

Pre-Claim Review Late Period Checklist

If face-to-face was performed by someone other than the certifying physician, the certifying physician must document the date of the face-to-face encounter or the encounter document should be signed by the certifying

	Included	
F2F (Physician-Generated) Encounter Note		
Discharge Summary if Coming from a Facility		

that have been signed, dated, and incorporated into the certifying physician's medical records (if applicable)

Documentation		N/A
F2F Form from the Home Health Agency Sent to the Physician (not required)		
*Comprehensive Assessment		
*Physical Therapy Evaluation		
*Occupational Therapy Evaluation		
*Speech Language Pathology Evaluation		
*Visit Note by the Home Health Agency Staff		
*Wound description/treatment plan if needed to support discipline medical necessity.		

If submitting subsequent periods, plan of care needs to account for all dates on the request.

Documentation	Included	N/A
Initial POC/Certification		
POC for Current Episode		
Physician orders		

Task #4: Signed and Dated Physician's Certification

Documentation	Included	N/A
Certification		

Task #5: Q6: Documentation to meet criteria 2, component 1 — which supports the patient's normal inability to leave the home

Task #5: Q7: Documentation that meets criteria 2, component 2 — which supports that it is a considerable and taxing effort for the patient to leave the home (*all items may not be applicable*)

The items in Task #5 do not need to be signed by the certifying physician.

Documentation	Included	N/A
Comprehensive Assessment		
Fall Risk Assessment		
Initial Physical Therapy Evaluation		
Initial Occupational Therapy Evaluation		
Initial Speech Language Pathology Evaluation		
Current Physical Therapy Assessment		
Current Occupational Therapy Assessment		
Current Speech Language Pathology Assessment		
Nursing visit Notes		
Physical Therapy Visit Notes		
Occupational Therapy Visit Notes		
Speech Language Pathology Visit Notes		