OCR Data Extraction & Compliance Checklist

# Master Extraction List

## 1. Patient Information

- Full legal name

- Date of birth

- Gender

- Address (street, city, state, ZIP)

- Phone number(s)

- Email address

- Emergency contact (name, relation, phone)

## 2. Insurance / Billing

- Primary payer (Medicare, Medicaid, Commercial, WC)

- Medicare Beneficiary Identifier (MBI) or Medicaid ID

- Policy / Member ID

- Group number (if commercial)

- BIN / PCN (if pharmacy benefit)

- Secondary/tertiary insurance info

- Workers’ comp claim number / authorization number

- Guarantor info (name, relation, contact)

## 3. Provider / Prescriber

- Provider full name

- NPI number

- DEA number (if controlled med)

- Specialty

- Clinic/facility name

- Address, phone, fax

- Signature & date signed

- PECOS enrollment (Medicare compliance)

## 4. Clinical Documentation

- ICD-10 diagnosis code(s)

- Medical necessity statements / chart notes

- Onset date / injury date

- Prior treatments tried/failed

- Face-to-Face exam documentation (if required by CMS)

## 5. Orders / DME Details

- HCPCS code(s) (device + accessories)

- Item description (mapped to HCPCS descriptor)

- Quantity ordered

- Frequency / replacement schedule

- Length of need (e.g., 99 months / lifetime)

- Supply start date / date of service

- Place of service (home, SNF, hospital)

- Serial / lot number (if applicable)

## 6. Patient Financials

- ABN or equivalent notice

- Estimated cost of item(s)

- Patient choice option (A/B/C)

- Assignment of Benefits (AOB) signed & dated

- Supplier Standards acknowledgment signed

- HIPAA privacy acknowledgment

## 7. Delivery / Proof

- Proof of Delivery (POD) signed with date, address, item list

- Courier/shipping documentation

- Tracking number (if applicable)

## 8. Administrative / Tracking

- Internal case ID

- Referral source

- Prior authorization approval (if applicable)

- Recertification documentation

- Notes on replacement vs new equipment

# Compliance File Completion Checklists

## Medicare DME File Checklist

[ ] Patient demographics (with Medicare MBI)

[ ] Copy of Medicare card (front/back)

[ ] Ordering provider info (NPI, PECOS check)

[ ] Detailed Written Order (DWO) signed & dated

[ ] Face-to-Face exam note (if HCPCS requires)

[ ] ICD-10 diagnosis linked to HCPCS code(s)

[ ] HCPCS code(s) + item description

[ ] ABN signed & dated (if applicable)

[ ] Assignment of Benefits signed & dated

[ ] Supplier Standards acknowledgment signed

[ ] Proof of Delivery signed with date/address

[ ] Serial/lot number logged (if applicable)

[ ] Prior authorization approval (if CMS list item)

## Medicaid DME File Checklist

[ ] Patient demographics (with Medicaid ID)

[ ] Copy of Medicaid card (front/back)

[ ] Ordering provider info (NPI, signature/date)

[ ] Prescription / Written order with HCPCS & ICD-10

[ ] Face-to-Face note (if required by state plan)

[ ] Medical necessity form (state-specific)

[ ] Prior authorization approval (if required)

[ ] Assignment of Benefits signed & dated

[ ] Patient consent/acknowledgment forms

[ ] Proof of Delivery signed with date/address

[ ] Supplier Standards acknowledgment (if state requires)

## Commercial Insurance DME File Checklist

[ ] Patient demographics (with policy ID)

[ ] Copy of insurance card (front/back)

[ ] Ordering provider info (NPI, signature/date)

[ ] Written order with HCPCS & ICD-10

[ ] Prior authorization approval (if plan requires)

[ ] Supporting medical records/notes

[ ] Assignment of Benefits signed & dated

[ ] Proof of Delivery signed with date/address

[ ] ABN-like notice (if insurer requires)

## Workers’ Comp DME File Checklist

[ ] Patient demographics (with WC claim #)

[ ] Employer/insurer information

[ ] Adjuster contact info

[ ] Ordering provider info (NPI, signature/date)

[ ] Written order with HCPCS & ICD-10

[ ] Authorization letter from adjuster/case manager

[ ] Medical records supporting necessity

[ ] Assignment of Benefits signed & dated

[ ] Proof of Delivery signed with date/address