

Record Keeping Evaluation for Advanced Dental Therapy

Dear Candidate,

You are preparing to submit a series of records in support of the process to evaluate your readiness for Advanced Dental Therapy.

In the submission of your records there are several things the committee will be evaluating. While not necessarily the most important, but highly essential, is your understanding of the record keeping rule and the necessity to document those items which are required to satisfy the record keeping rule.

Your records need to document the items on the record keeping checklist that satisfy the requirements per Minn. R. 3100.9600. To be specific, each of these items must be found in your record. While some of the information may be redacted for privacy purposes, the redacted element must be located. A redacted item is crossed out such that it cannot be identified, but it is identifiable as an item in the record. If you are confused, identify the item you are redacting for ease of review.

—Patient's name	May Be Redacted (MBR)
—Patient's address	MBR
—Date of Birth	MBR establish if a minor or not
—If Minor, name of parent or guardian	MBR (note the person must be identified by name and not Mom, Dad, Grandma, etc.)
—Name/Phone of emergency contact	MBR (do not assume the home number is the emergency number, you need to be specific as to the individual and number)
—Name of Insurance carrier/Insurance	MBR
—Reason for visit	Be specific per the visit date - (Subjective)
—Dental History	Chart of existing and past care
—Medical History	Record and continuity for items that may affect the outcome fo the dental care to be provided
—Record of existing oral health status	Chart and documentation of what exists - (Objective)
—Radiographs	For purposes of review Pre and Post
—Facsimiles or other diagnostic aids	Photos or other supportive information
—Oral evaluation and Assessment	Objective evaluation and description
—Diagnosis from Dentist	Specific link to diagnosing dentist by name, license
—Treatment plan	Documented and linked to the diagnosis by the collaborative dentist, this needs to be dated
—Informed consent	You discussed the diagnosed item with pros and cons and you identified the person by name who is making the consent for the treatment chosen
—Chronology of visits	Linear documentation of visits
—Identifying Provider, name or initials	Name or initials with license number is suggested

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| —Identifying collaborative dentist | Name and license number, be specific |
| —Identify medications used | Be specific |
| —Identify materials | Be specific |
| —Corrections | Single line crossing out and correcting |
| —Billing | CDT codes and fees |

As a collaborating licensee you will be required to establish the channels of communication with your collaborating dentist to insure that you have satisfied the record keeping rule.

If your record keeping systems use short hand notation or block information you need to identify those items that might need clarification. Do not assume that a reviewer will understand your short hand notation.

A key to the success of the Advanced Dental Therapist is the ability to communicate with their collaborating dentist and then documenting accordingly. This is what we are attempting to evaluate through this process.

Thank You

Review Committee