

# **Retrospective/Prospective Review Requirements**

## **Inpatient admission, Rehab, Skilled Nursing Facility, Behavior Health admission**

- History and physical, diagnosis
- Notes or summary of hospital stay
- Number of days stayed for the admission
- Any complications (that made this an extended stay)
- Lab, X-rays, any diagnostic/therapeutic procedure reports

## **23 Hour Observation**

- Diagnosis
- History and physical
- Notes or summary
- Lab, X-rays, any diagnostic/therapeutic procedure reports

## **Home Health Care**

- OASIS
- 485 and phone orders
- Evaluations and notes from skilled disciplines
- Physician Order (Dated)

## **DME/Orthotics**

- CPT codes
- Diagnosis codes
- CMN if applicable
- Specific clinical for DME need as per NCD/LCD
- If rental time frame needed

## **Drugs**

- Diagnosis with codes
- Clinical documentation of patient's status
- Treatment given or trails
- Quarterly updates with patient status and response to treatment

## **Out Patient Therapies**

- Diagnosis
- Physical impairments
- Evaluations and legible notes from visits
- Short and long term goals
- Treatment plan
- Number of visits
- Date(s) of service requested