

Doma Imaging Application - Lite

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**Document** **Entity**

Document Type:

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Type of Record:  
Date Medical Documentation Received:  
Veteran SSN:  
CallerID:

Folder:

Relationships...

Journal...

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Task:  
Status:

### Doma Imaging Application - Lite

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#### Thumbnails

Thumbnail grid showing four pages: Page 1 (orange), Page 2, Page 3, Page 4

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### Required Content of Medical Documentation

The following elements must be included in the medical record excerpt or as separate documentation of the authorized episode of care.

#### Basic Requirements

- Veteran identification; to include name, sex, last four digits of the social security number, and date of birth
- Initial assessment and reassessments appropriate for clinical condition, including, but not limited to:
  - i. Relevant medical history and physical examination, including inventory of body systems
  - ii. Vital signs
  - iii. Pain assessment (using 0-10 scale)
- Initial and final diagnosis/diagnostic impressions
- Therapeutic goals (both provider and Veteran)
- Care plans and rationale, including rationale for diagnostic and therapeutic procedures
- Diagnostic and therapeutic procedures, treatments, and tests and test results
- Specific care/services provided, including medication use and medication allergies or sensitivities
- Veteran's response to care/services provided
- Safety measure required to protect the Veteran from injury
- Functional limitations and activity restrictions related to the care/services provided
- A list of all medications and recommended/ordered durable medical equipment/prosthetics
- Instructions given to Veteran
- Recommended follow-up

In addition to the clinical information stipulated in the basic requirements, there are special requirements specific to the services authorized. Attached are the requirements and the timeline for returning the documentation specific to the services approved.

#### Critical Findings

- Notify the authorizing VA facility if it is determined that the Veteran requires:
  - i. Urgent follow-up after completion of authorized episode of care, or
  - ii. Urgent additional care during the authorized episode of care
- Critical findings on outpatient imaging or laboratory testing, or during evaluation and treatment.
- Contact with VA (i.e., name of person contacted, date and time of contact) shall be documented in the impression section of the diagnostic imaging report, or elsewhere in the medical documentation for non-imaging-related critical findings.
- Newly-identified suicide risk in a Veteran not referred for inpatient mental health treatment shall be considered a critical finding.
- A new diagnosis of cancer shall be reported to VA.

#### Pathology

- Pathology slides for biopsies performed must be made available to VA upon request for the slides.

#### Blind/Low Vision Rehabilitation

- Review, complete and return the below documents:
  - i. VA Low Vision Visual Functioning Questionnaire
  - ii. VA Low Vision Visual Functioning Survey

#### Skilled Home Health

- Initial Plan of Care
- Discharge summary

The above is to be submitted directly to VA and simultaneously to Health Net.

#### Document

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V02 Syracuse HCS-528A7

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Status:

Save

- Home ⌵
- Dashboard
- Advanced Search
- Added Entities / Documents
- Tools ⌵
- Saved Searches ⌵
- Test (26592)
- Category of Care missing (99)
- Auth (513)
- Authorized (20653)
- HN Accepted (5205)
- Appointed (13492)
- Pending documentation (5286)
- Documentation received (69)
- Delivered (13983)
- VA Accepted (48377)
- Emergency Services Pending (67)
- Emergency Services HN Action (6)
- A Notification (2967)
- A Responded (3632)
- N Returned-Notification (29652)
- N Returned-VA Closed (54226)
- Links ⌵
- Health Net Provider Search

Search

Search Results

Episode of care

Add Move Folder Check Out Edit Fields Delete Export

	Entity ID	VA Authorization Number	Eligibility	Date VA Authorized	Authorization Type	Authorization Priority	VA
<input type="checkbox"/>	163626	632-2039-3	PC3 Ordered	4/15/2015	Outpatient	Routine	2

Authorization

Medical Documentation

	Document ID	Page Count
<input type="checkbox"/>	1670235	3

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