

BEFORE THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

IN THE MATTER OF:

PAOLA ROCIO UCEDA, D.D.S.
(License No. 9154)

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CONSENT ORDER

THIS MATTER is before the North Carolina State Board of Dental Examiners [the "Board"] as authorized by N.C. Gen. Stat. § 90-41.1(b) for consideration of a Consent Order in lieu of a formal administrative hearing. Lisa M. Hoffman represented Respondent, Paola Rocio Uceda, D.D.S. ["Respondent"]. Douglas J. Brocker represented the Investigative Panel [the "IP"].

Based upon the consent of the parties hereto, the Board enters the following:

FINDINGS OF FACT

1. The Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding pursuant to the authority granted to it in Chapter 90 of the North Carolina General Statutes, including the Dental Practice Act and the rules and regulations of the Board.
2. Respondent was licensed to practice dentistry in North Carolina on June 6, 2011, and holds license number 9154.
3. At all times relevant to this Consent Order, Respondent was subject to the Dental Practice Act and the Board's rules and regulations.

4. During its investigation of this matter, the IP subpoenaed approximately fifty (50) patient records from **Respondent** [**“Example Patients”** or **“Example Patient Records”**].

5. When used in this Consent Order referring to any action, inaction, or failure to act, the term "Respondent" also includes Respondent's professional dental practice, employees, staff, or other agents acting at her direction or under her supervision.

Respondent's Improper Billing to Medicaid

6. At all times relevant to this Consent Order, Respondent was an approved dental provider for NC Medicaid.

7. As an approved provider, Respondent was required to abide by and submit accurate claims in compliance with Medicaid's billing policies and guidelines.

8. Medicaid required its dental providers to maintain all records necessary to document fully the nature and extent of services billed to Medicaid and to retain such records for at least six (6) years from the date of service, unless a longer retention period is required by federal or state law, regulations, or agreements. The Board's rule 21 NCAC 16T .0101 requires dentists to maintain complete patient treatment records for at least ten (10) years from the last treatment date.

9. Medicaid required its dental providers to submit bills for their services using the codes set out in the American Dental Association's Code of Dental Terminology ["CDT"].

10. From 2013 to 2022, Respondent incorrectly billed Medicaid using CDT codes for multiple Example Patients that did not accurately describe the services she provided to patients or billed for services for which there was insufficient documentation

in the treatment record, and obtained corresponding unwarranted payment and reimbursement from Medicaid, including billing:

- a. for radiographs that were not taken or were not retained in the patient treatment record, including for patients GC, JJ, OK,
- b. for restorations where radiographs show no evidence that the surfaces of the teeth were restored as billed, including for patients GA, MA, SA, TB, DB, JB, LC, JE, JJ, OK, MM, MO, CR, HTL, DW, and;
- c. using CDT code D09110 (palliative treatment of dental pain) for postoperative or follow-up treatment, including for patients MA and WY; and
- d. for extraction of a tooth that was already missing for patient CQ.

11. Respondent acknowledges the facts in paragraphs 6-10 but denies that she acted fraudulently or with the intent to defraud, or intentionally billed Medicaid for dental services not performed. This Consent Order does not include any finding or agreement that Respondent acted fraudulently or with the intent to defraud, or that Respondent intentionally billed Medicaid for dental services not performed for the Example Patients.

**Respondent's Failure to Recognize the Presence of Caries or
Provide Adequate Treatment to Prevent the Progression of Caries**

12. Respondent failed to recognize or document the presence of caries or failed to provide adequate treatment to prevent the progression of the caries for multiple Example Patients.

13. On November 5, 2013, Respondent saw patient KY and placed a restoration (OBLM) on tooth #14 but did not treat the distal caries on tooth #14. Respondent failed to provide adequate treatment and to recognize in her clinical notes the presence of distal caries on tooth #14.

14. On October 22, 2014, Respondent saw patient KY and placed a restoration (MODBL) on tooth #14 but failed to provide adequate treatment to prevent the progression of the distal caries.

15. On November 13, 2014, Respondent took a radiograph of patient KY that showed the continued presence of caries on the distal surface of tooth #14, as well as caries on the distal surface of tooth #19. Respondent failed to recognize, acknowledge in her clinical notes, or address the presence of caries.

16. On October 13, 2016, Respondent saw patient KY and placed a restoration on tooth #18 (OBL) but did not treat the mesial caries on the tooth. Respondent failed to provide adequate treatment and to recognize in her clinical notes the presence of mesial caries on tooth #18, distal caries on tooth #14, and distal caries on tooth #19.

17. A radiograph taken on May 10, 2017, showed the continued presence and progression of the distal caries on tooth #14, mesial caries on tooth #18, and distal caries on tooth #19. Respondent placed restorations on tooth #18 (MOBL) and tooth #19 (ODBL) but failed to provide adequate treatment to prevent the progression of the caries.

18. On June 11, 2019, tooth #19 was extracted by another dentist in the same practice.

19. Respondent similarly failed to recognize or acknowledge in her clinical notes the presence of caries or failed to provide adequate treatment to prevent the progression of the caries for Example Patients JB (teeth #3, #19) and CJ (teeth #13, #15, #16).

20. Respondent's treatment of Example Patients KY, JB, and CJ violated the applicable standard of care by failing to recognize and document in her clinical notes the

presence of caries and failing to provide adequate treatment to prevent the progression of the caries.

**Respondent's Failure to Recognize and Address
Periapical Radiolucencies Evident on Radiographs**

21. Respondent failed to recognize or acknowledge in her clinical notes the presence of a periapical radiolucency that was evident on radiographs and to provide further evaluation or treatment as necessary for multiple Example Patients.

22. For example, on April 13, 2018, Respondent took panoramic and periapical radiographs of patient NG that showed the presence of a large periapical radiolucency on the distal of tooth #30 that extended into the furcation area.

23. Respondent placed restorations (ODB)(ML) on tooth #30 but failed to recognize or acknowledge in her clinical notes the presence of the periapical radiolucency evident on the radiographs and to provide further evaluation and treatment.

24. On September 3, 2019, patient NG presented with a chief complaint of pain in the area of teeth #29 and #30, and another dentist in the practice noted the need for root canal treatment.

25. On September 25, 2019, Respondent provided endodontic treatment of tooth #30.

26. Respondent similarly failed to recognize or acknowledge in her clinical notes the presence of a periapical radiolucency that was evident on radiographs and to provide further evaluation or treatment as necessary for Example Patients MM (teeth #7, #9), HTL (tooth #31), DW (tooth #3), and KY (tooth #9).

27. Respondent's treatment of Example Patients NG, MM, HTL, DW, and KY violated the applicable standard of care by failing to recognize and document in her clinical notes the presence of a periapical radiolucency that was evident on radiographs and to provide further evaluation or treatment, as necessary.

**Respondent's Failure to Provide Restorative Treatment
of Adequate Technical Quality**

28. Respondent placed restorations of inadequate technical quality, including restorations with overhangs, inadequate contours, and inadequate margin adaptations, on multiple Example Patients.

29. For example, on July 22, 2014, Respondent placed a restoration (MOBD) on tooth #31 for patient DB.

30. Two weeks later, on August 7, 2014, Respondent took a radiograph that showed the restoration on tooth #31 with a large defect with poor adaptation of the distal margin.

31. On January 4, 2017, Respondent placed a restoration (MFDIL) on tooth #11 for patient DB.

32. Radiographs dated March 22, 2018, and August 18, 2021, showed the restoration on tooth #11 with an inadequate adaptation of the mesial margin and a mesial overhang.

33. On August 18, 2021, Respondent again placed a restoration (MFDL) on tooth #11 and placed a restoration (MOBD) on tooth #29 for patient DB.

34. A radiograph dated February 9, 2022, showed the restoration on tooth #11 with an inadequate mesial contour and the restoration on tooth #29 with a distal overhang.

35. Respondent similarly placed restorations of inadequate technical quality for Example Patients MA (tooth #4), TB (tooth #18), GC (tooth #4), DH (teeth #7 to #10), EI (teeth #3, #5), JJ (teeth #12, #23), MM (tooth #11), LN (teeth #3, #14), MO (tooth #8), PP (tooth #12), and HTL (teeth #3, #6 to #9).

36. Respondent's treatment of Example Patients DB, MA, TB, GC, DH, EI, JJ, MM, LN, MO, PP, and HTL violated the applicable standard of care by failing to place restorations within the minimally acceptable threshold for care and of adequate technical quality.

Respondent's Failure to Recognize and Address Residual Root Tips Evident on Radiographs

37. Respondent failed to recognize or acknowledge in her clinical notes the presence of a residual root tip that was evident on radiographs and to provide further evaluation or treatment as necessary for some Example Patients.

38. For example, on May 1, 2012, Respondent took panoramic and periapical radiographs of patient DB that showed the presence of a root tip distal to tooth #13.

39. Respondent failed to recognize or acknowledge in her clinical notes the presence of the root tip, to inform patient DB of the presence of the root tip, and to provide further evaluation and treatment.

40. Respondent failed to review multiple radiographs in the patient's record or did review the radiographs and failed to recognize or acknowledge in her clinical notes the presence of the root tip.

41. Respondent failed to recognize or acknowledge in her clinical notes the presence of the root tip, to inform patient DB of the presence of the root tip, and to provide

further evaluation with respect to whether the presence of the root tip was a possible contributing factor to the patient's ongoing discomfort and pain wearing his partial denture.

42. Respondent similarly failed to recognize or acknowledge in her clinical notes the presence of a root tip that was evident on radiographs and to provide further evaluation or treatment as necessary for patient GC in the area of tooth #28.

43. Respondent's treatment of Example Patients DB and GC violated the applicable standard of care by failing to recognize and document in her clinical notes the presence of a root tip that was evident on radiographs and to provide further evaluation or treatment, as necessary.

Respondent's Failure to Perform Coronal Restoration of Endodontically Treated Teeth of Adequate Technical Quality

44. Respondent performed coronal restoration of endodontically treated teeth for multiple Example Patients that was of inadequate technical quality by failing to use a post and core treatment to adequately support restored teeth when clinically necessary.

45. For example, on March 6, 2019, patient DA presented to Respondent's office for a new patient evaluation with a chief complaint of "I want teeth."

46. Respondent's clinical notes show that patient DA had previous endodontic treatment on tooth #6 and that the patient's teeth were "more vulnerable to fracture."

47. At the initial visit, Respondent placed restorations (MFD)(IL) on tooth #6 and other teeth and discussed with the patient a partial denture but did not use a post and core treatment to strengthen tooth #6 for use as support for a partial denture.

48. On April 3, 2019, Respondent delivered the maxillary partial denture for patient DA.

49. On May 30, 2019, patient DA presented to Respondent's office for emergency treatment, reporting her tooth had broken.

50. Patient DA's tooth #6 had fractured at the root level and was unrestorable. The tooth was extracted that same day by another dentist in Respondent's office.

51. Respondent similarly performed coronal restorations of endodontically treated teeth that were of inadequate technical quality by failing to recognize that use of a post and core treatment was indicated to strengthen the teeth for patients DB (tooth #6), HLT (tooth #20), and DW (teeth #3, #4).

52. Respondent's treatment of Example Patients DA, DB, HLT, and DW violated the applicable standard of care by failing to use a post and core treatment to adequately support restored teeth when warranted.

Respondent's Failure to Take Necessary Preoperative Radiographs of Entire Tooth Structure Prior to Extractions

53. On May 31, 2016, Respondent extracted tooth #4 from patient DW.

54. Respondent failed to take an adequate radiograph prior to extraction of the tooth that day. Respondent had taken four bitewing radiographs a few days earlier as part of the patient's periodic evaluation, but the complete periapical area of both roots in the fractured and endodontically treated tooth #4 is not visible in the recent radiographs.

55. Respondent's treatment of Example Patient DW violated the applicable standard of care by failing to take a recent preoperative radiograph of the entire tooth structure before extracting the tooth.

**Respondent's Failure to Document Adequately
the Clinical Care Provided to Patients**

56. Respondent failed to document adequately the clinical care she provided to some of the Example Patients, including the treatment rendered.

57. For example, on December 22, 2017, Respondent billed for treatment of patient GC but failed to document any clinical notes for dental care she provided to patient GC on that day.

58. Additionally, on August 8, 2018, Respondent billed for treatment of patient GC but failed to document any clinical notes for dental care she provided to patient GC on that day.

59. Finally, on October 23, 2019, Respondent billed for restorations of multiple teeth and for endodontic treatment for patient GC, but the patient's treatment record contains no clinical notes for these services.

60. Also on October 23, 2019, patient GC's treatment record contains the note "Complete denture-mandibular (proposed from tx plan)," but Respondent failed to document any clinical notes related to treatment-planning this denture.

61. Shortly after the October 23 visit, Respondent sought and received preapproval from Medicaid to provide patient GC with the dental service for billing code CDT D5120, "complete denture – mandibular, mandibular arch."

62. On January 9, 2020, patient GC presented to Respondent's office and signed a consent form for dentures, which was also signed by Respondent, and Respondent billed Medicaid for CDT code D5120 for that visit.

63. Respondent failed to document any clinical notes for the dental care she provided to patient GC that day.

64. Respondent similarly failed to document the clinical care she provided to patient MM for tooth #6 on August 27, 2018.

65. The Board's rule 21 NCAC 16T .0101 states that a dentist shall maintain complete treatment records on all patients for a period of 10 years from the last treatment date, which shall include the treatment rendered and by whom.

66. Respondent violated the applicable standard of care and the Board's rule 21 NCAC 16T .0101 by failing to document adequately the clinical care she provided to Example Patients GC and MM, including the treatment rendered.

Based upon the foregoing Findings of Fact and with the consent of the parties hereto, the Hearing Panel enters the following:

CONCLUSIONS OF LAW

1. The Board has jurisdiction over the subject matter of this action and over Respondent.
2. Respondent was properly notified of this matter and has consented to the entry of this Consent Order.
3. Respondent violated N.C. Gen. Stat. § 90-41(a)(6) and (12) by:
 - a. incorrectly billing Medicaid using numerous CDT codes that did not accurately describe the services she provided to patients and obtained corresponding unwarranted payment and reimbursement from Medicaid, as set forth in Findings of Fact 6-11;
 - b. failing to recognize and document in her clinical notes the presence of caries and failing to provide adequate treatment to prevent the progression of the caries, as set forth in Findings of Fact 12-20;

- c. failing to recognize and document in her clinical notes the presence of a periapical radiolucency that was evident on radiographs and to provide further evaluation or treatment as necessary, as set forth in Findings of Fact 21-27;
- d. failing to place restorations within the minimally acceptable threshold for care and of adequate technical quality, as set forth in Findings of Fact 28-36;
- e. failing to recognize and document in her clinical notes the presence of a root tip that was evident on radiographs and to provide further evaluation or treatment as necessary, as set forth in Findings of Fact 37-43;
- f. failing to perform adequate coronal restoration of endodontically treated teeth by failing to use a post and core, when clinically necessary, as set forth in Findings of Fact 44-52;
- g. failing to take a recent preoperative radiograph of the entire tooth structure before extracting the tooth, as set forth in Findings of Fact 53-55; and
- h. failing to document adequately the clinical care she provided to her patients, including the treatment rendered, as set forth in Findings of Fact 56-66, which also violated 21 NCAC 16T .0101.

4. The public can be adequately protected by placing Respondent on a stayed suspension or provisional restoration of her license, assuming she complies with various terms and conditions as set forth herein, including monitoring her practice of dentistry for full future compliance with the Dental Practice Act and the Board's rules.

Based upon the foregoing Findings of Fact and Conclusions of Law, and with the consent of the parties hereto, it is ORDERED as follows:

ORDER OF DISCIPLINE

1. License number 9154 issued to Respondent for the practice of dentistry in North Carolina is hereby **SUSPENDED** for a period of three (3) years.

2. Respondent's dental license is conditionally restored, with no active suspension, provided that during the five (5) year period after the effective date of this Consent Order [the "Probationary Period"], Respondent complies with the requirements in the below Paragraphs 3-5 including all subparts.

3. Within 90 days after the effective date of this Consent Order, Respondent shall complete continuing education courses especially designed for her by the University of North Carolina Adams School of Dentistry or the East Carolina University School of Dental Medicine in conjunction with and approved in advance by the IP, including comprehensive remedial courses covering: (1) diagnosing and treating symptomatic and infected teeth, including the presence of caries; (2) performing restorations of adequate technical quality, including proper contours, margins, contacts, and avoiding overhangs; (3) performing restoration of endodontically treated teeth; (4) taking diagnostic and preoperative radiographs, including prior to an extraction; (5) detecting and documenting periapical radiolucencies and root tips, informing the patient, and providing appropriate care when warranted; (6) taking and maintaining adequate treatment records; and (7) selecting and submitting proper billing codes for the procedures performed. This requirement shall be in addition to the continuing education required by the Board for renewal of Respondent's dental license. Respondent shall submit to the Board's Director of Investigations written proof of satisfactory completion of these courses before they will be accepted in satisfaction of this requirement. Respondent is responsible for making all arrangements for and bearing the costs of these courses within the specified time.

4. Respondent shall engage a licensed North Carolina dentist, approved in advance by the IP, to serve as a practice and billing monitor [the "Practice Monitor"]

related to any dental practice Respondent owns or in which she engages in the practice of dentistry, as follows:

- a. Within sixty (60) days after the effective date of this Consent Order, Respondent shall submit to the IP a proposed Practice Monitor for **potential approval at the IP's discretion.**
- b. The Practice Monitor shall begin reviewing patient treatment and billing records ninety (90) days after the effective date of this Consent Order. The Practice Monitor will review patient treatment and billing records for care provided after Respondent's **completion of the continuing education courses as directed in Paragraph 3 of the Order of Discipline.** The Practice Monitor shall meet with Respondent regularly, and no less than once every quarter of a calendar year, and review examples of **Respondent's patient treatment and billing records selected by the Practice Monitor, not by Respondent or her employees.** During these meetings, the Practice Monitor shall examine the example records to **determine Respondent's compliance** concerning appropriate treatment of patients, proper billing to Medicaid and private insurance companies, and appropriate patient and billing record-keeping.
- c. Respondent shall ensure that the Practice Monitor prepares and submits to the Board quarterly reports with findings concerning the above issues for the quarter, including identifying the specific patient treatment and billing records reviewed. The IP reserves the right to review the treatment and billing records that the Practice Monitor selects for his/her report, and Respondent shall provide those records to the IP upon request. **The Practice Monitor's reports shall be due no later than February 1, May 1, August 1, and November 1 for the previous quarter in each calendar year.**
- d. Respondent is responsible for payment of all costs associated with this monitoring.
- e. If the Practice Monitor reports information to the Board indicating that **Respondent may be engaging in a violation of the Board's statutes or rules,** Respondent understands that such findings may result in further disciplinary action by the Board, including potential activation of her suspension, following notice to Respondent and an opportunity to be heard consistent with the NC Administrative Procedures Act and the **Board's regulations in 21 NCAC 16N Sections .0500 and .0600** regarding administrative hearings.
- f. If the Practice Monitor timely submits quarterly reports indicating that Respondent has been engaged in the practice of dentistry and has been **in full compliance with the Board's statutes and rules for two (2)**

consecutive years, Respondent may petition the Board's Hearing Panel to reduce or eliminate this requirement for a practice and billing monitor.

5. Respondent shall adhere to all of the following probationary terms and conditions throughout the Probationary Period:

- a. Respondent shall not violate any provision of the Dental Practice Act or the Board's rules.
- b. Respondent shall neither direct nor permit any of her employees to violate any provision of the Dental Practice Act or the Board's rules.
- c. Respondent shall permit the Board or its agents to inspect and observe her office, conduct a random review of patient treatment records, and interview employers, employees, and coworkers at any time during normal office hours and at the Board's sole discretion.
- d. Respondent shall respond to Board requests for inspections or interviews promptly and on the same day as the request and fully cooperate with the Board or its agents.

6. Respondent recognizes that the conditions, limitations, or requirements set forth in this Consent Order may present her with certain practical difficulties. The Board concludes that each one is necessary to ensure public protection and it does not intend to modify or eliminate any of the conditions, limitations, or requirements set forth herein based on such potential difficulties.

7. If Respondent fails to comply with any provision of this Consent Order or breaches any term or condition thereof, the Board shall promptly schedule a public Show Cause Hearing to allow Respondent an opportunity to show cause as to why the suspension of Respondent's license shall not be activated for violating a valid order of the Board. If, after the Show Cause Hearing, the Board is satisfied that Respondent failed to comply or breached any term or condition of this Consent Order, the Board shall activate the suspension and may enter such other discipline or conditions as the evidence

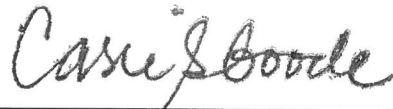
warrants for proven violations of the Dental Practice Act or of the Board's rules occurring after entry of this Consent Order.

8. This Consent Order and the provisions contained herein shall be effective upon the Board's entry of this Consent Order.

9. The Board shall retain jurisdiction of this matter and Respondent to enforce the provisions herein or enter orders as necessary in the future.

This the 11th day of January 2024.

THE NORTH CAROLINA STATE
BOARD OF DENTAL EXAMINERS

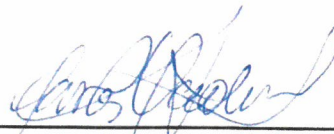
A handwritten signature in cursive script that reads "Casie S. Goode". The signature is written in dark ink and is positioned above a horizontal line.

Casie S. Goode
Director of Investigations

STATEMENT OF CONSENT

I, Paola Rocio Uceda, D.D.S., consent as follows solely for the purposes of this proceeding and any future proceedings before or involving the Board, including if future Dental Board disciplinary proceedings or Dental Board action is initiated against me: I certify that I have read the foregoing Consent Order in its entirety, assent to its terms and conditions set out herein, and desire to resolve this matter without the need for formal proceedings. I freely and voluntarily acknowledge that there is sufficient evidence to form a factual basis for the findings of fact herein, that the findings of fact support the conclusions of law, that I will not contest the findings of fact, the conclusions of law, or the order in any future proceedings before or involving the Board. I knowingly waive any right to seek judicial review, appeal, or otherwise later challenge this Consent Order once entered. I agree to service of the Consent Order to the email or mailing address of record with the Board and waive service by any other method. I understand that the Board will report the contents of this Consent Order to the National Practitioner Data Bank and that this Consent Order will become part of the Board's permanent public record. I further acknowledge that this required reporting may have adverse consequences in other contexts and any potential effects will not be the basis for a reconsideration of this Consent Order. I have consulted with my attorney prior to signing this Consent Order. By entering into this Consent Order, I do not admit civil liability nor bind myself in any way in other proceedings not involving the Dental Board.

This the 20th day of December 2023.



Paola Rocio Uceda, D.D.S.

Waiver of Limited Ex Parte Communication

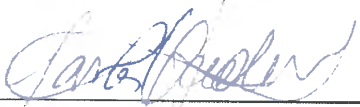
I understand that the proposed Consent Order that I have signed is subject to review and approval and is not effective until approved by the Hearing Panel. **I agree and consent that the Hearing Panel members may be provided with the proposed Consent Order for review and consideration.**

I further agree and consent that the Board staff, the Investigative Panel (IP), and its counsel may discuss the proposed Consent Order and related information and documentation with Hearing Panel members for the purpose of advocating approval of the proposed Consent Order without me or my counsel being present.

If the proposed Consent Order is not approved, I agree and consent that neither I nor anyone on my behalf will assert that these limited ex parte communications, including review of the documents, will disqualify any Hearing Panel members from considering and deciding this matter after a contested case hearing.

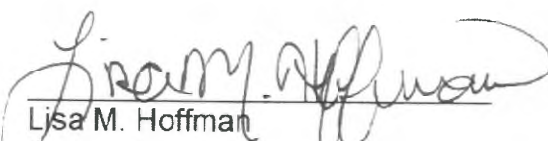
I also agree that I am not entitled to obtain or discover the above-referenced limited communications or the substance of these communications between the Hearing Panel members and the Board staff, the IP, and its counsel, regardless of whether the proposed Consent Order is approved.

I have consulted with counsel before signing and agreeing to this waiver of limited ex parte communication.



Paola Rocio Uceda, D.D.S

12/20/23
Date



Lisa M. Hoffman
Counsel for Respondent

1/2/23 24 LMH
Date