

Comprehensive Error Rate Testing (CERT): Skilled Nursing Facility (SNF) Checklist

Document Description	
All documentation to support the Health Insurance Prospective Payment System (HIPPS) code billed	
Certification/recertification by Physician	
Certified plan of care by physician	
Clinical documentation that supports the functional abilities as reported on the billed MDS	
Clinical documentation that supports the swallowing disorders and nutritional status/type of diet provided as reported on the billed MDS	
Complete MDS including signature pages for all MDS applicable to billed dates of service	
Diagnostic test results/reports, including imaging reports	
Documentation of minutes billed	
Documentation supporting the qualifying 3-day inpatient stay, such as a hospital discharge summary	
For therapy services that exceed the therapy caps, the optional justification statement for services provided above the cap, where present	
History and physical	
Hospital discharge summary	
Initial evaluation for therapy services	
Medication administration records/treatment administration record	
Nurse's notes	
Physician order for therapy	
Physician orders or intent to order for the dates of service billed	
Physician/nonphysician practitioner (NPP) progress notes	
Physician/nonphysician practitioner (NPP) certification/recertification of the plan of care (plan of care signed by physician/NPP OR other evidence of physician/NPP involvement in patient's care)	
Physician/NPP documentation that supports the primary medical condition and active diagnoses reported on the billed MDS	
Procedure notes	
Reevaluations, when they have been performed	
Skilled Nursing Facility (SNF/Swing Bed) resident care plan	
Skin care assessment and clinical documentation that supports skin care treatments and therapy	
Therapy progress reports (required every 10 treatment visits)	



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Where there was a delayed certification/recertification, submit an explanation for the delay and any medical or other evidence, which the skilled nursing facility considers relevant for purposes of explaining the delay	
Any Skilled Nursing Facility Advanced Beneficiary Notice of Noncoverage (SNFABN) issued to the beneficiary for each date of service and each specific service a SNFABN was issued	
For Electronic Health Records, send a copy of the electronic signature policy and procedures that describe how notes and orders are signed and dated	
BEFORE YOU SEND — Check for signatures on office/progress notes or other medical record documentation. If the signature(s) are missing or illegible, send a completed signature attestation (find a sample attestation at https://c3hub.certrc.cms.gov/). If the signature(s) are illegible, you may also send a signature log.	

For additional Skilled Nursing Facility resources see:

CMS Patient Driven Payment Model (PDPM) (Fact Sheet, Training Presentation, FAQ)
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM>

SSA 1862(a)(1)(A)(Exclusions from Coverage and Medicare as Secondary Payer
https://www.ssa.gov/OP_Home/ssact/title18/1862.htm

- 42 CFR §409 Subpart D (Requirements for Coverage of Posthospital SNF Care)
<https://www.ecfr.gov/current/title-42/chapter-IV>
- 42 CFR §413.343 (Prospective Payment for Skilled Nursing Facilities — Resident Assessment Data) <https://www.ecfr.gov/current/title-42/chapter-IV>
- 42 CFR §424.11 (Conditions for Medicare Payment — General Procedures)
<https://www.ecfr.gov/current/title-42/chapter-IV>
- 42 CFR §424.20 (Conditions for Medicare Payment — Requirements for Posthospital SNF Care)
<https://www.ecfr.gov/current/title-42/chapter-IV>

CMS IOM PUB 100-01 Chapter 4 §40 (Certification and Recertification by Physicians for Extended Care Services)
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ge101c04.pdf>

CMS IOM PUB 100-02 Chapter 8 §20.1 Three-Day Prior Hospitalization), §30 (SNF Level of Care), §50.3 (Physical Therapy, Speech-Language Pathology, and Occupational Therapy furnished by the SNF or by others under arrangements), §50.8.2 (Respiratory Therapy)
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08pdf.pdf>



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CMS IOM PUB 100-04 Chapter 6 §10 (Skilled Nursing Facility Prospective Payment System and consolidated Billing Overview), §30 (Billing SNF PPS services), §40.7 (Ending a Benefit Period) and §120 (SNF Patient-Driven Payment Model [PDPM])

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c06.pdf>

CMS IOM PUB 100-8 Chapter 6 §6.1.4 (Bill Review Process) and §6.3 (Medical Review of Certification and Recertification of Residents in SNFs), and the RAI 3.0 Manual v. 1.17, Chapter 3 (Overview to the Item-by-Item Guide to the MDS 3.0) and Chapter 6 §6.6 (PDPM Calculation Worksheet for SNFs)

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c06.pdf>

Disclaimer: This checklist was created as an aid to assist providers and is not intended to be all-inclusive. It is the responsibility of the provider of services to ensure the correct, complete and thorough submission of documentation.

