

Comprehensive Billable Visit Checklist

Patient: _____ Discipline Reviewed: _____ Visit Date: _____

	Questions/Area of Review	Yes	No	NA
Homebound Requirement				
	Homebound Criterion-One. Does documentation indicate that the patient:			
1	(Condition) requires a supportive mobility assist device, special transportation, or assistance of another person to leave the home			
2	(Condition) has a condition such that leaving home is medically contraindicated			
	If has at least one Criterion-One condition MUST ALSO SATISFY BOTH Criterion-Two homebound conditions:			
3	(Condition) The patient has a normal inability to leave the home and			
4	(Condition) Leaving the home requires considerable and taxing effort.			
Documentation - All Skilled Care (SN, PT, OT, SLP)				
5	Visit is ordered			
6	Narrative note content follows plan of care and support progress toward goals.			
7	Patient's response to care, treatment and services is documented.			
8	Plan for Next Visit is documented			
Documentation - Therapy (PT, OT, SLP)				
9	The Plan of Care/orders for therapy includes: specific therapy procedures and modalities, measurable therapy treatment goals, frequency and duration of services.			
10	Therapy re-assessment with comparative measurements (from the previous measurement) and determination of the effectiveness (or lack thereof) is documented at a minimum every 30 days.			
11	Each reassessment is done by a qualified therapist (PT, OT, SLP) - not an assistant.			
12	Specific treatments are documented as ordered: exercise, training, sets, repetitions			
13	Home Exercise Plan (HEP) status documented			
14	Status of goal achievement is documented			
Documentation - Nursing				
15	Assessment of condition is present: addresses primary diagnosis and patient reports			
16	Any out of range parameters have communication with physician/allowed practitioner			
17	Teaching performed is supported by rationale: diagnosis, identified knowledge deficit			
18	Barriers to instruction are identified (if applicable)			
19	Reasons for reinforcement of teaching are documented (as applicable)			
20	Procedures performed follow orders for treatment and frequency			
Documentation - Nursing Management and Evaluation				
21	Underlying conditions or complications demonstrate that only a registered nurse can ensure that essential unskilled care is achieving its purpose			
22	Evaluation of unskilled caregiver services is documented			
Documentation - Dependent Services (MSS, Aide)				
23	Plan of care is followed (Aide, MSS)			
24	Abnormal findings are communicated to supervising nurse/therapist for care plan adjustment (Aide)			
25	Inability to comply with plan of care is communicated to supervising nurse/therapist for care plan adjustment (Aide)			
26	Visit is ordered (Aide, MSS)			
Documentation - All Services (SN, PT, OT, SLP, MSS, Aide)				
27	Note is signed			
28	Credentials of clinician present			
29	If PRN visit: reason for visit is identified and addressed by assessment/interventions during the visit			