

# Retrospective/Prospective Review Requirements

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

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

## **23 Hour Observation**

1. Diagnosis
2. History and physical
3. Notes or summary
4. Lab, X-rays, any diagnostic/therapeutic procedure reports

## **Home Health Care**

1. OASIS
2. 485 and phone orders
3. Evaluations and notes from skilled disciplines

## **DME/Orthotics**

1. CPT codes
2. Diagnosis codes
3. CMN if applicable
4. Specific clinical for DME need as per NCD/LCD
5. If rental time frame needed

## **Drugs**

1. Diagnosis with codes
2. Clinical documentation of patient's status
3. Treatment given or trails
4. Quarterly updates with patient status and response to treatment

## **Out Patient Therapies**

1. Diagnosis
2. Physical impairments
3. Evaluations and notes from visits