Facility	
Resident	
Dates of Service **Relevant MDS**	___/___/_____ to ___/___/_____ ☐ 5 Day Medicare Assessment ARD _____ ☐ IPA Assessment ARD _____

PDPM ADR Part A Checklist

✓	***Records required for DOS in review, along with ARD look-back period (at minimum)***	Dates / Notes
	ADR notice	
	UB-04 Claim Form(s)	
	Face Sheet & List of diagnoses	
	SNF Certification / Recertification from SOC for date of service in review	
	SNF Delayed Certification if needed to cover missing elements or untimely provider signature	
	Admission orders and all telephone orders (signed / dated)	
	Attending physician H&P and progress notes to include physician extender documentation	
	PPS Medicare MDS Assessments (5-Day Assessment / IPA)	
	Proof of qualifying hospital stay and other relevant hospital reports that support MDS coding (e.g., H&P and relevant progress notes, diagnostic reports, Medication / Treatment records, DC Summary, Operative notes / proof of surgical procedures, therapy notes, etc.).	
	Nursing assessments (e.g., initial assessment, wound, respiratory, restorative, etc.)	
	Nursing notes for the duration of the stay to include separate treatment notes as relevant for wound care, respiratory treatment, restorative programs, etc.	
	Weekly IDT documentation (e.g., UR Meeting)	
	IDT documentation related to use of SNF QHS Waiver during PHE, if applicable	
	Interdisciplinary Care plans, including baseline care plan	
	Prior level of function (supportive documentation outside therapy)	
	MAR/TAR including treatment records related to the condition(s) for which skilled services were rendered; may include graphic sheets, vital signs, etc. as relevant to support care	
	IDT documentation to support MDS coding (e.g., Social Service, Dietary, Speech, etc.)	
	Additional IDT documentation (e.g., social service or activities notes to support d/c plans)	
	GG IDT documentation (e.g., nursing, therapy or other qualified clinician) **Therapy documentation may come from separate rehab software report*	
	Diagnostic testing, lab and consultation reports	
	PT, OT, SLP initial evaluation / POCs signed & dated by the physician or NPP	
	Updated Therapy Plan(s) of Care signed / dated by the physician or NPP	
	Attestation, if needed, for therapy POC/UPOC(s) if not signed within 30 days by the physician	
	PT, OT, SLP progress notes and daily notes for entire episode of care	
	PT, OT, SLP Discharge Summary, if applicable	
	PT, OT, SLP service logs supporting therapy service provision section O	
	Other therapy notes (e.g., test forms or addendums) as needed to support claim.	
	Proof of staff/family/patient training, individualized FMPs, RNPs, HEPs etc.	
	Signature logs that contain typed name/signature/credentials for staff including physician	

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Questions? Email Stacy Baker, Director of Audit Services
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