

In order to meet medical necessity requirements for Home Health Care Services a face to face encounter document must be completed by the provider.

To facilitate this documentation there is a new Meditech documentation template

The document is titled “Face to Face Encounter”

Notice required fields are denoted by red*

FacetoFace P2FCERT							
Face-Face Encounter Date							
*Face to Face Encounter Date							
Clinical Reasons for Home Care							
Home Care Services <input checked="" type="checkbox"/> Medical Dx for which Face to Face/HHC order done							
Decline or Change in: status							
Changes In: med(s) & med management							
Type of Service							
Type of Service	Skilled Nursing	Occupational Therapy	Physical Therapy	Speech Therapy	Social Services	Other	
Requires Skilled Nursing for:	Teaching/Training Perform Ostomy Care	Administration of Meds Assess/Instruct Pain Mgmt	Assess/Teach PO Meds Other	Administer IV Meds	Perform Wound Care	Perform Catheter Care	
Requires PT for:	Functional Mobility Eval. ADL Assist Needs	Safe Ambulation/Transfer Home Exercise Program	Nonpharm Pain Reduction Other	Inc. Strength/Endurance	Increase ROM Post-op		
Requires OT for:	Functional Mobility Eval. ADL Assist Needs	Safe Ambulation/Transfer Home Exercise Program	Nonpharm Pain Reduction Other	Inc. Strength/Endurance	Increase ROM Post-op		
Requires ST for:	Dysphagia Mgmt	Aphasia Mgmt	Language Disorder Mgmt	Other			
Pt. Requires:	Master's Social Worker		Home Health Aide				
Home Care Interventions							
Home Care Intervention	Skilled NSG assessment Sympt. mgmt. & training	Obs. of disease process PT/OT Skilled evaluation	Medication management ST skilled evaluation	Monitor Change/Decline Other	Teaching & Training of Dx		
Homebound Patient							
*Home Bound Qualifiers	Medicaid exempt confused/disoriented Activity Restrictions	unable to ambulate medical restrictions Chest Pain w/exertion	unsteady gait w/a device max assist to leave home Bedbound	post-op weakness max effort to leave home	recent falls Pain	severe dizziness Shortness of Breath	impaired ability to drive
Type of Transport to Leave Hom	<input type="radio"/> Assist of another person		<input type="radio"/> Ambulance		<input type="radio"/> Transport van		
Supportive Devices Required to	Cane	Walker	Wheelchair	Crutches			

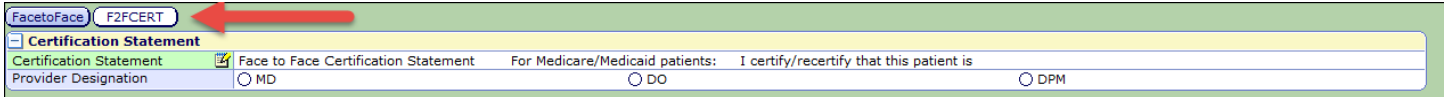
NOTE: Some of the questions such as “Requires Skilled Nursing for: have predefined responses for you to select from.

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Type of Transport to Leave Hom	<input type="radio"/> Assist of another person		<input type="radio"/> Ambulance		<input type="radio"/> Transport van		
Supportive Devices Required to	Cane	Walker	Wheelchair	Crutches			

You are able to select one and then can free text in any additional options that apply, by typing in the comment field.

Type of Service							
Type of Service	Skilled Nursing	Occupational Therapy	Physical Therapy	Speech Therapy	Social Services	Other	
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Type of Transport to Leave Hom	<input type="radio"/> Assist of another person		<input type="radio"/> Ambulance		<input type="radio"/> Transport van		
Supportive Devices Required to	Cane	Walker	Wheelchair	Crutches			
Comment: complex regimen							

The Certification Statement is required to be completed on Medicare, Medicaid and Self Pay patients only.



FacetoFace F2FCERT

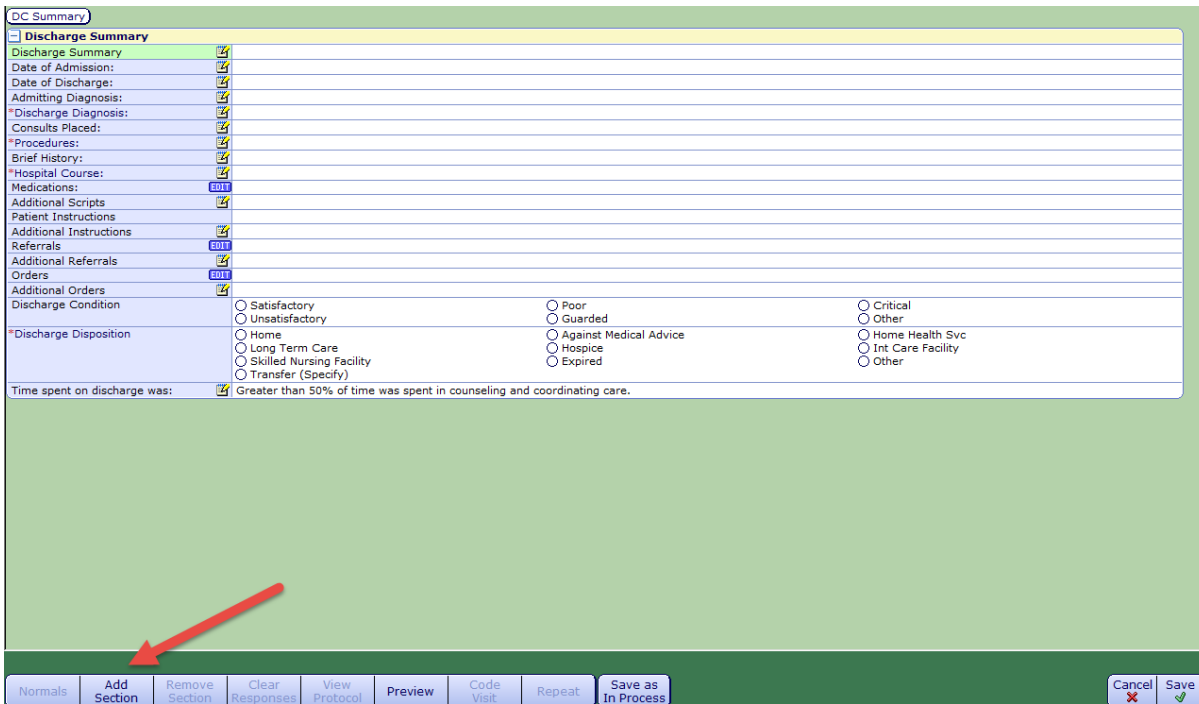
Certification Statement

Certification Statement Face to Face Certification Statement For Medicare/Medicaid patients: I certify/recertify that this patient is

Provider Designation MD DO DPM

To add the certification statement from a progress note, discharge summary etc.

From within the document Click on “Add Section”



DC Summary

Discharge Summary

Discharge Summary

Date of Admission:

Date of Discharge:

Admitting Diagnosis:

*Discharge Diagnosis:

Consults Placed:

*Procedures:

Brief History:

*Hospital Course:

Medications:

Additional Scripts:

Patient Instructions:

Additional Instructions:

Referrals:

Additional Referrals:

Orders:

Additional Orders:

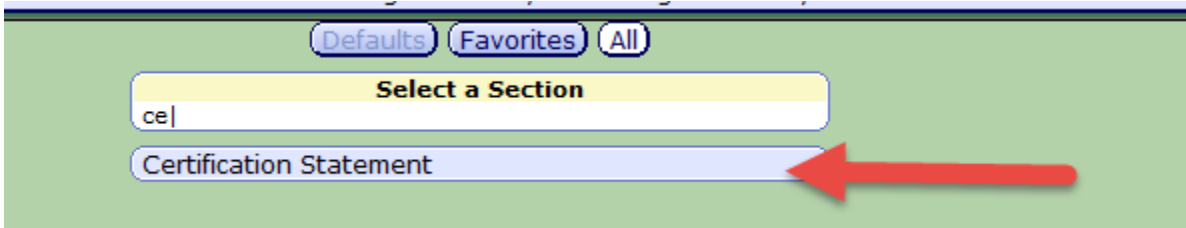
Discharge Condition Satisfactory Poor Critical
 Unsatisfactory Guarded Other

*Discharge Disposition Home Against Medical Advice Home Health Svc
 Long Term Care Hospice Int Care Facility
 Skilled Nursing Facility Expired Other
 Transfer (Specify)

Time spent on discharge was: Greater than 50% of time was spent in counseling and coordinating care.

Normals Add Section Remove Section Clear Responses View Protocol Preview Code Visit Repeat Save as In Process Cancel Save

At the Select a Section Screen – start typing cert, this will bring up Certification Statement



Defaults Favorites All

Select a Section

ce|

Certification Statement

Click on Certification Statement and click on "Add" at the bottom right of the screen

Document: Discharge Summary - Discharge Summary

Defaults Favorites All

cer|

Select a Section

Certification Statement

Selected Sections

Certification Statement

Add Favorite

Prev Page Next Page Cancel Insert Add

A red arrow points to the 'Add' button in the bottom right corner of the interface.

The certification statement section has now been added to the previous document

Document: Discharge Summary - Certification Statement

DC Summary F2FCERT

Certification Statement

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