

## Part B Insider (Multispecialty) Coding Alert

### Your F2F Note Must Include These 5 Elements

**The agency can't enter the documentation for you in most cases.**

Under the new face-to-face documentation requirements that took effect last year, the certifying physician must have clinical records that back up the patient's eligibility. But any old record isn't going to cut it.

As of January 2015, "the certifying physician's medical records and/or the acute/post-acute care facility's medical records (if patient directly admitted to home health) are used as the basis for determining the patient's eligibility for the Medicare home health benefit," says HHH Medicare Administrative Contractor CGS in a F2F fact sheet on its website. "Documentation from the medical records must be provided, upon request, to the home health agency, review entities and/or CMS."

**Must-haves:** The certifying physician and/or facility medical records must include the actual clinical note for the F2F encounter that demonstrates that the encounter:

1. Occurred within the required timeframe by including the visit date;
2. Was related to the primary reason the patient required home health services; and
3. Was performed by an allowed provider type.

The above three elements are the ones that the physician must document herself, experts stress. The home health agency can't furnish that information.

The physician or facility medical records also must include information showing the patient's:

4. Need for skilled services; and
5. Homebound status.

Note: See CGS's fact sheet at [www.cgsmedicare.com/hhh/education/materials/pdf/FTF.pdf](http://www.cgsmedicare.com/hhh/education/materials/pdf/FTF.pdf).