

## Medical Documentation Guide for Providers

### Disability Review

A person who is disabled may be eligible for Medicaid in Nebraska based on their circumstances.

Nebraska Medicaid also has services available to allow individuals to remain in their homes or communities. These services are often called “waiver” services. Waiver services may be provided to individuals who meet specific criteria.

For purposes of Nebraska Medicaid, disabled is defined as meeting the disability criteria established by the Social Security Administration. Sometimes the Social Security Administration (SSA) will make this determination. If SSA has not made a determination, the State Review Team (SRT) can. The SRT uses the same criteria as the SSA to determine if a person is disabled.

An individual’s disability status has to be re-reviewed regularly. Nebraska Medicaid will let your patient know when it is time to re-review their case.

**Your patient’s responsibility in the disability determination process is to:**

- (1) Visit their healthcare provider (MD, DO, APRN, CNP, or PA) for a disability evaluation when Nebraska Medicaid sends them a letter (Verification Request)**
- (2) At their visit, ask you to fill out the [DM-5 form](#), which tells Nebraska Medicaid about their disability**
- (3) Ask you to send the completed DM-5 form to Nebraska Medicaid, along with medical records from the last 12 months to support their disability.**

**You may submit medical records by:**

- **Internet: [ihhs.nebraska.gov](https://www.ihhs.nebraska.gov)**
- **Email: [DHHS.ANDICenter@nebraska.gov](mailto:DHHS.ANDICenter@nebraska.gov)**
- **Fax: 402-742-2351**
- **In person: dropping off at a local DHHS office**

- (4) Ensure the DM-5 form and supporting medical records are submitted by the deadline in the Verification Request**

***NOTE: If the above requested information is not provided, the SRT cannot review the case.***

The SRT will not examine your patient. The SRT will review the completed DM-5 form and the supporting medical records provided to Nebraska Medicaid by you. Based on this information, the SRT will determine if your patient meets the disability criteria.

Nebraska Medicaid will send your patient a written notice informing them of the decision. This notice will include information about their appeal rights.

The following is a list of examples of medical documentation from the last 12 months your office can send to Nebraska Medicaid, along with the completed DM-5 form. These are examples of the medical documentation that Nebraska Medicaid finds helpful in making the disability determination for your patient. Please feel free to send additional medical records that you think would be helpful for this review.

## **DOCUMENTATION REQUIREMENTS GROUPED BY CATEGORY**

### **Low Birth Weight and Failure to Thrive (age 3 and under only)**

- Birth weight and gestational age
- Developmental milestones
- Height, weight, growth charts, BMI-for-age percentiles, and weight for length graph

### **Musculoskeletal**

- PT/OT/ST evaluation and notes on patient's functional ability
- Imaging
- Patient's mobility
  - Assistive device
  - Ability to use prosthetic
  - Balance
- Operative notes (if applicable)

### **Special Senses and Speech (visual or hearing impairment)**

- Eye Examination
  - Visual acuity and visual field test (perimetry)
- Hearing examination
  - Otologic exam and audiometric testing
  - ABR (Auditory Brainstem response) testing
  - Air conduction thresholds
  - Word recognition testing
  - Speech and language evaluation
  - Hearing aids
  - Cochlear implants
- Operative notes (if applicable)

### **Respiratory**

- Imaging
- Supplemental oxygen
- Pulmonary Function Testing (PFTs)
  - *Pulmonary function tests* include *spirometry*, *DLCO* tests, *ABG* tests, and *pulse oximetry*
    - All respiratory testing must be completed on room air
    - During testing, if the FEV<sub>1</sub> is less than 70 percent of the predicted normal value, repeat spirometry after inhalation of a bronchodilator to evaluate the respiratory disorder, unless it is medically contraindicated.

- The patient must be medically stable at the time of the test. Examples of when the patient would be considered medically unstable include when they are:
  - Within 2 weeks of a change in their prescribed respiratory medication.
  - Experiencing, or within 30 days of completion of treatment for, a lower respiratory tract infection
  - Experiencing, or within 30 days of completion of treatment for, an acute exacerbation of a chronic respiratory disorder. Wheezing by itself does not indicate that the patient is medically unstable.
  - Hospitalized or within 30 days of a hospital discharge, for an acute myocardial infarction
- Tracheostomy
  - Diagnosis for the trach and date of initial placement
  - Description of trach management
- Ventilator use
  - Diagnosis for the ventilator and date of initiation
  - Description of ventilator prescription: settings and hours of use per day and night
- Respiratory therapy progress notes
- Pulmonology consultant medical records
- Thoracentesis (if applicable)
- Lung transplant

### **Cardiovascular**

- Echocardiogram
  - Ejection Fraction (EF) during a period of stability
- Dopplers
- Holter monitor results
- Exercise and stress testing
- Cardiac catheterization
- Operative reports
- Heart transplant

### **Digestive**

- Imaging
- Endoscopy and colonoscopy
- Weight, height, and BMI for weight loss
- Feeding tube (G-tube) or parenteral (intravenous) nutrition (TPN)
- Pertinent labs, such as albumin, hemoglobin, total bilirubin, creatinine, and INR
- EEG in the evaluation of encephalopathy
- Paracentesis (if applicable)
- Blood transfusions
- Liver transplant

### **Genitourinary**

- Lab reports – at least 2 different sets of labs
  - 2<sup>nd</sup> set has to be at least 60 days after the 1<sup>st</sup> set, but within 6 months
  - Albumin, creatinine, INR, and total bilirubin reports
  - eGFR (estimated glomerular filtration rate)

- Kidney biopsy reports
- Kidney transplant
- Dialysis notes – initial plan and expected length of time
  - Dialysis Form 2728 (if applicable)

### **Hematological**

- Lab reports
- Clotting factor testing
- Definitive testing done to diagnose the disorder
- Bone marrow or stem cell transplant

### **Skin disorders**

- Definitive testing done to diagnose the disorder
- Onset, duration, and frequency of exacerbations
- Dressing change prescription
- Prognosis

### **Congenital Disorders**

- Genetic testing
- Karyotype analysis
- Description of facial and physical features

### **Neurological**

- Imaging
- PT/OT/ST evaluation and notes on patient's functional ability
- Neurological testing (EMG or EEG)
- For brain injuries, strokes, neurological or neuromuscular disorders, or spinal cord disorders:
  - Evidence from at least 3 months after the vascular insult/injury, to evaluate whether the patient has disorganization of motor functioning, or the impact the disorder has on the patient's physical and mental functioning
- Cognitive testing and ability
- Patient's mobility
  - Assistive device
  - Balance
- Seizures
  - Type and frequency

### **Mental and Behavioral Health**

- Psychological evaluation and notes on diagnosis, severity and effects of mental disorder, and ability to function
  - The initial evaluation and diagnosis can be more than 12 months' old, but must include updated progress notes within the past 12 months on severity and functional ability
- Diagnostic testing
- IEPs/MDTs (from school)
- Intellectual testing and IQ testing
- Previous and current treatment, including psychotherapy
- Behavioral health progress notes

## **Cancer**

- Origin and extent of cancer
  - Date of diagnosis
  - Pathology reports
- Imaging
- Treatment
  - Response to treatment
  - Date of remission
- Hematology/Oncology consultant medical records
- Bone marrow or stem cell transplant

## **Immune system**

- Constitutional symptoms or signs
- Definitive testing done to diagnose the disorder
- Lab results, CD4 count
- Biopsy and other pathology reports
- Onset, duration, and frequency of exacerbations
- Stem cell transplant (if applicable)
- Treatment
  - Response to treatment