"Peer chart review" is a common approach healthcare providers use to monitor and assess their own quality of care and documentation. It is a recognized best practice for reducing risk exposure both in terms of legal risks and in the event of an insurance/Medicaid audit.

Instructions for Using the __Peer Chart Review Form__

Randomly select 5 patient visits. Print off, or save as a PDF, the following components of the chart/visit:

Progress note for visit

Section of chart that contains diagnosis: odontogram, narrative, diagnosis code

Supporting x-rays or intra-oral photos

If not described in the progress note, documents which reflect consent for care, medical history, and non-covered services agreements (Medicaid)

Send information to partnering dentist through secure e-mail or mail

Peer Chart Review for Quality Form

Date(s) of Evaluation:_____ **Dentist Name:**_____ **Reviewer:**_____

Time needed to complete Chart Review:_____ **Total number of Charts Reviewed:** _____

Patient ID					
Date of visit					
Medical Hx, including Rx's, reviewed/updated in the last year					
Allergies noted					
Appropriate consent forms signed					
RADIOGRAPHS AND DIAGNOSIS:					
Radiographs prescribed by DDS prior to exposure and not based on standard recall					
Radiographs present and labeled					
Radiograph # & quality adequate to diagnosis					
Diagnosis for each procedure & mode of detection noted ("x-ray", "visual", "stick & drag")					
Diagnosis appropriate for clinical condtion (noted in narrative, odontogram, or diagnosis code)					
DENTAL CHARTING AND NOTES:					
Intra-oral and extra-oral exam findings recorded					
Progress note present					
Progress notes appropriate for diagnosis					
Progress note signed by provider					
Recognized Caries Risk Assesment form (AbCd MT, AAPD, ADA, CAMBRA) completed as appropriate					
Treatment rendered recorded					
Procedures billed are appropriate and match treatment rendered and recorded					
Materials recorded					
BP taken for surgeries					
Quantity and type of anesthesia					
PATIENT DISCUSSION:					
Non-covered Services Form signed as appropriate (Medicaid only)					
Chief complaint noted					
Chief complaint addressed					
Oral health instruction/post operative instructions					
Next visit/recall documented					
Appropriate referrals					
Explanation of "Inadequate" chart components or other comments					

Rate the Charts Components Using the Following Criteria
If acceptable choose: "Acceptable"
If not acceptable choose: "Inadequate" and wrtie explantion in last evaluation box or on back of sheet
If not applicable choose: "N/A"
If unknown choose: "Unknown"
Use Multiple Sheets as Necessary

Acceptable				
Inadequate				
N/A				
Unknown				