

FACE-TO-FACE (FTF) Encounters for Home Health Certification

Effective Date:	Required for start of care home health certification on/after January 1, 2011. No more than 90 days prior to or within 30 days after the start of the home health care.
Who – Performed by:	<ul style="list-style-type: none"> • Certifying physician • Physician who cared for patient in an acute or post-acute facility (with privileges) • Qualified non-physician practitioner (NPP) working <ul style="list-style-type: none"> - In collaboration with an acute or post-acute care physician, with privileges and cared for the patient in the acute or post-acute facility; or - Under the supervision of the certifying physician or under supervision of an acute or post-acute care physician who has privileges and cared for the patient in the acute or post-acute facility. <p>NPP is defined as a nurse practitioner, physician's assistant, certified nurse midwife, or clinical nurse specialist.</p> <p>The entity performing the FTF encounter cannot be employed by or have a financial relationship with the home health agency as defined in 42 CFR 424.22(d) (http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=23e343538c47318a3b95d75073e01aed&ty=HTML&h=L&r=PART&n=42y3.0.1.1.11#se42.3.424_122).</p>
When - Timeframe:	<ul style="list-style-type: none"> • FTF must occur no earlier than 90 days prior to the start of care (SOC) or within 30 days after the SOC. • If the FTF encounter occurred within 90 days of the SOC but is not related to the primary reason for home health, the NPP or certifying physician must have a FTF encounter within 30 days after the SOC.
Where - Location:	There is no requirement mandating where the FTF encounter takes place. In addition, Medicare eligible telehealth visits are allowed. See http://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/index.html for more information on what constitutes telehealth services under Medicare.
What - Documentation Requirements:	<ul style="list-style-type: none"> • As of January 1, 2015, the certifying physician's medical records, and/or the acute/post-acute care facility's medical records (if patient directly admitted to home health) are used as the basis for determining the patient's eligibility for the Medicare home health benefit. • Documentation from the medical records must be provided, upon request, to the home health agency, review entities, and or CMS. An HHA must be able to provide, upon request, documentation supporting the eligibility for the home health benefit to review entities and/or CMS. • The certifying physician and/or acute/post-acute care facility medical records must include information justifying the referral for home health services. This includes documentation showing the patient's: <ul style="list-style-type: none"> - Need for the skilled services; and - Homebound status • The certifying physician and/or acute/post-acute care facility medical records must include the actual clinical note for the FTF encounter visit that demonstrates that the encounter: <ul style="list-style-type: none"> - Occurred within the required timeframe - Was related to the primary reason the patient requires home health services; and - Was performed by an allowed provider type. • Information from the home health agency can be incorporated into the certifying physician's medical record and used to support the patient's homebound status and need for skilled care. This information must be corroborated by other medical record entries in the certifying physician's and/or the acute/post-acute care facility's medical record for the patient and signed and dated by the physician to indicate acceptance into their medical record. <ul style="list-style-type: none"> - The documentation must include the date of the FTF encounter; and - The certification must be completed and signed by the certifying physician prior to billing.
Additional Information:	FTF must be related to the primary reason for the home health admission.
Resources:	<ul style="list-style-type: none"> • Social Security Act, Section 1861(aa)(5): http://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-aa-5 • The Medicare Benefit Policy Manual (Pub. 100-02, Ch. 7, § 30.5.1.1): http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c07.pdf • November 6, 2014 "CY 2015 Home Health Prospective Payment System Rate Update; Home Health Quality Reporting Requirements; and Survey and Enforcement Requirements for Home Health Agencies, Final Rule": http://www.gpo.gov/fdsys/pkg/FR-2014-11-06/pdf/2014-26057.pdf • Home Health Agency Center Web page: http://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html • Medicare Learning Network (MLN) Matters article, SE1436: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1436.pdf