01.42 - Home Health Face-to-Face Required

Reports > **485** > **01.42 HH Face-to-face Reqd**

This report tracks Home Health patients whose SOC 485 requires face-to-face visit documentation. The date range reflects the patients admit date. If the patient does not have a Face to Face marked as received then the patient will appear on the list.

The following are places to mark if the Face to Face was received:

- 485 > Select the episode > Check the box for Physician Face-to-Face documentation verified.
- Referral > Dr+Pharmacy > check the box for Face-to-Face order was received with the referral. This will automatically check the box on the 485 screen when the 485 has been created.

Other Notes:

If one of the two places are not used to mark the Face to Face as received, then the patient will appear on the report.

If the 485 screen has a box over the Face to Face box "Why", either: 1) That payer is not setup as required to have Face to Face documented, or 2) you have an episode other than the SOC selected. To make a payer be required to receive Face to Face go to Codes > Program Related Codes > Payer Codes, the last question on the screen relates to Face to Face.

Report Features:

From/Thru Dates: Select the date range for the time period you are searching for.

Programs: Enter Program# (s), or leave blank to select all.

Team: Enter Team# (s), or leave blank to select all.

Filtering Options:

Medicare - PPS - Only pulls patients that are Medicare -PPS

Medicare - Hospice - Only pulls patients that are Medicare-Hospice.

NC Medicaid - Only pulls patients that are NC Medicaid

All - Pulls all patients, regardles of payer.

Sort Options:

You can sort the report by Doctor, Patient, Date, Program/Doctor, Program/Patient or Program/Date.

Print Options:

- Landscape

- Export to Excel

Knowledgebase
http://kb.barnestorm.biz/KnowledgebaseArticle50622.aspx