Certification of Face to Face Encounter

Patient Name: ____________________________

In order to comply with the Center for Medicare and Medicaid Services (CMS) I understand the requirements and responsibilities for the physician documentation of the patient's eligibility for Home Health Services.

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: _____________

Attached is my visit note, which includes the patient's primary diagnosis, the reason for home care services and my clinical findings to support the need for services as well as evidence that the patient is homebound. In addition, I have discussed home care services with the patient and/or family. The encounter with the patient was in whole, or in part, related to the primary reason the patient requires home health services.

*** (ATTACH CLINICAL OFFICE NOTE TO SUPPORT THE F2F)**
*** (ADD AN ADDENDUM TO CLINICAL NOTE IF THERE WAS A CHANGE IN PATIENT'S STATUS SINCE OFFICE VISIT)**

I certify that, based on my findings, the following services are medically necessary home health services (**Check all that apply**): _____Nursing_____PT_____SLP_______OT
To provide the following care/treatments:
___Medication teaching and monitoring
___Observation and assessment
___Wound care, catheter care, ostomy care
___Physical therapy evaluation
___Other ____

My clinical findings that support the need for the above services:
___Recent hospitalization for____
___New onset or acute exacerbation of diagnosis______________________________
___New and/or changed prescription medication
___Acute change in condition (weight gain, increased SOB, increased weakness, other)
___Complicating factors (wound care for diabetic with peripheral angiopathy)
___Need for foley/suprapubic catheter changes
___Other____

I certify that my clinical findings support that this patient is homebound. There exist a normal <u>inability</u> for this patient to leave home due to this recent change in status and leaving home requires <u>considerable</u> and <u>taxing</u> effort. Leaving home also exacerbates symptoms (e.g. shortness of breath, pain, anxiety, confusion, fatigue). Additionally the patient is homebound due to their need for assistance of a device and I or another person to safely leave their home.
___Because of patient's current condition, leaving home is medically contraindicated.

Physician Signature: ________________________________ Date: ____________________________

Printed Physician Name: ____________________________ NP#_______________________________