

MEDICARE Certification & Recertification Pre-Billing Audit

AUDIT DATE / /	PATIENT NAME / ID: _____ ELECTION PERIOD EFFECTIVE DATE: ___/___/___	Outcome	COMMENTS
ELECTION	Election form signed by ___ patient ___ representative If signed by representative, reason why indicated Attending physician identified	Y / N / n/a Y / N	
CERTIFICATION ATTENDING PHYSICIAN (FIRST 90-DAY BENEFIT PERIOD ONLY)	Benefit period dates recorded on form ___/___/___ to ___/___/___ Verbal Certification Date ___/___/___ Written Certification Date ___/___/___ Date of verbal or written within 15 days prior to or 2 days after effective date of election window* Signature completed by physician (handwritten or electronic; not stamped) Signature legible or printed / typed name below signature (or attestation or signature log available) Signature dated by physician Identified attending provided certification	Y / N Y / N Y / N Y / N Y / N	
CERTIFICATION HOSPICE PHYSICIAN ALL BENEFIT PERIODS	Benefit period dates recorded on form ___/___/___ to ___/___/___ Verbal Certification Date ___/___/___ Written Certification Date ___/___/___ Date of verbal or written within 15 days prior to or 2 days after effective date of election window* Signed by certifying physician (handwritten or electronic; not stamped) Signature legible or printed / typed name below signature (or attestation or signature log available) Signature dated by certifying physician Narrative present (for 3rd or subsequent benefit periods, incorporates material from F2F) Narrative date ___/___/___ Narrative attestation signed by certifying physician (handwritten or electronic; not stamped) Signature legible or printed / typed name below signature (or attestation or signature log available) F2F date of visit ___/___/___ F2F visit completed prior to date narrative written F2F date is no more than 30 days prior to start of benefit period (or later than new benefit start date)** F2F attestation signed by physician or NP who completed F2F (handwritten or electronic; not stamped) Signature legible or printed / typed name below signature (or attestation or signature log available) Signature dated by F2F provider	Y / N Y / N Y / N Y / N Y / N Y / N Y / N Y / N Y / N Y / N Y / N / n/a Y / N / n/a Y / N / n/a Y / N / n/a Y / N	
BILLING	Can bill from first date of benefit period? Actions that must be completed before releasing claim	Y / N	

*If obtained more than 15 days before the start of the benefit date, the certification is not valid. Obtain valid certification immediately and adjust claim appropriately.

**If F2F not obtained within this window, patient must be discharged from the hospice Medicare benefit as of the last day of the last benefit period. No claims can be submitted until F2F and re-election has been completed.