

## **Comprehensive Error Rate Testing (CERT) Inpatient Psychiatric Facility Checklist**

Use this checklist when your claim is selected for review by the CERT contractor. You will have 75 calendar days to submit the requested information from the date of the original request for medical records. Please use the fax number or the mailing address given in the CERT contractor letter when submitting the requested documentation. The documentation should include, but is not limited to:

- ☐ UB-04 Form
- ☐ Signed and dated physician's orders for all services billed
- ☐ Physician's certification/re-certification
- ☐ Plan of treatment
- ☐ Psychiatric evaluation
- ☐ Mental Status examination (attitudes and behavior, orientation, long and short term memory, estimate of intelligence)
- ☐ Discharge planning/summary
- ☐ Nurse's notes
- ☐ Group therapy notes
- ☐ Progress notes
- ☐ Any other diagnostic reports
- ☐ Medication lists
- ☐ Documentation to support medical necessity

If applicable please submit:

- ☐ Psychiatric studies
- ☐ Documentation required by a Local Coverage Determination (LCD) or National Coverage Determination (NCD)

Psychotherapy Claims

<http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/mm3457.pdf>