

Clinical Information Summary Sheet

The purpose of the Clinical Information Summary Sheet is to document the significant clinical findings that contribute to the formulation of the member's diagnosis and treatment protocol. It is the standard tool you may use to communicate with the peer clinical quality evaluation manager when submitting treatment/services for verification of Medical Necessity. This tool is a summary, does not constitute a complete or adequate medical record, and should not be used as your primary history and examination form. The Clinical Information Summary Sheet may be used for:

1. Documenting findings from a new patient examination or initial evaluation and re-evaluations
2. Documenting an established patient's clinical exam findings if they suffer a new injury/condition
3. Documenting an established patient's clinical exam findings if they suffer an exacerbation which requires a new treatment plan
4. Documenting established patient examination findings if continuing care is necessary or the Member is not progressing as expected

The following are general guidelines for completing the Clinical Information Summary Sheet.

Section I: Historical Information

In this section list each Chief Complaint, the date each complaint began (or if the date is unknown use a descriptor such as "gradual", "insidious", or "unknown"), the pain level for each complaint on a zero to ten scale with ten being the worst, the mechanism of injury (how each complaint began), and any pertinent past medical history or co-morbid condition that may affect recovery from the current episode (such as obesity, prior injury, diabetes, previous surgery, etc.).

Section II: Examination Information

This section allows you to report what you found in your examination. Please state the date of the examination. List any pertinent neurologic and/or vascular testing findings; biomechanical results; dermatologic conditions/findings; and the findings associated with any imaging or laboratory testing. Be sure to be specific regarding the finding.

Pre-Certification

Under this program some services will require Pre-Certification. Pre-Certification is triggered by a practitioner or member contacting ASH prior to the provision of a service designated as requiring Pre-Certification. ASH has identified classes of podiatric services that are typically considered for Pre-Certification. Examples of such services for which ASH may require Pre-Certification include, but are not limited to:

- All surgical procedures (CPT 20000 series codes; 20670-29906 and 35226) including, but not limited to:
 - Wound Care, Debridement, and Excision procedures
 - Incision and Drainage procedures
 - Osteotomy, Arthrotomy, Arthrodesis, Arthroplasty, Phalangectomy, Tenotomy/Tenolysis, Amputation, and Capsulotomy procedures
 - Open Treatment of Fracture and Closed Treatment of Joint Dislocations
 - Professional component of services to be rendered at a Health Plan-contracted surgical center
 - Biopsy procedures

- Injection procedures including, but not limited to:
 - Ultrasound-guided and Fluoroscopy guided injection
 - Injection of neurolytic agents
 - Hyaluronan injections
- Durable medical equipment (DME), supports, orthotics, and/or prosthetics, including:
 - All devices with a maximum allowable fee schedule of \$250 or more (podiatrists may, if they choose, request Pre-Certification for DMEs with a maximum allowable fee schedule of less than \$250, in lieu of medical necessity review)
 - Foot and Ankle-Foot Orthoses (AFO)

Podiatrist may submit any podiatric service for Pre-Certification/pre-service review at any time.

If you are submitting services for Pre-Certification, please ensure that you have indicated any alternative measures you have already attempted.

Section III: Therapeutic Goals

In this section, list your goals of treatment. In addition, provide information regarding your plans for patient self-care such as exercises or home care measures. For some conditions, it may be helpful to use some type of outcome assessment tool. If this is ongoing care, please provide both the initial score and the current score.

Additional Comments

Please do not hesitate to provide any additional information you feel is important for us to know regarding the patient's condition that will aid us in making a medical necessity determination.

Clinical Information Summary Sheet

Practitioner Name _____

Patient Name _____

I. Historical Information

CHIEF COMPLAINTS: 1 _____ 2 _____ 3 _____

DATE OF ONSET: _____

0 – 10 PAIN LEVEL: _____

MECH. OF INJURY/EXACERBATION _____

PERTINENT PAST HISTORY / CO-MORBIDITIES _____

II. Examination Information

Date of Exam ____ / ____ / ____

CLINICAL INDICATIONS FOR REQUESTED SERVICE(s) / PROCEDURE(s): _____

SPECIAL TESTS (e.g. Imaging; Vascular, Neurologic, etc.) No Yes Describe test and findings _____

PRIOR IMAGING? No Yes When / Findings: _____

CURRENTLY HAS or SUSPICION OF: Bone / Structural Defect Cancer/Neoplasm Neuroma / neuropathy
 Trauma/Fracture Plantar Fasciitis Vascular Insufficiency Infection This is Post-Operative Care

Indicated by: _____

ALTERNATIVE MANAGEMENT ATTEMPTED? No Yes How Long / Response? _____

MEDICATION No Yes, explain _____

PHYSICAL THERAPY No Yes, explain _____

SHOE MODIFICATION No Yes, explain _____

EXERCISE PROGRAM No Yes, explain _____

STRAPPING No Yes, explain _____

IMMOBILIZATION No Yes, explain _____

OTHER No Yes, explain _____

Failure/intolerance to Pre-Fab Orthosis (OTC) No Yes, explain: _____

COMMENTS / ADDITIONAL INFORMATION RELATING TO MEDICAL NECESSITY FOR REQUESTED SERVICE(S):

III. Therapeutic Goals and Outcome Assessments:

Therapeutic Goals/Outcome Assessments: _____

Signature. (Required) _____ Date _____