

**INPATIENT PSYCHIATRIC HOSPITALS
RESIDENTIAL PSYCHIATRIC TREATMENT CENTERS
DAY TREATMENT CENTERS
ALCOHOL AND DRUG ABUSE CENTERS
COMMUNITY MENTAL HEALTH CLINICS
PHYSICIAN MH CLINICS**

LIST OF SPECIFIC DOCUMENTATION TO SUBSTANTIATE PROPER REIMBURSEMENT

Please photocopy documentation to substantiate the proper reimbursement of the specified claim(s) only. The following list provides guidance in the type of documents to be considered in the review:

- Complete billing/invoice listing of all charges, payments, or adjustments for the referenced claim only.
- Explanation of Benefits (EOB)/Medicare Remittance Notice (MRN), if applicable.
- All applicable assessment material (psychiatric assessments, intake assessments, functional assessment, psychological evaluations, diagnostic evaluations, etc.) that documents the need for the services.
- The treatment plan that includes therapeutic goals and prescribes the treatment/services.
- Treatment plan review documentation that supports continued treatment.
- Prescriptions (if any) that may be applicable to the treatment/services selected.
- Progress/treatment notes documenting the treatment/services.
- Any other clinical documentation that is relevant in substantiating the delivery of service or that demonstrates the medical necessity.
- Prior authorization documentation, if applicable.
- Discharge summary, if applicable.
- Crisis intervention services documentation, if applicable.
- Certification of need, if applicable.
- Consultation reports/notes.
- Medication administration/medication management records, if applicable.

Notice of Request for Records

Provider name and ID#

Page 2 of 2