

PATIENT AND INSURANCE INFORMATION
PATIENT INFORMATION

 Last Name _____
 First Name _____
 Date of Birth ____/____/____ Male Female
 Patient Address _____
 Apt # ____ City _____ State ____ Zip _____
 Cell Phone _____
 Other Phone _____
 Email _____
 Language Spoken _____
 Emergency Contact/Relationship _____
 Contact Primary Phone _____
 Was the patient discharged in the past 14 days? Yes No
 If so, facility name _____

DATE OF DISCHARGE ____/____/____
 Was this stay Inpatient? Yes No? ED Visit Yes No?
 Observation Stay Yes No?

REFERRAL SOURCE Name _____
 Address _____
 Phone _____

PATIENT INSURANCE INFORMATION

 Medicare No. _____
 Medicaid No. _____
 Insurance Carrier (Name and Authorization No.) _____

 Subscriber Name _____
 Policy No. _____
 Group No. _____

Secondary Insurance Information

 Insurance Carrier (Name and Authorization No.) _____
 Subscriber Name _____
 Policy No. _____
 Group No. _____

REQUESTED START OF CARE DATE: ____/____/____

FACE-TO-FACE CERTIFICATION
FOR HOME HEALTH SERVICE UNDER MEDICARE:

I am a Medicare PECOS enrolled physician and I certify that:
 This patient is confined to the home and needs intermittent skilled nursing care, physical therapy and/or speech therapy, and additionally may need occupational therapy. The patient is under my care. A plan of care has been established and will be reviewed periodically by a physician. A face-to-face encounter occurred no more than 90 days prior or 30 days after the start of home health and was related to the primary reason the patient requires home health services; the encounter was performed by a physician or allowed non-physician practitioner on

 ____/____/____ **ENCOUNTER DATE**
FOR HOME HEALTH SERVICE UNDER MEDICAID:

I am a Medicaid OPRA enrolled physician and I certify that:
 This patient needs nursing care, physical therapy and/or speech therapy and additionally may need occupational therapy that is medically necessary. This patient is under my care. A plan of care has been established and will be reviewed periodically by a physician. A face-to-face encounter occurred no more than 90 days prior or 30 days after the start of home health and was related to the primary reason the patient requires home health services; the encounter was performed by a physician or allowed non-physician practitioner on

HOME CARE DIAGNOSIS
DIAGNOSES (Please attach Medical history)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

HOME CARE ORDERS
SKILLED NURSING SERVICES

 Observation/Assessment/Education (Specify plan) _____
 Medication Management _____
 Disease Management _____
 Wound Care _____
 Injections _____
 IV Therapy (Medicare) _____
 Behavioral Health (Medicare) _____
 Other Skilled Nursing Service _____

THERAPY SERVICES

 Physical Therapy _____
 Occupational Therapy _____
 Speech Language Pathology _____
 Identifying as LGBTQ+ _____
 Identifying as GAP (Gender Affirmation Program) _____

ADDITIONAL SERVICES

Other _____

PHYSICIAN

 Print Physician Name _____ Physician Signature _____ Date ____/____/____
 Physician Address _____ Phone _____ Fax _____
 Office Contact Name _____ Email _____ Phone _____

What is the definition of being “homebound?”

“Homebound” means a patient is unable to leave home without considerable and taxing effort.

CRITERIA 1	AND	CRITERIA 2
Needing the aid of a supportive device due to illness or injury: <ul style="list-style-type: none"> ■ Crutches, canes ■ Wheelchair ■ Walker ■ Use of special transportation ■ Assistance of another person in order to leave home, including for cognitive or psychiatric impairments <p>OR Having a condition where leaving home is medically contraindicated.</p>		Normal inability to leave home and leaving home requires considerable and taxing effort: <ul style="list-style-type: none"> ■ Exacerbated symptoms from leaving home, e.g., shortness of breath, pain, anxiety, confusion, fatigue

Patients who leave home infrequently for short durations or for health care **MAY STILL** be considered homebound. These situations may include (but are not limited to):

- Attending a religious service
- Going to get a haircut
- Walking around the block
- Attending a family event, funeral, graduation or other unique event
- Receiving outpatient kidney dialysis
- Receiving outpatient chemotherapy or radiation therapy

Physician documentation in the patient record must support **how/why the patient is homebound** and requires skilled services.

EXAMPLE 1	EXAMPLE 2
Patient is confined to the home due to unsteady gait and needs assistance to ambulate secondary to CVA. The patient needs home nursing care for medication teaching and disease management and physical therapy for falls risk reduction and a home exercise program.	Patient is confined to the home due to s/p recent total knee replacement and currently walker dependent with painful ambulation. PT is needed for therapeutic exercise and gait training.