



Medicaid Compliance for the Dental Professional

Presentation




Learning Objectives

At the conclusion of this presentation, the learner will be able to:

- Recall how to document medical necessity for dental procedures
- List at least two ways a compliance program can benefit a dental practice
- Recognize how to implement elements of a compliance program in a small or solo dental practice
- Recall where to report suspected issues of fraud, waste, and abuse

Centers for Medicare & Medicaid Services 2

Introduction

- Dentists are critical partners in the success of Medicaid and the Children's Health Insurance Program (CHIP)
- The Centers for Medicare & Medicaid Services (CMS) hoped to increase the percentage of enrolled children receiving preventive dental services from 42 to 52 percent by October 2015



The Health Report
Medicaid Provides Dental Care to More Than 43 Million Children and Millions of Adults

Medicaid and the Children's Health Insurance Program (CHIP) are major sources of health coverage for low-income children ranging in age from infants to early adulthood. Together, these programs provide coverage nationwide for about 43 million children during the course of a year. This represents more than one out of every three children in the United States. In addition, many state Medicaid programs provide dental coverage to adults, reaching millions every year. These figures show the important role dentists play in the Medicaid and CHIP programs.



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Dental Management Companies— 24 Million Dollar Settlement



A government investigation of one dental management company confirmed:

- Medically unnecessary treatments
- Treatments did not meet professional standards
- \$24 million settlement, plus interest

Dental Management Companies— 2012 Alleged Abuse of Preschooler



- Dental management company
- Patient with special needs
- Unnecessary dental treatment

“ I never gave them permission to drill into my son’s mouth. They did it for profit.”

Dental Management Companies— 2013 Senate Finance Report

The 2013 Senate Finance report found the following:

Arizona (2012):

- Improperly restrained
- Child increasingly displayed aggression after treatment
- Treatment was not medically necessary and not performed correctly

Corporate Integrity Agreement (CIA) (2010):

- Improperly restrained
- Incorrect amount of anesthesia
- No X-rays prior to pulpotomies
- Lack of documentation

Dental Management Companies— 2014-2015 OIG Evaluations

Several common issues among providers were identified across the four reports:

- One-third to two-thirds of providers in each State worked for a few dental management companies
- They claimed an unusually large number of services per day and high payments per child
- They did not always verify or document medical necessity

Improper Claims— Services Not Rendered



Some dentists have fabricated records and submitted bills for multiple exam codes or for services or items not rendered, such as:

- Office visits
- Fillings
- Tooth reimplantations
- Palatal expanders
- Nitrous oxide
- Intraoral X-rays

Improper Claims— Upcoding

Dentists should be careful not to upcode, or bill for more services than provided. Common areas of upcoding include coding:

- Topical fluoride treatments as dental examinations
- Teeth-straightening devices as speech-aid prostheses
- Simple extractions as surgical extractions
- Preventive resin restorations as fillings
- Dental hygienist assessments as comprehensive oral evaluations

Laws Against Medicaid Fraud



- False Claims Act
- Health Care Fraud Statute
- Anti-Kickback Statute
- Patient Access and Medicare Protection Act
- Civil Monetary Penalties Law
- State laws

Dental Claim Issues— Office of the Inspector General

A report on pediatric dental claims in five States concluded:

- Thirty-one percent of services billed resulted in improper payments
- Eighty-nine percent of improper payments were due to insufficient documentation



Covered Services



In general, covered services include dental care at as early an age as needed for:

- Relief of pain and infections
- Restoration of teeth
- Maintenance of dental health

Preventive and maintenance services should follow periodicity schedules and include caries risk assessments.

Billing for Noncovered Services

Noncovered services typically include:

- Cleanings that are too frequent
- Routine periapical or anterior X-rays
- Panoramic X-rays on children under 3 years old



Billing Issues— Unbundling

In some States, Medicaid rules require:

- Cleanings, X-rays, and examinations be billed as part of a single visit
- X-rays, oral/facial images, and preorthodontic visits be billed as part of a comprehensive orthodontic code

Medical Necessity



State Medicaid definitions vary. Many require the treatment must be:

- Consistent with generally accepted standards of practice
- Reasonably necessary to prevent significant illness or disability or to alleviate severe pain
- The least costly course of treatment that adequately addresses the problem

Documenting Medical Necessity— Requirements

For documentation of medical necessity to be adequate, the tooth chart and treatment notes should include:

- A description of the conditions requiring treatment
- References to supporting diagnostic tests
- The diagnosis



Documenting Medical Necessity— Crowns and Pulpotomies



When crowns or pulpotomies are necessary on primary teeth, the tooth chart and treatment notes should show:

- The tooth was not already exfoliating
- The tooth was diseased as determined by tactile or X-ray examination
- The extent of the disease

Documenting Informed Consent

Documentation should include:

- Patient's name and date of birth
- Authority to consent (for children)
- Description of procedure, risks, and alternatives
- Opportunity to ask questions
- Signature of patient or authorized person and name of witness

http://www.aapd.org/media/Policies_Guidelines/G_InformedConsent.pdf

Benefits of Having a Compliance Program

A compliance program can help a dental practice:

- Avoid problems with improperly coded or undocumented claims
- Address small problems before they become big problems
- Be better prepared for program integrity audits or investigations

Compliance Program Elements

The seven elements of a compliance program can be summarized as:

1. Conducting internal monitoring and auditing
2. Implementing written standards and procedures
3. Designating a compliance officer or contact(s)
4. Conducting appropriate training and education
5. Responding promptly to detected offenses and taking corrective action
6. Maintaining open lines of communication
7. Enforcing well-publicized disciplinary standards

1. Internal Monitoring and Auditing—Baseline Audit

To establish effective internal monitoring, a practice should first conduct a baseline audit that:

- Reviews a random sample of claims and associated dental records
- Checks for correct:
 - Coding
 - Billing
 - Documentation

1. Internal Monitoring and Auditing— After the Baseline

After the baseline audit is complete, a practice should:

- Monitor samples of claims and records on an ongoing basis
- Update procedures with changes in professional standards and government regulations
- Perform a self-audit of claims, records, and procedures at least once a year

1. Internal Monitoring and Auditing— Exclusions



- You may be liable for civil monetary penalties if you knowingly employ an excluded person to perform services paid for by Medicaid
- Check the List of Excluded Individuals/Entities at <https://exclusions.oig.hhs.gov/> on the U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG) website

2. Written Standards and Procedures

The dental practice should have written standards and procedures that address:

- Correct coding and billing
- Medical necessity
- Proper documentation
- Improper inducements or kickbacks

Written standards and procedures should refer to Medicaid program requirements, State dental laws and regulations, professional standards, and Current Dental Terminology codes.

3. Designate Compliance Contacts



To ensure implementation of the compliance program, the practice may wish to assign:

- Overall responsibility for the compliance program to a compliance officer
- Responsibility for specific compliance tasks to different individuals

4. Appropriate Training and Education



Practices should require recurrent training on:

- The compliance program
- Applicable statutes and regulations
- Coding and billing
- Documentation
- Other risk areas

5. Prompt Responses and Corrective Action—Prompt Response

Upon receipt of a report of noncompliance, the practice's compliance contact should:

- Review relevant documentation
- Talk with people who have knowledge
- Identify the standard that applies
- Make a preliminary determination of whether there has been a violation



5. Prompt Responses and Corrective Action—Corrective Action



- Return any funds improperly paid
- Take internal corrective action
- Report to the State Medicaid agency (SMA) or other government agency, as appropriate

6. Open Lines of Communication

Practices should maintain open lines of communication by:

- Designating a specific compliance contact publicly to receive complaints about compliance
- Requiring the designated contact to have an open door policy
- Making reporting of suspect behavior a duty for all employees
- Protecting employees from retaliation for reporting

7. Disciplinary Standards



Disciplinary standards should be:

- Articulated in clear guidelines
- Discussed in training and staff meetings and posted in public places
- Enforced through timely and consistent disciplinary action

Don't Just Stand There— Report it!



By reporting suspected fraud and abuse, dental professionals can help:

- Preserve a level playing field among competitors
- Protect the integrity of the Medicaid program
- Protect the health of their patients

Where to Report Violations

Dental practices should report potential violations of the law or Medicaid rules to the:

- SMA
- Medicaid Fraud Control Unit (MFCU)

Contact information for SMAs and MFCUs is posted to https://www.cms.gov/medicare-medicare-coordination/fraud-prevention/fraudabuseforconsumers/report_fraud_and_suspected_fraud.html on the CMS website.

Where to Report Violations— Continued

- HHS-OIG
- 1-800-HHS-TIPS

<https://forms.oig.hhs.gov/hotlineoperations/complaint.aspx>

Medicaid Program Integrity Agencies and Contractors

- CMS
 - Payment Error Rate Measurement (PERM) program
 - Medicaid Integrity Contractors (MICs)
- SMA
- Medicaid Recovery Audit Contractors (RACs)

Program Integrity Audits—Preparation

Medicaid dental providers can prepare for audits by program integrity agencies or contractors by:

- Performing and documenting internal monitoring and auditing
- Having regular outside audits done by independent auditors
- Having an adequate audit response policy

Program Integrity Audits—Response

In responding to a program integrity audit, practices should:

- Ask for information about the audit
- Provide relevant policy and procedure documents
- Provide requested billing and treatment records promptly
- Respond to proposed findings
- Take corrective action to address findings

Improving Medicaid Dental Care

CMS' Oral Health Initiative plans to increase the percentage of children on Medicaid who receive preventive services.

Dental practices can help Medicaid achieve this goal by:

- Providing preventive services
- Informing families about transportation and appointment reminder services



Medicaid Coverage of Oral Health Services

Oral health services include:

- Screenings and assessments done by unsupervised dental professionals or by medical providers
- Fillings and simple extractions done by mid-level dental professionals
- Let medical providers and other dental professionals know as a dentist you are available to handle referrals that require treatment by a dentist

Conclusion

A compliance program can protect your practice by:

- Ensuring that patients receive high-quality care
- Generating well-documented claims that expedite payment
- Maintaining solid documentation to facilitate audits or investigations
- Resolving employee concerns before those concerns result in:
 - A complaint to a government agency
 - A whistleblower lawsuit

Questions

To see the electronic version of this presentation and the other products included in the "Medicaid Compliance for the Dental Professional" Toolkit posted to the Medicaid Program Integrity Education page, visit <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS website.



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