Home Health Face-to-Face Encounter Certification

1. Patient Name
2. Date of Birth

3. Physician Signing Certification:

   PLEASE PRINT NAME

4. Check one:
   - ☐ I, a Medicare-Enrolled Physician or a
   - ☐ Non-Physician Practitioner*

   (MUST BE SIGNED OR CO-SIGNED BY A PHYSICIAN)

   certify that a face-to-face encounter with the above-named patient

5. was performed on

   DATE OF ENCOUNTER

6. for the following medical condition(s):

   which is related to the primary reason the patient needs home care.

7. Services Requested:
   - ☐ Skilled Nursing Care for
   - ☐ Physical Therapy for
   - ☐ Speech/Language Therapy for
   - ☐ Occupational Therapy for

   I certify that the following clinical findings support that the patient is home-bound (home bound means that there exists a normal inability to leave home and consequently, leaving home requires considerable and taxing effort) and that the patient needs intermittent skilled nursing and/or therapy (physical therapy and/or speech language pathology):

8. Homebound due to:

9. Physician Signature (NO NPs, PAs, CNS) Date

* A non-physician practitioner includes a nurse practitioner, clinical nurse specialist working in collaboration with the physician, a certified nurse midwife or a physician assistant under the supervision of the physician.

Per CMS’s regulation (42 C.F.R §424.22); “the physician responsible for performing the initial certification must document that the face-to-face patient encounter, which is related to the primary reason the patient requires home health services, has occurred.” This documentation must include the “date of encounter, the explanation of why the clinical findings of such encounter support that the patient is homebound and in need of either intermittent skilled nursing or therapy services as denied in §409.42 (a) and (c):”

Please fax this form to our intake department at 914.682.1488

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