Referral packet: BRIAN GRANT

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 1063574994	8	9	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 **1063574994**, BRIAN GRANT, an individual behavioral health provider in Indianapolis, Indiana, show **$1,205,859** paid on code 90837 (one hour psychotherapy) over 72 months, representing 90 percent of the provider's Medicaid dollars. A concurrency detector flagged one month in which billed hands-on time exceeded the hours in a day, peaking at 14.3 hours per day across three billing organizations, with **$703,223** identified as dollars at risk. The volume and concurrency pattern warrants a records request to reconcile billed service time against appointment schedules and rendering staff.

Description

Brian Grant is an individual provider in Indianapolis, Indiana, enrolled in Indiana Medicaid under NPI **1063574994**. Almost all of his Medicaid payments, about 90 percent, come from a single code for one hour psychotherapy sessions, which paid **$1,205,859** over 72 months. On **April 1, 2019**, the claim lines attributed to him added up to more service time than a single person can deliver in one day, with an implied 12.5 to 24.1 hours of hands-on care, and the claims came in through three different billing organizations. His per patient per month amounts also sit above the typical provider on several psychotherapy codes, for example **$309** against a typical **$191** on the one hour code. These are records observations only, and there may be ordinary explanations such as claims submitted under his number for services delivered by other clinicians.

What the records show

01 NPI **1063574994** is registered to BRIAN GRANT, an individual provider in INDIANAPOLIS, IN, with taxonomy 103TH0100X and Medicaid home state IN.

Records 1 (providers/NPPES)

02 Code 90837 (Psychotherapy, 1 hour) accounts for **$1,205,859** paid over 72 months, 90 percent of this provider's Medicaid dollars, at **$309** per patient-month, which ranks at the 85th percentile of all providers billing this code, where typical is **$191**.
Records 2 (procedures billed, Medicaid)

03 Code 90846 (Family psychotherapy without patient, 50 minutes) accounts for **$99,448** paid over 35 months, 7 percent of Medicaid dollars, at **$150** per patient-month, at the 71st percentile against a typical **$113**.
Records 3 (procedures billed, Medicaid)

04 Code 90832 (Psychotherapy, 30 minutes) accounts for **$27,325** paid over 10 months, 2 percent of Medicaid dollars, at **$112** per patient-month, at the 84th percentile against a typical **$59**.
Records 4 (procedures billed, Medicaid)

05 Smaller amounts were paid on code 90847 (**$3,480** over 1 month), code 90834 (**$2,433** over 2 months) and code 90791 (**$1,150** over 1 month), each 0 percent of the provider's Medicaid dollars.
Records 5 (procedures billed, Medicaid), 6 (procedures billed, Medicaid), 7 (procedures billed, Medicaid)

06 The provider is at evidence tier 2 (impossible volume with concurrency) under detector D2, with dollars at risk of **$703,223,** described as the figure of the detector that set the tier and not a sum.
Records 8 (provider risk)

07 The stated detector reasons are that the provider billed more hands-on hours than a day holds in 1 month, peaking at 14.3 hours per day across 3 billing organizations, and that 90 percent of Medicaid dollars are on codes with a history of abuse.
Records 8 (provider risk)

08 On 2019-04-01 a flag of IMPOSSIBLE BY LINE COUNT was recorded, with implied hours per clinician calendar day for personal services of 12.5, a lower bound of 24.1 and a point estimate of 18.7, covering **$41,404** on code 90837 across 3 billing organizations, using rate source p50 per line.
Records 9 (flags/D2 + T-MSIS spending)

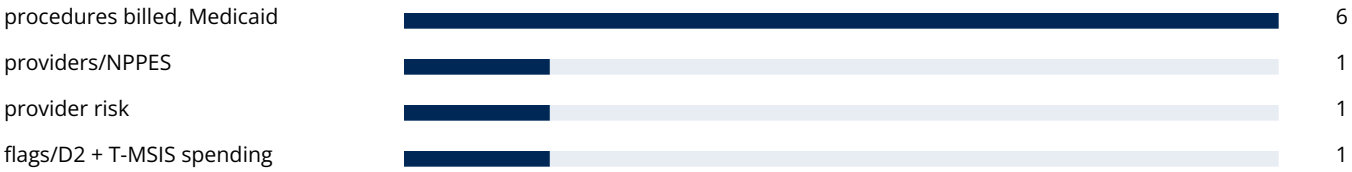
Regulations this relates to

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.

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 the three billing organizations the appointment schedules, session start and stop times, signed session notes and rendering clinician identity for all 90837 claim lines dated 2019-04-01 and for a sample of high volume months across the 72 month period. Reconcile the rendering provider on each line against the individual NPI **1063574994** to determine whether services were personally performed or delivered by supervised or employed clinicians, and obtain any group practice reassignment agreements. Verify screening and enrollment status and revalidation history 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 review supports a credible allegation of fraud, the State Medicaid agency must consider payment suspension and refer to the Medicaid Fraud Control Unit under **42 CFR 455.23(a)** and (d), and evaluate exposure for claims for items or services not provided as claimed under **42 CFR 1003.200.** Treat the **$703,223** dollars at risk figure as a detector output, not a calculated overpayment.

Procedures behind the dollars

90837	Medicaid: Psychotherapy, 1 hour 85th percentile of providers on this code, $309 per patient-month against a typical $191; code family with a history of abuse	$1.2M 90%
90846	Medicaid: Family psychotherapy without patient, 50 minutes 71st percentile of providers on this code, $150 per patient-month against a typical $113	$99K 7%
90832	Medicaid: Psychotherapy, 30 minutes 84th percentile of providers on this code, $112 per patient-month against a typical $59	$27K 2%
90847	Medicaid: Family psychotherapy with patient, 50 minutes	$3K 0%
90834	Medicaid: Psychotherapy, 45 minutes	$2K 0%
90791	Medicaid: Psychiatric diagnostic evaluation	$1K 0%

Rule out first

- Claim lines may have been submitted under this individual NPI for services personally performed by other clinicians under supervisory or incident to billing conventions, which would explain hours that exceed a single day.
- The presence of 3 billing organizations on the same day may reflect legitimate employment or contracted arrangements at multiple sites rather than duplicate billing.
- The implied hours figures come from a rate source of p50 per line and carry a range from 12.5 to a lower bound of 24.1 and a point estimate of 18.7, so the underlying time estimate is modeled and should be replaced with actual documented session times.
- The dollars at risk figure of $703,223 is described in the evidence as the figure of the detector that set the tier and not a sum, so it should not be treated as an established overpayment.
- Percentile rankings compare per patient-month amounts to other billers and may reflect a caseload with higher acuity or longer sessions rather than improper coding.
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Claims data lag, adjustments, voided lines and reprocessed claims can inflate apparent single day volume and should be ruled out before conclusions are drawn.

Public records cited

1 NPI 1063574994 BRIAN GRANT (individual), INDIANAPOLIS, IN; taxonomy 103TH0100X; Medicaid home state IN.
providers/NPPES

2 Code 90837 (Psychotherapy, 1 hour): $1,205,859 paid over 72 months, 90% of this provider's Medicaid dollars, $309 per patient-month, which ranks at the 85th percentile of all providers billing this code (typical $191); this code family has a history of abuse.
procedures billed, Medicaid

3 Code 90846 (Family psychotherapy without patient, 50 minutes): $99,448 paid over 35 months, 7% of this provider's Medicaid dollars, $150 per patient-month, which ranks at the 71th percentile of all providers billing this code (typical $113).
procedures billed, Medicaid

4 Code 90832 (Psychotherapy, 30 minutes): $27,325 paid over 10 months, 2% of this provider's Medicaid dollars, $112 per patient-month, which ranks at the 84th percentile of all providers billing this code (typical $59).
procedures billed, Medicaid

5 Code 90847 (Family psychotherapy with patient, 50 minutes): $3,480 paid over 1 months, 0% of this provider's Medicaid dollars, $99 per patient-month.
procedures billed, Medicaid

6 Code 90834 (Psychotherapy, 45 minutes): $2,433 paid over 2 months, 0% of this provider's Medicaid dollars, $46 per patient-month.
procedures billed, Medicaid

7 Code 90791 (Psychiatric diagnostic evaluation): $1,150 paid over 1 months, 0% of this provider's Medicaid dollars, $96 per patient-month.
procedures billed, Medicaid

8 Evidence tier 2 (impossible volume with concurrency); detectors D2; dollars at risk $703,223 (figure of the detector that set the tier, not a sum); reasons: Billed more hands-on hours than a day holds in 1 month(s), peaking at 14.3 hours per day across 3 billing organizations; 90% of Medicaid dollars are on codes with a history of abuse.
provider risk

9 2019-04-01: IMPOSSIBLE BY LINE COUNT; implied hours per per clinician calendar day personal services 12.5 (lower bound 24.1, point 18.7); $41,404; codes ['90837']; 3 billing organizations; rate source p50 per line.
flags/D2 + T-MSIS spending