

**Pre Claim Review Subsequent Episode Checklist**

**Task #1: Face-to-Face (F2F) Clinical Encounter Notes. If face-to-face was performed by someone other than the certifying physician, a statement of collaboration/agreement needs to be included or document should be signed off by the certifying physician.**

| Documentation                               | Included | N/A |
|---|----------|-----|
| F2F (Physician-generated) Encounter Note    |          |     |
| Discharge Summary if Coming from Facility   |          |     |
| Office Visit Note if Coming from Outpatient |          |     |

**Task #2: Home Health Agency (HHA)-generated records that support the F2F encounter and that have been signed, dated and incorporated into the certifying physician’s medical records (if applicable). \*These items only need a physician signature if you want them included as part of the face-to-face documentation.**

| Documentation  | Included | N/A |
|--|----------|-----|
| F2F Form from the HHA Sent to the Physician (Not Required) |          |     |
| Plan of Care (POC) Certification Orders                    |          |     |
| *Comprehensive Assessment                                  |          |     |
| *Physical Therapy Evaluation                               |          |     |
| *Occupational Therapy Evaluation                           |          |     |
| *Speech Language Pathology Evaluation                      |          |     |
| *Recertification (60-day) Summary                          |          |     |
| *Visit Note by the HHA Staff                               |          |     |

**Task #3: POC Signed and Dated by the Certifying Physician.**

| Documentation             | Included | N/A |
|---------------------------|----------|-----|
| Initial POC/Certification |          |     |
| POC for Current Episode   |          |     |

**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).**

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

| Documentation                                | Included | N/A |
|--|----------|-----|
| Comprehensive 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        |          |     |