



## Comprehensive Error Rate Testing (CERT): Part A Checklist

Use this checklist when your claim is selected for review by the CERT contractor. You will have 45 calendar days to submit the requested information from the date of the original request for medical records. After 75 days from the initial request, the money will be recouped from the paid claim if documentation is not received by the CERT contractor.

Please submit the documentation using the fax number, mailing address or other options listed on the CERT Request letter which includes a Barcoded Cover Sheet. The Barcoded Cover Sheet should be placed on top of the documentation when submitted. The documentation should include, but is not limited to:

	Physician’s orders for all laboratory and diagnostic services billed. If the physician’s order contains tests not described by the current procedural terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) publication, the individual components of the tests should be documented. Include any Standard Operating Procedures that apply.
	Advanced Beneficiary notice of non-coverage (ABN) issued to the beneficiary for each date of service and each specific service an ABN was issued
	For electronic health records, send a copy of the electronic signature policy and procedures that describe how notes and orders are signed and dated. Validating electronic signatures depends on obtaining this information. <ul style="list-style-type: none"> <li>• Before sending documentation, check for signatures on office/progress notes or other medical records</li> <li>• If the signature is missing, send a completed signature attestation</li> <li>• Send a signature log for all illegible signatures or send a completed signature attestation.</li> </ul>
	Documentation should support all CPT/HCPCS codes billed

If applicable, please submit:

	For Inpatient Hospitalizations, submit the entire inpatient medical records for the entire hospitalization, not just the specified from and to date of service of the claim. This may include: <ul style="list-style-type: none"> <li>• Consultation Reports</li> <li>• Disposition/discharge notes and discharge summary</li> <li>• Emergency room records (if applicable)</li> <li>• Evaluation and Management/counseling notes</li> <li>• History and Physical</li> <li>• Medication Administration Records</li> <li>• Nurses notes</li> <li>• Operative Reports</li> <li>• Pathology Report</li> <li>• Physician office/clinic progress notes to support procedures billed and all other documentation as indicated in the Local Coverage Determination (LCD) or National Coverage Determination (if applicable).</li> <li>• Physician orders or intent to order</li> </ul>
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	<ul style="list-style-type: none"> <li>• Physician/non-physician (NPP) progress notes</li> <li>• Pre, intra and post anesthesia records and/or sedation record</li> <li>• Procedure notes</li> <li>• Recovery Room record</li> <li>• Signed order for inpatient admission</li> <li>• Skin care records</li> </ul>
	<p><b>For Inpatient Rehabilitation Facilities, submit the entire inpatient medical record for the entire hospitalization, not just the specified from and to date of service of this claim. Also include:</b></p> <ul style="list-style-type: none"> <li>• Admission order</li> <li>• Documentation to support that the supervising physician is a licensed physician with specialized training and experience in inpatient rehabilitation.</li> <li>• Individualized Overall Plan of Care</li> <li>• Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)</li> <li>• Interdisciplinary team meeting notes</li> <li>• Pre-Admission Screening</li> <li>• Post-Admission Physical Exam and Evaluation (PAPE)</li> <li>• Rehabilitation physician/NPP notes</li> <li>• Therapy evaluations, plans of care, and progress/treatment notes</li> </ul>
	<p><b>For End Stage Renal Disease (ESRD) Facilities, submit the following:</b></p> <ul style="list-style-type: none"> <li>• Beneficiary election of ESRD Method</li> <li>• Diagnostic test results/reports, including imaging reports</li> <li>• Dialysis treatment records</li> <li>• Disposition/discharge notes</li> <li>• History and Physical</li> <li>• Medication Administration Records</li> <li>• Nursing notes</li> <li>• Physician/non-physician (NPP) progress notes</li> <li>• Physician orders for dates of service billed including any standing orders and treatment/medication protocols</li> </ul>
	<p><b>For Comprehensive Outpatient Rehabilitation Facilities (CORF) or Outpatient Rehabilitation Facilities (ORF), submit the following:</b></p> <ul style="list-style-type: none"> <li>• Initial evaluation for therapy services</li> <li>• Plan of care (may be part of evaluation)</li> <li>• Physician/Non-physician Practitioners (NPP) certification of plan of care (signature or other evidence of physician/NPP involvement in patient's care)</li> <li>• Re-certifications, when appropriate (Required every 90 days, except for CORF Respiratory Therapy required every 60 days)</li> <li>• Re-evaluations, when they have been performed</li> <li>• Therapy process reports- 1 per each 10 treatment days or 1 per certification interval, whichever is less</li> <li>• Treatment notes, once per treatment day, to include: Total timed code treatment minutes, total treatment time (in minutes) for the billed Date of Service (DOS), and documentation to support services of CPT/HCPCS codes billed</li> <li>• For therapy services that exceed the therapy caps, the optional justification statement for services provided above the cap, where present</li> </ul>
	<p><b>For Inpatient Psychiatric Hospitalizations, submit the following:</b></p> <ul style="list-style-type: none"> <li>• Certification/Recertification</li> <li>• Discharge Plan</li> <li>• Initial Psychiatric Evaluation</li> <li>• Individual and Group Psychotherapy and Patient Education and Training Progress Notes</li> <li>• Medication Administration Record</li> <li>• Nursing/Team Member notes</li> </ul>

	<ul style="list-style-type: none"> <li>• Physician Orders</li> <li>• Plan of Treatment</li> <li>• Physician Progress notes</li> </ul>
	<p><b>For Skilled Nursing Facilities, submit the following:</b></p> <ul style="list-style-type: none"> <li>• Any Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNF ABN) issued to the beneficiary for each date of service and each specific service a SNF ABN was issued</li> <li>• Certification/Recertification by Physician</li> <li>• Certified Plan of Care by Physician</li> <li>• Documentation supporting the qualifying 3-day inpatient stay, such as a hospital discharge summary</li> <li>• Documentation supporting medical necessity of service and the Patient Driven Payment Model (PDPM) Classification for the billing period under review</li> <li>• Medication Administration Record</li> <li>• Nursing notes</li> <li>• Physician/Non-Physician (NPP) orders</li> <li>• Physician/Non-Physician (NPP) progress notes</li> <li>• Therapy Evaluations, Plans of Care and Progress Reports/Treatment Notes</li> <li>• Any additional documentation should include any notes related to the assessment reference date(s) and PDPM classification which can extend back as far as days prior the billing period under review</li> </ul>
	<p><b>For Hospital-based Ambulatory Surgery Centers, submit the following:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic test results/reports, including imaging reports</li> <li>• Disposition/discharge notes</li> <li>• History and physical</li> <li>• Intraoperative and perioperative record</li> <li>• Implant log</li> <li>• Medication Administration Record</li> <li>• Nurses notes</li> <li>• Operative reports</li> <li>• Pathology report</li> <li>• Physician orders or intent to order for the dates of service billed</li> <li>• Physician progress notes</li> <li>• Physician office/clinic progress notes to support procedures billed and all other documentation as indicated in the Local Coverage Determination (LCD) or National Coverage Determination (if applicable).</li> <li>• Pre, intra and post anesthesia record and/or sedation record</li> <li>• Procedure notes</li> <li>• Recovery Room record</li> </ul>
	<p><b>For Outpatient Facility Services submit the following:</b></p> <ul style="list-style-type: none"> <li>• Diagnostic/laboratory test reports/results, including imaging reports, if applicable</li> <li>• Physician/non-physician (NPP) signed orders or intent to order the billed services</li> <li>• Physician/non-physician (NPP) signed office/clinic progress notes to support the medical necessity of the CPT/HCPCS codes billed</li> </ul>