

BLUES HEALTH PLAN REDUCES DENTAL FWA

Each year, millions of dollars are lost to fraud, waste, and abuse including erroneously paid dental services that are not covered under medical plan benefits.

A leading midwestern Blues healthcare payer aimed to curtail its own significant losses by improving its ability to detect and protect against outlier billing behavior, such as claims billed under medical insurance for non-traumatic dental services. Without the right technology, data, or clinical staff to catch this behavior early, the payer's budget and bottom line was taking a big hit.

Working closely with the payer's analytics team, as well as the medical and dental directors for payment integrity and FWA, Fraud Scope was used to integrate with and analyze the payer's claims data to detect outlier dental billing behavior. Codoxo's team also trained the payer's clinical staff on updated billing practices to protect their medical resources.

Codoxo and Fraud Scope were used to:

- Bridge data across the payment spectrum for proactive detection of emerging fraud schemes
- Create savings and reduce dental FWA with a unified view of dental claims with medical claims payments, patients, and claim billing processes in one platform
- Provide expertise spanning CPT and CDT codes, data analytics, and medical/dental director experience
- Identify differences between dental and medical insurance and coordinate benefits between dental and medical insurance submission for dates of service
- Recognize common dental services billed to medical insurance (i.e., masking oral appliance codes)
- Detect erroneous claims – outliers, unlisted and unspecified services (i.e., overlapping oral appliance codes, unbundling erroneous code beams, etc.) through AI technology

AFTER JUST A FEW WEEKS, THE MIDWESTERN BLUES PAYER WAS ABLE TO LEVERAGE CODOXO'S AI PLATFORM, HOLISTIC DATA INSIGHTS, AND EXPERTISE TO SUCCESSFULLY



Discover erroneous dental billing to a medical plan and was able to implement best practices to avoid future erroneous billing



Use AI to analyze both medical and dental claims to identify instances of unbundling of codes at the service and provider levels

Dental FWA can significantly impact the bottom line and often goes undetected, especially when incorrectly billed as a medical benefit. Healthcare payers face major financial exposure without the right tools and resources to identify outlier behavior early and gain an accurate and holistic view of their data, claims, providers and members. Leading AI-based FWA solutions such as Fraud Scope equip healthcare payers to stay ahead of emerging schemes and bad actors.