

ADR DOCUMENTATION PREPARATION CHECKLIST

Resident Name: _____
 Resident Identification Number: _____
 Date of Birth _____
 Service Date(s) from: _____ thru: _____

Include records for the look-back period of the MDS associated with the claim period requested. This may include records outside the claim period. Records should be in chronological order. The documentation should be reviewed to ensure they are for the timeframe under review; all documents are legible, one-sided, and numbered. Keep a copy of the packet sent to the review contractor.

Person Responsible	Record Requested	Date Completed	Comments/Notes
	Copy of the claim(s): UB-04		
	Hospital Records including ED notes, history and physical, progress notes, therapy notes, consults, labs, medication administration records		
	Hospital discharge summary		
	Facility face sheet including current contact information for beneficiary representative		
	Advanced Directives		
	MDS assessments (if requested)		
	Facility physician's history and physical		
	Physician certification/recertification, signed and dated, including attestation, if applicable		
	Physician's order admitting resident to skilled care signed and dated		
	Facility physician's orders signed and dated		
	Physician's progress notes		
	Nurse Practitioner / Physician Assistant notes		
	Nursing admission assessment		
	Nursing progress notes		
	Medication Administration Records		
	Treatment Administration Records		
	Wound tracking records		
	Respiratory assessment and plan of care (if applicable)		
	Respiratory assessments/flow sheets (if applicable)		
	Social Service assessments and progress notes		
	Dietary assessments and progress notes		
	Recreation assessments and progress notes		
	CNA ADL documentation		
	Vital signs, height/weight records		
	MDS section GG documentation		

Person Responsible	Record Requested	Date Completed	Comments/Notes
	Physical Therapy Evaluation/signed Plan of Care (POC)		
	PT progress notes		
	PT POC recertifications		
	PT daily contact notes		
	PT service logs including service dates and minutes		
	PT discharge summary		
	Occupational Therapy Evaluation/signed Plan of Care (POC)		
	OT progress notes		
	OT POC recertifications		
	OT daily contact notes		
	OT service logs including service dates and minutes		
	OT discharge summary		
	Speech-Language Pathology Therapy Evaluation/signed Plan of Care (POC)		
	SLP progress notes		
	SLP POC recertifications		
	SLP daily contact notes		
	SLP service logs including service dates and minutes		
	SLP discharge summary		
	Care plan		
	Lab/radiology reports		
	Consultations including physiatry, psychiatry if applicable		
	Medicare Notice of Non-Coverage (CMS 10123) and ABN (if applicable)		
	Copy of Quality Improvement Org. (QIO) determination (if applicable)		
	Signature logs and credentials for all persons signing the medical record		
	Other applicable records to support the HIPPS code(s) billed: (list here):		
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	Other applicable records to support the HIPPS code(s) billed: (list here):		

Resident Name: _____
Resident Identification Number: _____
Date sent to the review contractor: _____
Method (i.e., mail, portal upload, etc.): _____
Date confirmation of receipt: _____

