

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Giese</i>	DATE <i>5-2-11</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>.1011486</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Keck, Hess</i> <i>Ref Log # 409</i> <i>Close 5/5/11 see attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-12-11</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

JOHN C. LAND, III  
SENATOR, CLARENDON, FLORENCE  
CAHOON AND SUMTER COUNTIES  
SENATORIAL DISTRICT NO 36

SENATE DEMOCRATIC LEADER

COMMITTEES:  
TRANSPORTATION  
FINANCE  
FISH, GAME, AND FORESTRY  
RULES  
ETHICS



April 29, 2011

HOME ADDRESS:  
PO Box 138  
MANNING, SC 29102  
(803) 435-8894

COLUMBIA ADDRESS:  
POST OFFICE BOX 142  
513 GRESSETTE SENATE BLDG  
COLUMBIA, SC 29202  
(803) 212-6180  
FAX (803) 212-6299  
JOHN.LAND@SCSENATE.GOV

Director Anthony E. Keck  
South Carolina Department of Health and Human Services  
1801 Main Street  
Post Office Box 8206  
Columbia, South Carolina 29202

**RECEIVED**  
MAY 02 2011

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

RE: J. Mark Lawhon, DMD  
Dear Mr. Keck,

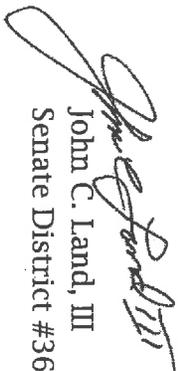
I am enclosing herewith a letter that I received from Dr. Mark Lawhon which is self-explanatory in regard to DentaQuest.

I am asking that you please arrange a meeting with Dr. Lawhon and the Senators who are receiving a copy of this letter and me with a top officer with DentaQuest to discuss the allegations made by Dr. Lawhon.

Your prompt attention to this request will be most appreciated.

With warmest personal regards, I am

Very truly yours,

  
John C. Land, III  
Senate District #36

JCL:lpjm

Enclosure

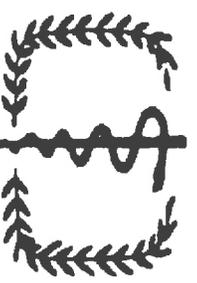
CC: Dr. J. Mark Lawhon  
The Honorable Hugh K. Leatherman, Sr., Senate District #31  
The Honorable J. Yancey McGill, Senate District #32  
The Honorable Gerald Malloy, Senate District #29  
The Honorable Kent M. Williams, Senate District #30



# J. MARK LAWHON, DMD

## Oral & Maxillofacial Surgery

611 West Palmetto Rd - Florence, SC 29501  
Phone (843) 669-7044 Fax (843) 669-7052



**DIPLOMATE**  
*American Board Of Oral And Maxillofacial Surgery*

*American Association Of Oral  
And Maxillofacial Surgeons*  
April 26, 2010

**FELLOW**  
*American College Of Oral  
And Maxillofacial Surgeons*

*American Dental Society Of  
Anesthesiology*

[www.drclawhon.com](http://www.drclawhon.com)

**RECEIVED**

Senator John C. Land, III  
513 Gressette Bldg.  
Columbia, 29201

MAY 02 2011

Senator Land,

Department of Health & Human Services  
**OFFICE OF THE DIRECTOR**

I would like to thank you, along with Senator McGill and Senator Williams, for our previous meeting on the issues with DentaQuest.

I would like to briefly explain DentaQuest as an entity. DentaQuest was hired by SC DHHS to handle Dental Claims for the SC Dental Medicaid program. DentaQuest administers dental benefits in 23 states and the District of Columbia. They initially wanted to run the entire program with complete control but DHHS only allowed them to administer the plan. They are paid approximately 7 million dollars per year and have a 3 year contract with SC DHHS. They manage all Dental Claims which include all aspects and specialties of Dentistry. My specialty is Oral and Maxillofacial Surgery and I would like to explain briefly some of the problems I am having with DentaQuest. DentaQuest states they are following all guidelines set forth by the SC DHHS and when they cannot answer specific questions of why they are denying claims they state "that is what the SC DHHS has informed us to do". They have provided to me, as well as all providers, a manual to explain what is covered and what is not covered. Some of their wording is very vague and they reserve the right to interpret any claim as they see fit. The claim reviewers are multi leveled in the review process. What that means is claims are screened by a non Dentist to make a determination of payment and if it falls outside of what they have been taught in a very short period of time it then goes not to someone equal to my training but a far less qualified General Dentist. I will provide a short list of very frustrating and discriminating tactics that DentaQuest is using in order to slow claim payouts or even deny claims in order to have an outwardly appearance that they are saving SC DHHS money. The fact of the matter is they are causing undo harm on how Oral and Maxillofacial Surgeons treat Medicaid patients because we do not know if or when we will be paid based off of DentaQuest interpretation. Oral and Maxillofacial Surgeons are the last line of defense from a single tooth causing a life threatening event. We also provide care for Car Accident victims, Cancer patients, Trauma patients, Gun shot wounds to the face and other injuries to the Head and Neck region. Our training reaches further than just teeth.

The following is an attempted to outline my frustrations with DentaQuest, along with many of my colleagues across the state.

1. Tardiness of processing claims
2. If a claim is denied it goes to the appeals process, this can take up to 4 months
3. Inability to have equally trained Dentist interpret my patient notes
4. Claim denial based off of needing a lesser code, in essence stating I am not doing what

I am billing for

5. Denying claims on patients which clearly meet the criteria for treatment and then making me go through the appeals process once I have proven the patient qualifies for treatment
6. Inability to qualify what meets medical necessity for impacted tooth removal
7. Inability of their own Dental directors to have access to DentaQuest website
8. Enacting criteria for claim denials that are not listed or documented in the Manual of Covered services
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10. Time delays in speaking with and giving explanations to Dental Directors.

Sincerely,



Dr. J. Mark Lawhon

log #486 ✓

**RECEIVED**

MAY 05 2011

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

Log 486 5/5/11

Dr Bryan = 4:20pm

This visit has been

removed - No letter / response

returning - pm

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Givise</i>	DATE <i>5-2-11</i>
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*cc: Mr. Ketch, Hess*  
*Ref Log # 409*

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.	<i>[Signature]</i>		<i>* Pu "B2" log has been resolved. 5/13/11</i>
2.		<i>[Signature]</i>	
3.			

*5/24 Tony - FY11*

*No Response needed for this per Stout 5/5*  
*Problem Resolved by DA.*

JOHN C. LAND, III  
SENATOR, CLARENDON, FLORENCE  
CALHOUN AND SUMTER COUNTIES  
SENATORIAL DISTRICT NO 36

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JOHN.LAND@SCSENATE.GOV

April 29, 2011

Director Anthony E. Keck  
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Post Office Box 8206  
Columbia, South Carolina 29202

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MAY 02 2011

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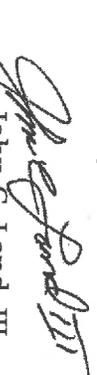
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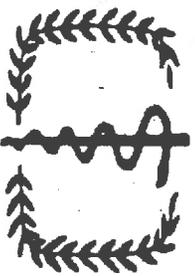
  
John C. Land, III  
Senate District #36

JCL:ipm

Enclosure

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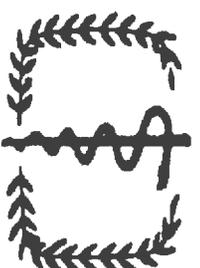
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### FELLOW

April 26, 2010

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Sincerely,



Dr. J. Mark Lawhon

**From:** Kathleen Snider  
**To:** Jan Polatty  
**Date:** 5/4/2011 3:57 PM  
**Subject:** Fwd: Re: Question about an oral surgeon  
**Attachments:** Re: Question about an oral surgeon

Re: Dr. J. Mark Lawhon. Program Integrity reviewed him a year or so ago. He is a high biller but the recoupment was very low. Please read Tresa's case summary. He was not all that cooperative with the review, and the chief reason for the low recoupment appears to be our policy.

Kathleen C. Snider, Bureau Chief  
Compliance and Performance Review  
SC Department of Health and Human Services  
1801 Main Street, Columbia SC 29202-8206  
(803) 898-1050

## CASE SUMMARY

The Division of SURS ran reports for this high billing provider because of the large number of surgical extractions and a large number of 99204 new patient exam code and no others. This provider, James Mark Lawhon, DMD, ZA9720 is the only provider billing these codes in this manner. Due to the current caseload, this concern was noted and an onsite was planned for a later date.

Reran billings and reviewed the Detailed Claims Report for the provider. Met with Shirley Carrington, of the Dental Program Area; she is upset by the provider's billing. She states that the new Dental Manual clearly states the conditions that Medicaid will pay for extractions. A case, P33379, is opened and an onsite is planned.

We conducted the onsite at Dr. Lawhon's office. He and the staff would not allow us access to the records for two hours after arriving. After a final request for the records, Dr. Lawhon came out to speak with us and he grudgingly allowed us access to the records. At first Dr. Lawhon did not want to allow DHHS staff to remove panorex films from his office although it was explained that this is the protocol and that a list of the films taken would be provided. After calling the DHHS Division Director, he acquiesced. The onsite was completed.

Documentation was reviewed and the reviewer met several times with Shirley Carrington to discuss the case and clarify policy. Met with Dr. Edgar Peacock, Oral Surgeon Dental Consultant, and he allowed all the extractions that we disallowed. He stated that we could not pick and choose which teeth would come out and that the language in the manual would not support our recoupment and that we would lose in an appeal. He allowed all extractions and at the code they were billed although he was in agreement with downcoding two E/M codes.

The review was completed, all findings agreed upon by the Dental Consultant, and the 10-day letter was readied.

The findings were:

Discrepancy Key #31: 24 instances of duplicate billings of different dates of service for a recoupment of \$2,869.92

Discrepancy Key #9: 2 instances of improper E/M code used for a recoupment of \$57.00

The total recoupment was 26 claims for a total of \$2,926.92.

There were 96 recipients for a total of 1,764 claim lines and a total of \$214,278.16 paid into the sample. The provider billed a total of \$771,138.87 for 5,454 claim lines on a total of 1,068 recipients. The error rate average is 0%.

The 10-day letter was sent to the provider. The reviewer returned to the office and returned the original panorex films.

The reviewer sent the 30-day letter. No appeal is on file.

Case closed.