

Home Health Final Rule Face-to-Face Encounter Guidance

As indicated in the [July 2017 Medicaid Bulletin](#), Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) policies [5A-1](#), [5A-2](#), [5A-3](#) and [5B](#) have been updated to comply with the Centers for Medicare & Medicaid Services (CMS) Home Health Final Rule, [42 CFR, Part 440.70](#). Below are responses to questions N.C. Medicaid received during the first month of implementation.

Q – Will the policy take effect for any Certificate of Medical Necessity/Prior Approval (CMN/PA) starting with the dates of service July 1, 2017?

A – The CMS statute requires the encounter note only with medical equipment, supplies and appliances that are **initiated** on or after July 1, 2017. Reauthorization requests for ongoing medical equipment, supplies and appliances do not require a face-to-face encounter note.

Q – Does the policy regarding face-to-face appointments apply to pediatrics?

A – It applies to all “medical equipment, supplies and appliances.” The CMS statute does not make any mention of the recipient’s age.

Q – Please clarify the term “start of services.” Does the term refer to the “from date” in the service information section of the CMN?

A – Yes, the term start of services is meant to refer to the requested “from” date indicated on the CMN/PA.

Q – If yes, is it correct to say that any CMN that has the “from date” of July 1, 2017 on, would require a face-to-face appointment?

A – The face-to-face encounter note is required for the initiation of medical equipment, supplies and appliances when the “from” date on the CMN/PA is on or after July 1, 2017, **and** the PA request is submitted to CSRA on or after July 1, 2017 (or kept on file if the codes do not require PA).

Q – Is the appointment for the exact need of a particular piece of equipment (e.g., stander, gait trainer, etc.) or for the diagnosis that causes the patient to need the equipment?

A – The statute requires the face-to-face encounter be “related to the primary reason the beneficiary requires medical equipment,” supplies or appliances. CMS guidance on this question is “...we are requiring an overall description of the linkage of the health status and the services ordered.” ([Federal Register, Vol. 81, No. 21](#), page 5562) To be consistent with this guidance, CSRA has been instructed to employ clinical judgement to find a connection between the note and the requested equipment, supply or appliance.

Q – The majority of our equipment falls in the purchase category. The comment on page 35 of the [July 2017 Medicaid Bulletin](#) is confusing. It states “The requirement for the ordering physician’s annual review of the beneficiary’s need for medical equipment and supplies can be met by the completion of a new CMN/PA form at least annually.” Does the sentence above indicate that if the doctor signs form DMA372-131-V1.0, that acts as the annual physical?

A – The annual review would only apply to ongoing supplies or equipment rentals, not one- off purchases that don’t repeat. In the case of ongoing supplies or equipment rentals, after the encounter for the initiation of services, if reauthorization is needed, since the CMN/PA is required at least annually, we believe the prescriber’s signature on the CMN/PA at least annually would meet the requirement for an annual review.

Q – If yes, why can’t the signed CMN for a particular piece of equipment act as the documentation on the face-to-face requirement?

A – It can, **only** if the signed CMN/PA form also includes documentation from the provider attesting that a qualified encounter occurred and the date of the encounter indicated is within six months of the requested “from” date.

Q – How does the new policy affect parts needed to repair and/or modify existing equipment?

A – CMS guidance on this question is “...an additional face-to-face requirement [encounter] would only be required if a new medical equipment, supply or appliance is needed.

Renewals, repairs and the need for ancillary equipment would not trigger the need for an encounter.” ([Federal Register, Vol. 81, No. 21](#), page 5560)

Q – Is it sufficient for the provider to have documentation on file from the qualified practitioner (physician, PA, or NP) that a face-to-face encounter note exists rather than having a copy of the actual face-to-face note on file?

A – No, the actual note must be on file along with the signed CMN/PA and other supporting documentation. However, the encounter note does not have to be a visit note. It can be a hospital discharge summary, or a note from the prescriber describing an appropriately dated encounter where the primary reason the beneficiary required medical equipment, supplies or appliances was addressed.

Q – I continue to receive approvals from Medicaid. I have not received an additional information request yet wanting chart notes on the face-to-face appointment.

A – The policy is effective and being enforced with the **initiation** of medical equipment, supplies and appliances that begin on or after July 1, 2017. The CMS statute requires the encounter note only with the initiation of services, not with every PA request.