

## For our Dental Practitioners

Spring/Summer 2008

### NIHB AUDIT PROGRAM INFORMATION

The FCH Dental Provider Audit Program reviews claim payments to ensure they are in compliance with the Terms and Conditions of the NIHB Program. The audit program is administrative in nature and is not to be considered a clinical review.

The five (5) components of the FCH Dental Provider Audit Program are outlined below:

- Next-Day Claims Verification Program
- Client Confirmation Program
- Provider Profiling Program
- On-Site Audit Program
- Desk Audit Program

For Audit Program details we encourage you to visit the following website:

[http://www.hc-sc.gc.ca/fnih-spni/nihb-ssna/index\\_e.html](http://www.hc-sc.gc.ca/fnih-spni/nihb-ssna/index_e.html)

Please also refer to Section B3 *Provider Audits* of the Dental Health Provider Information Kit (DHPIK).

### DOCUMENTATION REQUIREMENTS FOR ADMINISTRATIVE AUDIT

During an on-site audit, the following documents form part of the review:

- Charted progress notes for the dates of service included in the review. For those services requiring multiple appointments, notes must be present at each appointment, whether or not a claim is submitted.
- Dated odontogram updates (if updates to the odontogram are not dated, they cannot be considered as supporting documentation for a specific service date)
- Dated treatment
- Periodontal chart (if applicable), and
- Labelled radiographs

The appointment book must be available should the auditors require it, but is not a central part of the review.

### Forwarding Radiographs

When you forward radiographs to another location, it must be documented within the chart, noting the following:

- Date of forwarding
- Type, number and radiograph date
- Forwarding location

### Progress Notes to Support Billed/Paid Claims

It is important that patient charts contain sufficient notes to support the services billed/paid. Examples of information commonly missed include materials used (in restorations, etc.) and surgical involvement requiring a higher extraction fee.

When multiple units of scaling are billed, there must be more than a procedure code or procedure code name documented to support the requirement for multiple scaling units. This can include, but is not limited to, general mouth condition, hygiene condition, periodontal pocketing, etc.

### ON-SITE/DESK AUDIT FINDINGS

First Canadian Health has undertaken a complete review of on-site and desk audit findings. The following is a list of common findings as a result of an audit. While the list is not complete, it will provide the reader with information regarding audit expectations. The dental provider is provided a report detailing all findings following an audit.

### Billed and Paid Code Not Supported in Client Chart

The recording of procedure codes or procedure code names within a chart is considered 'billing direction' and is not sufficient to confirm the provision of a service. Services provided must be supported by complete and accurate clinical records. For example, a service requiring further supporting documentation, such as services billed by units of time (4 units root planning) or by increasing complexity (surgical extraction).

### No Record of Service within Client Chart

Where services claimed and paid are not recorded in the client chart, they are subject to recovery. It is recommended that providers (or delegated office staff) review their chart entries, including radiographs taken, examination notes and tooth numbers prior to billing.

### Repeated Restorative Services

The DHPIK indicates the following Program requirement: **"Replacement of restorations within a two-year time frame is subject to audit and reviews by the Regional Dental Officer/Dental Consultant and requires a written rationale."**

Please ensure the requirement for replacement has been documented in the client file.

The NIHB Program does not pay for restorations replaced at the request of a client unless there is a clinical reason

for replacement.

As well, the DHPIK indicates the following Program requirement:

**“In permanent anterior, cuspid, and posterior restorative situations, when at the same sitting, in order to conserve tooth structure, separate amalgam/tooth coloured restorations are performed on the same tooth, the fee must be determined by counting the total number of surfaces restored. The maximum allowable for amalgam/tooth coloured restoration is five surfaces per tooth.”**

#### **Charted Date of Service Conflicts with Claim Date of Service (or Treatment Date)**

The claim date of service must match the chart date of service. As indicated in the DHPIK, “Date of Service” is defined as **“The date on which services were provided to the client (...) For procedures requiring more than one appointment the date of service must be the date on which the service was completed.”**

As an example, audit results have identified claims submitted when a laboratory expense is incurred but insertion has not been made. To avoid any recovery in this area, please ensure the “date of service” matches date of completion and /or insertion.

#### **Examination Code Billed and Paid and Examination Code Identified/Supported in Client Chart Conflict**

The examination type recorded in the chart must match the type of examination provided and the type billed/paid, regardless of client eligibility. Examination types are not interchangeable. All examinations must have chart documentation beyond procedure code or procedure code name.

Example: specific and emergency examinations must have chart documentation, including but not limited to, the specific assessment, diagnosis and any planned treatment.

#### **Provider who Delivered the Service and the Provider who Billed and was Paid for the Service Conflict**

The NIHB Program requires that each dental provider be licensed in the province/territory in which services are to be delivered. Providers are required to register under their own name and license number with FCH and as a result be provided with their ‘own’ FCH provider/billing number. Services paid to a provider other than the treating provider will be identified for recovery.

#### **Chart Not Found**

A patient chart not found during an audit is provided with a ‘grace period’ of two weeks. A provider will have to submit a copy of the missing chart, with radiographs (if applicable). If the patient’s chart cannot be located, recovery of all payments will be made for that client.

#### **Chart Entry Does Not Correspond to Claim Billed and Paid**

Chart reviews have found numerous instances where a chart entry does not match the services billed and paid.

The common types of errors found in this category are:

- Tooth surfaces claimed do not match those charted
- Scaling units claimed do not match those charted
- Procedure code claimed does not match that charted

#### **Radiograph Inconsistencies**

FCH will identify repayment for radiographs billed/paid but not present in the chart during the on-site audit and where forwarding information does not exist (see “Documentation Requirements for Administrative Audit” section of this article for forwarding of radiographs).

The type of radiograph taken (periapical, bitewing, etc.) and charted must match exactly the number and type of radiograph claimed. Any discrepancy may result in recovery of the fee difference.

Please note the definition of a “full mouth series” in your Fee Guide and ensure, if billing a full mouth series, the minimum number of radiographs has been taken and is present in the chart.

#### **Billed Code Included in Other Paid Service**

Two of the most common findings in this area are:

1. Initial post surgical visit has been billed/paid within 3 months of the initial treatment. The fee for the initial post surgical visit has been included in the surgical fee.
2. Denture adjustment fee billed/paid within 3 months of a new denture delivery. The fee for the initial denture adjustment is included in the new denture fee.

#### **CONCLUSION**

If you have any further questions regarding the information in this article, please do not hesitate to contact the FCH NIHB Toll-Free Inquiry Centre at: **1-888-471-1111**.

We encourage you to download the current version of the NIHB Dental Health Provider Information Kit from the NIHB website at the following address:

**[www.healthcanada.gc.ca/nihb](http://www.healthcanada.gc.ca/nihb)**

Providers without internet access can contact the FCH NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.