



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

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Official Audit Report – Issued May 10, 2011

Review of Claims Submitted to MassHealth by the
Office of Dr. Melvin M. Frankel, DMD
For the period July 1, 2005 through June 30, 2010



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INTRODUCTION**1**

MassHealth, within the Massachusetts Executive Office of Health and Human Services (EOHHS), administers the state's Medicaid program, which provides access to healthcare services, including dental services, to approximately one million eligible low- and moderate-income individuals, couples, and families. The goals of MassHealth's Dental Program are to improve member access to quality dental care; improve oral health and wellness for MassHealth members; increase provider participation in the Dental Program network; streamline program administration to make it easier for providers to participate; and create a partnership between MassHealth and the dental community.

During the period covered by our audit, EOHHS awarded a contract to Dental Services of Massachusetts, Inc. (DSM) to administer the Dental Program. DSM performs its contractual responsibilities through a subcontractor currently known as DentaQuest, LLC (DentaQuest). Under the contract, DentaQuest has both programmatic and administrative responsibilities, including (a) dental provider network administration services, (b) customer services, (c) claims administration and processing, (d) contract administration and reporting, and (e) quality improvement/utilization management.

On November 16, 2010, the Office of the State Auditor issued an audit report (No. 2009-8018-14C) entitled Independent State Auditor's Report on MassHealth's Administration of Dental Claims. This audit identified that deficiencies in the MassHealth dental claims processing system have resulted in millions of dollars in ineligible claims and, in some cases, potentially fraudulent claims being paid by MassHealth. In accordance with Chapter 11, Section 12, of the Massachusetts General Laws, we conducted an audit of certain activities of Dr. Melvin M. Frankel for the period July 1, 2005 through June 30, 2010.

Dr. Melvin M. Frankel is one of approximately 2,000 dental providers enrolled in the MassHealth Dental Program (Dental Program) and specializes in orthodontic services. Dr. Frankel, whose dental office is located at 106 Weir Street, Taunton, received approximately \$3.3 million from MassHealth during the audit period for orthodontic services he provided to 1,703 eligible MassHealth members under the age of 21. This audit was conducted as part of the Office of the State Auditor's (OSA) ongoing independent statutory oversight of the Massachusetts Medicaid program.

We conducted this performance audit in accordance with generally accepted government auditing standards issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence that provides 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. Our objectives were to determine whether certain dental claims submitted by Dr. Frankel were accurate and properly supported by required documentation; services were delivered; and billings and payments were in compliance with applicable laws, rules, and regulations.

Our audit identified unallowable payments to Dr. Frankel for radiographs, oral facial/photographic images, orthodontic consultations, and orthodontic retention. Also, we found that Dr. Frankel received duplicate payments for certain orthodontic services and

submitted dental claims for services that he did not perform. In total, Dr. Frankel received \$229,256 from MassHealth during the audit period for claims that were nonreimbursable in accordance with MassHealth regulations. MassHealth did not detect these unallowable claims because of deficiencies within the Dental Program's claims processing system.

AUDIT RESULTS

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1. UNALLOWABLE PAYMENTS FROM MASSHEALTH FOR RADIOGRAPHS, ORAL/FACIAL PHOTOGRAPHIC IMAGES, ORTHODONTIC CONSULTATIONS, AND ORTHODONTIC RETENTION TOTALING \$222,866

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MassHealth has established regulations governing orthodontic services for the Dental Program under 130 Code of Massachusetts Regulations (CMR) 420.431. These regulations provide service descriptions and limitations for all covered orthodontic services. However, our audit found that Dr. Frankel submitted claims for radiographs, oral/facial photographic images, orthodontic consultations, and orthodontic retention, contrary to these regulations. Further, we found that the Dental Program's claims processing system, which DentaQuest administers for MassHealth, does not contain adequate edits to identify and reject unallowable claims for orthodontic services.¹ Because MassHealth did not adequately monitor DentaQuest's administration of the Dental Program, it did not identify this system deficiency. Consequently, we found that Dr. Frankel received payments for radiographs, oral/facial photographic images, orthodontic consultations, and orthodontic retention that exceeded the amounts allowable under state regulations by \$222,866 during the audit period.

2. DUPLICATE PAYMENTS FOR ORTHODONTIC SERVICES TOTALING \$4,982

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Our review found 29 instances in which Dr. Frankel was paid twice for the same dental procedure. In each instance, two claims were found in MassHealth's records indicating that the same orthodontic service was performed on the same member either on the same day or, in most other cases, within the next few days following the initial visit. However, DentaQuest's claims processing system failed to identify the duplicate claims, resulting in overpayments totaling \$4,982 during the audit period.

3. CLAIMS TOTALING \$1,408 SUBMITTED FOR SERVICES THAT WERE NOT PERFORMED

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Our test of 30 member files at Dr. Frankel's office revealed that he submitted claims to MassHealth for periodic orthodontic treatment visits and orthodontic retention that were never actually performed. The questionable claims, which involved four of the 30 members in our sample, resulted in unallowable payments totaling \$1,408. According to MassHealth's payment records, Dr. Frankel provided these four members a total of five periodic orthodontic treatment visits and 12 orthodontic retention visits during the audit period. However, Dr. Frankel's patient records indicate that only seven of these 17 claimed treatment visits were actually performed. Consequently, Dr. Frankel was paid for 10 member visits that were not performed, contrary to state regulations.

¹ Our prior audit report, Independent State Auditor's Report on MassHealth's Administration of Dental Claims, No. 2009-8018-14C, dated November 16, 2010, identified that DentaQuest's claims processing system did not include edits to detect and deny claims for dental services including orthodontics that violated state regulations.

INTRODUCTION

Background

Melvin M. Frankel, DMD is one of approximately 2,000 active dental providers enrolled in MassHealth's Dental Program. Dr. Frankel, whose office is located at 106 Weir Street, Taunton, specializes in orthodontic services. During the period July 1, 2005 through June 30, 2010, Dr. Frankel received approximately \$3.3 million from MassHealth for orthodontic services he provided to 1,703 eligible MassHealth members under the age of 21. The table below details the payments that Dr. Frankel received from MassHealth during the audit period.

Fiscal Year	Claims Payment
2006	\$ 664,938
2007	671,911
2008	740,018
2009	670,894
2010	<u>553,264</u>
	<u>\$3,301,025</u>

MassHealth, within the Massachusetts Executive Office of Health and Human Services (EOHHS), administers the state's Medicaid program, which provides access to healthcare services, including dental services, to approximately one million eligible low- and moderate-income individuals, couples, and families. The goals of MassHealth's Dental Program are to improve member access to quality dental care; improve oral health and wellness for MassHealth members; increase provider participation in the Dental Program network; streamline program administration to make it easier for providers to participate; and create a partnership between MassHealth and the dental community.

During the period covered by our audit, EOHHS awarded a contract to Dental Services of Massachusetts, Inc. (DSM) to administer the Dental Program. DSM performs its contractual responsibilities through a subcontractor currently known as DentaQuest, LLC (DentaQuest). Under the contract, DentaQuest has both programmatic and administrative responsibilities, including (a) dental provider network administration services, (b) customer services, (c) claims administration and processing, (d) contract administration and reporting, and (e) quality improvement/utilization

management. MassHealth's administrative responsibilities under the contract include reviewing DentaQuest's performance to verify compliance with the terms of the contract and any applicable laws, rules, and regulations.

Audit Scope, Objectives, and Methodology

On November 16, 2010, the Office of the State Auditor (OSA) issued an audit report entitled Independent State Auditor's Report on MassHealth's Administration of Dental Claims (No. 2009-8018-14C). This audit identified that deficiencies in the Dental Program's claims processing system has resulted in millions of dollars in ineligible claims and, in some cases, potentially fraudulent claims being paid by MassHealth. Based on these results, the OSA determined that it was necessary to conduct additional audit work in this area. Consequently, in accordance with Chapter 11, Section 12, of the Massachusetts General Laws, the Office of the State Auditor conducted an audit of certain dental claims submitted by Dr. Melvin M. Frankel, DMD during the period July 1, 2005 through June 30, 2010. 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.

Our objectives were to determine whether dental claims submitted by Dr. Frankel were accurate and properly supported by required documentation; services were delivered; and billings and payments were in compliance with applicable laws, rules, and regulations. To achieve our objectives, we reviewed applicable state and federal laws, rules, and regulations, and the MassHealth Dental Program Manual. We then obtained Dr. Frankel's dental claims information contained in the Massachusetts Medicaid Management Information System (MMIS), the automated claims processing system used by MassHealth to pay dental providers. We analyzed Dr. Frankel's data to identify, for the period covered by our audit, (a) the amount and number of paid claims; (b) type and frequency of services performed; and (c) service trends and billing anomalies indicative of systemic billing problems within the claims processing system. From Dr. Frankel's records, we selected a judgmental sample of 30 files from members under the age of 21 for review. We tested each member file to ensure that the paid claims were properly authorized and supported by appropriate documentation, including dental charts, radiographs, prior authorization requests, and related billing

forms and records. At the conclusion of the field audit, we discussed the results with Dr. Frankel and considered his comments when preparing this report. We also discussed the results of our audit with MassHealth and DentaQuest officials and included their written responses within the applicable sections of this report.

AUDIT RESULTS

1. UNALLOWABLE PAYMENTS FROM MASSHEALTH FOR RADIOGRAPHS, ORAL/FACIAL PHOTOGRAPHIC IMAGES, ORTHODONTIC CONSULTATIONS, AND ORTHODONTIC RETENTION TOTALING \$222,866

MassHealth has established regulations governing orthodontic services for the Dental Program under 130 Code of Massachusetts Regulations (CMR) 420.431. These regulations provide service descriptions and limitations for all covered orthodontic services. However, we found that during our audit period, Dr. Frankel submitted claims and received payments for radiographs, oral/facial photographic images, orthodontic consultations, and orthodontic retention totaling \$222,866, contrary to these regulations. We also found that the Dental Program's claims processing system does not contain adequate edits to identify and reject unallowable claims for orthodontic services.² In addition, because MassHealth did not adequately monitor DentaQuest's administration of the Dental Program, it did not identify this system deficiency.

MassHealth's Dental Program offers orthodontic care for members under age 21 with severe and handicapping malocclusion (abnormality in the coming together of teeth). All orthodontic services require prior authorization from DentaQuest with the exception of orthodontic consultations and orthodontic retention (removal of appliances, construction and placement of retainers). MassHealth has established limits on radiographs,³ oral/facial photographic images, orthodontic consultations, and orthodontic retention under 130 CMR 420.431(C), 420.423(E), 420.431(B), and 420.431(H), respectively, as follows.

(C) Orthodontic Radiographs. The MassHealth agency pays for radiographs as a separate procedure for orthodontic diagnostic purposes only for members under age 21, and only if requested by the MassHealth agency. Cephalometric films are to be used in conjunction with orthodontic diagnosis and are included in the payment for comprehensive orthodontic treatment. Payment for radiographs in conjunction with orthodontic diagnosis is included in the payment for orthodontic services. If the MassHealth agency denies the request for comprehensive orthodontic treatment, the MassHealth agency pays for the pre-orthodontic work-up that includes payment for radiographs.

² Our audit entitled Independent State Auditor's Report on MassHealth's Administration of Dental Claims, No. 2009-8018-14C, dated November 16, 2010, identified that DentaQuest's claims processing system did not include edits to detect and deny claims for dental services including orthodontics that violated state regulations.

³ Since January 1, 2003, MassHealth has revised the Dental Program's regulations on four separate occasions. Under each set of regulations, MassHealth specifies that the fee for orthodontic treatment includes reimbursement for radiographs. In addition, all of these regulations indicate that radiographs are not reimbursable as a separate procedure if MassHealth denies the prior-authorization request for treatment.

(E) Oral/Facial Photographic Images.

(1) *The MassHealth agency pays for digital or photographic prints, not slides, only to support prior-authorization requests for orthodontic treatment.*

(2) *Payment for digital or photographic prints is included in the payment for orthodontic services. The MassHealth agency does not pay for digital or photographic prints as a separate procedure...*

(B) Orthodontic Consultation. *The MassHealth agency pays for an orthodontic consultation only for members under age 21 and only for the purpose of determining whether orthodontic treatment is necessary, and if so, when treatment should begin. The MassHealth agency pays an orthodontic treatment consultation as a separate procedure only once per six-month period. The MassHealth agency does not pay for an orthodontic consultation as a separate procedure when used in conjunction with ongoing or planned (within six months) orthodontic treatment...*

(H) Orthodontic Retention. *The MassHealth agency pays separately for orthodontic retention (removal of appliances, construction and placement of retainers). Retention includes the fabrication and delivery of the initial retainers and follow-up visits. The MassHealth agency pays for a maximum of five retention visits (post-treatment stabilization).*

However, we found that deficiencies within the Dental Program's claims processing system allowed Dr. Frankel to bill and receive payments for (a) radiographs, (b) oral/facial photographic images, (c) orthodontic consultation, and (d) orthodontic retention, contrary to MassHealth's regulations, as discussed in detail below:

a. Radiographs

As noted above, 130 CMR 420.431(C) states that MassHealth pays for radiographs as a separate procedure for orthodontic diagnosis purposes only for members under the age of 21, and only if specifically requested by MassHealth. In most instances, orthodontic radiographs are performed as an integral part of a greater orthodontic procedure (e.g. comprehensive orthodontic treatment) and therefore do not warrant a separate payment. Dr. Frankel, whose practice is limited to orthodontics, routinely takes radiographs on his patients and bills MassHealth for these services as a separate diagnostic procedure. According to payment data maintained in the Massachusetts Medicaid Management Information System (MMIS), Dr. Frankel took 4,868 radiographs on his patients between July 1, 2005 and June 30, 2010. However, MassHealth never requested these radiographs. Consequently, in accordance with MassHealth regulations, these radiographs should not have been paid. However, DentaQuest did not identify these radiographs as nonreimbursable orthodontic services because its claims processing system did not include

edits to detect and deny claims for radiographs that violated state regulations. As a result, Dr. Frankel received unallowable payments totaling \$190,993 for these radiographs during the audit period, as detailed in the table below:

Fiscal Year	Radiographs	Payments
2006	1,777	\$42,078
2007	1,829	56,544
2008	650	39,637
2009	355	30,118
2010	<u>257</u>	<u>22,616</u>
Totals	<u>4,868</u>	<u>\$190,993</u>

Regarding this issue, Dr. Frankel explained that dental radiographs are at times necessary to properly evaluate a patient's dental condition. He also stated that MassHealth officials advised him that claims for dental radiographs taken on members would be paid. Consequently, he stated that he believed that his claims for radiographs were valid. However, he could not provide us with any documentation to support his conversations with MassHealth on this matter. Moreover, our audit found no evidence to indicate that MassHealth ever requested Dr. Frankel to take dental radiographs on the patients in question. Therefore, these payments represent a violation of 130 CMR 420.431(C).

In addition, 130 CMR 420.423(A) requires Dr. Frankel to document his efforts to obtain radiographs previously taken by other dental service providers before prescribing more. MassHealth promulgated this regulation in order to confine radiation exposure of members to the minimum necessary to achieve satisfactory diagnosis. However, Dr. Frankel stated that he does not contact other dental service providers about available member radiographs prior to taking additional ones. Consequently, the payments that Dr. Frankel received for dental radiographs during the audit period violated both 130 CMR 420.423(C) and 130 CMR 420.423(A) and represent unallowable costs to the Commonwealth.

At the conclusion of our audit, we met with MassHealth and DentaQuest officials and detailed the unallowable payments totaling \$190,993 that Dr. Frankel received for radiographs during the audit period.

In response to this issue, MassHealth officials provided us with the following written comments:

... DentaQuest is unable to make determinations of the purpose of radiographs without the use of specific diagnosis codes; there are no diagnosis codes in dentistry. MassHealth has maintained that all providers, including orthodontists, are eligible to bill for medically necessary radiographs. DentaQuest is researching the providers that routinely provide other services (primarily restorative treatments) in addition to orthodontic procedures that may require radiographs to diagnose decay. The MassHealth agency and DentaQuest are working together to develop the most effective way to monitor and modify the billing behavior of providers solely practicing orthodontics.

In its comments, MassHealth states DentaQuest is unable to make determinations of the purpose of radiographs without the use of specific diagnosis codes, and there are no diagnosis codes in dentistry. While we agree with this statement in general, it has no relevance when discussing dental providers whose practices are limited to orthodontics such as Dr. Frankel's. Orthodontic specialists utilize radiographs almost exclusively for orthodontic diagnosis, thus eliminating any need for DentaQuest to make determinations of the purpose of such radiographs. Further, MassHealth states it has maintained that all providers, including orthodontists, are eligible to bill for medically necessary radiographs. We do not dispute this fact. Our concern is that MassHealth and DentaQuest have not established system edits to detect and deny claims that orthodontists submit for radiographs taken as part of orthodontic diagnosis. As described above, state regulations prohibit MassHealth from paying for such radiographs as a separate procedure unless requested by MassHealth. Finally, MassHealth states it is working together with DentaQuest to develop the most effective way to monitor and modify the billing behavior of providers solely practicing orthodontics. In addition, MassHealth's response states DentaQuest is researching the providers that routinely provide other services (primarily restorative procedures) in addition to orthodontic procedures that may require radiographs to diagnose decay. We anticipate that MassHealth's efforts will effect positive change and ensure that orthodontic specialists as well as multi-service dental providers comply with all Dental Program regulations.

b. Oral/Facial Photographic Images

During the audit period, Dr. Frankel took 227 oral/facial photographic images (photographic images) totaling \$10,659. Of this amount, 132 claims involved members who were denied comprehensive orthodontic treatment. In these cases, Dr. Frankel's claims represent allowable costs under the MassHealth Dental Program. However, the remaining 95 claims totaling \$4,455 involved members who received comprehensive orthodontic treatment and these payments violate state regulations. His claims should have been denied by DentaQuest, since they violated 130 CMR 420.423(E)(2), which states, in part:

Payment for digital or photographic prints is included in the payment for orthodontic services. The MassHealth agency does not pay for digital or photographic prints as a separate procedure...

However, DentaQuest did not identify Dr. Frankel's claims for photographic images as nonreimbursable program costs. As previously noted, the Dental Program's claims processing system, which DentaQuest administers for MassHealth, does not include edits to detect and deny claims for photographic images that violate state regulations. As a result, Dr. Frankel received unallowable payments totaling \$4,455 for photographic images during the audit period, as detailed in the table below.

Fiscal Year	Paid Claims	Amount
2006	79	\$3,703
2007	13	611
2008	3	141
2009	0	-
2010	<u>0</u>	<u>-</u>
Total	<u>95</u>	<u>\$4,455</u>

Regarding this issue, Dr. Frankel told us that it was his belief that no prior approval was necessary for the images in question. However, clearly MassHealth regulations prohibit orthodontists from billing for the photographic images in question.

During our audit, we brought this matter to the attention of MassHealth officials, who provided us with the following written comments:

DentaQuest has already implemented an edit to remove this code from paying as a separate procedure. Any claims will be denied in conjunction with the regulation unless the service was requested by MassHealth.

c. Orthodontic Consultation

We found that Dr. Frankel was paid for orthodontic consultations in violation of state regulations. As previously noted, 130 CMR 420.431(B) states MassHealth will not pay for an orthodontic consultation as a separate procedure when used in conjunction with ongoing or planned (within six months) orthodontic treatment. According to payment data maintained in Medicaid Management and Information System (MMIS), Dr. Frankel was paid for 712 orthodontic consultations performed within six months of comprehensive treatments between July 1, 2005 and June 30, 2010. DentaQuest did not identify these orthodontic consultations as nonreimbursable program costs. As a result, Dr. Frankel received payments totaling \$21,571 for these orthodontic consultations in violation of state regulations during the audit period, as detailed in the table below:

Fiscal Year	Orthodontic Consultations	Payments
2006	167	\$4,676
2007	155	4,805
2008	170	5,270
2009	141	4,371
2010	<u>79</u>	<u>2,449</u>
Totals	<u>712</u>	<u>\$21,571</u>

During the audit, Dr. Frankel provided the following written response to this issue:

Pre ortho visit and panorex is included in D8080 [comprehensive orthodontic treatment] but the problem is some patients get started more than 6 months after an approval and a certain percentage never get started. If they were not billed originally I could not ever get paid as the 3 month billing window would have expired. When we get an approval to bill for records when a patient is denied for full ortho treatment and bill for it, sometimes they appeal and win. In those cases Doral [DentaQuest] will recoup the original payment made for records and pay D8080 the whole amount for the banding. I think it is Doral's [DentaQuest] responsibility to have their software pick this up and deduct those procedures if the banding is done within the six months otherwise we will not be paid for work we performed on a number of patients.

During our audit, we brought this matter to the attention of MassHealth officials, who provided us with the following written comments:

DentaQuest is enhancing its internal audit process to ensure that any payment for D8660 [orthodontic consultation] is recovered if the date of service for D8080 [comprehensive orthodontic treatment] is within six months of the original payment (for 8660) to the same provider. DentaQuest has also designed an edit to prohibit D8660 from being paid once payment for comprehensive orthodontics has been made.

d. Orthodontic Retention

Orthodontic retention includes the fabrication and delivery of the initial retainers and follow-up visits. Our audit found that Dr. Frankel was paid for 62 orthodontic retention visits in violation of state regulations. Based upon 130 CMR 420.431(H), MassHealth pays for a maximum of five retention visits per member. However, according to payment data maintained in MMIS, Dr. Frankel was paid for six or more orthodontic retention visits for members during the audit period. DentaQuest did not identify the extra orthodontic retention visits (those greater than five) as nonreimbursable orthodontic services. As a result, Dr. Frankel received payments totaling \$5,847 for orthodontic retention visits in violation of state regulations during the audit period, as detailed in the table below:

Fiscal Year	Unallowable Orthodontic Retention Visits	Payments
2006	-	-
2007	11	\$1,034
2008	49	4,623
2009	2	190
2010	-	-
Totals	<u>62</u>	<u>\$5,847</u>

During the audit, Dr. Frankel stated that his staff members, at times, make unintentional errors when preparing and submitting dental claims to DentaQuest. In addition, Dr. Frankel believed that DentaQuest's software should have detected the unallowable claims and disallowed them.

During our audit, we brought this matter to the attention of MassHealth officials, who provided us with the following written comments:

DentaQuest will generate appropriate reports to identify all providers who have received more retention payments than regulations allow. DentaQuest will then identify those cases which received appropriate approval for additional retention through the PA process and any/all payments in excess of the regulations (without approvals) will be recovered. Ongoing testing and monitoring by DentaQuest will assure compliance with regulations.

Recommendation

MassHealth should recover the \$222,866 that Dr. Frankel was paid for dental radiographs, oral/facial photographic images, orthodontic consultations, and orthodontic retention contrary to state regulations during the audit period. Also, Dr. Frankel should establish procedures to ensure that his claims for radiographs, oral/facial photographic images, orthodontic consultations, and orthodontic retention are in accordance with state regulations.

Auditee's Response

In response to this audit result, Dr. Frankel provided the following comments:

Radiographs (x-rays) taken after a patient has been debanded are not for orthodontic diagnosis, as treatment is by then completed. Radiographs are taken in our office as a separate dental procedure most often for checking the status of third molars for oral surgery purposes. They are also taken to diagnose any pathology that might be present, such as cysts or resorption of second molar roots, caused by malpositioned third molars.

Bitewing x-rays were required at one time to show the orthodontic advisor at MassHealth that there was no decay present. These procedures were done as a dental not orthodontic procedure. MassHealth officials instructed me that they could be billed separately, which my office did. Any patient with decay was sent to their general dentist for restorative work.

Any oral/facial photographs billed were for patients who were denied treatment and a prior approval was generated by MassHealth. They would not have been paid if there was no prior approval.

Auditor's Reply

In his response, Dr. Frankel states that he took the radiographs in question after debanding to check the status of third molars for oral surgery purposes and to diagnose any pathology that might be present caused by malpositioned third molars. However, Dr. Frankel's practice is limited to orthodontics and we see no reason for him to take these radiographs for these purposes, since they are not services normally associated with orthodontics. For example, Dr. Frankel does not perform oral surgery and therefore any radiographs he may take to check the status of third molars for the purposes of oral surgery are clearly not medically necessary. In

addition, while monitoring growth and development of third molars is important to maintaining a member's oral health, MassHealth pays each member's general dentist for this service, which includes taking periapical and panoramic radiographs. In turn, general dentists refer members to exodontists, endodontists, and orthodontists if such specialized care is required.

In his response, Dr. Frankel states that most of the radiographs in question were taken after a patient was debanded. However, our sample review of 30 member files found that Dr. Frankel routinely took radiographs on members prior to and during orthodontic treatment. Based upon 130 CMR 420.431(C), these radiographs represent unallowable costs to the Commonwealth because orthodontic radiographs are performed as an integral part of a greater orthodontic procedure (e.g. comprehensive orthodontic treatment) and therefore do not warrant a separate payment.

Dr. Frankel's response indicates that bitewing radiographs were required at one time to show MassHealth that members were free of dental decay. During the audit, MassHealth officials stated that providers who practice both general dentistry and orthodontics could use bitewing radiographs to detect dental decay and provide restorative services, if necessary. However, MassHealth also indicated that providers who specialize in orthodontics should rely upon a member's general dentist for the detection and treatment of dental decay. Moreover, MassHealth stated that orthodontists should obtain confirmation that the member is carries-free (no decay present) prior to starting their complete orthodontic treatment.

Dr. Frankel's response states any oral/facial photographs billed were for patients who were denied treatment and a prior approval was generated by MassHealth. As noted above, during the audit period, Dr. Frankel submitted 227 claims totaling \$10,659 for oral/facial photographs. Of this amount, 132 claims involved members who were denied comprehensive orthodontic treatment. In these cases, Dr. Frankel's claims represent allowable costs under the MassHealth Dental Program. However, the remaining 95 claims totaling \$4,455 involved members who received comprehensive orthodontic treatment. The Dental Program regulation 130 CMR 420.423(E)(2) specifies that payment for digital or photographic prints is included in the payment for orthodontic services. Therefore, Dr. Frankel's claims for photographic images taken on members who received comprehensive orthodontic treatment represent unallowable costs to the Commonwealth.

2. DUPLICATE PAYMENTS FOR ORTHODONTIC SERVICES TOTALING \$4,982

Our review found 29 instances in which Dr. Frankel was paid twice for the same dental procedure. In each instance, two claims were found in MassHealth's records indicating that the same orthodontic service was performed on the same member either on the same day or, in most other cases, within the next few days following the initial visit. However, DentaQuest's claims processing system failed to identify the duplicate claims, resulting in overpayments totaling \$4,982 during the audit period.

130 CMR 450.235 promulgated by MassHealth defines overpayments for dental services as follows:

Overpayments include, but are not limited to, payments to a provider (A) for services that were not actually provided... (E) for services for which a provider has failed to make, maintain, or produce such records, prescriptions or other documentary evidence as required...(G) for services billed that result in duplicate payments.

During our audit, we reviewed Dr. Frankel's paid claims for the period July 1, 2005 through June 30, 2010 and identified 29 duplicate payments, which involved alternative billing to contract fees⁴ (procedure code D8690) and comprehensive orthodontic treatment (procedure code D8080) totaling \$4,982.

Regarding this issue, Dr. Frankel provided three possible explanations as to why these duplicate payments may have occurred. First, Dr. Frankel stated, at times, he will re-submit a dental claim if the original claim is not paid within three to four months' time. Second, Dr. Frankel stated that the overpayments could have resulted from an inadvertent mistake during the preparation or processing of dental claims. Lastly, Dr. Frankel stated that he believed that DentaQuest's claims processing system should have identified these billing errors and disallowed the claims.

During our audit, we brought this matter to the attention of MassHealth officials, who provided us with the following written comments:

The current regulation does not specify the frequency in which D8690 may be paid. Therefore no edit was in place to limit the frequency for billing this procedure code. Additionally, it is the practice of MassHealth to approve and generate an authorization and claim for the code D8690 for any denied prior authorization request for comprehensive

⁴ MassHealth pays for pre-orthodontic work (alternate billing to a contract fee) when MassHealth denies a request for prior authorization for comprehensive orthodontic treatment and when the member fails to receive further treatment.

orthodontic treatment. Until MassHealth regulations are fully updated and revised to implement the frequency limitation to once in any twelve month period, DentaQuest will seek to recover any inappropriate payments for duplicate services. MassHealth will also publish a dental provider bulletin clarifying the limitation on the frequency of procedure code D8690 from being paid more than once in a 12 month period.

This duplicate payment [D8080] was appropriately identified and DentaQuest has since spoken with Dr. Frankel and voided the claim. It appears this was related to "timing" issues during the 2007 transition from the MMIS legacy system to DentaQuest's system.

Recommendation

MassHealth should recover from Dr. Frankel the \$4,982 which we identified as duplicate payments during the audit period. In addition, Dr. Frankel should establish procedures to identify and return any future duplicate payments he receives from MassHealth.

Auditee's Response

In response to this audit result, Dr. Frankel provided the following comments:

There was never any frequency limitation on D8690 (code for Records) in the provider manual, so if these were done every six months, they should not be disallowed. If the new regulations limit this procedure, of course [they] will be followed.

Duplicate payment for initial banding has been recouped by MassHealth and should be deducted from money allegedly owed to MassHealth.

Auditor's Reply

We did not question the frequency limitation for alternative billing to contract fee (Procedure Code D8690). Rather, we raised the issue that Dr. Frankel was paid twice for the same dental procedure on the same member either on the same day or in most other cases, within a few days' time.

MassHealth is responsible for recovering the payments that Dr. Frankel received contrary to state regulations and should provide him with a credit for amounts he previously paid relative to these audit issues.

3. CLAIMS TOTALING \$1,408 SUBMITTED FOR SERVICES THAT WERE NOT PERFORMED

Our test of 30 member files at Dr. Frankel's office revealed that he submitted claims to DentaQuest for periodic orthodontic treatment visits and orthodontic retention that were never actually performed. The questionable claims, which involved four of the 30 members in our sample, resulted in unallowable payments totaling \$1,408. Based upon information in the

Commonwealth's MMIS system, Dr. Frankel provided these four members a total of five periodic orthodontic treatment visits and 12 orthodontic retention visits during the audit period. However, Dr. Frankel's patient records indicate that only seven of the 17 claimed treatment visits were actually performed. Consequently, Dr. Frankel was paid for 10 treatment visits that were not performed, contrary to state regulations.

130 CMR 450.235 promulgated by MassHealth defines overpayments for dental services as follows:

Overpayments include, but are not limited to, payments to a provider (A) for services that were not actually provided... (E) for services for which a provider has failed to make, maintain, or produce such records, prescriptions or other documentary evidence as required...(G) for services billed that result in duplicate payments.

The table below details the unallowable claims that Dr. Frankel submitted for periodic orthodontic treatment visits and orthodontic retention visits during the audit period:

Member	Periodic Orthodontic Treatment Visit			Orthodontic Retention Visit		
	Paid	Performed	Overpayment	Paid	Performed	Overpayment
A	3	1	\$422			
B	2	0	422			
C				6	3	\$282
D	-	-	-	6	3	282
Total	<u>5</u>	<u>1</u>	<u>\$844</u>	<u>12</u>	<u>6</u>	<u>\$564</u>

Regarding this issue, Dr. Frankel stated that his office bills MassHealth for orthodontic services based upon a preset schedule of procedures to be performed on members. In addition, Dr. Frankel stated that, at times, members do not keep their scheduled appointments, which can lead to erroneous billings.

During our audit, we brought this matter to the attention of MassHealth officials, who provided us with the following written comments:

MassHealth is in agreement with this finding and will take appropriate steps to recover overpayments. DentaQuest will continue to monitor this provider's billing habits to insure compliance with the regulations of the Commonwealth.

MassHealth is in agreement with this finding and will follow the procedures described in the state Medicaid regulations at 130 CMR 450.237 to collect the overpayments from Dr. Frankel. DentaQuest will contact Dr. Frankel to ensure that he understands that the erroneous billing practices identified during the audit must cease.

Recommendation

MassHealth should recover the \$1,408 in overpayments that Dr. Frankel received for services not rendered during the audit period. In addition, Dr. Frankel should establish procedures to ensure that his office only submits claims to MassHealth for services actually performed for members.

Auditee's Response

Dr. Frankel did not provide any comments relative to this issue.