PALMETTO GBA
A CELERIAN GROUP COMPANY

**Home Health Medical Record Audit Form**

| | Yes | No | N/A |
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| **Certification** | | | |
| **Plan of Care / Certification** | | | |
| Is the plan of care and certification/re-certification submitted for the correct beneficiary? | | | |
| Is the plan of care and certification/re-certification submitted legible? | | | |
| Is the plan of care and certification/re-certification submitted legibly signed and dated by the physician? | | | |
| Does the plan of care and certification/re-certification submitted cover the dates of service billed on the claim? | | | |
| Is the plan of care and certification/re-certification submitted dated prior to the date that the claim was billed to Medicare? | | | |
| Is the INITIAL (START OF CARE) CERTIFICATION AND PLAN OF CARE submitted for review REGARDLESS OF DATES OF SERVICE BILLED | | | |
| **Recertification** | | | |
| Does the recertification contain an estimate of the length of time home health services will be needed? | | | |
| **Face to Face** | | | |
| Is the face to face encounter documentation submitted regardless of dates of service being reviewed (i.e. start of care or a subsequent episode)? | | | |
| Is the face to face encounter documentation for the correct beneficiary? | | | |
| Does the face to face encounter occur within 90 days prior to or 30 days after the start of care date? | | | |
| Is the face to face encounter performed by a physician or an allowed non-physician practitioner (NPP) and does the face to face encounter document include a date when the physician or allowed non physician practitioner (NPP) performed the encounter? | | | |
| Is the date the physician or allowed non physician practitioner signed the face to face encounter legible? | | | |
| Does the documentation describe how the patient's clinical findings, as seen during that encounter, support the patients need for skilled services and homebound status? | | | |

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| Is there any documentation that was created/generated by the home health agency, sent to the physician and now incorporated in the physician held medical record, and signed off by the certifying physician and/or acute/post-acute care facility? | | | |
| **OASIS** | | | |
| Is the OASIS assessment used to generate HIPPS code billed during this period present in the national repository? | | | |
| **Nursing Services** | | | |
| **Management and Evaluation** | | | |
| Is the physician narrative for skilled management and evaluation in the medical record? | | | |
| Is the physician narrative for skilled management and evaluation legible and signed by the physician, and dated before the claim was billed to Medicare? | | | |
| Is there documentation present for the visits billed that agrees with the care plan and/or physician orders for management and evaluation? | | | |
| Are the visits for management and evaluation of the patients care plan reasonable and necessary? | | | |
| **Skilled Nursing** | | | |
| Is the order written on the plan of care sufficient to cover all skilled nursing visits billed or covered by an additional order? | | | |
| Are the physician order(s) signed, dated and legible? | | | |
| Are the physician order(s) dated before the claim was billed to Medicare? | | | |
| Does the physician order(s) include specific discipline(s), frequencies, duration and specific treatments for each discipline? | | | |
| Are the physician order(s) for the PRN visit(s) quantified and qualified? | | | |
| Is there a physician order to administer vitamin B12 that includes the frequency and qualifying diagnosis? | | | |
| Are the services reasonable and necessary as defined in Pub.100-02, Medicare Benefit Policy Manual, Chapter 7? | | | |
| **Endpoint** | | | |
| If skilled nursing visits are daily (7 days per week), is there a valid and realistic endpoint statement present in the medical record that indicates when nursing visits will be less than daily? | | | |

| Therapy Services | | | |
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| Is the INITIAL THERAPY (PT, OT, SLP) EVALUATION submitted for review REGARDLESS OF DATES OF SERVICE BILLED? | | | |
| Is therapy (PT, OT, SLP) re-assessment/re-evaluation for prior billing period and for dates of service in question submitted for review? | | | |
| **Physical Therapy** | | | |
| Does the order written on the plan of care cover all physical therapy visit(s) billed or are there additional orders? | | | |
| Are the PT orders signed by the physician, dated and legible? | | | |
| Do the PT orders signed by the physician include discipline, frequency and duration? | | | |
| Is the credential of the person who performed the initial physical therapy assessment included? | | | |
| Is the 30 day reassessment visit documented in the medical record? | | | |
| In the initial physical therapy evaluation, are the short term goal(s) and long term goal(s) stated in objective, measurable terms, and their expected date of accomplishment? | | | |
| Does the plan of treatment include the diagnosis being treated, treatment to be done, specific functional goals for therapy in objective measurable terms, amount/frequency/duration of services and rehabilitation potential? | | | |
| Is there documentation present for the visits billed that agrees with the care plan and/or physician orders? | | | |
| Are the services reasonable and necessary as defined in Pub.100-02, Medicare Benefit Policy Manual, Chapter 7 and the Home Health-Physical Therapy LCD? | | | |
| **Occupational Therapy** | | | |
| Does the order written on the plan of care cover all occupational therapy visit(s) billed or are there additional orders? | | | |
| Are the occupational therapy orders signed by the physician, dated and legible? | | | |
| Do the occupational therapy orders signed by the physician include discipline, frequency and duration? | | | |
| Is the credential of the person who performed the initial occupational therapy assessment included? | | | |
| Is the 30 day reassessment visit documented in the medical record? | | | |

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| In the initial occupational therapy evaluation, are the goal(s) stated in objective, measurable terms, and their expected date of accomplishment? | | | |
| Does the plan of treatment include the diagnosis being treated, treatment to be done, specific functional goals for therapy in objective measurable terms, amount/frequency/duration of services and rehabilitation potential? | | | |
| Is there documentation present for the visits billed that agrees with the care plan and/or physician orders? | | | |
| Are the services reasonable and necessary as defined in Pub.100-02, Medicare Benefit Policy Manual, Chapter 7 and Home Health – Occupational Therapy LCD? | | | |
| **Speech Language Pathology** | | | |
| Does the order written on the plan of care cover all Speech Language Pathology visit(s) billed or are there additional orders? | | | |
| Are the Speech Language Pathology orders signed by the physician, dated and legible? | | | |
| Do the Speech Language Pathology orders signed by the physician include discipline, frequency and duration? | | | |
| Is the credential of the person who performed the initial Speech Language Pathology assessment included? | | | |
| Was the 30 day reassessment visit documented in the medical record? | | | |
| Does the plan of treatment include the diagnosis being treated, treatment to be done, specific functional goals in measurable terms, amount/frequency/duration of treatment, and rehabilitation potential? | | | |
| Is there documentation present for the visits billed that agrees with the care plan and/or physician orders? | | | |
| Are the services reasonable and necessary as defined in Pub.100-02, Medicare Benefit Policy Manual, Chapter 7 and Home Health Speech-Language Pathology LCD? | | | |
| **Dependent Services** | | | |
| **Medical Social Worker** | | | |
| Is there documentation present for the visits billed that agrees with the care plan and/or physician orders? | | | |
| Does the documentation reflect a need for a medical social worker to resolve any social or emotional problems that impede or may impede the treatment of the patient's medical condition or rate of recover? | | | |

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| **Home Health Aide** | | | |
| Is there documentation present for the visits billed that agrees with the care plan and/or physician orders? | | | |
| Is hands-on personal care being provided? | | | |
| Is the service being provided reasonable and necessary to maintain health or to facilitate treatment of illness or injury (i.e. simple dressing changes or assistance with self-administered drugs that do not require the skills of a nurse, etc.)? | | | |
| **Homebound** | | | |
| **CRITERIA ONE (must have at least one of the following):** (1) The patient must either: because of illness or injury, need for aid or supportive devices such as crutches, canes, wheelchairs, and walkers; the use of special transportation; or the assistance of another person in order to leave his or her place of residence or (2) have a condition such that leaving his or her home is medically contraindicated? | | | |
| **CRITERIA TWO (must have both of the following):** There must exist a normal inability to leave home and leaving home must require a considerable and taxing effort? | | | |
| **Diabetes** | | | |
| Are the HBA1C level results reported quarterly (and no less often than 120 days) and included in the medical record for patients with a diagnosis of Type 2 Diabetes? | | | |
| If the nurse administers insulin daily to the patient, is there a treatment order to administer daily insulin present in the medical record? | | | |
| If the nurse administers insulin daily to the patient, is there documentation of why the patient can't self-inject insulin present in the medical record? | | | |
| If the nurse administers insulin daily to the patient, is there documentation of why the patient's caregiver can't or won't administer insulin present in the medical record? | | | |
| **Signatures** | | | |
| If the signature on the medical documentation is illegible, is there a signature log or an attestation statement in the medical record? | | | |
| If an electronic signature is used, is the signature appropriately authenticated and dated? | | | |
| If an electronic signature is used, is there documentation to show that there are system safeguards in place to prevent unauthorized access and a process for reconstruction? | | | |