



200 Mount Airy Road • Basking Ridge, NJ 07920

Phone: 908-766-0180 Intake Fax: 908-766-6534

www.visitingnurse.org

Referral Form/ Face to Face Documentation

Referral Source: _____ Phone Number: _____ Date: _____

Patient Name: _____ DOB: _____ Gender: _____

Street Address: _____ Town: _____

Phone Number: _____ SS#: _____

INSURANCE CARRIER: _____ Pol. #/ Medicare #: _____

I certify this patient is under my care and I (Nurse Practitioner or a PA working with me) had a **Face-to-Face encounter** that meets the Physician Face to Face requirement with the patient on: Date (required for Medicare): _____

The encounter was for the following condition which is the primary diagnosis for home care:

I certify that, based on my findings, the following services are medically necessary for Home Health Services. **Please check all that apply and attach recent H&P and Medication List** (required to complete referral)

Skilled Nursing:

- Evaluation & Treatment _____
- Assess for Telehealth _____
- Wound care _____
- IV Therapy _____
- HOSPICE

Therapy:

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Other _____

• My clinical findings support the medical necessity of these services because: _____

• I certify that my clinical findings support this patient is homebound due to:

Physician Signature: _____ Date: _____ Phone: _____

Printed Physician Name: _____ (no stamped signatures please)

SEE REVERSE SIDE for Examples of Face to Face Documentation 



2015 MEDICARE CLARIFICATION OF FACE-TO-FACE DOCUMENTATION REQUIREMENT

Clinical findings (Conditions) that would support need for home health services:

New medications requiring further teaching and assessment of effects.

Wound requires skilled nursing to change dressing and monitor for infection.

Deconditioning due to hospitalization or prolonged illness, which requires Physical therapy for strengthening and gait training.

Recent history of falls and/or problems with balance, which require physical therapy for strengthening, gait training and assessment of need for assistive devices.

Status post-operative (be specific), requiring further skilled C/P assessments and monitoring for infection.

Status post orthopedic condition/ procedure requiring pain assessment, gait and stair training, and monitoring for infection.

Infection requiring IV therapy and nursing instruction.

Indwelling urinary catheter requiring regular changing, maintenance and assessment of output.

Chronic illness (CHF/ COPD/ DM/ HTN, include all that apply), requiring assessment, medication instruction and diet/ life-style changes to promote self-management and monitoring.

Homebound reasons: (Homebound Definition: Patient leaves home infrequently for short periods, requires considerable and taxing effort to travel, and usually for essentials such as medical or religious reasons.)

Requires assistance and supervision of another to ambulate/transfer or perform stair climbing safely, due to high risk of falls.

Unsteady gait/ frequent falls and requires assistance/supervision to leave home safely.

Dyspnea at rest or minor exertion.

Requires use of portable oxygen.

Unable to leave home due to altered mental state/psychological impairment, which jeopardize safety outside the home.

Leaving home medically contraindicated due to risk of infection from recent surgery.

Bedbound or wheelchair bound due to (specify medical condition): _____

Non-partial weight bearing due to surgical procedure.