Referral for Home Health Services

Patient Name: _____ DOB: _____

Medicare COPs Requirements

Patients receiving home health care services must have a F2F encounter which is no more than 90 days prior to the home health start of care date or within 30 days of the home health start of the care. The encounter must contain the following information:

- The face to face encounter must be dated and signed by a physician or allowed non-physician practitioner.
- If the encounter is completed by anyone other than the certifying physician, then the encounter must be cosigned by the certifying physician.
- The encounter should include other visit statistics such as; vs, weights, exam findings, etc.
- The encounter states why the patient is considered homebound at the time of home health care.
- The encounter specifies why the patient needs skilled services and the services to be provided.
- The encounter was related to the primary reason the patient requires home health services.

The patient does not have a face to face encounter that meets the requirements but has a scheduled appointment on _____ for a reason related to why the home care services were being ordered.

Please include demographics, an H&P and current F2F (if available) along with this order.

I certify that based on my findings the following home health services are medically necessary:

☐ Skilled Nursing for: _____
S*pecify and explain why services are needed*: _____

☐ Physical Therapy for: _____
S*pecify and explain why services are needed*: _____

☐ Occupational Therapy for: _____
S*pecify and explain why services are needed*: _____

☐ Speech Therapy for: _____
S*pecify and explain why services are needed*: _____

☐ Other: _____
S*pecify and explain why services are needed*: _____

Physician Printed Name: _____

Physician Signature: _____ Credentials: _____ Date: _____

Please Fax To: 904-794-7602