



# Face-to-Face Encounter Documentation Checkpoints

Compliant Face-to-Face documentation is an essential part of every home health admission. If you answer “no” to any of the following questions, your Face-to-Face documentation is insufficient to meet the regulatory standard.

## FACE-TO-FACE ENCOUNTER DOCUMENTATION REQUIREMENTS

Requirement	Yes	No	Authoritative Source
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### CHECKPOINT #1 – TIMING OF THE ENCOUNTER

**Was the Face-to-Face encounter performed within the allowed timeframe?**

1. The SOC date is considered day zero. The encounter date must be within a timeframe that is no more than 90 days prior to the SOC and no more than 30 days following the SOC.			42 CFR § 424.22(a)(1)(v)
2. If the Face-to-Face encounter date is outside of the permitted timeframe, the encounter is not valid, and services associated with the Start of Care and any subsequent, concurrent recertification periods cannot be reimbursed.			Program Integrity Manual Section 6.2.1 – language added in 2015.

### CHECKPOINT #2 – PERFORMANCE OF THE ENCOUNTER

**Was the encounter performed by an appropriate physician or allowed practitioner?**

1. The encounter must be performed by the certifying physician or allowed practitioner unless the encounter is performed by: <ul style="list-style-type: none"> <li>• A certified nurse midwife working under the supervision of a physician, or</li> <li>• A physician, with privileges, physician assistant, nurse practitioner, or clinical nurse specialist who cared for the patient in the acute or post-acute facility from which the patient was directly admitted to home health and who is different from the certifying practitioner.</li> </ul>			42 CFR § 424.22(a)(1)(v)(A) and (C)  Chapter 7, Medicare Benefit Policy Manual, Section 30.5.1
2. During the Public Health Emergency, subject to an active § 1135 Waiver, the Face-to-Face encounter may be performed remotely either through telehealth or other remote means with both audio and video functionality. The Consolidated Appropriations Act, 2023 extends this flexibility through December 31, 2024. Beginning January 1, 2025, the encounter may be performed through telehealth only if the originating site requirements are met.			
3. If the encounter was performed by an inpatient physician or allowed practitioner and that physician or allowed practitioner is also certifying the Face-to-Face encounter, he/she must identify the physician or allowed practitioner who will be signing the Plan of Care and certifying the remainder of the eligibility requirements including homebound status, skilled need and under the care of a physician.			
4. Note: There is no regulatory requirement for the certifying physician to physically sign an inpatient encounter performed by another physician or practitioner in acknowledgement of his/her acceptance of the encounter and/or its findings.			

## FACE-TO-FACE ENCOUNTER DOCUMENTATION REQUIREMENTS

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### CHECKPOINT #3 – ENCOUNTER DOCUMENTATION

Does the encounter documentation provide clear evidence of a clinical encounter related to the primary reason the patient requires home health services, on the date specified, with a qualified physician or practitioner?

1. The record used to meet the encounter requirement must contain the actual clinical note.			42 CFR § 424.22(a)(1)(v)  Chapter 7, Medicare Benefit Policy Manual, Section 30.5.1, numbered item 5  2011 Home Health Final Rule
2. The encounter record must be signed and dated by the person who performed the encounter.			
3. The encounter must be related to the “primary reason” that the patient requires home health; however, there is no explicit requirement in the regulation or sub-regulatory guidance for the encounter diagnosis to match the home health diagnosis.			
4. The precipitating reason for the encounter does not have to align with the primary reason for the patient’s home health skilled need if there was another clinical condition that was either discovered or addressed during the encounter that forms the basis for the home health skilled need.			

### CHECKPOINT #4 – HOMEBOUND STATUS

Does the encounter documentation or physician record support the patient’s homebound status based on Medicare’s two-tiered standard?

1. If the encounter record itself does not specifically set forth the reasons why the patient meets the homebound status test, the agency can insert longitudinal clinical information into the Plan of Care with the physician’s or practitioner’s certification of eligibility to meet the requirement. Remember that the Plan of Care is an element of the physician’s record.			42 CFR § 424.22(c)(1)(ii)
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### CHECKPOINT #5 – SIGNATURE REQUIREMENTS

Does the encounter documentation provide clear evidence of a clinical encounter related to the primary reason the patient requires home health services, on the date specified, with a qualified physician or practitioner?

1. Per CMS, a valid signature must be: <ul style="list-style-type: none"> <li>• Handwritten or electronic. CMS allows stamped signatures if the provider has a physical disability and can prove to a CMS contractor they are unable to sign due to that disability.</li> <li>• Legible or can be confirmed by comparing it to a signature log or attestation statement.</li> </ul>			MLN Matters® Number: MM6698
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### CHECKPOINT #6 – CERTIFICATION OF THE ENCOUNTER

Does the patient’s home health record contain a valid certification of the encounter including the date on which the encounter was performed?

1. The encounter must be certified. Records that contain the encounter note without certification of an appropriate physician or allowed practitioner would be considered incomplete and invalid.			42 CFR § 424.22(a)(1)(v)
2. As part of the certification, the certifying physician or allowed practitioner must provide the date of the encounter. Records without this technical addition would be subject to denial.			

#### References:

Conditions for Medicare Payment: 42 CFR § 424.22 - Requirements for home health services: [www.govinfo.gov/content/pkg/CFR-2014-title42-vol3/pdf/CFR-2014-title42-vol3-sec424-22.pdf](http://www.govinfo.gov/content/pkg/CFR-2014-title42-vol3/pdf/CFR-2014-title42-vol3-sec424-22.pdf)

Medicare Program Integrity Manual Chapter 6: [www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/pim83c06.pdf](http://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/pim83c06.pdf)

Chapter 7, Medicare Benefit Policy Manual, Section 30.5.1: [www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf)

2011 Home Health Final Rule: [www.federalregister.gov/documents/2010/11/17/2010-27778/medicare-program-home-health-prospective-payment-system-rate-update-for-calendar-year-2011-changes](http://www.federalregister.gov/documents/2010/11/17/2010-27778/medicare-program-home-health-prospective-payment-system-rate-update-for-calendar-year-2011-changes)

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