

CODE	UTILIZATION REVIEW	YES	NO	EXPLANATORY STATEMENT
F838	3. Each medical care evaluation study identifies and analyzes factors related to the care rendered in the facility and where indicated, results in recommendations for change beneficial to residents, staff, the facility, and the community.			
F839	4. Studies, on a sample or other basis, include, but need not be limited to, admissions, durations of stay, ancillary services furnished (including drugs and biologicals), and professional services performed on premises.			
F840	At least one study was completed during the last year. Type of study last completed: _____			
D. Extended Stay Review				
F841	SNF (405.1137(d)) <input type="checkbox"/> MET <input type="checkbox"/> NOT MET			
F842	1. Periodic review is made of each current inpatient skilled nursing facility beneficiary case of continuous extended duration, and the length of which is defined in the utilization review plan to determine whether further inpatient stay is necessary.			
F843	2. The review is based on the attending physician's reasons for and plan for continued stay and any other documentation the committee or group deems appropriate.			
F844	3. Cases are screened by: a. A qualified non-physician representative of the committee. b. The group.			
F845				
F846	c. The reviewer uses criteria established by the physician members of the committee.			