

The Rise of Virtual Healthcare:

Keeping Pulse on Emerging Fraud, Waste and Abuse and Payment Integrity Trends Impacting the Cost Curve

COVID-19 has played a significant role in the adoption of telehealth – and studies show it’s here to stay. Many new healthcare cost inflators tied to the pandemic and virtual healthcare are catching the attention of healthcare leaders, including panelists at Codoxo’s recent [Healthcare Executive Round Table](#).

Discover what you need to look out for within fraud, waste and abuse programs as telehealth adoption and utilization trends show that virtual healthcare is on the rise.

01 UPCODING OF COVID-19 TESTING AND TREATMENT

COVID-19 care and treatment services are being up-coded, such as ordering respiratory panels or billing for full patient evaluations when only a COVID-19 test was necessary.



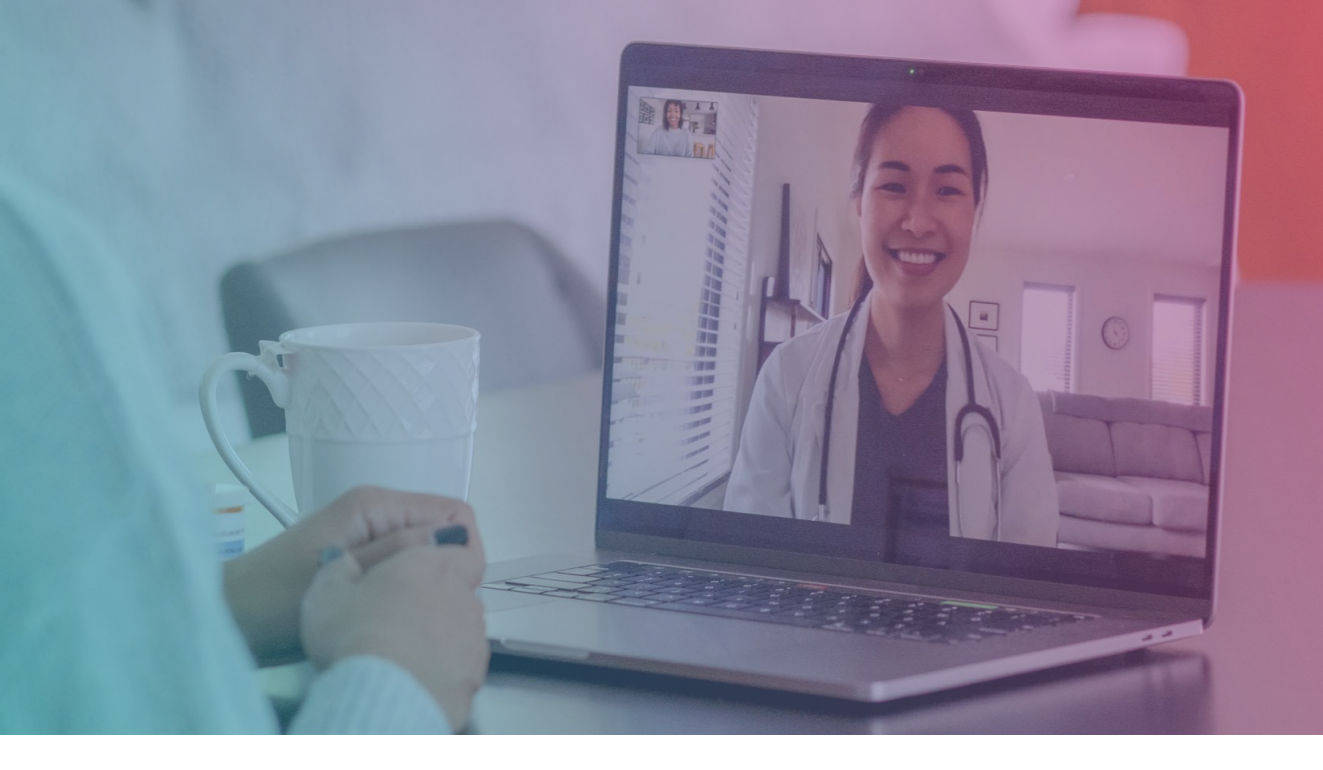
In May 2021, the U.S. Department of Justice announced criminal charges against 14 defendants across the United States who exploited the COVID-19 pandemic and resulted in more than \$143 million in false billings.

02 INCREASED LAB WORK

Even though overall utilization of healthcare is still down about 3-4%, **utilization in lab work has increased dramatically by 15%**. The increase in lab work is an area that healthcare providers need to keep an eye on, especially because it is driving an abundance of fraud.



03 EVALUATION AND MANAGEMENT UPCODING



With a rise in the usage of telehealth, it’s vital to **monitor evaluation and management (E&M)** upcoding, where providers claim to provide a higher level of service than delivered, or even claim to offer services that simply aren’t possible unless the patient was physically seen by the doctor.

04 ONGOING STAFF SHORTAGES

Staff shortages during COVID-19 have also impacted access to care, which is creating a backlog that’s **expected to last for at least two to three years**.



05 BACKLOG IN DEFERRED CARE

Delayed or avoided medical care is another area for concern. This is because without early detection, procedures cost more and immediate intervention is more often required, which comes at a price.



Screening for breast cancer decreased by 87% while screening for cervical cancer went down 84% during April 2020, as compared with the previous five-year averages for that month, according to the Centers for Disease Control and Prevention.

Advice from the experts: Panelists share telehealth schemes to keep an eye on



STOLEN OR PROCURED, HEALTH IDS USED FOR TELEHEALTH

“One of the bigger issues came from telemarketing and robo calls related to testing supplies and test results, in which fraudsters were taking people’s medical IDs through false test results for COVID-19.”

– Patrick Stamm, former COO of Shared Services at UnitedHealthcare



UNDERSTANDING COVID-19 TESTING COVERAGE MANDATES

Highmark is also getting a pulse on at-home COVID-19 testing coverage mandates so they can get to a member-level view of reimbursements. “We are looking at abuse under the return-to-work testing, unnecessary lab tests and unbundling of lab codes.”

– Kurt Spear, Vice President of Financial Investigations and Provider Review, Highmark



E&M CODING SPECIFICALLY AT DRIVE-THRU COVID-19 TESTS AND VACCINES

“We have drive-thrus for COVID-19 tests or vaccines, yet we see E&M codes being billed when there shouldn’t be. E&M upcoding is something that we will continue to watch in the foreseeable future.”

– Chris Hammond, Compliance and Investigation Director at BCBSSC



DID YOU KNOW?

Codoxo’s study found between 10% to 15% of non-compliance with CMS-recommended telehealth codes, highlighting the importance of detecting potential FWA, plus the need for provider education.

The time to act is now.

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