Pre-Claim Review Start of Care/Early Period Checklist

Task #1: Face-to-Face (F2F) Clinical Encounter Notes

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 physician.

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

Task #2: Home Health Agency-generated records that support the F2F encounter and that have been signed, dated, and incorporated into the certifying physician's medical records (if applicable)

* If the items below are submitted as supporting documentation for the certification, they will need to be signed and dated by the certifying M.D.

Document	Included	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		

Task #3: Plan of Care (POC) Signed and Dated by the Certifying Physician

Document	Included	N/A
Initial POC/Certification		
Physician Orders		

Task #4: Signed and Dated Physician's Certification

Document	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.

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