

Home Health Medical Records Audit Form

(Updated for CY2013)

Auditor's Name/Title: _____

Date: _____

	Yes	No	N/A	MR #	Comments
Admission					
1. Patient Referral Sheet Complete					
Timely Initiation of Care					
Face to Face Encounter Within 90 Days To SOC					
Face to Face Encounter Within 30 Days To SOC					
History of Physical Present					
2. Pre-Admit Physician Order – Signed, Dated or VO signed by RN + Physician					
3. Primary DX M1020					
Secondary M1022					
M1022					
M1022					
M1022					
M1022					
M1022					
Any Codes 401.1					
Any Codes 401.9					
All DX Supported & Sequenced Properly					
4. Medication (N)ew and (C)hanged					
Interactions – Included Food/OTC					
5. Admission consistent with Agency Admission Policies					
6. Patient/Client Service Agreement – Signed, Dated & Complete					
7. Insurance Screening Form – Signed & Complete					
8. Medical Necessity Noted					
9. Acknowledgement, Receipt & Explanation of the Items Below:					
a. Home Care Patient Rights & Responsibilities					
b. Privacy Act Statement-Health Care Care Records					
c. Complaint Procedure					
d. Authorization for Use or Disclosure of Health Information (if applicable)					
e. Statement of Patient Privacy Rights (OASIS)					
f. Consent for Collection & Use of Information (OASIS)					