Baylor Scott & White
INSTITUTE FOR REHABILITATION
HOME HEALTH

Home Health Order & Face-to-Face Encounter Certification

Please send with patient demographics, recent H&P and associated visit note.

All six steps are required

❶ Patient Name:_____ DOB:_____

I CERTIFY THAT A FACE-TO-FACE ENCOUNTER WAS PERFORMED ON THE ABOVE-NAMED PATIENT

❷ Encounter Date: _____

❸ This encounter with the patient was necessitated by the following medical condition(s), which is the primary reason for home health care (list medical conditions):

_____

_____

_____

The following clinical findings support that the patient is homebound *(homebound means that there exists a normal inability to leave home, and consequently, leaving home requires considerable and taxing effort)* **and** that the patient needs intermittent skilled nursing and/or therapy.

❹ Homebound due to:

_____

_____

❺ Based on the above findings, the following home health services are being ordered and are medically-necessary *(Check All that Apply):*

☐ Skilled Nursing Care For _____
☐ Physical Therapy For _____
☐ Occupational Therapy For_____
☐ Speech/Language Therapy For_____

❻ _____ _____ _____

Physician Signature **Print Name** **Date**

Per CMS's regulation (42C.F.R § 424.22) "the physician responsible for performing the initial certification must document that the face to face patient encounter, which is related to the primary reason the patient requires home health services, has occurred". This documentation must include the "date of the encounter, an explanation of why the clinical findings of such encounter support that the patient is homebound and in need of either intermittent skilled nursing or therapy services as defined in § 409.42 (a) and (c)".

***Encounter date must be within 90 days prior to start of home health care or within 30 days after the start of home health.**
****While a non-physician practitioner may perform the face to face encounter (including a nurse practitioner, clinical nurse specialist working in collaboration with the physician, a certified nurse midwife or a physician assistant under the supervision of a physician) only the Physician is able to sign the face to face document in the State of Texas.**

SOC Date _____ **Fax completed form to (972)691-3151**