

Frequently Asked Questions
Face-to-face Encounter for Home Health Care

Face-to-Face Encounter

Q: What must be included in the content of Physician Certification of Home Health Services?

A: Under both the hospital insurance and the supplementary medical insurance programs, no payment can be made for covered home health services that a home health agency provides unless a physician certifies that:

- The home health services are because the individual is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech-language pathology services, or continues to need occupational therapy;
- A plan for furnishing such services to the individual has been established and is periodically reviewed by a physician; and
- The services are or were furnished while the individual was under the care of a physician.

Q: Is there a standard CMS form for the certification documentation?

A: No, CMS is not prescriptive about the use of any form. If the form used includes the patient's name, the date of the face-to-face encounter, the physician's description of patient's clinical condition and how it supports the need for skilled services and homebound status, the form would be acceptable. Physicians may develop their own forms that include this information to ease the additional burden of this requirement and to ensure that it works into the practice's work flow.

Furthermore, CMS does not require the use of a form to fulfill the home health FTF encounter requirement. As long as the necessary information is present, CMS will accept it as the FTF encounter documentation. For example, if the required information is part of the patient's electronic health record it can be printed and attached to the signed certification.

Q: What are the face-to-face encounter documentation requirements?

A: The document must include the date when the physician or allowed NPP saw the patient and a brief narrative composed by the certifying physician who describes how the patient's clinical condition as seen during that encounter supports the patient's homebound status and need for skilled services. This must be documented on the certification, which is signed and dated by the physician, or a signed addendum to the certification. It is acceptable for the certifying physician to dictate the documentation content to one of the physician's support personnel to type or can be generated from a physician's electronic health record. It is unacceptable for the physician to verbally communicate the encounter to the HHA, where the HHA would then document the encounter as part of the certification for the physician to sign.

Q: What is an example of an acceptable narrative on the face-to-face documentation?

A: "The patient is temporarily homebound secondary to status post total knee replacement and currently walker dependent with painful ambulation. PT is needed to restore the ability to walk without support. Short-term skilled nursing is needed to monitor for signs of decomposition or adverse events from the new COPD medical regimen."

Q: Is this the same requirement as the certification for home health care?

A: No, however the face-to-face encounter for home health care can be included in the already required certification documentation or on a separate form.

Q: What if the patient is discharged from hospital or acute-care?

A: For patients admitted to home health upon discharge from a hospital or post-acute facility, the physician who cared for the patient in an acute or post-acute facility can inform the certifying physician regarding their encounters with the patient and of the patient's need for skilled services and homebound status, in order to satisfy the face-to-face encounter requirement, much like an NPP currently can. Alternatively, the physician who cared for the patient in an acute or post-acute facility prior to the patient's home health admission can perform and document the face-to-face encounter and certify the patient's home health eligibility, initiate the plan of care, and hand off the plan of care to the patient's community physician. These physicians often complete the certification of home health eligibility for a patient, which now includes the face-to-face documentation.

Healthcare Professionals' Role in the Requirement

Q: Who can document the encounter?

A: The certifying physician must document that he or she or an allowed non-physician practitioner (NPP) had a face-to-face encounter with the patient. Certain NPPs or the physician who cared for the patient in an acute or post-acute facility may perform the face-to-face encounter and inform the certifying physician regarding the clinical findings exhibited by the patient during the encounter. However, the certifying physician must document the encounter and sign the certification.

Q: Who qualifies as a certifying physician?

- A: A certifying physician could be either a community physician or inpatient facility physician.
- Community physician (attending physician, primary care physician, etc): serves as qualified certifying physician and perform all qualifying activities if referring or ordering home health. This physician would refer/order services, perform/supervise face to face encounter, sign/date encounter certification documentation and sign/date plan of care.
 - Inpatient facility physician (hospitalist): if referring/ordering home health care and is *willing* to accept responsibility for patient after inpatient facility discharge then can

- serve as qualifying certifying physician and perform all qualifying activities. This physician would refer/order services, perform/supervise face to face encounter, sign/date encounter certification documentation and sign/date plan of care.
- Inpatient facility physician (hospitalist): if referring/ordering home health but *unwilling* to accept responsibility for patient after inpatient facility discharge then performs only some of the qualifying activities and notifies the patients community physician. This inpatient facility physician would refer/order services, perform/supervise the face to face encounter, and signs/dates encounter certification documentation. The community physician is responsible for signing/dating the plan of care.

Q: Who qualifies as a non-physician practitioner (NPP)?

A: NPPs who may perform the face-to-face are:

- A nurse practitioner or clinical nurse specialist (as those terms are defined in section 1861(aa)(5) of the Social Security Act), who is working in collaboration with the physician in accordance with State law;
- A certified nurse-midwife (as defined in section 1861(gg) of the Social Security Act, as authorized by State law); or
- A physician assistant (as defined in section 1861(aa)(5) of the Social Security Act), under the supervision of the physician.

A NPP may perform qualifying face to face encounter, must document and communicate findings from their counter to the qualified certifying physician. The qualified certifying physician must then sign & date home health qualifying encounter certification documentation.

Q: Can physician support staff draft the narrative for the requirement?

A: Physician support staff may assist the physician in drafting the narrative for the documentation of the encounter. Physician support staff are those staff who work with, or for the *physician* on a regular basis and, as part of their job duties, regularly perform documentation, take dictation from the *physician* and/or extract from the physician's medical records to support the *physician* in a variety of ways. CMS notes that HHA staff cannot assist the *physician* in drafting the narrative as this would violate the statutory requirement.

Timeframe Requirements

Q: What are the timeframe requirements?

A: The encounter must occur no more than 90 days prior to the home health start of care date or within 30 days after the start of care. If a patient does not receive face to face encounter by day 30, coverage requirements are not met and episode cannot be billed.