

Physician Certificate of Medical Necessity

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I certify that this patient is under my care and that I, or a nurse practitioner, or physician's assistant working with me, had a face-to-face encounter that meets the physician face-to-face encounter requirements.

The encounter occurred on:

\_\_\_\_\_

*Month*

*Day*

*Year*

Based on my findings I certify that this patient is confined to the home and needs intermittent skilled nursing care, physical therapy and/or speech therapy, or continues to need occupational therapy. The patient is under my care and I have initiated the establishment of the plan of care. This patient will be followed by a physician who will periodically review the plan of care.

I have also provided the agency additional information to support the patient's homebound status and need for skilled care. \*(Examples of this information could include physician progress notes, discharge summaries, history and physical forms, operative reports, referral orders, etc.)

Certifying Physician Signature: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

Certifying Physician Printed Name: \_\_\_\_\_

**\*What documentation is required in your medical records?**

According to CMS guidelines:

The certifying physician's medical records or the acute/post-acute facility records must contain information that justifies the referral for Medicare home health services:

- Need for the Skilled Services
- Homebound Status