

I. General Information

In keeping with its obligation of service to the public, the California Dental Association (CDA) has established a statewide peer review system. The purpose of the peer review system is to resolve disputes that may arise in the delivery of dental services to the public by CDA member dentists, including, in particular, disputes regarding the quality of dental treatment, the appropriateness of dental treatment, utilization, and/or potential irregular billing practices.

The CDA Peer Review Manual has been developed by CDA for its 32 component dental societies and the recognized specialty organizations, and all parties involved in the CDA peer review process, to describe the procedures and policies for the management of disputes between dentists, patients, and carriers. These procedures are designed to be consistent to assure that all parties concerned with a review are treated fairly.

The geographical jurisdiction of the CDA review system is the State of California and all its component dental societies. All peer review cases referred for consideration by a peer review committee shall be adjudicated within the jurisdiction of the component society where the treatment was rendered unless the dentist or patient has a valid conflict of interest. The review of a dentist or patient with a valid conflict of interest is conducted in the closest neighboring component which can handle the review. In the case of a specialist, matters will be adjudicated by the appropriate specialty organization within the jurisdiction of the component in which the treatment was rendered, unless they are unable to function within the guidelines for appointing a specialty peer review committee. If they are unable to do so, the component peer review committee, utilizing a consultant, will conduct the review within the jurisdiction of the component in which the treatment was rendered.

Ethical Basis of the Peer Review System

In 1976, the CDA peer review system was established with the passage by the CDA House of Delegates of HR15-1976-H. This resolution mandated the formation of a uniform statewide CDA system for resolving disputes regarding dental care.

Membership in CDA requires agreement by the dentist to abide by the association's Code of Ethics. This agreement to abide is the basis for each CDA member's cooperation with the peer review process. The Code of Ethics requires that each member provide appropriate and timely service within the bounds of the clinical circumstances presented by the patient. The peer review system functions to assist member-dentists and the public at large in the resolution of problems and disputes which may arise from the provision of such services. The Code of Ethics requires a member to "comply with the reasonable requests of a duly constituted committee, council or other body of the component society or of this association . . . and to abide by the decisions of such body."

CDA Code of Ethics

Section 1. Service to the Public

Service to the public is the primary obligation of the dentist as a professional person.

Service to the public includes the delivery of quality, competent and timely care within the bounds of the clinical circumstances presented by the patient.

Section 1A. Professional Esteem

While serving the public, a dentist has the obligation to act in a manner that maintains or elevates the esteem of the profession.

Section 1B. Accepting Patient Into the Dental Practice

In serving the public, a dentist may exercise reasonable discretion in accepting patients into the dental practice. However, in keeping with the core value of justice, it is unethical

for a dentist to refuse to accept a patient into the practice, deny dental service to a patient, or otherwise discriminate against a patient because of the patient's gender, sexual, racial, religious or ethnic characteristics.

Section 1C. Standards of Care

Wherever “standards of care” or “quality services” are undefined by law, such standards or services shall be defined by the CDA or such agency as designated by the association. It is unethical for a dentist to render, or cause to be rendered, substandard care.

Section 1D. Informed Consent

Fully informed consent is essential to the ethical practice of dentistry and reflects the patient’s right of self-decision. Except as exempted by state law, a dentist has the obligation to obtain the fully informed consent of the patient or the patient’s legal guardian prior to treatment, or the use of any identifiable artifacts (such as photographs, radiographs, study models, etc.) for any purpose other than treatment. Informed consent is also required when using a human subject for research.

Section 3. Cooperation With Duly Constituted Committees

A dentist has the obligation to comply with the reasonable requests of a duly constituted committee, council or other body of the component society or of this association necessary or convenient to enable such a body to perform its functions and to abide by the decisions of such body.

As a CDA member-dentist involved in the peer review process, membership in CDA requires compliance with provisions of the association’s Code of Ethics. In becoming a member, the dentist agrees to abide by the Code of Ethics and in doing so gives assurance that he or she will cooperate with an abide by the procedures and findings of a peer review committee.

Since a dentist is required to comply with the committee decisions, patients are also asked to comply with all decisions rendered by a peer review committee. Consequently,

prior to any review, written assurance that the patient will comply with peer review decisions is also obtained. Additionally, the patient must sign a Release of All Claims form prior to receipt of any money that might be awarded.

Section 6A. False and Misleading Advertising and Solicitations

It is unethical for a dentist to mislead a patient or misrepresent in any material respect either directly or indirectly the dentist's identity, training, competence, services, or fees.

Section 7. Billing Practices

A dentist has the obligation to submit any billing for services rendered or to be rendered in a manner which is not fraudulent, deceitful, or misleading.

Lines of Responsibility

As a statewide system, certain reporting chains and lines of responsibility have been established to provide for continuity and uniformity in the system.

Board of Trustees

The CDA Board of Trustees is the managing body of CDA. According to the CDA Bylaws, it has the power:

"To establish interim policies when the house is not in session and when such policies are essential to the management of the association; provided, however, that all such policies must be presented for approval at the next session of the house." [CDA Bylaws, Chapter V, Section 60.C.]

In this context, policy changes for the peer review system are submitted to the Board of Trustees by the Council on Peer Review prior to implementation. Recommendations approved by the Board of Trustees are then submitted to the CDA House of Delegates.

Council on Peer Review

The Council on Peer Review is charged with the responsibility of monitoring and guiding the peer review system.

The peer review system was organized by the CDA Council on Dental Care in the early 1970s. In 1976, the House of Delegates adopted a resolution establishing the Council on Dental Care as the entity responsible for the development and implementation of the statewide CDA peer review system. In 1994, CDA House of Delegates approved a resolution which established the Council on Peer Review and officially separated the functions of peer review from the Council on Dental Care.

The CDA Policy Manual outlines the objectives, functions and membership of entities of the CDA and describes the objectives of the Council on Peer Review as “to ensure that the public and profession have access to an objective, professional review of disputes concerning quality and/or appropriateness of dental care, via the statewide peer review system.”

The Council on Peer Review performs all professional and administrative functions necessary to ensure that the peer review system is implemented uniformly throughout the state. The functions of the council regarding peer review are to:

1. Oversee the peer review system to ensure that component/specialty committees, component staff and CDA staff consistently follow the policies and procedures outlined in the CDA Peer Review Manual.
2. Monitor the conduct of the component/specialty peer review committees to assure that reviews are conducted without procedural defects and that sufficient investigation has been made in order that component peer review committees may avail themselves of the qualified immunity set forth in Section 43.7 of the California Civil Code.

If circumstances exist wherein a component general peer review committee or specialty peer review committee refuses to follow CDA peer review guidelines, or submits a resolution that is not supported by the resolution addendum or other evidence, the Council on Peer Review is empowered to remand the resolution letter back to the component or specialty committee for correction and subsequent approval and finalization by CDA.

If a component general peer review committee or specialty peer review committee fails or refuses to make the appropriate and necessary corrections after remand, following a seven (7) out of nine (9) council members vote, the Council on Peer Review is authorized to correct the discrepancies in the resolution letter and resolution addendum. The corrected resolution letter will be mailed on CDA letterhead. As a follow up, a member of the Council on Peer Review will hold a meeting or telephone conference with case captain of that component/specialty peer review committee to discuss the reasons for the Council on Peer Review's decision.

If members of the component general peer review committee or specialty committee cannot or will not perform their duties according to CDA procedures, CDA Council on Peer Review may request that they be replaced. In the event a component or specialty organization has no review committee operating under the established peer review guidelines, the CDA Council on Peer Review may request a neighboring component general peer review committee or specialty peer review committee to act in this capacity.

3. Serve as the official appeal committee for the association in matters of peer review. Manage and oversee the appeals process to ensure that all appeals of peer review resolutions are objective and fair to all parties involved.
4. Develop and codify statistical data relative to the peer review system.

5. Provide reports and case listings to components and specialty chairs to ensure that cases are processed in a timely manner.
6. Conduct peer review conference(s) for general membership to promote a better understanding of the CDA peer review process.
7. Provide policy, procedural and clinical evaluation guidance and training to component and specialty peer review committee members and staff to ensure uniformity, consistency, timeliness and effectiveness. Provide training materials for orientation of new committee members.
8. Review and approve procedural changes in the peer review system prior to implementation. Changes in the review system will be distributed to the component/specialty peer review committees by memorandum, with correction pages for the manual, as necessary.
9. Review, finalize, and distribute final resolution letters for all peer review cases.
10. Facilitate and maintain communication between component and specialty peer review committees.
11. Review and update the CDA Peer Review Manual and the Guidelines for the Assessment of Clinical Quality and Professional Performance (Quality Evaluation Manual) as needed.

CDA Central Office

The CDA central office peer review staff assists the Council on Peer Review in monitoring and guiding the component and specialty peer review committees in carrying out the peer review system uniformly throughout the state. The CDA central office peer review staff is also responsible for the following aspects of the peer review system:

1. Performing all administrative duties required in processing a peer review case.
2. Maintaining peer review cases for a 36-month period unless a subsequent case is initiated on the same dentist within the next 24-month period. Should a new case arise within the 24-month period, all cases initiated on the same dentist are maintained for another 36-month period.
3. Screening all peer review cases to ensure compliance with established peer review procedures and standards.
4. Distributing all resolution letters to parties involved in the dispute.
5. Developing statistical data on the overall peer review system and serves as an information clearinghouse for components.

Component Dental Societies and Specialty Organizations

The component dental societies and specialty organizations are encouraged to contact the Council on Peer Review with recommendations for changes in the peer review system. Suggestions submitted by components and specialty organizations will be considered by the Council on Peer Review; change or modification in the system will be implemented in accordance with the above guidelines if a change is deemed appropriate.

Structure of the Component and Specialty Peer Review Committee

The peer review committee is appointed by the component dental society and/or specialty organization, and is under the jurisdiction of the CDA Council on Peer Review of the California Dental Association.

The purpose of the component general peer review committee and specialty peer review

committee is to review matters related to the quality of treatment, appropriateness of care, utilization, and irregular billing rendered by a member dentist to a patient. The peer review committee can act at the request of a patient, a dentist, or a carrier. It is the obligation of the peer review committee to conduct unbiased and objective investigations.

The committee shall determine the professional acceptability of completed treatment(s), including appropriateness and consistency with diagnosis, and treatment plan.

The committee shall evaluate the skill with which treatment is provided in light of the standards which generally prevail within the profession by those who routinely perform the treatment in question.

A component or specialty organization must choose one committee, which consists of an uneven number of dentists (minimum of three) to conduct the entire review, i.e., review case material, conduct a clinical exam (if appropriate), interview the dentist (if appropriate), deliberate their findings and ultimately draft the resolution letter and addendum.

Appointing the Component and Specialty Peer Review Committee

The following conditions are essential and should be met when appointing a component general and specialty peer review committee.

1. All committee members, both general and specialty committees **must** be CDA members, attend CDA training workshops as required by the council, and are actively practicing dentistry.
2. The number of members serving on review committees should reflect the case load and geographical considerations faced by the committee. The committee or subcommittee must consist of an uneven number of dentists (minimum of three).

3. Members of the committee should serve staggered terms of three to five years to insure continuity of experience. Members of the committee that continue actively practicing dentistry may be reappointed.
4. Members of the committee shall be selected for their ability to maintain objectivity, discretion, and understanding, and should be comprised of practitioners held in high esteem by their peers.
5. General Committees: Members of the general committees shall be general practitioners. If reviewing services provided by a dentist in an ADA recognized specialty area, the general committee (minimum of three) must use a specialty dentist consultant (minimum of one) who limits his or her practice to the same ADA recognized specialty area as the dentist under review. If reviewing services provided by a dentist in an area of dentistry not recognized as an ADA specialty, the general committee must use a minimum of one consultant who is a general dentist with knowledge of the procedures under review and/or a dentist who limits his or her practice to an ADA recognized specialty which requires knowledge of the procedures under review. When using a consultant, the committee must still consist of an uneven number of dentists: either three general practitioners and two consultants, or four general practitioners and one consultant. The committee cannot consist of two general practitioners and one consultant.
6. Specialty Committees: The members of specialty committees must be dentists practicing in the same ADA recognized specialty area as the dentist under review, and the committee must consist of an uneven number of dentists (minimum of three).
7. Each general and specialty peer review committee member must have practiced for a minimum of five years. (Specialists must have practiced in their specialty areas for a minimum of five years.) Since experience is essential for review committees, if one member has only five years experience in practice, another

- member should have experience exceeding five years.
8. The peer review committee should reflect the quality of dentistry provided in the component area as set forth by the CDA Quality Evaluation Manual.
 9. As volunteers, members of component and specialty review committees shall not be paid for their services. Any dentist volunteering to conduct an examination on behalf of a review committee, because of a particular treatment modality, shall not receive a fee.
 10. It is recommended that a committee chair serve a minimum three-year term as a committee member and a minimum three-year term as a chair for continuity.
 11. All general and specialty peer review committee members, as well as CDA peer review staff, are expected to fulfill the Council on Peer Review training requirements in order to participate in the peer review system.
 12. Component and specialty chairs are required to participate in an initial and biennial peer review training and train-the-trainer course.
 13. Peer review committee members are required to participate in an initial peer review training conducted by their chair and must attend a calibration workshop presented by the Council on Peer Review on a biennial basis.

Legal Protection of and Constraints upon Peer Review Committees and Peer Review Records

A component dental society peer review committee or specialty committee **may not** implement changes in the peer review system prior to approval from the Council on Peer Review and/or CDA Board of Trustees. To do so may jeopardize the legal position of the

peer review committee and its members.

Section 43.7(b) of the California Civil Code provides, in pertinent part, that “[t]here shall be no monetary liability on the part of, and no cause of action for damages shall arise against . . . any member of any peer review committee whose purpose is to review the quality of . . . dental . . . services rendered by . . . dentists, . . . which committee is composed chiefly of . . . dentists, . . . for any act or proceeding undertaken or performed in reviewing the quality of . . . dental services. . . rendered by . . . dentists . . . if the . . . member acts without malice, has made a reasonable effort to obtain the facts of the matter as to which he, she, or it acts, and acts in the reasonable belief that the action taken by him, her, or it is warranted by the facts known to him, her, or it after the reasonable effort to obtain facts.”

Section 43.8(a) of the California Civil Code provides, in pertinent part, that “. . . there shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any person on account of the communication of information in the possession of that person to any . . . professional society . . . professional licensing board . . . peer review committee . . . when the communication is intended to aid in the evaluation of the qualifications . . . of a practitioner of the healing . . . arts.”

These sections are clear in their intent to protect those involved in peer review, but they do require, in essence, that the information communicated must represent the fruit of reasonable efforts to uncover the facts and that the conclusions drawn there from not be arbitrary or unsupported by facts. Hence, the final written resolutions to disputes should demonstrate the procedural steps taken to reasonably discover all pertinent facts.

Section 1157 of the California Evidence Code provides, in pertinent part, that “[n]either the proceedings nor the records of . . . a peer review body, as defined in Section 805 of the Business and Professions Code, . . . having the responsibility of evaluation and improvement of the quality of care, shall be subject to discovery.” Moreover, except as otherwise provided in this section, “no person in attendance at a meeting of any of those

committees shall be required to testify as to what transpired at that meeting.” This section of the Evidence Code protects peer review records from discovery in a civil action but does not preclude committee members from testifying voluntarily about proceedings of the committee. Therefore, CDA has taken steps to close this loophole by requiring peer review committee members and staff to hold such information in confidence. Thus, it is CDA policy that neither records nor testimony may be provided in a civil action, unless ordered by a court after a hearing has been held concerning the protection afforded by this section.

These ethical principles and legal implications and constraints have been embodied in the CDA Peer Review Manual as the operational guidelines, procedures, and policies and as such have been approved by the CDA Board of Trustees.

Parameters of Peer Review

The peer review system is considered by the CDA to be an equitable alternative to legal proceedings. Cases are reviewed at no cost to the patient or member dentist except for any unusual costs sustained by the peer review committee, for example, those for duplicating radiographs or study models shall be borne by the party referring the case to review. A fee of \$500.00 is charged for each carrier-initiated review.

Who Can Initiate Cases

Peer review cases are generally initiated by one of the following parties:

1. Patient
2. Dentist (utilization case to obtain patient benefits)
A dentist cannot initiate a peer review concerning the quality of his/her own treatment **except** to appeal a carrier decision or obtain benefits for a patient

(utilization review). A dentist cannot initiate a case against another dentist.

3. Carriers (insurance companies, service corporations, or administrative agencies)

Types of Cases Accepted for Review

1. Quality
2. Appropriateness
3. Utilization
4. Irregular billing

Cases that are accepted for peer review must fall within at least one of the following areas:

Quality

Cases submitted for a review of the quality of care will be concerned with the functional and/or aesthetic character of dental treatment. The Quality Evaluation Manual has been developed by CDA as an aid for the peer review committee in evaluating the technical quality of dental procedures performed.

Appropriateness

Cases submitted for an appropriateness review will be concerned with whether the treatment is (or was) suitable for the patient, the condition or occasion, i.e. whether the treatment is (or was) proper or fitting. Reviews for appropriateness are by necessity subjective evaluations to determine whether treatment is (or was) necessary. Treatment is defined as including examination, diagnosis, and treatment planning in addition to clinical services. However, it is not within the purview of peer review to provide second opinions with regard to a diagnosis and recommended treatment plan.

Utilization

Cases submitted for utilization review will be concerned with whether treatment can be (could have been) alternatively performed with acceptable results, and/or whether the type of treatment is "customary" for the geographic area. Utilization cases also include those submitted for a review to determine whether a carrier has properly interpreted its contract, and has failed to provide proper benefits. Quality review on a utilization case will only be performed at the discretion of the committee chair.

Utilization cases can be submitted by a **member** dentist, carrier or patient.

A peer review committee can also be asked to determine whether or not a given service involves special consideration because of its extraordinary difficulty. The committee may be asked to affirm the unusual and special nature and circumstances of the treatment in question.

In that peer review can sometimes be over-utilized (over three cases in any rolling twelve month period), component peer review committees may charge a reasonable fee to the initiator (dentist or patient) to cover the dental society's handling and administrative expenses for each additional peer review case. Any over-utilization fees and policies **MUST** be established in advance by the component board of directors and must be uniformly applied by the component.

Irregular Billing

Cases submitted for a review of billing procedures will be concerned with whether the procedures utilized in payment requests were accomplished according to state law and applicable ethical codes (Section 1871.1 of the California Insurance Code and the ADA Principles of Ethics and Code of Professional Conduct (Section 5.B. Advisory Opinions;

5.B.1. Waiver of co-payment; 5.B.2. Overbilling; 5.B.4. Treatment Dates; 5.B.5. Dental Procedures; and 5.B.6. Unnecessary Services.)

Cases may also be considered when a dentist has collected payment in advance of treatment or has billed for treatment and is unable to complete the treatment. Examples would include: orthodontic cases where the patient initiates a review and the treatment is determined to be acceptable but incomplete, and prosthodontic cases where only a portion of the treatment is completed or the patient is wearing provisional restorations which are determined to be acceptable.

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

False or Fraudulent Insurance/Health Care Benefit Claims

In Section 1871(a) of the California Insurance Code, the legislature has declared:

“(a) The business of insurance involves many transactions that have the potential for abuse and illegal activities. There are numerous law enforcement agencies on the state and local levels charged with the responsibility for investigating and prosecuting fraudulent activity. This chapter is intended to permit the full utilization of the expertise of the commissioner and the department so that they may more effectively investigate and discover insurance frauds, halt fraudulent activities, and assist and receive assistance from federal, state, local and administrative law enforcement agencies in the prosecution of persons who are parties in insurance frauds.

...

(h) Health insurance fraud is a particular problem for health insurance policyholders. Although there are no precise figures, it is believed that fraudulent activities

account for billions of dollars annually in added health care costs nationally. Health care fraud causes losses in premium dollars and increases health care costs unnecessarily.”

To deal with the health care fraud, the Legislature has added a section to the Penal Code, making it a crime to engage in health care fraud. Under Section 550 of the Penal Code, it is a felony to knowingly present false or fraudulent claims to an insurer, including a health care insurer; to knowingly make multiple claims for the same loss or injury; to knowingly make or prepare an oral or written statement with intent to use the same in support of any false or fraudulent claim; or to conceal or knowingly fail to disclose the occurrence of an event that affects any person’s initial or continued right to any insurance benefit.

Every person who violates Section 550 may be punished by imprisonment for two to five years and by a fine of up to \$50,000, except a public offense involving a claim of \$400 or less, is only punishable by imprisonment in the county jail not to exceed six months and by a fine not to exceed \$1,000 or both.

Section 810 of the California Business and Professions Code provides:

“(a) It shall constitute unprofessional conduct and grounds for disciplinary action, including suspension or revocation of a license or certificate, for a health care professional to do any of the following in connection with his or her professional activities:

- (1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance.
- (2) Knowingly prepare, make, or subscribe any writing, with intent to present or use the same, or to allow it to be presented or used in support of any such claim.

- (b) It shall constitute cause for revocation or suspension of a license or certificate for a health care professional to engage in any conduct prohibited under Section 1871.4 of the Insurance Code or Section 549 or 550 of the Penal Code.

- (d) As used in this section, health care professional means any person licensed or certified pursuant to this division, or licensed pursuant to the Osteopathic Initiative Act, or the Chiropractic Initiative Act.”

If the exact language of these sections of the code is required, it may be obtained from the CDA Legal Department.

Confidentiality

Any communication or information relating to peer review committee investigations or proceedings and the records of the peer review committee related thereto, shall be held in confidence by committee members and component or CDA staff. If ordered to appear at a deposition, the individual shall refuse to divulge confidential information. If compelled to testify at a trial, arbitration or other proceeding, the individual shall assert Evidence Code Section 1157 as authority for the right to maintain the confidentiality of such information and then abide by the ruling of the tribunal.

Definitions

Since a dentist is responsible for all examination, diagnoses, and treatment provided in the dental office, any questions regarding these types of dental services are considered appropriate for a review by a dentist’s peers. The following are definitions of terms to be used throughout this manual. When a term is henceforth cited, the meaning is that which is provided herein.

Applicant: A dentist who has made application for membership in a local dental society and the CDA, but has not yet been elected to membership. If there are any questions regarding peer review benefits, contact a representative in the CDA Membership Records Department for the status.

Billing Irregularities: See Page 1-16.

Carrier: An insurer, employer health care service plan, employee benefit plan or other entity responsible for paying for or reimbursing for any part of the cost for health care services rendered to the patient.

Dentist Practicing in a Mobile Clinic: Peer review cases involving dentists practicing **full-time** in mobile clinics should be processed by the component where the treatment was rendered.

Grossly Inadequate Treatment: Dentistry provided for a patient which does not correct the pathological condition it was intended to correct, or fails prematurely under normal conditions of use, or fails to meet acceptable esthetic standards, or facilitates and/or contributes to the worsening of the patient's dental health, and/or leaves a disease entirely untreated or undiagnosed. However, for the purpose of referral to the CDA Judicial Council, the above definition should not be so narrowly enforced as to base a referral on only one tooth but rather on the overall evaluation of the work performed or unperformed by the treating dentist.

Grossly Inappropriate Treatment: Dentistry performed that is unnecessary and/or unwarranted. The quality of the treatment need not be in question. This type of treatment can include, but is not limited to: dentistry performed solely for profit, dentistry performed for which the treating dentist is inadequately trained, dentistry performed that leads to a pathological condition that did not exist prior to treatment, and dentistry performed when a prognosis is so poor that immediate failure is readily apparent or treatment which endangers the patient's general health.

Indefinite Practice Address: Dentists who currently do not have a definite practice address but are in the process of seeking a permanent practice location, i.e. recent graduates, dentists who are unemployed. Peer review is conducted by the component where the treatment was rendered.

Itinerant Dentists: Dentists that do not have a permanent practice address, i.e. traveling specialists, or working as a “temp.” Peer review is conducted by the component where the treatment was rendered.

Independent Contractor: An independent contractor, unlike an employee, is an independent business person engaged to provide services, and he or she is not subject to the control or direction of another as to the means and methods of accomplishing a particular work objective.

Over-Utilization Review: A review requested by a carrier to show a pattern of over-utilization by a dentist.

Peer: An individual who is licensed to practice dentistry in the State of California.

- A dentist who is limiting his or her practice to a specialty, but is not board-eligible/certified, will be reviewed by a general committee utilizing minimum one consultant.
- A dentist who is board-eligible/certified, but not limiting his or her practice to a specialty, will be reviewed by the general committee. However, if the treatment in question is within his or her specialty area, the treatment will be reviewed by the general committee utilizing minimum one consultant.
- A dentist who is board-eligible/certified, limiting his/her practice to a specialty, will be reviewed by his or her specialty committee unless the specialty committee

is unable to review the case, then the case should be reviewed by the general committee utilizing minimum one consultant.

Peer Review Committee: A body composed of licensed CDA member-dentists who practice dentistry in a specific geographic (component) area and are duly appointed by their component dental society according to specific Council on Peer Review guidelines. For specialists, a peer review committee is defined as a body composed of CDA member-dentists who are duly-appointed according to specific Council on Peer Review guidelines.

Quality Evaluation Manual: Quality Evaluation Manual is also known as “Guidelines for the Assessment of Clinical Quality and Professional Performance.”

Records: All pertinent data which will enable a complete review, such as study models, treatment records, financial records, images, radiographs, and relevant insurance forms.

Treatment: Is defined as including examination, diagnosis and treatment planning in addition to clinical services.

Utilization: See Page 1-15.