



Responding to Home Health Additional Development Request (ADR) Checklist

This checklist is provided as a reminder of what to include when responding to an ADR

Plan of Care and Certification

- Signed and dated prior to billing the end of episode claim
- Physician orders not included on the Plan of Care must be signed and dated prior to billing the final claim to Medicare

Documentation of services rendered

- Documentation to determine medical necessity of all services billed and to support the Health Insurance Prospective Payment System (HIPPS) code (or level of payment) billed
- In/out time for nurse and aide visits
- Projected endpoint to daily skilled nurse visits
- Documentation for all PRN visits, including dates, reason for the PRN visits, outcome of visits and orders for services must be included
- Any other pertinent documentation that may be needed to establish medical necessity (e.g., date of hospitalization, medication changes, laboratory values, physician contacts/visits, etc)
- Submit documentation denoting treatment week, when different from calendar week.
- Submit Advance Beneficiary Notice (ABN) if applicable

Itemized supply list if billed

- Include the quantity and cost of each item
- Physician orders signed and dated prior to billing the end of episode claim to cover all supplies billed
- Total charges billed (revenue code 270) should equal total charges listed on itemized supply list

Revised: 01/28/11