

Cigna Dental Periodic Quality Assessment (PQA) Patient Record Form

Patient/Member N	ames:	(Please print)	
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I. Documentation A. Medical History																			
1. Comprehensive information collection. General medical history with information pertaining to general health and appearance, systemic disease, allergies and reactions to anesthetics. Should include a list of any current medications and/or treatment. Proactive format is required. Name and telephone number of physician and person to contact in an emergency as appropriate. Patient must sign and date all baseline medical histories. Required must questions: 1. Bisphosphonate use and 2. Latex sensitivity.	0 0	0	00	0	0 0	0	0 0	0	0 0 C	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0
 Medical follow-up. Patient comments, DDS/DMD notes, or consultation with a physician should be documented in the chart. 	0 0	0	00	0	0 0	0	0 0	0	0 0 C	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0
3. Appropriate medical alert. Should be uniform and conspicuously located on the portion of the chart used during treatment and should reflect current medical history.	0 0	0	00	0	0 0	0	0 0	0	000	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0
4. Doctor signature and date. Dentist must sign (or initial) and date all baseline medical histories after review with patient.	0 0	0	00	0	0 0	0	0 0	0	0 0 C	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0
5. Periodic update. Documentation of medical history updates at appropriate intervals. Evidence of periodic evaluation/update should be documented on a case specific basis. Must be signed by the patient and the provider. Acceptable for update to be on medical history form or in the progress notes. Should reflect changes or no changes. Recommend updates be done at least annually.	0 0	0	00	0	0 0	0	00	0	0 0 C	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0
	Char	rt 1	Cha	rt 2	Char	t 3	Chart	4	Chart 5	С	hart 6	Ch	art 7	C	nart 8	С	hart 9	Ch	art 10
B. Dental History / Chief Complaint																			
 Chief complaint / Reason for visit. Documentation of chief complaint and pertinent information relative to patient's dental history. 	0 0	0	0 0	0	0 0	0	0 0	0	000	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0
	Char	rt 1	Cha	rt 2	Char	t 3	Chart	4	Chart 5	С	hart 6	Ch	art 7	C	nart 8	С	hart 9	Ch	art 10
C. Documentation of Baseline Intra/Extra Oral Examination										_									
1. Status of teeth/existing conditions. Grid or narrative of existing restorations and conditions (Existing restorations, missing teeth, impactions, caries, open or overhanging margins, open contacts, pathology).	0 0	0	0 0	0	0 0	0	0 0	0	0 0 C	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0
2. TMJ/Occlusal evaluation. Evidence of TMJ exam and evaluation of occlusion (classification) should be determined. Evidence of periodic evaluation should be documented on a case specific basis.	0 0	0	0 0	0	0 0	0	0 0	0	000	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0
3. Prosthetics. Evaluation of existing appliance(s) (age, condition, etc.), teeth replaced, clasps, etc. This section should include implants as well as removable appliances.	0 0	0	0 0	0	0 0	0	0 0	0	0 0 C	0	0 0	0	0 0	0	0 0	0	0 0	0	0 0

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	Chart 1		Chart 3		Chart 5			Chart 8		Chart 10
C. Documentation of Baseline Intra/Extra Oral Examination (continued)										
 4. Status of periodontal condition. a. Condition of gingival tissue, calculus, plaque, bleeding on probing, etc. b. Evidence of baseline probing should be documented c. Case type of perio conditions (Type I-IV) OR (Normal, Gingivitis, or Slight, Moderate or Severe Periodontitis). Should be verified with radiographs/pocket documentation. 	000	000	000	000	000	000	000	000	000	000
 Soft tissue/oral cancer exam. a. Evidence that soft tissue /oral cancer exam was performed initially and periodically (at least annually). b. Note of any anatomical abnormalities. 	000	000	000	000	000	000	000	000	000	000
	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10
D. Progress Notes										
 Legible and in ink. Provider should be reminded that written or electronic progress notes are a legal document. Written notes should all be in ink, legible, and should be in sufficient detail. Corrections should be made by lining-out. Documentation of any follow-up instructions to the patient or recommendations for future care. Documentation of patient leaving the practice and reasons, if known. Documentation if any records forwarded, etc. 	000	000	000	000	000	000	000	0 0 0	000	000
 Signed and dated by provider. All entries must be signed or initialed and dated by the treating provider. 	000	000	000	000	000	000	000	000	000	000
3. Anesthetics. Notation in progress notes as to the type and amount of anesthetics used; or notation "no anesthesia used" for applicable situations. (Including info on vaso-constrictors used and concentration if any).	000	000	000	000	000	000	000	000	000	000
4. Prescriptions. Medications prescribed for the patient are documented and sig., Rx, and Dsp. in the progress notes or copies of all prescriptions are kept in the chart. Notation of an Rx given on phone. Recommended that dental lab prescriptions be documented in the progress notes or a copy kept in the chart.	000	000	000	000	000	000	000	000	000	000
	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10
II. Quality of Care										
A. Radiographs		-		-					-	
 Quantity/Frequency. Adequate number of radiographs or images to make an appropriate diagnosis and treatment plan, per FDA/ADA guidelines. Recall radiographs or images should be based on FDA/ADA guidelines. Number and type depends on complexity of previous and proposed care, caries susceptibility, amount and type of treatment and time since last radiographic exposure. Whenever possible, radiographs or images should not be taken if recent acceptable films are available from another source (previous dentist). Any refusal of radiographs should be documented 	000	000	000	000	000	000	000	000	000	000
 2. Technical Quality. a. No overlapping contacts, and cone cuts that affect diagnostic value; periapical films should show apices. b. Good contrast, not over-underdeveloped; no chemical stains. 	000	000	000	000	000	000	000	000	000	000
3. Mounted, labeled and dated. Recent radiographs or images must be mounted, labeled and dated for reviewing and comparison with past images. Past images do not need to be mounted, but should be kept in order with name and date (envelopes are acceptable).	000	000	000	000	000	000	000	000	000	000

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	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10
B. Treatment Plan			•					1	•	
 Present and in ink. Comprehensive documentation of patient needs and treatment recommendations (all documentation in ink). Consistent with diagnosis and clinical exam findings. Alternative treatment plans and options should be documented with clear concise indication of what the patient has elected to have performed. Covered benefit and alternative or optional treatment should be clearly indicated. Consultations and referrals should be noted when necessary and appropriate. Chief complaint(s) addressed. 	000	000	000	000	000	000	000	000	000	000
 2. Sequenced. Case should be sequenced in order of need and consistent with diagnostic and examination findings, and in compliance with recognized accepted professional standards. A possible sequence follows: a. Relief of pain, discomfort and infection. b. Prophylaxis and instructions in preventive care. (if appropriate for the patient's condition) c. Treatment of extensive caries and pulpal inflammation. Endodontic therapy. d. Periodontal treatment e. Restorative treatment f. Replacement of missing teeth g. Placement of patient on recall schedule with documentation of progress notes. 	000	000	000	000	000	000	000	0 0 0	000	000
 3. Informed Consent. a. Documentation that treatment plan has been reviewed with the patient and that the patient understands the risks, benefits and alternatives to care. Patient should also understand the financial compenent of the treatment proposed. b. An appropriate form signed by the patient or parent/guardian is recommended. Documentation that all patient's questions were answered. Consent signed by dentist. Evidence of "meeting of the minds." c. Documentation of any refusal of recommended care, including specialty referrals. 	000	000	000	000	000	000	000	000	000	000
	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10
III. Treatment Outcomes of Care										
A. Preventive Services			•					T	•	
1. Diagnosis. Documentation that prophylaxis was performed in a timely manner (this may not apply to all patients, based on presenting conditions). Documentation of fluoride treatments planned or rendered, as appropriate to age of patient and caries incidence.	000	000	000	000	000	000	000	0 0 0	000	000
2. Oral Hygiene Instructions. Documentation of oral hygiene/home care instructions given to patient (either during periodontal treatment or preventive treatment appointments).	000	000	000	000	000	000	000	000	000	000
3. Recall. Documentation of timely case appropriate recall of patients (best practices would include the interval) (mark N/A if treatment is ongoing).								000		
	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10
B. Operative Services										
1. Diagnosis. Recall and past radiographs or images used to evaluate proper diagnosis of caries and the need for treatment. Treatment performed in a timely manner.	000	000	000	000	000	000	000	000	000	000
List tooth number(s) involved below the appropriate chart number if answered "U".										
 Restorative Outcome and Follow-Up. a. Margins, contours, and contacts appear radiographically acceptable. b. Prognosis good for appropriate longevity. Minimal subsequent unplanned treatment. Example of unplanned treatment- redo of recent restorations due to fracture, extraction, RCT, etc. 	000	000	000	000	000	000	000	000	000	000
List tooth number(s) involved below the appropriate chart number if answered "U".										
3. Specialist Referral. Referral to a specialist in appropriate circumstances and in a timely manner documented.	000	000	000	000	000	000	000	000	000	000

	A U N	A U N	AUN	A U N	AUN	A U N	A U N	A U N	A U N	A U N
	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10
C. Crown and Bridge Services			-	-	-					
 Diagnosis. Recall and past radiographs or images used to evaluate the need for crown and bridge treatment. Treatment performed in a timely manner. 	000	000	000	000	000	000	000	000	000	000
List tooth number(s) involved below the appropriate chart number if answered "U".										
 Restorative Outcome and Follow-Up. a. Margins, contours, and contacts appear radiographically acceptable. b. Prognosis good for appropriate longevity. Minimal subsequent unplanned treatment. Examples of unplanned treatment- redo of recent restorations due to fracture, extraction, RCT, etc. 	000	000	000	000	000	000	000	000	000	000
List tooth number(s) involved below the appropriate chart number if answered "U".										
3. Specialist Referral. Referral to a specialist in appropriate circumstances and in a timely manner documented.	000	000	000			000	000	000	000	000
	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10
D. Endodontic Services	1	1	T	1	-					
 Diagnosis. Signs and symptoms documented (if need not evident on radiographs or images). Initial radiographs included. 	000	000	000	000	000	000	000	000	000	000
List tooth number(s) involved below the appropriate chart number if answered "U".										
 Rubber Dam Use. Evidence of rubber dam use on working images and/or documentation of use in progress notes. 	000	000	000	000	000	000	000	000	000	000
 Endodontic Outcome and Follow-Up. a. Radiographic evaluation of treatment to determine that canal(s) is/are properly filled and well condensed (final film or image). b. Prognosis good for appropriate longevity. Minimal subsequent unplanned treatment, no evidence of extraction of recently completed endo. c. Documentation of final restoration. (final film or image) d. Recall follow-up recommend with PA image. 	000	000	000	000	000	000	000	000	000	000
List tooth number(s) involved below the appropriate chart number if answered "U".										
4. Specialist Referral. Referral to a specialist in appropriate circumstances and in a timely manner documented.	000	000	000	000	000	000	000	000	000	000
	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10
E. Periodontic Services				I	r				1	
 Diagnosis. Evidence that clinical examination (including pocket charting and radiographs or images) is available to determine proper type of treatment needed. 	000	000	000	000	000	000	000	000	000	000
 Treatment per visit. Rationale for more than 2 quadrants of scaling/root planing per visit should be documented. 	000	000	000	000	000	000	000	000	000	000
3. Periodontal Follow-Up/Outcome. Recall follow-up recommended with radiographs, images or probing.	000	000	000	000	000	000	000	000	000	000
4. Specialist Referral. Referral to a specialist in appropriate circumstances and in a timely manner documented.	000	000	000	000	000	000	000	000	000	000

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	Chart 1		Chart 3							Chart 10		
F. Prosthetic Services												
 Diagnosis. Evaluation of form, fit, and function of existing prosthesis. Evaluation of need where no prosthesis exists. Prostheses over implants would be evaluated in this section. 	000	000	000	000	0000	000	000	000	000	000		
 Prosthetic Outcome and Follow-Up. Treatment was done in a timely manner, including necessary adjustments. Prognosis good for appropriate longevity. 	000	000	000	000	0000	000	000	000	000	0 0 0		
3. Specialist Referral. Referral to a specialist in appropriate circumstances and in a timely manner documented.					000				000			
	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10		
G. Surgical Services		-		r	-	1	-		1	1		
 Diagnosis. Radiographic and/or soft tissue clinical exam supports treatment rendered. Surgical phase of implant prosthesis can be evaluated in this section. 	000	000	000	000	000	000	000	000	000	000		
 2. Surgical Outcome and Follow-Up. a. Comprehensive documentation of treatment done, materials used, and any noteworthy occurrences during the procedure. Notations on general anesthesia/sedation should be documented. b. Documentation of post-operative instructions given to patient. c. Documentation of any needed post-operative care, including suture removal. 	000	000	000	000	0000	000	000	000	000	000		
3. Specialist Referral. Referral to a specialist in appropriate circumstances and in a timely manner documented.	000	000	000	000	000	000	000		000	000		
	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10		
IV. Overall Patient Care & Outcome				_								
Overall professional assessment of the patient record.	000	000	000	000	000	000	000	0 0 0	000	0 0 0		
V. Systemic (not isolated) Issues	N Y N/A											
 Potential clinical systemic issues were identified with the office that require Cigna Dental Director Involvement. If "Yes (Y)" please check the appropriate items below. 	000											
If YES for question V. above, please choose from the following areas indicating where potential systemic issues are present.	O Endodor					-	ent radiograp					
This should be supported by a pattern of unsatisfactory scores for a given review criteria and/or additional (legible) feedback in		tive, Crown/B	ridge Issues			O Medical treatment issues						
the "Comments" area.	O Periodor	ty of, or acces	es to care			O Informed consent issues O Other (please specify)						
		ty of, of acces					Jease specify)		-		
2. Financial systemic issues were identified with the office and will be addressed in a letter to the dental office requiring a signature confirming compliance.	_	-		•	ific reason(s) b							
	O BR1 - B	rand Name C	rowns	OBF	R2- Brand Nam	ne Prostheses	s C	BU - Build Up	S			
	🔿 СВ - Со	vered Benefit		0 с і	- Crown Leng	thening With	C/B C	COS - Cosme				
If the potential systemic issue is Financia l in nature, please choose from the following areas indicating where potential systemic issues are present.	O DS - De	sensitizer with	n Restorations	3 O EC	2 - Use of Equi	pment - Lase	r / Cerec C	ec O FMD - Full Mouth Debridement MC - Upgrade Charges for Gold				
		ction Control			- Irrigation	<u> </u>	C	Porcelain on (Crowns	Joid and/or		
	O PM - Porcelain Margins O TMP - Temporary Services O UC - Upcoding											
Places and Comments on back of this sheet (required for "II" answers in IV s, and s "V" answ		oot Canal The										

Please add Comments on back of this sheet (required for "U" answers in IV a. and a "Y" answer for IV b.; attach a separate page if necessary):

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5