

Review Choice Demonstration Home Health Checklist

Face-to-Face:

- Is the encounter performed within the time frame (90 days before - 30 days after)?
- Does the actual encounter visit note address the primary reason home care is being provided and does not simply include a diagnosis?
- Is it signed and dated prior to the submission of the claim for billing?
- Does it contain the date of the encounter?
- If the encounter was performed by an allowed non-physician practitioner, does the practitioner's documentation in the clinical record corroborate the encounter documentation in accordance with each state's standards of practice?
- Does documentation submitted include, for non-certifying physicians/non-physician practitioners, collaboration with the certifying physician/non-physician practitioner (if they are not in the same practice)?
- Does information submitted by the Home Health Agency corroborate other medical record entries and align with the time period in which services were rendered?
- Is information submitted by the Home Health Agency signed by the physician?

Documentation to support the need for Home Health Services:

- Does it describe the patient's condition and symptoms, not just a list of diagnoses?
- Is the reason for Home Health services a:
 - New problem or
 - An exacerbation of a previous problem – Describe/support. Listing a date is not adequate to support an exacerbation
- If this a post-operative patient:
 - How long ago was the surgery? _____
 - Were there any complications? _____
- If pain is a symptom:
 - Is pain a new symptom? _____
 - How severe is the pain? _____
- Does the patient have medical restrictions on activity? _____
- Is the need for assistive devices documented? _____

Documentation to support the need for skilled services:

- Is there evidence that skilled Therapy is needed?
 - Restore patient function yes no
 - Design or establish a maintenance program yes no
 - Perform maintenance therapy yes no

- Is there evidence that skilled Physical Therapy (PT) is needed? (Note this is not an all inclusive list.)
 - Assessment of functional deficits and home safety evaluation
 - Therapeutic Exercises
 - Restore joint function for post joint replacement patient
 - Gait Training
 - ADL Training
 - Other _____

- Is there evidence that skilled Occupational Therapy (OT) is needed? (Note this is not an all-inclusive list.)
 - Assessment of functional deficits and home safety evaluation
 - Task oriented therapeutic exercise to improve/restore physical function
 - Task oriented therapeutic exercise to improve/restore sensory-integrative function
 - ADL training; teaching compensatory techniques
 - Design, fabricating and/or fitting or orthotic and self-help devices
 - Vocational and Prevocational Assessment and training

- Is there evidence that Speech Therapy is needed? (Note this is not an all-inclusive list.)
 - Therapeutic exercise to improve swallowing
 - Therapeutic exercise to improve language function
 - Therapeutic exercise to improve cognitive function

- Is there evidence that Skilled Nursing is needed? (Note this is not an all-inclusive list.)
 - Teaching/training for _____
 - Observation & assessment for _____
 - Complex care plan management _____
 - Administration of certain medications _____
 - Psychiatric evaluation & therapy _____
 - Rehabilitation nursing/direct nursing care _____

Can these four questions be answered in the documentation?

1. What is the structural impairment?
2. What is the functional impairment?
3. What is the activity limitation?
4. How do the skills of a nurse or therapist address the specific structural/functional impairments and activity limitations cited in steps 1-3?

**** It is recommended that you not use checkboxes and generalized terms and restating requirements would not be adequate without corroborating documentation.**