Home Health Review Tool
Step 1 (Face-to-Face Encounter Requirement)

1. Is a Face-to-Face Encounter note* present?
   - Yes: Proceed to 1.1
   - No: Proceed to 1.4

1.1 Was the Face-to-Face Encounter note signed and dated by an allowed provider type**?
   - Yes: Proceed to 1.2
   - No: Note Deny/Non-Affirm reason (continue to step 2)

1.2 Was the Face-to-Face Encounter performed by an allowed physician or NPP***?
   - Yes: Proceed to 1.3
   - No: Note Deny/Non-Affirm reason (continue to step 2)

1.3 Does the Face-to-Face Encounter progress note indicate the reason for the encounter was related to the need for home health services?
   - Yes: Proceed to 1.4
   - No: Note Deny/Non-Affirm reason (continue to step 2)

1.4 Is the Face-to-Face encounter note dated between 90 before or 30 days after the start of home health services?
   - Yes: Proceed to Step 2
   - No: Note Deny/Non-Affirm reason (continue to step 2)

F2F Encounter Requirement ARE MET.
Proceed to Step 2
(Plan of Care requirements)

* Face-to-face encounter note can include progress notes, discharge summary, etc.
** Please refer to 42 CFR 424.22(a)(1)(v)(A) for detailed information on who can perform the face-to-face encounter.
Step 2 (Plan of Care Requirement)

2
Is Plan of Care present?

☐ YES  ☐ NO

Yes

2.1
Is the plan of care signed and dated by the certifying physician?

☐ YES  ☐ NO

Yes

2.2
Does the Plan of Care address all pertinent details as described in 42 CFR §484.18(a) including:
- Diagnoses;
- Mental status,
- Types of services and equipment required
- Frequency of visits,
- Prognosis,
- Rehab potential
- Functional limitations
- Activities permitted
- Nutritional requirements
- Medications and treatments
- Safety measures to protect against injury
- Instructions for timely discharge or referral,
- Any other appropriate items

☐ YES  ☐ NO

No

Note Deny/Non-Affirm reason (continue to step 3)

2.3a
Does the Plan of Care include therapy services?

☐ YES  ☐ NO

No

2.3b
Does the Plan of Care address:
- Specific procedures and modalities,
- Measurable therapy treatment goals,
- Frequency and duration of services

☐ YES  ☐ NO

Yes

Plan of Care Requirements ARE MET. Proceed to Step 3 (Homebound)
Step 3 Homebound Requirement

3 Was any certifying physician and/or acute or post-acute care facility documentation submitted? □ YES □ NO

3.1 (Criteria ONE)
Does the physician/facility documentation indicate that the patient requires a:
• mobility assist device or
• special transportation or
• assistance of another person to leave the home or
• has a condition that leaving home is medically contraindicated?
□ YES □ NO

If Yes, proceed to:
3.1a Do the HHA medical records or plan of care satisfy the homebound criteria ONE requirements? □ YES □ NO

3.1b Is the HHA info signed/dated by the certifying physician? □ YES □ NO

3.1c Is the HHA info corroborated by the certifying physician and/or acute or post-acute care facility documentation? □ YES □ NO

3.2 (Criteria TWO)*
Does the physician/facility documentation support that the patient has a normal inability to leave the home AND requires a considerable and taxing effort to leave the home?
□ YES □ NO

If Yes, proceed to:
3.2a Do the HHA medical records or plan of care satisfy the homebound criteria TWO requirements? □ YES □ NO

3.2b Is the HHA info signed/dated by the certifying physician? □ YES □ NO

3.2c Is the HHA info corroborated by the certifying physician and/or acute or post-acute care facility documentation? □ YES □ NO

HomeBound Requirement IS MET. Proceed Step 4 (Need for Skilled Care)

*In determining whether the patient meets criterion two of the homebound definition, the clinician needs to take into account the illness or injury for which the patient met criterion one and consider the illness or injury in the context of the patient’s overall condition.
Step 4 (Need for Skilled Care Requirement)

4
Was any certifying physician and/or acute or post-acute care facility documentation submitted?

- YES
- NO

4.1
Is skilled need (skilled nursing care, PT, SLP, or OT) supported by the certifying physician, acute care facility, or post-acute care facility documentation?

- YES
- NO

4.1a
Do the HHA medical records or plan of care support the need for skilled services?

- YES
- NO

4.1b
Is the HHA medical record or plan of care signed/dated by the physician?

- YES
- NO

4.1c
Is the HHA medical record or plan of care corroborated by the certifying physician and/or acute or post-acute care facility documentation?

- YES
- NO

Skilled Need Requirement IS MET.
Proceed Step 5 (Certification)

*Skilled need may be substantiated through an examination of all submitted medical record documentation from the certifying physician, acute/post-acute care facility, and/or HHA (see below). The synthesis of progress notes, diagnostic findings, medications, nursing notes, etc., help to create a longitudinal clinical picture of the patient's health status.
Step 5 (Certification Requirement)

5
Is a certification statement(s)* present?
☐ YES ☐ NO

5.1
Does the physician certify that the patient requires skilled care**?
☐ YES ☐ NO

5.2
Does the physician certify that the patient is homebound?
☐ YES ☐ NO

5.3
Does the physician certify that a POC has been established by a physician who does not have a financial relationship with the HHA?
☐ YES ☐ NO

5.4
Does the physician certify that the patient is under the care of a physician?
☐ YES ☐ NO

5.5a
Did the certifying physician conduct and sign the face to face encounter note provided?
☐ YES ☐ NO

5.5b
Does the physician certify that the patient had a face to face encounter and did the physician document the date of the encounter?
☐ YES ☐ NO

Deny/ Non-Affirm (note all denial reasons from steps 1-5)

All Requirements ARE MET.
Mark the case AFFIRMED or PAYABLE

* A certification statement may appear in a progress note, plan or care, or any other part of the patient's medical record. It may be on any form and in any format.

** "skilled care" means skilled nursing care, PT, SLP, or a continuing need after the need for skilled nursing, PT or SLP have ceased.