose claims may be submitted under supervisory or referring provider billing conventions or through a managed care plan, so the entity receiving payment and the entity performing the service should be confirmed.
- Higher per patient-month amounts for U0003 and 87798 can reflect legitimate test mix, panel composition, specimen volume during the COVID-19 period or state fee schedule differences rather than any billing irregularity.
- Several codes, including 87502, 87631, 87634 and G0483, price below the typical amount and at low percentiles, which is not consistent with a uniform upcoding pattern.
- Name and address similarity is not identity; confirm that the Baldwin Park, California entity paid by Missouri Medicaid is the same entity named on the revocation and state exclusion lists.

Public records cited

1 NPI 1962546176 MATIAS CLINICAL LABORATORY INC (organization), BALDWIN PARK, CA; taxonomy 291U00000X; Medicaid home state MO.

providers/NPPES

2 Code U0003 (Infectious agent detection by nucleic acid (dna or rna); severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]), amplified probe technique, making use of high throughput technologies as described by cms-2020-01-r): $729,801 paid over 24 months, 18% of this provider's Medicaid dollars, $120 per patient-month, which ranks at the 88th percentile of all providers billing this code (typical $75).

procedures billed, Medicaid

3 Code 87798 (Detection test by nucleic acid for organism, amplified probe technique): $672,654 paid over 49 months, 17% of this provider's Medicaid dollars, $64 per patient-month, which ranks at the 75th percentile of all providers billing this code (typical $33).

procedures billed, Medicaid

4 Code 87502 (Detection test by nucleic acid for multiple types influenza virus): $348,859 paid over 49 months, 9% of this provider's Medicaid dollars, $55 per patient-month, which ranks at the 31th percentile of all providers billing this code (typical $71).

procedures billed, Medicaid

5 Code 87631 (Detection test by nucleic acid for multiple types of respiratory virus, multiple types or subtypes, 3-5 targets): $279,418 paid over 31 months, 7% of this provider's Medicaid dollars, $52 per patient-month, which ranks at the 33th percentile of all providers billing this code (typical $74).

procedures billed, Medicaid

6 Code 87634 (Detection test by nucleic acid for respiratory syncytial virus, amplified probe technique): $258,473 paid over 48 months, 7% of this provider's Medicaid dollars, $41 per patient-month, which ranks at the 39th percentile of all providers billing this code (typical $48).

procedures billed, Medicaid

7 Code G0483 (Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to gc/ms (any type, single or tandem) and lc/ms): $206,715 paid over 25 months, 5% of this provider's Medicaid dollars, $118 per patient-month, which ranks at the 38th percentile of all providers billing this code (typical $146).

procedures billed, Medicaid

8 Evidence tier 1 (documented action, then payment); detectors D3; dollars at risk $3,846,471 (figure of the detector that set the tier, not a sum); reasons: Listed on the Medicare revocation list since August 31, 2018; Medicaid still paid claims in 44 later months, $3,846,471 in total.

provider risk

9 Revoked 2018-08-31 under 424.535(A)(4) False Or Misleading Information;424.535(A)(3) Felonies;424.535(A)(2) Provider Or Supplier Conduct (Exclusion); re-enrollment bar to 2034-11-22.

Revocation Extract

10 After the MEDICARE REVOKED action of 2018-08-31 (424.535(A)(4) False Or Misleading Information;424.535(A)(3) Felonies;424.535(A)(2) Provider Or Supplier Conduct (Exclusion)), Medicaid paid $3,846,471 across 44 service months (2018-09 to 2022-04); $312,286 in the 12 months before.
flags/D3 + T-MSIS spending

11 After the STATE EXCL CA action of 2018-08-31 (CA Medi-Cal Suspended & Ineligible Provider List (July 2026)), Medicaid paid $3,846,471 across 44 service months (2018-09 to 2022-04); $312,286 in the 12 months before.
flags/D3 + T-MSIS spending