

MEDICAID INSTRUCTIONS

FORM CMS-485 (formerly HCFA-485) “HOME HEALTH CERTIFICATION AND PLAN OF CARE”

Form CMS-485 (C-3) (02-94), (Formerly HCFA-485), “HOME HEALTH CERTIFICATION AND PLAN OF CARE” is a required attachment to the Medicaid Prior Authorization Form 1144. (“INSTRUCTIONS: PRIOR AUTHORIZATION FORM 1144”, II. General Instructions, C.1., “Home Health Services”).

If provider has submitted a Form CMS-485 to Medicare for Home Health services, including Home Health Rehabilitative services, the MQD will accept a copy of the form in its entirety. If, however, the recipient is Medicaid only, please note the following:

- #1, #4, #5, #8, #9 have been omitted
- #6, #7, #24 require names only; addresses and telephone numbers have been omitted.

Please complete the following fields of the Form CMS-485 for Home Health services:

1. **Omit**
2. Start of Care Date
3. Certification Period
4. **Omit**
5. **Omit**
6. Patient’s Name (**omit address**)
7. Provider’s Name (**omit address and telephone number**)
8. **Omit**
9. **Omit**
10. Medications
11. ICD-9-CM, Principal Diagnosis, Surgical Procedure, Date
12. ICD-9-CM., Surgical Procedure, Date
13. ICD-9-CM, Other Pertinent Diagnoses, Date
14. DME and Supplies
15. Safety Measures
16. Nutritional Req.
17. Allergies
- 18.A. Functional Limitations
- 18.B. Activities Permitted
19. Mental Status
20. Prognosis
21. Orders for Discipline and Treatments
22. Goals/Rehabilitation Potential/Discharge Plans
23. Nurse’s Signature and Date of Verbal SOC Where Applicable
24. Physician’s Name (**omit address**)
25. Date HHA Received Signed POT
26. Attestation statement
27. Attending Physician’s Signature and Date Signed
28. Attestation statement

** Detailed instructions are adapted from the attached “**Home Health Agency Manual, Chapter 11**”, **Section 234.7, Completion of Form CMS-485 (formerly HCFA-485), Home Health Certification and Plan of Care.**