

## II. Responsibilities of the Component

### Peer Review Staff

The role of the component staff is to oversee the opening of the case and to monitor the review to assure that it is completed in a timely fashion. The manual provides the appropriate steps to be taken in conducting a review. Within the given parameters, a component/specialty should use one committee (minimum of three dentists) to conduct the entire review (review the case material, conduct a clinical examination, interview the dentist if appropriate and draft the resolution addendum and resolution).

It is essential to the peer review system that all aspects of a case be documented and the procedures followed in order to best serve the patient, carrier, and dentist. The procedures must be consistent for all cases, thus assuring that all parties concerned with a review are treated fairly.

### Receipt of Inquiry from Initiating Party

No case will be accepted as a peer review case until all the proper forms have been completed by the party initiating the review. All forms must be unaltered, legible and capable of being reproduced clearly.

### Patient-Initiated Requests

All patient-initiated requests for peer review **must** be made on a "Request for Review Form." Patients utilizing the system **must** sign an "Authorization for Use and Disclosure of Health Information" and a "Patient Agreement Form" before peer review may be initiated. Additionally, a patient must sign a Release of All Claims form prior to any distributions of refund. A sample of a Release of All Claims must be mailed to the patient with the initial forms. **Cases which do not include these forms are not acceptable for peer review and should not be processed.** The following steps should be undertaken when a **patient** initiates a request for review:

## 1. Telephone Requests

When any inquiry regarding peer review is received over the telephone, the component staff should explain the peer review system; procedures, policies and parameters. **If requested, send the following forms to the patient, which should be dated and mailed the same day the telephone inquiry was received by the component:**

- a. Initial Patient Response Letter (Form #1)
- b. Request for Review Form (Form #3)
- c. Patient Agreement Form (Form #4)
- d. Authorization for Use and Disclosure of Health Information (Form #5)
- e. **(Sample)** Release of All Claims (Form #72)

## 2. Written Requests

Upon receipt of a written Request for Review, determine if all items listed in #1 above are included. If they are not, forward the appropriate forms to the patient.

If all forms are received but are incomplete in some manner, or not all forms are returned, or the forms have been altered, or the forms are illegible, the case cannot be processed. The following steps should be taken:

- a. Copies of the papers submitted by the patient should be returned to the patient with the Patient Notification of Incomplete Forms (Form #6).
- b. Recall the file in 15 working days. If no response is received, close the case file.

## 3. Receipt of Completed Forms

When all information requested has been received and all forms are complete, proceed to completion of Computer Form (Form #10).

## Dentist-Initiated Requests

Dentist-initiated requests for peer review will involve the benefits predetermined or paid by a carrier for dental services rendered. Per this line of reasoning, a dentist may submit a request for review on behalf of a patient. A dentist cannot initiate a review concerning the quality of his/her own treatment or that of another dentist. Those cases must ultimately be patient initiated. There is one exception to this policy. A dentist may initiate a quality review if the purpose of the review is to appeal a carrier decision against his/her treatment. However, patient must agree to comply with peer review requirements.

The following procedures should be undertaken when a **dentist** initiates a request for review:

### 1. Telephone Request

When a dentist contacts the component for information about the peer review system, he/she should be advised of the system's parameters, procedures and policies. If the dentist wishes to pursue a peer review request, send the following forms to the dentist and patient:

#### Dentist's Forms

- a. Initial Response To Dentist Letter (Form #7)
- b. Dentist Request for Review Information (Form #8)

#### Patient's Forms

- a. Patient Notification Letter (Form #20)
- b. Patient Agreement Form (Form #4)
- c. Authorization for Use and Disclosure of Health Information (Form #5)

## 2. **Written Request**

Upon receipt of a written Dentist Request for Review, send all items listed in number #1 above.

## 3. **Receipt of Incomplete and/or Altered Forms**

If all forms are received but are incomplete in some manner, or not all forms are returned, or the forms have been altered, or the forms are illegible, the case cannot be processed. The following steps should be taken:

- a. Copies of the papers submitted by the dentist should be returned to the dentist with the Dentist Notification of Incomplete Forms (Form #9).
- b. Incomplete forms from the patient should be returned to the patient for completion (Form #6).
- c. Recall the file in 15 working days. If no response is received, close the case file.

## 4. **Receipt of Completed Forms from Dentist**

When all information requested has been received and all forms are complete, proceed to Completion of Computer Form (Form #10).

## **Carrier-Initiated Cases**

A filing fee of \$150 per case is charged to carriers to offset the cost of peer review that is carrier-initiated. A check in the amount of \$150 per case, made payable to the component dental society, should accompany each request for review. If it is determined that a carrier-initiated case is inappropriate for review or if the treatment is a definite benefit exclusion in the patient's benefit contract and a non-resolution letter would go to the carrier, the \$150 per case filing fee should be refunded to the carrier.

Carriers will be asked to submit requests in accordance with the format outlined below before a review can be initiated. When a request for review is received from a carrier, the following steps should be undertaken:

## 1. Telephone Requests

When a carrier contacts the component for information about the peer review system, the carrier should be advised that the following information must be sent to the component before review can be initiated:

- a. Description of the problem;
- b. Delineation of the specific questions the carrier wants the review committee to address;
- c. Copy of the consultant's evaluation of the situation;
- d. Copies of all correspondence, claim forms, radiographs (if available) and any other pertinent information related to the request;
- e. Copy of patient's benefit contract; and
- f. Check payable to component for \$150 per case.

### Dentist's Forms

- a. Initial Response To Dentist Letter (Form #7)
- b. Dentist Request for Review Information (Form #8)

### Patient's Forms

- a. Patient Notification Letter (Form #20)
- b. Patient Agreement Form (Form #4)
- c. Authorization for Use and Disclosure of Health Information (Form #5)
- d. **(Sample)** Release of All Claims (Form #72)

## 2. **Written Requests**

When a written Request for Review is received from a carrier which does not include the above-mentioned information, a copy of the request letter should be returned and the following additional materials should be sent to the carrier:

- a. Initial Carrier Response Letter (Form #23) or Carrier Initiated Review Fee Request (Form #24), as appropriate

### Dentist's Forms

- a. Initial Response to Dentist Letter (Form #7)
- b. Dentist Request for Review Information (Form #8)

### Patient's Forms

- a. Patient Notification Letter (Form #20)
- b. Patient Agreement Form (Form #4)
- c. Authorization for Use and Disclosure of Health Information (Form #5)
- d. **(Sample)** Release of all Claims (Form #72)

## 3. **Receipt of Incomplete and/or Altered Forms**

If all forms are received but are incomplete in some manner, or not all forms are returned, or the forms have been altered, or the forms are illegible, the case cannot be processed. The following steps should be taken:

- a. Copies of the papers submitted by the carrier should be returned to the carrier with the Carrier Notification of Incomplete Information (Form #25) letter.

- b. Recall the file in 15 working days. If no response is received, close the case file and return the \$150 per case paid by the carrier.

## **Receipt of Completed Forms**

**The "Peer Review Computer Form" (Form #10) must be completed for each request for review whether or not the request is deemed appropriate. Upon receipt of a completed Request for Review, Patient Agreement Form and Authorization for Use and Disclosure of Health Information, a copy of the Computer Form must be mailed to CDA.** The open date is the date that all the completed forms are received from the initiating party. A copy of the computer form should also be sent to the Peer Review Committee Chair notifying him/her that a case is forthcoming.

## **Screening Procedures**

The purpose of screening a peer review inquiry, including inquiries involving specialists, is to make the decision as to whether a case is appropriate or inappropriate for the peer review system. Once all materials have been received from the initiating party and the computer form has been forwarded to CDA, the request must be screened before initiating any action. The Peer Review Screening Form (Form #11) **must** be completed and attached to the request for each case.

**It is also important to note that a case may become inappropriate at a later time in the review process, even if the case meets all initial screening criteria.**

If more than one "no" answer appears on the screening form, determine appropriate handling. If any "no" answer renders the case inappropriate for review, follow the guidelines for that item first. If any questions arise, contact the Council on Peer Review staff.

## Completion of Screening Form

### 1. Is the dentist a CDA member?

**YES.** If the dentist is a member or an applicant who qualifies for full membership privileges, check yes on the screening form and continue to item number 2.

**NO.** If the dentist is **not a member** of CDA these steps should be followed:

- 1) Send the patient the Notification of Non-Member Dentist Letter (Form #34). Copy the dentist on the letter and include a copy of the complaint with the dentist's copy.
- 2) Close the case file.

If the dentist is an **applicant**, but falls under one of the following categories, he/she does not qualify for peer review:

- 1) The applicant has previously been denied membership within the last five (5) years.
- 2) The applicant previously withdrew his/her application prior to denial of membership due to alleged ethical violations.
- 3) The applicant was a member expelled from CDA as a result of an ethical violation.
- 4) The applicant was a member who resigned or did not renew his/her membership as a result of pending charges of ethical violations filed against him/her.

- 5) The applicant was previously dropped from CDA membership for failure to pay membership dues. Close the case file.

If the dentist is a **provisional member**, he/she does not qualify for peer review. Close the case file.

2. **Is the dentist a member of this component dental society?**

**YES.** If the dentist is a member or applicant who qualifies for full membership of your component dental society, check yes on the Peer Review Screening Form. Continue to item number 3.

- NO.** a) Send the complaint, along with the Request for Review, Patient Agreement Form, Authorization for Use and Disclosure of Health Information and sample Release of All Claims, directly to the appropriate component society with the Dentist Practicing in Another Component Area Memo (Form #36). Close the case file.
- b) If the dentist is not a member or pending member of your component dental society but qualifies for review as an itinerant dentist, send the Request for Review, Patient Agreement Form, Authorization for Use and Disclosure of Health Information and (**sample**) Release of All Claims.

3. **Is the dentist a general dentist?**

**YES.** If the dentist involved does not limit his/her practice to one of the ADA-recognized specialties, he/she is considered a general dentist. If no specialty information is available, check yes on the screening form. Continue to item number 4.

**NO.** If the dentist is a specialist, check no and complete the screening form.

4. **Was treatment completed within three years of the date the complaint was received?**

**YES.** If less than three years has passed since the treatment was completed, check yes on the screening form. Continue to item number 5.

**NO.** If treatment was completed more than three years prior to the date the complaint is received, check no and after completing the screening form, conduct the following:

- a) Forward to the Council on Peer Review the following information:
  - 1) Copy of the complaint and all background including the Treating Dentist Reply Form with patient records and consulting dentist reply, if applicable.
  - 2) Notification of Time Limitations (Form #38).
  - 3) Buckslip (Form #31)
- b) CDA will confirm that the case is outside the time limitation and will send copies of the Notification of Time Limitations (Form #38) to the parties involved including a copy to the component.
- c) Close the case file.

5. **Does it appear that the complainant became aware of the problem within the past year?**

**YES.** A patient must file the complaint within one year from the date the complainant became aware of the problem. An exception in this instance would be if, upon recognition of the problem, the complainant returned for correction of the problem to the dentist against whom the complaint is filed. Then the longest amount of time that could transpire would be one year between the last date of treatment and receipt of the complaint at the component.

**NO.** If a greater amount of time has transpired, check no and after completing the screening form, conduct the following:

- a) Forward to the Council on Peer Review the following information:
  - 1) Copy of the complaint and all background including the Treating Dentist Reply Form with patient records and consulting dentist reply, if applicable.
  - 2) Notification of Time Limitations (Form #38).
  - 3) Buckslip (Form #31)
- b) CDA will confirm that the case is outside the time limitation and will send copies of the Notification of Time Limitation (Form #38) to the parties involved including a copy to the component.
- c) Close the case file.

**6. Does it appear that this case is NOT in litigation?**

**YES.** If no mention is made of any litigation, i.e., small claims court, notice of intent to sue, parties have gone through a formal arbitration process and both parties have signed a settlement agreement or if any malpractice suit has not been filed, check yes and continue to item number 7.

**NO.** It should be noted that **the mention of contact with an attorney does not render a case inappropriate for review**; however, if litigation has been initiated, the component should verify that the litigation is proceeding by contacting the respective party and requesting written verification.

If it is verified that litigation is in process, check no, and after completing the screening form, these steps should be followed:

- a) Forward to the Council on Peer Review the following information:
  - 1) Copy of the complaint and all background material.

- 2) Notification of Litigation (Form #45).
- 3) Buckslip dated thirty (30) working days from the date mailed to the Council on Peer Review.
- b) CDA will review and confirm that litigation is in process and will forward the Notification of Litigation (Form #45) to the parties involved including a copy to the component.
- c) Close the case file.

7. **Does this case fall within at least one of these types of complaints?**

1. Quality of treatment
2. Utilization
3. Appropriateness of treatment (excluding complaints requesting second opinions)
4. Billing irregularity

**YES.** If the complaint fits **at least one type or one area** as defined in the manual, check yes on the screening form. Continue to item number 8.

**NO.** If the complaint does not fall within one of the case types defined in this manual, check no and after completing the screening form, these steps should be followed:

- a) Determine what the request for review **does** involve.
- b) Refer to the Peer Review Manual Index and/or Table of Contents to determine the appropriate section and page for handling the complaint in question.
- c) If the complaint in question is **not** dealt with in this manual, send the complaint and all background material to the Council on Peer Review, along with a Non-Routine Case Memo (Form #39) indicating what the problem is.

**8. Is the case "routine," exhibiting nothing out of the ordinary?**

**YES.** If, in the judgment of the component peer review staff screening the case, the inquiry is "routine," check yes to this question. Continue to Notification of Review to Involved Parties.

**NO.** Some "non-routine" features may be evident and some may be less obvious. Therefore, it is important that this question be considered very carefully. If there is some feature of the complaint which deviates from the routine, check no, indicate the reason on the line provided, and follow these steps:

- a) Determine what the request for review **does** involve.
- b) Refer to the *Peer Review Manual* Index and/or Table of Contents to determine the appropriate section and page for handling the complaint in question.
- c) If the complaint in question is **not** dealt with in this manual, send the complaint and all the background material to the Council on Peer Review, along with a Notification of Non-Routine Case Memo (Form #39) indicating what the problem is.

**9. Does the carrier-initiated request include all necessary information?**

Answer **only** if the request is initiated by a carrier.

**YES.** In order for a carrier-initiated case to be appropriate for peer review, it must include the information listed in questions a, b, c, and d. If all information is included, check yes for each question on the screening form. Continue to Notification of Review to Involved Parties.

**NO.** If the answer to any or all of a, b, c, or d is no, and if the \$150 was not received, these steps should be followed:

- a) Determine what information is necessary to proceed with review.
- b) Check the appropriate box and send the carrier the Initial Carrier Response Letter (Form #23).
- c) Recall the file in twenty-one (21) working days.
- d) If the requested response is received by the date specified, the case is appropriate for review. Continue to Notification of Review to Involved Parties.
- e) If the carrier fails to respond by the specified date, send a copy of the complaint along with all the background material and a copy of the Initial Carrier Response Letter to the Council on Peer Review.
- f) Close the case file.

**The screening phase of peer review has now been completed and determination made whether a case is appropriate for peer review.**

## **Notification of Review to Involved Parties**

Involved parties are notified at this time that a peer review has been initiated.

### **Patient - Initiated Requests**

All parties mentioned in the patient's request for review are notified at the same time.

Send the patient Notification of Complaint Being Processed (Form #65)

1. **Contact with Treating Dentist:** In order to obtain the required information, the following forms must be sent to the dentist named in a patient-initiated case:
  - Dentist Notification and Response Request Letter (Patient Initiated) (Form #13)  
(Use Form #14 for utilization cases)
  - Treating Dentist Reply Form (Form #15)

- Dentist Will/Will Not Attend Meeting Form (Form #16)
- Copy of the signed Request for Review Form (Form #3)
- Copy of signed Authorization for Use and Disclosure of Health Information (Form #5)
- Copy of signed Patient Agreement Form (Form #4)

2. **Treating Dentist Failure to Respond:** If a member fails to provide the information requested, these steps should be followed:

- a. Send the dentist, **by certified return receipt mail**, the Non-Compliance During Review Letter (Form #51).
- b. Recall file in 7 working days.
- c. If the dentist complies as requested, proceed with peer review.
- d. If the dentist fails to comply within the specified date, component must contact the dentist by telephone to confirm that the dentist has received the request for records.
- e. If the dentist fails to respond by the specified date, send the Council on Peer Review a copy of the case file and a Non-Compliance Referral to CDA Memo (Form #54).
- f. If the dentist fails to respond by the specified date, send the Council on Peer Review a copy of the case file and a Non-Compliance Referral to CDA Memo (Form #54).
- g. CDA will send the Dentist Non-Compliance with Records (Form #91) giving the dentist 15 calendar days to comply with the request for records. If the dentist fails to respond by the specified date, CDA Council on Peer Review will refer the dentist to Judicial Council with Notification to Dentist Referral to Judicial Council (Form #93) and the case will be closed. Patient must be notified of the referral with the Notification to Patient of Dental Referral to Judicial Council (Form #88A).

3. **Contact Any Carrier Involved:** If a **carrier** is mentioned in the request for review, **whether or not** the request pertains to benefits, send the following forms:
  - Carrier Notification Letter (Form #17)
  - Copy of signed Authorization for Use and Disclosure of Health Information (Form #5)
  
4. **Carrier Does Not Cooperate with Peer Review:** If after **two written** requests for information a carrier does not cooperate with the request for information, these steps should be followed:
  - a. If the case **can be reviewed** without input from the carrier, continue with the review.
  - b. If the case **cannot be reviewed** without input from the carrier, send a copy of the case file and a Non-Routine Case Memo (Form #39) to the Council on Peer Review. Suspend the peer review until direction is received from CDA.
  - c. In cases involving a refund and the carrier failed to provide the committee with requested information and/or confirm their willingness to reestablish patient's eligibility without affecting patient's current yearly benefit, the refund will go to the patient even if they are still covered by that carrier. In this instance, the carrier will no longer be considered a part of the peer review case and **WILL NOT** be copied on the final letter of resolution.
  
5. **Consulting or Subsequent Treating Dentist:** Send the following forms to **all** dentists mentioned as consultants or subsequent treating dentists:
  - Consulting/Subsequent Dentist Notification Letter (Form #18)
  - Consulting/Subsequent Treating Dentist Reply (Form #19)
  - Copy of Signed Authorization for Use and Disclosure of Health Information (Form #5)

6. **Consulting or Subsequent Treating Dentist's Failure to Respond:** If a consulting or subsequent treating dentist fails to comply with the request for radiographs, records, etc. and the requested information *is* necessary for completion of review, the following procedures should be followed:
  - a. Send the consulting dentist, **by certified return receipt mail**, a Non-Compliance of Consulting/Subsequent Dentist Letter (Form #56).
  - b. Recall the file in seven (7) working days.
  - c. If the dentist complies as requested, proceed with peer review.
  - d. If the dentist fails to respond by the specified date, send the Council on Peer Review a copy of the case file and a Non-Compliance Referral to CDA Memo (Form #54). Simultaneously, proceed with peer review based on the information available.
  - e. Send the Consulting/Subsequent Dentist Notification Letter (Form #18) to the non-member subsequent treating dentist to obtain records. If the dentist is uncooperative, instruct the patient to obtain copies of records (see Form #71).

## Dentist - Initiated Requests

A dentist may initiate a quality review of his/her treatment if the purpose of the review is to appeal a carrier decision against his/her treatment.

1. **Contact with Patient:** Since a dentist initiates a case concerning benefits on behalf of a patient, the following forms must be sent to the patient:
  - Patient Notification Letter (Dentist-Initiated) (Form #20)
  - Patient Agreement Form (Form #4)
  - Authorization for Use and Disclosure of Health Information (Form #5)
  - Release of all Claims Sample Form (Form #72)

2. **Receipt of Incomplete Forms from Patient:** If forms are received but are not signed, or if they have been altered, the case cannot proceed in peer review. Copies of incomplete forms submitted by the patient should be returned with the Patient Notification of Incomplete Forms (Form #6).
3. **Contact with Any Carrier Involved:** The carrier must be contacted for its input. Send the following forms:
  - a. Carrier Notification Letter (Form #17)
  - b. Copy of Dentist Request For Review Information Form (Form #8)
  - c. Authorization for Use and Disclosure of Health Information (Form #5)
4. **Carrier Does Not Cooperate with Peer Review:** If after two requests for information a carrier does not cooperate with the request for information, suspend the peer review until direction is received from CDA.
5. **Receipt of all Completed Forms and Requested Responses:** When the case file is complete with all information necessary to properly conduct the review, the case is ready to be reviewed by the peer review committee. Proceed to Preparation and Contents of Case File.

## Carrier - Initiated Requests

1. **Contact with Patient:** The following forms must be sent to the patient when a case is initiated by a carrier:
  - Patient Notification Letter (Carrier Initiated) (Form #21)
  - Patient Agreement Form (Form #4)
  - Authorization for Use and Disclosure of Health Information (Form #5)
  - Release of All Claims Letter (Form #72)

- On "over-utilization" reviews, a signed Carrier Agreement Form must be included with the request.
2. **Receipt of Incomplete Forms from Patient:** If all forms are received but are not signed, or if the forms have been altered, the case cannot proceed in peer review. Copies of incomplete forms submitted by the patient should be returned with the Patient Notification of Incomplete Forms (Form #6).
  3. **Receipt of Completed Forms from Patient:** After completed forms are received from the patient, send the following forms to the dentist named in the request for review:
    - Dentist Notification Letter (Carrier Initiated) (Form #22)
    - Treating Dentist Reply Form (Form #15)
    - Copy of signed Authorization for Use and Disclosure of Health Information (Form #5)
    - Copy of signed Patient Agreement Form (Form #4)
    - Dentist Will/Will Not Attend Meeting Form (Form #16)
  4. **Treating Dentist Failure to Respond:** If a member fails to provide information requested, these steps should be followed:
    - a. Send the dentist, **by certified mail**, the Non-Compliance During Review Letter (Form #52).
    - b. Recall file in 7 working days. If the dentist complies as requested, proceed with peer review.
    - c. If the dentist fails to comply, send the dentist the Non-Compliance During Review Letter (Form #53) Second Notice.
    - d. If the dentist fails to respond by the specified date, send the Council on Peer Review a copy of the case file and a Non-Compliance Referral to CDA Memo (Form #54).

- e. If the case **can be reviewed** without input from the dentist, proceed with peer review based on the evidence available. Be sure to advise CDA that the case is proceeding. Also, be sure the letter of resolution indicates that the committee's recommendation was made without the requested records.
  - f. If the case **cannot be reviewed** without input from the dentist. Send a copy of the file and a Non-Routine Case Memo (Form #39) to the Council on Peer Review. Suspend the peer review until direction is received from CDA.
5. **Receipt of All Completed Forms and Requested Responses:** When the case file is complete with all information necessary to properly conduct the review, the case is ready to be reviewed.

## **Preparation and Contents of Case File**

A file folder should be prepared for each case. It is suggested that the file label include the following information.

- Treating dentist's last name/first name.
- Patient's last name/first name.
- Carrier involved (if any).
- Case number, if assigned by component.

Cases involving more than one dentist should be cross-referenced. The review of each dentist must be handled as a separate case. A Computer Form for each dentist should be forwarded to CDA.

It is recommended that open cases be separated from closed cases.

## Contents of the Case File

All information (originals and/or copies of letters) pertaining to a case should be stored in the case file. **It is essential to the peer review system that all aspects of a case be documented and the procedures followed in order to best serve the patient, carrier, and dentist. The procedures must be consistent for all cases, thus assuring that all parties concerned with a review are treated fairly.**

Items that **must** be included are listed below:

Copy of the Computer Form	Authorization for Use and Disclosure of Health Information
Correspondence from Carrier	Treating Dentist Reply Form and Records
Dentist Notification and Response	Resolution Letter and Resolution Addendum
Peer Review Checklist	Dentist Will/Will Not Attend Meeting Form
Request for Review Form	Consulting/Subsequent Treating Reply Forms and Records
Request Letter (Patient Initiated)	Patient Notification Letter
Resolution Addendum	Any other notes or correspondence related to the case.
Patient Agreement Form	
Clinical Examination Worksheets	

Following is a list of items that **may** be found in a case file:

- Initial Patient Response Letter
- Initial Response to Dentist Letter (Utilization Case)
- Dentist Request for Review Information Form
- Consulting/Subsequent Dentist Notification Letter
- Carrier Notification Letter
- Dentist Notification Letter (Patient Initiated)
- Non-Member Letter

- Examining Panel Notification Memo
- Initial Patient Examination Letter
- Dentist Invitation Letter to Attend Committee Meeting
- Patient Notification of Failure to Appear Letter
- Notification of Incomplete Forms Letter
- Notification of Completed Treatment Letter
- Notification of Litigation
- Request for Withdrawal of Litigation
- Non-Compliance Referral Memo
- Notification of Settlement
- Non-Compliance During Review Letter
- Component Notification of Compliance Memo
- Suggested Non-Compliance of Final Decision Letter
- Non-Compliance of Consulting/Subsequent Dentist Letter
- Notification to Patient of Dentist Dropping Membership
- Acknowledgment of Dropped Membership
- Claim form and pertinent policy provisions
- Report of dental consultant
- Appeal correspondence
- Any other notes or correspondence related to the case
- Screening Form
- Review Committee Meeting Notification Memo
- Copy of the Certified Return Receipt Card
- Release of All Claims

## **Appropriate For Review**

The following section of the manual outlines all steps which are to be followed by the component peer review staff after an inquiry has been screened and found to be appropriate, and a computer form has been completed.

### **Completion of Peer Review Checklist**

The **Peer Review Checklist (Form #12)** must be completed for each case reviewed. It is designed to assure that all steps required in the peer review process are completed and recorded. A copy of the checklist is sent to CDA with the resolution for each case. It should be placed in the case file at the time the case is initiated, and completed as the case proceeds. It is extremely important to record actual dates of peer review procedures on the checklist.

### **Assignment to Component/Specialty Peer Review Committee and Set-Up of Clinical Examination**

When a case has been accepted as appropriate for review and all information has been received from involved parties:

1. Contact the review committee chair or committee member as designated by the peer review committee chair to establish a date, time and location to hold the review meeting. If specialty case, upon receipt of the case material, the specialty chair should be contacted, using Notification of Specialty Organization (Form #31). A list of specialty chair will periodically be provided by CDA. He/she will advise the component where to send the case materials using the Notification of Review Committee for Specialty Case (Form #33).
2. When an examination of the patient is necessary to gain sufficient information for the committee to reach a conclusion, a location convenient to the patient (such as a dental

office of one of the members of the peer review committee, or the component society office) should be used for the peer review meeting.

**Note:** If a utilization review is being conducted, and the treatment is complete, no examination will be conducted unless further clarification is required by the committee chair.

3. If the dental condition demands immediate treatment which could affect the committee's determination for review, the peer review committee should make every effort to immediately conduct a patient examination prior to treatment.
4. Once the meeting date has been established, prepare the Examining Panel Notification Memo (Form #26) for each committee member.
5. Forward a **copy** of the case file together with the Notification Memo to the members of the peer review committee. **Maintain original case file in dental society office.** Be sure to include a copy of the resolution letter worksheet, the resolution addendum worksheet, examination worksheets and a copy of the checklist clearly indicating the information required from the committee.

Envelopes containing the case file should be stamped, "**PERSONAL AND CONFIDENTIAL.**" Case files *must* be forwarded by certified mail.

6. Forward to the patient the Initial Patient Examination Letter (Form #27) and enter the date the letter was sent on the Peer Review Checklist.
7. If the dentist under review has indicated on the Dentist Will/Will Not Attend Meeting Form (Form #16) that he/she wishes to attend the meeting, it is mandatory that the dentist be offered the opportunity **in writing**. Forward to the dentist by certified return receipt mail the Dentist Invitation Letter to Attend the Review Committee Meeting (Form #28). **Invitation by telephone is NOT acceptable.** If the dentist stated, "possibly," "maybe,"

or "if the committee feels it is helpful," or "necessary," etc., on the Dentist Will/Will Not Attend Meeting Form (Form #16), the dentist should be invited in writing to attend the meeting. A treating dentist will be given no more than two (2) opportunities to meet with the committee.

8. If the patient fails to appear for an examination, these steps should be followed. Patient will receive no more than two (2) opportunities to be examined.
  - a. Send the Patient Notification of Failure to Appear (Form #50) letter.
  - b. Send the Council on Peer Review a copy of the inquiry and a copy of the Patient Notification of Failure to Appear letter.
  - c. Close the case file.
  
9. Should the component society be informed by the specialty committee chair using Notification of Review Committee for Specialty Case (Form #33) that there are not enough members of the specialty organization to serve as the review committee, or if a drafted resolution is not submitted by the specialty organization within sixty (60) days (without explanation concerning the delay), then the component society has the right and authority to intervene and conduct the review using its peer review committee with specialty representation (a consultant) to examine the patient and render a resolution.

### **Distribution of Resolution Letter**

1. All draft letters of resolution must be forwarded to the address below for approval and finalization.

California Dental Association  
Council on Peer Review  
Post Office Box 13749  
Sacramento, California, 95853-4749

Attach a copy of the:

- a) Peer Review Checklist
- b) Request for Review
- c) Patient Agreement Form
- d) Authorization for Use and Disclosure of Health Information
- e) Treating Dentist Reply Form and Records
- f) Dentist Will/Will Not Attend Meeting Form
- g) Consulting/Subsequent Treating Dentist Reply Form and Records
- h) Carrier Information
- i) Resolution Addendum
- j) Clinical Examination Worksheets

Be sure to enter the date the case was sent to CDA on the Peer Review Checklist.

2. Buckslip (Form #31) must be attached to each resolution forwarded to the Council on Peer Review.
3. CDA will acknowledge receipt of the case within seven (7) working days. (Should you not receive any response from CDA within seven (7) working days from the date of the buckslip, contact CDA staff.)
4. CDA staff will make every effort to contact the component within thirty (30) working days should further clarifications or revisions be necessary. **Component should NOT forward a resolution to the parties involved.**
5. When resolutions are remanded for clarification by CDA, the component should contact the review committee member assigned to the case to clarify and/or rewrite the resolution and/or resolution addendum and forward the response back to CDA.

6. When the Council on Peer Review has approved and finalized the letter of resolution CDA will notified all parties involved in the review.

7. **Resolution letters should be sent Certified Mail, Return Receipt Requested.** The letters to the parties are all mailed on the same date and are distributed as follows:

**Dentist** -- Copy of Resolution Letter

Copy of Resolution Addendum

Copy of Appeal Criteria

**Patient** - Copy of Resolution Letter

Copy of Appeal Criteria

**Carrier** - Copy of Resolution Letter

Copy of Appeal Criteria

(Only if carrier has cooperated with peer review committee.)

8. CDA will forward a copy of the final dated copy (called an FDC) of the resolution letter and resolution addendum, marked as such in the upper right corner to the component.

9. If an error is discovered in the letter of resolution **after it has been mailed** to the parties involved (i.e., incorrect refund, patient no longer covered by insurance, insurance refund was erroneously omitted, etc.) inform CDA staff. CDA will draft an amended letter and forwarded to the parties involved. The amended letter is **not to be mailed prior to the expiration of the original 30-day appeal period and prior to approval by CDA.**

### **Distribution of Refund Check(s)**

Within ten (10) calendar days **after the expiration of the appeal period or the determination of an appeal decision**, the dentist is to have forwarded his refund check(s) to the component office. Upon receipt of the check, the following procedures should be followed:

1. The check to the carrier is mailed after the expiration of the appeal period or the determination of any appeal of the decision and upon receipt of the signed Release of All Claims Form, assuming a carrier has cooperated with the committee. A carrier's refund check **cannot be held by the component** for any reason. The check should be recorded prior to mailing.
2. If the dentist HAS NOT indicated that the treatment under question is to be returned to him/her, and the patient has submitted a signed Release of All Claims, the patient's check may also be released immediately following the appeal period or the determination of any appeal.
3. If the dentist HAS requested that the treatment be returned, the resolution letter should instruct the dentist to forward two checks made payable to the patient and one check to the carrier (if applicable) within ten (10) calendar days following the expiration of the appeal period or the determination of the appeal of the decision to the component dental society. Patient should also be instructed to submit a letter to the component dental society within thirty (30) calendar days from the expiration of the appeal period or the determination of any appeal of the decision from a subsequent treating dentist indicating that treatment has begun. If the letter from the subsequent treating dentist is not received by the component dental society within the specified thirty (30) calendar days and reasonable reason has not been provided in writing to the component dental society, both check should be returned to the dentist under review. Within ten (10) calendar days of receiving the letter from the patient's subsequent treating dentist indicating that treatment has begun, the component should forward a Release of All Claims Form for patient's signature. Upon receipt of the signed Release of All Claims Form, the component dental society will forward the first refund check to the patient and carrier (if applicable). The second check made out to the patient should be held at the component dental society office up to 120 calendar days from the date of the letter from the subsequent treating dentist indicating that treatment has begun and/or until such time as the patient has the treatment returned to the component dental society office. If the treatment is not returned

- to the component dental society within the specified 120 calendar days and reasonable reason has not been provided to the component dental society in writing, the second check should be returned to the dentist under review and the case should be closed.
4. If the patient requests an extension, and if the committee feels it is a legitimate request, at the discretion of the committee an extension may be granted for a reasonable amount of time. The treating dentist should be notified by letter of the patient's request and the committee's granting an extension.
  5. If the patient should request a second extension of time, the committee should then request a letter of explanation from the subsequent treating dentist as to the need for such an extension and an estimate of when the treatment will be completed. Again, the granting of a second extension is at the discretion of the component committee. **The treating dentist must be notified in writing of any additional extensions.**
  6. If the patient fails to comply with Release of All Claims, the check is recorded and returned to the dentist.

## **Non-Routine**

This section of the manual deals with non-routine situations that may or may not be appropriate for review. Non-routine situations, are as follows:

- Amicable Resolution
- Communication from Attorney
- Communication Problem
- Complaint against Dentist in Contractual Relationship
- Complaint Regarding Treatment Rendered by Dental Student in a University Setting
- Conflict of Interest
- Dentist against Whom Inquiry is Filed is No Longer Practicing

- Dentist Dies after Review is Initiated
- Dentist Drops CDA Membership During Review
- Dentist is Deceased at Time Request for Review is Received
- Dentist-to-Dentist Initiated Requests
- Financial Responsibility Statement
- Inquiries beyond the Expertise of Component
- Incomplete Treatment
- Independent Contractor
- Litigation
- Member Dentist Employed by a Non-Member Dentist
- Member Dentist in Partnership with a “Share of Profit Arrangement”
- Miscellaneous Non-Routine Inquiries
- Non-Member Dentist Employed by a Member Dentist
- Outside Agency Initiated Requests
- Patient Dies after Review is Initiated
- Patient in Pain
- Patient Residing in Different State
- Provisional/Temporary Treatment
- Request for Review of Completed/Altered Treatment
- Request for Review when a Prosthesis or Crown has been Fabricated but not Delivered
- Review of Dentist’s Fees
- Time Limitation
- Unclear Inquiry

## Amicable Resolution

If settlement of a case occurs before review is completed, these steps should be followed:

1. Discontinue action on the review. (**Unless the patient has been clinically examined; if the patient has been clinically examined, a resolution letter and addendum must be written and held in the case file.**)
2. Send the case file and a draft of the Notification of Settlement letter (Form #47) to CDA.
3. CDA will forward the Notification of Settlement letter to all parties and close the case file.
4. If a response is received indicating the matter has **not** been settled within the seven days from the date of the Notification of Settlement letter, notify the parties involved that the case is still open and proceed with the review. Proceed to Notification of Review to Involved Parties.

## Communication from Attorney

When communication is received from an attorney, these steps should be followed:

1. Requests from attorneys for information concerning the peer review system should be forwarded to the Council on Peer Review with a Non-Routine Case Memo (Form #39) for response.
2. If litigation has **not** been initiated and an attorney wishes to initiate peer review on behalf of a patient, send a copy of the complaint to the Council on Peer Review with a Non-Routine Case Memo (Form #39). The component should proceed with the case as though it is a patient-initiated case. The forms may be sent to the lawyer if requested.

3. If there is an indication that a previous out-of-court settlement has been made, the case should be referred to the Council on Peer Review or a Non-Routine Case Memo (Form #39) for the appropriate response.
4. Unless litigation is initiated, proceed with peer review.
5. If litigation is initiated, refer to page 2-40.
6. If correspondence is received from an attorney, send it to the Council on Peer Review for response. Include a copy of the case file and a Non-Routine Case Memo (Form #39).
7. If a party to the review simply indicates that an attorney is involved, no action is necessary.
8. If a party to the review requests that an attorney be present for the review, the component **must** deny the request, since the peer review system is evaluative rather than judicial.

### **Communication Problem**

If the complaint pertains to a communication problem between the dentist and the patient, these procedures should be followed:

1. Draft a response following the format of the Notification of Communication Problem (Form #43), that appropriately fits the situation.
2. Send a copy of the inquiry along with all the background material, the draft response and a buckslip to the Council on Peer Review.
3. If no response is received from the Council on Peer Review that they received the case file, call CDA staff to confirm that they received it.

4. CDA will send the Notification of Communication Problem (Form #43) to involved parties and close the case file.

### **Complaint Regarding Treatment Rendered by Dental Student in a University Setting**

If a complaint is received concerning a dental student, these steps should be followed:

1. Refer the patient directly to the dental school.
2. Send a copy of the complaint along with the Non-Routine Case Memo (Form #39) and all background material to the Council on Peer Review.
3. Close the case file.

### **Conflict of Interest**

Members must avoid placing themselves in a position where personal or professional interests may conflict with their duty to the component/specialty peer review committees. Members must also avoid using information learned through committee membership for personal gain or advantage. To that end, if any committee member has been engaged at any time by the patient, dentist or carrier who is a party to the dispute, the chair of the Council on Peer Review must be notified in writing at the time the case is initiated. The case should not proceed until direction is received by the chair (see Section III. Responsibilities of component/specialty peer review committee). Also, a committee member shall not accept a patient in his/her practice for a minimum period of one year subsequent to final case closure (if applicable, this includes the termination of the Appeals process.)

Additionally, a member of the general/specialty peer review committee shall be automatically disqualified from evaluation or decision making when a request for peer review involves that member, as either the treating dentist or subsequent treating dentist.

To avoid any appearance of conflict of interest, no person serving on any of the following capacities may serve on a peer review committee:

1. Component officers (peer review chair excepted when that position is an officer according to component bylaws), trustees or directors (with voting privileges) and ethics committee members.
2. CDA officers, trustees or members of the Judicial Council or Council on Peer Review.
3. Dental Board of California board member, consultant or examiner (except persons serving as examiners during state board examinations at dental schools); and
4. Consultant, employed dentist, fiduciary or member or any review committee of any carrier or Knox-Keene plan.

### **Dentist Against Whom Inquiry is Filed is No Longer Practicing**

If a complaint is filed against a dentist who is no longer practicing, these steps should be followed:

1. Determine the dentist's membership status.
2. If the dentist is a member, the case is appropriate for review.
3. If the dentist is no longer a member, or never was a member, these steps should be followed:
  - a. Send a copy of the inquiry, notification letter, Request for Review, Patient Agreement Form, Authorization for Use and Disclosure of Health Information, a draft of the Non-Member Dentist Letter (Form #33) to CDA for approval and finalization.

- b. CDA will forward a final Non-Member Dentist Letter (Form #33) to the parties involved and close the case file.

### **Dentist Dies after Review is Initiated**

If a dentist dies after review is initiated, these steps should be followed:

1. If the dentist had an opportunity to present input to the committee, proceed with peer review.
2. If the dentist did not present input, and the estate does not wish to abide by the decision, forward case file and a draft of Notification of Deceased Dentist Letter (Form #37) to the Council on Peer Review.

### **Dentist Drops CDA Membership During Review**

If, during the peer review process, the component learns that the dentist has dropped membership, these steps should be followed:

1. Contact the dentist to verify that he/she has discontinued membership.
2. If a dentist has dropped his/her membership but states in writing that he/she is still willing to cooperate, proceed with the review.
3. If the dentist indicates an unwillingness to cooperate and all the necessary forms have been completed, the component should proceed with the review. The component should send the patient the Notification to Patient of Dentist Dropping Membership (Form #48) and the dentist the Acknowledgment of Dropped Membership (Form #49).
4. If and when the peer review is completed, inform the patient in the resolution letter that the dentist is no longer a member.

5. If the dentist fails to comply with the committee's decision within the delineated time period, advise the initiator that the dentist is not a member and has not cooperated with the peer review determination, send the Dentist Non-Compliance With Resolution Letter (Form #51 - first notice) to the dentist. Proceed with the Non-Compliance with the Final Decision procedures outlined in Section VI. Please note that it is imperative that the non-compliance referral be made. Should the dentist ever wish to re-instate his/her membership, CDA would be aware of his/her previous non-compliance with the peer review committee.
6. Send the Council on Peer Review a copy of the case, with all correspondence. At this time the Council on Peer Review will refer the case to CDA Judicial Council.
7. Upon notification from CDA, send the patient Notification to Patient of Dentist Expulsion/Dropped Membership/No Further Action (Form #35). Close the case file.

### **Dentist is Deceased at Time Request for Review is Received**

Attempt to contact the estate of the deceased. Proceed with review if the estate is willing to abide by the decision. If the estate does not agree to the review, these steps should be followed:

1. Send the party initiating review the Notification of Deceased Dentist Letter (Form #37).
2. Send a copy of the complaint and a copy of the notification letter to the Council on Peer Review. Close the case file.

### **Dentist-to-Dentist Initiated Requests**

A dentist cannot initiate a case against another dentist. If a second treating dentist initiates a case against a prior treating or another dentist, it must ultimately be opened as a patient initiated request.

## **Financial Responsibility Statement**

The treating dentist shall be financially responsible for any adverse peer review decisions, the quality and appropriateness of treatment rendered regardless of his/her employment status.

## **Incomplete Treatment**

If a request for review is received involving Incomplete Treatment, for example:

1. Undelivered crowns or prosthesis
2. Delivered crowns or prosthesis which have not had completed adjustments (i.e. occlusion or sore spots, extensions, roughness, etc.)
3. Incomplete orthodontic treatment

the committee should evaluate available records, radiographs, images, models, etc., to determine if a conclusive determination regarding the quality and/or appropriateness of the incomplete treatment can be reached up to the point when the treatment was halted.

If a determination is possible, then the case is appropriate for review. Continue to Notification of Review to Involved Parties page 2-14.

1. If the committee determines that the incomplete treatment does not meet the CDA guidelines, a full refund is in order. If additional harm has been caused, then the treating dentist is financially responsible for corrective treatment.
2. If the committee determines that the incomplete treatment meets the CDA guidelines, the following steps should be followed:

- a. The patient is financially responsible for the portion of the treatment that has been completed. This may include the cost of temporary/provisional restorations, appliances, prosthesis, radiographs and other diagnostic procedures.
  - b. The dentist is **not** financially responsible for the completion of treatment when:
    1. The treatment has reached a particular phase as in Phase I of ortho treatment when Phase II will follow or in distinct phases pertaining to restorative treatment.
    2. The patient does not return for adjustments as in cases pertaining to fixed and removable appliances or in ortho cases, after banding of dentition or placement of retainers.
    3. The patient had erroneously determined that the treatment was unacceptable and refused to have treatment completed.
    4. After fabrication of prosthesis or appliance and the patient has elected not to return for placement, insertion or adjustments.
  - c. The dentist is entitled to receive a reasonable fee in proportion to the degree in which the treatment has been completed as determined by the committee.
3. If a determination is not possible a letter should be written and forwarded to CDA for review and finalization.
  4. Other cases that do not fall under these guidelines shall be submitted to the Council on Peer Review, along with a non-routine Case Memo (Form #39) indicating the problem.
  5. The Council on Peer Review will refer the case back to the component with suggested guidelines.

## **Independent Contractor**

For the purpose of peer review, the treating dentist will be considered an employee unless evidence of independent contractor status can be proven.

An independent contractor, unlike an employee, is an independent business person engaged to provide services, and he/she is not subject to the control or direction of another as to the means and methods of accomplishing a particular work objective. If there is an adverse decision peer review decision the financial responsibility is that of the member independent contractor who provided the treatment. Any financial arrangements with the owner of the practice is the responsibility of the member independent contractor member dentist providing the treatment.

## **Inquiries Beyond the Expertise of Component**

If a case is determined by the committee to fall outside its area of expertise, the case should be referred to the Council on Peer Review. Examples of cases which might fall in this category are: acupuncture, and any other new/controversial treatment modalities.

1. If the committee determines that a request requires knowledge beyond the expertise of the committee, refer the case to the Council on Peer Review using the Non-Routine Case Memo (Form #39).
2. The component will be notified of any action taken if the case is handled by the Council on Peer Review. Otherwise, the council will refer the case back to the component with suggested guidelines.

## **Litigation**

The peer review system is a service to the public designed to be an alternative to civil litigation which might otherwise arise between the parties. Consequently, no inquiry will be accepted for peer review if either party has initiated litigation (including small claims court); have initiated or

have gone through an arbitration process and/or signed an arbitration agreement concerning any aspect of the dental services which might otherwise be reviewed.

In addition, should legal action be initiated by any party involved after the peer review process begins, including the appeal process, the peer review action will cease immediately. A 90-day notice of intent to file suit is to be construed as litigation. No matter that is or has been the subject of litigation will be accepted into the peer review system. Additionally, any case that has been litigated to judgment is not eligible for peer review. Involvement of an attorney, i.e., correspondence from an attorney or initiation of peer review on behalf of a patient, does not necessarily mean litigation has been initiated.

### **Litigation is Initiated after Peer Review Has Been Initiated**

If litigation is initiated by either the patient or the dentist after the case has been initiated, these steps should be followed:

1. **If the patient initiates litigation** after review process has been initiated:
  - a. Obtain a copy of the summons or letter of intent from the dentist.
  - b. Send the Council on Peer Review a copy of the inquiry, a copy of the summons or letter of intent, a copy of a draft response (using the Notification of Litigation (Form #45) as a guideline), and a buckslip.
  - c. The Council on Peer Review will mail the notification to involved parties and close the case file.
  
2. **If the dentist initiates litigation** after review has been initiated:
  - a. Obtain a copy of the summons, if possible.
  - b. Send the dentist a Request for Withdrawal of Litigation (Form #46).
  - c. Recall the file after 21 working days.
  - d. If the dentist complies with the request, proceed with peer review.

- e. If the dentist fails to comply with the committee's request by the specified date, discontinue review procedures, and
  - 1) Send the Council on Peer Review a copy of the case file and a Non-Compliance Referral to CDA Memo (Form #54).
  - 2) No further action is required from the component until requested by the Council on Peer Review.

### **Member Dentist in Partnership with a “Share of Profit Arrangement”**

If a complaint is concerning treatment provided by a member dentist who is in partnership with another dentist (member or non-member) and there is an adverse peer review decision involving a refund and/or corrective treatment, the financial responsibility in peer review is that of the member dentist who provided the treatment. Any financial arrangements with the partner/dentist is the responsibility of the member dentist providing treatment.

### **Miscellaneous Non-routine Inquiries**

Should a non-routine situation occur that is not included in this listing, send a copy of the case and a Non-Routine Case Memo (Form #39) to the Council on Peer Review.

### **Outside Agency Initiated Requests**

If an inquiry is received from someone other than a dentist, patient, or carrier, these steps should be followed:

1. Determine who initiated the inquiry, i.e., the Dental Board of California, a consumer group, legislator, etc.
2. Refer the case to the Council on Peer Review for determination **if special handling and/or response is necessary**. Include the Non-Routine Case Memo (Form #39).

3. The component will be notified of any action taken if the case is handled by the Council on Peer Review. Otherwise, the council will refer the case back to the component with instructions to review as a routine case.

### **Patient Dies After Review Is Initiated**

If a patient dies after review is initiated, these steps should be followed:

1. If the patient has been examined, or a determination can be made without an examination, proceed with peer review.
2. If the review cannot be completed without a patient examination, send involved parties a letter modeled after the Notification of Deceased Dentist Letter (Form #37).
3. Send a copy of the file and a copy of your letter closing the case to the Council on Peer Review for approval and finalization.

### **Patient in Pain**

If the inquiry indicates that the patient is in pain, these steps should be followed:

1. If the dental condition demands immediate treatment which could affect the committee's determination for review, the peer review committee should make every effort to immediately conduct a patient examination prior to treatment.
2. If no written complaint has been received (telephone request) or all forms have not been completed, the review committee, at its discretion, may conduct a patient examination and then proceed with review once the written request forms are received.

## **Patient Residing in Different State**

If the patient resides in another state, these steps should be followed:

Request that the patient travel back to the “home component” for the patient examination. If it is impossible for the patient to travel to the “home component” for either medical reasons, financial hardship, etc., at the discretion of the “home component” or CDA Council on Peer Review, the component where the patient resides may perform a clinical examination for submission of the findings to the “home component”, who will conduct the dentist interview, write the resolution letter and addendum.

## **Provisional/Temporary Treatment**

Treatment involving temporary or provisional restorations may be evaluated. The entire treatment will be evaluated as it relates to records, diagnosis, and treatment planning. The temporary or provisional restorations will be clinically evaluated.

Since there are no written standards of care for temporary or provisional restorations, the consensus of the examination panel will determine if the temporary or provisional restoration is adequate given the nature and expected service life of the temporary/provisional restoration.

The provisional/temporary restoration shall maintain the dentition and shall not allow further harm.

If the provisional/temporary restoration is adequate and/or treatment plan meets the standards of care, then no refund is in order for the provisional/temporary treatment.

If the provisional/temporary restoration is inadequate and/or the treatment plan did not meet the standard of care, then a refund is in order.

If the provisional/temporary restorations are inadequate and/or the treatment plan did not meet the standard of care and there has been additional harm caused, then corrective treatment is in order.

### **Request for Review of Completed but Altered Treatment**

When a patient questions the quality of treatment that has been replaced or altered, these steps should be followed:

1. The committee should evaluate available records, compare pre-operative and post-operative radiographs/images, models, etc., to see if a conclusive determination regarding treatment can be made.
2. The determination on an altered treatment case should be based on hard evidence specific to the nature of the patient's complaint. If the subsequent treating dentist's records indicate that the treatment in question is unacceptable, it must be supported by hard evidence, i.e., radiographs/images, models, etc.
3. If an objective conclusive determination is possible, then the case is appropriate for review. Continue to Notification of Review to involved parties.
4. If an objective conclusive determination is not possible, a letter should be sent to the initiating party advising that although the questions posed are valid, no determination can be made since it is not possible to evaluate treatment that has been redone or altered. Draft the Notification of Complete/Altered Treatment letter (Form #44). Then:
  - a. Send a copy of the inquiry, the draft response and a buckslip to the Council on Peer Review.
  - b. If no response is received from the Council on Peer Review that the case was received, call CDA staff to confirm.

- c. CDA will approve and send the Notification of Completed Treatment to the involved parties and close the case file.

### **Request for Review when a Prosthesis or Crown has been Fabricated but not Delivered**

If a request for review is received involving an undelivered prosthesis or crown, these steps should be followed:

1. Send the inquiry and all background material to the Council on Peer Review, along with a Non-Routine Case Memo (Form #39) indicating what the problem is.
2. Postpone the review until direction is received from CDA.
3. The council will refer case back to the component with suggested guidelines.

### **Review of Dentist's Fees**

If the complaint involves fees, these steps should be followed:

1. Draft a response following the format of the Notification of CDA Policy Regarding Fee Review (Form #41).
2. Send a copy of the inquiry along with all the background material, the draft response, and a buckslip to the Council on Peer Review.
3. If no response is received from the Council on Peer Review that the case has been received, call CDA staff to confirm. CDA will approve and send the Notification of CDA Policy Regarding Fee Review to involved parties. Include a copy of the inquiry with the dentist's copy. Close the case file.

## Time Limitation Criteria

Since passage of time alters clinical conditions and makes recollection of details and procedures difficult, the following time limitations must be met in order for a case to be considered in the peer review system:

1. The inquiry must be received **within** three (3) years from the date of completion, **or within** one (1) year from the date the initiator of review became aware of the alleged problem, **whichever occurs first**.

An exception in this instance would be if, upon recognition of the problem, the complainant returned for correction of the problem to the dentist against whom the complaint is filed. Then the longest amount of time that could transpire would be one year between the last date of treatment and receipt of the complaint at the component level.

2. In situations where cases exceed the time limitation by just a few days, the time limitation will be based on the date the patient first contacted the component, provided the completed Request for Review form is returned within 30 working days of the date of the initial patient response letter.

## Unclear Inquiry

On occasion inquiries received do not clearly explain the patient's/dentist's concern. It is important, however, to assure that all persons have equal access to the peer review system.

These steps should be followed:

1. Send a letter along with the complaint to the initiator of the case explaining to them that the complaint is not specific enough and/or that their concern(s) is not clearly stated. Allow the initiator fifteen (15) working days to respond.

2. If the initiator does not respond within the time limit allowed send a copy of the drafted letter along with the complaint and background material to the Council on Peer Review. Close the case file.