CMS-485 Quick Reference

Home-health plan-of-care review reminders for payer/program workflows that use CMS-485.

CMS-485 quick review

Use CMS-485 references to review

■	Patient and provider identifiers
■	Certification / plan-of-care period
■	Diagnoses and clinical information
■	Orders, goals and treatment plan information
■	Practitioner certification/signature requirements
■	Printing/alignment if a paper form is required by the workflow

Before relying on the form

■	Confirm the payer/program still requires CMS-485 for the specific workflow
■	Verify the currently accepted revision/instructions
■	Check signature/certification timing
■	Make sure clinical documentation supports the plan
■	Retain a copy of the submitted/signed record

Current-use caution: CMS-485 is a longstanding home-health plan-of-care form and may appear in legacy or payer-specific workflows. Requirements have changed over time. Verify the current payer/program requirement before treating CMS-485 as mandatory.

Online resource: medclaimsoftware.com/resources/cms-485/