Documentation of Medical Necessity in Your Dental Records

3/4-5, 18-19/2016

Learning Objectives

- Review what organized dentistry says about professional ethics
- Learn what on-line dental record documentation resources are available for dentists and staff
- Understand what the Oklahoma Dental Practice Act requires of documentation within the dental record
- Understand what the Oklahoma Health Care Authority requires in order to document medical necessity within the dental record
- Review examples of dental record documentation

Oklahoma Dental Association

ODA Oklahoma Dental Association

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ABOUT THE ODA

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STAFF

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PRESS ROOM

Our Mission

The Oklahoma Dental Association fosters an awareness of the obligations and responsibilities of the dental profession to society, to help advance the art and science of dentistry, and to promote public health and health services in the State of Oklahoma.

Our Purpose

The purpose of this Association shall be:

- to promote public health and health services in the State of Oklahoma,
- to advance the art and science of dentistry,
- to represent the interest of the members of the dental profession and the public which it serves, and
- to foster an awareness of the obligations and responsibilities of the dental profession to society.

Oklahoma Academy of General Dentistry

Quality Care Through Lifelong Learning

Oklahoma Academy of General Dentistry

a community of dental professionals

Listed below are the OAGD Values, Mission, and Vision.

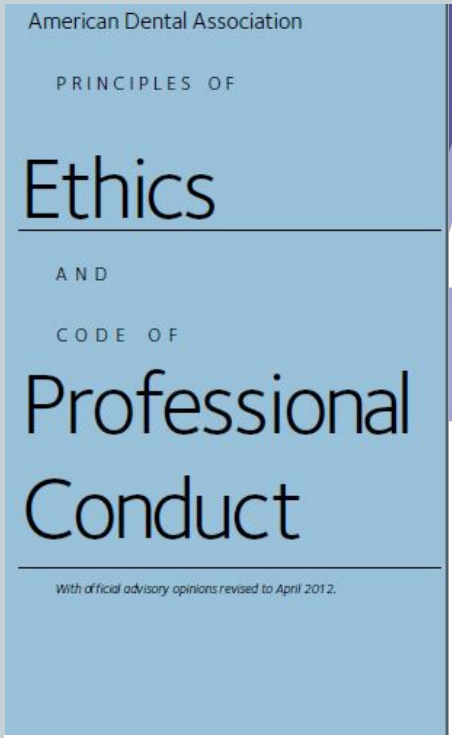
The OAGD Values are:

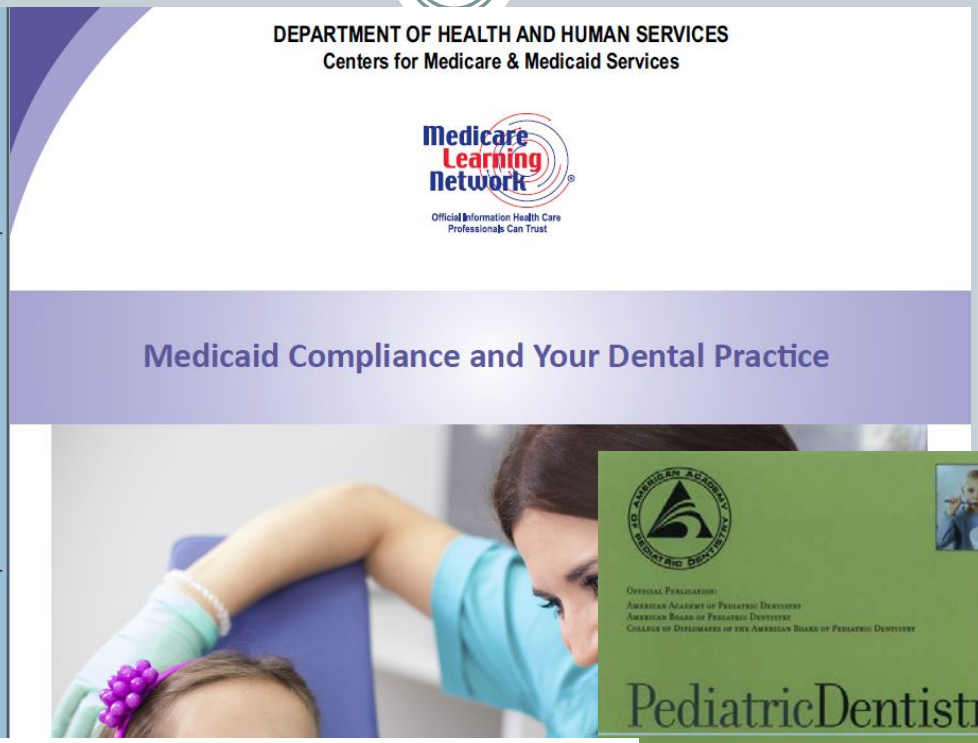
*E*xcellence in oral health care
*D*iversity
*U*niversal acceptance of the general dentist as the gatekeeper of oral health care
*C*ontinuous life-long learning
*A*dvocacy/representation
*T*eamwork; camaraderie; mentorship
*E*thical, honest and credit behavior

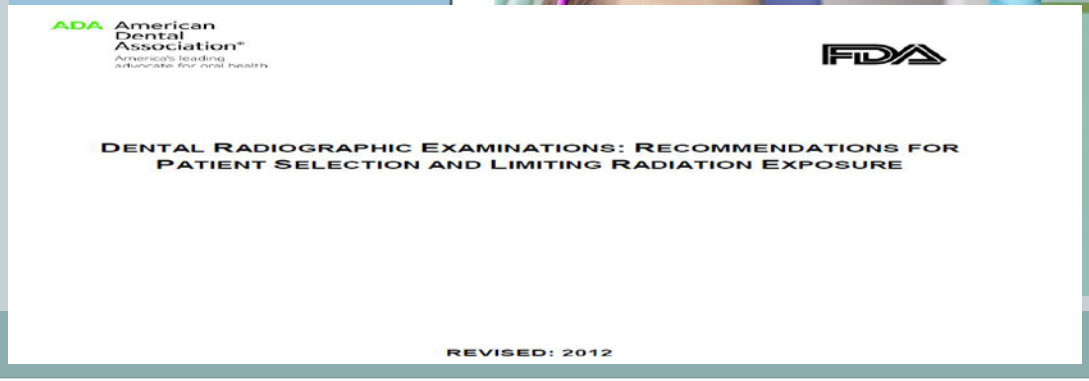
OAGD's Vision: The vision of the Academy of General Dentistry is to improve the quality of comprehensive dental care. We are motivated and united by the core human values of integrity and compassion.

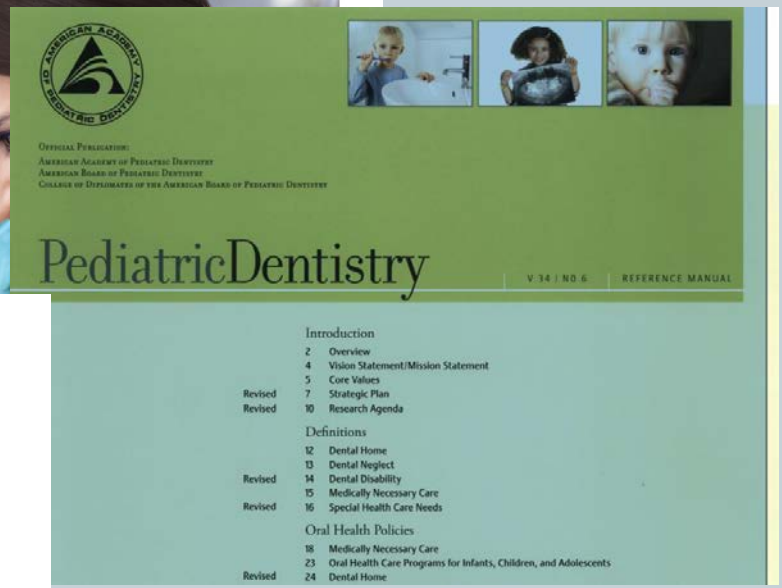
OAGD's Mission: The mission of the Academy of General Dentistry is to serve the needs and to represent the interests of general dentists and to foster their continued proficiency through quality continuing dental education to better serve the public.

Dental Provider Resources









ADA Principles of Ethics and Code of Professional Conduct

Principles of:

- Patient Autonomy – **self governance**
- Nonmaleficence – **do no harm**
- Beneficence – **do good**
- Justice – **fairness**
- Veracity - **truthfulness**

Consumer and Dentist Concerns

"Is my dentist ripping me off?"

"**Creative Diagnosis** – the peddling of **unnecessary treatments**" – Jeffrey Camm, DMD (pediatric dentist), ADA News, October 21, 2013

"I Have Had Enough" – Gordon J. Christensen, DDS, MSD, PhD, Dentaltown, September 2003

"**Overtreatment** in the name of esthetic dentistry **without total informed consent** of patients, **primarily for dentist financial gain**, is nothing less than **overt dishonesty** in its worst form."

Dental Provider Documentation Resources

Dental Records

ADA.

American Dental Association
www.ada.org

Council on Dental Practice
Division of Legal Affairs

www.ADA.org
www.AAPD.org

REFERENCE MANUAL V 36 / NO 6 14 / 15

Guideline on Record-keeping

Originating Council
Council on Clinical Affairs

Review Council
Council on Clinical Affairs

Adopted
2004

Revised
2007, 2012

Purpose

The American Academy of Pediatric Dentistry (**AAPD**) recognizes the patient record is an essential component of the delivery of competent and quality oral health care. It serves as an information source for the care provider and patient, as well as any authorized third party. This guideline will assist the practitioner in assimilating and maintaining a comprehensive, uniform, and organized record addressing patient care. However, it is not intended to create a standard of care.

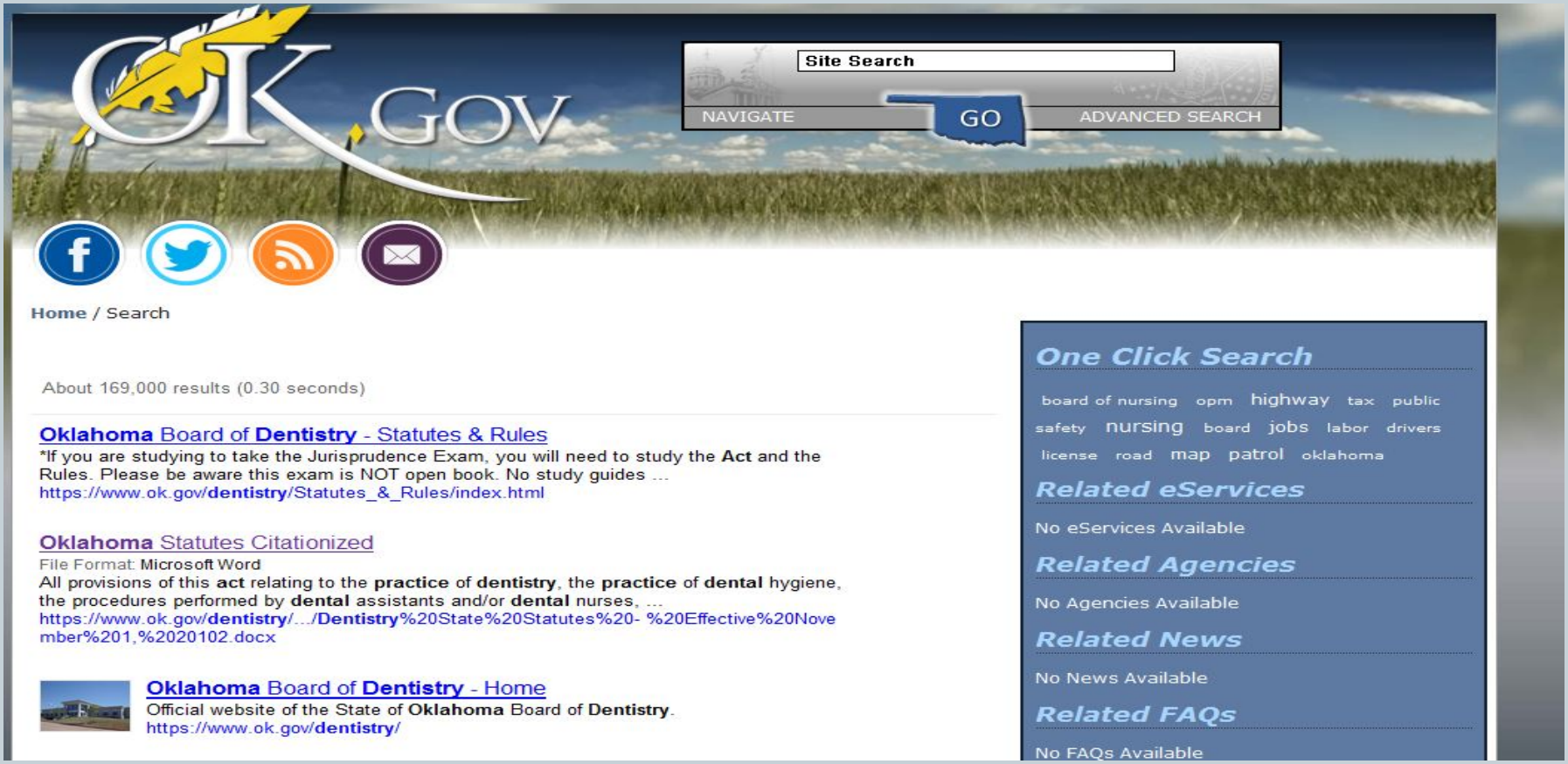
An electronic patient record is becoming more commonplace, and perhaps will become mandatory.[1-3] Advantages include quality assurance by allowing comparative analysis of groups of patients or providers, medical and dental history profiles for demographic data, support for decision making based on signs and symptoms, administrative management for patient education and recall, and electronic data interchange with other professional and third parties. The software must contain all the essential elements of a traditional paper record.

ADA Dental Records - 2010

- The recoding of **accurate** patient information is essential to dentistry.
- All information in the dental record should be **clearly written, signed, and dated**.
- The **identify of the practitioner** rendering the treatment should be **clearly noted** in the record.
- Handwritten entries should be **legible**.
- **The dentist must secure informed consent before providing care**.

Oklahoma Statutes, Title 59 Professions and Occupations, Chapter 7 - Dentistry

Found at: www.ok.gov/dentistry/documents or Google "Oklahoma Dental Practice Act"



Oklahoma Statutes, Title 59 Professions and Occupations, Chapter 7 - Dentistry

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Oklahoma Statutes Citationized

Title 59. Professions and Occupations

Chapter 7 - Dentistry

Part 1 - The State Dental Act

Section 328.1 - Short Title - Composition of Act

A. Part 1 of Chapter 7 of this title shall be known and may be cited as the "State Dental Act".
B. All statutes hereinafter enacted and codified in Part 1 of Chapter 7 of this title shall be considered and deemed part of the State Dental Act.

Added by Laws 1970, SB 632, c. 173, § 1, emerg. eff. July 1, 1970; Amended by Laws 1996, HB 1880, c. 2, § 1, eff. November 1, 1996.

Section 328.2 - Declarations

The practice of dentistry in the State of Oklahoma is hereby declared to affect the public health, safety and general welfare and to be subject to regulation and control in the public's best interest. It is further declared to be a matter of public interest and concern that the dental profession, through advancement and achievement, merits and receives the confidence of the public and that only properly qualified dentists be permitted to practice dentistry and supervise

Oklahoma Statutes, Title 59 Professions and Occupations, Chapter 7 - Dentistry

Section 328.2 – **Declarations**

- The practice of dentistry in the State of Oklahoma is hereby declared to **affect the public health, safety and general welfare** and to be subject to regulation and control in the **public's best interest**.
- ...further declared to be **a matter of public interest and concern** that the dental **profession...merits and receives confidence of the public**...

Oklahoma Statues – Section 328.31b Requirements of Records

- A. Every dental office or treatment facility…**shall maintain written records on each patient treated** at the facility…
- B. Each licensed dentist shall maintain written records on each patient that **shall contain, at a minimum, the following information about the patient**:

Oklahoma Statues – Section 328.31b Requirements of Records

- **Health history**
- **Results of clinical examination**…including the **identification, or lack thereof**, **of any oral pathology or diseases**
- **Treatment plan proposed** by the dentist
- **Treatment rendered** to the patient
- Patient records may be kept in an electronic data **format…backup is updated on a regular basis, at least weekly**…

Oklahoma Statues – Section 328.32 Grounds for Penalties

- **Being dishonest in a material way with a patient**
- **Failing to retain all patient records** for at least 7 years
- Allowing any corporation, organization, group, person…**to direct, control or interfere with the dentist's clinical judgment**
- **Limit a patient's right of informed consent**

Oklahoma Statues – Section 328.32 Grounds for Penalties

Solicitation of Patients

- (19) Offering to effect or effecting a division of fees, or agreeing to split or divide a fee for dental services with any person, in exchange for the person bringing or referring a patient;
- (22) Aiding, abetting, or encouraging a dental hygienist employed by the dentist to make use of an oral prophylaxis list, or the calling by telephone or by use of letters transmitted through the mails to solicit patients formerly served in the office of any dentist formerly employing such hygienist;

Federal Regulations – Solicitation of Patients

The federal OIG may impose a penalty, and where authorized, an assessment against any person (including an insurance company in the case of paragraphs (b)(5) and (b)(6) of this section) whom it determines in accordance with this part…

Offers or transfers remuneration to any individual eligible for benefits under Medicare or a State health care program, that such person knows or should know is likely to influence such individual to order or to receive from a particular provider, practitioner or supplier any item or service for which payment may be made, in whole or in part, under Medicare or a State health care program….

42 CFR § 1003.102(b)(13)

Oklahoma Health Care Authority (OHCA) Policies and Rules

Found at: https://www.okhca.org/xPolicy.aspx

Oklahoma HealthCare Authority

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Providers

- Types
- Claim Tools
- Forms
- Secure Sites
- Policies & Rules
- Training
- Updates
- Help

Home > Providers > Policies and Rules

OHCA Policies and Rules

Search Entire Policy
OHCA Policies and Rules Main Page

Browse chapters by clicking on the plus sign to the right of each chapter below.

Chapters
- 30-MEDICAL PROVIDERS-FEE FOR SERVICE
  - 3-GENERAL PROVIDER POLICIES
    - 4-EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) PROGRAM/CHILD HEALTH SERVICES
      - 65.8-Dental services

317:30-3-65.8 Dental services

OHCA 317:30-3-2 Provider Agreements

"Through this agreement, the **provider certifies all information submitted** on claims is **accurate and complete**, **assures** that the State Agency's **requirements are met** and **assures compliance with all applicable Federal and State regulations**."

OHCA 317:30-3-15 Record Retention

- "...**require that the provider retain**, for a period of six years, **any records necessary to disclose the extent of services the provide**r...furnishes to recipients..."
- "Records in a provider's office **must contain adequate documentation of services rendered**. Documentation **must include the provider's signature and credentials**."
- "Where **reimbursement is based on units of time**, it will be necessary that documentation be placed in the member's record as to the **beginning and ending times** for the service claimed."

OHCA 317:30-3-15 Record Retention

"**All records must be legible**. Failure to maintain legible records may result in denial of payment or recoupment of payment for services provided when attempts to obtain transcription of illegible records is unsuccessful or the transcription of illegible records appears to misrepresent the services documented."

"**Electronic records** are acceptable as long as they have a **secured signature**."

OHCA 317:30-5-696 Coverage by Category

This section provides specific program benefit guidelines related to diagnostic, preventive, and restorative dental services

- **Comprehensive and periodic oral evaluations**
  - should **precede any x-rays**, and
  - chart **documentation must include**:
    - x-ray interpretation,
    - caries risk assessment, and
    - both medical and dental history of the member

OHCA 317:30-5-696 Coverage by Category

X-rays must be of **diagnostic quality and medically necessary**, and:

- X-rays and/or images must be identified by the **tooth number and include the date of exposure, member name and ID, provider name and ID**
- Periapical x-rays **must include at least 3 mm beyond the apex of the tooth** being x-rayed
- Chart documentation must **clearly indicate reasons for panoramic x-rays based on clinical findings**

OHCA 317:30-5-696 Coverage by Category

Documentation of the medical necessity for **dental sealants** includes:

- **Interproximal and occlusal surfaces are free of decay/dental**
- **Permanent first and second molars**
- Benefit through age **18 years, once every 36 months,** if medical necessity is documented

OHCA 317:30-5-696 Coverage by Category

Documentation of the medical necessity for **stainless steel crowns and pulpotomies** for primary teeth includes:

- **Pre- and post-treatment periapical x-rays** showing at least 3 mm past the apex of the root
- Written narrative explaining the **extent of decay**
- **70% or more of root structure remains**
- Procedure provided **more than 12 months prior to normal loss**

OHCA 317:30-5-696 Coverage by Category

Documentation of the medical necessity for **endodontics** includes:

- Minimum 2 month history of **member's improved oral hygiene and flossing ability**
- **No other missing anterior teeth in the same arch**
- **Pre- and post-operative x-rays** showing at least 3 mm past the apex of the root
- **Providers are responsible for any follow up treatment** required due to failed RCT for **24 months post completion**
- **Prior authorization** for treatment plan requiring 2 anterior and/or 2 posterior RCTs

OHCA 317:30-5-696 Coverage by Category

Documentation of the medical necessity for **stainless steel crowns** for **posterior permanent teeth** includes:

- **Preoperative x-rays** showing at least 3 mm past the apex of the root
- **Written narrative** explaining the
  - **extent of decay – 3 or more surfaces of tooth destroyed, extensive decay**, or
  - **loss of cuspal occlusion prior to 16 years of age**
- **Completed endodontic treatment**
- Excludes placement of any other type of crown for 24 months

OHCA 317:30-5-696 Coverage by Category

Documentation of the medical necessity for **space maintainers** includes:

- **Preoperative x-rays** showing permanent tooth is missing or more than 5 mm below crest of alveolar ridge
- **Postoperative/post-cementation bitewing x-rays**
- **Written narrative** explaining the
  - **Absence or presence 2nd primary and 1st permanent molars and not in cuspal interlocking occlusion**
  - **Justification for bilateral band and loop space maintainers**
    - **If posterior teeth missing bilaterally in the same arch, bilateral space maintainer is treatment of choice**
- Providers responsible for recementation for 6 months post insertion for any maintainer placed by their practice

OHCA 317:30-5-696 Coverage by Category

Documentation of the medical necessity for **analgesia** includes:

- Medical need for **nitrous oxide inhalation**
- **Non-IV conscious sedation**
  - **Details of the patient's condition including:**
    - **Documented handicap or**
    - **Patient is uncontrollable or**
    - **Other justifiable medical or dental condition**
- Time oriented procedures must **document start-stop times** in the patient record
- Nitrous oxide, non-IV or IV conscious sedation, general anesthesia cannot be combined for payment however patient's record must document combination administered

OHCA 317:30-5-696 Coverage by Category

Documentation of the medical necessity for **indirect and direct pulp caps** includes:

- ADA accepted material(s) used
  - Calcium Hydroxide
  - Mineral Trioxide Aggregate materials
- Intent and reason(s) for use, such as:
  - "Deep decay excavated, no exposure of pulp chamber noted however mesiobuccal aspect of chamber visualized; calcium hydroxide placed to encourage secondary dentin, reduce sensitivity"

OHCA 317:30-5-696 Coverage by Category

Documentation of the medical necessity for **protective restorations** includes:

- **Removal of decay**, if present
- Placement of indirect or direct pulp cap, if needed
- Permanent restoration allowed **after 60 days**
  - Unless tooth become symptomatic
  - Requires pain relieving treatment

OHCA 317:30-5-696 Coverage by Category

Documentation of the medical necessity for **smoking and tobacco use cessation counseling** includes:

- **Separate chart notation** with **separate signature**
- **Time spent** by the practitioner performing the counseling (less than 3 minutes considered part of routine visit)
- **Specifics of the 5 intervention steps covered** during counseling
  - Patient's description of his/her smoking
  - Advising patient to quit
  - Assessing patient willingness to quit
  - Assistance provided with referrals/plans to quit
  - Arrangements for follow up

OHCA 317:30-5-698
Services Requiring Prior Authorization

Endodontics

- Permanent teeth only
- ADA accepted materials must be used
- Tooth must have adequate natural tooth structure remaining to establish good tooth/restorative margins – should not require post/core to retain crown
- Tooth must have good crown to root ratio
- Tooth must not have weakened furcation area
- Opposing tooth must not be super erupted
- Loss of tooth space is less than 1/3rd
- All rampant/active caries removed prior to endo request

OHCA 317:30-5-698
Services Requiring Prior Authorization

Crowns for Permanent Teeth

- Patient must be 16 years of age or older
- All rampant/active caries must be removed prior to requesting any type of crown
- Extent of tooth decay prevents proper cuspal/incisal function
- Clinical crown destroyed/fractured by 1/2 or more
- Provider responsible for replacement/repair for 48 months post insertion due to poor lab process or procedure by provider

OHCA 317:30-5-698
Services Requiring Prior Authorization

Periodontal Scaling and Root Planing

- Patient must be 10 years of age or older; and
- 5 mm or greater depths for 3 or more 6-point measurements, or
- Multiple areas of radiographic bone loss and subgingival calculus; and,
- Must involve 2 or more teeth per quadrant
- Not allowed in conjunction with any other periodontal surgery

OHCA 317:30-5-699 Restorations

Utilization parameters include:

- **1 permanent restorative service per tooth per 24 months**
  - Additional restorations may be authorized upon approval of OHCA in cases of trauma
- Teeth receiving restoration are **eligible within 3 months for consideration of a single crown if endodontically treated**
- Provider is **responsible for follow up or any required replacement of a failed restoration**
- If determined by the Dental Director that the **patient has received poorly/insufficient treatment, may authorize corrective procedures by a second provider**

OHCA 317:30-5-699 Restorations

Documentation of the medical necessity for **restorations** includes:

- Charting of clinical and x-ray findings of decay
- X-rays which show evidence of decay
- Any **diagnosis not supported by x-rays requires** documentation of **medical need on which the diagnosis was made**
- Isolation used, e.g. rubber dam, cotton rolls, etc.

OHCA 317:30-5-700 Orthodontic Services

Documentation of the medical necessity for **orthodontic services** includes:

- **Referral from primary care dentist**
  - Patient has had a **caries free initial visit**; or
  - Has had **all decayed areas restored and remained caries free for 12 months**; **and**
  - Has **demonstrated competency in maintaining appropriate level of dental hygiene**
- **Cleft palate patients** can be referred directly by treating MD
  - Exempt from above requirements

OHCA 317:30-5-700 Orthodontic Services

Documentation of the medical necessity for **comprehensive orthodontic services** includes:

- **Permanent dentition** except for cleft defects
- **At least 1 of each of the following types**:
  - **Deep overbite with multiple teeth impinging** on the soft tissues of the palate;
  - **Impacted canine or molar** requiring surgical exposure;
  - **Bilateral posterior crossbite** requiring fixed rapid palatal; expansion; and,
  - **Skeletal Class II or III** requiring orthognathic surgery
- Minimum HLD score of 30

Medicaid Program Integrity Education

Found at: www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/edmic-landing.html

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Program Integrity: Medicaid Integrity Education

- Program Integrity: Self-Audit Toolkit
- Program Integrity: Beneficiary Card Sharing Toolkit
- Program Integrity: Documentation Matters Toolkit
- Program Integrity: Drug Diversion Toolkit
- Program Integrity: Electronic Health Records
- Program Integrity: Fraud, Waste & Abuse Toolkit - Healthcare Fraud and Program Integrity
- Program Integrity: Hospice Care
- Program Integrity: Managed Care Plan Compliance Toolkit
- Program Integrity: Medicaid Compliance for the Dental Professional

Medicaid Program Integrity Education

Purpose/Mission

The Center for Program Integrity provides educational resources to educate providers, beneficiaries and other stakeholders in promoting best practices and awareness of Medicaid fraud, waste and abuse.

There are several available resources including print and electronic media, toolkits, train-the-trainer guides, webinars, videos, and other innovative strategies.

Available tools and resources include:

Audit Toolkit **NEW**	Beneficiary Card Sharing Toolkit **UPDATED material**
Documentation Matters Toolkit **NEW material**	

Informed Consent?

Informed Consent for Restorations, Crowns, and Bridges

This id my consent for

I understand that the p
tissues. I have been ad
probably worsen over t
pain, infection, cyst form
informed of possible alt

The Doctor explained to
(including the administr

a. Postoperative
b. Stretching of t
c. Injury to the n
teeth and/or t
instances perm
d. Sensitivity to fl
e. Discoloration
f. Swelling, bruis
g. Inability to ma
h. Inability to elim
i. Other

DEN AL TREATMENT CONSENT RM

1. WORK TO BE DONE

I understand that I am having the following work done: Fillings _____ Bridges _____ Crowns _____ Extractions _____ General Anesthesia _____ Root Canals _____ Other _____ *(Initials*_____

2. DRUGS & MEDICATIONS

I understand that antibiotics and analgesics and other medications can cause allergic reaction causing redness and swelling of tissues, pain, itching, vomiting, and/or anaphylactic shock. Chemical burns to face can cause scarring. *(Initials*_____

3. CHANGES IN TREATMENT PLAN

I understand that during treatment it may be necessary to change or add procedures because of conditions found while working on the teeth that were not discovered during examination, the most common being root canal therapy following routine restorative procedures. I give permission to the dentist to make any/all changes and additions. *(Initials*_____

4. REMOVAL OF TEETH

Alternatives of removal have been explained to me (root canal therapy, crowns, and periodontal surgery etc.) and I authorize the dentist to remove the following teeth _____ and any others necessary for reasons in paragraph #3. I understand the risks involved in having teeth removed, some of which are pain, swelling, and spread of infection, dry socket, loss of feeling in my teeth, lips, tongue and surrounding tissue (Parasthesia) that can last for an indefinite period of time, or fractured jaw. I understand I may need further treatment by a specialist or even hospitalization if complications arise during or following treatment. The cost of which is my responsibility. *(Initials*_____

Informed Consent?

"Physical Restraint by Dentist/Assistants: The restraining of the patient from undesirable movement by stabilizing the patient's hands, upper body, head and leg movements with the intention of preventing injury to the patient and dental staff."

It is our intent that all professional care delivered in this office shall be of the best possible quality we can provide for our patients. Providing a high quality of care can sometimes be made very difficult, or even impossible, due to a lack of cooperation from the patient. The following behaviors that can interfere with proper provision of quality dental care include: hyperactivity, resistive movements, refusing to open the mouth, kicking, screaming and grabbing the dentist's hands or sharp instruments.

I hereby give my consent to use physical restraints including, but not limited to: a mouth prop, nitrous mask, IV set up, finger pulse oximeter, blood pressure cuff, hands of dental assistants and or dental auxiliary as an essential part of efforts to render mutually agreed upon dental services for the patient. I further agree that this consent shall remain in full force unless withdrawn in writing by the person who has signed below or on behalf of the patient.

Readability Statistics

Counts	
Words	197
Characters	1028
Paragraphs	3
Sentences	6
Averages	
Sentences per Paragraph	2.0
Words per Sentence	32.8
Characters per Word	5.0
Readability	
Passive Sentences	16%
Flesch Reading Ease	29.2
Flesch-Kincaid Grade Level	17.3

Informed Consent

Please place a √ in each box to indicate that you understand and consent to the following:

☒ Consent to receive dental treatment: I consent and authorize [redacted] Dentists [redacted] and their employees to examine, clean, and provide dental treatment to my child.

Informed Consent for Restorations, Crowns, and Bridges

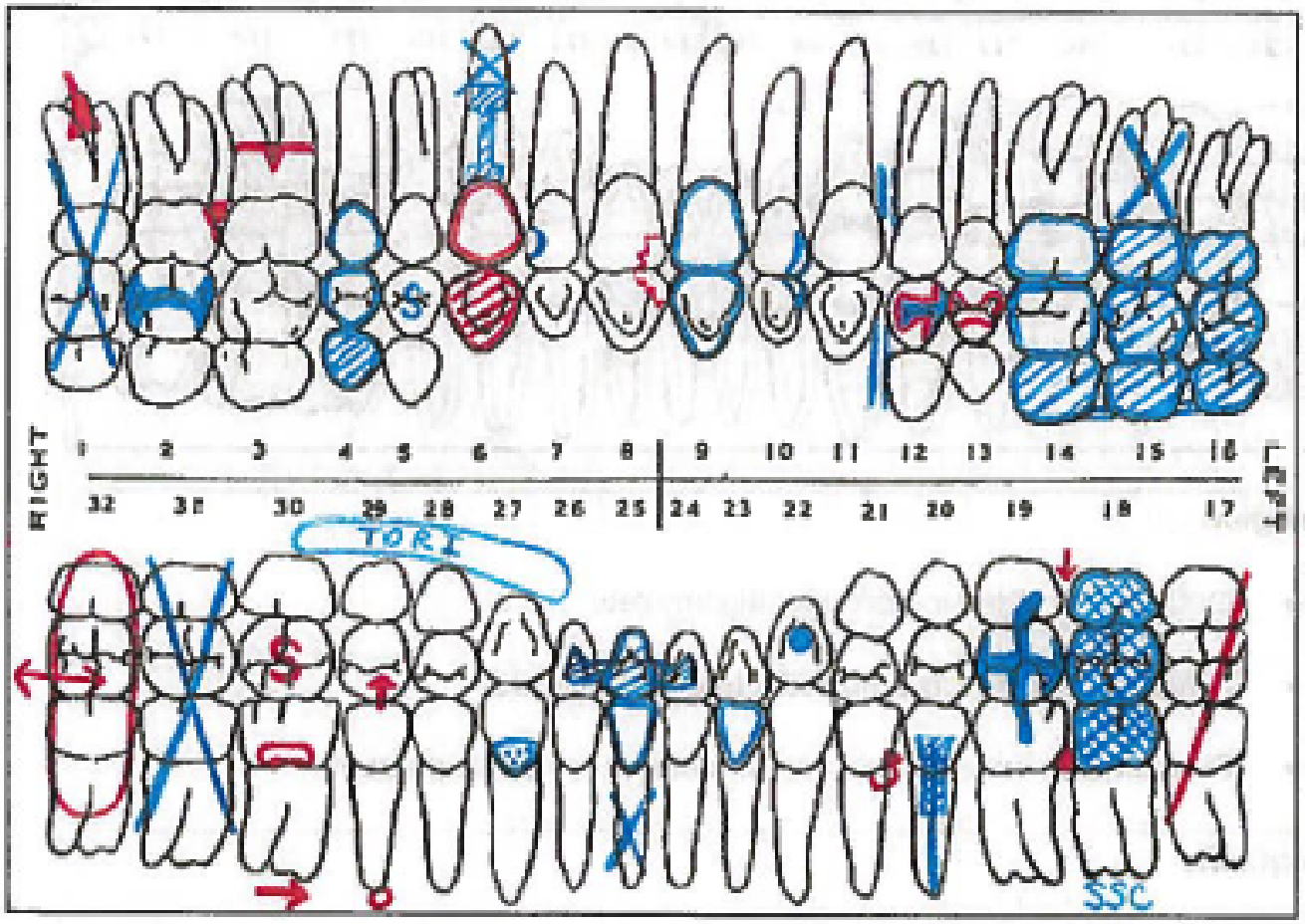
This is my consent for Dr [redacted] to perform the following treatment/procedure

fillings #A(O) #'S(DO) #T(MO)

I understand that the purpose of the procedure is to treat and possibly correct my diseased oral maxillofacial tissues. I have been advised that if this condition persists without treatment, my present oral condition will probably worsen over time and the risks to my health may include, but are not limited to the following: swelling, pain, infection, cyst formation, malocclusion, premature loss of teeth, and/or premature loss of bone. I have been informed of possible alternative methods of treatment, if any.

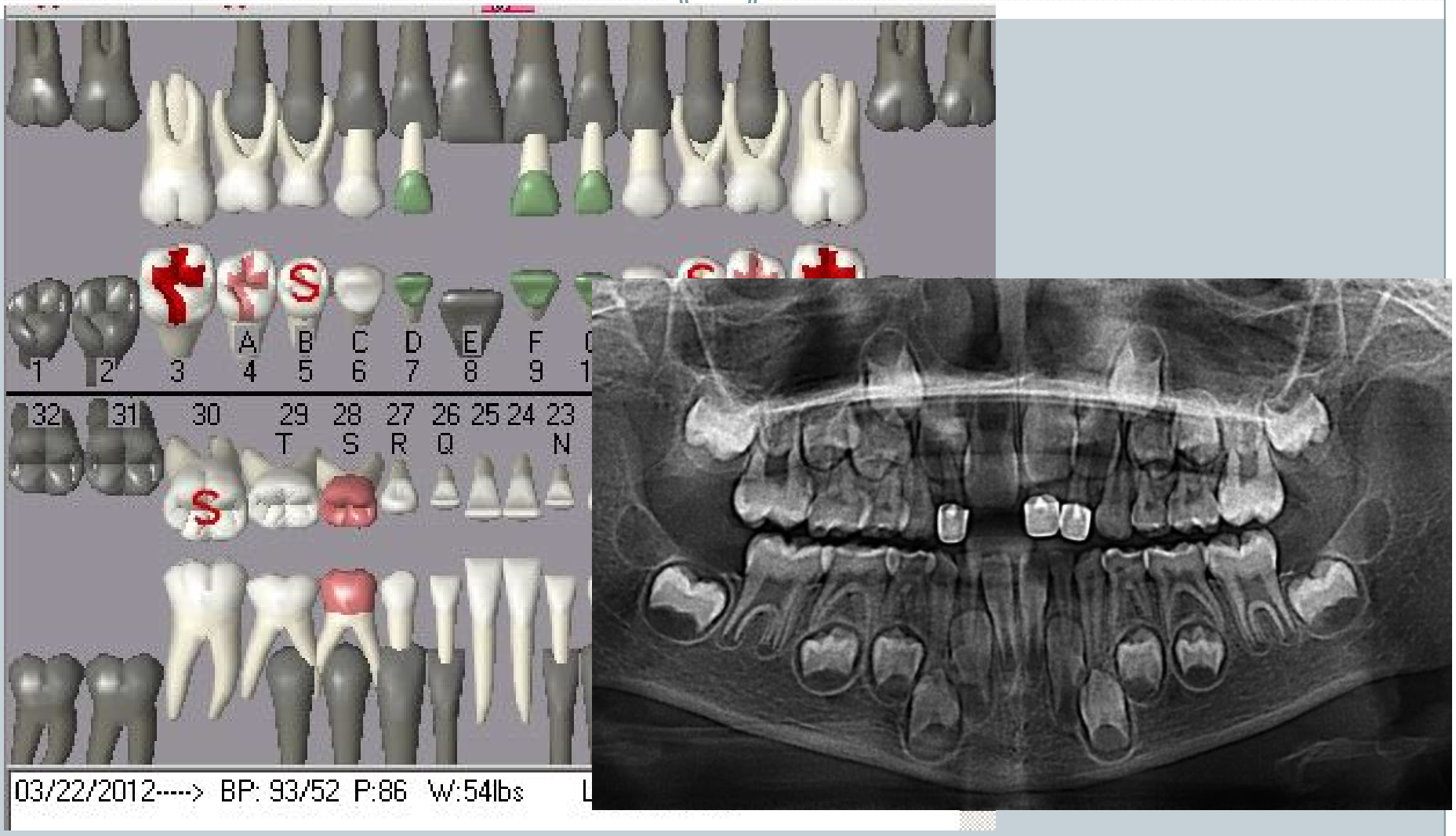
Charting of Clinical Findings

Figure 17. Charting Existing Conditions

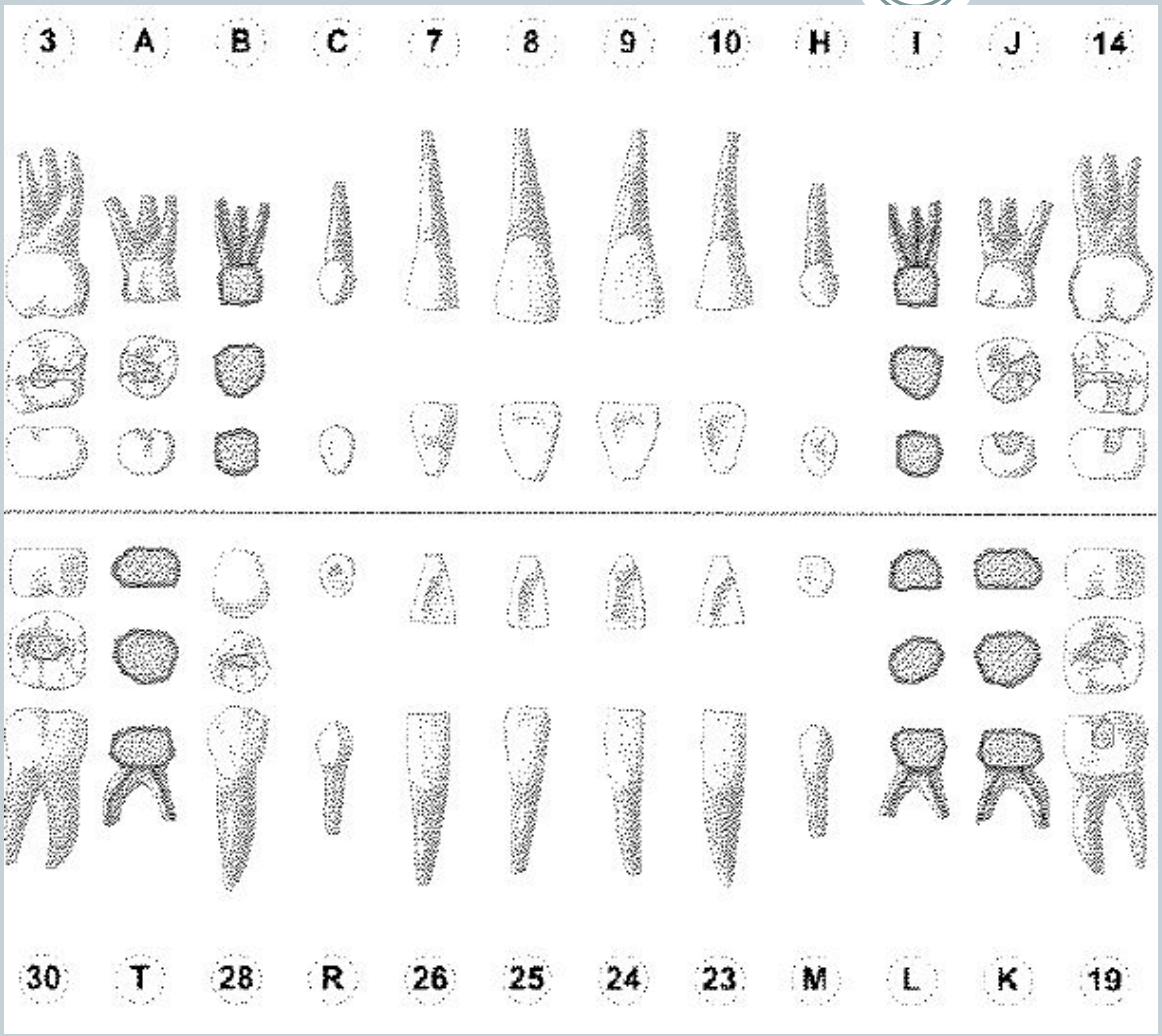


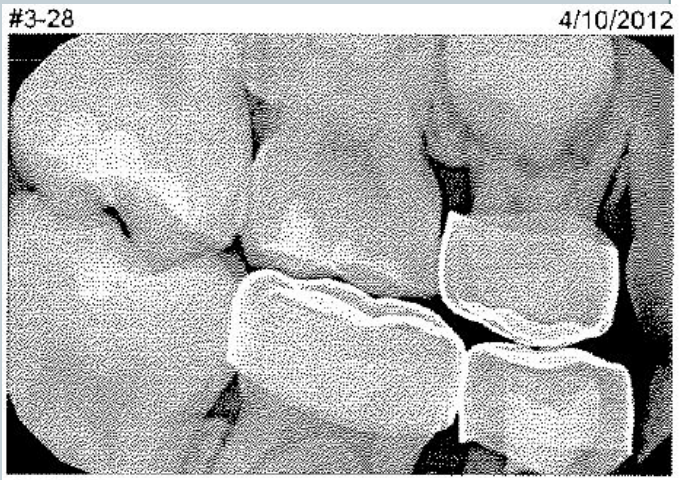
Imaging – Bitewing or Periapical? Diagnostic Quality?

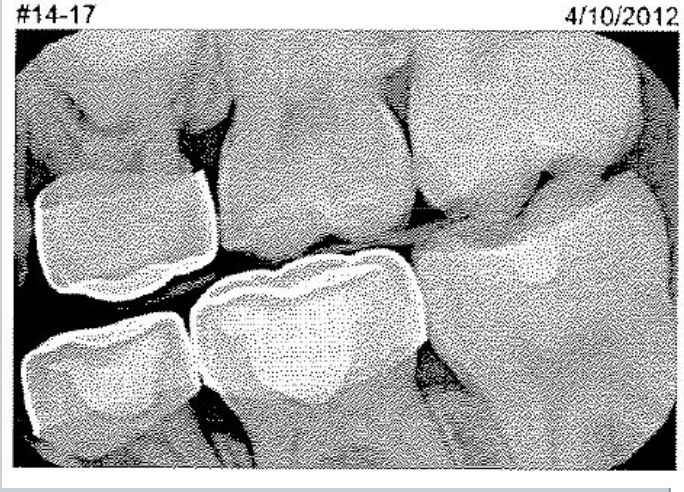
Inaccurate Charting of Clinical and Radiographic Findings



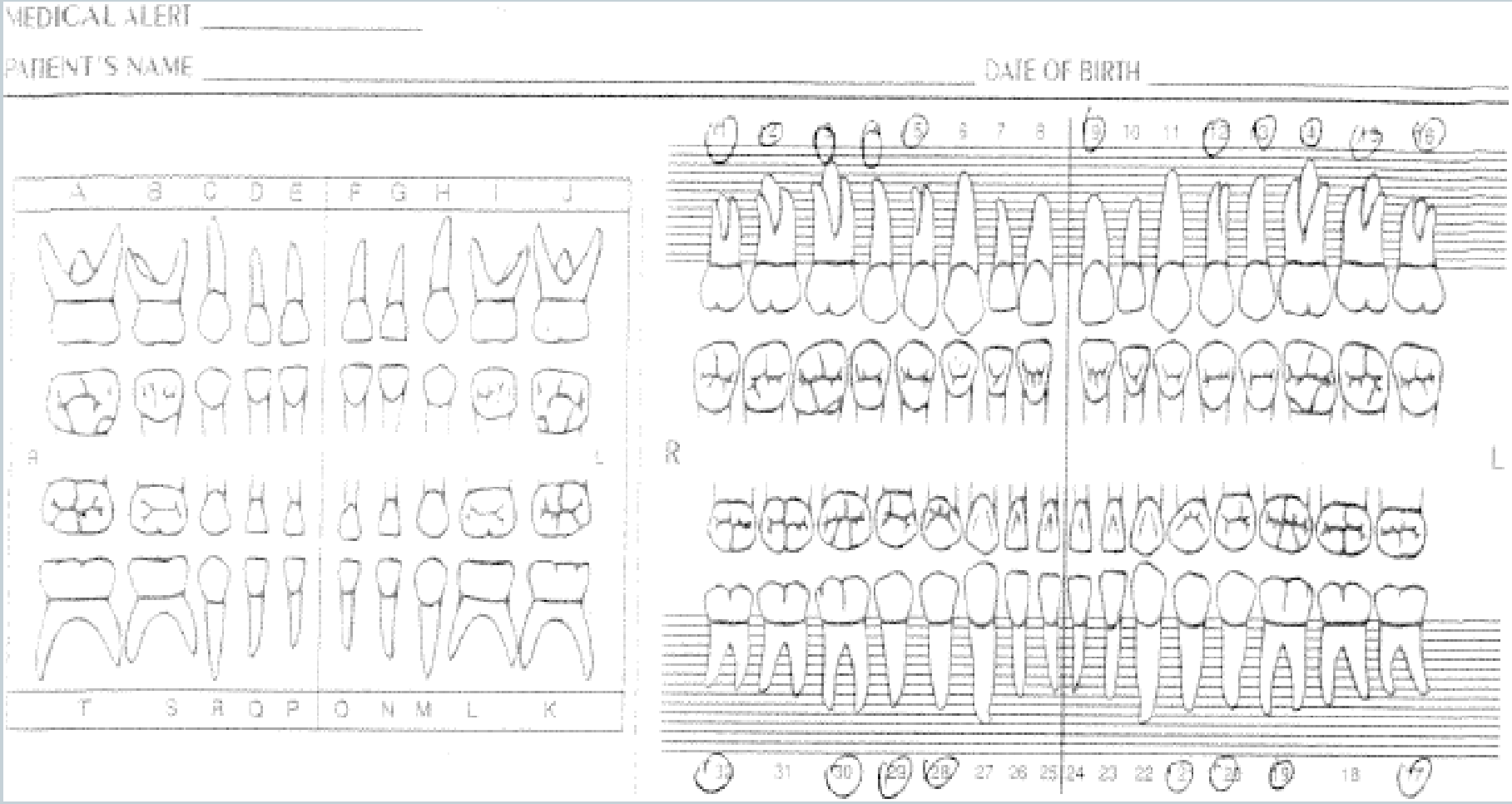
Inaccurate Charting of Clinical and Radiographic Findings



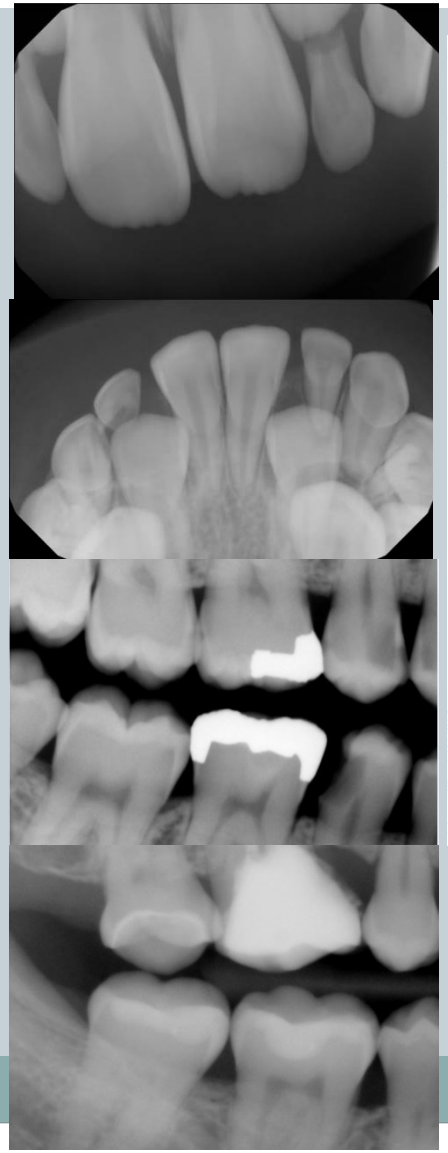


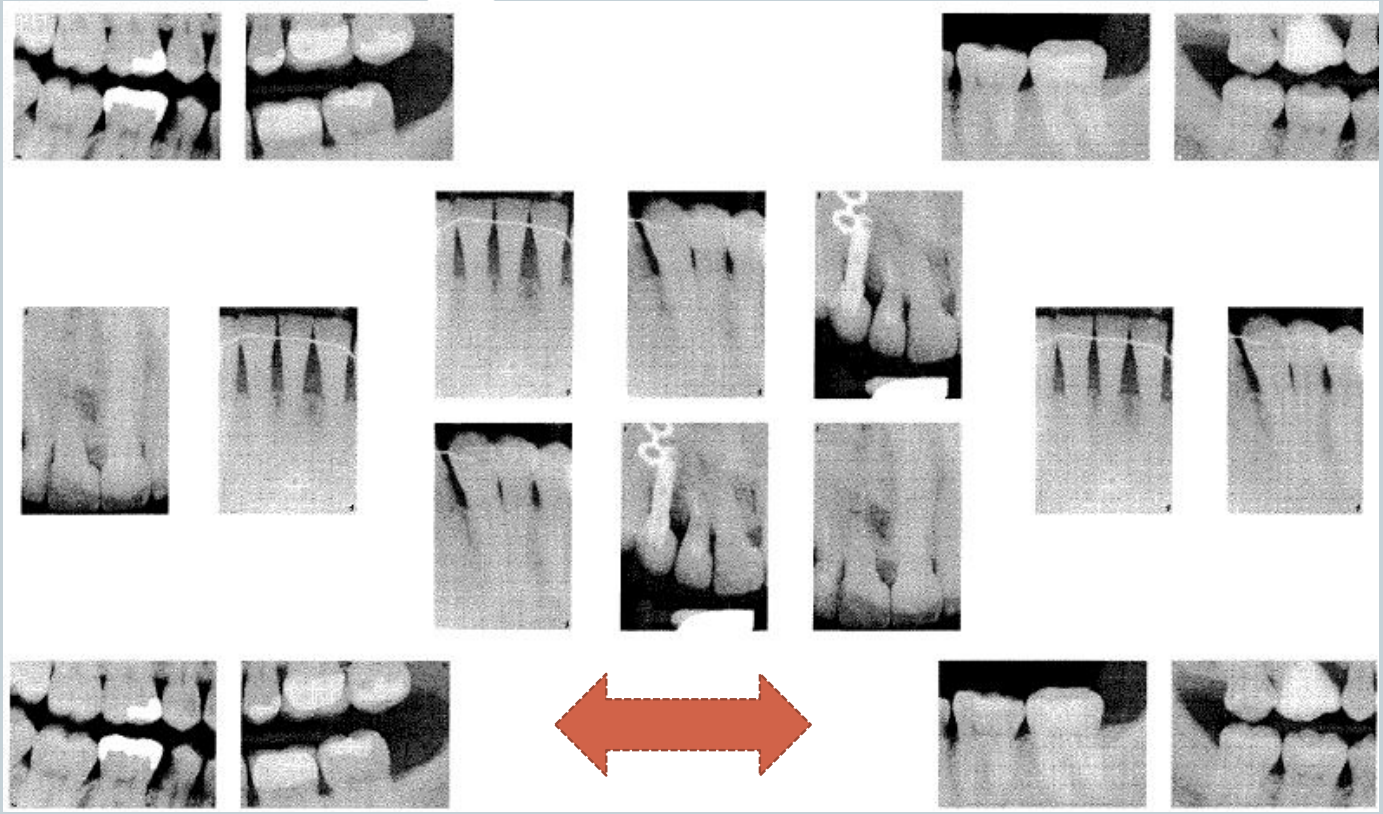


No Charting of Clinical or Radiographic Findings



Radiographic Imaging Incorporated into Multiple Patient Records

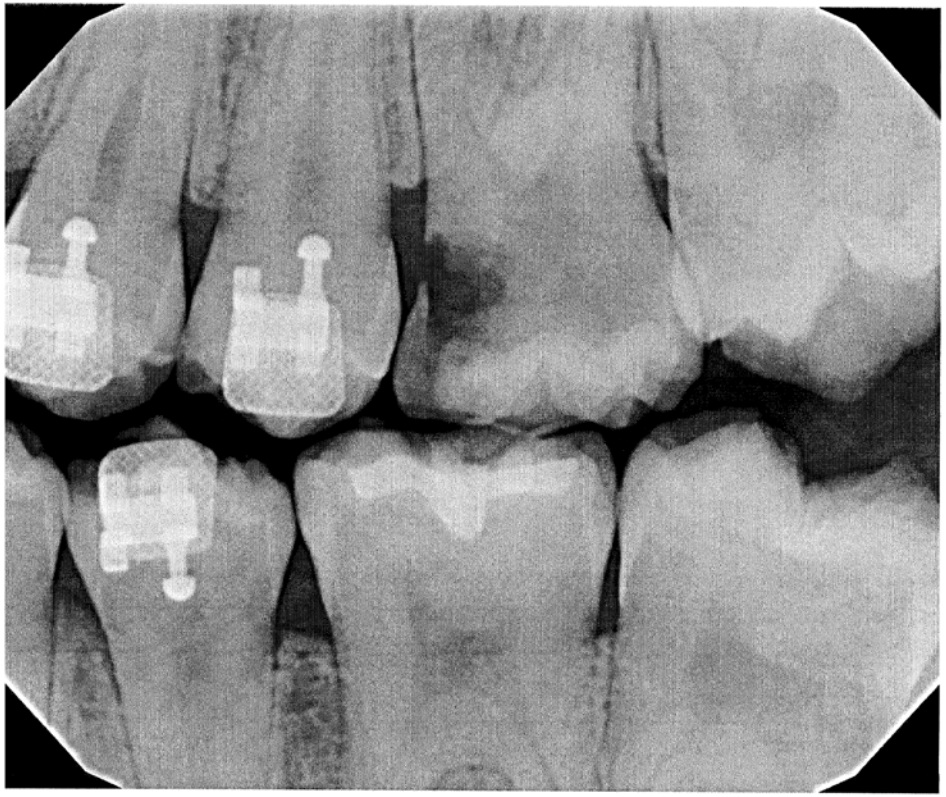




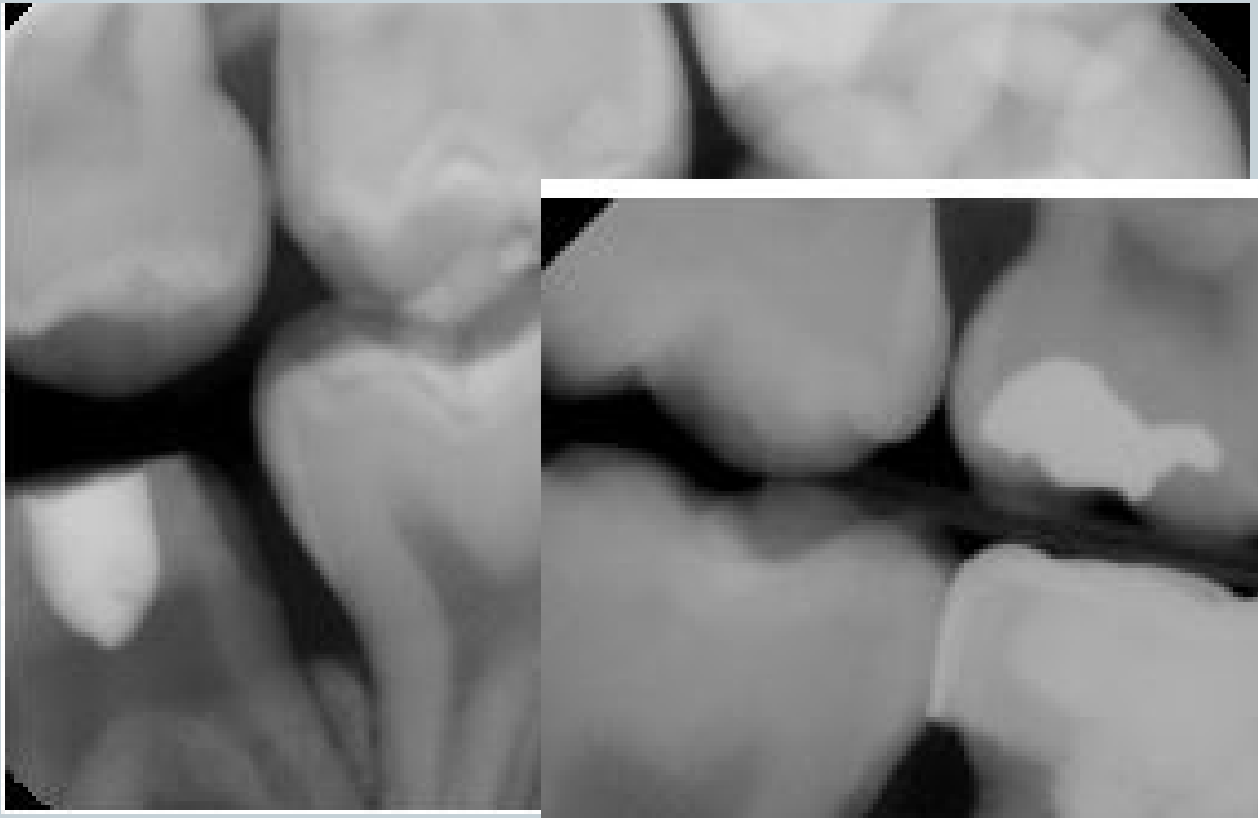
Inaccurate X-ray Documentation Due to Use of Templates

Chart Progress Notes

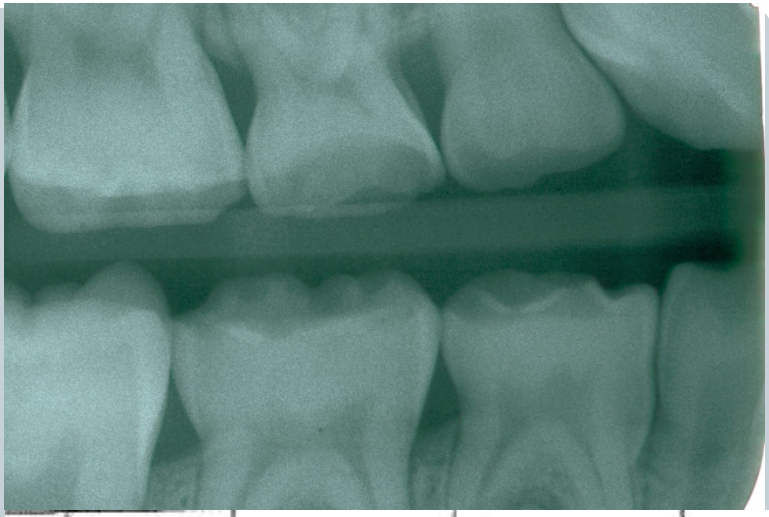
Review PMHx
EOE: wnl
IOE: wnl, gingiva pink
Radiographic: no class II lesions apparent, osseou
OH: Fair, Moderate Plaque
CC: New Patient Exam
Dx: Caries, pit and fissure decay diagnosed by sig
explorer

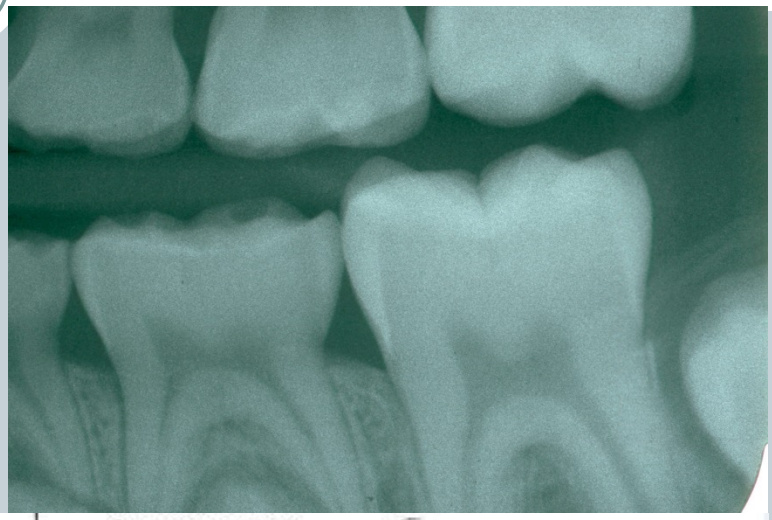


Undocumented Clinical and Radiographic Findings – Treatment Outcomes



Inaccurate Documentation





8/26/05		0	4
		0	5
		0	12
		0	13
		0	20
		0	21
		0	28
		0	29

Gross Scale: ✓

MHR: ✓ EIE: ✓

Took 9 B/W, 0 PA x-rays.

Took panoramic x-ray: ☒ yes ☐ no.

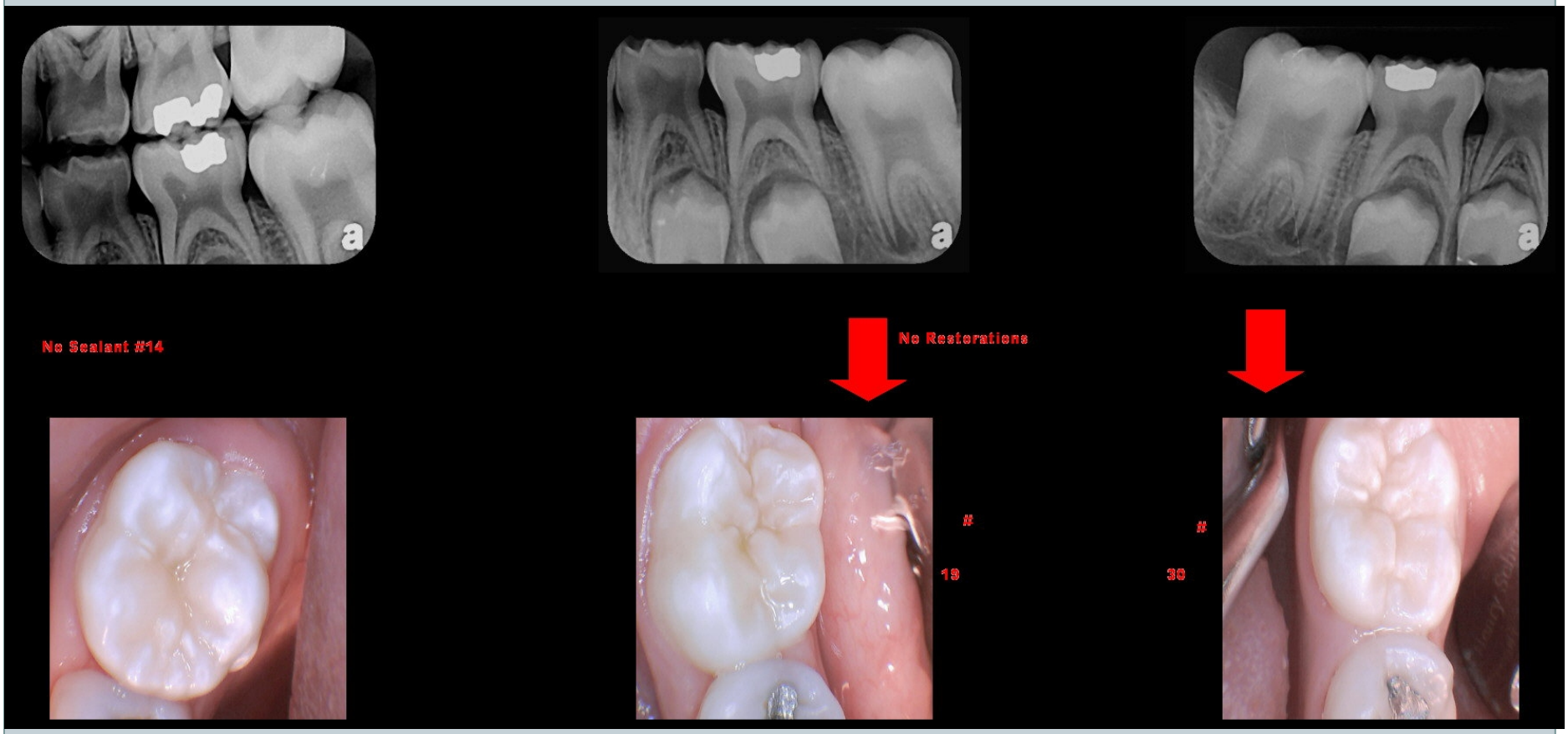
Treatment plan recommended.

Gross scaled, prophylaxis & OHI given.

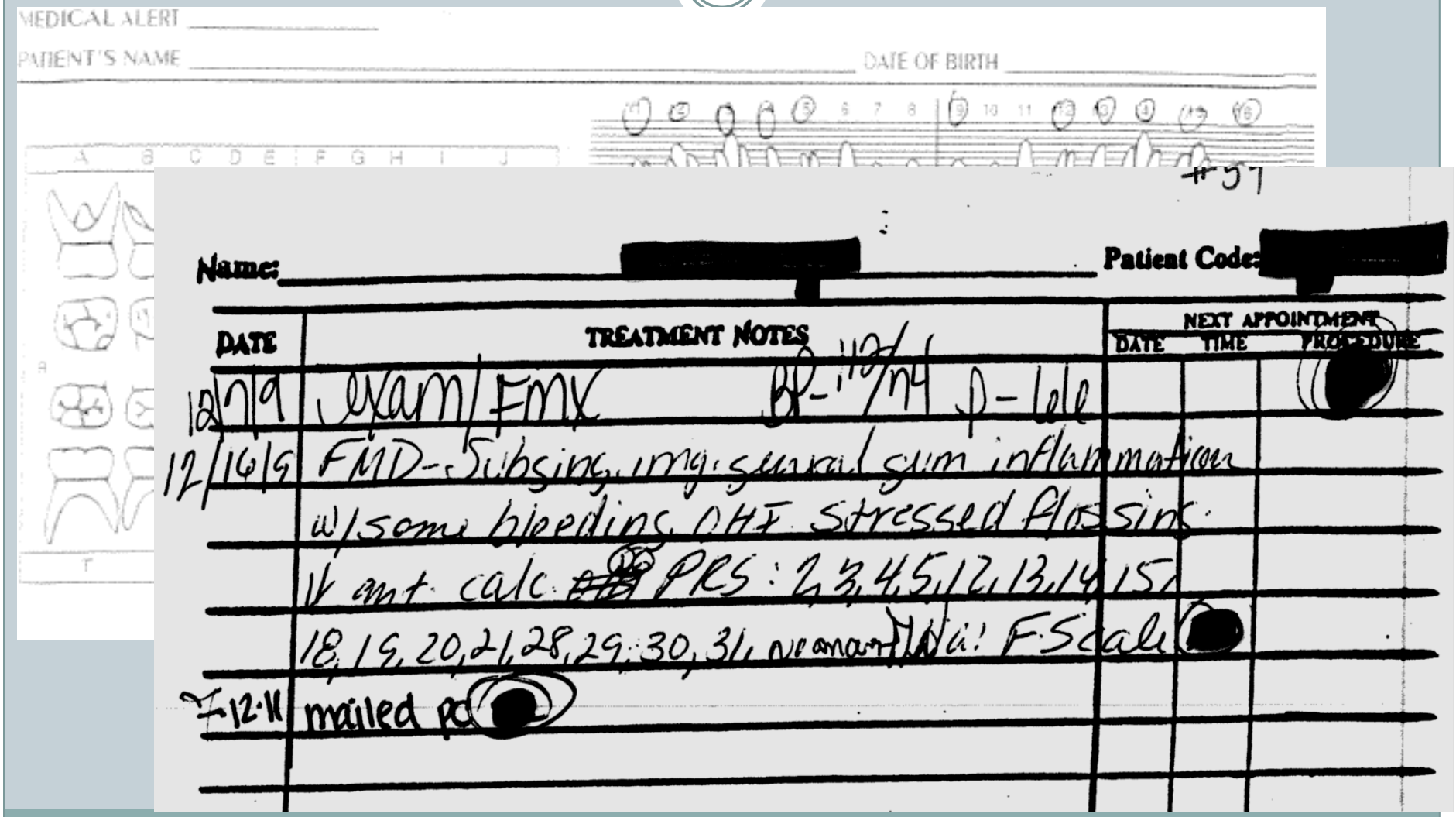
Sealant: ~~#~~4, 5, 12, 13, 20, 21, 28, 29

Pumice tooth/teeth clean. Acid etched. Placed sealant. Checked occlusion and adherence.

Dental Services Not Provided



Upcoding of Dental Services



MEDICAL ALERT

PATIENT'S NAME

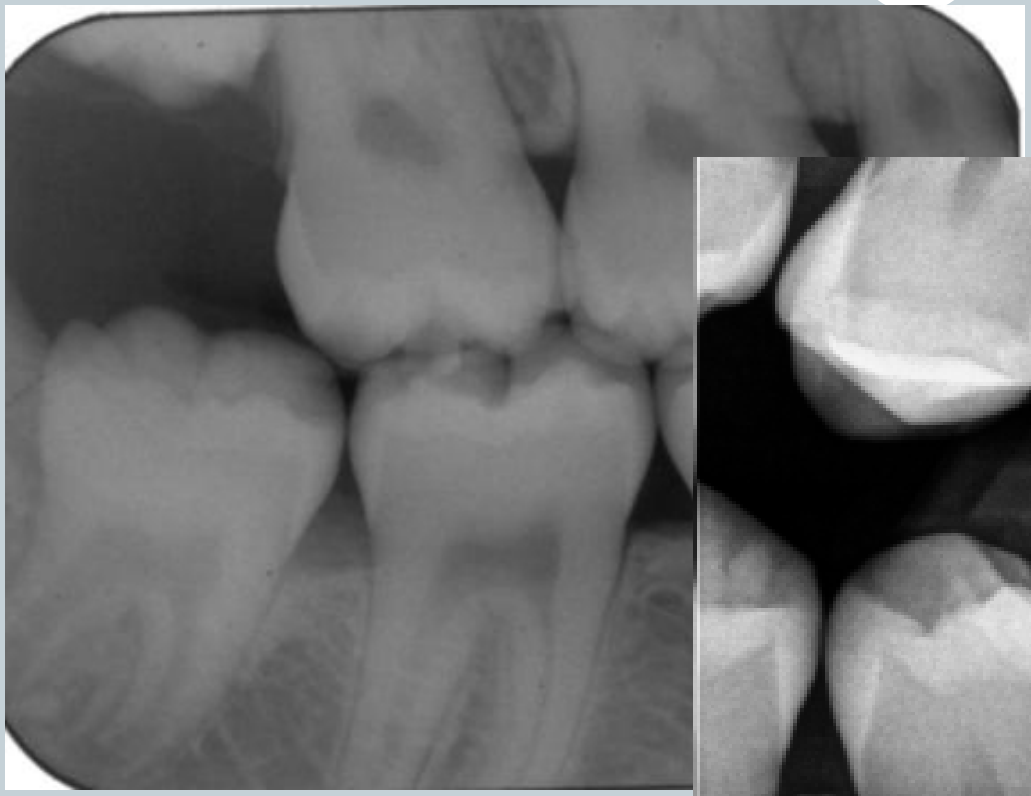
DATE OF BIRTH

Name: [redacted]

Patient Code: [redacted]

DATE	TREATMENT NOTES	NEXT APPOINTMENT DATE	TIME	PROCEDURE
12/7/9	exam/FMX BP-112/74 p-60			[redacted]
12/16/9	FMD-Subsing. img. gingival gum inflammation w/some bleeding. OHI stressed flossing.			
	↓ amt. calc. PRS: 2,3,4,5,12,13,14,15, 18,19,20,21,28,29,30,31, no anat. Via! F-Scale [redacted]			
12-11	mailed pc [redacted]			

Upcoded Dental Services



Incomplete Documentation

Date	Th	Surf	Dx	Description
2/4/2012	F			Pulpotomy
2/4/2012	A	O		C1(P)
2/4/2012	F			SSCPri
2/4/2012	K	O		C1(P)
2/4/2012	T	B		C1(P)
2/4/2012				Conscious Sedation
2/4/2012	E			SSCPri
2/4/2012	E			Pulpotomy
2/4/2012	C	F		C1
2/4/2012	K	B		C1(P)
2/4/2012				FDH (under 3)
2/4/2012	D			SSCPri
2/4/2012	D			Pulpotomy
2/4/2012	I	O		C1(P)
2/4/2012	L	O		C1(P)

Progress Notes for treatment on a single date of service for a 2 year 9 month old reflects the following:

No pre-treatment x-rays taken
Sedation and nitrous oxide for 25 mins
1 carpule of local anesthetic recorded
7 teeth filled (#A, C, F, K, I, L, T)
3 teeth treated with pulpotomy/SSCs
Parental consent for papoose without notation of use in record
Sedation record shows pulse rate variance during treatment from 128-158
Sedation record documents BP variance during treatment of 71/47 to 130/108
No notation in Progress Notes of adverse patient response to treatment

Sequencing of Dental Treatment

Dental sealants and 2-surface filling performed first; no documentation that teeth with large cavities were treated by the practice under investigation or referral made

Cloning of Progress Notes

"----------Friday. July 02. 2010 at 9:25:42 AM----------"
Visual Exam completed & No Decay Seen. No radiographs taken. RMH.
Reinforced OHI w/Parent.

1/25/2011 GrpNote EC WILLIAMS ~GRP~

FIRST DENTAL HOME

Full caries risk assessment performed.Upon exam findings patient presents with HIGH Caries Risk Assesment based on the pt having following environment characteristics- suboptimal systemic fluoride exposure, frequent between meal snacking (3 or more), low level caregiver socioeconomic status, no usual source of dental care, and active caries present in the caregiver.

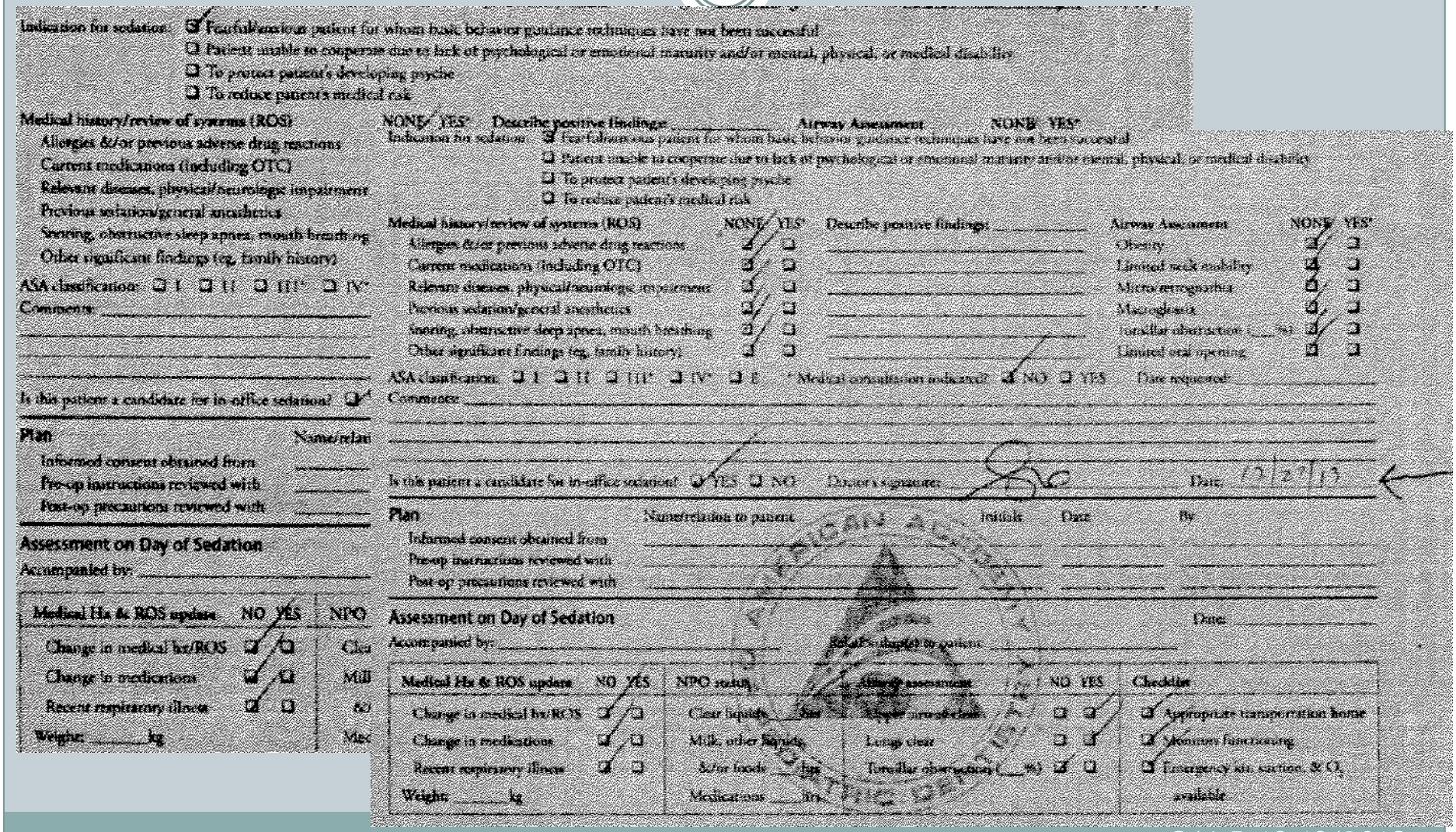
7/25/2011 GrpNote EC CAMPBELL ~GRP~

FIRST DENTAL HOME

Full caries risk assessment performed.Upon exam findings patient presents with HIGH Caries Risk Assesment based on the pt having following environment characteristics- suboptimal systemic fluoride exposure, frequent between meal snacking (3 or more), low level caregiver socioeconomic status, no usual source of dental care, and active caries present in the caregiver.

Visual Exam, TB prophy and 5% fluoride VARNISH
S: Check up
O: RMH. non-contributory, NKDA ASA: _I__
A: restorative: WNL at this time
P: Reinforced OHI w/Parent. Patient has high ECC risk rate. Recommend Brita filter or bottled water for drinking. Recommend not placing bottle in crib at night when put to bed. Toothbrush Prophy completed w/ 5% fluoride varnish. Answered any questions parent had. POI given to parent.
NV: 3 MRC

Cloning of Sedation Records



Indication for sedation: ☑ Fearful/anxious patient for whom basic behavior guidance techniques have not been successful
☐ Patient unable to cooperate due to lack of psychological or emotional maturity and/or mental, physical, or medical disability
☐ To protect patient's developing psyche
☐ To reduce patient's medical risk

Medical history/review of systems (ROS) NONE YES* Describe positive findings: _____ Airway Assessment NONE YES*
Allergies &/or previous adverse drug reactions
Current medications (including OTC)
Relevant diseases, physical/neurologic impairment
Previous sedation/general anesthetics
Snoring, obstructive sleep apnea, mouth breathing
Other significant findings (eg, family history)

ASA classification: ☐ I ☐ II ☐ III* ☐ IV*
Comments: _____

Is this patient a candidate for in-office sedation? ☐

Plan Name/relati
Informed consent obtained from _____
Pre-op instructions reviewed with _____
Post-op precautions reviewed with _____

Assessment on Day of Sedation
Accompanied by: _____

Medical Hx & ROS update	NO	YES	NPO
Change in medical hx/ROS	☑	☐	Clea
Change in medications	☑	☐	Mill
Recent respiratory illness	☑	☐	&/
Weight: _____ kg			Mec

Indication for sedation: ☑ Fearful/anxious patient for whom basic behavior guidance techniques have not been successful
☐ Patient unable to cooperate due to lack of psychological or emotional maturity and/or mental, physical, or medical disability
☐ To protect patient's developing psyche
☐ To reduce patient's medical risk

Medical history/review of systems (ROS)	NONE	YES*	Describe positive findings: _____	Airway Assessment	NONE	YES*
Allergies &/or previous adverse drug reactions	☑	☐		Obesity	☑	☐
Current medications (including OTC)	☑	☐		Limited neck mobility	☑	☐
Relevant diseases, physical/neurologic impairment	☑	☐		Micro/retrognathia	☑	☐
Previous sedation/general anesthetics	☑	☐		Macroglossia	☑	☐
Snoring, obstructive sleep apnea, mouth breathing	☑	☐		Tonsillar obstruction (___%)	☑	☐
Other significant findings (eg, family history)	☑	☐		Limited oral opening	☑	☐

ASA classification: ☐ I ☐ II ☐ III* ☐ IV* ☐ E * Medical consultation indicated? ☑ NO ☐ YES Date requested: _____
Comments: _____

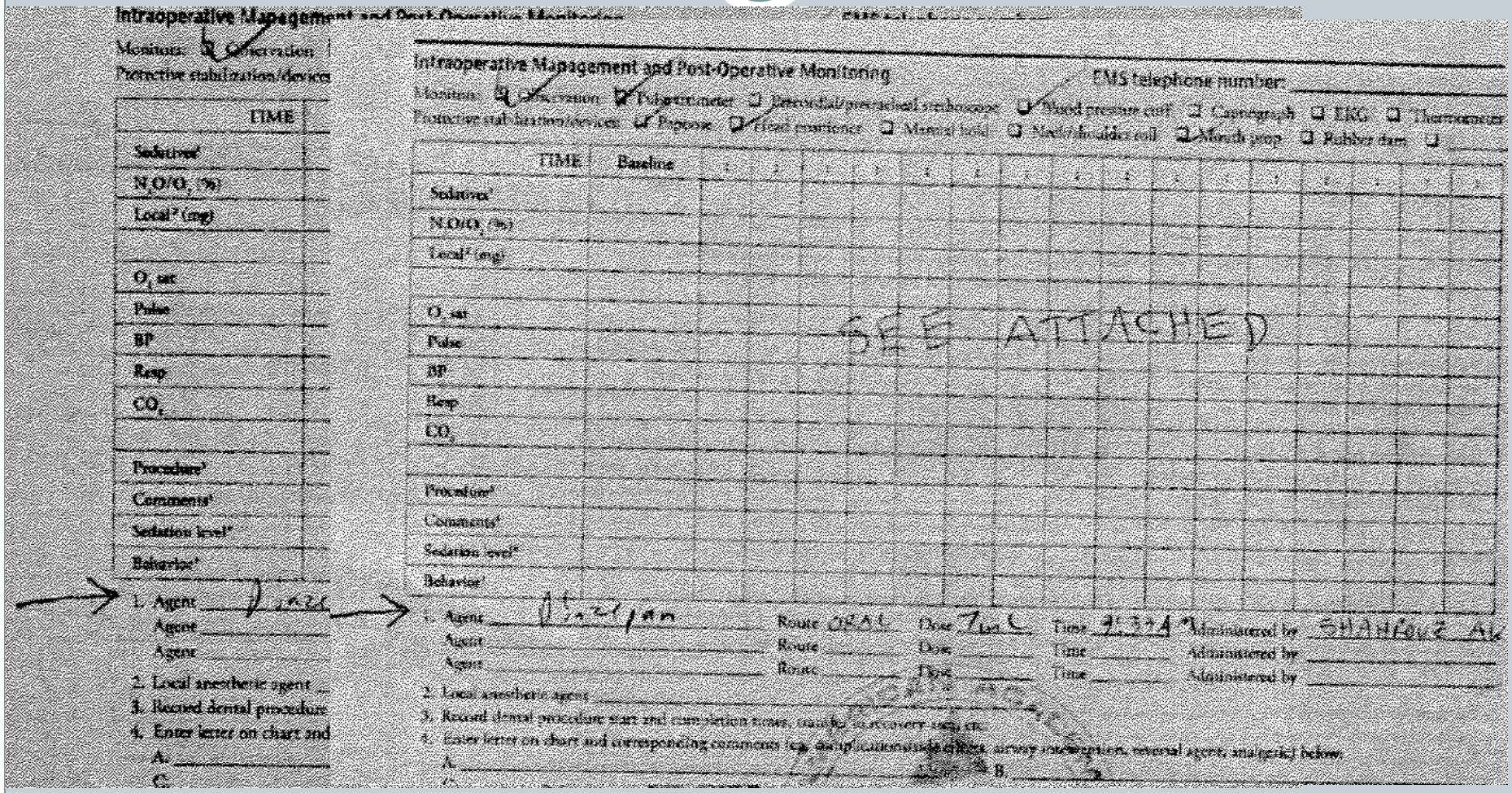
Is this patient a candidate for in-office sedation? ☑ YES ☐ NO Doctor's signature: _____ Date: 12/27/13

Plan Name/relation to patient Initials Date By
Informed consent obtained from _____
Pre-op instructions reviewed with _____
Post-op precautions reviewed with _____

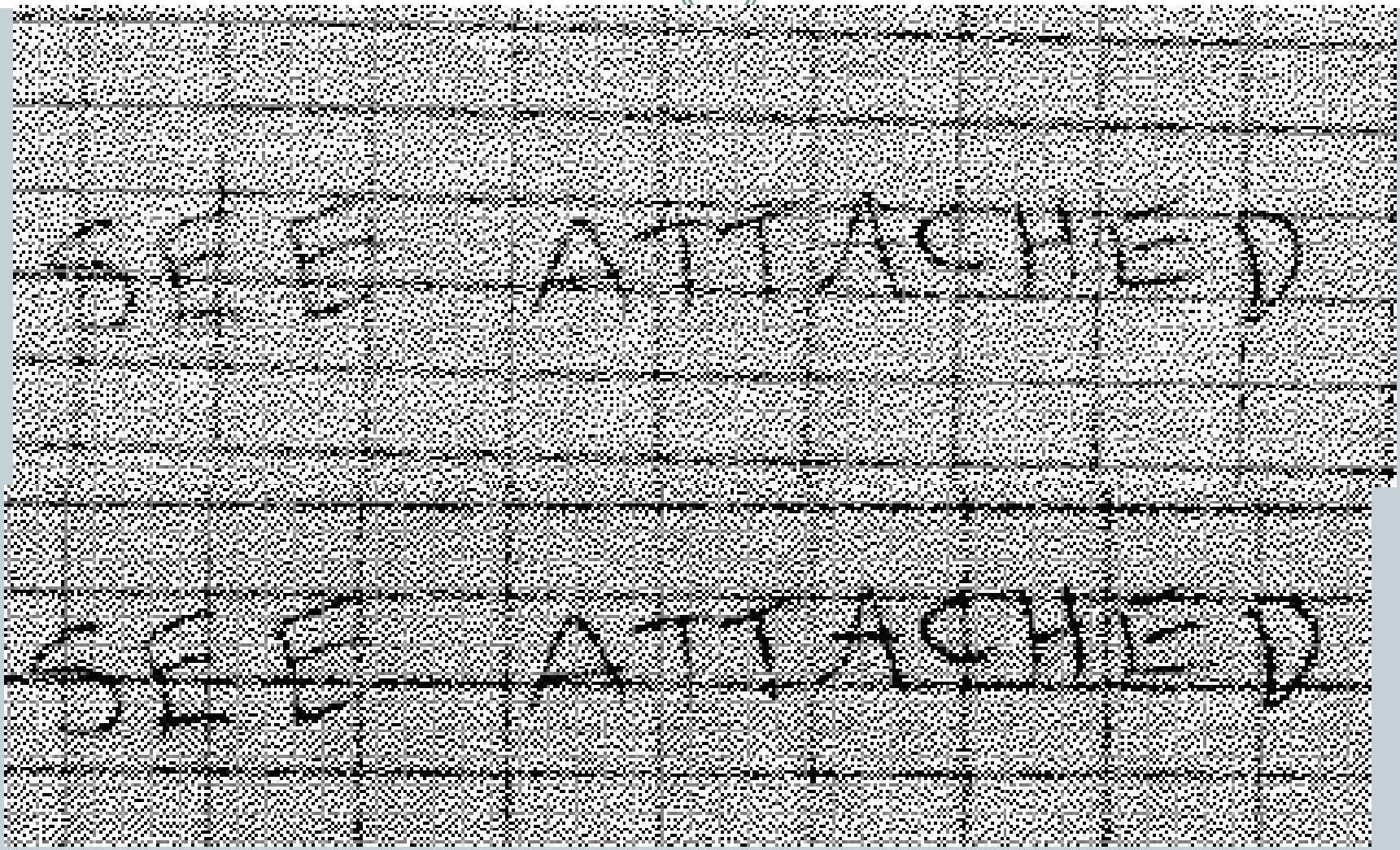
Assessment on Day of Sedation Date: _____
Accompanied by: _____ Relationship(s) to patient: _____

Medical Hx & ROS update	NO	YES	NPO status	Airway assessment	NO	YES	Checklist
Change in medical hx/ROS	☑	☐	Clear liquids ___ hrs	Upper airway clear	☐	☑	☑ Appropriate transportation home
Change in medications	☑	☐	Milk, other liquids,	Lungs clear	☐	☑	☑ Monitors functioning
Recent respiratory illness	☑	☐	&/or foods ___ hrs	Tonsillar obstruction (___%)	☑	☐	☑ Emergency kit, suction, & O_2 available
Weight: _____ kg			Medications ___ hrs				

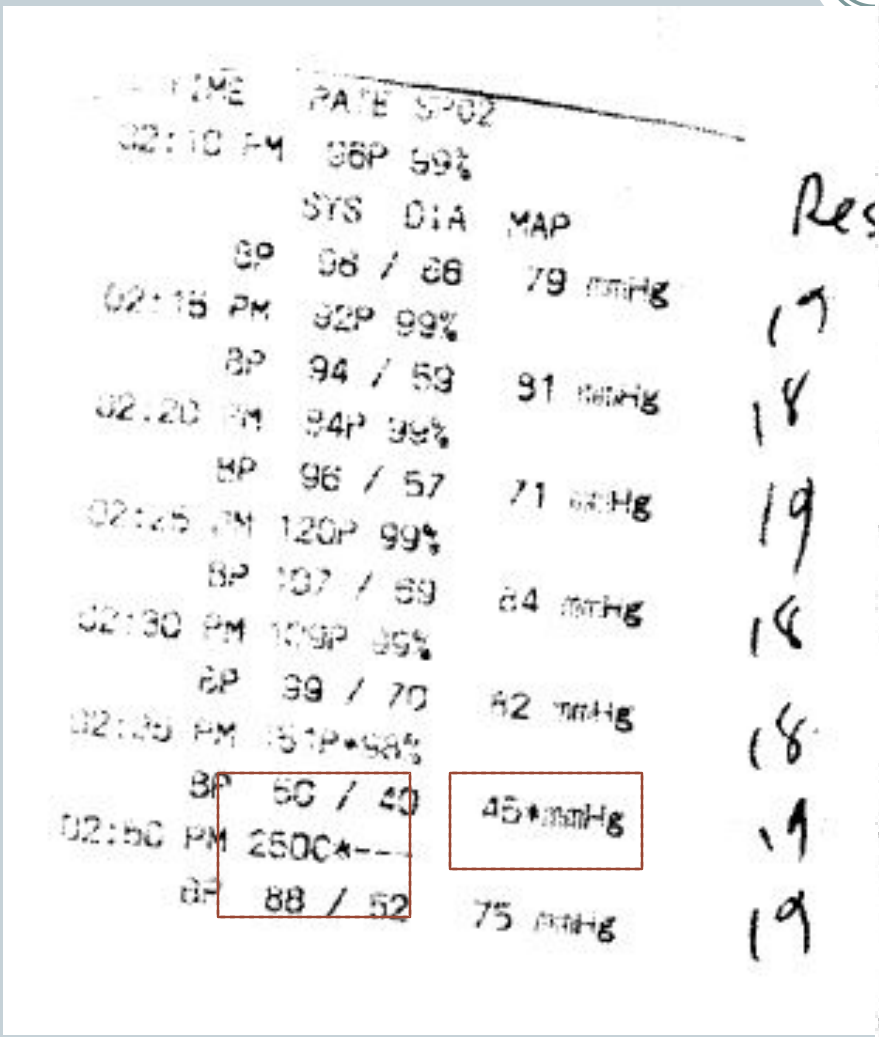
Cloning of Sedation Records



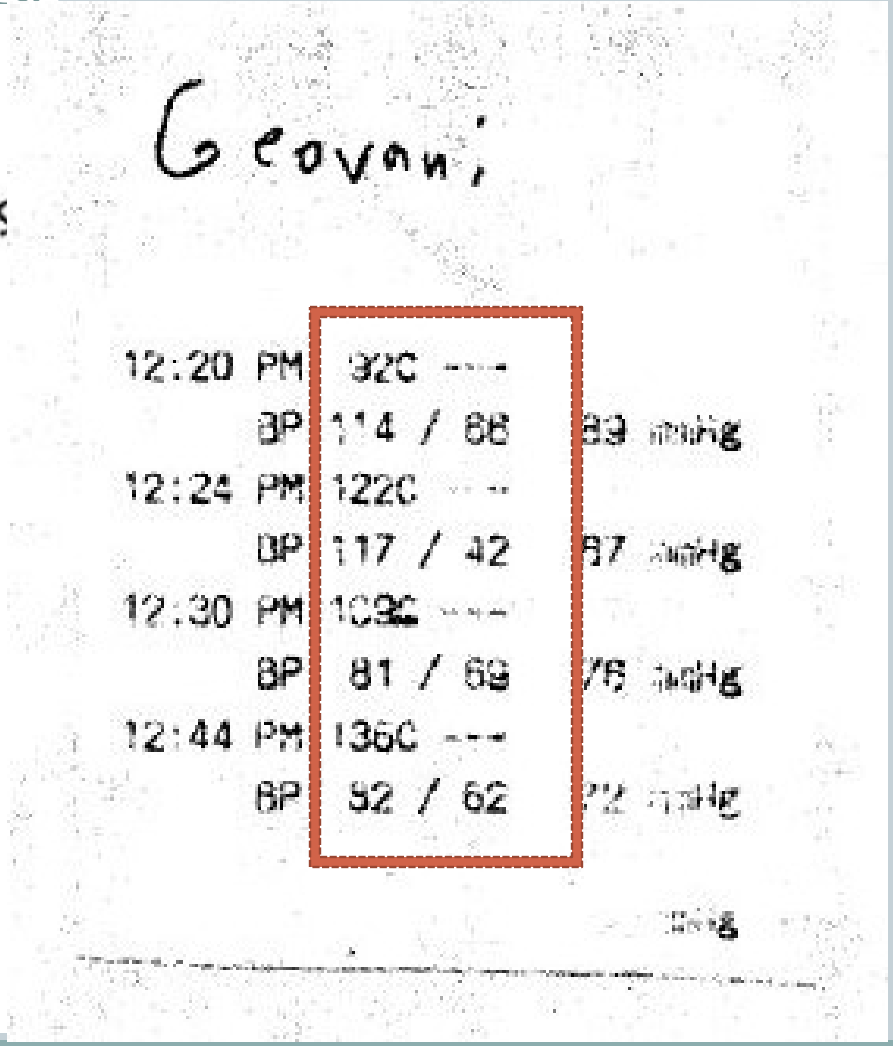
Comparison of Cloned Entries



Incomplete Sedation Records



TIME	PATE SPO2			Res
02:10 PM	86P 59%			
	SYS DIA	MAP		
BP	96 / 86	79 mmHg		17
02:15 PM	92P 99%			
BP	94 / 59	91 mmHg		18
02:20 PM	94P 99%			
BP	96 / 57	71 mmHg		19
02:25 PM	120P 99%			
BP	107 / 69	84 mmHg		18
02:30 PM	109P 99%			
BP	99 / 70	82 mmHg		18
02:35 PM	151P*98%			
BP	50 / 40	45* mmHg		19
02:50 PM	250C*---			
BP	88 / 52	75 mmHg		19



Geovani

12:20 PM	92C ---	
BP	114 / 88	89 mmHg
12:24 PM	122C ---	
BP	117 / 42	87 mmHg
12:30 PM	109C ---	
BP	81 / 69	75 mmHg
12:44 PM	136C ---	
BP	92 / 62	72 mmHg

Overtreatment with Adverse Outcomes

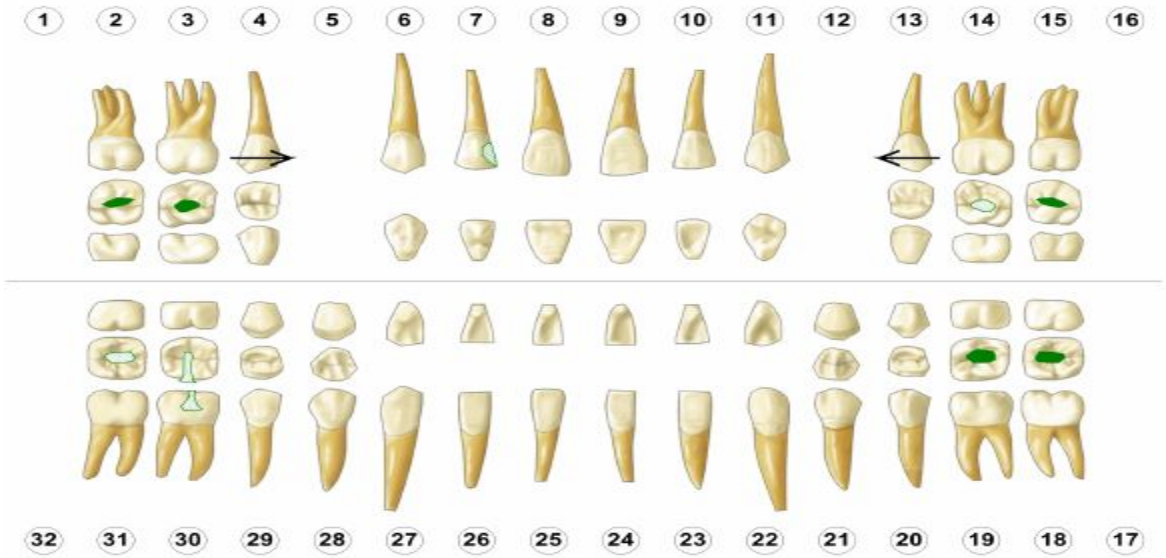
Unnecessary Orthodontic Services

Electronic Dental Record Sample Documentation Charting of Clinical/Radiographic Findings

Patient Progress Notes

Patient: Dental R. Sample
Provider: Linda M. Altenhoff, Chief Dental Office
Phone: (512)491-1106
Office: 11101 Metric Blvd
Building I, MC-1300
Austin, TX 78758

Date: 2/24/2016
Chart #:
Birthdate: 1/1/1960



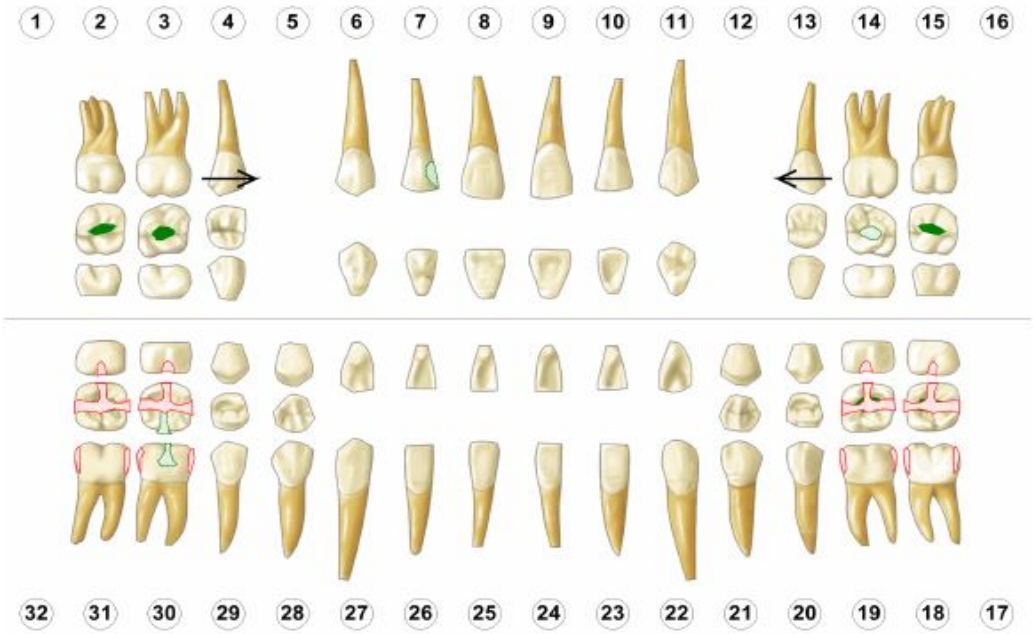
Treatment Plan | Completed | Conditions | Existing-This Prov | Existing-Other Prov

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount
2/23/2016				LMA1	Clinical Note		

Chart

Patient: Dental R. Sample
Provider: Linda M. Altenhoff
Phone: (512)491-1106
Office: 11101 Metric Blvd
Building I, MC-1300
Austin, TX 78758

Date: 2/24/2016
Chart #:
Birthdate: 1/1/1960



Treatment Plan | Completed | Conditions | Existing-This Prov | Existing-Other Prov

Electronic Dental Record Sample Documentation Clinical Progress Notes – New Patient Exam

Patient Progress Notes

Patient: Dental R. Sample
Provider: Linda M. Altenhoff, Chief Dental Office
Phone: (512)491-1106
Office: 11101 Metric Blvd
Building I, MC-1300
Austin, TX 78758

Date: 2/24/2016
Chart #:
Birthdate: 1/1/1960

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount

56 year old white female presents for new patient examination. Written consent for examination, x-rays, cleaning, fluoride, and photographs obtained after explanation of the risks and benefits including responding to patient questions about x-ray exposure due to history of radiation treatments for breast cancer.
Chief complaint: Establish as new patient - no known dental concerns at this time; it's been 9 months since last dental visit, cleaning and x-rays at that time
Review of health history:
Patient has a history of allergies to medications - azithromax, cephalosporins, and morphine;
Patient has a history of elevated blood pressure, elevated cholesterol, post traumatic stress/anxiety ((PTSA), breast cancer, uterine fibroids with precancerous changes;
Patient current takes the following medications - lisinopril 10 mg once per day, buspar 15 mg twice a day, lovastatin 20 mg once per day, letrozole 2.5 mg once per day; patient also takes the following over-the-counter supplements - calcium, Vitamin E, Omega-3 fish oil, probiotics, women's multivitamin
Surgical history includes - 3 C-sections, bilateral tubal ligation, radical mastectomy of the left breast, simple mastectomy of the right breast, 22 lymph nodes removed from left arm, complete hysterectomy, third molar removal, extraction of 2 upper bicuspids for orthodontic purposes; patient has history of TMJ pain in the past, nothing recent. Patient has a history of chemotherapy (6 sessions) and radiation treatment (35 sessions) following radical mastectomy.
CAUTION: No blood pressure cuff or needle sticks in left arm due to removal of lymph nodes.
Patient states that she is in good health, is on 6-month recall with her oncologist, her blood pressure, cholesterol, and PTSA are controlled with medications
Vital signs: BP: 107/68; Pulse: 65; Temp: 98.7 F; Weight: 155 lbs; Height: 5'8"
Clinical examination reveals the following: occlusal amalgams on teeth #2, 3, 15, 18, and 19; MF composite on #7; occlusal gold foil #14; OB gold inlay on #30; occlusal gold inlay #31; teeth #5 and 12 are not present, with closure of spacing; enamel crazing noted on linguals of #18, 19, 30, and 31; margins of existing fillings intact, no recurrent or new decay noted on examination; palpation of the TMJs reveals no clicking or deviations, no pain; gum tissues are pink, firm, healthy in appearance; no bleeding of the gum tissues on probing, no probing depths greater than 3 mm; slight interproximal tartar on linguals of lower anterior central incisors; no visible plaque; oral cancer screening performed and is negative
Radiographic images ordered/taken: 4 BWs, 3 PAs, and panorex imaged by Susie Jones, RDH
Radiographic examination reveals the absence of teeth #1, 5, 12, 16, 17, and 32; no interproximal decay or bone loss noted on x-rays, no pathology noted on panoramic image
Prophylaxis with minimal scaling of lower anteriors and molars to remove tartar buildup, no bleeding noted during cleaning; polished teeth with prophy paste, applied fluoride gel for 1 minute.
Discussed enamel crazing noted on lower molars, advised patient of potential for further fracture; treatment options of no treatment, onlays, or full crown coverage explained to patient; patient has opted to electively have onlays on the lower molars, will start with left side.
Patient released after final check in good condition.
Next visit: 1.5 hrs for preparation of #18 and 19 for onlays
Next recall visit: due to excellent home care and no evidence of perio disease or recurrent/new decay, will place patient on 12 month recall at this time due to low caries risk
---------- Signed on Tuesday, February 23, 2016 by Linda M. Altenhoff, DDS ----------

Electronic Dental Record Sample Documentation Clinical Progress Notes – Entries/Addendum

Next recall visit: due to excellent home care and no evidence of perio disease or recurrent/new decay, will place patient on 12 month recall at this time due to low caries risk

---------- Signed on Tuesday, February 23, 2016 by Linda M. Altenhoff, DDS ----------

----------Appended on Tuesday, February 23, 2016 at 8:40:52 AM by LMA1----------

Patient encouraged to floss more effectively on the lower anteriors and to concentrate more when brushing on the lingual of the lower molars due to the findings of slight tartar buildup in these areas; otherwise home care excellent resulting in recommendation of 12 month recall

2/23/2016	1		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00
2/23/2016	2	O	D2140	LMA1	Amalgam 1 Surface	EO	0.00
2/23/2016	3	O	D2140	LMA1	Amalgam 1 Surface	EO	0.00
2/23/2016	4		15000	LMA1	Mesial Drifting	CON	0.00
2/23/2016	5		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00
2/23/2016	7	MF	D2331	LMA1	Anterior Resin Composite 2s	EO	0.00
2/23/2016	12		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00
2/23/2016	13		15000	LMA1	Mesial Drifting	CON	0.00
2/23/2016	14	O	D2410	LMA1	Gold Foil 1 Surface	EO	0.00
2/23/2016	15	O	D2140	LMA1	Amalgam 1 Surface	EO	0.00

Patient Progress Notes

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Building I, MC-1300
Austin, TX 78758

Date: 2/24/2016
Chart #:
Birthdate: 1/1/1960

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount
2/23/2016	16		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00
2/23/2016	17		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00
2/23/2016	18	O	D2140	LMA1	Amalgam 1 Surface	EO	0.00
2/23/2016	19	O	D2140	LMA1	Amalgam 1 Surface	EO	0.00
2/23/2016	30	OB	D2520	LMA1	Metallic Inlay 2 Surface	EO	0.00
2/23/2016	31	O	D2510	LMA1	Metallic Inlay 1 Surface	EO	0.00
2/23/2016	32		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00

UL=Upper Left UR=Upper Right LL=Lower Left LR=Lower Right

Electronic Dental Record Sample Documentation Clinical Progress Notes – Treatment

Patient Progress Notes

Patient: Dental R. Sample
Provider: Linda M. Altenhoff, Chief Dental Office
Phone: (512)491-1106
Office: 11101 Metric Blvd
Building I, MC-1300
Austin, TX 78758

Date: 2/24/2016
Chart #:
Birthdate: 1/1/1960

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount
2/23/2016	16		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00
2/23/2016	17		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00
2/23/2016	18	O	D2140	LMA1	Amalgam 1 Surface	EO	0.00
2/23/2016	19	O	D2140	LMA1	Amalgam 1 Surface	EO	0.00
2/23/2016	30	OB	D2520	LMA1	Metallic Inlay 2 Surface	EO	0.00
2/23/2016	31	O	D2510	LMA1	Metallic Inlay 1 Surface	EO	0.00
2/23/2016	32		15100	LMA1	Missing Tooth (>1 Year)	CON	0.00
2/24/2016				LMA1	Clinical Note		

Chief Complaint: Patient presents for preparation of teeth #18 and 19 for gold onlays
Review of health history: Patient reports that she forgot to mention that she has a history of gastric reflux that started following breast cancer surgery and during chemotherapy and radiation therapy; she takes Prilosec daily which controls her symptoms along with diet modification and weight loss; no other changes to health history noted at this time.
Vital Signs: BP: 105/68; Pulse: 65; Temp: 98.7F
Reviewed treatment plan for today including the risks and benefits of the use of local anesthesia and nitrous oxide; preparation, impressions, and placement of temporaries on lower left molars; patient asked about post-treatment discomfort and the use of Advil for control; patient was told that Advil should be sufficient given the treatment planned for today; no other questions were posed; written consent for local anesthesia, nitrous oxide, and preparation of #18 and 19 for gold onlays was obtained.
Nitrous oxide was initiated at 8:15 am with 100% O2 given for 3 minutes followed by 30% N2O/70% O2 through a nasal mask; patient was switched to 100% O2 at conclusion of treatment at 9:15 am
Local anesthesia: Topical anesthesia was placed for 2 minutes, inferior alveolar injection of 1.5 ml of 2% Lidocaine with 1:100,000 epinephrine was administered followed by 0.3 ml of 2% Lidocaine w/1:100,000 epi long buccal injection; patient reported numb lip/tongue at 10 am
Procedure:
#18 - MODL gold inlay prep: removed old amalgam, no recurrent decay noted, fracture of lingual enamel noted to extend into dentin; packed tissues with retraction cord on MLD; removed retraction cord prior to impression being taken; acrylic temporary made and cemented with Tempbond, excess cement removed
#19 - MODL gold inlay prep: removed old amalgam, recurrent decay noted and removed, no exposure of pulp however due to depth placed calcium hydroxide base to reduce sensitivity; packed tissues with retraction cord on MLD; removed retraction cord prior to impression being taken; acrylic temporary made and cemented with Tempbond, excess cement removed
Post-op instructions given to patient verbally and in writing; advised patient to rinse with warm salt water and take Advil if she experiences tissue discomfort, to be sure and brush normally, when flossing to take the floss through the contacts but then to pull through to the side so as not to dislodge the temporary; should the temporary become loose or comes off, to call the office so that it can be recemented to prevent tooth movement; patient also advised to eat primarily on the right side if possible and to not try to eat until the feeling comes back to her tongue and lip. Patient advised to call if she has any questions or concerns.
Post treatment vitals: BP: 120/78; Pulse: 75;
Patient released in good condition, walking on her own without any signs of problems
Assistant present during procedure: Joan Perkins, RDA
---------- Signed on Wednesday, February 24, 2016 by Linda M. Altenhoff, DDS ----------

2/24/2016 LMA1 Clinical Note

Called patient at her work phone number to check on how she was doing after today's visit. Patient reports that

Electronic Dental Record Sample Documentation Clinical Progress Notes – Follow Up Call

Post treatment vitals: BP: 120/78; Pulse: 75;
Patient released in good condition, walking on her own without any signs of problems
Assistant present during procedure: Joan Perkins, RDA
---------- Signed on Wednesday, February 24, 2016 by Linda M. Altenhoff, DDS ----------

2/24/2016 LMA1 Clinical Note

Called patient at her work phone number to check on how she was doing after today's visit. Patient reports that the numbness has worn off, she has feeling in her tongue and lip, she's a little sore on the "tongue side" of the teeth worked on but otherwise doing fine. She's had something to drink and eat without any problems or sensitivity. I reminded her that should the temporaries become loose or come off, to call the office so that she can be worked in to have the temporary(s) recemented. I asked if she had been scheduled for seating the onlays and she stated she had informed Mary at the front desk that she would check her schedule and call back. I advised her that the onlays should be back from the lab within 2 weeks and that we would need 30-45 minutes to deliver the onlays.
Next Visit: 2 weeks, 30-45 minutes to seat onlays on left side; impressions sent to Morning Dental Lab for fabrication of onlays
---------- Signed on Wednesday, February 24, 2016 by Linda M. Altenhoff, DDS ----------

Patient Progress Notes

Patient: Dental R. Sample
Provider: Linda M. Altenhoff, Chief Dental Office
Phone: (512)491-1106
Office: 11101 Metric Blvd
Building I, MC-1300
Austin, TX 78758

Date: 2/24/2016
Chart #:
Birthdate: 1/1/1960

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount

UL=Upper Left UR=Upper Right LL=Lower Left LR=Lower Right

Questions

Contact Information

Linda M. Altenhoff, DDS -Chief Dental Officer
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