

Face-to-face encounter checklist

Measurement	Yes	No	Notes
1. Is the F2F Encounter documentation, for example, the actual encounter progress note or inpatient DC Summary, present in the record?			<p>If not present, consider holding the claim to determine validity of the encounter and relatedness to home health need. The encounter MUST be directly related to the HH skilled service need.</p> <p>Note: The certification of the encounter is a condition of payment; the acquisition of the encounter note itself is not; however, in medical review the encounter documentation must be produced. Therefore, it should be in the record to support billing for services.</p> <p>The encounter record can be a progress note, an inpatient admission H&P, an inpatient DC Summary, a visit/progress note from a physician office visit or any other document that establishes the essence of the encounter between the treating physician or NPP that relates to home health. Note that discharge instructions are not generally considered to be reflective of a true encounter.</p>
2. Was the F2F Encounter performed by the certifying physician, an inpatient physician (with privileges) who treated the patient in a hospital, SNF, IRF or LTCH, or an authorized non-physician provider (NPP) working under the supervision of the physician?			<p>The answer to one of these questions must be yes to qualify the encounter.</p> <p>Note: A hospital observation stay, for purposes of the F2F Encounter, qualifies because the "setting" is still the hospital and it is the setting, rather than the type of billing or stay, that establishes the measure.</p>
3. If the F2F encounter is an office visit progress note, was the visit conducted by the certifying physician or an NP working directly with or under the supervision of the certifying physician?			<p>If the answer is no, the progress note cannot be used as the F2F encounter.</p> <p>For example, an office visit performed by one physician cannot be used to fulfill the F2F requirement when eligibility is being certified by another physician.</p>
4. If the F2F encounter is an inpatient progress note, inpatient admission H&P, or inpatient Discharge Summary, did the patient come directly to HH from the inpatient stay?			<p>Note: CMS has opined that hospital documentation can be used for patients who were hospitalized and admitted to a rehabilitation stay before proceeding directly to HH upon their rehab discharge. However, if there has been a significant break between the most recent inpatient discharge and the HH admission, use judgment as to whether the inpatient record can or should be used to fulfill the HH F2F requirement. At the very least, the inpatient stay and the HH focus need must be directly related and within the applicable timeframe.</p>
5. Is the F2F Encounter documentation signed and dated by the performing physician or NPP?			<p>If the document is unsigned, it cannot be used to substantiate the encounter. If the document is signed but not dated, an attestation can be used to cure the signature date omission.</p>
6. If the F2F Encounter document is present, does it relate directly to the reason for HH services?			<p>If the encounter is present but not directly related to the reason the patient is receiving home health care, it may not be valid. Seek and document a clinical interpretation of the relatedness of the reason for the encounter to the reason for commencing HH. Note that under the current rules, the diagnosis coding between the encounter and the HH Plan of Care does not have to match but there must be a valid basis for relating the encounter to the HH focus of care.</p>
7. Was the F2F Encounter performed within the 120-day time period starting 90 days prior to the SOC or within 30 days following the SOC?			<p>If the answer to this question is no, the encounter is not valid and billing for services cannot commence without substitution of a valid F2F.</p>
8. If the F2F Encounter was performed within 30 days of the SOC, was the patient still on service at the time of the encounter?			<p>If the answer to this question is no, the encounter is not valid and billing for services cannot commence without substitution of a valid F2F.</p>
9. Is the certification language that includes certification of the F2F included on the Plan of Care?			<p>If the certification language on the POC includes the reference to the F2F, providing the date of the F2F encounter will satisfy the certification requirement even if the F2F is performed by a non-certifying hospital or other inpatient physician.</p>
10. If the answer to 7 is yes, is the date of the F2F Encounter specified in the body of the POC?			<p>The certifying physician must certify the encounter date, even if he/she performed the encounter himself/herself.</p>
11. Is the POC with the F2F certification signed by the physician after the performance of the F2F encounter when the encounter did not precede the SOC?			<p>The certifying physician may not establish eligibility based, in part, on the existence of the F2F Encounter before the encounter is performed.</p>
12. Does the F2F Encounter documentation establish other aspects of eligibility including homebound status and skilled intermittent HH need?			<p>If the answer to this question is no, the POC must include information that establishes homebound status and skilled home health need as a means of satisfying the full requirement for certification of eligibility.</p>

Source: Sharon Harder, president, C3 Advisors