

Patient Name _____ Medical Record # _____

Certification Period _____

Items to be Included in RCD Submission	Check or provide needed information
Beneficiary Information	
• Full Name	
• Medicare Number (also known as HICN or MBI)	
• Date of Birth	
Certifying Physician/ Practitioner Information	
• Full Name	
• National Provider Identifier (NPI)	
• PTAN (optional)	
• Address	
Home Health Agency Information	
• Full Agency Name	
• Agency NPI	
• CMS Certification Number	
• Agency PTAN	
• Agency Address	
Submitter Information	
• Contact Name	
• Telephone Number	
Other Information	
• Benefit period requested (initial or subsequent)	
• Submission Date	
• From and Through Date of the 60-day episode of care	
• Indicate if the request is an initial or resubmission review	
• Indicate the number of episodes being requested if more than one	
• State where service is rendered	
Clinical Information for Submission	
• Index or Table of Contents for Submission	
• F2F (physician generated) Encounter Note	
• F2F Form from HHA Sent to the Physician	
• Discharge Summary if coming from a facility	
• Office Visit Note if coming from outpatient	
• Entire Completed Start of Care OASIS	
• Finalized 485	
• Signed and Dated Physician's Certification	
• Add-On Discipline Completed Assessments	



<input type="checkbox"/> Physical Therapy	
<input type="checkbox"/> Occupational Therapy	
<input type="checkbox"/> Speech Language Pathology	
<input type="checkbox"/> Medical Social Work	

I attest all items checked above indicate my completion of audit findings for this patient record for Initial RCD Submission. I acknowledge that withholding of information or falsification of documents will lead to termination and/or further actions. My signature below is verification to release this claim for initial submission.

Reviewer _____

Date _____

RCD Steps Completed	Date	Received/ Completed By
RAP submitted and processed prior to pre-claim review submission		
Initial Submission		
<ul style="list-style-type: none"> • Affirmed pre-claim review received with UTN 		
<ul style="list-style-type: none"> • Non-Affirmed pre-claim review received 		
<ul style="list-style-type: none"> ○ Resubmit the pre-claim review request with new cover sheet and relevant documentation 		
<ul style="list-style-type: none"> ○ If you do not resubmit the non-affirmed claim, you can submit the final with the UTN and non-affirmed decision letter. The claim will be denied and you may appeal. 		
<ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Affirmed pre-claim resubmission received with UTN 		
Final Claim Submitted Including the RCD UTN		