Face-to-Face (F2F) Encounter - HOME HEALTH

The Affordable Care Act of 2010 (Section 6407) established a physician face-to-face encounter as a requirement of eligibility for Medicare home health services. The certifying physician must document that he/she, or a non-physician practitioner (NPP) working with the physician, has seen the patient. Effective Date: 1/1/2011 [Enforcement Date: 4/1/2011]

When must the F2F occur?

F2F encounter must occur no earlier than 90 days prior to (M0030) Start of Care Date or within 30 days after the Start of Care (S0C).

Who may perform the F2F encounter?

Certifying physician or qualified, collaborating non-physician practitioner (NPP) who is neither employed by or has a financial relationship with the home health agency.

NPP is defined as a nurse practitioner, physician's assistant, certified nurse midwife, or clinical nurse specialist who is working in collaboration with or supervised by the certifying physician or an acute/post-acute care physician. The certifying physician may use a visit note from F2F encounter performed by a collaborating NPP.

For patients admitted to home health immediately following an acute or post-acute facility stay, a physician who cared for the patient in the acute/post-acute facility (or an allowed NPP working with that physician) may perform the F2F encounter. The certifying physician documents that the encounter occurred (process through which the facility and/or home health agency communicates F2F visit to the certifying physician is not specifically mandated in regulation).

What must the F2F encounter documentation include?

Important Note:

CMS Final Rule for

Home Health CY

2021

allows allowed

non-physician

practitioners to

certify and order

home health

In many areas of

this document, the

term "physician"

means physician/

millionweed.

practitioner as

defined in the CY

2021 Final Rule for

Home Health

Services:

Effective date:

June 1, 2020

services.

(CMS-1730-F)

- The certifying physician/practitioner must document that the F2F encounter visit took place (regardless of who performed the encounter).
- The certifying physician/practitioner is required to certify that a F2F patient encounter:
 1) occurred no more than 90 days prior to the home health S0C (or within 30 days after S0C).
 - 2) was related to the primary reason for home health services, and
 - was performed by the certifying physician, an acute/post-acute, facility physician, or an allowed NPP.
 - The physician/practitioner must also document the date of the encounter as part of the certification of eligibility.
- Effective for episodes beginning on or after January 1, 2015, the <u>F2F narrative requirement is</u> eliminated. However, remember that:
 - CMS expects the certifying physician's and/or acute/post-acute facility's medical record to contain clinical documentation of the F2F patient encounter visit that justifies the referral for Medicare home health, the patient's need for skilled services, and homebound status.
 - Documentation from the certifying physician's and/or the acute/post-acute facility's medical records must be provided, upon request to the home health agency, review entities, and/or CMS.
 - The home health agency must be able to provide this documentation from the certifying physician and/or acute/post-acute facility to CMS and/or its contractors upon request.
- Home Health Agency (HHA) staff:
- May communicate information to the certifying physician about the patient's homebound status and need for skilled care. (The physician must review and sign off on any home health communication that is incorporated into the physician's own medical record.)
- May facilitate communication about the F2F encounter (for example, hospital discharge summary) between the acute/post-acute physician and the certifying physician.
- Must ensure the certification is complete prior to billing Medicare for services.
 - Physicians/practitioners should complete the certification when the Plan of Care (POC) is established, or as soon as possible thereafter. It is not acceptable for HHAs to wait until the end of the 60-day episode to obtain a completed certification.

Home health agencies should do the following to ensure compliance with the F2F requirement:

- Train all relevant staff on F2F regulations & guidance.
 Educate physicians & staff on their role/responsibility under the rule.
- Institute compliance assurance process to track qualifying encounters, required certifications, and supporting documentation, as needed.
- Establish policies and procedures to respond to circumstances in which the patient does not have a timely qualifying P2F.



Face To Encounter Guidelines

AAPC

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Master Medicare Guide Wolters Kluwer Law & Business, 2015-02-25 The 2015 Master Medicare Guide is packed with timely and useful information to help you stay on top of one of the most complex programs administered by the federal government The 2015 Edition includes Over 500 explanation summaries for all aspects of the Medicare program coverage eligibility reimbursement fraud and abuse and administration Highlights of the Protecting Access to Medicare Act of 2014 P L 113 93 and the Improving Medicare Post Acute Care Transformation Act of 2014 P L 113 185 the most recent physician fee schedule reimbursement fix A focus on the continuing implementation of the Affordable Care Act as it relates to Medicare including accountable care organizations and a tighter link between the quality of health care and Medicare reimbursement All discussions include cross references to relevant laws regulations CMS manual sections administrative and judicial decisions and more Coders' Specialty Guide 2025: General Surgery (Volume I & II) AAPC,2025-01-31 Is your general surgery practice on top of 2025 CPT code changes Are you struggling to beat a high denial rate Now you can keep your claims on track finding the reporting details you need in a snap Your coding will never be faster or more solid than it is when using the Coders Specialty Guide 2025 General Surgery Volumes I II Easily find the key indicators needed for each service or procedure in one go to resource ICD 10 cross references NCCI edits RVUs and anatomical illustrations along with quidance on coding billing and reimbursement Plus a description of the procedure in easy to understand terms so you can confidently translate your providers notes into the correct codes Get the coding edge for expedient reporting and optimal revenue with these features General surgery CPT and HCPCS Level II procedure and service codes including 2025 new and revised codes Official descriptors for Category I III CPT codes Expert billing tips to boost revenue Easy to follow lay term explanations of how surgeons perform each procedure Medicare fee schedule information including facility and non facility RVUs NCCI alerts for each general surgery procedure Modifier crosswalks for procedures Pre post and intra operative indicators Appendix of medical terms HCPCS Level II codes for general surgery with lay terms and revenue enhancing tips ICD 10 CM to CPT crosswalks to reduce audit risks Detailed anatomical illustrations Dictionary style headers and color coded tabs for quick code lookup Index of general surgery codes for quick searches And much more Beat 2025 coding and reimbursement challenges with this all inclusive guide for general surgery CPT is a registered trademark of the American Medical Association Guide for Celebrating® Reconciliation J. Philip Horrigan, 2018 In the Sacrament of Reconciliation the encounter of the penitent with the mercy of God is one of the most transforming moments in the spiritual life of a Catholic The ritual itself has changed throughout history but the purpose of the sacrament has remained the same to seek the forgiveness of the Lord and to renew one s efforts to live as a faithful and loving disciple of Jesus Christ This resource provides pastoral insights for celebrating individual confession communal Reconciliation services and non sacramental penance services with attention given to liturgical ministries liturgical environment and evangelization Α

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