



VISITING NURSE ASSOCIATION OF BOSTON & AFFILIATES

Home Health Care ■ Hospice Care ■ Private Care

FACE TO FACE ENCOUNTER FACT SHEET

CMS now requires that all Medicare patients have a face-to-face encounter (*in-person visit*) with a qualifying practitioner either **90 days before or 30 days after their home health care admission.**

CMS DEFINES A QUALIFYING PRACTITIONER AS:

- **Community Physicians** (*i.e. PCP*) who will certify the patient's home health plan of care.
- **Hospitalists** may sign the attestation certifying an inpatient physician encounter, as long as they can identify the Community Physician who will be caring for the patient following discharge and who will certify the patient's home health plan of care **Residents who are certified by Medicare are also authorized to sign the attestation form. Resident must have a NPI (National Provider Identification) number**
- **Non-Physician Practitioners** (NPP) such as a Nurse Practitioner, Clinical Nurse Specialist or Physician's Assistant, may complete the face to face encounter and document the clinical findings on the attestation, **but must have a certified physician date and sign the form.**

FACE TO FACE ENCOUNTER ATTESTATION FORM MUST INCLUDE:

- The **patient's name and identification** (usually date of birth).
- The **date of the encounter and that the visit was related to**, completely or in part, **the medical condition for which the patient needs home health care services.**
- **Clinical findings that support the medical necessity and need for Medicare-covered skilled nursing, physical therapy and/or speech therapy services.**
- **Clinical findings that support the patient is homebound.**

The Face to Face Encounter Attestation form 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 encounter or received documentation from their NPP.

A member of the physician's staff or a discharge planner may complete the form for the physician to sign and date as long as the information concerning the encounter is extracted from **the physician's (or NPP's) own medical record entries.** The entries must include how the patient's clinical condition (as seen during the encounter) supports homebound status and the need for skilled services.

HOMEBOUND STATUS

You may select one or more as reason for homebound

Limited Mobility, Weakness or Endurance

- Unable to leave home/ambulate without assistance and/or effort
- Unsteady gait, needs assistive device
- Unable to climb stairs/prone to falls
- Post-op weakness
- Severe dyspnea on exertion

Safety & Medical Restrictions

- Open/draining wound, leg elevated at all times
- Severe dizziness
- Confusion/disorientation
- Impaired ability or unsafe to drive

What does not affect homebound status?

- Leaving home to receive health care treatment
- Occasional leaving for non-medical reasons, including: family reunion, graduation, religious services, wedding

Questions? Contact Mary Campbell at (617) 886-6533 or mcampbell@vnab.org.

FACE TO FACE ENCOUNTER ATTESTATION FORM

Patient Name: _____ DOB: _____

Date of Face-to-Face Encounter: I certify that this patient is under my care and that I, or Non-Physician Practitioners working with me, had a face-to-face encounter that meets the physician face-to-face encounter requirements with this patient on:

Month/Day/Year: _____

The encounter with the patient was in whole, or in part, for the following medical condition. **List Diagnosis'**

I certify that, based on my assessed findings, the following **services** are medically necessary for home health care services (*check all that apply*):

Skilled Nursing

Physical Therapy

Speech Therapy

Based on the clinical findings of this encounter, the patient has a **need for skilled services** because:

OR See attached Discharge Summary

Based on the clinical findings of this encounter, this patient meets the definition of **homebound** because:

(NOTE: a patient is considered homebound if absences from home are (1) infrequent in nature (*i.e. a walk around the block, attending a religious service or a ride in the car*) and (2) short in duration and require a taxing effort (*i.e. requires assistance from another person or device*).

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____