



Behavioral Treatment Record Review Tool

Cigna Behavioral Health

Use of this tool is not required, but can serve as a resource to assist in a treatment record review audit with Cigna.

Scoring options

		Questions	Comments
1	Y N	Is the record legible?	
2	Y N	Did the record list reason for the visit?	
3	Y N	Did the record document Cigna customer thoughts of suicide or homicide?	
4	Y N	Did the record document previous treatment or mental health/substance use diagnosis?	
5	Y N	Did the record include a Mental Status Exam?	
6	Y N	Did the record document any medical conditions?	
7	Y N	Did the record document current and past substance use?	
8	Y N	Did the record document a treatment plan? <i>Examples: Start on anti-depressant, or follow-up with Cigna customer in two weeks</i>	
9	Y N	Did the record document a diagnosis?	
Coordination of care			
10	Y N	Did the record indicate if the Cigna customer has a primary care provider? <i>If no, mark questions 11 & 12 as "N/A" and skip to question 13.</i>	
11	Y N N/A	Did the Cigna customer consent to releasing information to his/her primary care provider?	
12	Y N N/A	Did the treating behavioral health care provider release information to the Cigna customer's primary care provider? <i>Indicate N/A for marital therapy and adjustment disorders</i>	

Continued on the next page

13	Y N	Did the record indicate if the Cigna customer has other behavioral health care provider(s) involved in his/her care? <i>If no, mark questions 14 & 15 as "N/A" and skip to question 16.</i>	
14	Y N N/A	Did the Cigna customer consent to releasing information to other behavioral health care provider(s)?	
15	Y N N/A	Did the treating behavioral health care provider release information to other behavioral health care provider(s)?	
Medications/allergies (only applicable to prescribing providers)			
16	Y N N/A	Did the record indicate Cigna customer allergies or adverse reactions to medications? <i>N/A for providers who do not prescribe medications (For example, master's level and non-prescribing PhDs)</i>	
17	Y N N/A	Did the record include all medications and their dosages (if known) prescribed by the treating provider?	
Depression and substance use*			
18	Y N N/A	Did the record include results from a PHQ9 or Beck Depression Inventory (or other standard tools) for depression?	
19	Y N N/A	Did the record include results from an AUDIT C or CAGE AID (or other standard tools) for substance use?	
Medicare (only applicable to Medicare participants)*			
20	Y N	Did the record document whether an advance directive was executed?	
21	Y N N/A	Did the record indicate if a copy of the executed advance directive, or documentation of refusal, was sent to the primary care provider?	

* Items 18-21 are not scored. They are for informational purposes only.

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