Face to Face Payer Settings

If a payer should **not** have Face to Face documentation requirements, make sure that the PPS and F2F settings for that payer are BOTH set to No. To verify your settings, go to:

1. **Codes**>**Program Related Codes**>**Payer Codes**
2. Pull up the program/payer
3. At PPS, select **No**
4. At Requires Face-to-Face, select **No**
5. Hit **Save**

Payers that should meet the F2F requirement must have PPS and F2F settings on Yes.

Additional Notes:

A. If **Requires Face-to-Face** is set to No, and PPS is set to Yes, the system will disregard the No at Face-to-Face, and the F2F documentation will need to be verified on the 485 screen. PPS payers are subject to Medicare rules, meaning F2F is required. Please verify, with the payer, their F2F requirements.

B. Chart has **Primary and Secondary Payers** - Primary payer does not require F2F, but secondary payer does require F2F.
The SOC 485 will show the **Physician F2F Document Verified** box on the 485 screen, even though the primary payer does not require it. The 485 screen looks at both primary and secondary payers. Secondary payers would only need to be included on the payers screen, if you intend to bill them for services. Again, the **Physician F2F Document Verified** will appear on the 485 screen to be marked as completed when either payer requires it.

Knowledgebase
http://kb.barnestorm.biz/KnowledgebaseArticle50939.aspx