A+ Government Solutions, Inc – PERM Review Contractor – 2011 Cycle
Claim Categories Documentation Matrix – 10/3/2011

Category	Type of Service	Documents Requested (if applicable to sampled claim)	
1	**Inpatient Hospital:** • Short Term Inpatient Acute Care • Long Term Acute Facilities • Rehabilitation Inpatient Care	Admission Face Sheet/Coding Summary Physician Coding Query Forms Emergency Department Record/Notes ER Admit Note Admission History and Physical (H&P) Physician Orders (*Signed*) Progress and Nursing Notes Care Management Plan/Notes Nursing Assessment Nutrition/Dietary Assessment Consultation Reports/Notes Cardiovascular and Respiratory Reports Physical Therapy (PT) Assessments/Notes Occupational Therapy (OT) Assessments/Notes	Speech Language Pathology (SLP) Assessments/Notes Medication Administration Record (MAR) Treatment Administration Record/Notes Vital Signs Flowsheets Intake and Output (I&O) Dialysis Record/Notes 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 Itemized Billing Sheet (*If Required based on Payment Method*)
2	**Psychiatric, Mental, and Behavioral Health:** • In/Outpatient Psychological, Psychiatric, and Behavioral Health Services • Drug and Alcohol In/Outpatient Services • Group Homes	Admission Face Sheet/Coding Summary Physician Coding Query Forms 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 and dated*; ***include all physician orders relevant to the claim sampled***) Mental Health Progress/Therapy Notes/Daily Attendance Logs (*with start and stop times*) Psychiatric Evaluation/Testing	Treatment Plan and Goals Consultation Reports/Notes Multidisciplinary Care Plan/Notes Nursing Notes and Flowsheets Nursing Assessment Medication Administration Record (MAR) Treatment Administration Record/Notes Procedure Reports/Notes 24-Hour Patient Care/Monitoring Laboratory and Diagnostic Tests/Reports Discharge Summary All Transfer Forms: *Voluntary, Involuntary, or Court Ordered*

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3	**Nursing Facility, Chronic Care Services, or Intermediate Care Facilities (ICF):** • Nursing Home and Convalescent Centers • Chronic Care Hospitals	Admission Face Sheet Physician Certification/Recertification *(signed and dated;* ***include cert/recert done prior to date(s) of service if not completed during requested time frame****)* Physician Orders (*signed and dated;* ***include all physician orders relevant to sampled claim***) Progress Notes for all Disciplines/Departments Nursing Notes and Flowsheets Nursing Assessments	Minimum Data Set (MDS) (*Applicable to dates of service time frame; signed*) Resident Assessment Protocol (RAP) Medication Administration Record (MAR) Treatment Administration Record/Notes 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 Physician Certification/Recertification *(signed and dated;* ***include cert/recert done prior to date(s) of service if not completed during requested time frame****)* Physician Orders (*signed and dated;* ***include all physician orders relevant to sampled claim***) Progress notes for all Disciplines/Departments Nursing Notes and Flowsheets	Nursing Assessment Minimum Data Set (MDS) (*Applicable to dates of service time frame; signed*) Resident Assessment Protocol (RAP) Treatment Administration Record/Notes Documentation of Daily Patient Presence All Transfer Forms Leave of Absence Documentation

5	**Outpatient Hospital Services:**
	• Outpatient Hospital & Emergency Services
	  ○ Federally Qualified Health Centers (FQHC)
	  ○ Indian Health Service Outpatient
	  ○ Rural Health Clinic (RHC)
		Outpatient/Clinic Face Sheet
		Encounter/Clinic Visit Record/Notes
		Evaluation and Management (E&M)/ Counseling Notes
		Treatment Plan
		Ambulance Record
		Emergency Department Record/Notes
			Related Laboratory/Diagnostic Reports
			Physician Orders (*signed*)
			Anesthesia Record
			Cardiovascular and Respiratory Reports
			Dialysis Treatment Record/Notes
			Operative/Procedure Record and Notes
			Perioperative Record and Notes

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6	**Physicians, Physician Clinics, and other Licensed Practitioners' Services (*Includes Nurse Midwife and Midwife*):** • Physician Clinic Services • Physicians and other Licensed Practitioners' Services	Clinic Face Sheet Encounter/Office Visit Record/Notes Evaluation and Management (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.e. 15 min, 30 min, 1hr, 1 visit, etc*)
7	**Dental and Oral Surgery Services**	Dental Chart Dental Visit Clinical Notes (*signed*) Dental Plan of Care Dental History	Dental X-Ray Report/ Notes (*please **do not** send x-rays*) Procedure Record/Notes Prior Authorization (*if required*)
8	**Prescribed Drugs**	Copy of the Prescription in Original, Facsimile, Telephonic, or Electronic Form: Front and Back (*if applicable*) with - patient name, date of Birth, address, telephone number, and Physician name Member Profile with Refill History DEA Number for Controlled Substances Physician Medication Order for Skilled Nursing Facility (SNF)/Nursing Facility (NF) or Intermediate Care Facility (ICF) for Persons with Mental Retardation (ICF/MR) (*signed*) Prior Authorization (*if required*) NDC Number Member Pharmacy Signature Log/Proof of Delivery Proof of Delivery to Nursing Home	
9	**Home Health Services:** • Home Health Agency Services and Medical Supplies • Equipment and Appliances through the Agency	Physician Certification/Recertification/ Form 485 Plan of Care Physician Orders (*signed and dated; **include all physician orders relevant to the sampled claim)*** Initial/Intake Assessment Nursing Assessments and Notes Nursing Plan of Care Home Health Aide Notes/Worksheets (*time in and out*) Physical Therapy (PT) Assessments (*time in and out*)	Occupational Therapy (OT) Assessments (*time in and out*) Speech Language Pathology (SLP) Assessments (*time in and out*) Total Time Spent for Units Billed (*i.e. 15 min, 30 min, 1hr, 1 visit, etc*) Infusion Therapy (*time in and out*) DME Prescriptions (*signed and dated*) DME Signature Log/Proof of Delivery

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Claim Categories Documentation Matrix – 10/3/2011

Category	Type of Service	Documents Requested (if applicable to sampled claim)	
10	**Personal Support Services:** • Personal Care Services ○ Personal Care Attendant, Aide, Homemaker Services, and Respite Care • Targeted Case Management Services • Private Duty Nursing • Meal Delivery Services	**Personal Care Services (Personal Care Attendant, Aide, Homemaker services, and Respite Care):**	
		Physician Certification/Recertification/ Form 485 Plan of Care	Physical Therapy (PT) Assessments (*time in and out*)
		Physician Orders (*signed and dated;* ***include all physician orders relevant to the sampled claim)***	Occupational Therapy (OT) Assessments (*time in and out*)
		Initial/Intake Assessment	Speech Language Pathology (SLP) Assessments (*time in and out*)
		Nursing Assessments and Notes	Infusion Therapy (*time in and out*)
		Nursing Plan of Care	DME Prescriptions (*signed and dated*)
		Home Health Aide Notes/Worksheets (*time in and out*)	Total Time Spent for Units Billed (*i.e. 15 min, 30 min, 1hr, 1 visit, etc*)
			DME Signature Log/Proof of Delivery
		Targeted Case Management Services:	
		Referral for Case Management	Case Management Invoice/Billing
		Case Management Care Plan and Notes (*including telephonic contact*)	Total Time Spent for Units Billed (*i.e. 15 min, 30 min, 1hr, 1 visit, etc*)
		Private Duty Nursing:	
		Physician Orders (*signed and dated;* ***include all physician orders relevant to the sampled claim)***	Nursing Flowsheets
			Nursing Notes/Visit Notes (*time in and out*)
			Total Time Spent for Units Billed
		Initial/Intake Assessment	(*i.e. 15 min, 30 min, 1hr, 1 visit, etc*)
		Meal Delivery Services:	
		Referral for Services	Meal Delivery Records/Signature Log
		Menus	
11	**Hospice Services:** • Services provided at Home, Nursing Facility, Hospital, or Hospice Facility	Admission Face Sheet	Multidisciplinary Care Plan and Notes
		Physician Certification/Recertification *(signed and dated;* ***include cert/recert done prior to date(s) of service if not completed during requested time frame****)*	Volunteer Notes
			Social Work Notes
			Spiritual Notes
			Nutrition/Dietary Notes
		Hospice Benefit Election/Revocation Forms	Home Health Aide Notes/Worksheets
		Initial Intake/Assessments	Medication Administration Notes (MAR)
		Hospice Nurse Visit and Progress Notes	Facility Verification of Daily Presence

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12	**Therapies, Hearing, and Rehabilitation Services:** • Therapies: Physical, Occupational, Respiratory • Services for Speech, Hearing, and Language Disorders • Necessary Supplies and Equipment	Physician Orders (*signed and dated;* ***include all physician orders relevant to the sampled claim)*** PT,OT,SLP, and Respiratory Therapy (RT): Evaluation and Re-Evaluation/Notes (*with start and stop times*)	DME Prior Authorization (*if required*) DME Signature Log/Proof of Delivery Total Time Spent for Units Billed (*i.e. 15 min, 30 min, 1hr, 1 visit, etc*)
13	**Day Habilitation and Waiver Programs** **Adult Day Care and Foster Care**	Home and Community Based Services (HCBS) Waiver: Daily Progress Notes, Flowsheets, Worksheets, and Records Daily Attendance Logs (*with start and stop times per date*) Case Management/Supervisory Visit Notes (*with start and stop times per date*) DME Signature Log/Proof of Delivery Total Time Spent for Units Billed (*i.e. 15 min, 30 min, 1hr, 1 visit, etc*)	Physician Referral or Order for Services Individual Education Plan (IEP), Individual Service Plan (ISP), or Individual Program Plan (IPP) Service/Treatment Plan and Goals: ***(covering requested date(s) of service)*** Transportation Provider's Account Ledger Billing Statements Ground Mileage/Air Mileage Details
14	**Laboratory, X-Ray, and Imaging Services**	Physician Order Sheet (*signed and dated*) Lab Reports Results	X-Ray Imaging Report/Results (*please* ***do not*** *send x-rays*)
15	**Vision: Ophthalmology, Optometry, and Optical Services**	Ophthalmology Visit and Progress Note (*signed and dated*) Optometrist Orders (*signed and dated*) Optometry and Optical Visit Notes (*signed and dated*)	Physician Orders (*signed and dated*) Diagnostic Test Results Eyeglass/Optician Invoices Proof of Delivery/Signature Log
16	**Durable Medical Equipment (DME) and Supplies:** • 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.e. 15 min, 30 min, 1hr, 1 visit, etc*)

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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 (*accommodations, if applicable*)	Documentation reflecting Medical Necessity for Transportation (*accommodations, if applicable*) Transportation Provider's Account Ledger Billing Statements Ground Mileage/Air Mileage Details
18	**Denied Claims**	No Documents / Medical Records Requested	
19	**Crossover Claims**	No Documents / Medical Records Requested	
30	**Capitated Care/Fixed Payments** • Capitated Payments to Primary Care Case Management • Medicare Part A Premiums • Medicare Part B Premiums • Health Insurance Premium Payments (HIPP)	No Documents / Medical Records Requested	
50	**Managed Care** • 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	