

Documenting the Face-to-Face Encounter and Attestation

Face-to-Face Encounter

For re-certifications on or after 1/1/2011, a hospice physician or hospice nurse practitioner must have a face-to-face encounter with each hospice beneficiary prior to the beginning of the beneficiary's third benefit period, and prior to each subsequent benefit period.

Failure to meet the face-to-face encounter requirements results in a failure by the hospice to meet the beneficiary's certification of terminal illness eligibility requirement. The beneficiary would cease to be eligible for the benefit.

The face-to-face encounter requirement is satisfied when the following criteria are met:

1. **Timeframe of the encounter:** The encounter must occur prior to the recertification for the third benefit period and each subsequent benefit period. The encounter must occur no more than thirty calendar days before the third benefit period recertification and each subsequent recertification. A face-to-face encounter may occur on the first day of the benefit period and still be considered timely.

Example: A hospice beneficiary third benefit period will start on 1/4/2016. In order for the face-to-face to be timely the certification can be no earlier than 12/6/2015 (30 days prior) and no later than 1/4/2016.

If the face-to-face does not occur on 1/4/2016 the beneficiary is ineligible for the Medicare hospice benefit and the hospice would be expected to discharge the beneficiary from the Medicare hospice benefit, but to continue to care for the beneficiary at its own expense until the required encounter occurs, enabling the hospice to re-establish Medicare eligibility. The beneficiary may be re-admitted to the Medicare hospice benefit once eligibility has been re-established. Re-admitting the beneficiary means obtaining anew notice of election documenting the face-to-face as part of a completed physician certification of terminal illness, and all assessments completed per the Conditions of Participation (COP) requirements.

Effective 4/1/2016, if a hospice claim for continuing care is selected for medical review and the reviewer finds that the face-to-face encounter was not timely, the dates of service following the date of the encounter was required will be denied. The medical review will adjudicate the claim and append the occurrence code 48- "Date hospice face-to-face encounter was untimely" on the claim. The medical reviewer will indicate the untimely date on the claims using this occurrence code 48 and non-cover all line items with dates of service after the date of the untimely face-to-

face. This action will require the hospice to submit a new Notice of Election (NOE) before any future dates of service can be submitted.

2. **Attestation requirements:** A hospice physician or nurse practitioner who performs the encounter must attest, in writing, that he or she had a face-to-face encounter with the beneficiary, including the date of the encounter.

The attestation, its accompanying signature, and the date signed, must be a separate and distinct section of, or an addendum to, the recertification form, and must be clearly titled.

Where a nurse practitioner or non-certifying hospice physician performed the encounter, the attestation must state that the clinical findings of that visit were provided to the certifying physician, for the use in determining whether the beneficiary continues to have a life expectancy of 6 months or less, should the illness run its normal course.

3. Practitioners who can perform the encounter:
 - (1.) Hospice physician or a hospice nurse practitioner can perform the encounter. A hospice physician is a physician who is employed by the hospice or working under contract with the hospice.
 - (2.) Hospice nurse practitioner: A hospice nurse practitioner must be employed by the hospice.

Physician Assistance (PAs), clinical nurse specialists, and outside attending physicians are not authorized by section 1814(a)(7)(D)(i) of the Social Security Act to perform the face-to-face encounter for recertification.

Exceptional Circumstance for a late face-to-face:

For new hospice admissions in the third or later benefit period: In cases where a hospice newly admits a patient who is in a third or later benefit period, exceptional circumstances may prevent a face-to-face encounter prior to the start of the benefit period. For example, if the patient is an emergency weekend admission, it may be impossible for a hospice physician or NP to see the patient until the following Monday. Or, if the Centers for Medicare & Medicaid Services (CMS) data systems are unavailable, the hospice may be unaware that the patient is in the third benefit period. In such documented cases, a face-to-face encounter which occurs within two days after admission will be considered to be timely. Additionally, for such documented exceptional cases, if the patient dies within two days of admission without a face-to-face encounter, a face-to-face encounter can be deemed as complete.

Guidance: It would be expected that if the CMS data systems are unavailable and the provider is not able to verify the benefit period, that documentation within the medical records indicates that a hospice member inquired with the beneficiary and/or their caregivers as whether or not the beneficiary has previously been on Medicare, and their response documented in the medical record. It is also recommended that the provider obtain screen shots or other forms of documentation to show that the hospice attempted to verify eligibility and the CMS data systems were not available.

Tip: The face-to-face is required as part of the recertification process. In reaching a decision to recertify the patient as terminally ill the physician synthesizes the patient's comprehensive medical information from the face-to-face encounter and incorporates that information in the narrative statement. Therefore it would not be acceptable to have a signed physician certification dated prior to the date the face-to-face encounter occurred.

Example of the narrative for a physician certification

The examples below were prepared as a tool to the public and it not intended to grant rights or impose obligations. The information provided is only intended to be a general guide. It is not intended to take the place of either written law or regulations. The examples below provide guidance for the instructions found in the CMS Internet-Only Manuals (IOMs) at www.cms.gov for the physician certification requirements.

Related Content

[Centers for Medicare & Medicaid Services \(CMS\) Internet-Only Manual \(IOM\), Publication 100-02, Medicare Benefit Policy Manual, Chapter 9, Section 20 - Certification and Election Requirements](#)

EXAMPLE 1

RECERTIFICATION OF TERMINAL ILLNESS

(At 90 days and each subsequent 60 days)

(With narrative & Face-to-Face attestation included)

I certify that Jane Smith is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Certification period dates: 6/29/2016 to 8/27/2016

Brief narrative statement: (Review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for admission to hospice services).

83 y.o female with end-state CHF, NYHA Class IV. Dyspnea at rest. Bilateral 2+ pitting edema in feet, calves and thighs not responsive to diuretic therapy. Increasing episodes of angina. Was ambulatory one month ago but is now bedbound and sleeps most of the time. Is arousable but with increasing confusion. Taking only small sips of water. Patient has been under hospice services since 1/1/2016.

Attestation:

I confirm that this narrative was composed by me and is based on my review of the patient's medical record and/or examination of the patient (circle one)

Physician (printed name): Dr. Marcus Welby

Physician (Signature): Dr. Marcus Welby

Date: 06/28/2016

Attestation of Face-to-Face Encounter (For 3rd and subsequent benefit periods):

N/A (not the third or subsequent benefit period):

Conducted by certifying physician:

I confirm that I had a face-to-face encounter with (Beneficiary's Name) on (___/___/___ date) and that I used the clinical findings from that encounter in determining continued eligibility for hospice care.

Hospice Medical Director (Printed name): _____

Hospice Medical Director (Signature): _____

Date: _____

Conducted by Allowed Provider Type:

I confirm that a face-to-face encounter occurred with Jane Smith on 06/27/2016 (date) and the clinical findings of that visit were provided to the certifying physician, for use in determining whether the patient continues to have a life expectancy of 6 months or less, should the illness run its normal course.

Hospice physician/NP (printed name): Mary Jones, CRNP

Hospice physician/NP (Signature): Mary Jones, CRNP

Date: 06/27/2016

Example 2

RECERTIFICATION OF TERMINAL ILLNESS

(At 90 days and each subsequent 60 days)

(With narrative but without F2F attestation included)

I certify that **Jane Smith** is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Certification period dates: 06/29/2016 – 8/27/2016

Brief narrative statement: (review the individual's clinical circumstances and synthesize the medical information to provide clinical justification for admission to hospice services)

83 y.o female with end-state CHF, NYHA Class IV. Dyspnea at rest. Bilateral 2+ pitting edema in feet, calves and thighs not responsive to diuretic therapy. Increasing episodes of angina. Was ambulatory one month ago but is now bedbound and sleeps most of the time. Is arousable but with increasing confusion. Taking only small sips of water. Patient has been under hospice services since 1/1/2016.

Attestation:

I confirm that this narrative was composed by me and is based on my review of the patient's medical record and/or examination of the patient (circle one).

Physician (printed name): Dr. Marcus Welby

Physician (Signature): Dr. Marcus Welby

Date: 06/28/2016

Example 2

NURSE PRACTITIONER/HOSPICE PHYSICIAN

ATTESTATION OF FACE-TO-FACE ENCOUNTER WITH BENEFICIARY

(For 3rd and subsequent benefit periods)

Hospice Nurse Practitioner/Non-certifying Hospice Physician Attestation:

I confirm that I had a face-to-face encounter with Jane Smith on 06/27/2016 (date) and that the clinical findings of that encounter have been provided to the certifying physician for use in determining continued eligibility for hospice care.

Hospice nurse practitioner (NP)/Physician (Printed name): Mary Jones CRNP

Hospice Nurse Practitioner (NP)/Physician (Signature): Mary Jones CRNP **Date:** 06/27/2016

Example 3

**RECERTIFICATION OF TERMINAL ILLNESS
(At 90 days and each subsequent 60 days)
(With narrative & F2F attestation included)**

I certify that Jane Smith is terminally ill with a life expectancy of six months or less if the terminal illness runs its normal course.

Certification period dates: 06/29/2016 – 08/27/2016

Brief narrative statement: (Review the individual’s clinical circumstances and synthesize the medical information to provide clinical justification for admission to hospice services)

83 y.o female with end-state CHF, NYHA Class IV. Dyspnea at rest. Bilateral 2+ pitting edema in feet, calves and thighs not responsive to diuretic therapy. Increasing episodes of angina. Was ambulatory one month ago but is now bedbound and sleeps most of the time. Is arousable but with increasing confusion. Taking only small sips of water. Patient has been under hospice services since 1/1/2016.

Attestation:

I confirm that this narrative was composed by me and is based on my review of the patient’s medical record and/or examination of the patient (circle one).

Physician (printed name): Dr. Marcus Welby

Physician (Signature): Dr. Marcus Welby **Date:** 06/28/2016

Attestation of Face-to-Face Encounter (For 3rd and subsequent benefit periods):

N/A (not the third or subsequent benefit period):

Conducted by certifying physician:

I confirm that I had a face-to-face encounter with Jane Smith on 06/27/2016 (date) and that I used the clinical findings from that encounter in determining continued eligibility for hospice care.

Hospice Medical Director (Printed name): Dr. Marcus Welby

Hospice Medical Director (Signature): Dr. Marcus Welby

Date: 06/28/2016

Conducted by Allowed Provider Type:

I confirm that a face-to face encounter occurred with **(Beneficiary's Name)** on ___/___/___ (date) and the clinical findings of that visit were provided to the certifying physician, for use in determining whether the patient continues to have a life expectancy of 6 months or less, should the illness run its normal course.

Hospice physician/NP (Printed Name): _____

Hospice physician/NP (Signature): _____ **Date:**
