

Physician Verification of Face to Face Encounter

Patient MR# 81027 _____

Doctor _____

Fax: _____

DOB: _____

SOC: 10/09/2013 Certification Period: 10/09/13 - 12/07/13

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:

(Date visit occurred)

The encounter with the patient was in whole, or in part, for the following medical condition, which is the primary reason for home health care:

I certify that, based on my findings, the following services are medically necessary home health services (Check all that apply):

- Skilled Nursing
- Physical therapy
- Speech language pathology

My clinical findings support the need for the above services because:

Further, I certify that my clinical findings support that this patient is homebound (i.e., absences from home require considerable and taxing effort and are for medical reasons or religious services or infrequently or of short duration when for other reasons) because:

Physician Signature: _____ Date: _____

Physician Printed Name: _____

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