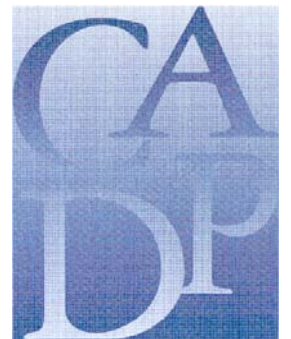


# Anti-Fraud Training for Regulatory Compliance



# Workshop Panelists

- Stewart Balikov, DDS  
Dental Director, Aetna Dental of California, Inc.
- Elizabeth Henderson, DDS  
Dental Director, California Dental Network
- Name  
Senior Investigator, Dental Board of California
- Name  
California Department of Managed Health Care
- Lou Saccoccio  
President, National Health Care Anti-Fraud Association



# Antifraud Plan

- Plans shall establish an *Antifraud Plan*
  - Requirements of Antifraud Plan as described in §1348. a-f, Knox Keene Act.
  - Initial Plan filing as of July 1, 1999
  - Changes to a Plan's filed Antifraud Plan must be reported to the Department of Managed Health Care pursuant to §1352, Knox Keene Act.



## Purpose of Antifraud Plan (as described §1348(a))

- Organize and implement an antifraud strategy
  - Identify and reduce costs to the plans, providers, subscribers, enrollees, and others caused by fraudulent activities
  - To protect consumers in the delivery of health care services through the timely detection, investigation, and prosecution of suspected fraud.

# Elements of Antifraud Plan (as described §1348(a))

- Designation of, or a contract with, individuals with specific investigative expertise in the management of fraud investigations
- Training of plan personnel and contractors concerning the detection of health care fraud
- The plan's procedure for managing incidents of suspected fraud
- The internal procedure for referring suspected fraud to the appropriate government agency.

# Annual Antifraud Plan written report

## ■ Elements of the annual report

- Plan efforts to deter, detect, and investigate fraud, and to report cases of fraud to a law enforcement agency.
  - For those cases that are reported to law enforcement agencies, the report shall include the number of cases prosecuted to the extent known by the plan.
- This report may also include recommendations by the plan to improve efforts to combat health care fraud.

# Three key issues that determine it is fraud

## ■ DUI:

- Deception
- Unlawful gain
- Intent

# What is Fraud?

- “Fraud” includes, but is not limited to, knowingly making or causing to be made any false or fraudulent claim for payment of a health care benefit.” – Section 1348(e) KKA
- Obtain something of value by intentional acts of deception, misrepresentation or concealment.
- Fraud is sometimes called the "hidden" crime because we are all victims without even knowing it.
- Dental fraud is any crime where an individual receives insurance money for filing a false claim, inflating a claim or billing for services not rendered.



# Eight examples of fraud\*

- Billing for services not performed
- Upcoding
- Waiver of co-payments
- Waiver of deductibles
- Altering dates of services
- Unbundling / (Intentional) Improper use of codes
- Misrepresenting patient identities
- Not disclosing existence of additional or primary coverage

\*Tekavec RDH, Carol, Dental Economics, October 1998

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## Billing for services not performed

- Appears self explanatory
  - What about billing for prep date vs. seat date for a crown?
    - When is the service actually performed?

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## Upcoding

- Coding a procedure as having a more extensive degree of difficulty

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## Upcoding

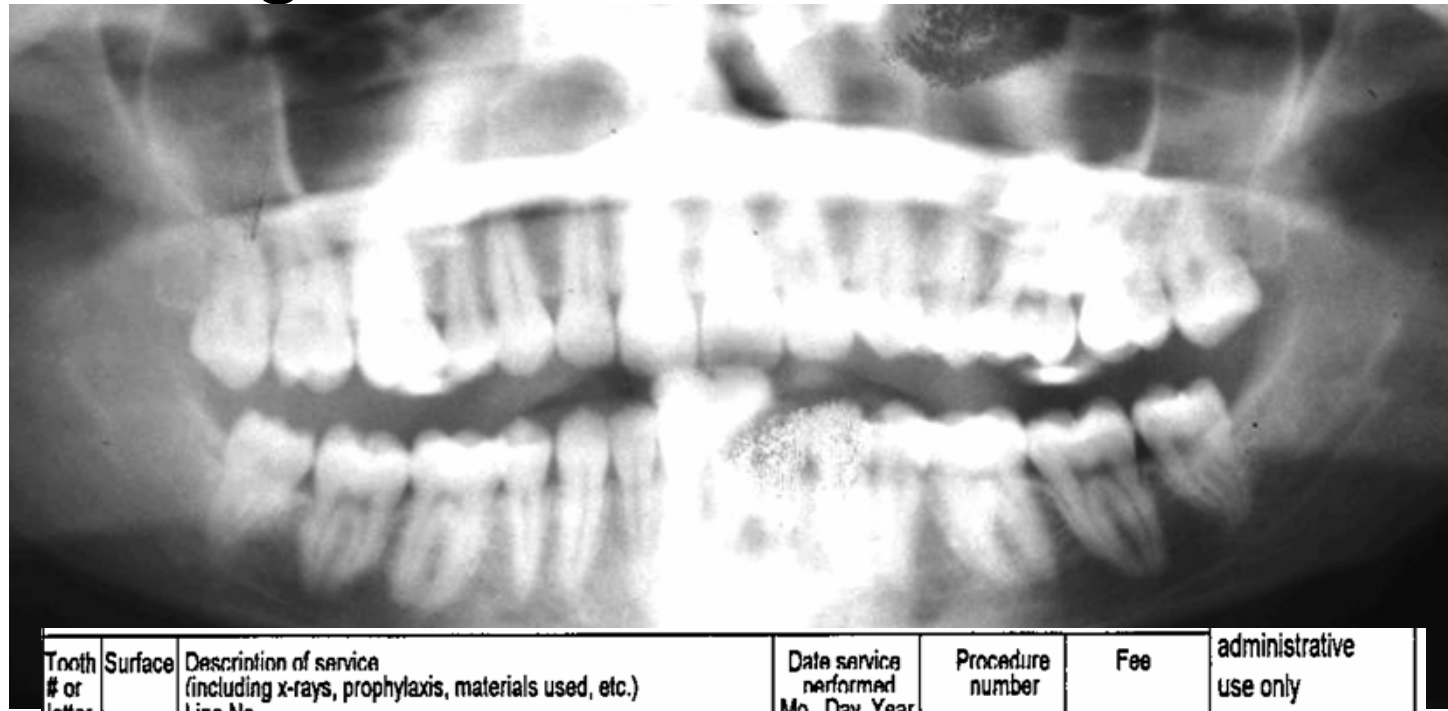


RECORD OF SERVICES PROVIDED							
24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30. Description	31. Fee
6/17/2008					D0210	Full Mouth X-Rays	15000
6/17/2008					D0120	Periodic Oral Exam	12500
6/17/2008					D1120	Prophylaxis	13500
6/17/2008					D1203	Fluoride Treatment	13500
6/17/2008			E		D7210	Surgical Extraction	25000
6/17/2008			F		D7210	Surgical Extraction	25000

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## Upcoding



Tooth # or letter	Surface	Description of service (including x-rays, prophylaxis, materials used, etc.) Line No.	Date service performed Mo. Day Year	Procedure number	Fee	administrative use only
1		Surg Rem Impacted, Complete bony Impact. Unusual C		D7241	345.00	
16		Surg Rem Impacted, Complete bony Impact. Unusual C		D7241	345.00	
17		Surg Rem Impacted, Complete bony Impact. Unusual C		D7241	345.00	
32		Surg Rem Impacted, Complete bony Impact. Unusual C		D7241	345.00	
		pre-meds		D9230	85.00	

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## Waiver of co-payments

- Waiving of co-payments is thought to encourage more usage of the coverage than would normally occur
  - Skews the original cost structure
  - Co-payments are considered to be an essential element to the cost structure of the contract between an insurance carrier and the purchaser.

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## Waiver of deductibles

- Similar to co-payments, deductibles are considered to be an essential element to the cost structure
  - Skews the original cost structure
  - Deductibles are to be collected

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## Altering dates of services

- It is considered a fraudulent act to submit a claim for a treatment using a date other than the actual date of service
  - Correct dates are relevant to patient eligibility requirements and waiting periods.

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## Altering dates of services

6/13/08			20W	TAR: D. W. # 29-31
			EXAM	
			PROPERTY	ENTERED 01
			Changes from exceed range of item #29	4/0
			with N/A / (June '08)	
			PRIP / TAR / FILED	ENTERED #10
12/15/08	29	Bridge	Ann. 1 copy of 21. 4. 0. 0. / Epi 1/08 for Table	
	30	with Gold	1 TANB. Rem. old Bridge. Final. Temp.	
			Neulle. LTB. Shaker. A2/AS.	

mv: (encl) 02230/30005  
 20/ FILED REG

I: 090223122921 SEQ: 0223090005 LX



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## Altering dates of services

Name: Vu, Binh COPY

Victoria L. Nguyen, D.D.S., INC.

Health Alert: \_\_\_\_\_

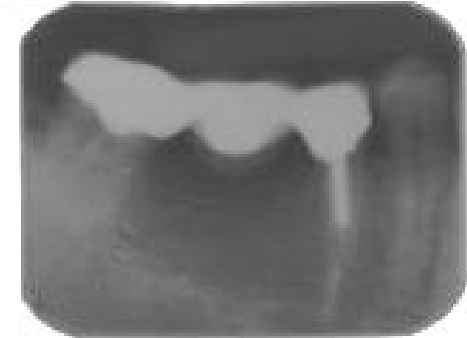
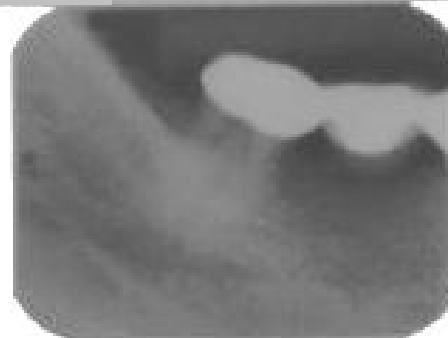
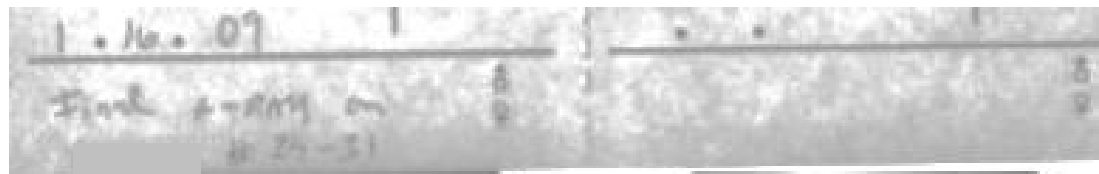
Date	Tooth #	Surf	Proc.	Progress Notes
12/27/08				Temporary cement bridge # 29-30 w/ Temp bond. w/ Cont Tx
1/2/09	31		PFM	Anch. 1 carp of 2. widow Epi window for IAB & PDL. Finalize prep. Final Imp Neville Lab. Shade 42/4 Temp cement w/ temp bond. w/ Cement <span style="float: right;">BILLED JAN 2009</span>
1/9/09	31	CEMENT	PFM	Adjust prox & occl. Cement perm. w/ Fuji plus. w/ Cement
1/16/09	29-30	Cement	Bridge	Remove temp cement. pt feels good w/ bite & occlusion. It's really to cement permanently. pt agrees. Cement permanently w/ Fuji plus. w/ Recall



# Altering dates of services



Date: 6/13/2008



Date: 1/16/2009

## Unbundling / Improper use of codes

- To use several codes to describe a service where one code is sufficient is considered a fraudulent act.
  - Example: billing for the administration of local anesthetic (CDT 2009/2010 D9215) when a crown procedure is performed

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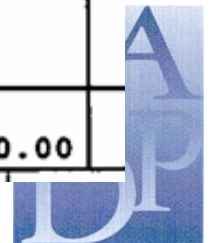
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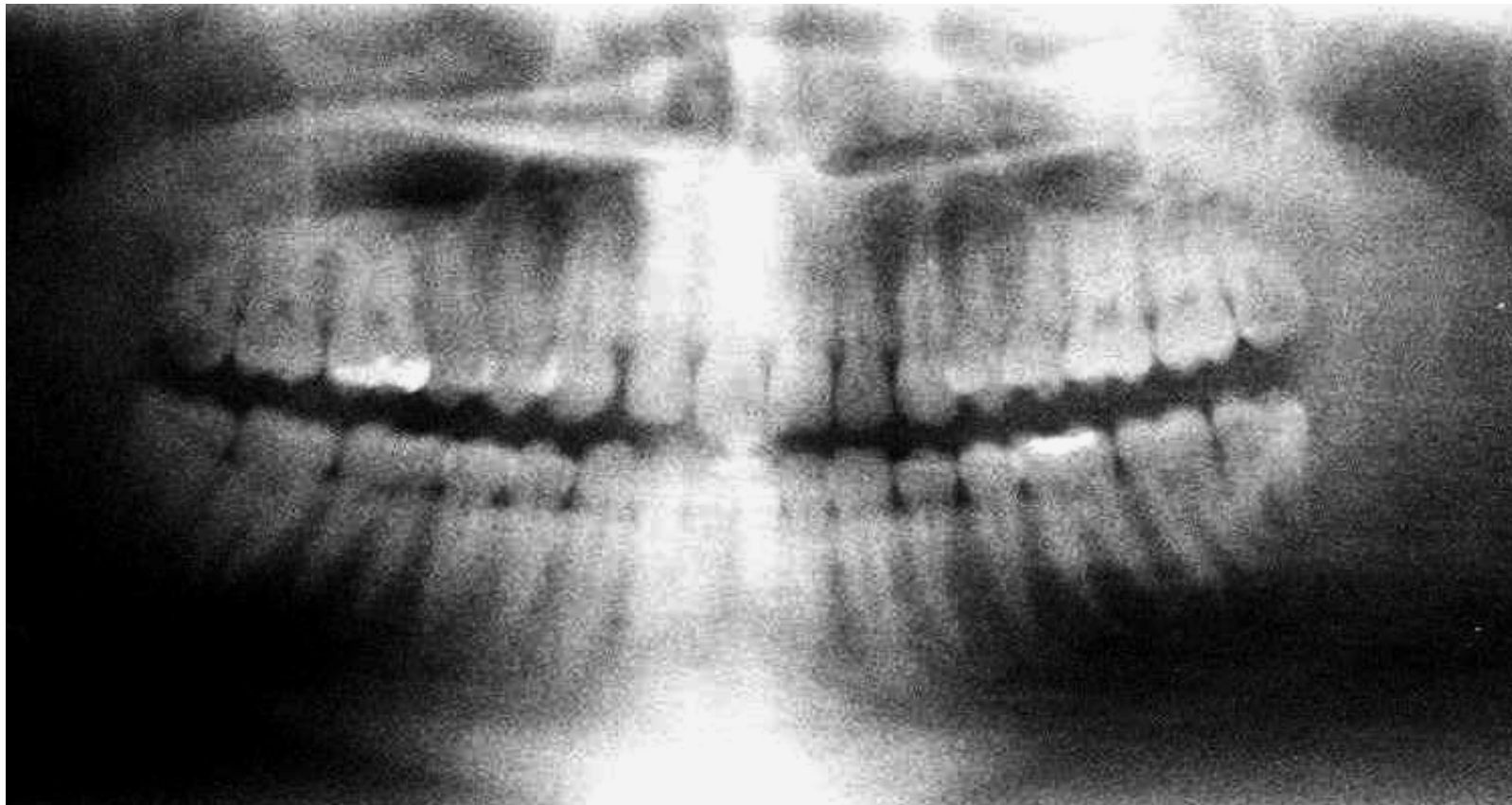


## Unbundling / Improper use of codes

30. EXAMINATION AND TREATMENT PLAN - List in order from tooth no. 1 through tooth no. 32 - Use charting system shown.		Date Service Performed MM DD YY	PROCEDURE NUMBER	FEE	
No. of Let.	Surface				DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.)
	1		I.V. Sedation-First Half-Hour	D9240	500.00
	1		I.V. Sedation each additiona 15	D9241	150.00
	1		I.V. Sedation each additiona 15	D9241	150.00
	1		Surg. Extr. of Erupt. Tooth	D7210	250.00
	1		Alveoplasty w/ext 1-3 teeth	D7311	175.00
	1		Suture of small wounds up to 5cm	D7910	25.00
	16		Surg. Extr. of Erupt. Tooth	D7210	250.00
	16		Alveoplasty w/ext 1-3 teeth	D7311	175.00
	16		Suture of small wounds up to 5cm	D7910	25.00
	17		Surg. Extr. of Erupt. Tooth	D7210	250.00
	17		Alveoplasty w/ext 1-3 teeth	D7311	175.00
	17		Suture of small wounds up to 5cm	D7910	25.00
32		Surg. Extr. of Erupt. Tooth	D7210	250.00	
32		Alveoplasty w/ext 1-3 teeth	D7311	175.00	
32		Suture of small wounds up to 5cm	D7910	25.00	
<b>31. REMARKS FOR UNUSUAL SERVICES</b> patien in severe pain some swelling and #1,16 are init the sinus cavity #17,32 are on the mandibular ache also causing ache, limited access.					
I hereby certify that the procedures as indicatd by date have been completed and that the fees submitted are the actual fees I have charged and intend to collect for those procedures. <b>MICHAEL</b>			12/03/07	TOTAL FEE CHARGED 2600.00	



# Unbundling / Improper use of codes



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## Unbundling / Improper use of codes

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30. Description	31. Fee
1	11-13-2007	8	JP	8		D2950	Core buildup, incl pins	250.00
2	11-13-2007	8	JP	8		D2750	Crown, porc & high noble	930.00
3	11-13-2007		JP			D9630	IRRIGATION	40.00
4	11-13-2007		JP			D9910	App of desensitizing meds	45.00
5	11-13-2007		JP			D9951	Occ adj- lmted crn	190.00
6	11-13-2007	9	JP	9		D2950	Core buildup, incl pins	250.00
7	11-13-2007	9	JP	9		D2750	Crown, porc & high noble	930.00
8	11-13-2007		JP			D9630	IRRIGATION	40.00
9	11-13-2007		JP			D9910	App of desensitizing meds	45.00
10								

MISSING TEETH INFORMATION

Permanent

Primary

Implant



# Anti-Fraud Training for Regulatory Compliance

## Unbundling / Improper use of codes

RECORD OF SERVICES PROVIDED																													
	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30. Description		31. Fee																				
1	05/31/2008		JP	2	MO	D2620	Inlay-porcel/ceramic-2 surface		1150 00																				
2	05/31/2008		JP	2					195 00																				
3	05/31/2008		JP	3	-	D2740	Crown-porcelain/ceramic substr		1250 00																				
4	05/31/2008		JP	3					195 00																				
5	05/31/2008		JP	31	MOB	D2630	Inlay-porcel/ceramic-3+ surface		1150 00																				
6	05/31/2008		JP	31					195 00																				
7																													
8																													
9																													
10																													
MISSING TEETH INFORMATION		Permanent														Primary										32. Other Fee(s)			
34. (Place an 'X' on each missing tooth)		X	2	3	4	5	6	7	8	9	10	11	12	13	14	15	X	A	B	C	D	E	F	G	H	I	J		
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	T	S	R	Q	P	O	N	M	L	K	33 Total Fee	
																													4135 00



## Unbundling / Improper use of codes

DATE	TOOTH	SURF.	CODE	PROCEDURE	CHARGE
08/12/2008	3		D4211	Gingivectomy-1-3 th, per quad	216.00
08/12/2008	4		D4211	Gingivectomy-1-3 th, per quad	216.00
08/12/2008	5		D4211	Gingivectomy-1-3 th, per quad	216.00
<b>TOTAL:</b>					<b>648.00</b>



## Unbundling / Improper use of codes

RECORD OF SERVICES PROVIDED			
01-02-2009	4	2740 CROWN LAVA FOSTERICR	16850
01-02-2009	4	9999 ZIRCONIA COPING	51500
MISSING TEETH INFORMATION			
			728000
ON ORIGINAL CLAIM ZIRCONIA COPING WASN'T BILLED OUT.			
AUTHORIZATIONS		ANCILLARY CLAIM/TREATMENT INFORMATION	
SIGNATURE ON FILE 01-30-09		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
SIGNATURE ON FILE 01-30-09		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	



## Unbundling / Improper use of codes

### ■ Fragmenting

- Fragmenting is a practice similar to **unbundling**.
- The procedures and/or services are not necessarily performed on the same day and are may still be considered to be in the global period.
- Separate claims are submitted for each procedure that makes up the major procedure on different dates of service.

## Misrepresenting patient identities

- Performing treatment on patient and submitting a claim for that person as someone else is fraud.

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## Anti-Fraud Training for Regulatory Compliance

Not disclosing existence of additional or primary coverage

- Submitting multiple claims to different carriers, as if each were the primary carrier is an act of fraud
  - Covered patients may receive benefits from more than one dental plan provided each plan knows about the other.

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