

Updated 3/16/10		Medicaid																			
		Diagnostic and Treatment Center (Article 28 Facility)																			
		Individual Case File Review Worksheet																			
Ques#	Question	Remarks/Comments	Yes	No	N/A	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	#15	
B - 32	A written <u>Plan of Care</u> and results of treatment reviewed every 30 days? [10 NYCRR 752-1.1(d)(1)]																				
B-33	An order of treatment of a longer duration reviewed at least every 90 days? [10 NYCRR 752-1.1(d)(1)]																				
B - 34	OT/PT countersigns all reports by COTA or PTA: [10 NYCRR 752-1.1(d)(4)]																				
Section C - Disallowance Summary																					
C - 1	Medical Entry Not Signed																				
C - 2	Medical Entry Signed by Unauthorized Personnel																				
C - 3	Missing Documentation (missing entry and/or record)																				
C - 4	No Written Order for Rehabilitation Services																				
C - 5	Missing Plan of Care for Rehabilitation Services?																				
C - 6	Threshold Visit Incorrectly Billed for Completion of Service																				
C - 7	Threshold Visit Billed for Non-Reimbursable Services: pharmacy, nutrition, medical social services, respiratory therapy, recreation therapy, offsite services, visits for ordered ambulatory services																				
C - 8	Medication Administration Not Billable																				
C - 9	No EOMB for Medicare or third party health Ins. Covered Services																				
Clinics\Chart Review Info\Chart Review Instrument-DW#3																					