



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, 2011, and CMS will commence enforcing the requirement on April 1, 2011.

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.

NOTE: In a Q&A published Feb. 4, CMS clarified that a discharge planner or the physician's office nurse can complete the form for the physician to sign and date "if the physician's support personnel extract information concerning the physician/patient encounter from the physician's own medical record entries, and those medical record entries include how the patient's clinical condition (as seen during the encounter) supports homebound status and the need for skilled services." (Answer ID 10414)

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.

Physician Attestation of Face to Face Encounter

Patient Name: **Mary Smith**

Patient Identification (D/O/B): **12/13/1927**

I, or a nurse practitioner or physician's assistant working with me, had a face-to-face encounter with this patient on: **Feb 7, 2011** (date), during which the condition which is the primary reason for home health was addressed.

I certify that the following information is based on the clinical findings of the visit:

The clinical findings support the need for skilled home health services (skilled nursing and/or therapy) for this patient because:

 patient needs education on medication compliance and management of unstable CHF condition

This patient is homebound because: **shortness of breath limits ambulation**

Physician Signature **John Doe, MD**

Date of Signature **Feb 9, 2011**

Physician Printed Name **John Doe, MD**