Face-to-Face Encounter Tip Sheet

Documentation must include:
- “Face-to-face Encounter Certification” stated at the top
- The patient’s name
- Date of encounter
- Signed and dated by the certifying physician

Crucial elements of explanation in the documentation:
- **Clinical findings/symptoms** identified during the face-to-face encounter with the patient.
- **Homebound status** clearly relates to the clinical findings and symptoms and meets these three criteria:
  1. Requires the aid of supportive device (crutches, cane, etc), the use of special transportation, the assistance of another person in order to leave the home, OR leaving home is medically contraindicated.
  2. **AND** there is a normal inability to leave home exists;
  3. **AND** leaving the home requires a considerable and taxing effort.
- **Reason skilled homecare services** are required

<table>
<thead>
<tr>
<th>Sample Patient</th>
<th>Clinical findings/symptoms</th>
<th>Homebound explanation that relates to clinical findings</th>
<th>Reason for skilled homecare services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spinal condition patient</td>
<td>Lumbar stenosis, status post fusion.</td>
<td>Residual left leg weakness due to lumbar stenosis and unsteady gait requiring walker and assistance to leave home.</td>
<td>Physical therapy is ordered for strengthening, balance training to improve functionally when walking.</td>
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<tr>
<td>Cardiac patient</td>
<td>Post aortic valve replacement due to history of severe aortic stenosis, malignant HTN and CHF with 25% ejection fraction.</td>
<td>Patient is homebound due to dyspnea on exertion and diminished strength, related to 25% ejection fraction. Limited ambulation requiring assistance to safely ambulate.</td>
<td>Skilled nursing is needed for cardiopulmonary assessment and to assess medication effectiveness after change to Coreg medication.</td>
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<tr>
<td>Hip replacement patient</td>
<td>Stable post right total hip replacement. Has surgical incision with staples. Partial weight bearing.</td>
<td>Temporarily homebound secondary to post total hip replacement. Dependent on assistance of a walker and family member to safely ambulate.</td>
<td>Skilled nursing needed to monitor for signs of decomposition or side effects from new Coumadin and staple removal. Physical therapy needed to restore the to ambulate without support.</td>
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<tr>
<td>Neuro patient</td>
<td>Patient diagnosis of CVA. Started on anticoagulation therapy.</td>
<td>Difficulty walking due to hemiplegia secondary to recent CVA. Requires assistance and assistive device to ambulate.</td>
<td>Temporary skilled nursing is needed to perform medication teaching on new Coumadin medication. PT is needed to restore strength, balance and improve ability to walk.</td>
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</tbody>
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Narrative Examples
The narrative example below shows how clinical findings about patient diagnosis during the face-to-face encounter relate to the patient’s homebound status and need for skilled homecare services.

**Diabetes/Wound Patient Example:** Ms. Johnson needs hydrocolloid with silver dressing changes for non-healing wound on left heel. Minimal weight bearing on left leg with a surgical boot on left foot. Patient now homebound due to minimal weight bearing on left foot and walking restrictions to promote wound healing. Short-term nursing needed for wound care, monitor for signs of infection, and education family to change dressings.

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Pulmonary Patient Example:
Ms. Smith is newly diagnosed with Chronic Obstructive Pulmonary Disease. She has lost weight and experiences shortness of breath when walking less than 50 feet, causing the patient to need assistance of a walker and another person to leave the home. Skilled nursing care is needed to train patient how to use the nebulizer and to teach patient about the newly prescribed medications and assess effectiveness. Patient requires cardiopulmonary assessment and teaching on the signs, symptoms and interventions of COPD.

Gastrointestinal Patient Example:
Jane Doe has advanced stage of Crohn’s disease and requires prolonged infusion of TPN due to malabsorption. The patient is unable to leave the home when receiving infusions and requires support of another person at all times due to severe generalized weakness and fatigue caused by the condition. Skilled nursing is needed for assessment and observation, administration/teach IV infusion, change PICC line dressing and disease process instruction.

Cancer & 5FU Patient Example:
Mr. Jones suffers from metastatic prostate cancer with spinal cord compression causing severe back pain and bilateral lower extremity weakness and has a history of falls. The patient is homebound due to his condition, pain and weakness, making it difficult to leave the home and requiring support of another person. He will receive in-home IV therapy of 5FU, biweekly. Patient is being discharged to home with physical therapy for assessment, observation and strengthening exercises related to altered gait as well as skilled nursing for med side effect teaching and to disconnect infusion.

Vertigo Patient Example:
Patient diagnosed with vertigo. History of recent frequent falls due to vertigo. Unsteady gait/poor balance requiring assistive device or assistance to leave home related to vertigo. Nurse needed to teach and assist with medication compliance for control of vertigo symptoms. Therapy needed to improve functional ability to perform daily living activities.