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

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| **Who –** *Needs the encounter:* | All clients receiving services reimbursed by traditional-Medicare, Medicare Advantage, Minnesota Medical Assistance (MA) or Pre-paid Medical Assistance Program (PMAP) will have a face-to-face encounter |
| **Who –** *Performed by:* | * Certifying physician or qualified non-physician practitioner (NPP)
* Physician or qualified non-physician practitioner (NPP) who cared for patient in an acute or post-acute facility (with privileges). Acute/post-acute facilities include emergency room and hospital observation room stays.

NPP is defined as a nurse practitioner, physician’s assistant, certified nurse midwife, or clinicalnurse specialist.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=23e3](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) [43538c47318a3b95d75073e01aed&ty=HTML&h=L&r=PART&n=42y3.0.1.1.11#se42.3.424\_122](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)). |
| **When -** *Timeframe:* | * The date of the FTF encounter must be documented by the physician/NPP and must occur no earlier than 90 days prior to the start of care (SOC) or within 30 days after the SOC for a matter related to their need for home health services.
* 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.
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| **Where -** *Location:* | There is no requirement mandating where the FTF encounter takes place. In addition, Medicare eligible telehealth visits are allowed. All telehealth face-to-face encounter visits must be by interactive audio and video that permits real-time communication between the physician/NPP and the client in his or her home. [See http://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/index.html](file:///C%3A%5CUsers%5CBarb%20Jezorski%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CINetCache%5CContent.Outlook%5C5RQWOCVL%5CSee%20http%3A%5Cwww.cms.gov%5CMedicare%5CMedicare-General-Information%5CTelehealth%5Cindex.html) for more information on what constitutes telehealth services under Medicare. |
| **What -** *Documentation Requirements:* | * Home health agencies must obtain documentation from As of January 1, 2015, the certifying physician’s and/or the acute/post-acute care facility’s medical records including the FTF clinical encounter note, as the basis for determining the patient’s eligibility for the Medicare home health benefit to provide to CMS supporting the eligibility for the home health benefit.
* The certifying physician and/or acute/post-acute care facility FTF clinical encounter note must include:
	+ The primary reason (diagnosis) the patient requires home health services
	+ Was performed and signed by an allowed provider type.
	+ The community physician must be identified if the face-to-face certifying physician will not be the community physician
	+ Occurred within the required timeframe
	+ Homebound status
	+ Need for skilled services
* Home health agency documentation used to support the FTF clinical if incorporated into the certifying physician/NPP’s medical record. This includes:
	+ Patient’s homebound status
	+ Need for skilled care for each discipline ordered
	+ Description of the client’s condition and needs at the time of assessment supporting primary focus of care
	+ The documentation must include the date of the FTF encounter;
	+ Documentation **by the certifying practitioner** of the FTF encounter date; and
	+ The certification must be completed and signed by the certifying physician prior to billing. The signature of the certification should be dated after the FTF encounter date.
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| **Additional Information:** | FTF must be related to the primary reason for the home health admission. |
| **Resources:** | * 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-](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c07.pdf) [Guidance/Guidance/Manuals/downloads/bp102c07.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c07.pdf)
* Home Health Agency Center Web page: [http://www.cms.gov/Center/Provider-Type/Home-Health-Agency-](http://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html) [HHA-Center.html](http://www.cms.gov/Center/Provider-Type/Home-Health-Agency-HHA-Center.html)
* Medicare Leaning Network (MLN) Matters article, SE1436: [https://www.cms.gov/Outreach-and-Education/](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1436.pdf)

[Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1436.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1436.pdf) |

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