

Dental Fraud Case Examples

NHCAA 2011 Annual

Training Conference

Presenters

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FBI Washington Field Office

Objectives

- Identifying dental fraud
- Investigative process
- Analytical process
- Recovery
- Partnership opportunities with law enforcement

Case 1



Background

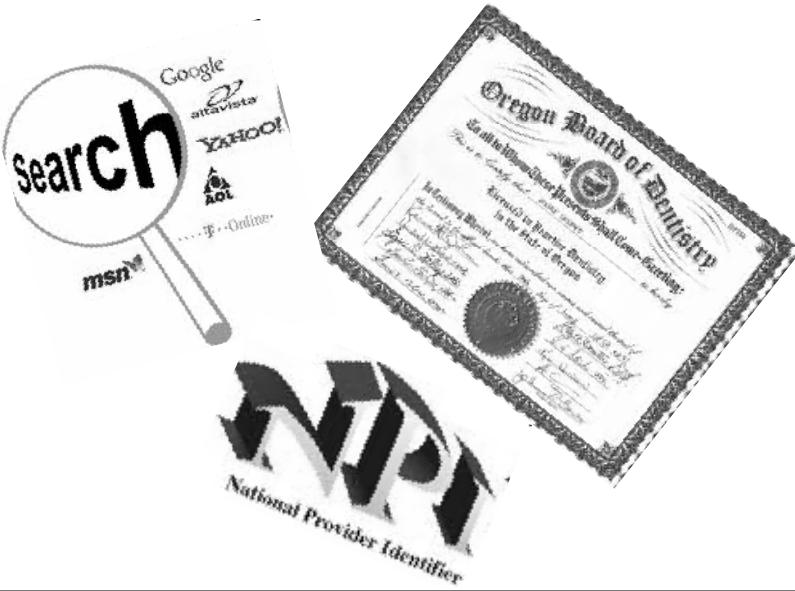


What is incision and drainage?

Video from University of Toronto
Faculty of Dentistry
With Dr. Reena Talwar
Dental Procedure Education System (DPES)
<http://dpes.dentistry.utoronto.ca>

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Initial Investigation of Provider



Investigative Process

- Peer Comparison
- Procedure & Metric Analysis
- Trending of Metrics
and Procedures



Peer Group Comparison

Procedure	Peer 1 Procedure Count	Mean Peer 2 Procedure Count	Number of Providers in Peer 2
D0120 - PERIODIC EXAM	427	205	1,329
D0140 - LMTD ORAL EXAM	272	25	1,243
D0150 - COMP ORAL EVAL	62	39	1,261
D0210 - FM XRAY INCL BW	0	20	1,124
D0220 - XRAY - 1ST PA	29	48	1,296
D0230 - XRAY - ADDL PA	15	25	1,099
D0274 - BW FOUR FILM	199	88	1,217
D0330 - PANORAMIC FILM	27	34	1,080
D1110 - PROPHY - ADULT	393	195	1,345
D1120 - PROPHY - CHILD	94	41	1,186
D2140 - AMALGAM-1 SURF	287	14	984
D2150 - AMALGAM-2 SURF	61	14	1,007
D2330 - COMPOSITE-1SURF	342	11	1,005
D2331 - COMPOSITE-2SURF	112	9	999
D2391 - COMPOSITE-1SURF	1,321	42	1,240
D2750 - CROWN-PORC MET	53	21	1,054
D4341 - PERIO SCAL QUAD	86	26	839
D6240 - PORC/GOLD PONT	34	4	480
D6750 - PORC/GOLD CROWN	54	7	484
D7140 - EXTRACTION	55	14	927
D7510 - DRAIN ABSCESS	315	6	86
D9110 - EMER TREATMENT	203	5	437

Peer 1- provider under investigation

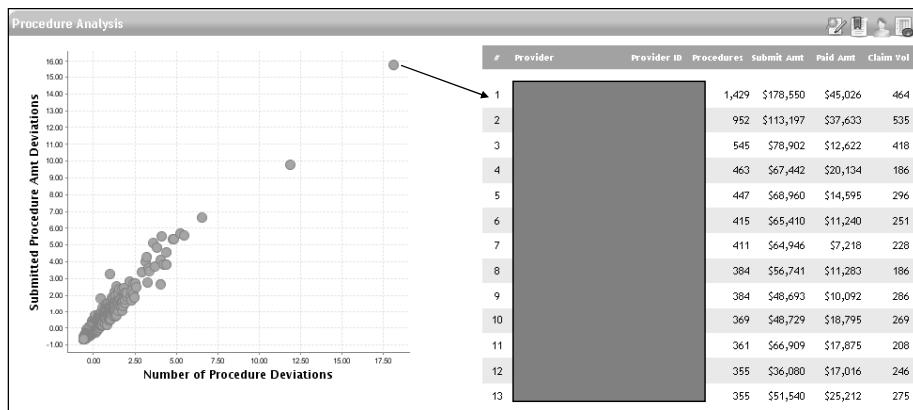
Peer 2- all general dentists in his region



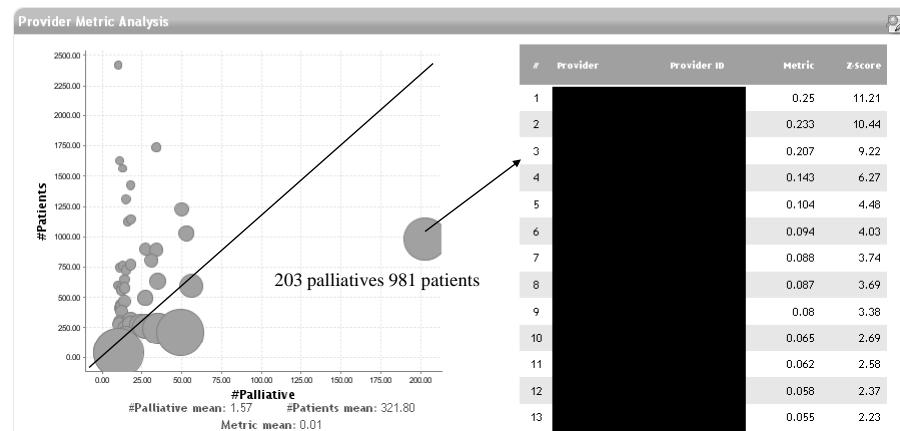
Suspicious Behavior

Procedure	Peer 1 Procedure Count	Mean Peer 2 Procedure Count	Number of Providers in Peer 2
D0120 - PERIODIC EXAM	427	205	1,329
D0140 - LMTD ORAL EXAM	272	25	1,243
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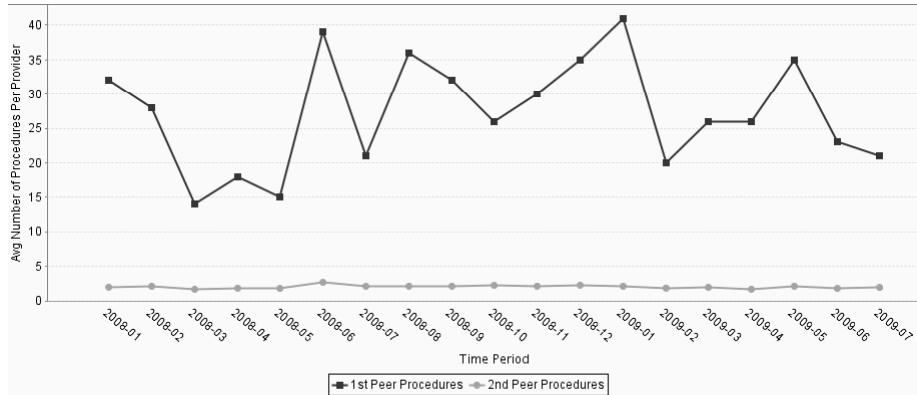
Procedure Analysis



Metric Analysis

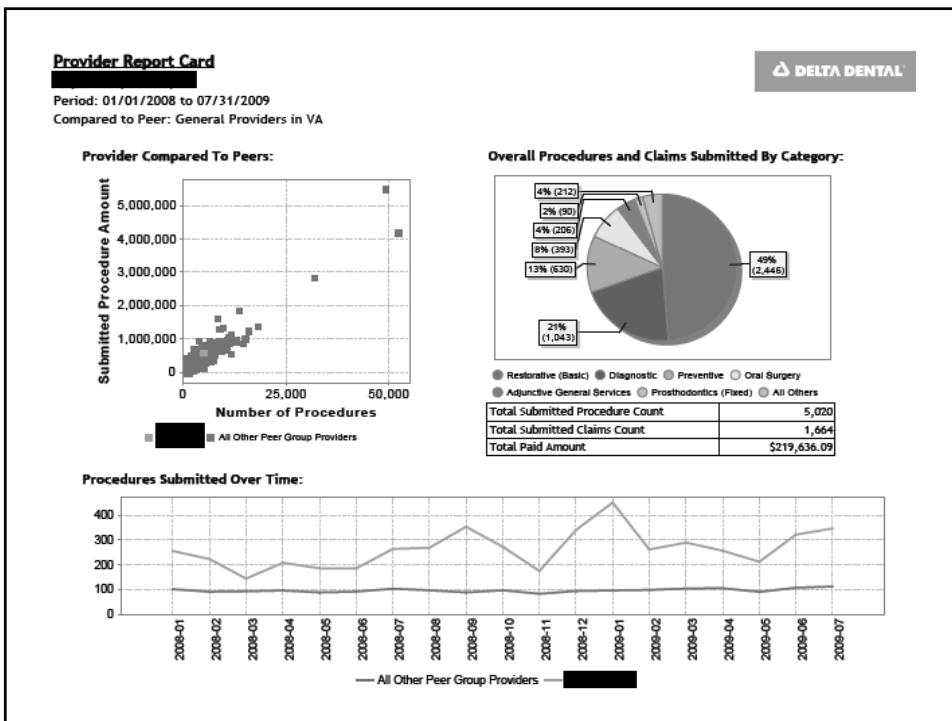


Procedure Trending



Red: provider under investigation

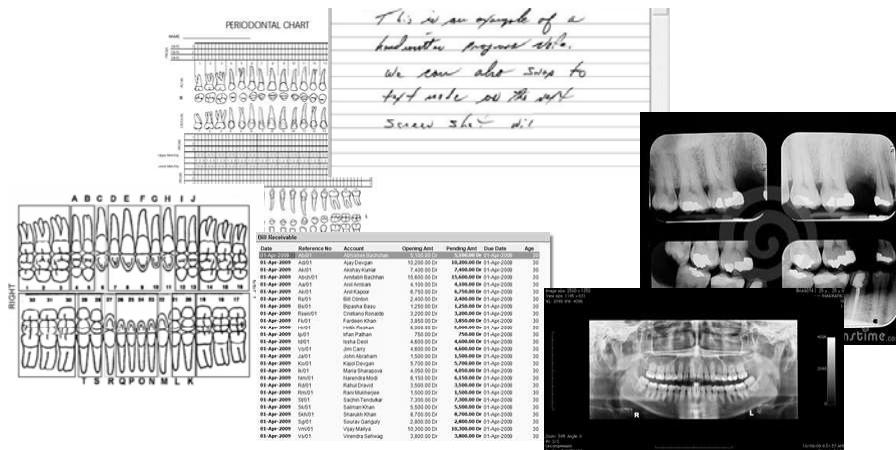
Gold: all General Dentists in the same region



Dental office audit was performed



Office Audit



Dentist created barriers



Data Analysis



Findings



Claim and Tx. notes do not match

5/20/08 E000 Raw Proply [REDACTED]
 7/10/08 Adm br and Rx Am [REDACTED] am
 11/19 2000 PND [REDACTED] [REDACTED] 6

RECORD OF SERVICES PROVIDED							
	24 Procedure Date (MM/DD/CCYY)	25 Area of Oral Cavity	26 Tooth Number	27 Tooth Number(s) or Letter(s)	28 Tooth Surface	29 Procedure Code	30 Description
1	06/30/2008	JP				D0140	Limited oral evaluation
2	06/30/2008	JP	3			D7510	Incls&drain abscess-intra soft
3							
4							
5							
6							
7							
8							
9							

Narrative attached to claim does not match treatment records

1/21/08	Emergency visit Take 15A + 12 & 13. There is no evidence of infection. Inform patient to take Amoxicillin since he went with woman & felt nauseated.			
TOOTH NUMBER/QUAD	SURFACE	ENAMELMENT DATE	ADA PROCECURE CODE	SUBMITTED
		01-21-2008 01-22-2008	D9110 D9110	\$4.00 \$2.00
<small>Please advise narrative for procedure(s) performed, including tooth number, if applicable.</small> <small>for 3-4 after cleaning & cure</small> <small>Cleaned</small> <small>Cured</small> <small>Thank you</small>				
<small>I hereby certify that I have completed the procedures as indicated above. I request payment in accordance with Delta Dental of Virginia's rules & regulations.</small>				
		Date: 01/21/08	Date: 01/21/08	

Ledgers

SINGLE PATIENT LEDGER

Date: 11/20/2009

Patient Name: [REDACTED]

Page: 1

Chart Number: [REDACTED]
Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
09/20/2007		Patient Balance Forward		743.00		743.00
10/04/2007		Insurance Adjustment			-306.00	437.00
10/04/2007		Dental Ins Payment - Delta Va			-437.00	0.00
01/02/2008		Cash Payment - Thank You				
01/02/2008	22	Resin-one surface, anterior		95.00	-25.00	70.00
01/02/2008	23	Resin-one surface, anterior		95.00	165.00	663.00
01/02/2008	24	Resin-one surface, anterior		95.00	345.00	300.00
01/02/2008	LR	Perio scale&root pin-4+per quad		180.00		180.00
01/02/2008	UR	Perio scale&root pin-4+per quad		180.00		180.00
01/14/2008		Cash Payment - Thank You				
01/14/2008	9	Cm-porc Fused-hi Nob		838.00	-500.00	338.00
01/14/2008	10	Ponic-porcelain fused to knob		838.00	863.00	1701.00
02/08/2008		Dental Ins Payment - Delta Va			-630.00	1071.00
03/13/2008		Insurance Adjustment			-246.00	825.00
04/09/2008		Insurance Adjustment			-161.80	663.20
04/09/2008		Dental Ins Payment - Delta Va			-363.20	300.00
04/19/2008		Cash Payment - Thank You			-300.00	0.00
03/07/2009		Cash Payment - Thank You			-50.00	-50.00
03/07/2009		Fluoride w/o prophylaxis-adult		41.00		-9.00
03/07/2009		Periodic oral examination		55.00		
01/02/2008	22	Resin-one surface, anterior		95.00		95.00
01/02/2008	23	Resin-one surface, anterior		95.00		190.00
01/02/2008	24	Resin-one surface, anterior		95.00		285.00
01/02/2008	LR	Perio scale&root pin-4+per quad		180.00		465.00
01/02/2008	UR	Perio scale&root pin-4+per quad		180.00		645.00
01/14/2008	9	Cm-porc Fused-hi Nob		838.00		1483.00
01/14/2008	10	Ponic-porcelain fused to knobs		838.00		2321.00
02/08/2008		Dental Ins Payment - Delta Va			-630.00	1691.00
03/13/2008		Insurance Adjustment			-746.00	945.00
04/09/2008		Insurance Adjustment			-281.80	663.20
04/09/2008		Dental Ins Payment - Delta Va			-363.20	300.00
04/19/2008		Cash Payment - Thank You			-300.00	0.00
03/07/2009		Fluoride w/o prophylaxis-adult		41.00		41.00
				55.00		99.00

Ledger dated 11/08/09 found in chart

Procedure Analysis

August 15, 2009

To whom it may concern:

Our new dental assistant had entered more than we rendered the procedures, please correct the right claim (as marked) and tell us how much we suppose to refund the money back to the insurance, thanks.

Sincerely,

office manager
(by the way, I just start this job and am trying my best to do it as soon as possible)

RECORD OF SERVICES PROVIDED		
24 Procedure Date (MM/DD/YYYY)	25 Date of Birth (MM/DD/YYYY)	27 Tooth-N in Left
06/08/2009		JP 2
06/08/2009		JP 3
06/08/2009		JP 4

Sincerely

 [Redacted] office manager
 (by the way, I just start this job and am trying my best to do it)

RECORD OF SERVICES PROVIDED			27 Tooth Number(s) or Letter(s)	28 Treatment Code	30 Description	31 Fee
24 Procedure Date (MM/DD/YYYY)	25 Date of Birth (MM/DD/YYYY)	26 Date of Card				
06/08/2009			JP 2	D2391	Resin composite-1s, posterior	146.00
06/08/2009			JP 3	D2391	Resin composite-1s, posterior	146.00
06/08/2009			JP 4	D2391	Resin composite-1s, posterior	146.00
06/08/2009			JP 5	D2391	Resin composite-1s, posterior	146.00
06/08/2009			JP 28	D2391	Resin composite-1s, posterior	146.00
06/08/2009			JP 29	D2391	Resin composite-1s, posterior	146.00
06/08/2009			JP 30	D2140	Amalgam-1 surf, prim/perm	116.00
06/08/2009			JP 31	D2140	Amalgam-1 surf, prim/perm	116.00
07/01/2009					Primary Insurance Payment	-\$620.80

MISSING TEETH INFORMATION

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Primary	32 Other Family
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	X X D E G X H I J K	...
(Please use X or ✓ in each missing tooth)																33 Total Fee	1108.00
21	26	28	27	26	24	23	22	31	30	19	18	17	X X R Q F O H M L X K				

RECEIVED NOV 10 2009

Changes DOS on Claim

RECORD OF SERVICES PROVIDED										
24 Procedure Date (MM/DD/YYYY)	25 Area Code	26 Patient System	27 Tooth Number(s) or Letter(s)	28 Tooth Surface	29 Procedure Code	30 Description		31 Fee		
1 01/15/2009	JP	23-27			D5214	Mand partial-metal base w/sdis		1153 00		
2								:		
3								:		
4								:		
5								:		
6								:		
7	- Query Results -								5	
8	Claim Number	Del	P/P 1	Proc Code	Tooth	Surface	Date Treated	Submitted	Net	P
9	► 20102570904200	8	47	D5214	L		08/15/2010	1100	0	
10	20102310370200	8	47	D5214	L		08/15/2010	1100	0	
MISSING TEETH	09920540488400	8	47	D5214	L		08/15/2009	1153	0	
34 (Place an X or	20092320465200	8	47	D5214	L		08/15/2009	1153	0	
	20090340765100		184	D5214	L		01/15/2009	1153	0	

To Whom It May

[REDACTED] v
his old denture i
denture. H

RECORD OF SERVICES PROVIDED						
24 Procedure Date (MM/DD/YYYY)	25 Area of Oral Cavity (Tooth System)	26 Tooth Number(s) or Letter(s)	28 Tooth Surface	29 Procedure Code	30 Description	31 Fee
1/05/2010	JP	3	O	D2391	Resin composite-1s, postenor	\$150.00
10/05/2010	JP	4	O	D2391	Resin composite-1s, postenor	\$150.00
10/05/2010	JP	5	O	D5660	Add clasp, exist part denture	\$126.00
10/05/2010	JP	22		D5550	Add tooth to exist part denture	\$126.00
10/05/2010	JP	23		D5550	Add tooth to exist part denture	\$126.00
10/05/2010	JP	24	O	D2391	Resin composite-1s, postenor	\$150.00
10/05/2010	JP	29	O	D2391	Resin composite-1s, postenor	\$150.00
MISSING TEETH INFORMATION				Premolar	Primary	32 Other

Dates Altered & Out of Sequence

DATE	TREATMENT
6/4/08	ExoL Sealant Fx set B, T
11/1/08	L.S. N> A way [REDACTED]
1/27/08	Don't place as TC, T
2/1/08	Mtlay ac acc pw. Cet. Pk
9/6/08	NV on Chalk the gal [REDACTED]
9/6/08	Prophylaxis for adult.
11/21/08	#3 - abm - I.D over [REDACTED]
12/20/08	#19(B) and #30(B) composite A3. Check adhesion and polish composite
3/21/09	Prophylaxis for adult #14(1) Composite A3.

DATE	TREATMENT	Proc Code	Tooth	Surface	Date Treated
6/4/08	ExoL Sealant Fx set B, T	D1110			03/21/2009
11/1/08	L.S. N> A way [REDACTED]	D1204			03/21/2009
1/27/08	Don't place as TC, T	D7510	UR		02/17/2009
2/1/08	Mtlay ac acc pw. Cet. Pk	D7510	UR		02/17/2009
9/6/08	Prophylaxis for adult.	D0140			01/06/2009
11/21/08	#3 - abm - I.D over [REDACTED]	D2391	19	B	01/02/2009
12/20/08	#19(B) and #30(B) composite A3. Check adhesion and polish composite	D2391	30	B	01/02/2009
3/21/09	Prophylaxis for adult #14(1) Composite A3.				
10/3/09	rea 21 cerabond all				

Claim Number	Del	P/P 1	Proc Code	Tooth	Surface	Date Treated	Submitted	Net
20081360793500			D0120			01/11/2008	53	29
20081360793500			D1110			01/11/2008	79	56
20081140341400			D9110	06		04/18/2008	84	50.4
20081130221100	8	2	D0120			12/11/2007	53	0
20081130221100	8	2	D1110			12/11/2007	79	0
20081120847800	165		D2391	A	M	04/07/2008	0	0
20081120847800			D2330	C	L	04/07/2008	95	20
20081120847800	165		D2391	J	L	04/07/2008	0	0

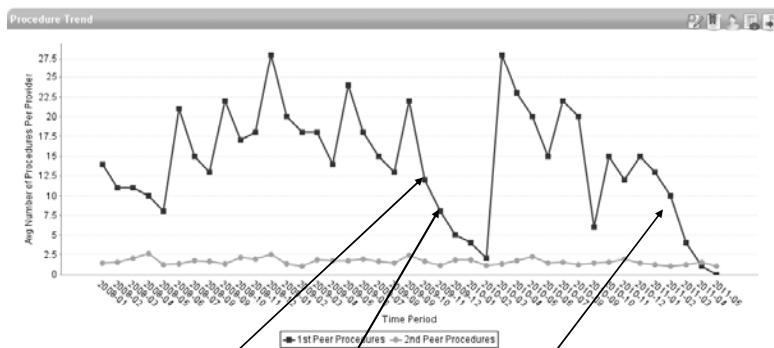
Inappropriate Procedures

5 Name of Policyholder/Subscriber (44 Last, First, Middle Initial Suffix)		PATIENT INFORMATION					
		18 Relationship to Policyholder/Subscriber in #1 Above					
6 Date of Birth (MM/DD/CCYY)*		<input type="checkbox"/> Child	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Child	<input type="checkbox"/> Other	<input type="checkbox"/> FTS	<input type="checkbox"/> PFS
7 Gender		<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female				
8 Policyholder/Subscriber ID (SSN or DR#)							
9 Plan Group Number		20 Name (Last, First, Middle Initial Suffix), Address, City, State, Zip Code					
10 Parent's Relationship to Person Named in #5							
<input type="checkbox"/> Self							
<input type="checkbox"/> Spouse							
<input type="checkbox"/> Dependent							
<input type="checkbox"/> Other							
11 Other Insurance Company/Plan Name/Address, City, State, Zip Code							
21 Date of Birth (MM/DD/CCYY)		22 Gender	23 Patient ID/Account # (Assigned by Doctor)				
05/19/2010		<input type="checkbox"/> M	007714				
RECORD OF SERVICES PROVIDED							
Svc Procedure/Date (MM/DD/CCYY)	Q'ty Or Dose (Unit)	# Sign (or Length)	28 Total Surface (or Length)	29 Procedure Code	30 Description	31 Fee	
I 05/19/2010	JP	3		D7510	Incid&drain abscess-intra soft	150.00	
2							
3							
4							
20060530247100			D7510		UR	01/28/2006	
20060530247100			D7510		UR	12/26/2005	

D7510	UR		09/14/2009	146	80	09/30/2009	MARIA
D7510	UR		08/14/2009	146	80	08/30/2009	HEILIN
D7510	UR		07/18/2009	146	80	08/05/2009	HEILIN
D7510	UR		03/22/2009	139	80	04/08/2009	CATIA
D7510	UR		03/10/2009	139	80	04/08/2009	MARIA
D7510	UR		03/10/2009	139	80	04/08/2009	HEILIN
D7510	UL		03/10/2009	139	80	04/08/2009	JOSE
D7510	UR		10/30/2008	135	80	11/19/2008	MARIA
D7510	UR		10/30/2008	139	80	11/19/2008	CATIA
D7510	UR		05/27/2008	126	80	06/11/2008	JOSE

Changes in Behavior

Procedure Trending for D7510 Incision and drainage of abscess



Informed of office audit

Office audit

Search Warrant executed by FBI

The evidence was overwhelming



Results



Collaboration with FBI



QUESTIONS



A white rectangular box containing a circular logo for the "WASHINGTON FIELD OFFICE". The logo features a skull and crossbones in the center, with "FBI" written below it. Around the perimeter of the circle, the words "WASHINGTON FIELD OFFICE" are at the top, "HEALTHCARE FRAUD" are at the bottom, "CR-14" is on the left, and "CR-19" is on the right. To the left of the logo, the words "Dental Fraud" are written in a large, bold, sans-serif font. To the right of the logo, a bulleted list details how the FBI interacts with various entities.

Dental Fraud

- How the FBI interacts with:
 - Special Investigative Units
 - Majority of referrals
 - Conduct audits, analysis, interviews
 - State Investigative Agencies
 - Medicaid Fraud Control Units
 - Department of Health Professions (Licensing)
 - Other Federal Agencies
 - HHS-OIG (Medicaid)
 - OPM-OIG (Federal employees)
 - Prosecution
 - United States Attorneys Offices
 - State Attorneys Offices

Case Selection

- Federal Prosecution
 - 18 USC 1347 – Health Care Fraud
 - 18 USC 1349 – Attempt and Conspiracy
 - 18 USC 1035 – False Statements related to HCF
 - 18 USC 1001 – False Statements
 - 18 USC 1341, 1343 – Elements of Mail Fraud, Wire Fraud
 - False Claims Act - Civil
 - State Prosecution - Embezzlement statutes
- Types of Dental Cases:
 - Services Not Rendered
 - Medical Necessity
 - Double Billing
 - Upcoding
 - Prescription Drug cases

Services not rendered

- On 1/15/2011, a patient is contacted by the Agent regarding dental work performed by Dr. X in 2009. The patient advised that they had dental work done at Dr. X's office but can't be sure what procedures were done. Claims data lists the following billed/paid:
 - 4/23/2009
 - D2750 (crown) #20 and #3
 - 5/21/2009
 - D2750 (crown) #20 , #3, #5, #19, #30
 - D7250 (root tips) #20, #5, #19, #30
 - D7250 definition – Cutting of soft tissue and bone to remove residual tooth roots, followed by closure (local anesthesia, suturing and postoperative care is included in service).

Analysis – Services not rendered

- 4/23/2009
 - D2750 (crown) #20 and #3
- 5/21/2009
 - D2750 (crown) #20 , #3, #5, #19, #30
 - D7250 (root tips) #20, #5, #19, #30
- Interview in person. Need to see their mouth.
- Discuss definition of “root tip procedure”. Check crowns inside patient’s mouth – are teeth actually present? Pain medication prescribed?
- Re: Crowns - No billing for RCT...reason crowns were placed? Discuss procedure for tooth prep; length of appointment; pain or discomfort?
- Other considerations: billing crowns for bridge, implants (cosmetic), upcoding, crown redo/relement
- Supporting items: patient file, calendar (paper/phone), leave slip, family member appt., prescription fills, canceled checks (copays).

Double billing vs Upcoding

- Patient’s billing reflects the following:
 - 6/18/2009 billed D2750 (crown) #5 and #8 (paid \$1,000)
 - 9/25/2009 billed D2750 (crown) #5 and #8 (paid \$1,000)
 - Interview – patient confirms receiving one crown on each tooth on June appointment. Patient was out of town on 9/25/2009 attending training conference.
 - Received copy of training certificate as confirmation
- Patient (child) billing reflects the following:
 - 5/30/2009 billed D2391 (Resin Comp., 1S) Q, A, B, S, T
 - 6/18/2009 billed D2391 (Resin Comp., 1S) H,I, J, K, M
 - Interview with parent/child – patient had amalgam fillings (silver)

Investigation Template

- Complaint/Referral received (ex. services not rendered)
 - Source recruitment (biller, front-end, maybe DA)
 - Information Source – Is it fraud? What am I looking for?
- Background – Collect information
 - Open Source, Medical Boards, database checks, DL info
- Contact SIU and/or MFCU (RFI)
 - Will provide RFI letter for claims and other information:
 - Audits and/or Expert Analysis
 - Complaints received against provider
 - Any adverse action taken against the provider by the insurance carrier.
- HIPAA statement regarding disclosure
 - 45 CFR 164.512(d) – Uses and disclosures for health oversight activities. (i) Permitted disclosures. A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law...

Investigation Template

- We have our information to begin....
- Our Goal: To build PROBABLE CAUSE
 - Analysis of collected claims data to see “Big Picture”
 - Review of any audit findings, complaints or administrative actions against provider
 - Interviews prior to search warrant– patients, employees (*current & former), former partners
- Search Warrant
 - Take all patient files (electronic & paper)
 - Financial & accounting information (*Tax filings)
 - Computers - office & home (*cell phones & other devices)
 - Interviews of dentists & employees

Interviewing

- Challenges:
 - Memory – most people do not like dentists (want to forget)
 - Most people trust their doctors not to commit fraud
 - Interview time frame – within 1 year of DOS
- Concentrate on specific populations
 - Age considerations (memory)
 - Employment (government workers are more willing to talk)
 - Language & Cultural barriers
- Willingness to cooperate
 - Sell it! Need to create doubt in patient's head that some, if not all of the services were not provided.
 - Once a patient realizes they paid for something they did not receive....they are more willing to help.

Interviewing

- Conducting the interview (face-to-face vs telephone)
 - 1st – How much do they remember
 - 2nd – Help them remember - use claims data, patient file
 - Any previous/post dental work performed by other dentists
- Concentrate interviews on restorative procedures
 - Pain related (RCT, crowns, extractions, 4 surface fillings)
 - Receive anesthesia? Watch a movie? Any prescriptions received?
 - Time related (casting for dentures, multiple fillings in 1 day)
 - How long in the dental chair? Did patient take the day off? Use sick leave? AM or PM appointment? Family member present?
 - Procedure related (multiple crowns, root planing & scaling)
 - Return appointments to receive perm crown? Simple scraping (5 - 10 min) or use of ultrasonic device (20-30 min per quadrant)

Interviewing

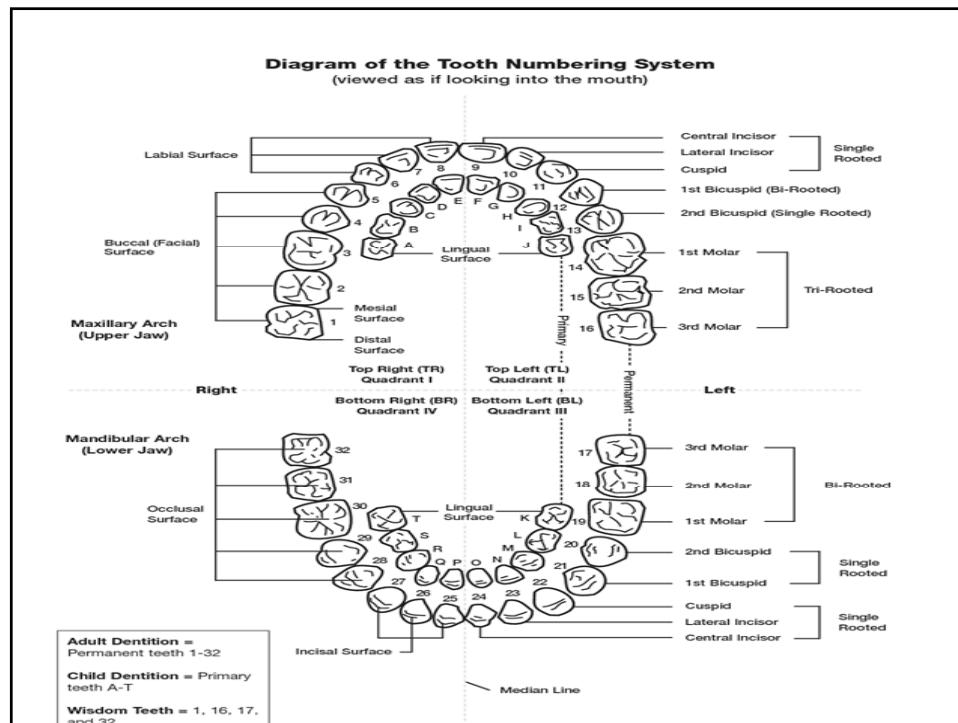
- Conduct interview in simple terms
- Do not use tooth #'s or surfaces (reference tooth chart)
 - Amalgam filling – say “silver filling”
 - Implant on #9 tooth – say “fake front tooth”
 - Excision of hyperplastic tissue – say “did the dentist tell you they were removing tissue from your mouth?” or “Did you see a scalpel or other cutting instrument? “Any bleeding?”
 - Pulpotomy and SSC – say “did your child receive a root canal and silver cap on the tooth?”
 - Incision and Drainage procedure – “do you remember having an abscess that the dentist treated (cut/drain)? Receive antibiotics?
- Did you receive a bill at the end of the appointment?
- Receive an explanation of benefit form?

Analysis of SW items

- Comparison of SIU's claims data and dentist's files (electronic and/or paper) – Build Loss figure
- Learn dental programs – Dentrix, Dexis...others
 - Contain: Audit Trails, Appointment Books, Ledgers
- Red Flags
 - No clinical notes for restorative procedures
 - No x-rays on file
 - Billing irregularities among insurance carriers
 - Audit trail shows services deleted (after billing insurance)
 - Does patient have appointment scheduled in computer
 - Ledgers – large “write-offs” or “dentist discount” noted
 - No copayment collected
 - Family members treated by dentist (insurance billed)
 - Cash patients not billed for suspicious services, otherwise billed to those patient's having insurance.

Valuable Resources

- Tooth Charts – gives the patient a visual reference
- CDT Code Books – procedure definitions
- Dental Assistant training manuals (Dental 101)
- Internet – instructional sites
- SIU contacts - some are dentists, former DAs & DHs
- Confidential Sources
 - provide real time information
 - motivated to cooperate because they recognized something was wrong
- Information Sources – Great to have when you need those “simple” questions answered.



Common schemes

- Traditional:

- Crown Buildups/ Post and Pin (D2950, D2951, D2952)
- Root Planing & Scaling (D4341)
- X-Rays – not performing, but billing insurance
- Multi-surface fillings/ multiple crowns in one day

- More recent :

- Incision and Drainage (D7510)
- Palliative (emergency) procedure (D9110)
- Excision of Hyperplastic Tissue (D7970)
- Billing family members insurance
 - Violates provider's agreement with insurance company
 - "Structuring" services (medical necessity)

Dental Fraud Investigations



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Case 2

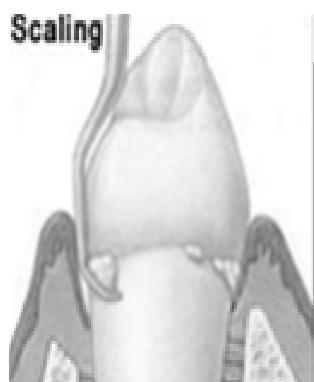


Background

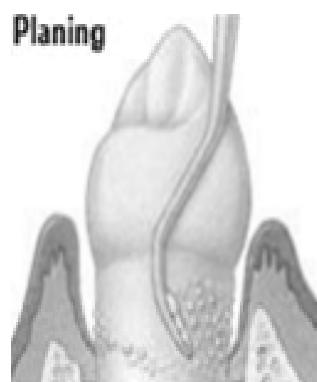


Scaling and Root Planing

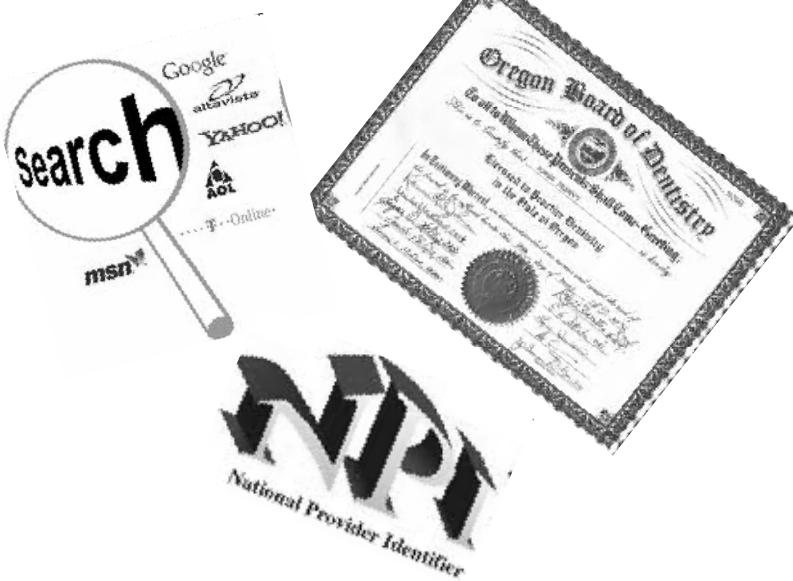
Scaling



Planing



Initial Investigation of Provider



Investigative Process

- Peer Comparison
- Procedure Analysis
- Metric Trending



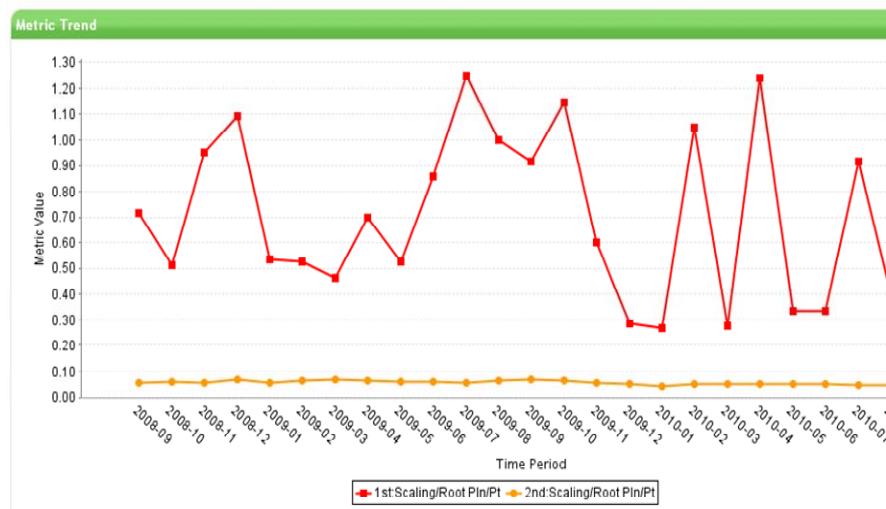
Peer group comparison

Procedure	DDS under investigation	General DDS VA
D0120 - PERIODIC EXAM	476	448
D0140 - LMTD ORAL EXAM	122	42
D0150 - COMP ORAL EVAL	147	58
D0330 - PANORAMIC FILM	150	59
D1110 - PROPHY - ADULT	381	421
D2750 - CROWN-PORC MET	35	31
D4341 - PERIO SCAL QUAD	396	32
D4342 - PERIO SCALING	87	12
D4910 - PERIODONTAL MNT	28	27
D7140 - EXTRACTION	63	33
D7210 - SURGICL EXTRACT	36	14
D7220 - IMPCTED SOFT	0	6
D7230 - IMPCTED BONY	0	10

SC/RP 4 quads 1 day apart



Metric trending



Desk Top Audit



Altered Claim Attachment

PERIODONTAL CHARTING										PERIODONTAL CHARTING																															
Patient						Signature					Patient						Signature																								
Date	7/12/12										Date	7/20/12																													
Case Type	I	II	III	IV	V	FACIAL										Case Type	I	II	III	IV	V	FACIAL																			
Recession in MM																Recession in MM																									
Post Surgical																Post Surgical																									
Post Scaling																Post Scaling																									
Initial Probe Depth	14	4	5	3	2											Initial Probe Depth	14	4	5	3	2																				
Post Scaling	14	4	5	3	2											Post Scaling	14	4	5	3	2																				
Recession in MM																Recession in MM																									
Mobility	RIGHT										LEFT										Mobility	RIGHT										LEFT									
Right																					Right																				
Left																					Left																				
Initial Probe Depth	14	4	5	3	2											Initial Probe Depth	14	4	5	3	2																				
Post Scaling	14	4	5	3	2											Post Scaling	14	4	5	3	2																				
Recession in MM																Recession in MM																									
Lingual	LINGUAL										LINGUAL										Lingual	LINGUAL										LINGUAL									
Data																					Data																				
Recession in MM																Recession in MM																									
Post Scaling																Post Scaling																									
Initial Probe Depth	14	4	5	3	2											Initial Probe Depth	14	4	5	3	2																				
Post Scaling	14	4	5	3	2											Post Scaling	14	4	5	3	2																				
Recession in MM																Recession in MM																									
Lingual	LINGUAL										LINGUAL										Lingual	LINGUAL										LINGUAL									
Mobility	RIGHT										LEFT										Mobility	RIGHT										LEFT									
Right																					Right																				
Left																					Left																				
Initial Probe Depth	14	4	5	3	2											Initial Probe Depth	14	4	5	3	2																				
Post Scaling	14	4	5	3	2											Post Scaling	14	4	5	3	2																				
Recession in MM																Recession in MM																									
Facial	FACIAL										FACIAL										Facial	FACIAL										FACIAL									
Gingival Tone																					Gingival Tone																				
Gingival Color																					Gingival Color																				
Comments										Comments										Comments										Comments											
Bleeding gingiva or periotitis										Bleeding gingiva or periotitis										Bleeding gingiva or periotitis										Bleeding gingiva or periotitis											

Claim Examples

5a Examination and treatment plans - List teeth in order							
Date (MM/DD/YYYY)	Tooth	Surface	Diagnosis Index #	Procedure Code	Qty	Description	Fee
08 15 2009				D0150		Comp oral eval-new/estab pat	65.00
08 15 2009				D0274		Bitewings-four films	68.00
08 15 2009				D0330		Panoramic film	105.00
08 15 2009	LL			D4341		Perio scale&root pln-4+per quad	225.00
08 15 2009	UL			D4341		Perio scale&root pln-4+per quad	225.00
08 16 2009	LR			D4341		Perio scale&root pln-4+per quad	225.00
08 16 2009	UR			D4341		Perio scale&root pln-4+per quad	225.00

5b Examination and treatment plans - List teeth in order							
Date (MM/DD/YYYY)	Tooth	Surface	Diagnosis Index #	Procedure Code	Qty	Description	Fee
09 10 2009				D0120		Periodic oral evaluation	80.00
09 10 2009				D1110		Prophylaxis-adult	95.00
11 07 2009				D0120		Periodic oral evaluation	80.00
11 07 2009				D1110		Prophylaxis-adult	95.00

Results:



Preliminary Conclusions

