2000 Summer St NE, Ste 100 • Minneapolis, MN 55413 • 612.617.4600

ADULT HOME HEALTH CARE REFERRAL

MRN #	LAST NAME FIRST NAME	BIRTHDATE	SEX	NATIONAL ORIGIN
			M ☐ F ☐	☐ White ☐ Asian Pacific ☐ Black ☐ Eskimo/Am Indian ☐ Unknown ☐ Other

SOCIAL SECURITY #	PHONE

APARTMENT #	ADDRESS	CITY	ZIP

HEALTH INSURANCE	NAME OF POLICY HOLDER	HEALTH INSURANCE #

DATE FIRST VISIT NEEDED		IS PATIENT/FAMILY AWARE OF REFERRAL ☐ YES ☐ NO
EMERGENCY CONTACT (RELATIONSHIP)	NAME	PHONE #

DIAGNOSES WITH ICD-9 CODES AND DATE OF ONSET

Dx:______________________ICD-10 CODE: ______________DATE OF ONSET: ________

Dx:______________________ICD-10 CODE: ______________DATE OF ONSET: ________

Dx:______________________ICD-10 CODE: ______________DATE OF ONSET: ________

REASON FOR REFERRAL	SERVICES REQUESTED

MEDICATIONS

ALLERGIES	DIET

PRIMARY MD	CLINIC NAME	IS THIS MD WHO IS FOLLOWING PT?	CLINIC PHONE
SOCIAL WORKER/CASE MANAGER			PHONE

FAX TO 612.617.4781

MVNA
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PHYSICIAN FACE-TO-FACE ENCOUNTER DOCUMENTATION GUIDE

The Centers for Medicare and Medicaid Services (CMS) has outlined the documentation requirements for the Face-to-Face Encounter, which include a narrative with key data elements. This new rule goes into effect on January 1, 2015. In an effort to assist you with the required data points, we have created this tool for your immediate use. Please see Face-to-Face Encounter Fact Sheet for additional details.

Scenario:
Mary Smith, an 83 year-old female with a history of CHF and hypertension, presents with increased shortness of breath, weight gain greater than 5 lbs this week, deconditioned with increased weakness and questionable medication compliance.

The Face-to-Face Encounter Narrative must be a separate and distinct section of or an addendum to the physician's order/485 and must include the following:

- **Patient name and identification (if not elsewhere on the page)**
- **A certification narrative that outlines:**
  - **The date of the face-to-fact/in-person visit with the physician or other non-physician practitioner** (Nurse Practitioner, Clinical Nurse Specialist or Physician's Assistant) **and that the visit was related to (completely or in part) the medical condition for which the patient requires home health services**
    - *Example: "Patient was seen January 1, 2015 for CHF which is the reason for home care."*
  - **The services requested** (nursing and/or physical therapy and/or speech language pathology) **are medically necessary and support the need for the requested home health services**
    - *Example: "My clinical findings support the need for skilled nursing and physical therapy service. These services are medically necessary due to the fact Mary has gained more than 5 lbs in one week, has increased SOB, is deconditioned with increased weakness, and is struggling with her medication compliance."*
  - **The patient is homebound** (he/she exerts considerable and taxing effort to leave their residence for medical reasons or religious services or infrequent outings of short duration for other reasons)
    - *Example: "Based on my clinical findings, this patient is homebound because shortness of breath limits ambulation."*
  - **The patient is under a physician's care now, and while in the community, and the face-to-face visit was conducted by the certifying physician or NPP and meets the requirements for a face-to-face encounter**
    - *Example: "I certify that this patient is under my care and that I, or a nurse practitioner or physician's assistant working with me, had a face-to-face encounter that meets the physician face-to-face encounter requirements."*
- **The physician's signature and the date the narrative is signed.**

Thank you in advance for your attention to these new documentation requirements. Please contact us at 612.617.4600 if we can provide additional clarity or be of further assistance.

Face to Face Referral Form & Instructions

- If Medicare is the payer source for the home health services being ordered, the patient must meet the Medicare definition of homebound.
  - Medicare definition of homebound: Absences from the home that require considerable taxing effort, are infrequent, and are of short duration with the exception of medical appointments and religious services.

Please note: Orders placed by advanced practice providers or unlicensed physicians must be cosigned by a licensed physician to initiate home care services.

PLEASE BE SURE TO INCLUDE THE CLIENT'S PRIMARY PHYSICIAN!

Question	Answer
Face to Face Encounter-I certify that a physician, NP, CNM, CNS, or PA had a face to face encounter with this patient. Date of encounter:	
Name of provider who performed the face to face encounter:	
The encounter with the patient was in whole, or in part, for the following medical condition which is the primary reason for referral to home health care services:	
Is the patient homebound-There exists a normal inability for the patient to leave home; doing so would require a considerable and taxing effort.	➢ Yes, because of illness or injury there is a need for assistive devices, the use of special transportation or assistance of another person. ➢ OR -Yes, there exists a medical condition such that leaving the home is contraindicated. ➢ OR - NO
Homebound Reason (see description & check all that apply)	❖ Shortness of breath ❖ Weakness ❖ Deconditioned ❖ Pain post-surgical condition with pain location ❖ Limitations in ambulation ❖ Deteriorating mental status ❖ Unable to leave home unsupervised ❖ Other (specify in comments):
Patient is homebound and in need of homecare for shortness of breath due to:	o CHF o COPD o Asthma o The patient's condition of (specify in comments):

Face to Face Referral Form & Instructions

Patient is currently limited in mobility and needs assistance of:	• Walker • Cane • Crutches • Wheelchair • Assistance of another
Patient is Homebound and in need of homecare for Weakness/ Deconditioning due to:	○ CVA ○ MI ○ Prolonged Hospitalization ○ Post-surgical condition (specify in comments): ○ The patient's condition of (specify in comments):
Patient is homebound and in need of homecare for pain post-surgical condition due to:	▪ Back ▪ Hip ▪ Knee ▪ Chest ▪ Other (specify in comments):
Patient is homebound and in need of homecare for limitations in ambulation due to:	○ CVA ○ MI ○ Prolonged Hospitalization ○ Post-surgical condition (specify in comments): ○ The patient's condition of (specify in comments):
Patient is homebound and in need of homecare for deteriorating mental status due to:	➢ Dementia ➢ Depression ➢ Bipolar Disorder ➢ Psychosis ➢ Anxiety ➢ The patient's condition of (specify in comments):
I certify that the clinical findings support the need for intermittent skilled nursing, physical therapy or speech therapy services, or a continuing need for occupational therapy.	Yes
Medical condition(s) that support the need for skilled home care services:	

Face to Face Referral Form & Instructions

Please identify the physician ***(no residents, no APRN, no PA, only authorized physicians)*** who will follow the patient in the community and sign the ongoing plan of care ***before services will start***:	
Physician name:	
Please identify the physician who is certifying the patient's eligibility for the home health benefit. This is the physician following the patient in the setting where the home care order is initiated.	
Is skilled nursing needed? (specify detail below)	
Disease/Symptom assessment and /or teaching:	
Medication management assessment/teaching:	
Drain Care:	
Foley Catheter Care:	
Ostomy Care:	
Wound Care:(specify detail below)	➢ Wound location ➢ Wound type ➢ Wound care plan – cleansing agent ➢ Wound care plan – dressing ➢ Wound care plan – topical ➢ Wound care plan – frequency ➢ Wound care plan – other instructions

Face to Face Referral Form & Instructions

Other Skilled Nursing need - Define in comments	
Physical Therapy is needed for this condition, or what condition? (Check if applicable)	Yes- Evaluate and Treat
Occupational Therapy is needed for this condition, or what condition?	Yes – Evaluate and Treat
Speech Therapy is needed for this condition, or what condition?	Yes – Evaluate and Treat
Other home care services (choose all that apply):	Medical Social Worker Home Health Aide