



1. Environmental Issues (1000 points)	
1	6
2	7
3	8
4	9
5	10

A	U	N	A	U	N	A	U	N	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		

A. Medical History	
1. Chief Complaint	Intermittent abdominal pain, bloating, and constipation for the past 6 months.
2. History of Present Illness	The patient reports a gradual onset of symptoms starting about 6 months ago. The pain is primarily in the lower abdomen, described as a dull ache, and is often relieved by passing gas or a bowel movement. There is no blood in the stool, and the patient has not experienced any weight loss or fever.
3. Past Medical History	No significant past medical history.
4. Surgical History	No previous surgeries.
5. Family History	No family history of gastrointestinal disorders.
6. Social History	The patient is a 35-year-old female, a vegetarian, and a non-smoker. She consumes alcohol socially.
7. Review of Systems	<ul style="list-style-type: none"> <li>GI: Positive for symptoms described in HPI.</li> <li>HEENT: No symptoms.</li> <li>Cardiovascular: No symptoms.</li> <li>Respiratory: No symptoms.</li> <li>Musculoskeletal: No symptoms.</li> <li>Neurological: No symptoms.</li> <li>Endocrine: No symptoms.</li> <li>Genitourinary: No symptoms.</li> <li>Skin: No symptoms.</li> </ul>

[illegible][illegible]

Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10
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[illegible]

Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10
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[illegible][illegible]

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[illegible]

[illegible]

	A	U	N	A	U	N	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																					
1. <b>Diagnosis.</b> Recall and past radiographs or images used to evaluate the need for crown and bridge treatment. Treatment performed in a timely manner.																					
List tooth number(s) involved below the appropriate chart number if answered "U".																					
2. <b>Restorative Outcome and Follow-Up.</b> 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.																					
List tooth number(s) involved below the appropriate chart number if answered "U".																					
3. <b>Specialist Referral.</b> Referral to a specialist in appropriate circumstances and in a timely manner documented.																					
D. Endodontic Services																					
1. <b>Diagnosis.</b> Signs and symptoms documented (if need not evident on radiographs or images). Initial radiographs included.																					
List tooth number(s) involved below the appropriate chart number if answered "U".																					
2. <b>Rubber Dam Use.</b> Evidence of rubber dam use on working images and/or documentation of use in progress notes.																					
3. <b>Endodontic Outcome and Follow-Up.</b> 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.																					
List tooth number(s) involved below the appropriate chart number if answered "U".																					
4. <b>Specialist Referral.</b> Referral to a specialist in appropriate circumstances and in a timely manner documented.																					
E. Periodontic Services																					
1. <b>Diagnosis.</b> Evidence that clinical examination (including pocket charting and radiographs or images) is available to determine proper type of treatment needed.																					
2. <b>Treatment per visit.</b> Rationale for more than 2 quadrants of scaling/root planing per visit should be documented.																					
3. <b>Periodontal Follow-Up/Outcome.</b> Recall follow-up recommended with radiographs, images or probing.																					
4. <b>Specialist Referral.</b> Referral to a specialist in appropriate circumstances and in a timely manner documented.																					

	A U N	A U N	A U N	A U N	A U N	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
F. Prosthetic Services										
1. <b>Diagnosis.</b> 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.	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
2. <b>Prosthetic Outcome and Follow-Up.</b> a. Treatment was done in a timely manner, including necessary adjustments. b. Prognosis good for appropriate longevity.	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
3. <b>Specialist Referral.</b> Referral to a specialist in appropriate circumstances and in a timely manner documented.	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10
G. Surgical Services										
1. <b>Diagnosis.</b> Radiographic and/or soft tissue clinical exam supports treatment rendered. Surgical phase of implant prosthesis can be evaluated in this section.	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
2. <b>Surgical Outcome and Follow-Up.</b> 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.	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
3. <b>Specialist Referral.</b> Referral to a specialist in appropriate circumstances and in a timely manner documented.	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
	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 <b>professional assessment</b> of the patient record.	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
V. Systemic (not isolated) Issues										

	N	Y	N/A			
1. Potential clinical <b>systemic issues</b> were identified with the office that <b>require Cigna Dental Director Involvement</b> . If "Yes (Y)" please check the appropriate items below.	<input type="radio"/> <input type="radio"/> <input type="radio"/>					
If YES for question V. above, please choose from the following areas indicating where potential <b>systemic issues</b> are present. This should be supported by a pattern of unsatisfactory scores for a given review criteria and/or additional (legible) feedback in the "Comments" area.	<input type="radio"/>	Endodontic Issues	<input type="radio"/>	Insufficient radiographs		
	<input type="radio"/>	Restorative, Crown/Bridge Issues	<input type="radio"/>	Medical treatment issues		
	<input type="radio"/>	Periodontal Issues	<input type="radio"/>	Informed consent issues		
	<input type="radio"/>	Continuity of, or access to, care	<input type="radio"/>	Other (please specify) _____		
2. <b>Financial systemic issues</b> were identified with the office and will be addressed in a letter to the dental office requiring a signature confirming compliance.	<input type="radio"/>	<b>Financial systemic issues</b> - select a specific reason(s) below				
If the potential <b>systemic issue</b> is <b>Financial</b> in nature, please choose from the following areas indicating where potential systemic issues are present.	<input type="radio"/>	BR1 - Brand Name Crowns	<input type="radio"/>	BR2- Brand Name Prostheses	<input type="radio"/>	BU - Build Ups
	<input type="radio"/>	CB - Covered Benefit	<input type="radio"/>	CL - Crown Lengthening With C/B	<input type="radio"/>	COS - Cosmetic Dentistry
	<input type="radio"/>	DS - Desensitizer with Restorations	<input type="radio"/>	EQ - Use of Equipment - Laser / Cerec	<input type="radio"/>	FMD - Full Mouth Debridement
	<input type="radio"/>	IC - Infection Control	<input type="radio"/>	IR - Irrigation	<input type="radio"/>	MC - Upgrade Charges for Gold and/or Porcelain on Crowns
	<input type="radio"/>	PM - Porcelain Margins	<input type="radio"/>	TMP - Temporary Services	<input type="radio"/>	UC - Upcoding
	<input type="radio"/>	RCI - Root Canal Therapy Irrigation				

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):