

HOME HEALTH FACE-TO-FACE ENCOUNTER CERTIFICATION

Patient Name: _____

Patient ID/MR Number: _____

Physician Signing Certification: _____
(Please print name)

I, a Medicare-enrolled physician, **or** a non-physician practitioner* (CHECK ONE)

had a face-to-face encounter with the above-named patient on _____
(Date of Encounter)

for the following medical condition(s) _____

which is related to the primary reason the patient needs home care.

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** (*physical or occupational therapy or speech pathology*):

Physician Signature _____
License #: _____

_____ Date

* Per CMS's regulation (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, 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).

** 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.