

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 21-12218-1

6 **Against:**

FILED

7 **RAJEEV SHARAD KHAMAMKAR, M.D.,**

OCT 11 2021

8 **Respondent.**

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: _____

9
10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through Aaron Bart Fricke, J.D., General Counsel and attorney for the IC, having a
13 reasonable basis to believe that Rajeev Sharad Khamamkar, M.D., (Respondent) violated the
14 provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC)
15 Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's
16 charges and allegations as follows:

17 1. Respondent was at all times relative to this Complaint a medical doctor holding an
18 active license to practice medicine in the State of Nevada (License No. 8597). Respondent was
19 originally licensed by the Board on April 8, 1998.

20 2. Monitored Anesthesia Care (MAC) is a specific anesthesia service for a diagnostic or
21 therapeutic procedure. Indications for MAC include the nature of the procedure, the individual's
22 clinical condition and/or the potential need to convert to a general or regional anesthetic.

23 3. MAC includes all aspects of anesthesia care: a pre-procedure visit, intra-procedure
24 care, and post-procedure anesthesia management. During MAC, the anesthesiologist provides or
25 medically directs a number of specific services, including but not limited to:

26 a. Diagnosis and treatment of clinical problems that occur during the procedure;

27
28 ¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal
Complaint was authorized for filing, was composed of Board members Victor M. Muro, M.D., Chair,
Weldon Havins, M.D., Member, and Ms. Maggie Arias-Petrel, Public Member.

- 1 b. Support of vital functions;
- 2 c. Administration of sedatives, analgesics, hypnotics, anesthetic agents or other
- 3 medications as necessary for patient safety;
- 4 d. Psychological support and physical comfort;
- 5 e. Provision of other medical services as needed to complete the procedure safely.

6 MAC may include varying levels of sedation, analgesia, and anxiolysis as necessary. The provider
7 of MAC must be prepared and qualified to convert to general anesthesia when necessary. If the
8 individual loses consciousness and the ability to respond purposefully, the anesthesia care is a
9 general anesthetic, irrespective of whether airway instrumentation is required.

10 4. MAC is not medically necessary for interventional pain procedures in individuals
11 at average risk related to use of anesthesia and sedation. The use of MAC *may be* medically
12 necessary for interventional pain procedures when specific risk factors or significant medical
13 conditions are present, and when the proceduralist and anesthesiologist truthfully document these
14 factors and conditions.

15 5. The American Society of Anesthesiologists Physical Status Classification System
16 is used for classifying individuals for the purposes of anesthesia for surgical operations. Under this
17 system:

- 18 a. ASA 1 or I is a normal, healthy individual;
- 19 b. ASA 2 or II is an individual with mild systemic disease;
- 20 c. ASA 3 or III an individual with severe systemic disease;
- 21 d. ASA 4 or IV is an individual with severe systemic disease that is a constant
- 22 threat to life;
- 23 e. ASA 5 or V is a moribund individual who is not expected to survive
- 24 without the operation;
- 25 f. ASA 6 or VI is a declared brain-dead individual whose organs are being
- 26 harvested.

27 6. Pursuant to NRS 630.305(d), charging for services which were not rendered is
28 grounds for disciplinary action or denying licensure.

1 September 5, 2018. Respondent billed using code 01992 for 5 units, physical status for 1 unit, and
2 time for 1 unit, totaling 7 units. Code 01992 is a 5 unit base billing code defined as anesthesia for
3 diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a
4 different provider) in the prone position.

5 19. Respondent did not provide to Patient A the service of anesthesia for diagnostic or
6 therapeutic nerve blocks and injections (when block or injection is performed by a different
7 provider) in the prone position.

8 20. Patient A's past medical history included psoriasis, endometriosis, chronic pain
9 from an injury, and a BMI of 33 (which qualifies as obese, but not morbidly obese, which requires
10 BMI 35 or higher with obesity-related comorbidities and/or BMI greater than 40).

11 21. Patient A did not have severe systemic disease, and did not meet the criteria to be
12 considered an ASA 3.

13 22. Respondent falsified his medical record, checking "yes" to multiple diagnoses or
14 conditions that Patient A did not have, in an apparent attempt to fraudulently "qualify" Patient A
15 for anesthesia services for purposes of insurance reimbursement:

16 a. On his pre-operative screening checklist, Respondent stated that Patient A had
17 Obstructive Sleep Apnea, GERD, Glaucoma, and ETOH/Drugs; Patient A had
18 none of these conditions.

19 b. Respondent also stated that Patient A was "ASA 3"; Patient A was not
20 ASA 3.

21 **COUNT I**

22 **NRS 630.305(1)(d) – Charging for Services Not Rendered**

23 23. All of the allegations contained in the above paragraphs are hereby incorporated by
24 reference as though fully set forth herein.

25 24. As demonstrated by, but not limited to, the above-outlined facts, Respondent
26 charged Patient A for anesthesia services that he did not render.

27 25. By reason of the foregoing, Respondent is subject to discipline by the Board as
28 provided in NRS 630.352.

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COUNT II

NAC 630.230(1)(a) – Falsifying Medical Records

26. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

27. As demonstrated by, but not limited to, the above-outlined facts, Respondent falsified Patient A’s medical records, falsely stating that Patient A had a history of Obstructive Sleep Apnea, GERD, Glaucoma, and ETOH/Drugs, and stating that Patient A was “ASA 3,” when she was not.

28. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.301(7) – Violating the Trust of a Patient for Financial Gain

29. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

30. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated the trust placed in him by Patient A by billing for MAC and charging Patient A’s insurance for the service, when he had, in fact, not provided MAC, and when he was fully aware that Patient A did not want MAC, and when MAC was not medically necessary.

31. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT IV

NRS 630.301(4) - Malpractice

32. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

33. As demonstrated by, but not limited to, the above-outlined facts, Respondent committed malpractice when he failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A, by billing for MAC and charging Patient A’s insurance for the service, when he had, in fact, not provided MAC,

1 and when he was fully aware that Patient A did not want MAC, and when MAC was not
2 medically necessary, and by falsifying Patient A's medical records, falsely stating that Patient A
3 had a history of Obstructive Sleep Apnea, GERD, Glaucoma, and ETOH/Drugs, and stating that
4 Patient A was "ASA 3," when she was not.

5 34. By reason of the foregoing, Respondent is subject to discipline by the Board as
6 provided in NRS 630.352.

7 **WHEREFORE**, the Investigative Committee prays:

8 1. That the Board give Respondent notice of the charges herein against him and give
9 him notice that he may file an answer to the Complaint herein as set forth in
10 NRS 630.339(2) within twenty (20) days of service of the Complaint;

11 2. That the Board set a time and place for a formal hearing after holding an Early
12 Case Conference pursuant to NRS 630.339(3);

13 3. That the Board determine what sanctions to impose if it determines there has been
14 a violation or violations of the Medical Practice Act committed by Respondent;

15 4. That the Board award fees and costs for the investigation and prosecution of this
16 case as outlined in NRS 622.400;

17 5. That the Board make, issue and serve on Respondent its findings of fact,
18 conclusions of law and order, in writing, that includes the sanctions imposed; and

19 6. That the Board take such other and further action as may be just and proper in these
20 premises.

21 DATED this 11th day of October, 2021.

22 INVESTIGATIVE COMMITTEE OF THE
23 NEVADA STATE BOARD OF MEDICAL EXAMINERS

24 By:



25 AARON BART FRICKE, J.D.

26 General Counsel

27 9600 Gateway Drive

28 Reno, NV 89521

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Attorney for the Investigative Committee

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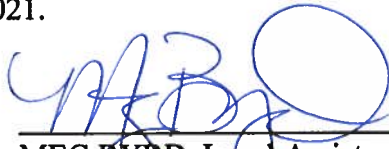
CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 11th day of October, 2021, I served a file-stamped copy of the foregoing COMPLAINT, via U.S. Certified Mail to the following parties:

RAJEEV SHARAD KHAMAMKAR, M.D.
1930 Village Center Circle, Suite 3-999
Las Vegas, NV 89134

Certified Tracking No.: 9171 9690 0935 0252 1574 98

DATED this 11th day of October, 2021.



MEG BYRD, Legal Assistant
Nevada State Board of Medical Examiners