

Compliance University

Case Study #1



ANTERIOR
RESTORATIONS

Monday, March 12, 2012

RESTORATIONS:

-RMH, NSC

-Tooth Number(s): 6, 7, 8, 9 and 11

-Anesthetic: Benzocaine topical anesthetic applied

- 2 Carpules Lidocaine HCL (Xylocaine HCL) 2% with Epinephrine 1:100,000 (1.7mL each)

-removed decay

- Caries Finder G

- 3M ESPE Vitrebond #7

- 40% ETCH GEL and XENO IV BOND

-light cured for 10 seconds

-Composite Type: 3M Filtek Supreme Composite, Shade A2B Incisal edge of #9 and A3B 6,7,8,9,11

-Light cured for 20 seconds

-Checked occlusion and contacts

- Enhance Polish Tip and Finishing Discs

OFFICE SUBMITTED:

Tooth #6	F	D2330	resin 1 surface	Anterior
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Tooth #7	MFL	D2332	resin 3 surface	Anterior
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Tooth #8	DFL	D2332	resin 3 surface	Anterior
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Tooth #9	DIFL	D2335	resin 4+surface	Anterior
----------	------	-------	-----------------	----------

Tooth #11	MFL	D2332	resin 3 surface	Anterior
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Claim **rejected**: Treatment notes do not support restorations.

“14. Adequate documentation of treatment rendered which verifies the claims submitted.

Identifying:

- a) Date of service/procedure.
- b) **Description of service, procedure.**
- c) Type and dosage of anesthetics and medications given or prescribed.
- d) **Localization of procedure/observation (tooth #, quadrant, etc.)**
- e) Signature of provider who rendered service.”

From page 33, Illinois Medicaid manual.

DENTIST RECORDED

“RESTORATIONS

RMH, NSC

Tooth Number(s):6,7,9 and 11

-Anesthetic: Benzocaine topical
anesthetic applied”

Compliance University

Case Study #2



Documentation of Medicaments

PATIENT'S NAME _____

DATE

6-28-12

TIME PREFERRED _____

SERVICES RENDERED

DATE RENDERED	TOOTH NUMBER		✓ WHEN COMP.	TOTAL FEE
6-28-12	FM	Px. FI, pan, OHI, exam, 2 BW, PA ^{lower} ~~ant~~ _{#P, O-root tips} ~~XL~~	✓	240
11:00 6-29-12	O	X	✓	92
	P	X		
		gave 1 corp 4% Anesthetic w/ 1:100,000 epi., N ₂ O		
1-12-13	FM	Pro, 2 BW's, FI, Ex, OHI, OCS (4)	✓	129
2:30 11-25-13	K	O-A	✓	169
	L	O-A-A		
		gave 1 corp 4% Anesthetic w/ 1:100,000 epi., N ₂ O		
2:30 12-9-13	S	O-A	✓	169
	T	O-A		
		gave 1 corp 4% Anesthetic w/ 1:100,000 epi., N ₂ O		

OFFICE SUBMITTED:

D9230 Inhalation of nitrous oxide /
anxiolysis, analgesia

Claim **rejected**: Lack of thorough documentation to support the use of nitrous oxide.

“**Narrative** of Medical Necessity.”

From page 104 of the Illinois Medicaid Manual.

14. Adequate documentation of the treatment rendered which verifies the claims submitted.

Identifying:

c) Type and **dosage** of anesthetics and medications given or prescribed.

From page 33 of the Illinois Medicaid Manual.

Dentist documented:

Tooth #

O

P

Gave ½ Carp 4% Articaine
w/1:100,000. epi, N₂O

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Case Study #3



Oral Surgery

SURGICAL EXTRACTION(S):

-Patient presents for extraction of tooth number(s): 1, 16, 29 and 30

-Patient given informed consent, alternative treatment options (if any) and risks including but not limited to discussing possible pain and possible infection. Patient informed that perfect results cannot be guaranteed. Patient informed may experience pain and/or swelling and may need prescription pain killers and/or antibiotics.

-Patient wants extraction of tooth number(s): 1, 16, 29 and 30

-Patient read and signed consent form

-RMH: NSC

-Anesthetic: Benzocaine topical anesthetic applied

-Carpules: 3 Carpules Lidocaine HCL (Xylocaine HCL) 2% with Epinephrine 1:100,000 (1.7mL each), and Septocaine (Articaine HCL) 4% with Epinephrine 1:100,000, (1.7mL each).

-incision was made with a #15 blade. Tissue flap was raised with the periosteal elevator, and bone was removed with straight elevator. Forcep was then used to luxate the tooth from the socket.

Tooth Sectioned: No

The extraction site(s) were curetted with curettes and the bone was smoothed with the rongeur and the bone file.

Socket(s) irrigated with solution to clear any debris. Area(s) packed with gauze to aide in hemostasis.

-Complications: NONE

-Hemostatic agent used: NO

-Sutures Placed: NONE

-RX: Amoxicillin 500mg and Motrin 600mg

-Prescription instructions have been given to the patient, and the patient has confirmed that they understand the instructions, and Antibiotics were given to this patient, and patient was instructed to start taking immediately and finish entire prescription.

-Post op instructions: written and oral instructions explained to pt and pt confirmed that they understand

-Patient informed to contact office if pain and/or swelling develop and over the counter medications do not alleviate

OFFICE SUBMITTED:

D7210. Surgical Extractions for tooth numbers 1,16,29 and 30.

D7210 = Surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.

From Illinois Dental Medicaid Manual page 130

Claim **rejected**: Treatment notes indicate teeth were not sectioned and bone is not removable with a straight elevator.

D7210 = Surgical removal of erupted tooth requiring **removal of bone** and/or **sectioning** of tooth, and including elevation of mucoperiosteal flap if indicated.

From page 130 of Illinois Medicaid Manual

Dentist wrote:

“Incision was made with a #15 blade. Tissue flap was raised with the periosteal elevator, and bone was removed with straight elevator. Forceps was then used to luxate the tooth from the socket.

Tooth Sectioned: No”

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Case Study #4



Orthodontics

9/10/13

- ③ Keys whi & presents T.C.C. of "ady"
- ③ 11000 bracket
- ③ Recement x1 bracket
- place ↑ ↓ elastics
- place Rotator #7
- ③ pt tolerance well
- N.V. Agy (B)M

04/02/13

- ③ 12 up bth & presents T.C.C. of "pain on front teeth"
- ③ pt got hit in mouth during basket ball
- ↑ lip a little swollen, no laceration
- ③ place ↑ locks
- " " bumper wire
- " " R power chain
- " " UR " "
- ③ pt tolerance well
- N.V. Cont tx (B)M

9/10/13

- ③ 12 up. T.C.C. presents T.C.C. of "Pain on teeth"
- ③ 24 seemed fine
- ③ Explained to pt that if pain and he will be referred to ERG.
- Reconnected 2 Brackets
- Changed ↑ elastics
- Bumper wire & under pads
- ↑ locks
- ③ pt tolerance well
- N.V. Cont tx (B)M

OFFICE SUBMITTED:

D9110: Palliative (Emergency) Treatment of
Dental Pain – Minor Procedure.

From Illinois Medicaid Manual page 138

Claim **rejected**: Provider was billing for Palliative Treatment of Dental Pain after exceeding the limitation for orthodontic adjustments. There were no minor treatments completed the same day to address pain. Only ortho tx was completed on dates of service.

D9110: Palliative (Emergency)
Treatment of Dental Pain - Minor
Procedure.

**From page 138 of Illinois Medicaid
Manual.**

Dentist wrote:

“9/10/13 (S) 16 yo,whi female
presents with a CC of “ady”

(O) Loose bracket

(A) Recement x1 bracket

Place up down alastics

Place rotator #7

(P) Pt tolerated procedure well

NV Ady”





A. BACALL

"Investigative reporters on lines one, two, and three."

U.S. Senate Report Released Slamming DSOs

JULY 26, 2013 BY [TDMR](#)

This week the staff of the Committee on Finance and Committee for Judiciary for the U.S.

Senate released a negative report about DSOs entitled the “JOINT STAFF REPORT ON THE CORPORATE PRACTICE OF DENTISTRY IN THE MEDICAID PROGRAM.” The report suggested that one dental chain should be dropped from the federal Medicaid program altogether.



Dr. Bicuspid has well summarized the report and its conclusions so we include their reporting here. The report can be downloaded from a link below.

**JOINT STAFF REPORT ON
THE CORPORATE PRACTICE OF DENTISTRY
IN THE MEDICAID PROGRAM**

PREPARED BY THE STAFF OF THE

COMMITTEE ON FINANCE
UNITED STATES SENATE

MAX BAUCUS, *Chairman*

AND

COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE

CHUCK GRASSLEY, *Ranking Member*



JUNE 2013

Printed for the use of the Committee on Finance

U.S. GOVERNMENT PRINTING OFFICE

WASHINGTON : 2013

The following table provides details related to each finding:

No Medical Necessity For Treatment Performed		
Patient	Date of Service	Finding
#004	May 1, 2012	There was no periapical X-ray to support the medical necessity for the extraction of tooth #A and pulpotomy and SSC performed on tooth #B. A photograph showed a purulent sinus tract in the upper right buccal mucosa in the vicinity of tooth #A. A bitewing X-ray dated April 20, 2012, showed very large decay approximating the pulp in tooth #B and less well demarked decay in the occlusal of tooth #A. The furcation of neither tooth was visible. It was unclear which tooth was the cause of the infection demonstrated by the sinus tract. A periapical X-ray was warranted to demonstrate the bone loss expected with the development of a sinus tract. Tooth #A was extracted and tooth #B received a pulpotomy. It was possible both teeth needed to be extracted or only tooth #B needed to be extracted. More diagnostic information was needed to make an accurate decision of correct treatment.
#007	April 30, 2012	There were no diagnostic X-rays to support the medical necessity for the SSC performed on tooth #B.
#010	April 19, 2012	There was no medical necessity for the pulpotomy and SSC placed on tooth #S because the X-ray revealed an abscess and root resorption.
#015	May 2, 2012	There was no medical necessity for the mesial incisal lingual facial fillings placed in teeth #D, #F, and #G, because the periapical X-ray taken of tooth #E on May 2, 2012, could not be found in the patient's record and there was no documentation of decay on the tooth chart dated January 3, 2012.
#019	April 6, 2012	There was no medical necessity for the pulpotomy and SSC placed on tooth #S because the X-ray dated March 19, 2012, showed a radiolucency in the

- Ensure staff members are correctly documenting existing conditions, decay, restorations, and completed treatment on the designated odontograms of the Tooth Chart as described in the Chart Documentation Guide.
- Ensure X-rays and photographs are diagnostic and support the medical necessity for treatment provided.
- Ensure staff members are correctly labeling X-rays with the date of exposure and patient identification.
- Ensure staff members take appropriate diagnostic X-rays or photographs when indicated.
- Ensure staff members document rationale for X-rays taken outside of FDA/ADA Guidelines.
- Ensure staff members document the interpretation of all X-rays taken.
- Ensure staff members provide radiographic evidence and/or documentation to support the medical necessity for treatment provided.
- Ensure dentists are addressing all disease and pathology appropriately on the Treatment Plan.
- Ensure staff members provide documentation to support the rationale for placement of multi-surface fillings instead of SSCs.
- Ensure dentists follow the diagnostic and treatment criteria set forth by CSHM and AAPD Guidelines when performing pulpomies.
- Ensure dentists employ proper techniques when performing pulpomies and are adequately removing all pulp tissue.
- Ensure dentists understand indications of failed pulpomies and document any pathology or findings related to pulpomies on the Tooth Chart.
- Ensure staff members provide treatments within professionally recognized standards of care, with special emphasis on the quality of pulpomies and SSCs.
- Ensure dentists are administering local anesthesia when indicated and performing an assessment to determine effectiveness of local anesthesia.
- Ensure consent for active vital locator is obtained.
- Ensure dentists are following the Quality Assurance Protocols and Guidelines for Dental Centers for Alaska CSHM Provider Management Services with respect to stabilization and when to refer a patient to a specialist.
- Ensure dentists administer nitrous oxide/oxygen analgesia in accordance with AAPD Guidelines, including documentation of proper dosing.
- Perform a root cause analysis of any patients are sitting in the operator for extended time before being seen.
- Ensure the Account History Report and the patient's record accurately reflects all procedures performed.
- Ensure the billing error for patient #055 is corrected.

- Ensure Staff members are correctly **documenting** existing conditions, decay, restorations, and completed treatments on the designated odontograms of the Tooth Chart as described in the Chart Documentation Guide.
- Ensure staff members are correctly **labeling** X-rays with the date of exposure and patient identification.
- Ensure staff members **document** rationale for X-rays taken outside of FDA/ADA Guidelines.
- Ensure staff members provide radiographic evidence and/or **documentation** to support the medical necessity for treatment provided.

Complete dental records
document Medicaid compliance



Medicaid Program Integrity Inventory List

Things to consider “proactively” before an audit is announced:

- Take the free one hour CDE course on ADA Online:
http://www.adaceonline.org/index.aspx?sec=olce&sub=ce&pag=cmain&ce_id=1410
- Participate in annual provider training sessions conducted by the Medicaid managed care entity (if applicable – Dental Benefits Manager [DBM] or Managed Care Organization [MCO])
- Be familiar with your state’s definition and rules of medical necessity
- Be familiar with the Provider Office Reference Manual
- Document in the patient record the patient’s presenting conditions, a clear diagnosis and services rendered
- Identify practice patterns that could identify you as an “outlier” when compared to your peers.
 - Educate yourself about what reports your electronic dental record can produce that could identify potential “red flags” in your claim reimbursement process
- Ensure that you and your staff understand CDT nomenclature and coding as published by the ADA and that you are using such codes as described in the code narrative
 - Avoid using office software that maximizes claim reimbursement by using CDT codes inappropriately
- Perform a regular 6 or 12 month audit review of each provider in your office reviewing a number of patient records. Document findings as well as any corrective action arising from the review.
- Seek guidance from the DBM on questionable claims/coding and ask for the response in writing
- Designate someone in the office to be the “Medicaid person.” In addition to filing claims, this individual keeps up on Medicaid “updates” from the State Medicaid Agency or MCO.
- Encourage your state to set up a Peer Review Committee of Medicaid providers to provide consultation and recommendations for action when provider irregularities occur.
- Develop a good relationship with your state dental Medicaid director BEFORE you need assistance



ADA C.E.R.P.® Continuing Education
Recognition Program



Medicaid Compliance within a Pediatric Dental Practice: Utilizing
a Self-Audit
Presented by Dr. Jessica Meeske



An orthopedic clinic pays \$750,000 over HIPAA violation surrounding improper patient data sharing

Raleigh Orthopaedic Clinic allegedly handed over protected information for 17,300 patients to a potential business partner without the required agreement in place.

By [Jeff Lagasse \(/author/jeff-lagasse\)](#) | April 20, 2016 | 04:47 PM



The Office of Civil Rights, a division of the U.S. Department of Health and Human Services, launched its investigation of Raleigh Orthopaedic following receipt of a breach report on April 30, 2013.

Raleigh Orthopaedic Clinic of North Carolina will pay \$750,000 to settle charges that it violated the Health Insurance Portability and Accountability Act of 1996 Privacy Rule. The group allegedly handed over protected health

 athenahealth

we free you up
from the data dump



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Annual Health IT + Revenue
Cycle Conference****September 19-22, 2018**
Hyatt Regency | Chicago, Illinois**Hear 200+ speakers from hospitals and health
systems - focused on Health IT and Revenue Cycle****REGISTER HERE:**
beckershospitalreview.com/health-it-revenue-cycle-conference
registration@beckershealthcare.com, jcole@beckershealthcare.com
sbecker@beckershealthcare.com or 800.417.2035**CELEBRITY KEYNOTES****Peyton Manning**
NFL Quarterback**Venus Williams**
Tennis Champion

3 major HIPAA fines so far in 2018

Written by Jessica Kim Cohen | July 03, 2018 | [Print](#) | [Email](#)

Tweet



The HHS Office for Civil Rights has reported three HIPAA fines this year, resolving allegations against a hospital, healthcare company and medical records storage vendor.

Here are the three fines, beginning with the costliest:

1. MD Anderson slapped with \$4.3M penalty for HIPAA violations

An HHS administrative law judge upheld an HHS Office for Civil Rights finding requiring the University of Texas MD Anderson Cancer Center in Houston to pay \$4,348,000 in civil penalties for HIPAA violations related to the organization's encryption policies, HHS confirmed June 18. The violations include three data breaches in 2012 and 2013, which exposed health information of more than 33,500 people.

2. HHS to collect millions in settlement costs resolving 5 breaches at a single entity

Waltham, Mass.-based Fresenius Medical Care North America agreed to pay the HHS Office for Civil Rights \$3.5 million to settle allegations it violated HIPAA rules after data breaches at five sites in 2012, HHS confirmed Feb. 1. The healthcare company's network comprises dialysis facilities, outpatient cardiac and vascular labs, urgent care centers, and hospitalist and post-acute providers.

3. HHS imposes \$100K fine on shuttered facility for 2015 HIPAA violation

A receiver appointed to liquidate the assets of Filefax, a now-closed medical records management company, will pay \$100,000 out of the receivership estate to the HHS Office for Civil Rights to settle potential HIPAA violations related to a 2015 breach, HHS confirmed Feb. 13. The civil rights office determined Filefax had disclosed information of 2,150 patients by leaving medical records at a shredding and recycling facility.

10 Common HIPAA violations and preventative measures to keep your practice in compliance

1. Employees disclosing information
2. Medical records mishandling
3. Lost or stolen devices
4. Texting patient information
5. Social Media
6. Employees illegally accessing patient files
7. Social breaches
8. Authorization requirements
9. Accessing patient information on home computers
10. Lack of training

The ADA Practical Guide to HIPAA Compliance

Privacy and Security Manual

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Cyber Suite Liability

As cyber security issues become more prevalent and complex, dentists and their practices need more robust protection and tools to respond. TDIC's Cyber Suite Liability coverage provides broad protection to help you respond to a full range of cyber incidents, including breach of personal information, unauthorized intrusion into or interference with your computer systems, damage to data and systems from a computer attack and cyber-related litigation.

What's covered?

- Data compromise response expenses
- Computer attack and cyber extortion
- Data compromise liability, including regulatory proceedings
- Network security liability
- Electronic media liability

Keeping good records might seem
to be a very large challenge!



But relax there is a light at the end of the tunnel. You only have one rule to follow:

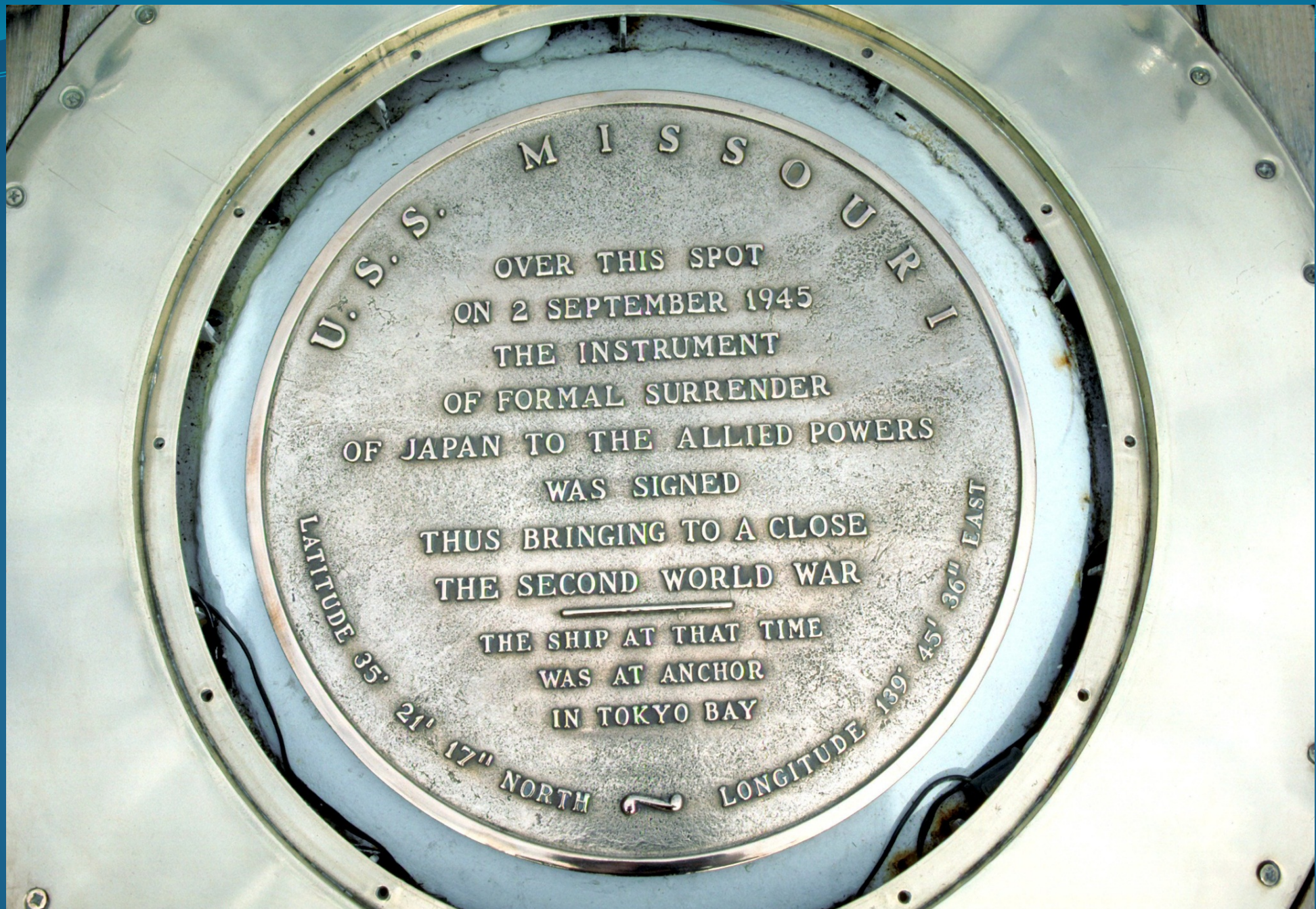


#1 Rule of Documentation

IF YOU **DON'T**
WRITE IT

IT **DID NOT**
HAPPEN!





U. S. S. M I S S O U R I

OVER THIS SPOT
ON 2 SEPTEMBER 1945
THE INSTRUMENT
OF FORMAL SURRENDER
OF JAPAN TO THE ALLIED POWERS
WAS SIGNED

THUS BRINGING TO A CLOSE
THE SECOND WORLD WAR

THE SHIP AT THAT TIME
WAS AT ANCHOR
IN TOKYO BAY

LATITUDE 35°

21'

17"

NORTH

LONGITUDE 139° 45' 36" EAST

THANK YOU



