Updated 3/16/10			Medicaid																	
		Diagnostic and Treatm	ent Center	(Article 2	8 Facility)							1								
		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
	DOS																			
	Reviewer's Initials																			
	Date of record review																			
	Sample #																			
	Medicaid Card Copied																			
Section A	A - Identifying Information																			
A - 1	Patient Initials:																			
A - 2	Patient CIN																			
A - 3	Sample Service date (s):																			
A - 4	Rate Code:																			
A - 5	Amount Paid:																			
A - 6	Diagnostic Code:																			
	ICD-9 Equivalent:																			
A - 7	Clinic Specialty:																			
A - 8	Service Provider Name:																			
Section E	B - Case Record Assessment	& Service Verification																		
	Is record available?																			
	[18NYCRR 504.3(a) and																			
	18NYCRR 540.7(a)(8) and																			
B - 1	517.3]																			
	Medical entry for sample																			
	date? [18NYCRR 504.3(a)																			
	and 18NYCRR 540.7(a)(8)																			
В-2	and 517.3]																			
	Entry legible? [10 NYCRR																			
В-3	751.7(f)]																			
	Entry signed by Doctor?																			
В-4	[10NYCRR 751.7(f)]																			
	Entry dated? [10 NYCRR																			
B - 5	751.7(f)]																			

Updated 3/	16/10		Medicaid			Pa	ge 2 of 4	4												
		Diagnostic and Treatm			Facility)							•								
		Individual Case File Re	eview Work	<u>(sheet</u>																
Ques#	Question	Remarks/Comments	Yes	No	N/A	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	#15
В - 6	Service Reimbursable? (these are not: pharmacy, nutrition, medical social services, respiratory therapy, recreation therapy, offsite services, visits for ordered ambulatory services) [10 NYCRR 86-4.9 (c)]																			
B-6a	Script?																			
	Third Party Insurance? EOMB for Third Party Health Insurance covered services [18 NYCRR 360-7.2 & MMIS Manual for Clinics, Section																			
В - 7	2.1.9]																			
B - 8	Service Authorization? Unaurthorized Services Billed? [18 NYCRR 485.5(f), 504.1(c) & MMIS Manual for Clinics, Section 2.2.18]																			
	Consent forms [10 NYCRR																			
B - 9	751.7(e) (2) Medical History [10 NYCRR																			
B - 10	751.7(e) (3) Immunization history [10																			
B - 11	NYCRR 751.7(e) (4)																			
B - 12	Drug History [10 NYCRR 751.7(e) (4 )																			
	Allergic/Adverse reaction history [10 NYCRR 751.7(e)																			
B - 13	(4) Psychosocial Assessment																			
B - 14	[10 NYCRR 751.7(e) (10 ) Physical exam reports [10																			
B - 15	NYCRR 751.7(e) (5) Progress notes [10 NYCRR																			
B - 16 B - 17	751.7(e) (13) Follow-up plans [10 NYCRR 751.7(e) (14)																			

Updated 3/16/10		Medicaid					ge 3 of 4	4												
		<b>Diagnostic and Treatm</b>	ent Cente	r (Article 28	Facility)															
		Individual Case File Review Worksheet																		1
Ques#	Question	Remarks/Comments	Yes	No	N/A	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11	#12	#13	#14	#15
Ques#	HIPAA Privacy Notice	Remarks/Comments	Tes	NO	N/A	#1	#2	#3	#4	#5	#0	#1	#0	#3	#10	#11	#12	#13	#14	#15
B - 18	signed																			
B - 18 B - 19	Health Care Proxy																			
B - 19 B - 20	Other Advance Directive																			
D - 20	Patient Bill of Rights																			
B - 21	signed																			
B - 21 B - 22	3-Part Date																			+
D - ZZ	Diagnostic procedures &																			+
	test & results [10 NYCRR																			
B - 23	751.7(e) (6 )																			
D - 23	Consultative Findings [10																			+
B - 24	NYCRR 751.7(e) (7)																			
5 - 24	Diagnosis or medical																			+
	impression [10 NYCRR																			
B - 25	751.7(e) (8 )																			
D - 23	Medical Orders [10 NYCRR																			+
B - 26	751.7(e) (9 )																			
D - 20	Documentation of services																			+
1	provided and when																			
	referrals are made [10																			
B - 27	NYCRR 751.7(e) (11)																			
	Anesthesia record [10																			+
B - 28	NYCRR 751.7(e) (12)																			
0 20	Tx by outside provider																			+
	noted & clinical summary																			
	provided [10 NYCRR																			
B - 29	751.7(h)																			
2 20	Discharge summaries [10																			
B - 30	NYCRR 751.7(e) (15)																			
2 00																				
																				+
																				<u>+</u>
																				<u>+</u>
	For Rehabilitation Services																			
	Physical, Speech and																			
	Occupational Therapy:																			
																				1
	A written <u>Order</u> of referral																			
	of a physician or dentist?																			
B - 31	[10 NYCRR 752-1.1(d)]																			

Updated 3/	16/10		Medicaid																	
		Diagnostic and Treatm	nent Cente	r (Article 28 Fa	cility)															
		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
QUES#	A written Plan of Care and	Nemarks/Comments	163			<i>π</i> I	#2	πJ	<b>π</b> ++	πJ	#0	πι	#0	#3	#10	<i><b>π</b>11</i>	#12	#15	<b>π14</b>	#13
	results of treatment																			
	reviewed every 30 days?																			
B - 32	[10 NYCRR 752-1.1(d)(1)]																			
5 02																				
	An order of treatment of a																			
	longer duration reviewed at																			
	least every 90 days? [10																			
B-33	NYCRR 752-1.1(d)(1)]																			
	OT/PT countersigns all																			
	reports by COTA or PTA:																			
B - 34	[10 NYCRR 752-1.1(d)(4)]																			
Section (	C - Disallowance Summary																			
C - 1	Medical Entry Not Signed																			
C - 2	Medical Entry Signed by Un	authorized Personnel																		
C - 3	Missing Documentation (mi	ssing entry and/or reco	ord)																	
C - 4	No Written Order for Rehab																			
C - 5	Missing Plan of Care for Re																			
C - 6	Threshold Visit Incorrectly I	Billed for Completion of	f Service																	
C - 7	Threshold Visit Billed for No																			
	pharmacy, nutrition, medic																			
	recreation therapy, offsite	services, visits for orde	ered ambu	latory services																
C - 8	Medication Administration	Not Rilloble																		
C - 8 C - 9	No EOMB for Medicare or th		worod Sor	vices																
0-9			vereu Jer	VICCO																
Clinics\C	hart Review Info\Chart Review Ir	nstrument-DW#3																		
0																				