CODOXO

EXECUTIVE BRIEF

AI-Assisted Documentation Fraud

What Payment Integrity Executives Should Be Evaluating Now

> **“Healthcare organizations need new approaches to identify synthetic or manipulated documentation earlier in the process in order to protect payment integrity and reduce downstream risk.”**
>
> — Kurt Spear, VP Financial Investigations and Provider Review, Highmark, Inc.

CODOXO

WHY THIS IS GETTING EXECUTIVE ATTENTION

Traditional assumptions no longer hold

Most payment integrity workflows were built to validate claims, billing patterns, and known anomalies—not determine whether the medical documentation supporting payment decisions is authentic.

Financial exposure can scale quickly

Manipulated, synthetic, or duplicated documentation can increase fraud exposure in ways traditional workflows were not designed to detect, creating potential improper payments, missed fraud, and downstream recovery costs.

Recovery is more expensive than prevention

Once improper payments are made, organizations face significantly higher investigation, recovery, provider abrasion, and administrative costs than if risk is identified earlier.

National payers are acting

Several large national healthcare payers are already investing in this emerging area as part of broader SIU and payment integrity modernization strategies.

CODOXO

EXECUTIVE QUESTIONS BEING ASKED

Are current controls designed to detect this type of risk?

Traditional payment integrity and fraud detection models were built to identify billing anomalies, utilization patterns, and claims-based risk—not validate documentation authenticity.

What exposure may exist?

If manipulated documentation enters claims workflows undetected, organizations may face missed fraud, improper payments, delayed detection, and unrecoverable downstream costs.

Where should this operationally sit?

Most organizations would align this capability within: SIU, Payment Integrity, Audit, or Compliance / Governance.

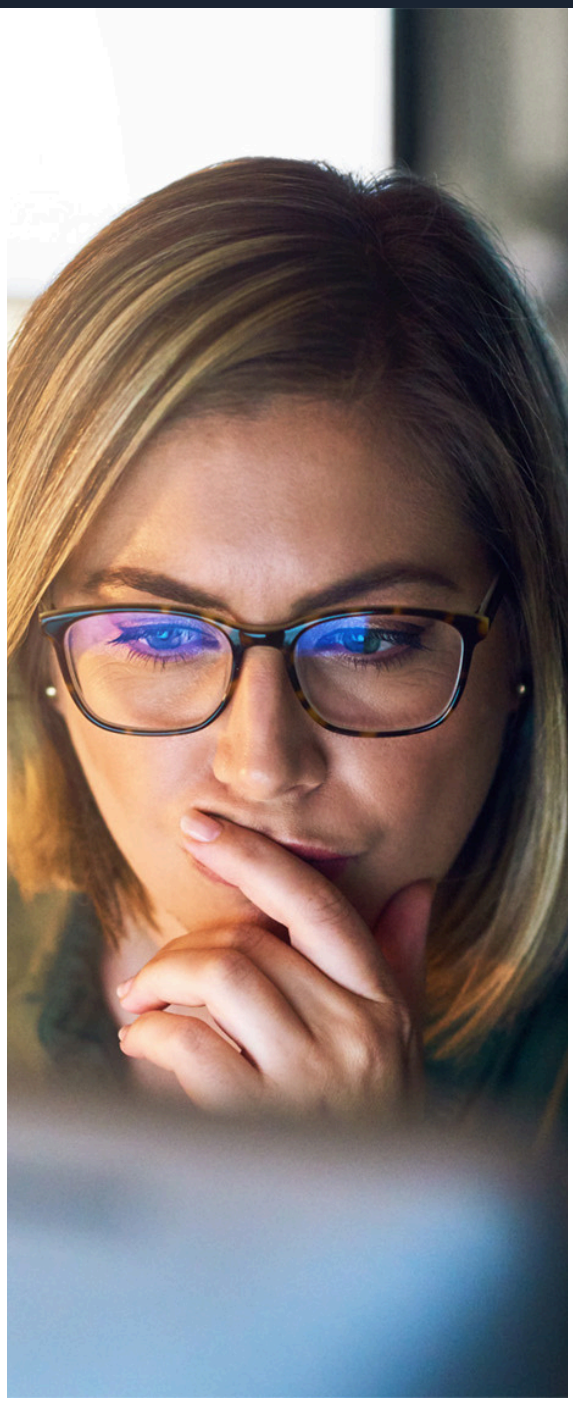
The right model depends on operational maturity and current workflow ownership.

Will this create new or additional operational burden?

The right approach should integrate into existing SIU and payment integrity workflows—helping teams prioritize higher-risk documentation through automation and explainable risk scoring rather than creating new manual review processes or requiring additional headcount.

CODOXO

WHAT A MODERN RESPONSE LOOKS LIKE



A modern documentation validation strategy should:

+ Identify manipulated, synthetic, blended, or duplicated documentation
+ Support pre-pay, post-pay, and SIU investigation workflows
+ Prioritize high-risk cases through explainable evidence
+ Strengthen payment confidence and fraud detection coverage
+ Scale without requiring operational expansion

CODOXO

Codoxo Deepfake Detection was built specifically for healthcare payer workflows to help validate documentation authenticity within existing SIU and payment integrity operations - strengthening payment accuracy, expanding fraud detection coverage, and supporting earlier intervention without increasing operational burden.

Talk with a Deepfake Detection Expert

About Codoxo

With a mission to make healthcare more affordable and effective for everyone, Codoxo is the premier provider of artificial intelligence-driven solutions and services that help healthcare companies and agencies proactively detect and reduce risks from fraud, waste, and abuse and ensure payment integrity.

Learn more at https://www.codoxo.com.