

Home Health Face-to-Face Encounter Certification

All six steps are required

1 Patient Name: _____ DOB: _____

I CERTIFY THAT A FACE-TO-FACE ENCOUNTER WAS PERFORMED ON THE ABOVE-NAMED PATIENT

2 Encounter Date: _____ By: _____

3 This encounter with the patient was necessitated by the following medical condition(s), which is the primary reason for home health care (list medical conditions):

The following clinical findings support that the patient is homebound (homebound means that there exists a normal inability to leave home, and consequently, leaving home requires considerable and taxing effort) and that the patient needs intermittent skilled nursing and/or therapy.

4 Homebound due to:

5 Based on the above findings, the following are medically-necessary home health services (Check All that Apply):

- Skilled Nursing Care For _____
- Physical Therapy For _____
- Occupational Therapy For _____
- Speech/Language Therapy For _____

6 _____
Physician Signature Print Name Date

Per CMS's regulation (42C.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, an 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 § 409.42 (a) and (c)".

*Encounter date must be within 90 days prior to start of home health care.

**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 a physician.

Episode # _____

Home Health Face-to-Face Encounter Certification

Form Completion Guide

PATIENT IS HOMEBOUND

Considerable and taxing effort may include:

- Needs help of another person to leave home
- Needs assistive devices to leave home eg cane, wheelchair, walker, crutches
- Needs special transportation
- Leaving home exacerbates symptoms, eg shortness of breath, pain, anxiety, confusion, fatigue
- Includes cognitive or psychiatric impairments, such as depression, acute anxiety, newly diagnosed dementia, or exacerbation of bipolar disorder or schizophrenia

Patient who leaves home infrequently for short durations or for health care MAY STILL be considered homebound. This may include patients who attend:

- Medical day care
- Physician medical appointments
- Religious services
- Dialysis
- Hairdresser
- Family reunion, funeral, graduation

PATIENT NEEDS INTERMITTENT SKILLED NURSING AND/OR THERAPY

Intermittent Skilled Nursing (<7d/wk, <8 hrs/day)

Examples of skilled needs may include:

- Teaching and training
- Observation and assessment
- Psychiatric nurse-evaluation & therapy
- Disease management
- Administration of certain medications
- Tube feedings
- Wound, catheter & ostomy care
- Nasopharyngeal and tracheostomy aspiration/care

Physical or Occupational Therapy and Speech-Language Pathology. Examples of skilled needs may include:

- Teaching and Training
- Observation and Assessment
- Restoration of Function Due to illness or Injury
- Gait training
- Safety assessment
- Home exercise program
- Swallowing and speech evaluation
- Fine motor skills assessment and treatment

Examples of clinical language that can be used to fill out form:

③ *Congestive Heart Failure*

④ Homebound Due To: *Fatigue, breathing difficulties require considerable and taxing effort for the patient to leave home*

⑤ Skilled Nursing Care For-Patient *requires instruction regarding medication management, frequent medication changes due to CHF exacerbation, cardiac instability requiring skilled intervention in the community*

③ *Diabetes with complications of leg/foot wound*

④ Homebound due to: *Leaving home presents a risk of complication of the foot wound*

⑤ Skilled Nursing Care For-Patient *requires wound care, instruction regarding medication management*
Occupational Therapy For-Patient *requires fine motor skills assessment and treatment*

③ *CVA with Gait Abnormality*

④ Homebound Due To: *Patient requires the use of assistive device or assist of another person to leave the home*

⑤ Skilled Nursing Care For-Patient *requires instruction regarding medication management*

Physical Therapy For-Patient *requires fall risk reduction and home exercise program*

Speech/Language Therapy For-Patient *requires help restoring effective communication skills*