

# ADDING VALUE TO YOUR DENTAL PRACTICE

State Medicaid programs are required to ensure that your dental claims are supported by documentation.[1,2] The U.S. Department of Health and Human Services, Office of Inspector General (HHS-OIG) reminds us that “all health care providers have a duty to ensure that the claims submitted to Federal health care programs are true and accurate.”[3] Accurately billing your dental services avoids unnecessary delays in payment. It is important for dental practices to ensure that the medical necessity of those services is properly documented and that the services are correctly billed.

According to HHS-OIG, a compliance program can “speed and optimize proper payment of claims.” In addition, “the increased accuracy of documentation that may result from a compliance program will actually assist in enhancing patient care.”[4] An internal compliance program might help identify and correct issues of documentation and billing before you submit your claims.

## Two Ways to Add Value

### 1. Document Medical Necessity

Medicaid coverage of dental services for adults is limited, but for children it includes screening services and other preventive, diagnostic, and treatment services that are medically necessary and properly documented. Under the mandatory Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit,[5] children in Medicaid are entitled to “dental care at as early an age as necessary, needed for relief of pain and infections, restoration of teeth and maintenance of dental health.”[6]

Determinations of medical necessity are generally made by the patient’s dentist, consistent with general practice standards, any specific guidelines issued by the State, and the patient’s individual treatment plan. Specific guidelines issued by the States can vary, but the common fundamental requirement is that reimbursement will only be paid for services that are adequately documented and medically necessary.[7,8]

Medical necessity is a term that may be confusing when used in the dental context. It is widely used in Medicaid programs when referring to dental services. When you hear the term “medical necessity,” think “dental necessity.” To show medical necessity, it is a good practice to:

- Document not only the treatment but also the specific disease condition that made the treatment necessary; and
- Document the disease on the tooth chart, surface by surface, as determined by visual or tactile clinical examination or by X-ray.

Good documentation practices can also answer common questions about treatments billed to Medicaid, such as why a tooth was treated twice or why a treatment was performed in the absence of an X-ray.

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<sup>1</sup> Social Security Act § 1902(a)(27). Retrieved April 4, 2012, from [http://www.ssa.gov/OP\\_Home/ssact/title19/1902.htm](http://www.ssa.gov/OP_Home/ssact/title19/1902.htm)

<sup>2</sup> Agreements, 42 C.F.R. § 431.107(b). Retrieved November 5, 2013, from <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=7802b8f6a57e10e9934c9a1e00b891f1&ty=HTML&h=L&r=SECTION&n=42y4.0.1.1.2.3.10.2>

<sup>3</sup> U.S. Department of Health and Human Services. Office of Inspector General. (2000, October 5). OIG Compliance Program for Individual and Small Group Physician Practices. 65 Fed. Reg. 59434-59435. Retrieved January 23, 2013, from <https://oig.hhs.gov/authorities/docs/physician.pdf>

<sup>4</sup> U.S. Department of Health and Human Services. Office of Inspector General. (2000, October 5). OIG Compliance Program for Individual and Small Group Physician Practices. 65 Fed. Reg. 59434-59435. Retrieved January 23, 2013, from <https://oig.hhs.gov/authorities/docs/physician.pdf>

<sup>5</sup> Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals Under Age 21, 42 C.F.R. §§ 441.50-441.62. Retrieved November 5, 2013, from <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=e1ce94ce245f4c1b836e1c963d9e7d33&ty=HTML&h=L&r=PART&n=42y4.0.1.1.10#42.4.0.1.1.10.2>

<sup>6</sup> 42 C.F.R. § 441.56(c)(2). Retrieved November 5, 2013, from <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=9f50519c4df365a7e0b6d0bf0bb44848&ty=HTML&h=L&r=SECTION&n=42y4.0.1.1.10.2.112.3>

<sup>7</sup> 42 C.F.R. § 431.107(b)(1). Retrieved January 23, 2013, from <http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=d57664994019b22646cadbcc8cb43547&ty=HTML&h=L&r=SECTION&n=42y4.0.1.1.2.3.10.2>

<sup>8</sup> U.S. Department of Health and Human Services. Office of Inspector General. (2007, September). Improper Payments for Medicaid Pediatric Dental Services (pp. 2-3). Retrieved January 23, 2013, from <https://oig.hhs.gov/oei/reports/oei-04-04-00210.pdf>

## 2. Implement a Compliance Program

A compliance program can help a dental practice ensure that medical necessity is documented, that quality services are appropriately rendered and billed, and that Medicaid rules are followed. The following steps illustrate how such a program might work in your office to properly document medical necessity.

1. **Written policies.** The dental practice's written policy would make clear to all employees that documentation of medical necessity, including the presence of disease, is required.
2. **Designating responsible persons.** Designated persons would be responsible for ensuring compliance with policy and responding to any staff concerns about lack of documentation.
3. **Training.** The staff would be trained on what is required for documentation.
4. **Communication.** The practice should make it possible for all staff to communicate concerns about lack of documentation to responsible persons so any problems can be corrected earlier rather than later.
5. **Internal monitoring and auditing.** The managing dentist or a dentist owner would designate a responsible person to review claims denied for lack of documentation and to periodically audit selected charts to ensure medical necessity is properly documented.
6. **Enforcing disciplinary policies.** If it is determined that employees have failed to play their assigned roles in documenting medical necessity, appropriate disciplinary action should be taken.
7. **Responding promptly to issues and correcting them.** If the documentation is lacking or does not support claims that have already been paid for by the Medicaid program, the practice should report the overpayment to the State Medicaid agency (SMA) and should return the money.

These seven steps are discussed in more detail in the HHS-OIG "Compliance Program for Individual and Small Group Physician Practices," available at <https://oig.hhs.gov/authorities/docs/physician.pdf> on the HHS-OIG website.

## Report Suspect Practices

Dentists, patients, and outside oversight agencies all share the same goal: provision of good quality dental care that is appropriately documented. HHS-OIG advises that "just because your competitor is doing something doesn't mean you can or should."<sup>9</sup> If you suspect improper practices by another dentist, you can report this information to several agencies. These include your SMA, your State Medicaid Fraud Control Unit, and HHS-OIG. Contact information for SMAs and Medicaid Fraud Control Units is available at <http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/FraudAbuseforConsumers/Downloads/smafraudcontacts-october2013.pdf> on the CMS website. You can also contact HHS-OIG by calling 1-800-HHS-TIPS, or going to <https://forms.oig.hhs.gov/hotlineoperations/complaint.aspx#english> on HHS-OIG's website.

If a dentist suspects a beneficiary issue, such as card sharing or eligibility fraud, he or she should report the issue to the SMA.

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February 2014

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<sup>9</sup> U.S. Department of Health and Human Services. Office of Inspector General. Health Care Compliance Program Tips. Retrieved March 14, 2012, from <https://oig.hhs.gov/compliance/provider-compliance-training/files/Compliance101tips508.pdf>

