

A+ Government Solutions, Inc – PERM Review Contractor – 2011 Cycle
Claim Categories Documentation Matrix – 2/23/2012

Category	Type of Service	Documents Requested (if applicable to sampled claim)	
1	Inpatient Hospital: <ul style="list-style-type: none"> • 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 (<i>Signed</i>) 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 (<i>If Required based on Payment Method</i>)
2	Psychiatric, Mental, and Behavioral Health: <ul style="list-style-type: none"> • 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 (<i>signed and dated; include all physician orders relevant to the claim sampled</i>) Mental Health Progress/Therapy Notes/Daily Attendance Logs (<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 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: <i>Voluntary, Involuntary, or Court Ordered</i>

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3	Nursing Facility, Chronic Care Services, or Intermediate Care Facilities (ICF): <ul style="list-style-type: none"> • Nursing Home and Convalescent Centers • Chronic Care Hospitals 	Admission Face Sheet Physician Certification/Recertification <i>(signed and dated; include cert/recert done prior to date(s) of service if not completed during requested time frame)</i> Physician Orders <i>(signed and dated; include all physician orders relevant to sampled claim)</i> Progress Notes for all Disciplines/Departments Nursing Notes and Flowsheets Nursing Assessments	Minimum Data Set (MDS) <i>(Applicable to dates of service time frame; 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
4	ICF for Persons with Mental Retardation (ICF/MR) and ICF/Group Homes	Admission Face Sheet Physician Certification/Recertification <i>(signed and dated; include cert/recert done prior to date(s) of service if not completed during requested time frame)</i> Physician Orders <i>(signed and dated; include all physician orders relevant to sampled claim)</i> Progress notes for all Disciplines/Departments Nursing Notes and Flowsheets	Nursing Assessment Minimum Data Set (MDS) <i>(Applicable to dates of service time frame; signed)</i> Resident Assessment Protocol (RAP) Treatment Administration Record/Notes Documentation of Daily Patient Presence All Transfer Forms Leave of Absence Documentation
5	Outpatient Hospital Services: <ul style="list-style-type: none"> • Outpatient Hospital & Emergency Services <ul style="list-style-type: none"> ○ 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 <i>(signed)</i> 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 <i>(Includes Nurse Midwife and Midwife):</i> <ul style="list-style-type: none"> • 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 <i>(if required)</i> Total Time Spent for Units Billed <i>(i.e. 15 min, 30 min, 1hr, 1 visit, etc)</i>
7	Dental and Oral Surgery Services	Dental Chart Dental Visit Clinical Notes <i>(signed)</i> Dental Plan of Care Dental History	Dental X-Ray Report/ Notes <i>(please do not send x-rays)</i> Procedure Record/Notes Prior Authorization <i>(if required)</i>
8	Prescribed Drugs	Copy of the Prescription in Original, Facsimile, Telephonic, or Electronic Form: Front and Back <i>(if applicable)</i> 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) <i>(signed)</i> Prior Authorization <i>(if required)</i> NDC Number Member Pharmacy Signature Log/Proof of Delivery Proof of Delivery to Nursing Home	
9	Home Health Services: <ul style="list-style-type: none"> • Home Health Agency Services and Medical Supplies • Equipment and Appliances through the Agency 	Physician Certification/Recertification/ Form 485 Plan of Care Physician Orders <i>(signed and dated; include all</i> <i>physician orders relevant to the sampled</i> <i>claim)</i> Initial/Intake Assessment Nursing Assessments and Notes Nursing Plan of Care Home Health Aide Notes/Worksheets <i>(time in and out)</i> Physical Therapy (PT) Assessments <i>(time in and out)</i>	Occupational Therapy (OT) Assessments <i>(time in and out)</i> Speech Language Pathology (SLP) Assessments <i>(time in and out)</i> Total Time Spent for Units Billed <i>(i.e. 15 min, 30 min, 1hr, 1 visit, etc)</i> Infusion Therapy <i>(time in and out)</i> DME Prescriptions <i>(signed and dated)</i> DME Signature Log/Proof of Delivery

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10	Personal Support Services: <ul style="list-style-type: none"> • Personal Care Services <ul style="list-style-type: none"> ○ 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 (<i>time in and out</i>) Occupational Therapy (OT) Assessments (<i>time in and out</i>)
		Physician Orders (<i>signed and dated; include all physician orders relevant to the sampled claim</i>)	Speech Language Pathology (SLP) Assessments (<i>time in and out</i>)
		Initial/Intake Assessment Nursing Assessments and Notes Nursing Plan of Care Home Health Aide Notes/Worksheets (<i>time in and out</i>)	Infusion Therapy (<i>time in and out</i>) DME Prescriptions (<i>signed and dated</i>) Total Time Spent for Units Billed (<i>i.e. 15 min, 30 min, 1hr, 1 visit, etc</i>) DME Signature Log/Proof of Delivery
		Targeted Case Management Services:	
Referral for Case Management Case Management Care Plan and Notes (<i>including telephonic contact</i>)	Case Management Invoice/Billing Total Time Spent for Units Billed (<i>i.e. 15 min, 30 min, 1hr, 1 visit, etc</i>)		
Private Duty Nursing:		Physician Orders (<i>signed and dated; include all physician orders relevant to the sampled claim</i>)	Nursing Flowsheets Nursing Notes/Visit Notes (<i>time in and out</i>) Total Time Spent for Units Billed (<i>i.e. 15 min, 30 min, 1hr, 1 visit, etc</i>)
Meal Delivery Services:		Referral for Services Menus	Meal Delivery Records/Signature Log
11	Hospice Services: <ul style="list-style-type: none"> • Services provided at Home, Nursing Facility, Hospital, or Hospice Facility 	Admission Face Sheet	Multidisciplinary Care Plan and Notes
		Physician Certification/Recertification (<i>signed and dated; include cert/recert done prior to date(s) of service if not completed during requested time frame</i>) Hospice Benefit Election/Revocation Forms Initial Intake/Assessments Hospice Nurse Visit and Progress Notes	Volunteer Notes Social Work Notes Spiritual Notes Nutrition/Dietary Notes Home Health Aide Notes/Worksheets Medication Administration Notes (MAR) Facility Verification of Daily Presence

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12	Therapies, Hearing, and Rehabilitation Services: <ul style="list-style-type: none"> • Therapies: Physical, Occupational, Respiratory • Services for Speech, Hearing, and Language Disorders • Necessary Supplies and Equipment 	Physician Orders (<i>signed and dated; include all physician orders relevant to the sampled claim</i>) PT,OT,SLP, and Respiratory Therapy (RT): Evaluation and Re-Evaluation/Notes (<i>with start and stop times</i>)	DME Prior Authorization (<i>if required</i>) DME Signature Log/Proof of Delivery Total Time Spent for Units Billed <i>(i.e. 15 min, 30 min, 1hr, 1 visit, etc)</i>
13	Day Habilitation and Waiver Programs Adult Day Care and Foster Care School Based Services	Home and Community Based Services (HCBS) Waiver: Daily Progress Notes, Flowsheets, Worksheets, and Records Daily Attendance Logs <i>(with start and stop times per date)</i> Case Management/Supervisory Visit Notes <i>(with start and stop times per date)</i> DME Signature Log/Proof of Delivery Total Time Spent for Units Billed <i>(i.e. 15 min, 30 min, 1hr, 1 visit, etc)</i>	Physician Referral or Order for Services Individual Education Plan (IEP), Individual Service Plan (ISP), or Individual Program Plan (IPP) Service/Treatment Plan and Goals: <i>(covering requested date(s) of service)</i> Transportation Provider's Account Ledger Billing Statements Ground Mileage/Air Mileage Details
		School Based Services (<i>signed & dated with amount, type, start/stop times, & duration</i>): 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 Assistive Mobility, Vision, &/or Hearing Technology Device Deaf Interpreter or Sign Language Service Medication Administration Record (MAR)	Service/Treatment Plan with Goals: <i>(in effect during sampled dates of service)</i> <ul style="list-style-type: none"> • Individual Education Plan (IEP), Individual Program Plan (IPP), Individual Service Plan (ISP), &/or Individual Family Service Plan (IFSP) Transportation Provider: <ul style="list-style-type: none"> • Account Ledger/Billing Statements • Ground Mileage / Pick-up & Drop Off Details PT, OT, SLP, Audiology, Vision and Respiratory (RT): Evaluation and Re-Evaluation/Notes
14	Laboratory, X-Ray, and Imaging Services	Physician Order Sheet (<i>signed and dated</i>) Lab Reports Results	X-Ray Imaging Report/Results <i>(please do not send x-rays)</i>

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15	Vision: Ophthalmology, Optometry, and Optical Services	Ophthalmology Visit and Progress Note <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> Diagnostic Test Results Eyeglass/Optician Invoices Proof of Delivery/Signature Log
16	Durable Medical Equipment (DME) and Supplies: <ul style="list-style-type: none"> • Prosthetic and Orthopedic Devices • Other Medical Supplies/Equipment • Environmental Modifications 	Physician Orders <i>(signed and dated)</i> DME/Supplies Prescription <i>(signed and dated)</i> Prosthetic Device Assessments/Notes <i>(dated)</i>	Invoice for Services Proof of Delivery/Signature Logs Total Time Spent for Units Billed <i>(i.e. 15 min, 30 min, 1hr, 1 visit, etc)</i>
17	Transportation and Accommodations	Transportation Schedule for Requested DOS <i>(as applicable)</i> 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
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 (HIPP) 	No Documents / Medical Records Requested	

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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