

Advantage Dental

From DentaQuest

Policy Name: Chart Audits	Policy Number:
Type of Policy: Operations	Effective Date: 12/1/18
Responsible Department: DCO Operations	
Page Number (s):	Revised Date:
Approved By: QI Committee	Approved Date: 11/14/18
<p>PURPOSE: To verify the accuracy of services provided vs services billed to prevent, detect and correct fraud, waste and abuse and to review and verify the completeness of charts and records in accordance with applicable rules and regulations.</p>	
<p>DEFINITIONS: n/a</p>	
<p>POLICY:</p> <p>It will be the process of the Dental Care Organization (DCO) to complete random monthly chart audits on any provider who treats the DCO's enrollees. The DCO will run a report that will choose 10% of the enrollees where a claim was received in the previous month.</p> <p>It will also be the process to do an additional random chart audit of each Primary Care Dentist (PCD) annually that was not audited under the chart audit process described above.</p> <p>The DCO will request the complete chart for the enrollee from the provider who submitted the claim. The chart will be sent to the DCO from the provider within 10 business days of the date on the letter requesting the chart.</p> <p>The provider's chart will be audited for the following information. It will be scored a 1 if the chart is complete in that category or a 0 if it does not meet the criteria set by the DCO.</p>	
<p>PROCEDURES:</p> <p>Items Audited in Chart Audit Review:</p> <ol style="list-style-type: none"> 1. Services documented in the chart are compared to the services billed to the DCO, including: <ol style="list-style-type: none"> a. Procedure Code b. Date of Service c. Tooth Number d. Surfaces e. Treating Provider 2. Agreement to Pay Form in the chart for any non-covered services billed to the enrollee. 	

3. If a No Show is documented in the chart, confirmation that it has also been reported to the DCO.
4. Timely access to appointments based on community standards and required timeframes as established in the DCO's Appointment Scheduling policy. Information review is based on the date of the claim that resulted in the random monthly chart audit request and must include the following:
 - a. Date the appointment was scheduled;
 - b. Type of service enrollee was scheduled for;
 - c. Any information related to changes made to the appointment and justification for changes (i.e. date enrollee called to reschedule appointment and reason provided).
5. The chart is reviewed for completeness which includes the following:
 - a. enrollee's name and address;
 - b. If a minor, include name of custodial parent/legal guardian;
 - c. enrollee's gender;
 - d. enrollee's date of birth;
 - e. enrollee's emergency contact;
 - f. enrollee's phone number;
 - g. Date and description of examination and diagnosis;
 - h. Date and description of treatment or services rendered;
 - i. Date and description of treatment complications;
 - j. Date and description of all radiographs, study models, and periodontal charting;
 - k. Health history (including review on visit dates);
 - l. Date, name of, quantity of, and strength of all drugs dispensed, administered or prescribed;
 - m. Signed consent forms;
 - n. Chart notes are legible;
 - o. Procedures, Alternatives, Risks and Questions (PARQ) documented on each visit;
 - p. Preventative treatment plan included;
 - q. Signed and dated HIPAA form;
 - r. Signed and dated Enrollee Rights and Responsibilities Attestation
 - s. Tobacco counseling documented if use is indicated;
 - t. Ledger compared to Treatment History;
 - u. Full chart received by the DCO within the time allowed;
 - v. Clinical Determination Appropriate;
 - w. Enough Information within the Chart to Make the Clinical Determination; and
 - x. Number of days between the date enrollee was seen by provider and the date a pre-authorization/referral was entered into ADIN.

Once the chart has been audited by the DCO, a letter showing the findings of the audit will be sent to the provider with a copy saved in the DCO's chart audit file.

If after receiving this letter, the provider feels their documentation was misinterpreted the provider can request a second level review of his documentation to support that the criteria

was met. This request can be submitted to Case Management specifying what was misrepresented and why the provider feels the criteria is met. Case Management will then submit this information for review to the Vice President of Dental Services or their designee(s), who are licensed dentists. If the reviewer determines the criteria are met, an amended letter will be sent to the provider showing the findings and additional training may be provided to the first level reviewer.

At the discretion of the Vice President of Dental Services or their designee(s), who are licensed dentists, the provider will be given training by the DCO or will be required to attend a Records Keeping course, as offered by the State Board of Dentistry, depending on the severity of the audit findings.

REVISION HISTORY

05/02/2014	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
02/23/2015	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
07/02/2015	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
02/23/2016	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover
07/11/2016	Jeanne Dysert	Missy Mitchell		
02/14/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
07/12/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
07/27/2017	QI/UR Committee			
03/12/2018	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Rose Novak
11/01/2018	Tamara Kessler	Missy Mitchell		