



TITLE

# Red Flags & Real Findings

A Case Study of Substance Use Disorder Treatment Fraud, Waste, and Abuse

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# Table of Contents

- **Trends in FWA, Case Background, and Findings**
- **Services Not Rendered**
- **Overbilling/Upcoding**
- **Medically Unlikely and Unnecessary Services**
- **Missing, Cloned, Conflicting, and Altered Notes**
- **Additional Concerns, including Potential Harm and Care Quality**
- **Outcomes**

## Whose problem is it?

- Mine
- Yours
- Every taxpayer
- Every consumer of services
- Every payer of services
- Every provider of services



## Trends in FWA

NHCAA estimates **3-10%** (or \$300 billion worth) of health care claims are fraudulent.

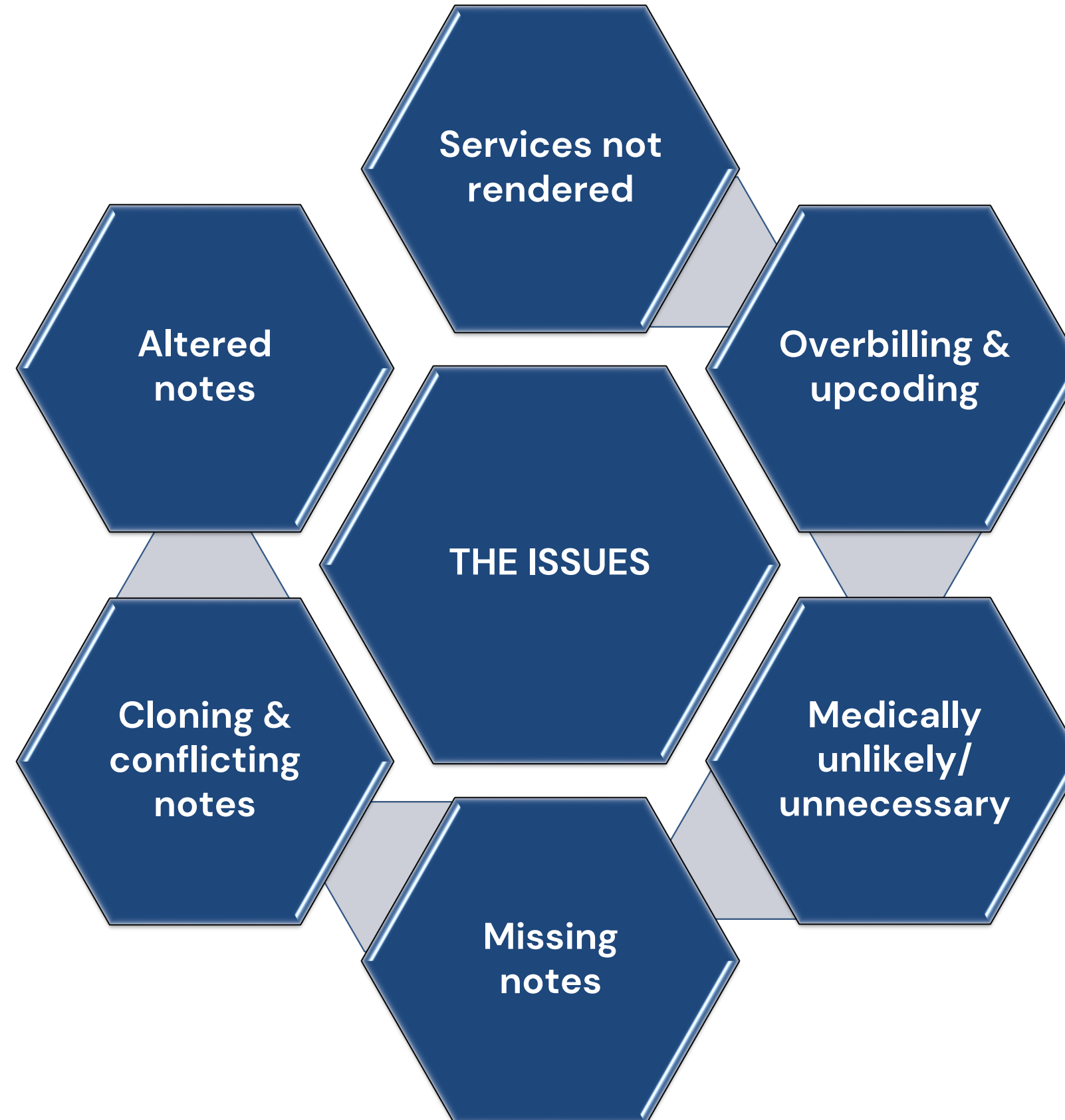
- It's personal.
- We are ALL consumers.
- What are we looking for from our providers?



## Case Background

- Physician provider
  - General practice
  - Sole physician
- \$2.3M in annual billing
- 328 patients served
- 3 silos
  - Kids <18 years
  - Adults w/chronic pain
  - Adults with SUD

# Case Findings



# Services Not Rendered



## The claim

- 99214 (Evaluation & mgmt)
- ~25-30 minutes, face-to-face



## The notes

- Beneficiary "not present"
- "Rescheduled for Tuesday"



# Overbilling/Upcoding



## The claim

- 99214 (Evaluation & mgmt)
- ~25–30 minutes, face-to-face
- Reimbursement rate: \$81.76
  - Correct code: 90853
  - Correct reimbursement: \$25.31
  - Difference: \$56.45



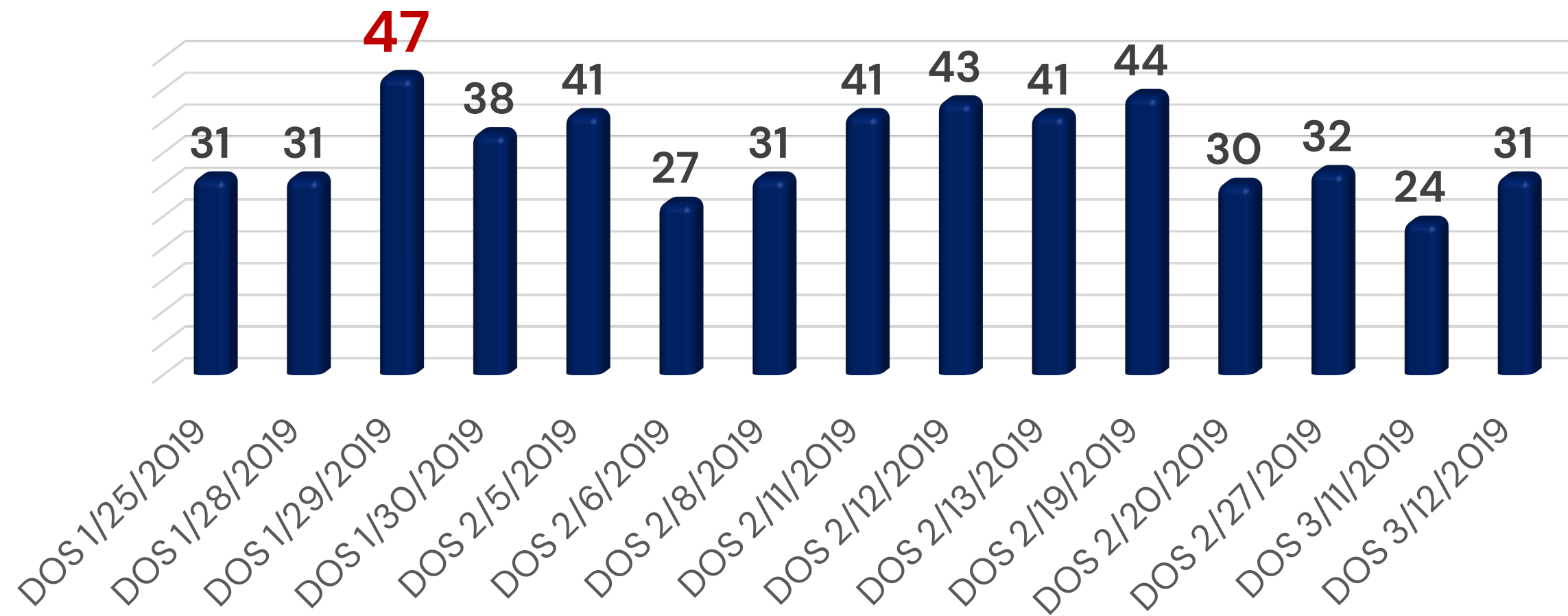
## The notes

- *“Purpose of visit: Group therapy”*
- *Therapist documented group therapy*



# Medically Unlikely Services

Number of patients seen by MD daily  
Highest 15 days on record  
August 2017 through March 2019



January 29, 2019:

- 47 Patients
- 43.5 Hours
- Documented >90 minutes with 29 of 47 patients

# Medically Unlikely Services

## January 16, 2020

- Office hours 8–5
- **ONLY** Medicaid claims
- 50 patient visits
- 30 of 50 as 99213 (10 hours alone)
- 32 urine drug screens
- 12 nerve conduction studies
- 1 injection

JANUARY 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1

## Palpation on telemedicine visits

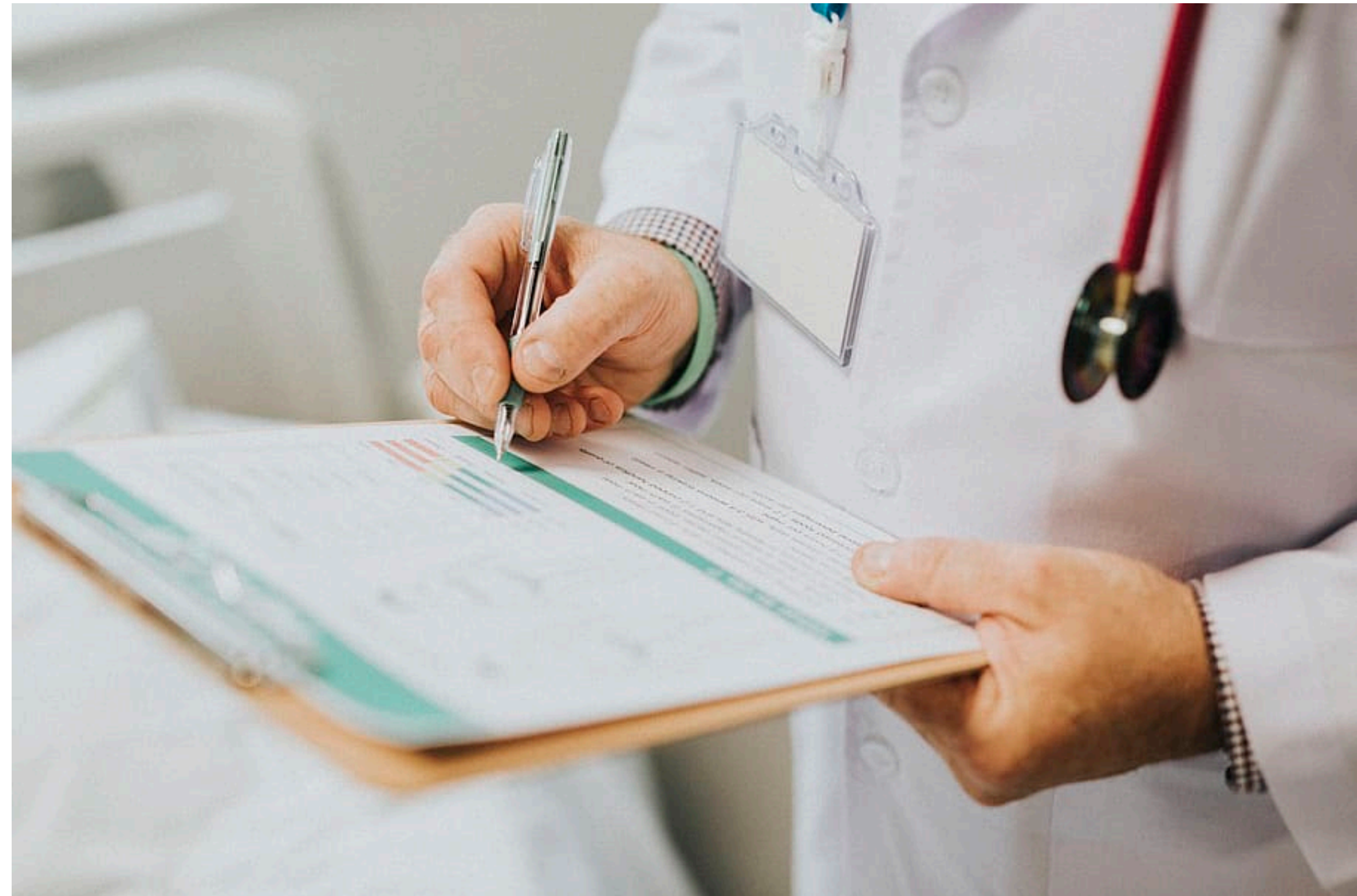
- Definition: Examination of part of the body using touch
- Documentation: “The temporal and masseter muscles reveals normal strength of muscle contraction.”
  - “Palpation of the temporal and masseter muscles reveals normal strength of muscle contraction.”
  - “No enlargement of parotid glands per palpation.”
  - “Pupils equal and reactive to light and accommodating.”

# Medically Unnecessary Services

- Patient: Jane Doe
- Initial visit: January 2019
- Treatment dates: 4 years from January 2019 to August 2023
- Diagnosis: Substance use disorder
- Average visits per week: 2.6
- Average trips to the office: 135/year
- No change in treatment over 4 years, with no progress noted

# Missing Notes

- No notes:
  - 420 claims
  - Total billings: \$82,726
- Notes not supporting code:
  - 4,415 claims received
  - 1,379 denied



## Cloned Notes



### 2013 OIG study concerns on copying/pasting:

- Inaccurate information enters the record
- Inappropriate charges may be billed
- Suggests attempts to inflate/duplicate/create fraudulent claims

### Review of one patient

- 10 of 18 service notes match word-for-word in sections of the assessment & findings
- Entire note verbatim: 3/11/2019 and 6/22/2022

### Review of *multiple* patients

- 8 notes across 6 different patients are the exact same on all pages

# Conflicting Notes

- Duplication of times: Same day/different patients
  - John Doe seen from 4:30–5:10.
  - Jane Smith also seen from 4:30–5:10.
- Page 1: “No symptoms or cravings or relapse.”  
Page 2: “Patient continues to use.”
- 2022 note: “Patient to start therapy this week,” yet provider has been billing “therapy” since 2019.
- Page 1: “I saw the patient face to face today.”  
Page 2: “Called patient to remind of virtual appointment today.”



## Altered Notes

### 8 notes/same patient

- 7 are identical
- 8<sup>th</sup> has had an entire page added
- Electronic signature altered from original signed date
- No late entry noted

### Findings added 9 months later (July 2022 visit; February 2023 addition)

- *“Enlargement of parotid glands upon palpation”*
- *“Pupils reactive to light and accommodating”*
- *“Normal respirations, no wheezes, rales, rhonchi noted”*



# Additional Concerns



## Billing before document existed

- Claim submitted: 7/13/2022
- Document created: 8/24/2022
- Finding: Note was electronically created 56 seconds after a similar note was generated same day for a different patient

## Documenting visit before visit ended

- Visit times: 6:30–8:00 PM
- Document signed: 7:27 PM

## Additional Concerns: Potential Harm

### Situation

- **11-year-old** male
- Diagnosis: Opioid addiction & ADHD
- Weight: **74 lbs.**
- Medication: Adderall 3 times daily for total of **95 mg/day**

### Pharmacological recommendations

- “Rare” to exceed **40 mg** daily
- Contraindicated when opioid misuse is diagnosed
- Note weight of this child
- Questions on potential misuse by adult or selling of excess amounts of prescription

# Additional Concerns: Care Quality

## Possible allergic reaction

- Allergy: Narcan
- Prescribed: Narcan

## Multiple addiction diagnoses

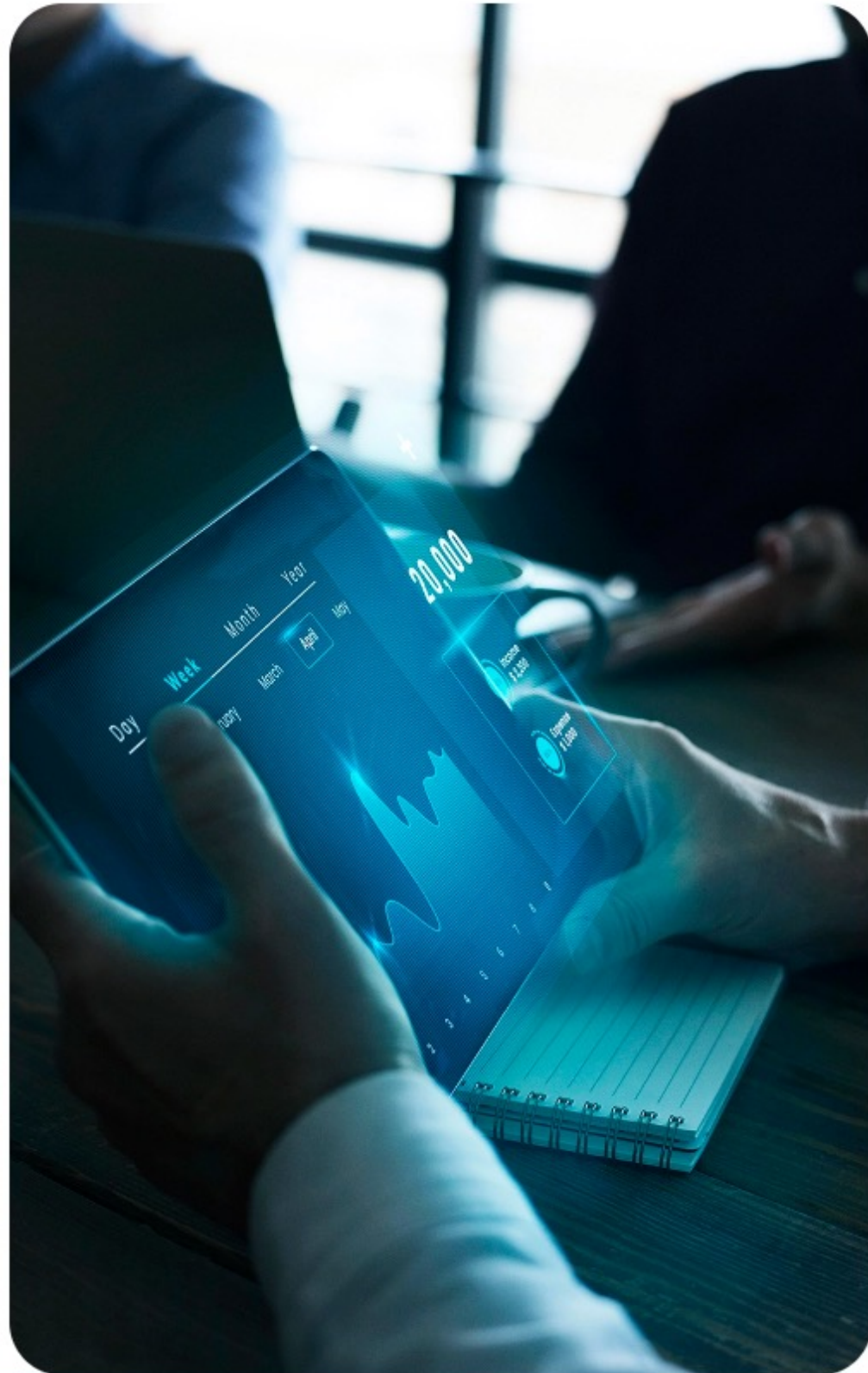
- 16 different patient notes
- 12 of 16 became “addicted” in July 2019 during same two-week period

## Standard of care

- No VS taken for SUD visits
- VS is standard-of-care

## Making a day of it

- 2:00 PM: Arrived for check-in
- 2:45 PM: Placed in room
- 4:30 PM: “Dozed off waiting on MD”
- 6:45 PM: Office staff turns off light in room to close door; patient tells them they haven’t been seen



## Outcomes

- Full audit
- Payment denials
- Criminal & civil investigation
- \$1.25M restitution
- Medical board sanctions
- Correction action
- Compliance plan
- Additional sanctions pending



**Thank you for your time.**

Questions?

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We bring clarity to the big picture.