



Physician Requirements for Ordering Home Health Services
Face-to-Face Encounter Documentation

The Center for Medicare and Medicaid Services (CMS) requires a face-to-face encounter between a beneficiary and their certifying physician or an allowed non-physician practitioner to occur no sooner than 90 days prior to the start of home health services, or no later than 30 days after the start of home health services.

It is the responsibility of the home health agency to acquire the face-to-face encounter documentation and submit it to Molina, as soon as possible for both emergent and non-emergent home health services requests.

Any of the following will be accepted by the Molina Prior Authorization Unit (PAU) as evidence of a face-to-face encounter between a physician and the beneficiary, or an allowed non-physician practitioner and the beneficiary:

- A written statement on the certifying physician's letterhead or prescription pad attesting to a face-to-face encounter between the physician and the beneficiary or an allowed non-physician practitioner and the beneficiary;
- The home health agency's face-to-face encounter form that the home health agency requires the beneficiary's certifying physician to complete as a routine business practice.

If the recipient was seen by a hospitalist or an attending physician in an acute or post-acute setting, the beneficiary's certifying physician must co-sign that the encounter occurred;

If the face-to-face encounter is between an allowed non-physician practitioner and the beneficiary, the certifying physician must co-sign the document.

NOTE: Documentation of a face-to-face encounter must be kept in the recipient's record for ALL home health service related requests.

Questions regarding this message and fee for service claims should be directed to Molina Provider Relations at (800) 473-2783 or (225) 924-5040. Questions regarding Prior Authorizations should be directed to Molina Prior Authorization Home Health Unit at (800) 807-1320, then press Option 1.

Questions related to managed care should be directed to the appropriate Managed Care Organization (MCO).

November 2018