

OASIS Alert

Reader Question: Know Who Can Sign the F2F

Question: Who exactly is authorized to sign the face-to-face document? A co-worker believes that a nurse with **Wound, Ostomy and Continence Nurses Society** credentials can sign the F2F document for a patient receiving wound care, but I am not certain these credentials are sufficient. I would be grateful for any information that you could provide on this.

Answer: All your OASIS data collection work will be for naught if you fail to get the correct signature on the F2F. The F2F rule requires that prior to certifying a patient's eligibility for the home health benefit, the certifying physician must document that he or she, or an allowed non-physician practitioner (NPP) has had a face-to-face encounter with the patient, according to guidance from the **Centers for Medicare & Medicaid Services**.

Why? The face-to-face requirement ensures that the orders and certification for home health services are based on a physician's current knowledge of the patient's clinical condition, CMS says.

In addition to the certifying physician, non-physician providers who may perform the face-to-face encounter include:

- A nurse practitioner or clinical nurse specialist (as those terms are defined in section 1861(aa)(5) of the Social Security Act), who is working in collaboration with the physician in accordance with State law;
- A certified nurse-midwife (as defined in section 1861(gg) of the Social Security Act, as authorized by State law); and
- A physician assistant (as defined in section 1861(aa)(5) of the Social Security Act), under the supervision of the physician.

However, the certifying physician must document the F2F visit took place regardless of who performed the F2F encounter.

The F2F final rule, published in the Nov. 17 Federal Register, makes clear that the certifying physician must sign the F2F documentation, even if the F2F is made by the physician's affiliated non-physician practitioner such as a nurse practitioner or clinical nurse specialist who is working in collaboration with the physician, a certified nurse-midwife, or a physician assistant under the supervision of the physician.

"If a NPP performed the encounter, the NPP would communicate the patient's clinical information obtained during the encounter to the certifying physician," the final rule says.

Resource: For more on F2F regulations and requirements, see the educational materials from Home Health & Hospice Medicare Administrative Contractor **CGS** found here: www.cgsmedicare.com/hhh/education/materials/pdf/FTF.pdf.

Make the Call on Hospital Admissions

Question: We are completing a start of care OASIS for a client referred from a hospital after a two-day observation stay. Can we answer that she is coming from an inpatient facility if her admission was for observation?

Answer: M1000 -- Inpatient Facility Discharge, asks from which of the following inpatient facilities the patient was discharged during the past 14 days, CMS says in the January 2011 OASIS Q&As. If the patient had been admitted to the hospital as an inpatient and was placed under observation, it is considered a hospital discharge.

However, if the patient was placed under observation utilizing one of the two G-codes for hospital outpatient department observation services, then it would not be an inpatient facility discharge and therefore not reportable in M1000, CMS says.

