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N.J. BOARD OF DENTISTRY  
ON 12-3-14 ~~DA~~

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STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND  
PUBLIC SAFETY  
BOARD OF DENTISTRY

IN THE MATTER OF THE LICENSE OF :  
 :  
 DANIEL REICH, D.M.D. :  
 License No. 22DI01947900 :  
 :  
 : CONSENT ORDER  
 TO PRACTICE DENTISTRY IN THE STATE :  
 OF NEW JERSEY :

The New Jersey State Board of Dentistry ("Board") received and reviewed information regarding the billing practices of Daniel Reich, D.M.D. ("Respondent"). Specifically, the Board reviewed Respondent's use of CDT billing code 4260, a surgical code, when performing Laser Assisted New Attachment Procedure ("LANAP") for periodontal treatment. Additionally, when Respondent was presenting a continuing education course on the LANAP procedure, he was asked a question regarding the appropriate billing code to use for the LANAP procedure, and he advised that he uses billing code 4260.

On September 19, 2012, Respondent appeared with counsel, Pamela Mandel, Esq., at an investigative inquiry held by the

Board to address his billing practices. Respondent acknowledged that the CDT Code 4260, as written, did not accurately reflect the LANAP procedure. The Board, noting that the purpose of the CDT Code is to achieve uniformity, consistency, and specificity in accurately reporting dental treatment, concluded that the use of the surgical CDT code 4260 by Respondent for LANAP procedures was inaccurate and inappropriate.

Based on a review of Respondent's records and his testimony on September 19, 2012, the Board finds that Respondent inappropriately billed insurance companies and third-party payors using CDT Code 4260 for the LANAP procedure. These facts establish a basis for disciplinary action pursuant to N.J.S.A. 45:1-21(h) in that Respondent submitted claims that did not accurately reflect the treatment rendered in violation of N.J.A.C. 13:30-8.10. It appearing that Respondent desires to resolve this matter without admissions and without recourse to formal proceedings and for good cause shown:

IT IS ON THIS 3<sup>rd</sup> DAY OF DECEMBER 2014,  
HEREBY ORDERED AND AGREED THAT:

1. Respondent shall cease and desist from using the surgical CDT Code 4260 for LANAP procedures in submissions to insurance companies and other third party payors, and from advising other practitioners that use of the code is appropriate.

2. Respondent shall fully attend, successfully complete, and pass a PROBE course, offered by CPEP, the Center for Personalized Education for Physicians, 7351 Lowry Boulevard, Suite 100, Denver, Colorado 80230 (303) 577-3232, ext. 207, [www.cpepdoc.org](http://www.cpepdoc.org), as well as four hours of continuing education in appropriate coding, which shall be pre-approved by the Board. Documentation of full attendance and successful completion of the courses shall be provided to the Board within 21 days of completion of the coursework, which must be completed within six months of the entry of this Consent Order. These courses are in addition to Respondent's regularly required continuing education hours. "Successful completion" means that for each course, Respondent attended all sessions, fully participated and received a final evaluation of an unconditional pass. Respondent shall complete the attached continuing education course approval form. The attached form is made a part of this Consent Order. A separate form shall be used for each course. Respondent shall be entirely responsible for any and all costs or expenses relating to each course.

3. Respondent is assessed a civil penalty pursuant to N.J.S.A. 45:1-22 in the amount of \$10,000, which shall be stayed in its entirety for a period of two years. Any violation of this Order or any other provision of the law or regulations governing the practice of dentistry during this two year period shall lift the stay and make the entire \$10,000 penalty amount automatically due and owing. Subsequent violations of Board

statutes, regulations, or orders, including this Consent Order, will also subject Respondent to enhanced penalties pursuant to N.J.S.A. 45:1-25.

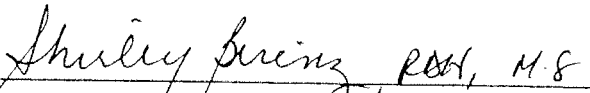
4. Respondent is assessed the costs of the investigation to the State in this matter in the amount of \$406.25. The total payment of \$406.25 shall be made by wire transfer, bank check, money order, or certified check made payable to the **State of New Jersey** and sent to **Jonathan Eisenmenger, Executive Director, State Board of Dentistry, 124 Halsey Street, 6<sup>th</sup> Floor, P.O. Box 45005, Newark, New Jersey 07101**. Any payment in a form other than those noted above will be rejected and returned. Payment shall be submitted to the Board within twenty-one days from the entry of this Consent Order.

5. Respondent's patient charts shall be subject to a random audit, at his expense, for a period of one year following entry of this Order. The audit may be performed by the Board or its designee.


6. The Board shall retain jurisdiction to enforce the terms of this Order. Upon receipt of any reliable information indicating that Respondent has violated any term of this Order, the Board reserves the right to bring further disciplinary action.

7. The parties hereby stipulate that entry of this Order is without prejudice to further action, investigation or restrictions, by this Board, the Attorney General, the Director of the Division of Consumer Affairs or other law enforcement entities resulting from Respondents' conduct prior to entry of this Order.

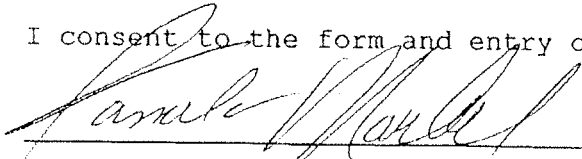
NEW JERSEY STATE BOARD OF DENTISTRY

  
\_\_\_\_\_  
Shirley Birenz, R.D.H., M.S.  
Board President

I have read and understand this Consent Order and agree to be bound by its terms. I consent to the entry of this order.

  
\_\_\_\_\_  
Daniel Reich, D.M.D. 12/2/14  
Date

I consent to the form and entry of this order.

  
\_\_\_\_\_  
Pamela Mandel, Esq.  
Attorney for Respondent 12/2/14  
Date

New Jersey State Board of Dentistry  
Application for Course Approval  
(Please Type or Print Legibly)



124 Halsey Street . 6th Floor . Newark, NJ . 07101  
phone: 973.504.6405  
fax: 973.273.8075

The Board cannot assure approval for courses provided. Applications must be submitted at least 30 days prior to the course date.

**A separate form is to be used for each course.** A copy will be returned to you after approval or denial by the Board.

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Dentist name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

The following course is designed to fulfill a part \_\_\_\_\_ / or all \_\_\_\_\_ of \_\_\_\_\_ hours required for:

a. incomplete general CE requirements \_\_\_\_\_ b. remediation CE in \_\_\_\_\_

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Number of credit hours requested for this particular course: \_\_\_\_\_

Course Title: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Sponsor Phone Number: \_\_\_\_\_

Date(s) you will be attending course: \_\_\_\_\_

Time course begins and ends: \_\_\_\_\_

**Please attach a course brochure. (Required)**

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**For Board use only**

Date: \_\_\_\_\_ Reviewed by CE Committee \_\_\_\_\_

Approved \_\_\_\_\_ for \_\_\_\_\_ hours in \_\_\_\_\_

Denied \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

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