

ADDING VALUE TO YOUR DENTAL PRACTICE

Some dentists have found that the value of the Medicaid portion of their dental practices has been reduced by difficulties in resolving payment issues.[1] If you have experienced these difficulties, this fact sheet will inform you of some actions you can take to overcome them and add value to your dental practice. The key to overcoming many payment issues is to recognize that State Medicaid programs are required to ensure that your dental claims are supported by documentation.[2,3] 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.”[4] Accurately billing and documenting your dental services can help avoid unnecessary delays in payment. A crucial part of documentation is showing the medical necessity of the services rendered by following the process described below.

Another way to add value to your practice is to implement a compliance program that is customized to fit the needs of your practice. 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.”[5] An internal compliance program might help identify and correct issues of documentation and billing before you submit your claims.

This fact sheet will also discuss a final way to add value to your dental practice: reporting those who mistreat their patients or violate Medicaid rules. These providers are not only cheating their patients and the taxpayers, but they are reducing the value of your dental practice through unfair competition

Two Ways to Add Value

1. Document Medical Necessity

Medicaid coverage of dental services for adults may be 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,[6] 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.”[7] Accordingly, the Centers for Medicare & Medicaid Services (CMS) Medicaid Manual requires that States “provide for medically necessary ... dental services.”[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.”

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.

Because of the medical necessity requirement, dentists need to document not only the extent of services but the medical necessity of those services. As pointed out by the American Academy of Pediatric Dentistry, this means dentists “must document the diagnosis” and not just the treatment. This means referring to laboratory reports, radiographs, and any other diagnostic studies. In addition, 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 answer common questions about treatments billed to Medicaid, such as why a tooth had to be retreated or why a treatment was performed in the absence of an X-ray.

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 is an illustration of how such a program might work in your office to properly document medical necessity.

1. **Written policies.** The dental practice's written policy should make clear to all employees that documentation of medical necessity, including the presence of disease, is required.
2. **Designating responsible persons.** Designated persons should be responsible for ensuring compliance with policy and responding to any staff concerns about lack of documentation.
3. **Training.** The staff should 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 should designate a responsible person to review claims denied for lack of documentation, to identify issues to monitor, to continually monitor claims, and to periodically audit selected claims and 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 CMS presentation “Medicaid Compliance for the Dental Professional,” available at <http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Provider-Education-Toolkits/dental-toolkit.html> on the CMS website, and in HHS-OIG's “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.”[9] The overwhelming majority of Medicaid dentists, like other providers, deliver the best possible care to their patients and follow Medicaid rules. However, there is a small minority of dentists who do not treat their patients appropriately and who violate Medicaid rules. These dentists harm the patients, cheat the taxpayer, and hurt your practice by diverting patients. Medicaid needs your help identifying dentists who belong to this small minority. If you suspect improper practices by another dentist, you can report this information to several agencies. These agencies include your SMA, your State Medicaid Fraud Control Unit (MFCU), and HHS-OIG. Contact information for SMAs and MFCUs is available at http://www.cms.gov/medicare-medicicaid-coordination/fraud-prevention/fraudabuseforconsumers/report_fraud_and_suspected_fraud.html 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> 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.

To see the electronic version of this fact sheet and the other products included in the “Medicaid Compliance for the Dental Professional” Toolkit, visit the Medicaid Program Integrity Education page at <http://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html> on the CMS website.

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