CODOXO

EARLIER INTERVENTION, BY DESIGN

3 TYPES OF *AI-GENERATED* MEDICAL FRAUD EVERY SIU SHOULD DETECT

Generative AI can produce clinical documentation that looks legitimate at a glance — well-structured, properly coded, internally consistent. Understanding how this fraud appears in practice is the first step toward detecting it.

92%
of insurers recently reported AI fraud losses

~30%
deepfake detection rate without AI assistance

TYPE 01

FULLY AI-GENERATED DOCUMENTATION

HARDEST TO SPOT VISUALLY

WHAT'S FABRICATED

- Progress and therapy notes
- Imaging report narratives
- Full patient encounters
- Voice-cloned audio records

WHY IT PASSES REVIEW

- Clinically plausible narrative
- Proper medical terminology
- Realistic document structure
- No spelling or logic errors

Key risk: Documentation appears fully valid but no provider ever authored any part of it — undermining the assumption that records can serve as evidence.

TYPE 02

BLENDED (PARTIALLY AI-GENERATED) DOCUMENTATION

MOST DIFFICULT TO DETECT

HOW AI IS LAYERED IN

- Added diagnoses for higher reimbursement
- Inflated procedure counts
- Expanded therapy notes
- Modified clinical narratives

WHAT INVESTIGATORS SEE

- Authentic clinical language
- Consistent document structure
- No obvious inconsistencies
- Credible, complete record

Key risk: Real and synthetic content are combined in a single record. Manipulation cannot be isolated through manual review alone.

TYPE 03

CLONED DOCUMENTATION AT SCALE

HIGHEST VOLUME THREAT

HOW CLONING WORKS

- One real record used as source
- AI rewrites with small wording changes
- Each version appears unique
- Imaging variations added per copy

HOW IT EVADES DETECTION

- Deployed across multiple patients
- Spans unrelated encounters
- Avoids simple duplication checks
- Bypasses traditional review tools

Key risk: One real document can support dozens of fraudulent claims. Wording differences are enough to evade traditional duplication checks at scale.

Ready to stop AI-generated fraud before it costs you? GET STARTED