

FACILITY: \_\_\_\_\_ DATE OF LETTER: \_\_\_\_\_  
RESIDENT'S NAME: \_\_\_\_\_ DATE DUE: \_\_\_\_\_

**Documents Must Contain All Records from Admission thru the Dates of Service**

**DOCUMENTATION CHECKLIST FOR ADR'S OR APPEALS**

- ☐ All Denial Letters that the facility received (from MAC, QIO, QIC, Maximus, etc., if applicable) -with details of the reasons for denial
- ☐ All **Appeal Letters** that were submitted, if applicable (Redetermination Request; Reconsideration Request; ALJ Hearing Request: etc.) – With copies of Medical Records that were submitted
- ☐ **UB-04's for dates of service of the claim; Copies of the Remittance Advice if applicable**
- ☐ **MD Certification and Re-certification Form (with Legible MD Signatures, Dates signed, Reasons for Re-certification, estimated period for continued skilled services and post SNF care all must be filled out)**
- ☐ **Physician H & P**
- ☐ **Physician Orders:** Admission, Monthly, and Telephone Orders (signed and dated by Physician)
- ☐ **Physician Progress Notes**
- ☐ **All MDS assessments completed during the benefit period and Validation reports with submission date**
- ☐ **Interdisciplinary Care Plan**
- ☐ **Hospital Records from Qualifying Hospital Stay**
  - History and Physical, Discharge Summary, Transfer Summary
  - IV flow sheets
  - Medication Administration Record (MAR)
  - Physician Progress Notes
  - Nursing, Dietary, Discharge Planning Progress Notes
- ☐ **Therapy Documentation for all therapies given**
  - Therapy Evaluation & Plan of Treatment from start of care
  - Daily/Weekly Summary; Notes and Addendums
  - Therapy Services Treatment Log (Showing minutes of therapy per Discipline/Treatment)
- ☐ **Initial Admission Nursing Assessment**
- ☐ **Nursing Documentation** (chronological order); Daily Nursing Notes
- ☐ **Medication Administration Record (MAR)**
- ☐ **Treatment Administration Record (TAR)**
- ☐ **ADL Tracking Records; Flow sheets** i.e. weight records, behaviors, I&O, and Vital Sign Sheets
- ☐ **Wound Care Records**
- ☐ **Restorative Program** Plan and Summary, Progress Notes, and Intervention Records
- ☐ **Social Service** Evaluation and Progress Notes
- ☐ **Dietary/Nutrition** Evaluation and Progress Notes
- ☐ **Beneficiary Notice of Non-coverage and Expedited Review Determination Decision if applicable: Liability Notice if applicable**
- ☐ **Other – Any other documentation that supports the delivery of skilled service.**
- ☐ **Labs and X-Rays**
- ☐ **Physician/RN Signature Log**
- ☐ **Electronic signature policy and list**

**WE CAN NOT ACCEPT DOUBLE SIDED OR ORIGINAL RECORDS**