

## Health Information Compliance Alert

### Home Health Regulations: Under Increasing Scrutiny, Avoid These F2F Pitfalls

#### Does your docs' F2F documentation include an explanation of clinical findings?

Medical reviewers are poring over your claims — even for second and later episodes — with a focus on face-to-face encounter documentation from the physician. Here's what will bring you denials. Home Health & Hospice Medicare Administrative Contractor **Palmetto GBA** has begun a "more comprehensive review" regarding F2F issues, MAC **CGS** has announced a new widespread probe with F2F as the topic, and **NHIC** will be checking for F2F documentation for all home health claims it reviews.

In a message to providers, CGS notes the F2F documentation must:

- be a separate and distinct section of or an addendum to the Start of Care Certification;
- include a clear title to show it is a F2F encounter (the HHA may provide the title);
- contain the patient's name;
- include the date of the encounter;
- have a description of the clinical findings during the encounter;
- explain how the clinical findings support the patient's homebound status;
- explain how the clinical findings support the need for skilled home care; and
- include the certifying physician's dated signature (the HHA may enter date received if it's not dated by the physician).

#### Sidestep These F2F Landmines

Many commonly used phrases in F2F documentation will not pass medical review, CGS warns.

**For homebound:** Using the phrases "functional decline, dementia, confusion, difficult to travel to doctor's office, unable to leave home, weak and unable to drive" will not support the patient's homebound status — or your claim, CGS says.

Listing just a diagnosis like osteoarthritis, procedure like total knee replacement, injury such as hip fracture, or conditions like gait abnormality or weakness won't support the homebound determination, Palmetto adds. The doc must list specific clinical findings explaining why those things cause the homebound condition.

**For medical necessity:** Including the language "Family is asking for help, continues to have problems, patient unable to do wound care, or diabetes," and including a list of tasks for the nurse to do will not support the need for skilled services, CGS adds.