

**A+ Government Solutions, Inc - PERM Review Contractor - 2010 Cycle
Claim Categories Documentation Matrix - 3/31/10**

Category	Type of Service	Documents Requested		
1	Inpatient Hospital	Admission Face Sheet / Coding Summary / Physician Coding Query Forms	Consultation Reports / Notes	Dialysis Record / Notes
	<ul style="list-style-type: none"> • Short Term Inpatient Acute Care • Long Term Acute Facilities • Rehabilitation Inpatient Care 	Emergency Department Record / Notes ER Admit Note Admission History and Physical (H&P) Physician Orders (signed) Progress and Nursing Notes Case Management Plan / Notes Nursing Assessment Nutrition / Dietary Assessment	Cardiovascular and Respiratory Reports Physical Therapy (PT) Assessments / Notes Occupational Therapy (OT) Assessments / Notes Speech Language Pathology (SLP) Assessments / Medication Administration Record (MAR) Treatment Administration Record / Notes Vital Sign Flowsheets Intake and Output (I&O)	Operative and Procedure Reports / Notes Anesthesia Record (Pre and Post-Op) Perioperative Record / Notes Laboratory and Diagnostic Tests / Reports Labor and Delivery Record / Notes Discharge Summary All Transfer Forms
2	Psychiatric, Mental Health, and Behavioral Health Services	Admission Face Sheet / Coding Summary / Physician Coding Query Forms	Mental Health Progress / Therapy Notes / Daily Attendance Logs	Medication Administration Record (MAR)
	<ul style="list-style-type: none"> • In- and Outpatient Psychological, Psychiatric, and Behavioral Health Services • Drug and Alcohol with In- and Outpatient Services • Group Homes 	Psychiatric Certification for Admission Emergency Department Record / Notes Clinic / Office Visit Record / Notes Evaluation and Management (E&M) / Counseling Notes Admission History and Physical (H&P) Physician Orders (signed)	<i>With Start and Stop Times</i> Psychiatric Evaluation / Testing Treatment Plan and Goals Consultation Reports / Notes Multidisciplinary Care Plan / Notes Nursing Notes and Flowsheets Nursing Assessment / Database	Treatment Administration Record / Notes Procedure Reports / Notes 24-Hour Patient Care / Monitoring Laboratory and Diagnostic Tests / Reports Discharge Summary All Transfer Forms: <i>Voluntary, Involuntary, or Court Ordered</i>
3	Nursing Facility, Chronic Care Services, and Intermediate Care Facilities (ICF)	Admission Face Sheet	Nursing Assessment	Treatment Administration Record / Notes
	<ul style="list-style-type: none"> • Nursing Home and Convalescent Centers • Chronic Care Hospitals 	Physician Certification / Recertification Physician Orders (signed) Progress Notes for All Disciplines / Departments Nursing Notes & Flowsheets	Minimum Data Set (MDS): <i>Applicable to Date of Service Timeframe (signed)</i> Resident Assessment Protocol (RAP) Medication Administration Record (MAR)	Documentation of Daily Patient Presence All Transfer Forms Leave of Absence Documentation
4	ICF for Persons with Mental Retardation (ICF/MR) and ICF/Group Homes	Admission Face Sheet	Nursing Assessment	Treatment Administration Record / Notes
		Physician Certification / Recertification Physician Orders (signed) Progress Notes for All Disciplines / Departments Nursing Notes & Flowsheets	Minimum Data Set (MDS): <i>Applicable to Date of Service Timeframe (signed)</i> Resident Assessment Protocol (RAP) Medication Administration Record (MAR)	Documentation of Daily Patient Presence All Transfer Forms Leave of Absence Documentation
5	Outpatient Hospital Services	Outpatient / Clinic Face Sheet	Emergency Department Record / Notes	Anesthesia Record
	<ul style="list-style-type: none"> • Outpatient Hospital Services & Emergency Room Services <ul style="list-style-type: none"> • Federally Qualified Health Centers (FQHC) • Indian Health Service Outpatient • Rural Health Clinic (RHC) 	Encounter / Clinic Visit Record / Notes E&M / Counseling Notes Treatment Plan Ambulance Record	Related Laboratory / Diagnostic Reports Physician Orders (signed) Operative / Procedure Record and Notes Perioperative Record and Notes	Cardiovascular and Respiratory Reports Dialysis Treatment Record / Notes

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6	Physicians, Physician Clinics, and Other Licensed Practitioners' Services <i>Includes Nurse Midwife and Midwife</i>	[Hatched Area]		
	• Physician Clinic Services	Clinic Face Sheet Encounter / Office Visit Record / Notes E&M / Counseling Notes Related Laboratory / Diagnostic Reports	Treatment Plan Procedure Record / Notes Immunization Record Dialysis Treatment Records and Notes	Patient Education Documentation Prior Authorization (if required) Total Time Spent for Units Billed <i>(i.e. 15 min., 30 min., 1 hr., 1 visit, etc.)</i>
	• Physicians & Other Licensed Practitioners' Services	Encounter / Office Visit / Clinic Record and Notes E&M / Counseling Notes	Related Testing / Evaluations and Reports	Treatment Plan
7	Dental and Oral Surgery Services	Dental Chart Dental Visit Clinical Notes (signed) Dental Plan of Care	Dental History Dental X-Rays and Notes	Procedure Record / Notes Prior Authorization (if required)
8	Prescribed Drugs	Copy of Prescription in Original, Facsimile, Telephonic, or Electronic form: <i>Front and Back (if applicable)</i> <i>With Patient Name, Date of Birth, Address, Telephone Number, and Physician Name</i> Physician Medication Order for SNF / NF or ICF / MR (signed)	NDC Number DEA Number for Controlled Substances Prior Authorization (if required)	Member Pharmacy Signature Log / Proof of Delivery Proof of Delivery to Nursing Home Member Profile with Refill History
9	Home Health Services	Physician Certification / Recertification / Form 485 Plan of Care Physician Orders (signed and dated) Initial / Intake Assessment Nursing Assessments and Notes Nursing Care Plan	Home Health Aide Notes / Worksheets (time in and out) PT Assessments (time in and out) OT Assessments (time in and out) SLP Assessments (time in and out) Infusion Therapy (time in and out)	DME Prescription (signed and dated) Total Time Spent for Units Billed <i>(i.e. 15 min., 30 min., 1 hr., 1 visit, etc.)</i> DME Signature Log / Proof of Delivery
	• Home Health Agency Services and Medical Supplies • Equipment and Appliances through the Agency			
10	Personal Support Services	[Hatched Area]		
	• Personal Care Services <i>• Personal Care Attendant, Aide, Homemaker Services, and Respite Care</i>	Physician Certification / Recertification Physician Orders (signed and dated) Initial / Intake Assessment	Plan of Care Aide Notes / Worksheets: <i>Time In and Out and Client Signature for Services</i>	Nursing Notes / Supervisory Visit Notes Total Time Spent for Units Billed <i>(i.e. 15 min., 30 min., 1 hr., 1 visit, etc.)</i>
	• Targeted Case Management Services	Referral for Case Management Case Management Care Plan and Notes (including telephonic contact)	Case Management Invoice / Billing	Total Time Spent for Units Billed <i>(i.e. 15 min., 30 min., 1 hr., 1 visit, etc.)</i>
	• Private Duty Nursing • Meal Delivery Services	Physician Orders (signed and dated) Initial / Intake Assessment Referral for Services	Nursing Flowsheets Nursing Notes / Visit Notes (time in and out) Menus	Total Time Spent for Units Billed <i>(i.e. 15 min., 30 min., 1 hr., 1 visit, etc.)</i> Meal Delivery Records / Signature Logs
11	Hospice Services <i>Services provided at Home, Nursing Facility, Hospital, or Hospice Facility</i>	Admission Face Sheet Physician Certification / Recertification Hospice Benefit Election / Revocation Forms Initial / Intake Assessment Hospice Nurse Visit and Progress Notes	Multidisciplinary Care Plan and Notes Volunteer Notes Social Work Notes Spiritual Notes Nutrition / Dietary Notes	Home Health Aide Notes / Worksheets Medication Administration Record (MAR) Facility Verification of Daily Presence
12	Therapies, Hearing, and Rehabilitation Services	Physician Orders (signed and dated) PT, OT, SLP, and Respiratory Therapy (RT): <i>Evaluation and Re-evaluation / Notes (with start & stop times)</i>	DME Prior Authorization (if required)	Total Time Spent for Units Billed <i>(i.e. 15 min., 30 min., 1 hr., 1 visit, etc.)</i>
	• Therapies: Physical, Occupational, and Respiratory • Services for Speech, Hearing, and Language Disorders • Necessary Supplies and Equipment		DME Signature Log / Proof of Delivery	

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13	Day Habilitation and Waiver Programs	Home & Community Based Services (HCBS) Waiver: <i>Daily Progress Notes, Flowsheets, Worksheets, Daily Attendance Logs (with start & stop times per date)</i> Case Management / Supervisory Visit Notes DME Signature Log / Proof of Delivery	Total Time Spent for Units Billed <i>(i.e. 15 min., 30 min., 1 hr., 1 visit, etc.)</i> Physician Referral or Order for Services, including: <i>Individual Education Plan (IEP) Individual Service Plan (ISP) Individual Program Plan (IPP)</i>	IEP, ISP, IPP - Service / Treatment Plan and Goals: <i>Covering Date(s) of Service</i> Transportation Provider's Account Ledger Billing Statements Ground Mileage / Air Mileage Details
	Adult Day Care and Foster Care			
14	Laboratory, X-Ray, and Imaging Services	Physician Order Sheet (signed and dated)	Lab Reports Results	X-Ray / Imaging Reports Results
15	Vision: Ophthalmology, Optometry, and Optical Services	Ophthalmology Visit and Progress Notes (signed and dated) Diagnostic Test Results Physician Orders (signed and dated)	Optometry and Optical Visit Notes (signed and dated) Optometrist Orders (signed and dated)	Eyeglass / Optician Invoices Proof of Delivery / Signature Logs
	Durable Medical Equipment (DME) and Supplies Prosthetic / Orthopedic Devices Environmental Modifications • Prosthetic and Orthopedic Devices • Other Medical Supplies / Equipment • Environmental Modifications	Physician Orders (signed and dated) DME / Supplies Prescription (signed and dated) Prosthetic Device Assessments / Notes (dated)	Invoice for Services Proof of Delivery / Signature Logs	Total Time Spent for Units Billed <i>(i.e. 15 min., 30 min., 1 hr., 1 visit, etc.)</i>
17	Transportation and Accommodations	Transportation Schedule for Requested DOS (as applicable) Starting Point and Destination / Odometer Readings Transportation Log with Member Signature	Physician Order for Transportation <i>(accommodations, if applicable)</i> Documentation reflecting Medical Necessity for Transportation <i>(accommodations, if applicable)</i>	Transportation Provider's Account Ledger Billing Statements Ground Mileage / Air Mileage Details
	Denied Claims • Denied Claims		No Documents / Medical Records Requested	
19	Crossover Claims		No Documents / Medical Records Requested	
	• Crossover Claims			
30	Capitated Care / Fixed Payments		No Documents / Medical Records Requested	
	• Capitated Payments to Primary Care Case Management • Medicare Part A Premiums • Medicare Part B Premiums • Health Insurance Premium Payments (HIPP)			
50	Managed Care		No Documents / Medical Records Requested	
	• Capitated Payments to HMO, HIO, or PACE Plan • Capitated Payments to Prepaid Health Plans (PHPs)			
99	UNKNOWN		Claim Data is Individually Reviewed for Category Determination	