

A+ Government Solutions, LLC a CNI Company – PERM Review Contractor – 2013 Cycle
Claim Categories Documentation Matrix 2.11.2013

Category	Type of Service	Documents Requested (If applicable to sampled claim)	
1	Hospital Services: <ul style="list-style-type: none"> • Acute Inpatient • Acute Outpatient • Long Term Acute • Acute Inpatient Rehabilitation • Emergency Svcs 	<ul style="list-style-type: none"> • Admission Face Sheet / Coding Summary • Physician Coding Query Forms • Emergency Department Record & Admit / Notes • Admission History & Physical (H&P) • Physician Orders & Progress Notes (<i>signed</i>) • Case Management Plan / Notes • Nursing Assessment / Notes • Consultation Reports / Notes • Cardiovascular & Respiratory Reports • Physical & Occupational Therapy Assessments / Notes • Speech Language Pathology (SLP) Assessments / Notes • Ambulance Services 	<ul style="list-style-type: none"> • Nutrition / Dietary Assessment • Medication Administration Record (MAR) • Vital Sign & Intake & Output (I&O) Flowsheets • Dialysis Record / Notes • Operative & Procedure Reports / Notes • Anesthesia (Pre and Post-Op) & Peri-operative Record / Notes (with start and stop times) • Laboratory & Diagnostic Tests / Reports • Labor and Delivery Record / Notes • Discharge Summary • All Transfer Forms • Itemized billing sheet (<i>If required based on payment method</i>)
2	Psychiatric, Mental, & Behavioral Health <ul style="list-style-type: none"> • In/Outpatient Psychological, Psychiatric, and Behavioral Health Services • Drug and Alcohol In/Outpatient Svcs • Group Homes 	<ul style="list-style-type: none"> • Admission Face Sheet / Coding Summary • Physician Coding Query Forms • Psychiatric Certification for Admission • Emergency Department Record / Notes • Clinic / Office Visit Record / Notes • Evaluation & Management (E&M) / Counseling Notes • Admission History and Physical (H&P) • Physician Orders (<i>signed/dated</i>) • Mental Health Progress / Therapy Notes / Daily Attendance Logs (<i>Start/Stop Times</i>) 	<ul style="list-style-type: none"> • Psychiatric Evaluation / Testing • Treatment Plan & Goals • Consultation Reports / Notes • Nursing Assessment, Flowsheets/Notes • Medication Administration Record (MAR) • Treatment Administration Record / Notes • Discharge Summary • All Transfer Forms: <i>Voluntary, Involuntary, or Court Ordered</i>
3	Nursing Facility, Chronic Care Services, or Intermediate Care Facilities (ICF): <ul style="list-style-type: none"> • Nursing Home and Convalescent Centers • Chronic Care 	<ul style="list-style-type: none"> • Admission Face Sheet • Physician Certification / Recertification (<i>signed and dated; in effect during sampled date/s of service - include cert/re-cert done prior to date(s) of service if not completed during requested time frame</i>) • Physician Orders (<i>signed and dated; include all orders relevant to sampled claim</i>) • Progress Notes for All Disciplines / Department 	<ul style="list-style-type: none"> • Minimum Data Set (MDS) Applicable to dates of service time frame (<i>signed</i>) • Resident Assessment Protocol (RAP) • Medication Administration Record (MAR) • Treatment Administration Record / Notes • Documentation of Daily Patient Presence • All Transfer Forms • Leave of Absence Documentation

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4	ICF for Persons with Mental Retardation (ICF/MR) and ICF/Group Homes	<ul style="list-style-type: none"> • Admission Face Sheet • Physician Certification/Recertification (<i>signed & dated; In effect during sampled date/s of service, include cert/re-cert done prior to date(s) of service if not completed during requested time frame</i>) • Physician Orders (<i>signed and dated; include all orders relevant to sampled claim</i>) • Progress Notes for All Disciplines / Departments 	<ul style="list-style-type: none"> • Resident Assessment Protocol (RAP) • Medication Administration Record (MAR) • Treatment Administration Record / Notes • Documentation of Daily Patient Presence • All Transfer Forms • Leave of Absence Documentation • Minimum Data Set (MDS) <i>Applicable to date(s) of service (signed)</i> • Nursing Assessment, Notes, & Flowsheets
5	Clinic Services: <ul style="list-style-type: none"> • Federally Qualified Health Centers (FQHC) • Indian Health Svcs • Outpatient Rural Health Clinic (RHC) 	<ul style="list-style-type: none"> • Clinic Face Sheet • Encounter / Clinic Visit Record / Notes (<i>signed & dated</i>) • Evaluation and Management (E&M) / Counseling Notes • Treatment Plan (<i>in effect during sampled date/s</i>) • Dialysis Treatment Record / Notes 	<ul style="list-style-type: none"> • Related Laboratory / Diagnostic Reports • Physician Orders (<i>signed & dated</i>) • Medication Administration Record (MAR) • Cardiovascular and Respiratory Reports
6	Physicians, Physician Clinics, and other Licensed Practitioners' Services (Includes Nurse Midwife & Midwife):	Physician Clinic Services: <ul style="list-style-type: none"> • Clinic Face Sheet • Encounter / Office Visit Record / Notes (<i>signed & dated</i>) • Evaluation and Management (E&M) / Counseling Notes (<i>signed and dated</i>) • Related Laboratory / Diagnostic Reports • Treatment Plan (<i>in effect during sampled date/s</i>) 	<ul style="list-style-type: none"> • Procedure Record / Notes • Immunization Record • Medication Administration Record (MAR) • 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: <ul style="list-style-type: none"> • Encounter/ Office Visit / Clinic Record & Notes (<i>signed & dated</i>) 	<ul style="list-style-type: none"> • Evaluation & Management(E&M) / Counseling Notes (<i>Signed & dated</i>) • Related Testing / Evaluations and Reports

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Claim Categories Documentation Matrix

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7	Dental and Oral Surgery Services:	<ul style="list-style-type: none"> • Dental/Orthodontic Assessment • Dental Chart <i>(related to sampled dates of service)</i> • Dental/Orthodontic Clinical Notes <i>(signed & dated)</i> • Dental/Orthodontic Plan of Care <i>(in effect during sampled date/s of service)</i> <p><i>Note: Clinical Documentation (notes, plan of care, etc.) issued from electronic records must be signed & dated (electronic signature acceptable if permitted by state regulations).</i></p>	<ul style="list-style-type: none"> • Dental History • Dental X-Ray Notes <i>(please do not send x-rays)</i> • Procedure Record / Notes <i>(signed & dated)</i> • Prior Authorization <i>(if required)</i>
8	Prescribed Drugs:	<ul style="list-style-type: none"> • Copy of Prescription in Original, Facsimile, Telephonic, or Electronic form: Front and Back <i>(if applicable)</i>—with patient name, date of birth, address, telephone number, physician name, & signature <i>(signature method as required/permitted by state regulations)</i> • Name of Drug, Dose, Route, Number Dispensed, & Number of Refills • NDC Number 	<ul style="list-style-type: none"> • Prior Authorization <i>(if required)</i> • Member Pharmacy Signature Log / Proof of Delivery • Signed Physician Medication Order for Skilled Nursing Facility (SNF) / Nursing Facility (NF) or Intermediate Care Facility (ICF) for Persons with Mental Retardation (ICF/MR) • Proof of Delivery to SNF, NF, ICF, or ICF/MR • Member Profile with Refill History
9	Home Health Services: <ul style="list-style-type: none"> • Home Health Agency Services & Medical Supplies • Equipment and Appliances through the Agency 	<ul style="list-style-type: none"> • Physician Certification/Recertification/Form 485 Plan of Care • Physician Orders <i>(signed & dated; include all physician orders relevant to sampled claim)</i> • Initial / Intake Assessment • Nursing Assessments and Notes • Nursing Care Plan • Home Health Aide Notes / Worksheets <i>(time in & out)</i> • Physical Therapy (PT) Assessments & progress toward goals <i>(time in & out)</i> • DME Prescription <i>(signed & dated)</i> 	<ul style="list-style-type: none"> • Occupational Therapy (OT) Assessments & progress toward goals <i>(time in & out)</i> • Speech Language Pathology (SLP) Assessments & progress toward goals <i>(time in & out)</i> • Total Time Spent for Units Billed <i>(& unit identification i.e. 15 min., 30 min., 1 hr., 1 visit, etc.)</i> • Infusion Therapy, medication/fluid name & administration specifics <i>(time in & out)</i> • DME Signature Log / Proof of Delivery

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Claim Categories Documentation Matrix

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10	<p>Personal Support Services:</p> <ul style="list-style-type: none"> • Personal Care Svcs Personal Care <ul style="list-style-type: none"> • Personal Care Attendant, Aide, Homemaker Services, and Respite Care • Targeted Case Management Svcs • Private Duty Nursing • Meal Delivery Svcs 	<p>Personal Care Services (Qualified Service Provider, Personal Care Attendant, Aide, Homemaker services and Respite Care):</p> <ul style="list-style-type: none"> • Physician Certification / Recertification /Statement of Medical Necessity • Physician Orders (<i>signed & dated; include all orders relevant to sampled claim</i>) • Plan of Care / Service / Treatment Plan (include approved ADL/IADL services description) 	<ul style="list-style-type: none"> • Initial Intake Assessment / Reassessment (as relevant to dates of service) • Timesheet, completed & signed (include description of services approved & provided) • Recipient’s signature / proof of service receipt • Total Time Spent for Units Billed (<i>i.e. 15 min., 30 min., 1 hr., 1 visit, etc.</i>)
		<p>Case Management/Targeted Case Management Services:</p> <ul style="list-style-type: none"> • Referral for Case Management / Statement of Necessity • Case Management Care Plan / Updates & Notes (<i>including telephonic contact</i>) • Goals / Timelines / Outcome Measures (with description of services approved & provided) 	<ul style="list-style-type: none"> • Case Management Invoice / Billing • Recipient’s signature / proof of service receipt • Total Time Spent for Units Billed (<i>i.e. 15 min., 30 min., 1 hr., 1 visit, etc.</i>)
		<p>Private Duty Nursing:</p> <ul style="list-style-type: none"> • Physician Orders / Statement of Medical Necessity (<i>signed & dated; include all physician orders relevant to sampled claim</i>) • Initial / Intake Assessment / Reassessment (as relevant to 	<ul style="list-style-type: none"> • Nursing Flowsheets/Notes (completed & signed with <i>time in & out</i>) • Recipient’s signature / proof of service receipt • Total Time Spent for Units Billed (<i>i.e. 15 min., 30 min., 1 hr., 1 visit, etc.</i>)
		<p>Meal Delivery Services:</p> <ul style="list-style-type: none"> • Referral for Services • Meal Delivery Records / Signature Logs / Proof of Delivery 	
11	<p>Hospice Services:</p> <ul style="list-style-type: none"> • Services provided at Home, Nursing Facility, Hospital, or Hospice Facility 	<ul style="list-style-type: none"> • Admission Face Sheet • Physician Certification / Recertification (<i>signed and dated; include cert/re-cert done prior to date(s) of service if not completed during requested time frame</i>) • Hospice Benefit Election / Revocation Forms • Initial / Intake Assessment • Hospice Nurse Visit and Progress Notes • Multidisciplinary Care Plan and Notes 	<ul style="list-style-type: none"> • Volunteer Notes • Social Work Notes • Spiritual Notes • Nutrition / Dietary Notes • Home Health Aide Notes / Worksheets • Medication Administration Record (MAR) • Facility Verification of Daily Presence

A+ Government Solutions, LLC a CNI Company – PERM Review Contractor – 2013 Cycle
Claim Categories Documentation Matrix

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12	Physical, Occupational, Respiratory Therapies, Speech Language Pathology, Audiology, & Rehabilitation Services, Necessary Supplies & Equipment	<ul style="list-style-type: none"> • Orders (<i>signed and dated; include all physician or authorized relevant practitioner's orders related to sampled claim</i>) • Physical Therapy: Evaluation / Re-evaluation / Notes (<i>signed & dated with start & stop times, & total time spent for units billed i.e. 15 min, 30 min, 1hr, 1 visit, etc.</i>) • Occupational Therapy: Evaluation/ Re-evaluation/Notes (<i>signed & dated with start & stop times, & total time spent for units billed i.e. 15 min, 30 min, 1hr, 1 visit, etc.</i>) • Speech Language Pathology: Evaluation/Re-evaluation/Notes (<i>signed & dated with start /stop times, & total time spent for units billed i.e. 15 min, 30 min, 1hr, 1 visit, etc.</i>) 	<ul style="list-style-type: none"> • Audiology: Evaluation / Re-evaluation / Notes (<i>signed & dated with min, 1hr, 1 visit, etc.</i>) • Respiratory Therapy: Evaluation and Re-evaluation / Notes (<i>signed & dated with start & stop times, & total time spent for units billed i.e. 15 min, 30 min, 1hr, 1 visit, etc.</i>) • Prior Authorization for Durable Medical Equipment needed for provision of therapy services (<i>if required</i>) Durable Medical Equipment Receipt Signature Log / Proof of Delivery
13	Day Habilitation and Waiver Programs, Adult Day Care, Foster Care, and School Based Services	<p>Home and Community Based Services (HCBS) Waivers (<i>signed & dated, with amount, type, start/stop times, & duration</i>):</p> <ul style="list-style-type: none"> • Daily Progress Notes, Attendance Logs, Flowsheets, Worksheets, and Records <p>Service/Treatment Plan & Goals (<i>in effect during sampled dates of service</i>):</p> <ul style="list-style-type: none"> • Individual Education Plan (IEP); Individual Program Plan (IPP) <p>Transportation Provider:</p> <ul style="list-style-type: none"> • Account Ledger and Billing Statements 	<ul style="list-style-type: none"> • Case Management / Supervisory Visit Notes • DME Signature Log / Proof of Delivery • Individual Service Plan (ISP); Individual Family Service Plan (IFSP) • Ground Mileage / Pick-up & Drop Off Details
		<p>School Based Services (<i>signed & dated with amount, type, start/stop times, & duration</i>):</p> <ul style="list-style-type: none"> • Orders from identified qualified provider • Daily Progress Notes, Attendance Logs, Flowsheets, Worksheets, & Records • Psychological Testing, Mental Health counseling notes, treatment plan, & progress toward goals • Case Management, Skilled Nursing, Social Work, &/or Personal Care Service <p>Service/Treatment Plan & Goals (<i>in effect during sampled dates of service</i>):</p> <ul style="list-style-type: none"> • Individual Education Plan (IEP); Individual Program Plan (IPP) <p>Transportation Provider:</p> <ul style="list-style-type: none"> • Account Ledger and Billing Statements 	<ul style="list-style-type: none"> • Assistive Mobility, Vision, &/or Hearing Technology Device • Deaf Interpreter or Sign Language Service • PT, OT, SLP, Audiology, Vision, and Respiratory Therapy (RT): Evaluation and Re-evaluation/Notes • Medication Administration Record (MAR) • Individual Service Plan (ISP); Individual Family Service Plan (IFSP) • Ground Mileage / Pick-up & Drop Off Details

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Claim Categories Documentation Matrix

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14	Laboratory, X-ray and Imaging Services:	<ul style="list-style-type: none"> • Physician Order Sheet (<i>signed & dated</i>) • Laboratory Report / Results 	<ul style="list-style-type: none"> • Radiology / Imaging Report / Results & Interpretation (<i>please do not send x-rays</i>)
15	Vision: Ophthalmology, Optometry, and Optical Services	<ul style="list-style-type: none"> • Ophthalmology Visit and Progress Notes (<i>signed and dated</i>) • Optometrist Orders (<i>signed and dated</i>) • Optometry and Optical Visit Notes (<i>signed and dated</i>) • Physician Orders (<i>signed and dated</i>) 	<ul style="list-style-type: none"> • Diagnostic Test Results • Eyeglass / Optician Invoices • Proof of Delivery / Signature Logs
16	Durable Medical Equipment (DME) & Supplies, Prosthetic / Orthopedic Devices, & Environmental Modifications	<ul style="list-style-type: none"> • Physician Orders (<i>signed and dated</i>) • Durable Medical Equipment / Supplies Prescription (<i>signed and dated</i>) • Prosthetic / Orthopedic Device Assessments / Notes (<i>dated</i>) • Proof of Delivery / Signature Logs (<i>dated</i>) 	<ul style="list-style-type: none"> • Prior Authorization for Devices, Prosthetics, Equipment, Environmental Modifications, &/or Supplies (<i>if required</i>) • Invoice for Services (<i>dated</i>) • Total Time Spent for Units Billed (<i>i.e. 15 min., 30 min., 1 hr., 1 visit, etc</i>)
17	Transportation and Accommodations:	<ul style="list-style-type: none"> • Emergency Medical Transportation Records with documented medical necessity of Ambulance transport (<i>if applicable</i>) • Transportation Schedule for Requested dates of service • Starting Point and Destination / Odometer Readings • Transportation Log with Member Signature • Ground Mileage / Air Mileage Details 	<ul style="list-style-type: none"> • Physician Order for Transportation / Accommodations (<i>if applicable</i>) • Documentation reflecting Medical Necessity for Transportation • Documentation reflecting necessity for Accommodations (<i>if applicable</i>) • Transportation Provider's Account Ledger / Billing Statements

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Claim Categories Documentation Matrix

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18	Denied Claims	No Documents / Medical Records Requested
19	Crossover Claims	No Documents / Medical Records Requested
30	Capitated Care/Fixed Payments <ul style="list-style-type: none"> • Capitated Payments to Primary Care Case Management • Medicare Part A Premiums • Medicare Part B Premiums • Health Insurance Premium Payments (HIP) 	No Documents / Medical Records Requested
50	Managed Care <ul style="list-style-type: none"> • Capitated Payments to HMO, HIO, or PACE Plan • Capitated Payments to Prepaid Health Plans (PHPs) 	No Documents / Medical Records Requested
99	UNKNOWN	Claim Data is Individually Reviewed for Category Determination