The DNA of a Testing Scam

ederal agents raided a number of genetic testing laboratories in September 2019, resulting in 35 people being charged with fraudulent genetic testing associated with an estimated \$2.1 billion in losses to federal healthcare insurance programs (U.S. Department of Justice, 2019).

The scams work in several ways. In some cases, an older adult is contacted by a customer service representative of the testing laboratory and told that Medicare pays for the genetic testing ordered, based on a simple cheek swab sample. This occurs when representatives of the testing laboratory have "arrangements" with providers who order the tests, often without the provider examining the patient. These providers may receive financial payment or other gifts for their efforts.

In other cases, the patient is given a form to be signed by the patient's regular provider, who then orders the tests. There is often some urgency to this, and the patient is encouraged by the scamming laboratory to get the physician to sign the form quickly while the offer is available. The scammers benefit directly by receiving payments from Medicare and indirectly by obtaining protected personal information about the patient, which can lead to identity theft.

The quality of the laboratory may also be in question. Recently, a patient brought her mother's test results to me. I read the report and could not understand what was tested or the testing interpretation. In addition to a series of incomplete sentences, the report also cited references from the 1990s, years before most of the tests were even available. I could not understand the laboratory science used in the testing or the extent of coverage for mutation testing. In addition, no designated genetics professional was available to answer questions. The patient told me that she did not know the provider who ordered the testing and that the kit had been sent to her mother's house. When I explored further, I saw that the ordering physician worked at a medical spa with an address on the same Florida street as the testing laboratory.

I encouraged my patient to have her mother make a call to the Office of the Inspector General (OIG), alerting the OIG to potential fraud. I also called the OIG, tialed genetics professionals for additional evaluation.

A nurse who is aware can also prevent further loss to the patient, which is very real. Patients may experience identify theft, and, coupled with that, they are susceptible to testing that provides no pertinent actionable or appropriate information. Nurses who suspect a patient may have been the victim of such a scam can advocate for patients and educate them to report such

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reporting my concern about the quality of the report and the testing because it failed to detect a known family mutation. However, I could not provide any more specifics because I had not been involved in the care of my patient's mother.

So, what is my message to you? When a genetics professional orders a test from a specific laboratory, that order should follow a careful process. What is the science in the laboratory? What measures are taken to ensure that results are as accurate as possible? Are the billing processes transparent and understandable? What is included in the report, and is it clear and understandable? Are knowledgeable professionals from the testing laboratory available to discuss a case?

All nurses need to be aware of these scams and educate patients and their families about their prevalence. That awareness allows nurses to review the patient's personal or family history and determine if the history suggests hereditary risk. And, from that awareness, nurses can support appropriate referrals to a credenscams to the OIG (www.oig.hhs.gov/fraud/ report-fraud). By being aware, you can protect your patients from this unfortunate new variation on patient scams.



Suzanne M. Mahon, DNSc, RN,

AOCN[®], AGN-BC, is a professor in the Division of Hematology/Oncology and Department of Internal Medicine, and an adult nursing professor in the

School of Nursing, both at Saint Louis University in Missouri. Mahon can be reached at suzanne.mahon@ health.slu.edu, with copy to CJONEditor@ons.org.

REFERENCE

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