

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>12-3-07</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000267</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Cleaveland 12/12/07 lettu attach to.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-12-07</i>		
	<input type="checkbox"/> FOIA DATE DUE _____		
	<input type="checkbox"/> Necessary Action		

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

WILLIAM D. CRANFORD, JR., D.M.D.

VILLAGE OAKS PROFESSIONAL PARK
1721-04 EBENEZER ROAD, SUITE 135
ROCK HILL, SOUTH CAROLINA 29732
TELEPHONE (803) 324-7670

NOV 07 2007

DHHS
Division of Program Integrity

November 6, 2007

RECEIVED

Ms. Connie Reynolds
Division of Program Integrity
P.O. Box 100210
Columbia, SC 29202

Department of Health & Human Services
OFFICE OF THE DIRECTOR

DEC 03 2007

Dear Ms. Reynolds:

I have been a member of the South Carolina Board of Dentistry for the past six years. The dental board is responsible for the protection of the public in the arena of oral health care services. I believe the role of DHHS and Medicaid is accountability in the funding and oversight of professional oral health care for the impoverished children of our state. Our common interests of responsibility and accountability intersect at the provision of dental services to Medicaid patients.

I have recently received verbal reports in four areas of dental practice that indicate levels of abuse or fraud. These are excess placement of stainless steel crowns, fraudulent placement of sedative fillings, injudicious placement of posterior composites, and indiscriminate application of pit and fissure sealants.

The stainless steel crown (2930) and pulpotomy (3220) yields the highest fee in Medicaid and is therefore subject to abuse. Our investigators reviewed cases where more than ten pulpotomy/stainless steel crowns were placed in one visit, and Medicaid now limits this to four per visit. My concerns with these procedures are too much anesthesia putting the patient at risk of overdose, seizure, or death; too little anesthesia with risk of the patient being harmed and abused; and inappropriate use of the papoose board outside of the American Academy of Pediatric Dentistry's "Clinical Guidelines on Behavior Management".

The sedative filling procedure, code 2940 is subject to frequent fraudulent use. It is reimbursed at a fee almost equivalent to that of a definitive posterior composite. Code 2940 is defined by the ADA CDT as "Temporary restoration intended to relieve pain." It is an interim treatment. The use of this code requires a complaint of pain by the patient, careful excavation of caries, placement of a true sedative material, and a follow up visit scheduled for final treatment. Claims in which a provider uses multiple 2940 procedure codes are suspicious of fraudulent abuse.

Verbal reports have been received of injudicious use of composites for moderately grooved teeth rather than placement of preventive sealants. Practitioners are allegedly following this with unnecessary fillings of primary teeth. An audit searching for trends where the first permanent molar along with the first primary molar and the second primary molar are treated in most, if not every quadrant treated by a dentist would sort out potential fraudulent providers. The motivation for such over treatment is economic gain.

Sealants should be placed following particular diagnostic guidelines rather than indiscriminately for every molar tooth. A smooth, non-grooved occlusal surface should not be sealed. The overwhelming weight of research literature points to the dubious efficacy of sealants on deeply decayed teeth. Placement of sealants on every molar tooth on every patient is likely over treatment or not necessary dentistry. Covering a deeply decayed tooth with a sealant is poor treatment and offers no benefit to the patient.

I will be glad to discuss these reports with you if you wish.

Sincerely,

Bill Cranford

William D. Cranford, Jr., DMD

cc: Ms. Tresa Martin
Dr. Rocky Napier

Over decay??

need to document
Adaptive fill
below w/ Rocky

excess Placement
SS crowns - Bond
Must address this,

~~more are added~~

Log to Myers.
app sig

#267



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

December 12, 2007

William D. Cranford, Jr., D.M.D.
Village Oaks Professional Park
1721-04 Ebenezer Road, Suite 135
Rock Hill, South Carolina 29732

Dear Dr. Cranford:

Thank you for your letter dated November 6, 2007, to the Division of Program Integrity regarding the provision of dental services to Medicaid beneficiaries. The Division of Program Integrity has forwarded your letter to the Dental Services program area to address your issues.

The South Carolina Department of Health and Human Services (SCDHHS) appreciates your concern regarding the level and quality of provision of dental services by Medicaid enrolled dental providers and the possible over utilization of those services.

The responsibility of SCDHHS is to establish policy and guidelines for Medicaid covered services, oversight of adherence to those policies and guidelines and reimbursement for claims submitted by Medicaid enrolled dental providers. It is not within the authority of SCDHHS to advise a dental professional on their clinical practice of dentistry or the clinical use of procedures in their provision of preventive, restorative or surgical services to Medicaid beneficiaries. SCDHHS monitors the Dental Services program for fraud or abuse of the policy and guidelines for reimbursement as listed in the Dental Provider manual. As long as a dental provider is adhering to those policies and guidelines, there is no recourse for action by SCDHHS against any dental provider related to their standard of care for dental treatment.

The issues that you have raised concerning these services would fall under Section 40-15-190 of the South Carolina Dental Practice Act as listed in Title 40. Professions and Occupations in the Code of Laws of South Carolina as standard of care issues. Standard of care issues would be the responsibility of the State Board of Dentistry to review and resolve.

William D. Cranford, Jr., D.M.D.
December 12, 2007
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SCDHHS appreciates your concern for suspected fraud and abuse of Medicaid services and will review the issues you have presented as they relate to any violation of the SCDHHS policy and guidelines for provision of Dental Services.

If you have any other questions, please contact Ms. Cynthia W. Higgins at (803) 898-2655.

Sincerely

A handwritten signature in black ink, appearing to read 'F. Myers', is written over the printed name.

Felicity Costin Myers, Ph. D.
Deputy Director

FCM/hw