

# Investigating Dental Fraud

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Phyllis Heller, AHFI

Jamie Johnston, AHFI, CFE, HCAFA, DBA

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## Topics

- Proper Documentation
- Auditing an Office
- Techniques
- Working with Vendors
- Training for your Consultants
- Training for Call Centers
- New Problems
- Other Words of Wisdom

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## Proper Documentation

- Complete and legible
- Each patient encounter should include:
  1. Date of service
  2. Reason for visit
  3. Appropriate history and physical exam
  4. Review of labs and x-rays, where appropriate
  5. Assessment
  6. Treatment plan

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## Appropriate History

- Past and present diagnoses
- Relevant health risk factors
  - List of medications
  - Notation of conditions that could impact treatment
  - Allergies

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## Review of Labs & X-Rays

- Reason the lab or x-ray ordered
- Results
- Actual copy of the x-ray or lab results
  - X-Ray should be diagnostic quality

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## Assessment

- Patient's progress
- Response to treatment
- Change in treatment
- Change in diagnoses
- Noncompliance

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## Treatment Plan

- Treatments
- Medications
  - Specifying dosage and usage
- Patient and family education
- Any suspicious areas
  - ‘Watch’ areas

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## 3 Keys to Dental Documentation

1. Any educated dental professional should come to the same treatment decision based on the documentation.
2. All entries should be dated and authenticated.
3. The codes reported on the claim form should reflect the documentation in the dental record.

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## Auditing an Office

- Determine the issues and select a random chart sample
- Contact provider's office
  - Explain the audit process
  - Verify office hours and schedule a site visit
  - Verify site visit date and time with a follow up letter
    - Potential Red Flag: If the provider continues to reschedule

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## Auditing an Office

- Schedule a pre-audit interview with the office manager
  - Identify the doctor(s) – Provider's name; Practice Name
  - Review credentials – Education; degree; specialty training
  - Record keeping – Review filing system; where are the records located
  - Office procedures

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## Auditing an Office

- While on-site note:
  - Is the physical address the same as the address on the claim form?
  - If x-rays were taken, are they dated; does the date correspond to the appointment book; do they have the x-ray equipment?
  - Is the date of service written in the patient chart and schedule?
- Send result letter

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## Dental Techniques

- Scaling (D4341)
  - Component of a cleaning
    - If a patient has lots of tarter and the provider does not perform scaling, he is just polishing the tarter.
  - If provider is billing D4341 due to a medical condition, such as heart disease, the information must be in the record, along with notes that the dentist consulted with the medical doctor.
  - Ask patient if perio problems were previously diagnosed.

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## Techniques

- Some providers may alternate D1110 vs. D4910
  - D1110 is a preventative service
  - D4910 is periodontal maintenance
    - If a patient has periodontal disease and has received periodontal treatment, there is nothing more to prevent.

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## Techniques

- Providers who bill medical codes
  - HIPAA legislation requires a consistent code be established to fulfill the portability aspect.
  - CDT 2011-2012, Introduction page 1
    - The *Code* is designated by the federal government under the HIPAA as the national terminology for reporting dental services, and is recognized by third party payers nationwide.

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## Techniques

- Data analysis
  - Did a member have a large claim submitted early in the new benefit period?
  - Was there a follow up visit after major treatment?
  - Are services consistent with patient history?
  - Excessive services per member on a single date of service?

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## Techniques

- Review the payment system
  - Does the system read the 'history'
    - Is an initial exam code recoded to periodic if the dentist submitting the claim has previously seen the patient?
    - If a certain number of x-rays are submitted does the system recode to a full mouth series?
    - Will the system 'flag' a provider who restores the same tooth over and over?

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## Working with Vendors

- Understand your contract
- Establish a specific contact
- Establish regular communication
- Understand the data and perform analytics
- Work together as a team

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## Training for Consultants

- Explain fraud, waste and abuse and how the Consultant can help
- Did they notice:
  - Full mouth scaling and root planing on one date of service
  - Perio surgery initially denied due to shallow pocket depths, resubmitted with deeper markings
  - Simple extractions billed as surgical by a general dentist

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## Training for Consultants

- Did they notice:
  - Palliative treatment billed on the same day as routine services
  - Any x-rays that did not seem appropriate
  - BOL surfaces billed on molars
  - B or L surfaces billed on premolars
  - Does the provider appear to be treating the benefits, not the patient

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## Training for Consultants

- Look at current controls in place
  - Which problem codes should automatically be reviewed
  - Same consultant reviewing the same doctors
- Be sure consultants know how to contact the SIU

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## Training for Call Centers

- Call centers are the first line of defense
  - Be Approachable
- Fraud awareness training specific to call centers
- Discuss fraud, waste and abuse
- Examples of member fraud
- Red flags – Show examples
- Make training fun.....

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## Training for Call Centers

- Provide a 'script'
  - Billing discrepancy – Ask if this was discussed with the provider's office; what was provider's response
  - Service not performed – Ask if any services were provided, get more details
- Provide contact information for referrals/questions

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## New/Different Indicators

- Problem Providers – We all look at the same patterns
  - Resubmitted claims with different date or code
  - Submitting a bridge in two different plan years
  - Multiple surface fillings billed separately, same tooth, same day
  - One surface occlusal fillings on children
  - Providers who always bill multiple surface fillings

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## New Patterns

- Unusual codes billed frequently
  - D4355 (debridement)
  - D9910 (desensitizing)
  - D7510 (incision & drainage)
  - D9951 (occlusal adjustment)
  - D7210 (surgical extractions)
  - Medical codes for routine services

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## New Patterns

- Crown buildups / gingivectomy billed with all crowns
- Pulp caps billed with fillings
- Fillings continually billed on the same teeth
- Multiple billing of stainless steel crowns

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## Other Words of Wisdom

- Make your fraud awareness training specific to the audience. Tell lots of stories!
- Perform regular validation of the provider's license, etc.
- If claims are sent to a scanning center, review a percentage of claims annually; look for alterations or different handwriting.

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## Other Words of Wisdom

- Fraud awareness for consumers and policyholders
- Send questionnaires to patients
  - How did they hear about the dentist?
  - Did they see copies of the bills?
  - Were fees discussed?
  - Did they see the dentist each visit?
- Intentional misrepresentation does hurt

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## Questions

- Phyllis Heller
  - Phone: (732) 452-6008
  - Email: pheller@amerigroupcorp.com
- Jamie Johnston
  - Phone: (423) 710-3013
  - Email: jjohn11@amerigroupcorp.com

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