Face-to-Face (F2F) Requirement--Update

Here is the most recent statement from CMS regarding the Face-to-face visit requirement:

Per CMS: For hospice patients, if the F2F order is not signed prior to the start of a 60-day certification, the agency has to discharge (revoke) the patient, and then do a complete new admission after the F2F order is completed, but continue to treat the patient during that period.

Required for start of care home health certifications on/after January 1, 2011. Although many home health agencies and physicians are aware of and are able to comply with this policy, CMS is concerned that some home health agencies and physicians may need additional time to establish operational protocols necessary to comply with this new law. As such, CMS expects that during the first quarter of CY 2011, home health agencies and physicians who order home health services will collaborate and establish internal processes to ensure compliance. Beginning with the second quarter of CY2011, home health agencies will have fully established such internal processes and CMS will expect appropriate documentation of the encounter.

The way we interpret this, it actually is required starting January 1, but won't be enforced until April 1.

F2F for Home Health is only for the start of care 485 when the from date is after 2010.

F2F for Hospice is for all 60-day 485s starting in 2011. NOTE: Hospice requires sequential billing, meaning that the services for the date immediately preceding the from date of the claim must be paid before the claim will be processed. If you leave out a gap of dates, the next dates will never be paid.

The new rule on Hospice F2F requires the physician F2F visit and certification prior to all 60-day certs. If the F2F is not completed, you will have to discharge the patient, continue providing care, and then readmit when the F2F is completed, which means completing all the usual admission paperwork again.

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For Medicare Start of Care 485s with a From Date on or after January 1, 2011, there is a checkbox labeled “Physician Face-to-face documentation verified” on the 485 screen. Until that box is checked, the End of Episode claim will be held.

If you are able to obtain the F2F certification, attach it to the 485 and check the box in Barnestorm. If you are not able to obtain the F2F certification, we suggest attaching a note to that 485 indicating that the agency is still "establishing operational protocols necessary to comply with this new law", and use that as your F2F documentation, and check the box in Barnestorm.

Since January thru March is the test period where you make sure that the doctors are informed, and that your process of obtaining the information is working, we don't want to automatically release billing for episodes prior to April 1. To help you determine which doctors are not responding like they need to, there are two parts to the tracking process: (1) when you try to create the End of Episode claim for a Medicare Start of Care episode that started in 2011, if the Face-to-face box is not checked, the claim will be held, and a message to that effect printed on the claims error report; (2) Reports (New) – 485 – 01.42 will print a list of all episodes that do not have the Face-to-face box checked. Using this tracking will help you identify physicians who are not cooperating, or that your internal paper-handling processes need to change.

If this becomes a cash-flow issue, start a chat and we can force the “Physician Face-to-face documentation verified” box to be checked on a group of 485s, so that billing is released.

Knowledgebase
http://kb.barnestorm.biz/KnowledgebaseArticle50640.aspx