

MEDICAID/CHIP PAYMENT ERROR RATE MEASUREMENT (PERM) PROGRAM

PERM REQUEST FOR RECORDS COVER SHEET

PERM-ID:

Date:

Patient Name:	Provider Number:
Date of Birth:	Provider Name:
Recipient ID:	
Date(s) of Service:	
Category 2: Psychiatric, Mental Health, and Behavioral Health Services	
Record Submission Due Date:	

Please submit all *applicable* documents, for the requested **date(s) of service**, from the listing below as well as any other supporting documentation your state may require your facility to keep.

Psychiatric, Mental Health, and Behavioral Health Services:

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|--|---|
| Admission Face Sheet / Coding Summary | Treatment Plan and Goals |
| Physician Coding Query Forms | Consultation Reports / Notes |
| Psychiatric Certification for Admission | Multidisciplinary Care Plan / Notes |
| Emergency Department Record / Notes | Nursing Notes and Flowsheets |
| Clinic / Office Visit Record / Notes | Nursing Assessment |
| Evaluation and Management (E&M) /
Counseling Notes | Medication Administration Record (MAR) |
| Admission History and Physical (H&P) | Treatment Administration Record / Notes |
| Physician Orders (<i>signed and dated; include all
physician orders relevant to the claim
sampled</i>) | Procedure Reports / Notes |
| Mental Health Progress / Therapy Notes / Daily
Attendance Logs (<i>with Start and Stop Times</i>) | 24-Hour Patient Care / Monitoring |
| Psychiatric Evaluation / Testing | Laboratory and Diagnostic Tests / Reports |
| | Discharge Summary |
| | All Transfer Forms: <i>Voluntary,
Involuntary, or Court Ordered</i> |

Please review the **Instructions for Submitting Requested Record/Documentation**, included in this packet, before submitting documentation. Documents **must be** submitted with this **PERM Cover Sheet** as the first page. The PERM Review Contractor office uses this sheet to confirm receipt of your documents.