

FACILITY NAME

ADDRESS

CRN

MEMBER ID

MEMBER NAME

After review of the documentation previously submitted it has been determined that additional information is needed to complete an Outlier review.

Please submit the following documentation:

- Medication Administration Record (MAR)
- Operating room and anesthesia times. (Need the operative report and anesthesia records as they contain some of the charges/supplies/implants/medications that might not be listed elsewhere)
- All other minor procedures (bronchoscopy, laceration repair, lumbar puncture, PICC insertion, etc.)
- High dollar radiology (CT's, MRI's, MRA's, Nuclear Med scans, IR (Interventional Radiology).
- High dollar medical supplies
- Echocardiogram
- Cardiac Cath records
- Ventilator days
- Nitric Oxide days
- Dialysis records and CRRT
- Blood administration (copy of the blood administration tag that has the date, start/stop times, and signature of administrator)
- PACU in/out times
- Perfusion
- Cardiac Arrest reports
- If Observation Days are billed then physicians' orders must be verified per policy
- Emergency Room records (procedures performed and meds given in ER may not be listed anywhere else).
- Other

---

---

---

---

---

Completed By: Initials

Date: