



**Review Choice Demonstration  
Home Health Face-to-Face Checklist**

**General:**

- Is the encounter performed within the time frame (90 days before to 30 days after)?
- Does the actual encounter visit note address the primary reason home care is being provided and does not simply include a diagnosis?
- Is it signed and dated prior to the submission of the claim for billing?
- Does it contain the date of the encounter?
- If the encounter was performed by an allowed nonphysician practitioner, does the practitioner's documentation in the clinical record corroborate the encounter documentation in accordance with each state's standards of practice?
- Does information submitted by the home health agency corroborate other medical record entries and align with the time period in which services were rendered?
- Is information submitted by the home health agency signed by the physician?

**Documentation to Support the Need for Home Health Services:**

- Does it describe the patient's condition and symptoms, not just a list of diagnoses?
- Is the reason for home health services a:
  - New problem, or
  - An exacerbation of a previous problem? Describe and support. Listing a date is not adequate to support an exacerbation.

- If this a post-operative patient:
  - How long ago was the surgery? \_\_\_\_\_
  - Were there any complications? \_\_\_\_\_
- If pain is a symptom:
  - Is pain a new symptom? \_\_\_\_\_
  - How severe is the pain? \_\_\_\_\_
- Does the patient have medical restrictions on activity? \_\_\_\_\_
- Is the need for assistive devices documented? \_\_\_\_\_

**Documentation to Support the Need for Skilled Services:**

- Is there evidence that skilled therapy is needed?
  - Restore patient function? Yes No
  - Design or establish a maintenance program? Yes No
  - Perform maintenance therapy? Yes No
- Is there evidence that skilled physical therapy (PT) is needed? (This is not an all-inclusive list.)
  - Assessment of functional deficits and home safety evaluation
  - Therapeutic exercises
  - Restore joint function for post joint replacement patient
  - Gait training
  - ADL training
  - Other \_\_\_\_\_

- Is there evidence that skilled occupational therapy (OT) is needed? (This is not an all-inclusive list.)
  - Assessment of functional deficits and home safety evaluation
  - Task-oriented therapeutic exercise to improve/restore physical function
  - Task-oriented therapeutic exercise to improve/restore sensory-integrative function
  - ADL training; teaching compensatory techniques
  - Design, fabricating and/or fitting of orthotic and self-help devices
  - Vocational and Prevocational Assessment and training
  
- Is there evidence that speech therapy is needed? (Note this is not an all-inclusive list.)
  - Therapeutic exercise to improve swallowing
  - Therapeutic exercise to improve language function
  - Therapeutic exercise to improve cognitive function
  
- Is there evidence that skilled nursing is needed? (This is not an all-inclusive list.)
  - Teaching/training for \_\_\_\_\_
  - Observation and assessment for \_\_\_\_\_
  - Complex care plan management \_\_\_\_\_
  - Administration of certain medications \_\_\_\_\_
  - Psychiatric evaluation and therapy \_\_\_\_\_
  - Rehabilitation nursing/direct nursing care \_\_\_\_\_

### **Can These Four Questions Be Answered in the Documentation?**

1. What is the structural impairment?
2. What is the functional impairment?
3. What is the activity limitation?
4. How do the skills of a nurse or therapist address the specific structural/functional impairments and activity limitations cited in steps 1–3?

*\*\* It is recommended that you not use check-boxes and generalized terms. Restating requirements would not be adequate without corroborating documentation.*