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December 20, 2011

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*Editors: [Leslie Demaree Goldsmith](#) and [Carel T. Hedlund](#)*

## Welcome Clarification for Home Health Face-to-Face Documentation Requirements

By: [Carel T. Hedlund](#)

Home health agencies (HHAs) experiencing payment denials for inadequate documentation of the face-to-face encounter have gained a measure of relief from [CMS's recent clarification of these requirements \[PDF\]](#). Some Medicare contractors have been using a hypertechnical reading of the documentation and signature requirements to deny payments in situations where the home health episode follows an acute or post-acute stay. In these instances, the community physician who assumes care of the patient after discharge and who is responsible for overseeing and updating the plan of care often signs a single form (the CMS-485 form) that contains both the plan of care and the certification of the need for home health services. The acute or post-acute physician certifies eligibility and the need for home health services and is signing an addendum containing the documentation of the face-to-face encounter. The problem has been that the acute/post-acute physician is the one doing the certification of need, but the 485 has only one signature line so it appears that the community physician is signing the certification.

CMS has now clarified that "Medicare contractors shall accept a CMS-485 form signed by the community physician who assumes oversight of the patient's home healthcare with an addendum containing the face-to-face encounter documentation requirements signed by a physician who cared for the patient in an acute or post-acute setting, to satisfy the certification, face-to-face encounter, and plan of care requirements."

In addition, some contractors have denied claims because the acute/post-acute physician has not identified the community physician who will assume care for the

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patient. CMS clarified that there is no specific documentation requirement for this patient hand-off to the community physician.

CMS has instructed the contractors to reopen such denials upon request of the HHA and to determine if the face-to-face requirements have been met under these clarifications. However, payment is not automatic. CMS also instructs the contractors to “subsequently perform a complete and full review to determine if payment should be made.”

#### **Ober|Kaler’s Comments**

These clarifications should be very helpful to HHAs, in that they resolve in a commonsense way several uncertainties regarding the acceptable ways to document both the certification and face-to-face encounter. But HHAs may want to take a good look at claims they request the contractors to reopen, to be sure the claims are otherwise compliant with all the other billing requirements.