

Documentation of Face to Face Encounter

Patient Name: _____ Medicare Number: _____

I certify that this patient is under my care and that I, or a nurse practitioner or physician's assistant working with me, had a face-to-face encounter that meets the physician face-to-face encounter requirements with this patient on:

Date of Encounter: _____
MM/DD/YY

The encounter with the patient was in whole, or in part, for the following medical condition, which is the primary reason for home health care (*List medical condition*):

I certify that, based on my findings, the following services are medically necessary home health services (Check all that apply):

- Skilled Nursing** **Physical Therapy** **Speech Therapy**

To provide the following care/treatments: (*Required only when the physician completing the face to face encounter documentation is different than the physician completing the plan of care*):

My clinical findings support the need for the above services because:

Based on my clinical findings this patient is homebound (*i.e. absences from home require considerable and taxing effort and are for medical reasons or religious services or infrequently or of short duration when for other reasons*) because:

Physician Signature: _____ Date of Signature: _____

Physician Printed Name: _____

Please Fax additional medical information/referral if indicated.



Physician Face to Face Encounter Fact Sheet

The Patient Protection Affordable Care Act has mandated a physician face-to-face encounter (in-person visit) for Medicare home health services.

The in-person visit with the patient must be done by one of the following:

- **Primary Care Physician** who will certify the plan of home health care, **OR**
- **Hospitalist** in the hospital, as long as he/she can identify community physician who will certify plan of home health care, **OR**
- **Non-Physician Practitioner (NPP)** such as Nurse Practitioner, Clinical Nurse Specialist or Physician's Assistant, who must document the clinical findings and provide them to the certifying physician, who is then required to sign the form.

The in-person visit timeframes must occur:

- **No earlier than 90-days before the admission visit** to home health services; **OR**
- **Within 30-days after the admission visit** to home health services

The narrative documentation must have: *(See Example Sheet)*

- The **patient name and date of encounter**
- Indication that the **encounter was related to the primary reason** for home health
- Explanation of how **clinical findings support the medical necessity and need** for Medicare-covered skilled nursing, physical therapy and/or speech therapy services; **AND**
- Explanation of why the **clinical findings** of the encounter **support** that the patient is **homebound**
- **Your signature, and date of that signature**

The in-person visit documentation must be a separate and distinct section of or addendum to the physician's orders/485 and must be clearly signed and dated by the certifying physician who either performed the visit or received documentation from their NPP.

Please contact us at NVNA and Hospice if we can be of further assistance at 781-659-2342.

