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<b>Name:</b>	<b>Dental Records</b>
<b>Date of Origin:</b>	<b>10/23/2002</b>
<b>Current Effective Date:</b>	<b>6/18/2025</b>
<b>Scheduled Review Date:</b>	<b>6/18/2026</b>

## **I. DENTAL RECORDS POLICY:**

All Capitol Dental Care (CDC) providers must maintain documentation of member care in a dental record. All dental records must contain the elements stated in the Oregon Dental Practice Act, and any additional requirements set by the Department of Medical Assistance Programs (DMAP).

## **II. DENTAL RECORD PROCEDURES:**

- A. Each member must have a dental chart documenting the care given by CDC providers. The dental chart must be in accordance with the standards stated in our policy and consistent with Oregon Health Plan (OHP) administrative rules.
- B. Each dental chart must contain the basis of the diagnostic impression or the member's chief complaint sufficient to justify any further diagnostic procedures, treatments, recommendations for return visits, and referrals.
- C. The dental record must also contain:
  - 1. The member's name, DOB, sex, address and phone number;
  - 2. If appropriate, next of kin, sponsor, or responsible party; and
  - 3. Dental history, including baseline data.
- D. For each member encounter, the following information must be placed in the dental record:
  - 1. Date of service;
  - 2. Member ID
  - 3. Interpreter ID and credentials if used.
  - 4. Name and title of person performing the service;
  - 5. Pertinent findings on examination and diagnosis;
  - 6. Medications administered and prescribed;
  - 7. Referrals and results of referrals, including if directed to the emergency room, or hospital dentistry;
  - 8. Description of treatment;
  - 9. Recommendations for additional treatments or consultations;
  - 10. Dental and medical goods or supplies dispensed or prescribed;
  - 11. Tests ordered or performed and results; and
  - 12. Signature required for documentation entered by provider;
  - 13. Health education provided.
  - 14. Any afterhours contact information to the member.
  - 15. Failed or late cancelled appointment(s) information.

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- E. As stated in the Dental Practice Act all dental records must be maintained for at least seven years from the date of last entry unless the provider meets the requirements for release of records as stated in the Act.
- F. All participating providers agree to maintain documentation as stated and allow access to CDC member dental records by signing the dentist agreement (contract) under the requirements listed.
- G. For each member encounter in an outpatient hospital or alternate care setting (i.e. ambulatory surgical center) the following information should be placed in the patient record, as applicable:
1. Reason for outpatient hospital or alternate care setting;
  2. Date;
  3. Follow-up care plans (including appointments for practitioner visits);
  4. Pertinent hospital or alternate care reports (i.e. operative report, consultation).
- H. Documentation Signature Requirements

Capitol Dental Care is required to ensure that all credentialed providers are compliant with Provider Signature Requirements. The Provider Signature Requirements have been put in order to validate that services rendered have been accurately and fully documented, reviewed and authenticated. All records, chart notes, procedures, and orders submitted for review must be signed and dated by the rendering provider at the time of service. If documentation does not show a valid, timely signature, claims may be denied or overpayments may be recouped.

1. Handwritten Signatures Must:

- Appear on each entry (multi-page medical records require one signature at the end of the last page as long as it is clearly documented to be one encounter)
- Be legible
- Include the practitioner's first initial and last name, at minimum
- Requires the practitioner's credentials (DDS, DMD, RDH, EPDH, DT, etc.)
- Capitol Dental may request a signature log with any review of medical records to verify providers' signatures or initials.

2. Digitized/Electronic Signatures:

- The responsibility for, and authorship of, the digitized or electronic signature should be clearly defined in the record.
- A "digitized signature" is an electronic image of an individual's handwritten signature. It is typically generated by encrypted software that allows for sole usage by the practitioner.
- An electronic or digitized signature requires a minimum of a date stamp (preferably including both date and time notation) along with a printed statement such as, "Electronically signed by," or "Verified/reviewed by," followed by the practitioner's name and a professional designation. An example would be: Electronically signed by: John Doe, DMD 03/31/2016 08:42 a.m.

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3. Unacceptable Signatures:
    - Signature “stamps”
    - Missing signature on dictated and/or transcribed documentation
    - “Signed but not read” notations
    - Illegible lines or marks
  4. Elements of a complete medical record Per CMS Documentation Guidelines, elements of a complete medical record may include:
    - Physician orders and/or certifications of medical necessity
    - Patient questionnaires associated with physician services
    - Progress notes of another provider that are referenced in your own note
    - Treatment logs
    - Related professional consultation reports
    - Procedure, lab, x-ray, and diagnostic reports
    - Signature and date

**The Provider Signature Requirement is one element assessed in the Capitol Dental Care chart audit.**

- I. When a primary care dentist (PCD) refers a member to a specialist or consultant he/she must complete a referral form and place it in the chart. The chart should support the reason for referral. Upon completion of the referral by the specialist or consultant he/she should send a report to the PCD indicating the outcome. If appropriate, the specialist or consultant will update the PCD with intermittent progress reports.
- J. Monitoring of provider compliance with all aspects of CDC’s dental records policy and procedures will be through an ‘annual chart review’, and any other methods identified in the ‘OHP Action Plan’ or ‘Monitoring Plan.’

### III. Revision Activity

Modification Date	Change or Revision and Rationale	Effective Date of Policy Change
4/15/2005	Annual Update/Review	4/15/2005
10/1/2006	Annual Update/Review	10/1/2006
12/1/2008	Annual Update/Review	12/1/2008
8/25/2010	Annual Update/Review	08/25/2010
8/22/2012	Annual Update/Review	8/22/2012
11/07/2014	Annual Update/Review	11/07/2014
03/31/2017	Annual Update/Review	03/31/2017
06/09/2021	Review	06/09/2021
06/22/2022	Review	06/22/2022
6/21/2023	Annual Review	6/21/2023
10/25/2023	Revision	10/25/2023
6/19/2024	Revision	6/19/2024
6/18/2025	Review	6/18/2025

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**IV. Affected Departments:**

All CDC Staff, Providers, Members

*V. References:*

CDC Credentialing Requirements Criteria  
Oregon Dental Practice Act  
OHP Administrative Rules