Certification by Community Physician

Use the attached template if a community physician conducts and documents an encounter, or documents an encounter that was conducted by an NPP working under his/her direction. When this format is used to document a F2F encounter, it would serve as an addendum to the home health certification statement and plan of care. In this case, both the plan of care/certification and the F2F encounter addendum must each be separately signed and dated by the community physician.

Or, a community physician may certify a patient for home health and establish a plan of care and document the F2F encounter based on clinical information communicated by an inpatient who conducted the encounter.

a. If this communication is in writing physician (e.g. referral, discharge summary, etc.) and meets all F2F documentation criteria, the community physician may add the title F2F Encounter to, and sign and date the inpatient physician’s clinical documentation. This will serve as documentation of a F2F encounter by the certifying physician as an addendum to the home health certification/plan of care. In this case, both the plan of care/certification and the F2F encounter addendum each must be separately signed and dated by the community physician.

b. If the communication from an inpatient physician is incomplete and requires additional contact or is verbal, the Community Physician template may be used to record the F2F Encounter information as an addendum to the certification. In this case, both the plan of care/certification and the F2F encounter addendum must each be separately signed and dated by the community physician.
Template: Community Physician
Documentation of Face to Face Encounter
Addendum to Plan of Care/Certification

Patient Name and Identification:

__________________________________________________________________

I, or a non-physician practitioner working with me, or an inpatient physician had a face-to-face encounter with this patient during which a medical condition was addressed which is the primary reason for home health care on: (Insert date the encounter occurred):

_____________________________________________________________ Month      Day    Year

Based on my findings, the following services are medically necessary home health services (Check all that apply):

_____Nursing

_____Physical therapy

_____Speech language pathology

The following clinical findings support the need for the above services

Describe findings: ______________________________________________________________

___________________________________________________________________________

The following clinical findings support that this patient is homebound (i.e. absences from home require considerable and taxing effort and are for medical reasons or religious services or infrequently or of short duration when for other reasons)

Describe findings: _____________________________________________________________

___________________________________________________________________________

Physician Signature ______________________________ Date of Signature____________

Physician Printed Name___________________________________________________