



Commonwealth of Massachusetts  
Office of the State Auditor  
Suzanne M. Bump

*Making government work better*

Official Audit Report – Issued February 10, 2017

---

## Office of Medicaid (MassHealth)—Review of Dental Periapical Radiograph Claims Submitted by Webster Square Dental Care

For the period July 1, 2010 through June 30, 2015





Commonwealth of Massachusetts  
Office of the State Auditor  
Suzanne M. Bump

*Making government work better*

February 10, 2017

Kenny Lam, DMD  
Webster Square Dental Care  
17 Young Street  
Worcester, MA 01603

Dear Dr. Lam:

I am pleased to provide this performance audit of claims that Webster Square Dental Care submitted to the Office of Medicaid for dental periapical radiographs. This report details the audit objectives, scope, methodology, findings, and recommendations for the audit period, July 1, 2010 through June 30, 2015. My audit staff discussed the contents of this report with you, and your comments are reflected in this report.

I would also like to express my appreciation to you and your staff for the cooperation and assistance provided to my staff during the audit.

Sincerely,

A handwritten signature in blue ink, appearing to read "SMB", written in a cursive style.

Suzanne M. Bump  
Auditor of the Commonwealth

---

## TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY .....</b>	<b>1</b>
<b>OVERVIEW OF AUDITED ENTITY .....</b>	<b>3</b>
<b>AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY .....</b>	<b>5</b>
<b>DETAILED AUDIT FINDINGS WITH AUDITEE’S RESPONSE.....</b>	<b>8</b>
<b>1. Webster Square Dental Care improperly billed for dental periapical radiographs totaling approximately \$246,497. ....</b>	<b>8</b>

---

## EXECUTIVE SUMMARY

The Office of the State Auditor (OSA) receives an annual appropriation for the operation of a Medicaid Audit Unit to help prevent and identify fraud, waste, and abuse in the Commonwealth's Medicaid program. This program, known as MassHealth, is administered under Chapter 118E of the Massachusetts General Laws by the Executive Office of Health and Human Services, through the Division of Medical Assistance.

Medicaid is a joint federal-state program created by Congress in 1965 as Title XIX of the Social Security Act. At the federal level, the Centers for Medicare & Medicaid Services, within the US Department of Health and Human Services, administer the Medicare program and work with state governments to administer state Medicaid programs.

OSA has conducted an audit of dental periapical<sup>1</sup> radiograph claims paid to Webster Square Dental Care for the period July 1, 2010 through June 30, 2015. During this period, MassHealth paid Webster Square Dental Care approximately \$582,911 to provide periapical radiographs for 7,743 MassHealth members. The purpose of this audit was to determine whether Webster Square Dental Care billed MassHealth for appropriate periapical radiographs and whether it documented them in member dental records in accordance with applicable MassHealth regulations.

The audit was conducted as part of OSA's ongoing independent statutory oversight of the state's Medicaid program. Several of our previously issued audit reports disclosed significant weaknesses in MassHealth's claim-processing system, which resulted in millions of dollars in unallowable and potentially fraudulent claim payments. As with any government program, public confidence is essential to the success and continued support of the state's Medicaid program.

Based on our audit, we have concluded that Webster Square Dental Care improperly billed MassHealth for dental periapical radiographs totaling approximately \$246,497 during the audit period; 55% of the claims paid during this period were unallowable.

---

1. A periapical radiograph shows the whole tooth from the top to where the tooth is secured in the jaw.

---

Below is a summary of our findings and recommendations, with links to each page listed.

<b>Finding 1</b> <b>Page <a href="#">8</a></b>	Webster Square Dental Care improperly billed for dental periapical radiographs totaling approximately \$246,497.
<b>Recommendations</b> <b>Page <a href="#">9</a></b>	<ol style="list-style-type: none"><li data-bbox="440 401 1474 478">1. Webster Square Dental Care should collaborate with MassHealth to repay the approximately \$246,497 in improper payments it received for periapical radiographs.</li><li data-bbox="440 499 1474 623">2. Webster Square Dental Care should ensure that in the future, it does not bill MassHealth for periapical radiographs that are unallowable under MassHealth regulations (e.g., those performed as part of routine dental examinations).</li></ol>

---

## OVERVIEW OF AUDITED ENTITY

Under Chapter 118E of the Massachusetts General Laws, the Executive Office of Health and Human Services, through the Division of Medical Assistance, administers the state's Medicaid program, known as MassHealth. MassHealth annually provides access to healthcare services to approximately 1.9 million eligible low- and moderate-income children, families, seniors, and people with disabilities. In fiscal year 2016, MassHealth paid healthcare providers more than \$14 billion, of which approximately 50%<sup>2</sup> was funded by the Commonwealth. Medicaid expenditures represent approximately 39% of the Commonwealth's total annual budget.

According to Section 420.401 of Title 130 of the Code of Massachusetts Regulations (CMR), MassHealth covers medically necessary dental services provided to its members. For the five-year period July 1, 2010 through June 30, 2015, MassHealth paid approximately \$47 million to dental-service providers for dental periapical radiographs for 756,016 members, as detailed below.

### Dental Periapical Radiographs

Fiscal Year	Amount Paid	Members Served	Number of Claims
2011	\$ 8,360,619	228,005	496,739
2012	8,509,557	233,194	507,734
2013	8,573,631	237,707	518,359
2014	10,050,624	277,127	659,508
2015	11,485,847	319,917	763,843
<b>Total</b>	<u>\$46,980,278</u>	<u>1,295,950*</u>	<u>2,946,183</u>

\* Of these 1,295,950 members, the unduplicated count is 756,016.

Webster Square Dental Care, owned by Dr. Kenny Lam, is a certified MassHealth dental-service provider with offices in Worcester and Fitchburg. It received a total of \$5,984,502 from MassHealth during the audit period, as detailed below.

---

2. During the federal government's fiscal year 2016, the Federal Medical Assistance Percentage for Massachusetts was 50%. This percentage is amount that the federal government contributes to joint federal-state programs.

---

### Services Provided by Webster Square Dental Care

Type of Service Provided	Amount Received
Diagnostic	\$1,968,571
Restorative	1,636,928
Preventive	1,373,762
Exodontic	492,599
Other	273,811
Endodontic	185,881
Prosthodontic	31,434
Periodontal	21,516
<b>Total</b>	<u>\$5,984,502</u>

Our audit focused on dental periapical radiograph claims for services provided to MassHealth members. Specifically, we selected dental procedure codes D0220 (periapical, first film) and D0230 (each additional periapical). These claims totaled \$582,911 during the audit period and are included in the Diagnostic service category above.

### Dental Periapical Radiographs

A periapical radiograph shows the whole tooth from the top to the jaw. When taken independently (not as one of a periodic full set of radiographs), it is used to locate problems with a tooth and the surrounding areas. MassHealth regulations allow periapical radiographs to be taken by a dental-service provider either as part of a full-mouth series of radiographs (allowed once every three years) or to evaluate a specific dental problem independently. MassHealth regulation 130 CMR 420.423(3)(B) details the specific conditions under which MassHealth will pay for periapical radiographs that are taken independently of a full-mouth set of radiographs, including instances of suspected infection, change, or anomaly when an extraction is anticipated.

---

## AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor (OSA) has conducted a performance audit of dental periapical radiograph claims for services provided to MassHealth members by Webster Square Dental Care for the period July 1, 2010 through June 30, 2015.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Below is our audit objective, indicating the question we intended our audit to answer, the conclusion we reached regarding our objective, and where the objective is discussed in this report.

Objective	Conclusion
1. Did Webster Square Dental Care bill appropriately for periapical radiographs provided to MassHealth members, and did it maintain documentation in member dental records to properly support these claims?	<b>No; see Finding <u>1</u></b>

### Auditee Selection

As previously stated, MassHealth paid dental-service providers approximately \$47 million for dental periapical radiographs during our audit period. Because of the significant amount of these expenditures, as well as prior OSA reports that have identified unallowable claims for periapical radiographs, OSA is conducting a series of audits focusing on providers of such radiographs. We performed data analytics on these periapical radiograph claims to identify (1) the frequency and cost of dental periapical radiographs and (2) service trends and billing anomalies indicating potential fraud, waste, and abuse. Our data analytics identified the providers who billed periapical radiographs most often. We selected Webster Square Dental Care for audit because we determined that of all the radiographs<sup>3</sup> it took during the audit

---

3. Dental radiographs include bitewing, panoramic, and periapical radiographs.



period, periapical radiographs represented an average of 66.4%, whereas all other dental providers' periapical radiographs averaged 51.5% of their total radiograph claims.

## Methodology

To achieve our audit objective, we reviewed applicable state and federal laws, rules, and regulations; MassHealth dental bulletins and transmittal letters; the MassHealth All Provider Manual; and the MassHealth Dental Manual. Also, we requested, and received when available, the following documentation from Webster Square Dental Care:

- employee manual
- policies and procedures for processing claims
- patient dental records

We gained an understanding of the internal control we deemed significant to our audit objective: the office manager's review of claims before they were submitted to MassHealth for payment. However, because the office manager did not document the review, we could not test the effectiveness of this control. We still achieved our audit objective by increasing the number of claims tested to reflect the highest level of risk.

We selected a statistically random sample of periapical radiographs—60<sup>4</sup> of the 36,465 claims made by Webster Square Dental Care during the audit period—to determine whether they were billed appropriately. To make this determination, we reviewed members' dental records for the sampled claims, including presenting problems, services planned and provided, the actual periapical radiographs (which we inspected visually), and dental and billing histories. For this statistical sample, we projected<sup>5</sup> the error to the population in order to estimate the potential overpayment.

We considered Dr. Lam's response to our draft audit report when preparing the findings and recommendations detailed in this final report.

In a previous audit (No. 2015-8020-14O), OSA assessed the reliability of the MassHealth data in the Medicaid Management Information System, which is maintained by the Executive Office of Health and

---

4. We determined the sample size using a confidence level of 90% and a tolerable error rate of 10.61%.

5. Our projection yields a range of potential overpayments. The lower limit—the most conservative amount—is recommended for repayment to the Commonwealth.

Human Services. As part of this assessment, OSA reviewed existing information, tested selected system controls, and interviewed knowledgeable agency officials about the data. Additionally, we performed validity and integrity tests on all claim data, including (1) testing for missing data; (2) scanning for duplicate records; (3) testing for values outside a designated range; (4) looking for dates outside specific time periods; and (5) tracing a sample of claims queried to source documents. Based on the analysis conducted, we determined that the data obtained were sufficiently reliable for the purposes of this report.

Based on the evidence gathered to form a conclusion on our objective, we believe that all audit work, in particular the work referred to above, taken as a whole is relevant, valid, reliable, and sufficient and that it supports the finding and conclusions reached in this report.

---

## DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE

### 1. Webster Square Dental Care improperly billed for dental periapical radiographs totaling approximately \$246,497.

Webster Square Dental Care submitted claims, and was paid approximately \$246,497, for unallowable dental periapical radiographs. Specifically, it billed for dental periapical radiographs as part of routine dental examinations.

We tested a statistically random sample of 60 out of 36,465 claims made by Webster Square Dental Care for dental periapical radiographs during the audit period. Because the sample was statistical, we were able to project the potential error to the population. Of these 60 claims, 33 were unallowable. These 33 claims were for dental periapical radiographs that were performed as part of routine dental exams and were not part of a triennial full-mouth series of radiographs.<sup>6</sup> The associated dental records did not indicate dental pain; anticipated extractions; or any suspected infection, periapical change, or anomaly.

We projected our results to the population of claims for dental periapical radiographs using a confidence level of 90% and a tolerable error rate of 10.61%. The result was a projected overpayment of \$246,497<sup>7</sup> during the audit period.

### Authoritative Guidance

MassHealth has issued regulations under Section 420.423(B)(3) of Title 130 of the Code of Massachusetts Regulations (CMR) that state the specific conditions under which it will pay for periapical radiographs. It pays for these radiographs (1) as part of a triennial full-mouth series of radiographs that also includes bitewing<sup>8</sup> radiographs or (2) under the following circumstances:

*Periapical films may be taken for specific areas where extraction is anticipated when infection, periapical change, or an anomaly is suspected, or when otherwise directed by the MassHealth agency.*

---

6. MassHealth allows members to receive a full-mouth series of radiographs, including periapical, bitewing, and panoramic radiographs, once every three years.

7. Based on our statistical sampling approach, we are 90% confident that the overpayment for the audit period ranges from \$246,497 to \$373,070.

8. Bitewing radiographs show the crowns of upper and lower teeth in a particular area of the mouth and are used to identify cavities.

---

In addition, 130 CMR 420.414(B) requires dental-service providers to maintain sufficient documentation in members' dental files to fully support dental claims:

*Payment by the MassHealth agency for dental services listed in 130 CMR 420.000 includes payment for preparation of the member's dental record. Services for which payment is claimed must be substantiated by clear evidence of the nature, extent, and necessity of care provided to the member. For all claims under review, the member's medical and dental records determine the appropriateness of services provided to members.*

## Reasons for Improper Billing

Dr. Kenny Lam stated that periapical radiographs were taken as part of routine dental exams to see if there were cavities in the front teeth. However, MassHealth does not pay for periapical radiographs as part of routine dental exams.

## Recommendations

1. Webster Square Dental Care should collaborate with MassHealth to repay the approximately \$246,497 in improper payments it received for periapical radiographs.
2. Webster Square Dental Care should ensure that in the future, it does not bill MassHealth for periapical radiographs that are unallowable under MassHealth regulations (e.g., those performed as part of routine dental examinations).

## MassHealth's Response

MassHealth provided the following response to our original draft report, which had identified a total of \$339,125 in unallowable claims for periapical radiographs. After reviewing the auditee's response and re-reviewing the dental records, the Office of the State Auditor (OSA) reduced this amount to \$246,497 to reflect the most conservative projection.

1. *MassHealth agrees with [OSA's] finding that Webster Square Dental Care improperly billed for dental periapical radiographs totaling approximately \$339,125. MassHealth's Provider Compliance Unit will seek to recover the overpayment from Webster Square Dental Care once the final report has been issued.*
2. *MassHealth agrees with [OSA's] finding that Webster Square Dental Care should develop internal controls to prevent improper billing for periapical radiographs in the future. MassHealth will work with its Dental third party administrator, DentaQuest, and Webster Square Dental Care to provide education on MassHealth policies and recordkeeping requirements. In order to ensure Webster Square Dental Care adheres to MassHealth rules and implements proper billing procedures going forward, MassHealth will monitor their claims utilizing data analytics to detect*

---

*possible overutilization of radiographs. Based on the monitoring results, MassHealth may also request additional records or conduct unannounced on-site audits.*

## **Auditee's Response**

*The audit staff stated that they inspected the radiographs, chart notes, and claim that 60% of them did not qualify for payments. As a result, they recommend Webster Square Dental Care to repay \$339,125. We disagree with these findings for the following reasons:*

*The samples of 60 out of 36,465 claims are too small to accurately reflect the whole patient population. That is only 0.16%. Therefore, the result is not reliable. The samples need to be a lot larger. . . .*

*Webster Square Dental Care had 14 dentists and 8 dental hygienists as providers during the audited period. All 14 dentists were MassHealth providers and had different MassHealth numbers which were used to claim for the services that they provided to MassHealth members. It would make more sense to audit individual dentists for the periapical radiographs that he or she took during the 5 year period, rather than randomly combine all 14 dentists into one audit, because each individual dentist may practice differently. Each of these 14 dentists was an independent contractor for Webster Square Dental Care, and documented their own chart notes during the audit period. I, Dr. Kenny Lam, should not be held individually responsible for a random sample of all other dentists in the offices. I rarely practiced in the Fitchburg office during that 5 year period. The Fitchburg office had a dental director, Dr. Harveen Bajwa during that 5 year period. In our offices, we used each individual dentist's MassHealth provider number for each dentist that provided the services for MassHealth members. . . .*

*In our office, radiographs are often taken during a routine exam, when circumstances warrant, to evaluate dental caries, pain, periodontal disease, broken or infected teeth. We try our best to minimize radiation exposure to our patients by using digital radiography which reduces exposure by approximately 80%. We usually take 2 bitewing X-rays, (MassHealth allows 4) for the back teeth, and 2 periapical X-rays for the front teeth when indicated. Of the two periapical X-rays, one is in the upper front and the other is in the lower front. If we wanted to maximize the profit for the office, we would take 4 bitewing X-rays, not 2.*

*Due to the high percentage of dental caries and periodontal disease, we often take a minimum of periapical X-rays (2) in the front teeth in order to do the exam thoroughly. If we did not take those 2 periapical X-rays in the front teeth, in most cases, we would misdiagnose a lot of interproximal caries and calculus (calcified plaque) that cause periodontal (gum) disease in the front teeth. . . . The 2 periapical X-rays of the front teeth will serve as a map to remove calcified plaque under the soft tissues.*

*Some of our new patients are not eligible for the full mouth X-rays (FMX) because MassHealth only covers for that service every 3 years, and they had the FMX taken at another office. In this case, we take 2 bite-wing X-rays in the back teeth and 2 periapical X-rays in the front teeth. In these instances the X-rays are utilized to detect dental caries in the front teeth of our patients. If we did not have the periapical X-rays of the front teeth, we could not detect and treat the caries because dental schools train dentists not to treat patients without X-rays.*

---

*Most significantly, during the sampled exams, many of the patients complained about pain, sensitivity, broken teeth, caries, swelling gums, bleeding gums, periodontal disease, and infection. In these cases, periapical X-rays are clearly indicated. In other cases, the audit staff said patients did not complain about "pain, or sensitivity." . . . Dental caries is a disease, and is therefore an "anomaly" (something that is not normal). A disease is not normal and needs to be detected and treated.*

*We have analyzed the 60 samples reviewed in the audit because the audit staff did not report which samples qualified, and which samples reportedly did not qualify, or why. Based upon our careful review of the medical circumstances surrounding each patient, we found that the majority of the 60 sampled patients presented with conditions that warranted periapical X-rays to be taken.*

*. . .*

*We found 44 patients out of the 60 sampled which would unquestionably qualify for PA X-rays. That is 73.33%, not 40% as stated by the audit staffs. These 44 samples indicated pain, sensitivity, dental caries, periodontal diseases, bone loss, chipped teeth, broken teeth, impacted teeth, lumps, extractions, and other anomalies found during consultation and oral exam. This statistic is further supported, and increased, by disease detected upon PA X-ray when no symptoms were reported by the patient.*

*We also treat a lot of children in our offices. We had 3 pedodontists (dentists that specialize in children) that worked during the audit period. Full mouth X-rays are not feasible for children, and not covered by MassHealth if the child is under 6 years old. Therefore, the only X-rays that we took for children were 2 bitewing X-rays for the back teeth and 2 PA periapical X-rays for the front teeth. If these 2 periapical X-rays in the front teeth are not permitted for children under 6 years, there would be no other method to check these young children's front teeth. These young children often have a lot of decay in their front teeth. We almost never take full mouth X-rays on children because we do not want to expose them to too much radiation. Therefore, we limited the X-rays to 2 Bitewings for the back teeth for diagnostic purposes.*

*There are also some special cases when a patient does not qualify for full mouth X-rays. For example, a patient that does not have any upper teeth and he or she has only 3 to 4 teeth on the lower arch. We would take 2 to 3 periapical X-rays to cover all of the remaining teeth. How would we claim this? It is not a full mouth X-ray. We have to claim this as 2 to 3 periapical X-rays. But according to the audit staff, these periapical X-rays would not qualify for payment simply because they were taken during a "routine" exam. Another example is that a new patient had full mouth X-rays taken elsewhere less than 3 years ago. He or she came to our office for a routine dental checkup. According to MassHealth's rules, he or she does not qualify for a full mouth X-rays. However, what if cavities can be seen in the front teeth? If we can't take X-rays of the front teeth, we could not treat this patient accordingly. . . .*

*In conclusion, most of the randomly sampled patients presented with pain, sensitivity, dental caries, periodontal diseases, broken teeth, chipped teeth, impacted teeth, loose teeth, lumps, bumps, infections, and oral diseases during consultation and oral exams. The taking of diagnostic periapical X-rays was warranted in these instances and was properly claimed within MassHealth guidelines.*

## **Auditor's Reply**

In his response, Dr. Lam states that the sample size used for our audit work was too small to accurately reflect the whole patient population and that therefore the result is not reliable. This assessment is not correct. The Office of the State Auditor (OSA) used a valid statistical sampling method to determine the appropriate sample size of claims to audit. As previously noted, our method used a confidence level of 90% and a tolerable error rate of 10.61%, which resulted in a recommended sample size of 60 claims. Our sampling methodology allowed us to project our results to all payments received by Webster Square Dental Care for periapical radiographs during the audit period. Our projection yielded a range of potential overpayments from \$246,497 to \$373,070. We recommended that Webster Square Dental Care repay the \$246,497, the most conservative amount, to the Commonwealth. Ultimately, MassHealth will make the final determination of what overpayments, if any, should be recovered. During this process, Dr. Lam will be afforded an opportunity to defend his billing practices and contest any questioned payments noted by OSA.

Dr. Lam states that the independent dentists contracting with Webster Square Dental Care have their own MassHealth service provider identification numbers and documented their own chart notes during the audit period and that therefore he should not be held individually responsible for a random sample of claims applicable to other dentists in the Webster Square Dental Care offices. We acknowledge that these contracted dentists have their own identification numbers, but these numbers are not used for billing and payment. They are used solely to identify who performed the services. MassHealth uses a billing provider identification number that designates who prepared the claim and received payment for the services provided. Webster Square Dental Care used its billing provider identification number to bill and receive payment for all services rendered by these contracted dentists. Therefore, Webster Square Dental Care is ultimately responsible for the appropriateness of the claims submitted to MassHealth, as well as any amounts due the Commonwealth because of improper billing. To prevent improper billings, Webster Square Dental Care's billing staff must be knowledgeable about all insurance programs, including any coverage limitations. A knowledgeable staff is essential because some insurance plans have distinct rules and limitations governing covered services, such as MassHealth's limitations on the use of periapical radiographs.

Dr. Lam states that "radiographs are often taken during a routine exam, when circumstances warrant, to evaluate dental caries, pain, periodontal disease, broken or infected teeth." We agree with Dr. Lam that

periapical radiographs are often taken during a routine exam when circumstances warrant. During our audit, we determined that 45% of the sampled periapical radiographs were supported by appropriate documentation in members' dental records, including patient complaint and related extractions, infections, periapical change, anomalies, etc., as required by state regulations. However, the dental records for the remaining 55% of sampled periapical radiographs did not identify specific dental problems that required periapical radiographs to diagnose. Rather, these periapical radiographs were taken as part of routine dental visits and were always performed on members' lower and upper front teeth, further indicating their routine nature. In fact, during the audit, Dr. Lam stated that periapical radiographs were used routinely to monitor members' dental health. Therefore, the claims for these radiographs were not eligible for payment under the MassHealth Dental Program.

Dr. Lam further justifies taking periapical radiographs by stating that some of his new patients are not eligible for full-mouth X-rays because MassHealth only covers that service every three years and they had had full-mouth X-rays taken elsewhere. However, the dental records we reviewed did not document any attempt by Webster Square Dental Care dentists to obtain these radiographs from the other providers as required by MassHealth under 130 CMR 420.423(A): "The provider must document efforts to obtain any previous radiographs / diagnostic imaging before prescribing more."

Dr. Lam states that "many of the patients complained about pain, sensitivity, broken teeth, caries, swelling gums, bleeding gums, periodontal disease, and infection." As previously stated, our review of sampled claims showed that in some of the dental records, these issues were documented and therefore the claims for their related periapical radiographs were allowable. When the specific problems were not detailed in the member dental records, we questioned the claims. A similar statement applies to Dr. Lam's use of periapical radiographs for children under 6 years of age. MassHealth does not pay for periapical radiographs used for routine monitoring of children's dental health. There must be a specific problem being diagnosed, fully documented in the member's dental record, in order for a claim to be valid.

Dr. Lam provided explanations for 44<sup>9</sup> of the 60 sampled periapical radiographs. In 24 instances, OSA and Dr. Lam already concurred that the claim was allowable and the periapical radiograph was supported by adequate documentation in the member dental record. In 3 instances, OSA changed its initial conclusion

---

9. Dr. Lam's explanation that 44 of the 60 sampled patients qualified for periapical radiographs indicates that the remaining 16 periapical radiographs were taken for routine monitoring, contrary to state regulations. In addition, OSA reevaluated these 44 sampled dental claims, taking into consideration Dr. Lam's detailed explanations. There were still problems with 17 of these claims, resulting in 33 unallowable claims in our statistical sample, as reported.



and determined that the claim was appropriate. However, after reviewing Dr. Lam's explanations and comparing them to the applicable dental records, OSA still concludes that the remaining 17 claims are unallowable under MassHealth regulations because of the problems noted above. Our report accurately reflects these adjustments.

Finally, Dr. Lam states that "according to the audit staff, these periapical X-rays would not qualify for payment simply because they were taken during a 'routine' exam." This is not true. OSA told Dr. Lam that MassHealth did not pay providers to take periapical radiographs routinely to monitor members' dental health. This is different from not allowing periapical radiographs to be taken during a "routine exam." During routine exams, members tell the dental provider whether they are experiencing any problems, which could warrant the use of periapical radiographs. Also, dental providers may detect problems during routine exams that could warrant the use of periapical radiographs to diagnose.