

Home Health Line Tool

Fact Sheet: Face-to-face encounter update for 2026

Medicare rules now allow for more flexibility in who conducts the face-to-face encounter used to certify a patient for home health services.

Effective Jan. 1, 2026, **42 CFR 424.22(a)(1)(v)** now states the encounter must be performed by a:

- Physician
- Nurse practitioner
- Clinical nurse specialist
- Physician assistant
- Certified nurse-midwife as authorized by state law

Who's allowed? Who's still out?

A clear encounter option: A patient's primary care physician (PCP) is certifying eligibility, but a different physician or allowed practitioner in the same practice conducted the face-to-face encounter.

An obvious exclusion: A face-to-face encounter with a specialist in optometry can't be used to certify a patient for home health services due to orthopedic reasons.

"The documentation needs to support that the physician completing the face-to-face encounter has firsthand information of the patient's primary reason for needing home health services and also is the most appropriate (that is, most knowledgeable) provider to complete the face-to-face encounter," CMS noted in the 2026 home health payment final rule.

When you'll have to show your work: The PCP certifying and following the plan of care referred the patient to a specialist, who conducted a face-to-face encounter.

Regulators have noted in guidance to providers that there should be clear evidence that the two providers collaborated on the patient's care prior to the certification for home health. An example of evidence would be the referral from the PCP.

"Care coordination, including assuring communication with all physicians or allowed practitioners involved in the plan of care, is a condition of participation and the responsibility of the agency," CMS noted in the final rule.

What hasn't changed

The face-to-face encounter must:

- Be related to the primary reason for home health services
- Occur in the 90 prior or within 30 days after the start of care

- Be noted in the certification statement — including the date of the encounter.

Sample certification statement:

I certify that this patient is confined to his/her home and needs intermittent skilled nursing care, physical therapy and/or speech therapy or continues to need occupational therapy. The patient is under my care, and I have authorized services on this plan of care and will periodically review the plan. **The patient had a face-to-face encounter with a physician or an allowed non-physician practitioner on 11/01/2020 and the encounter was related to the primary reason for home health care.**

Certifying physician or allowed practitioner's signature and date signed

John Doe, MD 11/05/2020

Certifying physician or allowed practitioner's name and address

John Doe

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Other regulatory guidance

- The face-to-face encounter cannot be performed by a physician or an allowed practitioner who has a **financial relationship with the agency**.
- The patient's skilled need and homebound status can be **substantiated through an examination of all submitted medical record documentation** from the certifying physician, acute/post-acute care facility and agency.
- When the primary reason for home health services is a **new condition that was not evident during a visit** within the 90 days prior to the start of care, the physician or allowed practitioner must see the patient again within 30 days after the admission. Specifically, another encounter would be needed if a patient's condition had changed to the extent that standards of practice would indicate that the physician or allowed practitioner should examine the patient in order to establish an effective treatment plan.

Editor's note: This tool was created by the DecisionHealth home health content team from a compilation of CMS official guidance.

More info: *Medicare General Information, Eligibility and Entitlement Manual* (Pub. 100-01, chapter four, § 30.1), *Medicare Benefit Policy Manual* (Pub. 100-02, chapter seven, § 30.5) and *Medicare Program Integrity Manual* (Pub. 100-08, chapter six, §6.2.1 and §6.2.3).