

Fraud in DHMO Setting

- Against the Plan
 - Fraud that results in direct overcharges
 - Fraud in not providing services
- Against the Member
 - Overcharging the member
 - Improper use of codes/unbundling & surcharging
 - Charging for services/products of questionable value/Over or inappropriate diagnosis
 - Up-selling
 - Charging for service not preformed
 - Not treating the member

Fraud against Members

- **1300.45. Definitions**

- (p) "Surcharge" means an additional fee which is charged to a subscriber or enrollee for a covered service but which is not approved by the Director, provided for in the plan contract and disclosed in the evidence of coverage or the disclosure form used as the evidence of coverage.

- **1300.67.8. Contracts with Providers**

Written contracts must be executed between the plan and each provider of health care services which regularly furnishes services under the plan. All contracts with providers shall be subject to the following requirements:

- (d) The contract shall prohibit surcharges for covered services **and shall provide that whenever the plan receives notice of any such surcharge it shall take appropriate action.**

Questionable Practices

- Improper use of codes to misrepresent a covered procedure as a non-covered procedure and collect a higher fee

Abuse varies by Plan benefit schedule

Examples of issues seen at CDN

Questionable Practices

D4210-D4211 Gingivectomy/Gingivoplasty
coded as D4249 – Clinical Crown Lengthening

No flap or bone removal documented

Performed same day as crown impression

Laser CLP

Questionable Practices

- D4263-D4264 – periodontal bone graft coded as D7953 – bone replacement graft for ridge preservation

Is there a tooth present?

Questionable Practices

- D0350 oral-facial images coded as “orthodontic baseline records”

Oral Facial Image Or Orthodontic Records?



Unbundling/surcharging in DHMO setting

Examples:

- “Bonded” fillings
CDT advises that all adhesives (including bonding agents), liners and bases are included as part of the restoration
- Desensitizers under fillings and crowns
per CDT all liners and bases are included. Codes D9910 “desensitizing medicament” & D9911 “desensitizing resin” codes are “not to be used for bases, liners, or adhesives used under restorations”

Unbundling/surcharging in DHMO setting

- Charging for temporary crown or bridge during routine prosthetic restoration

Procedures D2799 provisional crown and D6253 provisional pontic are “utilized as an interim of at least 6 months duration” ...not to be used as a temporary crown/pontic for routine restorative/prosthetics

- Charging for removal of existing crown or bridge
- Excessive lab fees for gold, porcelain teeth, etc.

Unbundling/surcharging in DHMO setting

- Sterilization/OSHA Compliance fee
- “Special technology” fees
 - Air abrasion
 - Computer assisted anesthesia
 - Laser assisted services
 - Digital record fee

Questionable Practices

Charging for services/products of questionable value to the member as used

Over or Inappropriate diagnosis

Examples:

Questionable Practices

- Full mouth debridement instead of prophylaxis
- 4 quadrants of root planing when pocket depths, clinical conditions do not warrant
- “Crown lengthening surgery” performed on every crown prep

Questionable Practices

D4381 – localized delivery of antimicrobial agents

ARESTIN[®] (minocycline hydrochloride)

Not generally harmful and when properly used has therapeutic value

Unit cost to DDS \$10-\$16

Typical fee charged \$100-\$140/tooth

Questionable Practices

ARESTIN[®] Abuse

Over or inappropriate diagnosis

- Prescription when need is questionable

EXISTING DENTAL CONDITIONS

INITIAL

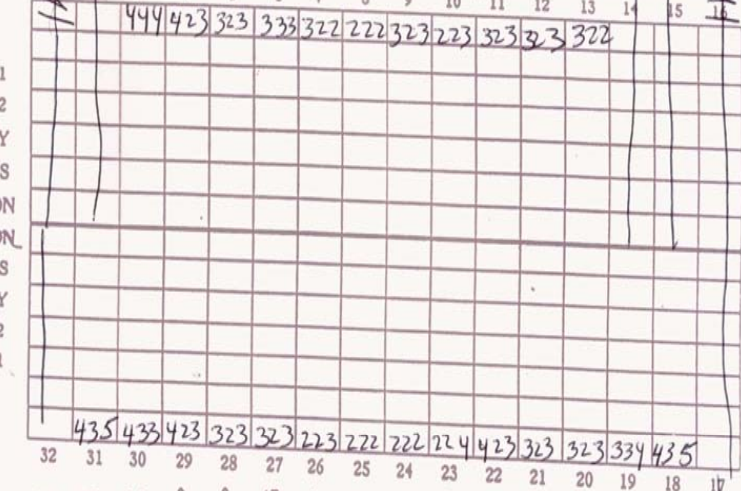
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DATE 9/12/99

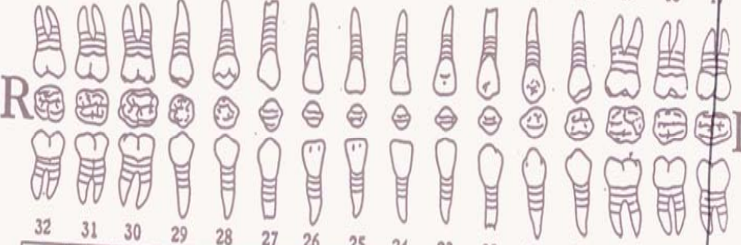
INITIAL

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INITIAL

		435	433	423	323	323	223	222	222	224	423	323	323	334	435	



INITIAL

		434	333	323	323	323	322	222	222	223	323	323	334	434	435	

REBEVAL

RECALL 1

FAMILY DENTAL

Treatment Plan

Patient Name: _____

Date: _____

Treatment	UCR	FEE	Est. Ins. Payment	Patient Cost
EXX D621D				0
EXX D615D				0
LL X-ray		D4241		25
LL 7		D4241		25
LL Radiography		D4344		25
LL		D4241		25
EXTRA #3		D4381		60
#4		D4381		60
#12		D4351		60
#13				60
#18				60
#14				60
#20				60
#22				60
#23				60
#29				60
#30				60
#31				60
EX F&L extraction				60
NOX				
Periodontal Irrig		9630		40
		9630		40

(O.S. Referral)

Patient Cost

UCR

FEE

Est. Ins. Payment

My signature indicated that my diagnoses have been explained to me and it does not necessarily indicate acceptance of treatment.

Patient Signature _____

Date: _____

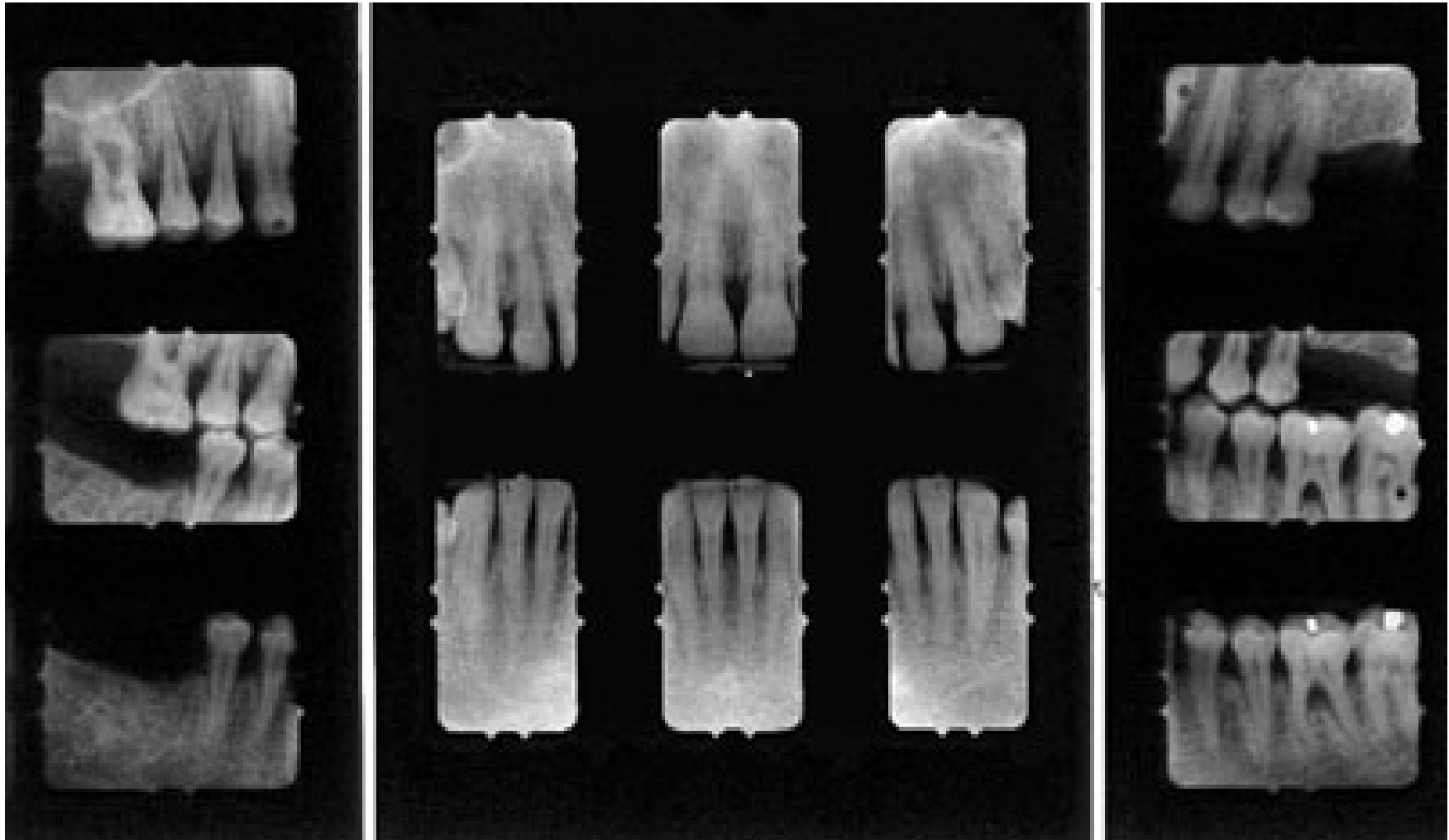
Questionable Practices

ARESTIN[®] Abuse

Over or inappropriate Diagnosis

- Prescription when inadequate to treat the condition

23 sites of ARESTIN[®] or Periodontal Surgery?



Questionable Practices

Porcelain Facial Margin

Benefits – in the event of gum recession in the smile zone no metal margin will show

Abuse – use in posterior of the mouth; the porcelain lingual margin



Questionable Practices

- D7953 Bone replacement graft for ridge preservation

Benefits – helps preserve ridge height and thickness for bridge pontic esthetics, implants, and occasionally useful under removable prosthetics (partial/full dentures)

Questionable value- when no prosthesis planned; in most third molar areas

Up-selling

Assertive Business Practice or Fraud?

Plan benefit schedules cover a range of procedures and materials that are recognized as safe and effective in treating most dentally necessary conditions

Nothing wrong in offering elective upgrades or non-covered alternative treatments as part of an ideal treatment plan

Up-selling

Examples:

Veneers instead of large anterior composites

Composite fillings instead of Amalgam

Ceramic vs. metallic inlays/onlays or fillings

All ceramic crowns instead of PFM

Thermoplastic partials vs. resin base or metal frame partials

Up-selling

Fraud – up-selling by misrepresentation

- Covered benefit treatment option is never presented to member
- Covered benefit treatment is represented as substandard or harmful

Up-selling

Examples:

- The PFM crown will make the gums recede/the PFM crowns are ugly
 - The metal crown will corrode/"rust"
 - The resin/metal partial will hurt/ will damage the bone
-
- The "amalgam-free" office

Questionable Practices

In a DHMO setting

- Failure to Provide Services
 - Charging for procedures not really preformed
 - 4 Quadrants of root planning in single appointment
 - Crown Lengthening
 - Bone Grafts with extractions
 - Alveolectomy/Alveoplasty
 - Soft Tissue Grafts
 - Porcelain facial margins on pontics

Not Treating the Member

- Improper treatment sequencing
- Failing to appoint member in a timely fashion to provide covered services
- Failure to diagnose

Problematic ADA-CDT Codes

2009 -2010 Codes

- What they fixed
- What will be problematic

2009-2010 ADA-CDT codes

What they fixed

- D0210 – Intraoral complete series (FMX)
Now is defined as “A radiographic survey of the whole mouth, usually consisting of 14-22 periapical and posterior bitewing images intended to display the crowns and roots of all teeth, periapical areas and alveolar bone.”

2009-2010 ADA-CDT codes

What they fixed

- D7310,-D7321- Alveoplasty – The alveoplasty is distinct (separate procedure) from extractions and/or surgical extractions. Usually in preparation for a prosthesis or other treatments such as radiation therapy and transplant surgery.

2009-2010 ADA-CDT codes

What they fixed

- D3331 treatment of root canal obstruction: non-surgical access - In lieu of surgery, the formation of a pathway to achieve apical seal without intervention because of a non-negotiable root canal blocked by foreign bodies, including but not limited to separated instruments, broken posts or calcification of 50% or more of the length of the tooth root.

21. Date of Birth (MM/DD/CCYY)
01/26/99

22. Gender
 M F

23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30. Description	31. Fee
042409			19		D0140	LIMITED ORAL EVALUATION	85.00
042409			19		D3330	ROOT CANAL MOLAR (SPEC)	1100.00
042409			19		D3331	TX OF ROOT CANAL OBSTRUCTION	550.00

MISSING TEETH INFORMATION

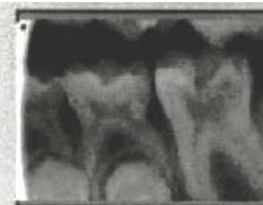
4. (Place an 'X' on each missing tooth)	Permanent																Primary										32. Other Fee(s)	33. Total Fee
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	A	B	C	D	E	F	G	H	I	J		
																	T	S	R	O	P	O	N	M	L	K		1735.00



4/24/2009



4/24/2009



4/24/2009



4/24/2009



4/24/2009



4/24/2009



4/24/2009



4/24/2009

2009-2010 ADA-CDT codes

What might be problematic?

- D0417 – collection and preparation of saliva sample for laboratory diagnostic testing
- D0418 – Analysis of saliva sample
- D3222 – partial pulpotomy for apexogenesis – permanent tooth with incomplete root development
- D5991 – Topical Medicament Carrier

Problematic ADA Codes

To cover or not to cover?

Advantages-

- More benefits available to member
- Better Plan oversight if covered - maybe

Disadvantages-

- Overuse/abuse to layperson perception of covered=recommended
- Potential costs to Plan for reimbursement (ie when performed by a specialist)

Dental Office Credit

- Benefits – allows enrollees to complete entire treatment plan and return to a condition of dental health in a timely fashion

Dental Office Credit

- Downsides/possible fraud
 - Terms and conditions may not be explained by office staff
 - Entire amount is often charged immediately leaving enrollee paying (including possible interest) for services not yet received
 - Often difficult to get refund from the office and/or the lender
 - Treatment plan is often tailored (inflated, deflated, improperly sequenced) to match the line of credit qualified for
 - Enrollee gets overextended and may complain about treatment to try to avoid paying