



Physician Referral Hot Line
631-465-1800
PLEASE FAX FACE TO FACE
631-465-6855

Medicare/Medicaid Face to Face Encounter Certification for Home Care Services

A "face to face encounter" (medical visit) for Medicare/Medicaid patients is required to have occurred within 90 days prior to the start of homecare.

Patient's Name: _____ **Patient DOB:** _____
Address: _____ **City:** _____ **Zip:** _____
Patient's Phone: _____ **Emergency Contact:** _____
Insurance Name: _____ **Policy #** _____
Insurance Name: _____ **Policy #** _____
Physician Signing Certification: _____ **SOC Date:** _____

Face to Face Encounter Certification

I certify that this patient is/was 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 CMS physician face-to-face encounter requirements with this patient on (date) _____ for the following medical condition(s) which is (are) the primary reason for home health care (dx or procedure) as assessed by the Homecare clinician and is documented in the patient's medical record.

Dx:

Dx: HOMEBOUND REASONS: (NOT REQUIRED FOR MEDICAID)

Leaving home is medically contraindicated **OR Choose 1:** Requires assistive devices
 Requires assist of 1-2 people
 Requires special transportation to leave home

Choose 2 or all that apply in both columns:

<input type="checkbox"/> Disorientation/confusion	<input type="checkbox"/> unable to walk without severe weakness or SOB
<input type="checkbox"/> Unable to ambulate	<input type="checkbox"/> Dependent with ADLs
<input type="checkbox"/> Upper extremity impairment, unable to open doors And/ or use handrails	<input type="checkbox"/> Confined to Wheelchair
<input type="checkbox"/> Severe dizziness	<input type="checkbox"/> severely restricted ROM
<input type="checkbox"/> Bedbound	<input type="checkbox"/> Elevation of lower extremities required for wound healing
<input type="checkbox"/> Uncontrolled pain	<input type="checkbox"/> Compromised mental status
<input type="checkbox"/> Unsteady gait/balance	<input type="checkbox"/> Psychiatric symptoms interfere with ability to safely leave home
<input type="checkbox"/> Post-op weakness	<input type="checkbox"/> Poor visual acuity / blindness
<input type="checkbox"/> Normal inability to leave home and leaving home Requires a difficult and taxing effort	<input type="checkbox"/> Other:

The clinical findings of this encounter support that the patient is homebound and in need of intermittent care and are documented below.

RN Evaluation Physical Therapy Occupational Therapy Speech Language Pathology Home Health Aide
 Medical Social Work Behavioral Health Infusion Wound Care / Specify:

Special Instruction: _____

*As of January 1, 2015, CMS (the Centers for Medicare and Medicaid Services) has changed the requirements and the responsibilities for physician documentation in order to ensure a patient's eligibility for home Health services. This requirement would be met by providing documentation within the Medicare or Medicaid certifying physician's and/or the acute/post-acute care facility's medical record to include: *Primary Diagnosis* Reason for home health services *Clinical findings to support the need for services *Evidence that the patient is homebound.*

I certify that the above patient meets all patients' eligibility requirements and have included the supporting documentation in the medial record (i.e. Discharge Summary, Progress Notes, and Comprehensive Assessment).

This documentation will be provided upon request. This face-to-face certification will be added to my patient's medical record.

Physician Signature: _____ Date: _____

Per CMS's regulations (42 C.F.R #424.22), " the physician responsible for performing the initial certification must document that the face to face patient encounter, which is related to the primary reason the patient requires home health services, has occurred." This documentation must include the "date of the encounter, and explanation of why the clinical findings of such encounter support that the patient is homebound and in need of either intermittent skilled nursing or therapy services as defined in the #409.42(a) and (c). *A non-physician practitioner includes a nurse practitioner, clinical nurse specialist working in collaboration with the physician, a certified nurse midwife or a physician assistant under the supervision of the physician.