Examples of Compliant Face-to-Face Encounter Documentation

This information may be used as a *resource* for completing the Face-to-Face Encounter form, but it *may not be used as a substitute for the form*.

[Note: Physician Assistants and Nurse Practitioners may perform the encounter visit and complete the form, but it must be signed by an MD, DO or DPM. A Medical Assistant can collect data from the medical record and complete the form, but it must be signed by an MD, DO or DPM]

Patient needs: (examples)

Skilled Nursing for...	Physical Therapy for...	Occupational Therapy for...	Speech Therapy for ...
• Med management & teaching • Teach disease & symptom mgmt. • Wound care • Pain management • Catheter teaching & care • Infusion therapy	• Home exercise program • Gait training • Strengthening • Balance & coordination • Pain management	• ADL training • Adaptive equipment • ROM & Strengthening upper extremities	• Swallowing • Communication techniques • Aphasia • Voice control & production

Medical Condition(s) that necessitate home care services:

- What diagnoses do the home care services relate to?

Clinical findings and Functional Deficits (Homebound reasons)

Examples:

- Unsteady gait, frequent falls, poor balance
- Assistance of 1-2 people to ambulate/transfer safely
- Requires a walker, wheelchair, stand by assistance
- Dyspnea at rest
- Dyspnea with ambulation greater than _____ feet.
- Unable to leave home unassisted due to mental confusion, psychological impairment
- Medically contraindicated due to recent surgery
- Medically contraindicated due to infection, draining, complicated wound
- Medically contraindicated due to immunosuppression, serious infection risk
- Bed-bound, Chair-bound

Thank you for your referral and attention to CMS' Face to Face Encounter Requirement

HOME HEALTH REFERRAL FORM

PHYSICIAN VERIFICATION OF FACE-TO-FACE ENCOUNTER

Good Life Home Care
22 Lower Ragsdale Dr., Monterey, CA 93940
Phone: (831) 646-2046
Fax: (831) 646-8246

Patient Name: _____

DOB: _____

The visit on _____, is/was for the specific purpose of the required Face-to-Face encounter to authorize Home Health Care. This encounter is within the required time frame of 90 days prior to or 30 days after the Start of Care date, and was conducted by a physician or an allowed non-physician provider (NPP).

Based on the findings at this encounter, I certify that the following home care services are reasonable and necessary:

☐ Skilled Nursing for _____

☐ Physical Therapy for _____

☐ Occupational Therapy for _____

☐ Speech Language Therapy for _____

☐ MSW ☐ Aide ☐ Dietician

MEDICAL CONDITION(S) THAT NECESSITATES HOME CARE SERVICES:

_____

_____

_____

CLINICAL FINDINGS AND FUNCTIONAL DEFICITS THAT SUPPORT THE NEED FOR HOME CARE SERVICES AND VALIDATE THAT THE PATIENT IS HOMEBOUND (as defined in CMS Chapter 7 Medicare Benefits Manual 30.1.1)

_____

_____

_____

CERTIFYING PHYSICIAN:

Physician Name (print): _____

Physician Signature: _____ Date: _____

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