IN THE MATTER OF	*	**BEFORE THE MARYLAND**
JAMES TAE HEUN SONG, M.D.	*	**STATE BOARD OF**
Respondent	*	**PHYSICIANS**
License Number: D47196	*	**Case Number: 2224-0138 B**

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CONSENT ORDER

On February 18, 2025, Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") charged **James Tae Heun Song, M.D.** (the "Respondent"), License Number **D47196**, under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-101 *et seq.* (2021 Repl. Vol. & 2023 Supp.).

Specifically, Disciplinary Panel B charged the Respondent with violating the following provisions of the Act:

§ 14-404. Denials, reprimands, probations, suspensions, and revocations – Grounds.

(a) *In general.* Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:

...

(19) Grossly overutilizes health care services;

...

(22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and

surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State [.]

On April 30, 2025, Panel B was convened as a Disciplinary Committee for Case Resolution ("DCCR") in this matter. Based on the negotiations occurring as a result of this DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law, Order, and Consent.

FINDINGS OF FACT

Panel B finds:

1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on April 18, 1995, under License Number D47196. The Respondent's license expires on September 30, 2025, subject to renewal.

2. The Respondent is board-certified in Urology.

3. At all relevant times, the Respondent maintained a private medical practice ("Practice 1") in Hartford County, Maryland.

4. At all times relevant also held active medical staff privileges at two hospitals ("Facility 1" and "Facility 2") where he was approved to admit, evaluate, diagnose, and treat patients with conditions affecting the reproductive, genitourinary, retroperitoneal, and adrenal systems.

I. Complaint

5. On or about March 11, 2024, the Board received an anonymous complaint alleging concerns regarding the Respondent's pattern of performing unnecessary and excessive procedures on multiple patients.

II. Board Investigation

6. Based on the complaint, the Board initiated an investigation of the Respondent under Board Case Number 2224-0138 B.

7. On or about April 11, 2024, the Board issued a Subpoena Duces Tecum to obtain the complete medical records of six patients ("Patients 1-6") treated by the Respondent.

8. On or about May 2, 2024, the Respondent, through counsel, submitted six (6) patient medical records and corresponding summaries of care and responded to the allegations defending the necessity of the treatments provided, asserting they were based on patient symptoms and established urological guidelines.

9. On or about May 16, 2024, the Board obtained the Quality Assurance/Risk Management (QA/RM) file from Facility 1, which contained records related to prior concerns regarding the Respondent's practice.

10. On or about May 21, 2024, the Board issued an additional Subpoena Duces Tecum to the Respondent's counsel, requesting billing records for Patients 1-6.

11. On or about May 31, 2024, the Respondent's counsel provided the requested billing records to the Board.

12. The Board referred the matter to two board-certified urologists for independent peer review of the Respondent's medical records and billing practices.

III. Peer Review

13. As part of its investigation, the Board forwarded medical records of Patients 1-6 and related materials for a practice review.

14. The practice review was performed by two peer reviewers who are both board-certified in Urology ("Peer Reviewer 1" and "Peer Reviewer 2"). The peer reviewers submitted separate reports to the Board addressing the standard of care, the maintenance of adequate medical records, and the overutilization of health care services by the Respondent.

IV. Failure to Meet Standards of Quality Medical Care

15. Both peer reviewers, after independently reviewing the records, concur that in three of the six cases reviewed (Patients 2, 3, and 5), the Respondent failed to meet the appropriate standards for the delivery of quality medical care.

16. Patient 2, a 79-year-old male, had a long history of urethral stricture disease, hematuria, benign prostatic hyperplasia (BPH), and a nodular prostate exam. Over the course of 24 years, the Respondent was responsible for managing Patient 2's urological conditions and performed multiple invasive procedures, including prostate biopsies, surgical interventions for BPH, and direct vision internal urethrotomies (DVIU) for urethral strictures. The Respondent conducted seven prostate biopsies between 2000 and 2017, primarily due to abnormal digital rectal examinations and fluctuations in PSA levels. Despite consistently low PSA levels (ranging from 1.58 to 2.9 ng/mL) and multiple negative biopsy results, the Respondent continued to order additional biopsies without documenting the use of alternative diagnostic tools such as prostate MRI, which could have provided further risk stratification before proceeding with repeated invasive testing.

17. The peer reviewers found in part that the Respondent failed to meet appropriate standards for the delivery of quality medical care with respect to Patient 2.

They concluded that the Respondent performed prostate biopsies repeatedly, despite consistently low PSA levels. The reviewers noted that PSA velocity alone should not have been the basis for multiple biopsies and that the Respondent failed to offer a prostate MRI, which is recommended prior to repeat biopsies. Additionally, the peer reviewers determined that the Respondent performed multiple internal urethrotomy procedures for recurrent urethral strictures without offering urethroplasty, a more definitive treatment option, or intermittent self-catheterization, which could have reduced the need for repeated interventions. The peer reviewers also found that the Respondent performed multiple UroLift procedures despite documented failures, suggesting a pattern of ineffective and redundant treatment. They concluded that the Respondent's clinical decision-making did not align with established guidelines.

18. Patient 3, a 65-year-old male, had a history of symptomatic benign prostatic hyperplasia (BPH) and elevated prostate-specific antigen (PSA) levels. The Respondent was involved in the patient's care over several years, performing multiple invasive procedures. Between 2015 and 2019, the Respondent conducted at least five prostate biopsies due to elevated PSA velocities. The patient's prostate volume was documented at 96.2 grams during this period. On February 22, 2019, the Respondent performed a UroLift procedure to address the patient's symptomatic BPH. Despite this intervention, the patient required continued management for his condition. Patient 3's treatment course under the Respondent was marked by multiple repeat biopsies and procedures,

19. The peer reviewers concluded that the Respondent failed to meet appropriate standards for the delivery of quality medical care in treating Patient 3. They found that the

Respondent repeatedly relied on PSA velocity as the primary justification for conducting multiple prostate biopsies, despite established guidelines advising against this approach. Additionally, they noted that the Respondent did not obtain a prostate MRI prior to performing repeat biopsies, which is a recommended practice for improving diagnostic accuracy and reducing unnecessary procedures. The reviewers also identified concerns regarding the Respondent's decision to perform a UroLift procedure on a patient with a documented prostate volume exceeding 80 grams, which falls outside the FDA-approved guidelines for the procedure. They determined that these departures from standard medical practice demonstrated a pattern of inappropriate interventions

20. Patient 5, a 74-year-old male, had a history of benign prostatic hyperplasia (BPH) and underwent multiple interventions under the care of the Respondent. On December 12, 2014, the Respondent performed a prostate biopsy, which resulted in negative pathology. On the same day, the Respondent also conducted a cystoscopy, which revealed significant regrowth of prostatic tissue and a mild stricture in the membranous urethra. On April 9, 2015, the Respondent performed a plasma vaporization (electrosurgical resection) of the prostate. Following continued symptoms, another plasma vaporization procedure was conducted on July 10, 2015. Despite these interventions, Patient 5's symptoms persisted. On June 8, 2017, the Respondent performed another prostate biopsy following a PSA test result of 1.93 nanograms/milliliter in April 2017. This biopsy also returned negative pathology. Patient 5 continued to experience urinary symptoms, leading to repeated interventions and ongoing management by the Respondent.

21. The peer reviewers concluded that the Respondent failed to meet appropriate standards for the delivery of quality medical care with respect to Patient 5. They found that the Respondent engaged in aggressive intervention strategies that were not adequately justified, particularly in light of the patient's PSA levels and biopsy results. The reviewers noted that published guidelines provide more conservative treatment options that may have been beneficial to the patient but were not considered or documented. Additionally, they determined that the medical record lacked sufficient discussion of risks, benefits, and alternatives to the procedures performed, raising concerns about the adequacy of informed medical decision-making. The reviewers were also concerned that there was no comprehensive evaluation of less invasive options before proceeding with repeated interventions.

V. Gross Overutilization of Health Care Services

22. Peer Reviewer 2 was specifically contacted to analyze whether the Respondent grossly overutilized healthcare services and found overutilization in all six (6) patients reviewed. The Respondent grossly overutilized health care services by performing and/or recommending various medically unnecessary invasive and non-invasive urological procedures without clinical justification.

23. For Patient 1, the Respondent treated for a 4mm obstructing left ureteral stone that was first managed conservatively. When symptoms worsened, he performed extracorporeal shock wave lithotripsy (ESWL) on April 6, 2022. The procedure was unsuccessful, leading to persistent flank pain and signs of ureteral obstruction. In response, the Respondent placed a ureteral stent on April 7, 2022, and scheduled a ureteroscopy with

laser lithotripsy on April 15, 2022. However, during the procedure, the stone had migrated to a position that was inaccessible for retrieval. Rather than opting for alternative management, the Respondent recommended a repeat ESWL, but the patient instead transferred care. Peer Reviewer 2 criticized the Respondent for a pattern of aggressive interventions that did not follow standard guidelines, noting that medical expulsive therapy (oral medication) has a 90% success rate for stones of this size. Additionally, passive dilation via a simple stent placement was not documented as an option, which could have provided relief without requiring multiple procedures.

24. For Patient 2, the Respondent initially treated him for a history of urethral stricture disease, hematuria, benign prostate hypertrophy (BPH), and a nodular prostate exam. Over a 24-year period, the Respondent performed seven prostate biopsies primarily due to abnormal digital rectal exams and fluctuating PSA levels. However, Peer Reviewer 2 found that PSA velocity alone is not a sufficient reason for repeated biopsies. The Respondent also performed four surgical procedures for BPH and four direct vision internal urethrotomy (DVIU) procedures for urethral strictures. Peer Reviewer 2 criticized the lack of alternative diagnostic tools, such as prostate MRI, which could have reduced the need for repeated biopsies. Additionally, the reviewer noted that the Respondent should have referred the patient for urethroplasty rather than continuing with repeated, ineffective DVIU procedures, which did not align with current guidelines.

25. For Patient 3, Peer Reviewer 2 concluded that the Respondent performed excessive prostate biopsies, subjecting the patient to six separate biopsies despite consistently low PSA levels and negative pathology results. The Respondent did not utilize

prostate MRI as an alternative risk stratification tool prior to performing repeat biopsies, contrary to established clinical guidelines. Additionally, the Respondent performed a UroLift procedure on the patient despite the patient having a documented prostate size of 96.2 grams, exceeding the FDA-approved limit of 80 grams for this procedure. The decision to proceed with UroLift in an inappropriate patient population led to unnecessary and ineffective intervention, further demonstrating overutilization.

26. For Patient 4, Peer Reviewer 2 found that the Respondent performed an unnecessary prostate biopsy on September 24, 2020, despite a PSA of 6.8 ng/mL and no other indications warranting immediate biopsy. The subsequent pathology results confirmed only low-grade cancer (Gleason 3+3 and 3+4 adenocarcinoma), yet the Respondent proceeded with radiation therapy from April 13, 2021, to May 10, 2021. Following this, the Respondent performed a plasma vaporization of the prostate on September 17, 2021, and a UroLift procedure on January 27, 2022, despite evidence of prior interventions failing to resolve the patient's symptoms. Additionally, a transurethral resection of non-healing prostatic urethra tissue was performed on February 18, 2022, without documented necessity, further solidifying the pattern of excessive treatment.

27. For Patient 5, the peer review concluded that the Respondent unnecessarily performed multiple invasive prostate interventions over the course of several years. The patient underwent two plasma vaporization procedures (electrosurgical resections) in 2015 and was later subjected to multiple prostate biopsies despite negative pathology findings and low PSA levels. The Respondent did not use prostate MRI as a risk assessment tool, which could have reduced the number of unnecessary biopsies. The repeated invasive

interventions, particularly in the absence of clear clinical justification, represented excessive and inappropriate utilization of medical resources.

28. For Patient 6, the peer review established that the Respondent significantly overutilized procedures in Patient 6's case. The Respondent performed a prostate biopsy on August 10, 2023, which revealed only a minor presence of Gleason 3+3 adenocarcinoma in 2% of a single core. Despite this, the Respondent proceeded with a UroLift procedure on August 17, 2023. By October 10, 2023, the patient underwent brachytherapy, despite a PSA of only 5.8 ng/mL. The Respondent subsequently recommended an additional invasive procedure, including a cystoscopy on February 15, 2024, citing 'significant regrowth of lateral BPH,' and even suggested a bipolar vaporization of the prostate when insurance would not cover another UroLift. The patient ultimately transferred care to another provider on March 12, 2024, suggesting concerns over excessive interventions. The repeated and escalating procedures, despite minimal clinical justification, constitute clear overutilization.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, Disciplinary Panel B concludes as a matter of law that the Respondent's conduct, as described above, constitutes a violation of Health Occ. § 14-404(a)(19), and/or failure to meet the standard of care for the delivery of quality medical services, a violation of Health Occ. § 14-404(a)(22).

ORDER

It is, on the affirmative vote of a majority of the quorum of Disciplinary Panel B, hereby:

ORDERED that the Respondent is **REPRIMANDED**; and it is further

ORDERED that the Respondent is placed on **PROBATION**[1] for a minimum of **ONE (1) YEAR.** During probation, the Respondent shall comply with the following terms and conditions of probation:

(1) The Respondent shall be subject to supervision by a disciplinary panel-approved supervisor who is board-certified in urology as follows:

(a) within **30 CALENDAR DAYS** of the effective date of this Consent Order, the Respondent shall provide the disciplinary panel with the name, pertinent professional background information of the supervisor whom the Respondent is offering for approval, and written notice to the disciplinary panel from the supervisor confirming his or her acceptance of the supervisory role of the Respondent and that there is no personal or professional relationship with the supervisor;

(b) the Respondent's proposed supervisor, to the best of the Respondent's knowledge, should not be an individual who is currently under investigation, and has not been disciplined by the Board within the past five years;

(c) if the Respondent fails to provide a proposed supervisor's name within 30 calendar days from the effective date of the order, the Respondent's license shall be automatically suspended from the 31st day until the Respondent provides the name and background of a supervisor;

(d) the disciplinary panel, in its discretion, may accept the proposed supervisor or request that the Respondent submit a name and professional background, and written notice of confirmation from a different supervisor;

(e) the supervision begins after the disciplinary panel approves the proposed supervisor;

[1] If the Respondent's license expires during the period of probation, the probation and any conditions will be tolled.

(f) the disciplinary panel will provide the supervisor with a copy of this Consent Order and any other documents the disciplinary panel deems relevant;

(g) the Respondent shall grant the supervisor access to patient records selected by the supervisor, which shall, to the extent practicable, focus on the type of treatment at issue in the Respondent's charges;

(h) if the supervisor for any reason ceases to provide supervision, the Respondent shall immediately notify the Board and shall not practice medicine beyond the 30th day after the supervisor has ceased to provide supervision and until the Respondent has submitted the name and professional background, and written notice of confirmation, from a proposed replacement supervisor to the disciplinary panel;

(i) it shall be the Respondent's responsibility to ensure that the supervisor:

(1) reviews the records of 5 patients each month, such patient records to be chosen by the supervisor and not the Respondent;

(2) meets in-person with the Respondent at least once each month and discuss in-person with the Respondent the care the Respondent has provided for these specific patients;

(3) be available to the Respondent for consultations on any patient;

(4) maintains the confidentiality of all medical records and patient information;

(5) provides the Board with quarterly reports which detail the quality of the Respondent's practice, any deficiencies, concerns, or needed improvements, as well as any measures that have been taken to improve patient care; and

(6) immediately reports to the Board any indication that the Respondent may pose a substantial risk to patients;

(j) the Respondent shall follow any recommendations of the supervisor;

(k) if the disciplinary panel, upon consideration of the supervisory reports and the Respondent's response, if any, has a reasonable basis to believe that the Respondent is not meeting the standard of quality care or failing to keep adequate medical records in his or her practice, the disciplinary panel may find a violation of probation after a hearing.

(2) Within **SIX (6) MONTHS**, the Respondent is required to take and successfully complete a course in professionalism. The following terms apply:

(a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the course before the course is begun;

(b) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;

(c) the course may not be used to fulfill the continuing medical education credits required for license renewal;

(d) the Respondent is responsible for the cost of the course; and it is further

ORDERED that the Respondent shall not apply for early termination of probation; and it is further

ORDERED that, after the Respondent has complied with all terms and conditions of probation, the Respondent may submit a written petition for termination of probation. After consideration of the petition, the Respondent's probation may be terminated through an order of the disciplinary panel. The Respondent may be required to appear before the disciplinary panel to discuss his petition for termination. The disciplinary panel may grant the petition to terminate the probation through an order of the disciplinary panel if the Respondent has complied with all probationary terms and conditions and there are no pending complaints relating to the charges; and it is further; and it is further

ORDERED that a violation of probation constitutes a violation of the Consent Order; and it is further

ORDERED that, if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an

opportunity for a hearing. If the disciplinary panel determines there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if the disciplinary panel determines there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

ORDERED that after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend with appropriate terms and conditions, or revoke the Respondent's license to practice medicine in Maryland. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

ORDERED that this Consent Order shall not be amended or modified and future requests for modification will not be considered; and it is further,

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that the effective date of the Consent Order is the date the Consent Order is signed by the Executive Director of the Board or her designee. The Executive Director or her designee signs the Consent Order on behalf of the disciplinary panel which has imposed the terms and conditions of this Consent Order; and it is further

ORDERED that this Consent Order is a public document. *See* Md. Code Ann., Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

06/04/2025
Date

Signature On File

Christine A. Farrelly
Executive Director
Maryland State Board of Physicians

CONSENT

I, James Tae Heun Song, M.D., acknowledge that I have consulted with counsel before signing this document.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 et seq. concerning the pending Charges. I waive this right and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

Signature On File

May 29, 2025.
Date

James Tae Heun Song, M.D.

NOTARY

STATE OF Maryland

CITY/COUNTY OF Montgomery

I HEREBY CERTIFY that on this 29th day of May 2025, before me, a Notary Public of the foregoing State and City/County, James Tae Heun Song, M.D. personally appeared and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSTH my hand and notarial seal.

Brenda Jacobs
Notary Public

My commission expires: 6/5/25