

Sample excerpts from a course I created. Note the navigation, left, that provides a roadmap for the user. Included with the course was a 25-question quiz that provided both knowledge and application questions.

NICTA

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Diagnostic Testing FRAUD

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Welcome to this Cyber Academy Course

Introduction —

Welcome to the NICTA Cyber Academy Course — Diagnostic Testing (DT) Fraud.

Book marking — Using the header at the top of the page, you can bookmark your progress in reviewing the course curriculum, allowing you to come back and resume your learning where you left off at any time. Your student homepage is also linked above, giving you constant access to information on testing or other courses in the Academy.

Resolution — This program has been designed for a screen resolution of 1,024 x 768 pixels or greater. If your screen resolution is smaller than this, please use the scroll bar to make sure you view all of the relevant content on the screen.

Definitions — On each page you may find words that offer additional definitions. These definitions can be accessed by rolling your mouse over the highlighted words or phrases.

When you're ready to start this Cyber Academy course, click NEXT.

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Diagnostic Testing (DT) Fraud

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Course Overview

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Diagnostic Testing (DT) Fraud

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Course Overview

The goal of a DT investigation is to determine whether the tests billed within a claim are legitimate expenses or fraudulent.

Fraud Schemes

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Case Study #1

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Now let's put your knowledge about diagnostic testing fraud to a real test. You will assume the role of an SIU investigator for Insurco.

Your colleague Jimmy, a claims adjuster (pictured at right), has reached out to you for assistance with a claim involving diagnostic tests (DT) originating from Metropolitan Diagnostic Testing Center of America (MDTCA).

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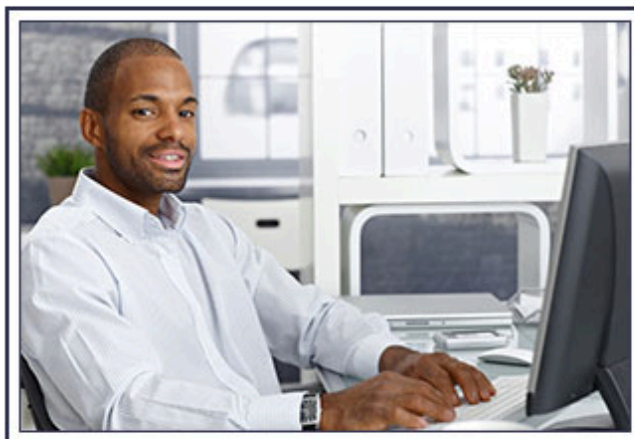
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Case Study #1

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That's not entirely unusual, you think, and no need to involve an SIU. Except —

"I know that's not so unusual, but then I did a Google search on the company. Nothing comes up. Zero. Tried searching by phone, address, too. Nothing."

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Case Study #1

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Next, you look at the medical bill and review the entries under the CPT/HCPCS heading. To facilitate medical claims processing, a standardized coding system, the Healthcare Common Procedure Coding System (HCPCS) has been implemented across the United States. HCPCS includes two main subsystems, referred to as Level I and Level II. Rollover each below to reveal a description for that particular level.

HCPCS

● [LEVEL I](#)

● [LEVEL II](#)

Level I

Level I of the HCPCS is comprised of Current Procedural Terminology (CPT), a numeric coding system used by the American Medical Association that identifies medical services and procedures administered by medical professionals. The codes are identified by a string of five numeric digits (for more on CPT codes, visit the NICTA course - Introduction to CPT Codes in Medical Billing Fraud).

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Case Study #1

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HCPCS

● [LEVEL I](#)

● [LEVEL II](#)

Level II

Level II of the HCPCS is primarily used to identify products, supplies and services that are not included in the CPT codes, such as durable medical equipment, or DME (for more on DME, visit the NICTA course - Durable Medical Equipment Fraud).

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What You've Learned

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The scenarios you've just reviewed involve just a handful of the available fraud indicators and schemes for diagnostic testing. As we touched on earlier in this course, there are a number of DT fraud schemes. Roll over the bold descriptors below to reveal the fraud scheme concern and resolution steps.

- **Provider bills for medical tests or evaluations that were not conducted**
- **Comparison diagnostic tests are ordered by provider on an uninjured joint to compare the results to the injured joint**
- **Billing from the facility for 3D imaging and the reading of 3D film when the facility does not have the appropriate computer program to create or read it**
- **Mobile imaging used when fixed higher quality centers locally available**
- **Administering identical diagnostic test to all patients**
- **Multiple diagnostic procedures are billed with separate CPT codes when there is a CPT code that includes all of the billed procedures**
- **No changes in the treatment plan after several treatment sessions have been rendered and extensive diagnostic testing is performed**
- **Self Referral**

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What You've Learned

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Now that you've completed this course, you're equipped to:

- Understand the DT cycle and its key players.
- Identify the indicators of DT fraud schemes.
- Understand the steps necessary to investigate a case where DT fraud is suspected.

Click the "download" button to view a pdf of the DME Fraud Indicators.

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