

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint

Case No. 22-29257-1

Against:

FILED

KOFI EBENEZER SARFO, M.D.,

SEP 29 2022

Respondent.

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: 

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through Ian J. Cumings J.D., Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Kofi Ebenezer Sarfo, M.D., (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 11205). Respondent was originally licensed by the Board on November 3, 2004. Respondent's specialties are listed as Internal Medicine and Family Practice on the Board's website.

PATIENT A

2. On February 8, 2016, Patient A² presented to Respondent for medical care. Respondent documented shoulder and hand pain in addition to multiple other diagnoses in Patient A's chief complaint section of the medical record. Respondent documented tenderness upon palpation for Patient A's shoulder pain but did not include any specific details to substantiate a

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 Mr. M. Neil Duxbury, Aury Nagy, M.D., and Michael C. Edwards, M.D.

² Patient A's true identity is not disclosed herein to protect their privacy, but is disclosed in the Patient Designation, which was served upon Respondent along with a copy of this Complaint and filed under seal.

1 diagnosis. Respondent failed to perform or document any examination for Patient A's hand pain.
2 Additionally, he ordered four (4) corticosteroid injections but failed to document a treatment plan or
3 provide an indication for the injections. Respondent failed to document a rationale for treatment,
4 procedure orders and tests, or a treatment plan to address multiple medical conditions which
5 Respondent listed in Patient A's chief complaint.

6 3. On October 6, 2016, Patient A again presented to Respondent for medical care.
7 Respondent documented bilateral carpal tunnel syndrome and shoulder pain in addition to multiple
8 other diagnoses in Patient A's medical record, specifically in the "chief complaint" section of the
9 Patient A's medical record. Respondent simply documented that Patient A suffered from
10 "intractable shoulder and wrist joint pain." Respondent billed Patient A for four (4) injections
11 during this visit, however, did not provide any documentation or provide any examination or studies
12 to support a diagnosis of carpal tunnel syndrome. Again, Respondent did not document a rationale
13 for treatment, medical procedure orders, or a plan to address multiple medical conditions which the
14 Respondent listed in Patient A's "chief complaint" section of his medical record.

15 4. Respondent documented identical patient histories, review of present symptoms,
16 assessments, and physical examinations for Patient A on: September 17, 2014, October 1, 2014,
17 November 13, 2014, December 15, 2014, January 22, 2015, and January 4, 2016. Respondent's
18 notes occur over a span of a sixteen (16) month period, and show exact duplication from previous
19 entries (e.g., cloning of entries).

20 5. Similarly, the "history of present illness" sections on the visits of January 6, 2014,
21 February 4, 2014, and March 17, 2014, are identical. Each note states that Patient A's "chest pain
22 has been present for 6 days." Such documentation demonstrates an impossibility and therefore an
23 inaccuracy regarding the statement "for 6 days" of Patient A's chest pain.

24 6. Similarly, Respondent's medical records for the following dates: May 28, 2014,
25 July 17, 2014, August 5, 2014, August 19, 2014, and September 2, 2014, all have an identical
26 "history of present illness" statement on the medical records. As with the prior records, Respondent
27 notes on each of these visits, "dyspnea present for 6 days." Virtually, all of Patient A's medical

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1 records for the dates are alarmingly repetitive, providing only minimal variables such as vital signs
2 and the various orders issued by Respondent, and are missing procedural notes and plans.

3 7. Respondent's medical billing records and billing codes for Patient A are similarly
4 inconsistent. On October 30, 2014, Respondent saw Patient A for the medical condition of bilateral
5 carpal tunnel syndrome, at which time he documented that he administered two (2) injections.
6 Respondent billed under Current Procedural Terminology (CPT) code 20615, which is for an
7 "aspiration and injection for treatment of bone cyst," according to the AMA Current Procedural
8 Terminology (2015). The proper code is CPT 20550 for carpal tunnel injections. Respondent does
9 not document in Patient A's medical record any indications or studies to support a diagnosis of a
10 bone cyst. The proper medical setting for the utilization of CPT code 20615 and performance of a
11 bone cyst aspiration or injection would be in an operating room, under a general anesthetic, and
12 utilizing imaging guidance. Given the foregoing, it appears Respondent used an inappropriate CPT
13 code for Patient A's bilateral carpal tunnel treatment injections.

14 PATIENT B

15 8. On January 23, 2015, Patient B³ presented to Respondent, with a complaint of
16 "intractable back pain." Respondent documented in Patient B's procedural note "known arthritis to
17 the affected joint," but failed to specify which joint, or any anatomical details. Respondent indicated
18 that he performed a "arthrocentesis of lumbar sacral joints." However, arthrocentesis of a lumbar
19 sacral joint is not a procedure defined in medical literature. The procedural note lacks any detail
20 about the indication for the procedure, fails to include any anatomical details about the patient, or
21 specify what was injected, and in what quantity.

22 9. For the January 23, 2015, procedure, Respondent billed utilizing the code CPT
23 62311, which is for an epidural, or subarachnoid injection, and not for arthrocentesis. An epidural
24 or subarachnoid injection is not a procedure typically performed at an outpatient family practice. In
25 addition to billing for an epidural or subarachnoid injection, Respondent billed utilizing the code
26 CPT 20615, which is for an "aspiration and injection for treatment of bone cyst," according to the
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28 ³ Patient B's true identity is not disclosed herein to protect their privacy, but is disclosed in the Patient Designation, which was served upon Respondent along with a copy of this Complaint and filed under seal.

1 AMA Current Procedural Terminology (2015). Respondent failed to document any evaluation or
2 diagnosis of a bone cyst, or a procedure of an aspiration nor injection of a bone cyst.

3 10. On March 2, 2015, Respondent documented that he injected both Decadron and
4 Depo-Medrol into Patient B. Respondent noted left shoulder arthrocentesis as the reason for the
5 injections, however there was no corresponding order for the Decadron noted in Patient B's medical
6 records, the only corresponding order was for Depo-Medrol. Moreover, it is unclear from Patient
7 B's medical records whether he received two (2) corticosteroids (Decadron and Depo-Medrol) in
8 one (1) injection, a separate injection of each medication, or whether only one (1) of the
9 corticosteroids were injected by Respondent.

10 11. From January 23, 2015, through December 5, 2016, Respondent rendered medical
11 care and services to Patient B. At each encounter Respondent documented his treatments and billed
12 for his services using code "CPT 62311." CPT Code 62311 is for an epidural or a subarachnoid
13 injection, not for arthrocentesis, and was billed in conjunction with multiple other back injection
14 codes at each visit. An epidural or subarachnoid injection is not typically performed at an outpatient
15 family practice setting such as the Respondent's office. The Respondent's note of "arthrocentesis of
16 lumbar sacral joints" and the billed CPT code of 62311 for an epidural or subarachnoid injection do
17 not match.

18 12. From January 23, 2015, through December 5, 2016, Respondent billed Patient B for
19 the CPT code 20615 multiple times. CPT Code 20615 is used for an aspiration of or injection to a
20 bone cyst, which is typically performed in an operating room under general anesthesia utilizing
21 imaging guidance. Respondent does not include any documentation or examination which supports
22 the diagnosis of a bone cyst or treatment of a bone cyst in Patient B.

23 **COUNTS I-II**

24 **NRS 630.301(4) Malpractice**

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

27 14. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating
28 disciplinary action against a licensee.

COUNTS V-VI

NRS 630.305(1)(d) Charging for Services Not Rendered

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

23. NRS 630.305(1)(d) provides that the charging for visits to the physician's office which did not occur or for services which were not rendered or documented in the records of the patient constitutes grounds for initiating disciplinary action against a licensee.

24. Respondent charged Patient A and B for services that were not rendered but were billed according to the patients' billing records. All the services billed under the CPT code of 20615 for Patient A were not actually performed according to his medical records, but the Respondent billed under the code anyway and was compensated for such improper billings as a medical provider for Patient A. All the services billed under the CPT code of 62311 for Patient B were not actually performed, but the Respondent billed an incorrect code and was compensated for such incorrect billings as a medical provider for Patient B.

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

WHEREFORE, the Investigative Committee prays:

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

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

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

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

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

OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners
9600 Gateway Drive
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6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 29 day of September, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____


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1 VERIFICATION

2 STATE OF NEVADA)
3 COUNTY OF WASHOE) : ss.

4 Bret W. Frey, M.D., having been duly sworn, hereby deposes and states under penalty of
5 perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of
6 Medical Examiners that authorized the Complaint against the Respondent herein; that he has read
7 the foregoing Complaint; and that based upon information discovered in the course of the
8 investigation into a complaint against Respondent, he believes that the allegations and charges in
9 the foregoing Complaint against Respondent are true, accurate and correct.

10 DATED this 21st day of September, 2022.

11 INVESTIGATIVE COMMITTEE OF THE
12 NEVADA STATE BOARD OF MEDICAL EXAMINERS

13 By: 

14 BRETT W. FREY, M.D.
15 *Chairman of the Investigative Committee*