

Frequently Asked Questions

Length: 5:59

Date Recorded: 3.21.19

What has to be minimally addressed on the actual face to face form versus supporting documentation?

A form is not required for a face-to-face encounter and is not encouraged. The face-to-face documentation should show the need for skilled services, homebound status, timeliness of the face-to-face encounter, discussion of the primary reason the patient requires home health services and that the encounter was performed by an allowed provider type. The reviewers look at all face-to-face documentation for a compilation of information needed.

Can a nurse practitioner or physician assistant sign the 485?

Only a physician can sign the 485 because it is also the certification and orders.

What if you have a 485 that is returned with a physician assistant or nurse practitioner signature is a co-signature acceptable from the physician certifying in collaboration?

No, unfortunately that would not be acceptable. You would need to send a new 485 back for only the certifying physician signature.

Does the visit note for the F2F encounter need to include the words 'face to face encounter'?

- I highly encourage the face-to-face documentation to have a title stating it is face-to-face. Our medical reviewers need to know for sure what the face-to-face documentation is. It's fine to handwrite a title on the documentation. This is simply putting a title on the document and is not considered altering the document.
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- 2. Some physicians refuse to provide agency with clinical note from their FTF encounter, is there any way to encourage that?

- Perhaps letting them know you will not get paid for your services without it will make them give you the documentation you require. Unfortunately, if they still refuse you will have to have another face-to-face encounter performed.
 - 3. **If a physician other than the certifying physician performs the face-to-face encounter and we add the face-to-face statement on the 485, do we need to provide the certifying physician with a copy of the face-to-face documentation?**
 - The regulations do not require this but I would encourage you to provide the face-to-face encounter documentation to the certifying physician. The certification for home health care should be based on the clinical findings from the face-to-face encounter
 - 4. **Can the physician stamp a date when signing the certification or plan of care?**
 - No. The physician must sign and date orders and certifications. A stamped date would not provide authentication as to whether it was the physician who dated the documentation. However, in accordance with the Rehabilitation Act of 1973 a rubber stamp for a signature would be permitted in the case of an author with a physical disability who can provide proof of his/her inability to sign their signature due to a disability. By affixing the rubber stamp, the provider is certifying they have reviewed the document. Please refer to the *Medicare Program Integrity Manual*, ([Pub. 100-08, Chapter 3, §3.3.2.4 PDF](#)) for more information on this topic.
 - 5. **If a patient is able to drive, are they still considered homebound?**
 - It would be very difficult to show a patient is homebound if they are able to drive.
- Reviewed: 12/18/2018
- 6. **If the doctor who gave a verbal order is not available for the signature, can another doctor in the same office sign the order?**
 - No, the physician who gave the verbal must be the one to provide the signature.
 - 7. **If we receive an ADR and know what mistake we have made, is it all right to just not respond to the ADR?**
 - Always respond to all ADRs even if you know it will be denied.